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| 2020-21 metropolitan health infrastructure fund |
| Guidelines |

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# Application link

The link to the Metropolitan Health Infrastructure Fund application can be found on the department’s website [SmartyGrants page](https://dhhs.smartygrants.com.au/MHIF) <https://dhhs.smartygrants.com.au/MHIF>

# Timeline

**Applications open:** 9.00 am, Thursday 11 February 2021

**Applications close:** 5.00 pm, Wednesday 31 March 2021

# Purpose

In 2020 the Victorian Government established the Metropolitan Health Infrastructure Fund (the Fund) providing $200 million to improve service capacity, service efficiency and the ability to deliver contemporary models of care within the metropolitan health sector through minor capital grants. The investment will enable agencies to replace, reconfigure and expand critical service demand to ensure continuity of services for acute, sub-acute, community palliative care services, community health and Aboriginal Community Controlled Health Organisations (ACCHOs) and assist economic recovery.

The key objectives of the 2020-21 Metropolitan Health Infrastructure Fund are to assist metropolitan health services to:

* mitigate infrastructure risk and service interruptions/failures related to assets
* enhance service capacity, support contemporary models of care and improve patient and staff amenity
* sustain and improve infrastructure assets that provide essential capacity for delivering responsive and appropriate clinical services across metropolitan public health facilities
* minimise whole-of-system risks
* further incentivise health services and agencies to implement effective asset management that aligns with existing government frameworks and policies.

# Principles

The Fund will assist metropolitan health services and agencies to improve safety and quality of services, service capacity, models of service delivery, patient and staff amenity, service efficiencies and meet compliance obligations.

The Fund aligns with the Department of Treasury and Finance and the Victorian Health and Human Services Building Authority asset management frameworks and asset management policies, principles and practice, available at the following links:

* [Asset Management Accountability Framework](https://www.dtf.vic.gov.au/infrastructure-investment/asset-management-accountability-framework) <https://www.dtf.vic.gov.au/infrastructure-investment/asset-management-accountability-framework>
* [VHHSBA Asset Management Policy](https://www.vhhsba.vic.gov.au/resources/asset-management) <https://www.vhhsba.vic.gov.au/resources/asset-management>

The intent of the government’s asset management policy is to achieve service delivery objectives and create an obligation for both the department (from a system perspective) and health services (from a local perspective).

Asset management is a whole-of-asset-lifecycle obligation requiring an understanding of need, capacity, condition, opportunity and risk to drive value-for-money service outcomes.

Appropriate local and central governance arrangements oversee asset planning, investment prioritisation of in-scope items on the basis of risk and, in the case of health services, oversee the replacement process.

Accurate and timely reporting of expenditure enables analysis of future investment needs, reporting to government on expenditure consistent with the defined purpose of the funding provision, and provides a robust information base for program audit.

Health services’ and agencies’ asset replacement determination needs to be based on departmental frameworks and guidelines for prioritisation, risk management and service planning, as well as the service’s role within the health system.

# General eligibility criteria

Funding is available to Victorian metropolitan health services and agencies including acute health, sub-acute (rehabilitation care), community palliative care services, mental health, public residential aged care, primary and community health, registered community health services and Aboriginal Community Controlled Health Organisations.

Eligible services are listed in Appendix 2.

## For eligible agencies

Each Metropolitan health service is limited to two (2) submissions per hospital facility/campus. For all other eligible health services two submissions are allowed. If more than one submission is made, a priority order (Priority 1 or Priority 2) must be assigned to each submission. This strict requirement is necessitated by the almost certain scenario that the Fund will be significantly oversubscribed and only a limited number of applications will be able to be funded.

Funds are available for:

* Construction: minor infrastructure including replacement, reconfiguration, remodelling and refurbishment projects to address aged building fabric, compliance and demand issues
* Non-construction: equipment (standalone furniture, fittings, medical equipment, engineering infrastructure and plant)
* Information and communications technology and new technologies including systems to reduce usage and increase efficiencies of power and/or water
* Compliance related capital and/or upgrade works (e.g. AS4187 including pandemic improvement / readiness, Fire and life safety works).

Priority will be given to applications that address:

* infection prevention and control
* fire safety
* minor medical equipment
* healthcare worker safety
* construction works
* community health services
* Aboriginal Community Controlled Health Organisations (ACCHOs).

The following are examples of items which may be included in funding applications:

### Fire safety

* Fire safety compliance upgrades and the completion of outstanding fire safety works; items such as fire suppression systems, fire storage tanks, fire pump sets, requirement to have sprinkler heads over the doorways of each patient room.

### Infection prevention and control

* Compliance with AS4187 *Reprocessing of Reusable Medical Devices in Health Service Organisations* including cleaning, disinfecting and sterilising reusable medical and surgical instruments and equipment, and maintenance of associated environments in health care facilities, upgrades to central sterile services departments (CSSDs).
* Improving infection prevention and control flows and throughput (in context to recent Department of Health and Human Services COVID-19 recommendations).

### Minor medical equipment

* Funding for minor medical equipment that is at end of life or new equipment needed to support contemporary models of care and improvement in patient outcomes including enabling capital works; items such as X-ray units, endoscopic/ laparoscopic towers and scopes and IV pumps (syringe drivers, volumetric pumps, patient care analgesia pumps), patient beds and trolleys.
* Statewide mobile services such as such as mobile stroke and renal treatment (lithotripsy) units that provide critical services outside an acute setting.
* Pathology equipment and medical fridges and freezers.
* Breast screen equipment.
* Specialised furniture and fittings in operating rooms, intensive care units and emergency departments such as pendants, operating room lights and operating room tables).
* Equipment for dental health where auspiced by a health service such as dental chairs, exam lights and OPG equipment.

### Healthcare worker safety

* Funding to prevent and control high priority hazards and risks in the workplace and remediate these risks with minor capital works such as egress doors, room configuration / equipment (CCTV, duress alarms), appropriate signage and wayfinding that enhance the security and welfare of people in workplaces.

### Construction works

* Remodelling, refurbishment and expansion projects to address aged building fabric, compliance and demand issues; and meet universal design standards (see Appendix 1).
* Need for buildings to be fit for purpose, for example moving from low care to high care residential aged services
* Need for major refurbishment / repairs / reconfiguration / replacement or expansion of ageing buildings and equipment that reflect infrastructure risk mitigation strategies:
	+ security systems (access control, CCTV, duress alarms)
	+ kitchen upgrades or equipment
	+ assets located underground and reticulation services
	+ waiting room configurations (infection prevention)
	+ tea room configurations (infection prevention)
	+ accessible paths and ramps, Changing Places toilets
	+ expansion of services including consulting rooms, wards, pathology, operating theatres.

### Community health services

* Address building defects such as leaking roofs, broken sewerage systems and worn carpets.
* Address increased demand through expansion and refurbishment of existing premises such as new reception and intake areas to bring facilities up to the appropriate standards for universal design, including disability access, and ensure the safety and security of public areas.
* Upgrades to ICT systems.
* Undertake planning and feasibility study, for example: service plan, strategic business case, planning brief, feasibility study or master plan.

### Aboriginal Community Controlled Health Organisations

* Funding to repair and maintain assets, undertake minor capital improvements or purchase additional equipment.
* Undertake planning and feasibility study, for example: service plan, strategic business case, planning brief, feasibility study or master plan.

# Ineligible and excluded items

* operational funding
* fixtures, fittings and furniture not associated with a refurbishment project. Routine replacement of furniture and fittings that are worn is the responsibility of agencies to manage as part of their existing maintenance and replacement program
* motor vehicles.

# Submission process

The submission process is as follows:

1. Call for submissions
2. Eligibility assessment
3. Evaluation panel assessments
4. Buildability review
5. Executive panel endorsement
6. Ministerial approval
7. Agency notification
8. Project execution and delivery.



# Submission requirements

The Victorian Health and Human Services Building Authority (VHHSBA) is using a web-based online application process.

The application should address the selection criteria and include a full description of the key deliverables, funding sought (excluding GST), likely benefits and how key risks would be mitigated. The following supporting documentation is required:

* Quotes for supply/installation including provision to ‘make good’
* Cost Plan (including associated decanting costs, enabling infrastructure works, site / infrastructure costs, demolition, fees, contingency allocation and estimated cash flow)
* Project Management Plan:
	+ Applications less than $5 million should include information on scope, governance structure, timelines, deliverables, benefits including lifecycle costings and payback periods (if applicable - where additional revenue and / or cost savings are anticipated from the solution proposed.
	+ Applications greater than $5 million should, where appropriate, include links to Masterplanning, Feasibility Plans, Schematic Design, Cost Plans including full lifecycle costings governance structure, timelines, deliverables, benefits and risk assessments.
	+ You must complete the Metropolitan Lifecycle costing spreadsheet only for applications where additional revenue and /or cost savings are anticipated from the solution proposed. Cost savings or additional revenue generated will be considered favourably. You can download this from the [Metropolitan Health Infrastructure Fund](https://www.vhhsba.vic.gov.au/health/hospitals/metropolitan-health-infrastructure-fund) <https://www.vhhsba.vic.gov.au/health/hospitals/metropolitan-health-infrastructure-fund>.
	+ Independent reports highlighting risk and / or compliance issues including recommendations and proposed solutions.

### Online portal for applications

The online portal SmartyGrants will be the means of submission. The web address to seek information about SmartyGrants is <www.smartygrants.com.au> You will be required to create a password protected login to access the application form. The [SmartyGrants portal access](https://dhhs.smartygrants.com.au/MHIF) is located at <https://dhhs.smartygrants.com.au/MHIF>.

All applications must be:

* from an eligible agency
* endorsed by the Chief Executive Officer
* submitted via the online portal SmartyGrants application form and include relevant supporting documentation (for example: project management plan (or business case), design drawings, photos, cost plans, quotations and other supporting information)
* received no later than the SmartyGrants closing date and time **5.00 pm, Wednesday 31 March 2021**
* unless exceptional circumstances apply, applications received after the specified time and date will be deemed ineligible for consideration.

### Consultation and advice

* Applicants are encouraged to seek assistance when preparing applications from the Metropolitan Health Infrastructure Fund email address <mhif@dhhs.vic.gov.au>, or via the [Metropolitan Health Infrastructure Fund](https://www.vhhsba.vic.gov.au/health/hospitals/metropolitan-health-infrastructure-fund) webpage on the Victorian Health and Human Services Building Authority website: <https://www.vhhsba.vic.gov.au/health/hospitals/metropolitan-health-infrastructure-fund>
* SmartyGrants technical assistance regarding completion of the on-line form can be obtained through reviewing the [SmartyGrants guide for applicants](https://applicanthelp.smartygrants.com.au/help-guide-for-applicants/) <https://applicanthelp.smartygrants.com.au/help-guide-for-applicants/> or contacting SmartyGrants via email <service@smarty.grants.com.au>, or calling (03) 9320 6888.

### Design guides and technical references

See Appendix 1: Construction Projects in Victoria - References and links for VHHSBA design and technical guidelines.

# Assessment criteria

Applications will be assessed in a panel arrangement using a defined set of assessment criteria. Submissions should reflect agreed policy objectives and demonstrate how the proposed works will meet the objectives of better health for people in Victoria.

Applications should demonstrate:

* How the proposed changes will improve health services for people in metropolitan Melbourne
* Alignment with the government’s commitments and policies, for example: *Health 2040*, *Statewide design, service and infrastructure plan* and *Royal Commission into Victoria’s Mental Health System*
* Anticipated key milestone dates in accordance with the payment schedule milestones
* How any risks have been identified and mitigation strategies to address these
* Evidence to support the problem / issue / risk or opportunity:
	+ Incident data
	+ Safer Care Victoria report
	+ Independent reports from specialists detailing current risks and or issues and how the project will address these
* Describe the benefits your project is expected to achieve supported by metrics / data to measure current performance and targeted outcomes, with timelines based on the successful delivery of the project, for example improved patient services.

The following criteria will be applied to assess the application and will be considered with the evidence provided. Applications that address multiple criteria are at a distinct advantage. It is expected that all design solutions will be consistent with VHHSBA’s design guidelines and Health Technical Advice.

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| # | Criteria | Descriptor | Weighting |
| **1** | **Strategic alignment** | * Alignment with government commitments and policies
* Alignment with:
	+ strategic plan
	+ statement of priorities
	+ service plan and master plan (where relevant)
 | 33.33% |
| **2** | **Service efficiency and demand pressure**  | Addresses **one or more** of the following:* service capacity (for example, improved service options, reduced service fragmentation)
* demand pressure
* models of care (for example contemporary models of care / improved services closer to home)
* service efficiency of targeted services
* efficiency (for example, new infrastructure, equipment and technology)
* health care improvement to your health service
 | 33.33% |
| **3** | **Healthcare quality and safety improvement** | Addresses **one** **or more** of the following * regulatory compliance
* standards compliance
* patient and staff amenity
* safety, quality
* risk
 | 33.33% |
| **4** | **Project readiness** | Organisational readiness to implement the project, including key milestones and timeframe for completion. Relevant supporting documentation as outlined in the submission requirements section of this document must be provided.All project dependencies must be listed including their potential impact on the project cost, schedule, scope and benefits. | Projects will be assessed as ready, partially ready or not ready  |
| **5** | **Governance** | The degree to which health service/agency governance structures and processes are in place to oversee the proposed project development, implementation, monitoring and reporting.This relates to the governance framework supporting transparency, probity and accountability relating to the delivery of this proposal. | Project governance will be assessed as strong, good or inadequate  |

The outcomes rating from Criteria 4 and 5 may influence the overall success of the application to receive funding.

## Assessment of capital/construction projects

Following submission in SmartyGrants, for applications involving a construction element greater than $2 million, VHHSBA will request an evaluation be undertaken by an independent capital consultant to confirm buildability.

# Conditions of funding

1. The funds that will be provided are based on approved project scope as identified within the funding approval letter.
2. Funds are provided only for the approved project and scope including generic type, functionality and number of items in the approved allocation and must not be used for any other purpose.
3. Any changes to scope, cost or timeframes will require departmental approval. Any increased costs associated with the project will be the responsibility of the health service / health agency.
4. If only specific elements of an application have been approved (partial funding), the health service / health agency must ensure that funds are used only for the approved elements.
5. Where projects are funded from multiple sources, and the additional source of funding is no longer available, the Victorian Government is not obliged to provide any additional funding.
6. Funding provided for any nominated assets must be expended by a health service / health agency in accordance with the notification letter.
7. Applicants should demonstrate that project viability is not dependent on continuing or recurrent Victorian Government funding.
8. Capital works and equipment acquisitions shall not require any growth in recurrent funding from the department.
9. Funding is not available for projects previously funded or already approved for funding from another source.
10. Final payment will be made in accordance with the Milestones and Payment criteria relevant to the project approval as defined in the grant submission. All non-construction projects must be completed within two financial years. Construction projects must be completed in accordance with the signed Project Agreement.

## Asset management

1. On completion of the project, Health services are required to update asset registers, maintenance and asset management plans and provide details of the testing and commissioning plans (including for decommissioning and disposing of the item/infrastructure replaced). Similarly, ‘new’ acquisitions (outside of the initiative and irrespective of the funding source) are to be included on the asset register and incorporated into future asset management planning.
2. Health services reporting on asset replacement under the initiative are required to demonstrate financial and asset accountability and reporting and investment against asset management plans for engineering infrastructure and medical equipment replacement under these programs.
3. Medical equipment items proposed must be approved by the Therapeutic Goods Administration (including any hybrid technologies) and replacement engineering infrastructure and medical equipment are to comply with Australian Standards, regulations and guidelines.

## Governance

1. Capital delivery under this initiative requires works program management, governance and internal controls by health services to be consistent with capital project management policies and tailored to the scope and size of the capital expenditure program. Governance processes need to be in place to ensure procurement of the approved asset is consistent with the scope agreed and approved by the department and communicated during the procurement phase so that the purchase remains in-scope and procured within the financial year.
2. Assets put forward for funding must have satisfied health service / agency governance requirements including that: projects have been appropriately scoped in accordance with the program requirements; projects have the required internal personnel available to deliver the approved asset; and project governance and reporting is in place for these projects.
3. The project(s) will be directly managed by the health service/agency/organisation in a manner that reflects departmental guidelines relating to probity, financial reporting and project completion information.

## Payments and reporting milestones

1. All agencies will initially be informed of the outcome of their submission by email. Successful applicants will receive a letter that confirms the scope of funded works, terms of payments and delivery timeframe. This letter will have an attachment that must be signed by the CEO and returned to the Executive General Manager, Asset Strategy, VHHSBA, prior to any payments being made.
2. Once the signed letter has been received by the Executive General Manager, Asset Strategy, VHHSBA, project payments will be made in the below framework.
3. There are two (2) Payment Schedules:
	* non-construction projects (that is, projects with no construction components) and minor construction refurbishment projects less than $2 million
	* construction projects greater than $2 million.

### Milestone payments and reporting for non-construction and minor construction / refurbishment projects less than $2 million

* **Milestone 1:** 20% allocation upon returning signed Letter of Acceptance
* **Milestone 2:** completion of procurement of the scoped works
* **Milestone 3**: 60% allocation upon executed contract / laying of purchase order and estimated date of delivery and confirmation of scope. VHHSBA will pay 60% of the actual project sum, provided that the project sum is not greater than the total funding allocation
* **Milestone 4:** notification of installation / commissioning completion
* **Milestone 5:** up to 20% of the project sum upon confirmation of project completion, provided that the project sum is not greater than the total funding allocation. The final report needs to be attached to the final application for payment.

The completed and signed claim form will need to be submitted to Asset Strategy – VHHSBA with supporting invoices and purchase orders.

### Milestone payments, requirements and reporting for construction projects greater than $2 million

Construction projects of greater value than $2 million must comply with the following requirements:

* enter into a Project Agreement signed by CEO reflecting agreed project milestones
* established governance framework
* undertaken by appropriately qualified contractors in accordance with all regulations and standards applicable to the works
* designs must reflect universal design principles
* capital development projects must be completed in accordance with National Construction Code and relevant Australian Standards, regulatory requirements and [Guidelines](http://www.capital.health.vic.gov.au) <<http://www.capital.health.vic.gov.au>>.

A Project Agreement will be developed and documented in consultation between the agency and VHHSBA Capital Delivery unit.

* **Milestone 1**: Receipt of signed letter of agreement (20%)
* **Milestone 2**: Agreed Project Plan (10%)
* **Milestone 3**: Agreed Schematic Design and Cost Plan C2 (10%)
* **Milestone 4**: Agreed Design development and Cost Plan D (10%)
* **Milestone 5:** Construction Contract signed (25%)
* **Milestone 6:** Construction Completed (10%)
* **Milestone 7**: Operations commence (10%)
* **Milestone 8:** Final Project Report (5%)
1. Funding may be recalled by the department if projects do not proceed or are not completed in a timely manner.

## Reporting

1. A report on the status of the project will be provided to the department at agreed project milestones and at the completion of the project.
2. Health services will be required to provide funding acquittals and fortnightly status reporting against milestones and liaise with their project manager on tender specifications and project deliverables.
3. A completion report is required to be submitted. The template will be provided during the course of the project.
4. The department must be notified if there is to be a prolonged delay in the asset procurement, installation or minor capital works.

## Procurement

1. Any proposed changes in scope must be agreed in writing prior to purchase commitment.
2. Health services must comply with government policies and guidelines in their procurement activities including the [Social Procurement Framework](https://buyingfor.vic.gov.au/social-procurement-framework) < https://www.buyingfor.vic.gov.au/social-procurement-victorian-government-approach> (where applicable).
3. The department requires health services to work collaboratively with Health Purchasing Victoria to maximise value-for-money procurement of medical equipment or plant items and deliver the most efficient purchasing arrangements, including bulk purchasing to achieve economies of scale. For further information refer to the procurement and purchasing requirements on the Health Purchasing Victoria website at [Health Share Victoria](https://healthsharevic.org.au/) <https://www.hpv.org.au/>.
4. Health services should include the use of Working for Victoria in any procurement tenders.  More information is available at [Working for Victoria](https://www.coronavirus.vic.gov.au/find-work-or-employees-fast-working-victoria) <https://www.vic.gov.au/working-victoria-information-jobseekers>.

## Disposal

1. Medical equipment / plant / engineering infrastructure replaced must be decommissioned and disposed of in accordance with appropriate and required standards. For further details on decommissioning and disposal refer to the *Medical equipment asset management framework* at [Medical equipment and engineering infrastructure](https://www2.health.vic.gov.au/hospitals-and-health-services/planning-infrastructure/medical-equipment) <https://www2.health.vic.gov.au/hospitals-and-health-services/planning-infrastructure/medical-equipment>.
2. The finance register, asset register, equipment and engineering registers and asset management plans will be updated by the agency for both the disposal of the replaced asset and the acquisition of the replacement asset including the date of disposal.

# Appendix 1: Construction projects in Victoria - references and links

The following sites provide an overview of the requirements for government funded projects in Victoria.

## Department of Health and Human Services website

[Planning and Development Guidelines, Essential Services Guidelines, Property Management](http://www.capital.health.vic.gov.au/) <http://www.capital.health.vic.gov.au/>

[Australasian Health Facility Guidelines](https://healthfacilityguidelines.com.au/) <https://healthfacilityguidelines.com.au/>

[Fire Risk Management](https://providers.dhhs.vic.gov.au/fire-risk-management-procedures-and-guidelines) <https://providers.dhhs.vic.gov.au/fire-risk-management-procedures-and-guidelines>

## Victorian Health and Human Services Building Authority website

[Design Guidelines](https://www.vhhsba.vic.gov.au/resources/design-guidelines) <https://www.vhhsba.vic.gov.au/resources/design-guidelines>

[Universal Design Guidelines](https://www.vhhsba.vic.gov.au/resources/universal-design) <https://www.vhhsba.vic.gov.au/resources/universal-design>

[Technical Guidelines](https://www.vhhsba.vic.gov.au/resources/technical-guidelines) <https://www.vhhsba.vic.gov.au/resources/technical-guidelines>

Master Planning Guidelines <<https://www.vhhsba.vic.gov.au/masterplanning>>

[Changing Places Design Specifications 2020](https://www.vhhsba.vic.gov.au/resources/design-guidelines) <https://www.vhhsba.vic.gov.au/resources/design-guidelines>

[Public sector residential aged care services [Interim] Facility design guidelines](https://www.vhhsba.vic.gov.au/public-sector-residential-aged-care-services-interim-facility-design-guidelines) <https://www.vhhsba.vic.gov.au/public-sector-residential-aged-care-services-interim-facility-design-guidelines>

## Department of Treasury and Finance website

[Delivery of Government Funded projects in Victoria](https://www.dtf.vic.gov.au/infrastructure-investment/public-construction-policy-and-resources) <https://www.dtf.vic.gov.au/infrastructure-investment/public-construction-policy-and-resources>

[Ministerial Directions and Instructions – Public Construction Procurement](https://www.dtf.vic.gov.au/public-construction-policy-and-resources/ministerial-directions-and-instructions-public-construction-procurement) <https://www.dtf.vic.gov.au/public-construction-policy-and-resources/ministerial-directions-and-instructions-public-construction-procurement>

[Practitioners Toolkit](https://www.dtf.vic.gov.au/public-construction-policy-and-resources/practitioners-toolkit) <https://www.dtf.vic.gov.au/public-construction-policy-and-resources/practitioners-toolkit>

[Construction Supplier Register](https://www.dtf.vic.gov.au/infrastructure-investment/construction-supplier-register) <https://www.dtf.vic.gov.au/infrastructure-investment/construction-supplier-register>

[Full Business Case Template](https://www.dtf.vic.gov.au/investment-lifecycle-and-high-value-high-risk-guidelines/stage-1-business-case) <https://www.dtf.vic.gov.au/investment-lifecycle-and-high-value-high-risk-guidelines/stage-1-business-case>

## Local Jobs First website

[Victorian Industry Participation Policy](https://localjobsfirst.vic.gov.au/about/local-jobs-first) <https://localjobsfirst.vic.gov.au/about/local-jobs-first>

[Major Projects Skills Guarantee](https://localjobsfirst.vic.gov.au/agency-guidance/major-project-skills-guarantee) <https://localjobsfirst.vic.gov.au/agency-guidance/major-project-skills-guarantee>

## Jobs Victoria website

[Working for Victoria](https://www.coronavirus.vic.gov.au/find-work-or-employees-fast-working-victoria) <https://www.coronavirus.vic.gov.au/find-work-or-employees-fast-working-victoria>

## Commonwealth policies and procedures

[Building and Construction Industry (Improving Productivity) Act 2016](https://www.legislation.gov.au/Details/C2017C00042) <https://www.legislation.gov.au/Details/C2017C00042>

[Code for the Tendering and Performance of Building Work 2016](https://www.legislation.gov.au/Details/F2017C00125) <https://www.legislation.gov.au/Details/F2017C00125>

[Australian Government Building and Construction Workplace Health and Safety Accreditation Scheme](https://ablis.business.gov.au/service/ag/australian-government-building-and-construction-workplace-health-and-safety-accreditation-scheme/301) <https://ablis.business.gov.au/service/ag/australian-government-building-and-construction-workplace-health-and-safety-accreditation-scheme/301 >

 [National Construction Code](https://ncc.abcb.gov.au/) <https://ncc.abcb.gov.au/>

# Appendix 2: 2020-21 Metropolitan Health Infrastructure Fund – list of eligible services

The following public health services and agencies are eligible to apply to the 2020-21 Metropolitan Health Infrastructure Fund.

## ****Metropolitan health services****

Alfred Health

Austin Health

Calvary Health Care Bethlehem

Dental Health Services Victoria

Djerriwarrh Health Services

Eastern Health

Forensicare

Melbourne Health

Mercy Hospitals Victoria

Monash Health

Northern Health

Peninsula Health

Peter MacCallum Cancer Institute

The Royal Children’s Hospital

The Royal Women’s Hospital

The Royal Victorian Eye and Ear Hospital

St Vincent’s Hospital Melbourne

Western Health

## Metropolitan Aboriginal Community Controlled Health Organisations

Aboriginal Community Elders Services

Boorndawan Willam Healing Service

Dandenong and District Aborigines Co-Operative Ltd

First People's Health and Wellbeing

Oonah Belonging Place

Victorian Aboriginal Health Service

## Registered community health services

Access Health and Community

Banyule Community Health

Carrington Health Ability

Central Bayside Community Health Services Limited

Cobaw Community Health Services (Metro sites only)

Cohealth

Connect Health & Community

DPV Health

EACH

Inspiro

IPC Health

Latrobe Community Health Service (Metro sites only)

Merri Health

North Richmond Community Health Limited

Primary Care Connect

Star Health

Sunbury Community Health Centre

Your Community Health

## Youth residential rehabilitation

ACSO

Cohealth

EACH

MIND Australia

Neami National

Wellways Australia

Uniting Care

## Adult residential rehabilitation

MIND Australia

## Metropolitan community palliative care – NGO

Banksia Palliative Care Services

Eastern Palliative Care Association

Melbourne City Mission

Mercy Health

Palliative Care South East

Peninsula Home Hospice

## Metropolitan community palliative care - health service

Calvary Health Care, Bethlehem

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