Dear [Redacted]

I refer to your application made under the Freedom of Information Act 1991 (the Act) that was received by the "Department for Health and Ageing", now the Department for Health and Wellbeing on 24 April 2018 seeking access to:

"Any documents / communications which detail possible design configurations / costings for either a new Women's Hospital or a new Women's and Children's Hospital in Adelaide. I am keen to see any analysis of different options in the context of price based upon location - for example, an indicative costing for a new WCH on the western end of the nRAH site, compared to elsewhere in the biomedical precinct from 01/07/2013 to 20/04/2018"

A comprehensive search of the Department has been undertaken and found that 74 documents exist that fit within the parameters of your request.

I have determined that 70 documents are exempt in full pursuant to Subclause 1(1)(a) and Subclause 1(1)(b) of the FOI Act. (See schedule Doc No. 1).

I have also determined that one document is to be partially released pursuant to Subclause 1(1)(e) of the FOI Act. (See schedule Doc No. 2).

Cabinet Documents

I have determined that the 70 documents mentioned above are exempt in full as they were either:

1- specifically prepared for the submission to Cabinet or,
2- a preliminary draft of a document prepared for Cabinet.

Therefore the information is exempt by virtue of Subclause 1 (1)(a) and Subclause 1(1)(b). which provides;

1—Cabinet documents

(1)A document is an exempt document—

(a) if it is a document that has been specifically prepared for submission to Cabinet (whether or not it has been so submitted); or

(b) if it is a preliminary draft of a document referred to in paragraph (a);
I have also determined that one document mentioned above is partially released as it contained matters the disclosure of which would disclose information concerning the decision of Cabinet. Therefore the information is exempt by virtue of Subclause 1 (1)(e) which provides:

1—Cabinet documents

(1) A document is an exempt document—

(e) if it contains matter the disclosure of which would disclose information concerning any deliberation or decision of Cabinet;

I have determined that two documents are to be partially released pursuant to Subclause 7(1)(b) and Subclause 7(1)(c) of the FOI Act. (See schedule Doc No.2 & 3). Both documents have also had out of scope material redacted.

The remaining two Documents are exempt in full pursuant to Subclause 7(1)(b)(i) and Subclause 7(1)(b)(ii)(A) and Subclause 7(1)(b)(ii)(B) of the FOI Act. (See schedule Doc No.4 & 5).

Documents Affecting Business Affairs

I have determined that two documents are to be partially released as they contain matters which consisted of commercial, business and financial information which could reasonably be expected to have an adverse effect on the agency’s business affairs. As this project is still ongoing, not all of this information is readily available to the public at this point. It could also be reasonable to expect that the full release of these documents could prejudice the future supply of such information to the Government and as such, a partial release was deemed appropriate under Subclause 7(1)(b) and Subclause 7(1)(c) of the FOI Act, outlined on the next page.

I have determined that two further documents are exempt in full, as they contain matters consisting of information that has a commercial value to the agency and the disclosure of which could reasonably be expected to destroy or diminish the commercial value of this information.

In considering the public interest factors in release of these documents, disclosure would promote openness and accountability within the Government; however the full release of these documents would be an unreasonable disclosure of that information as per the above. Furthermore, with the project still not finalised, not all this information is readily available to the public at this point; therefore the information is exempt by virtue of Subclause 7(1)(b)(i) and Subclause 7(1)(b)(ii)(A) and Subclause 7(1)(b)(ii)(B)) which provides:

7—Documents affecting business affairs

(1) A document is an exempt document—

(a) if it contains matter the disclosure of which would disclose trade secrets of any agency or any other person; or

(b) if it contains matter—

(i) consisting of information (other than trade secrets) that has a commercial value to any agency or any other person; and

(ii) the disclosure of which—
(A) could reasonably be expected to destroy or diminish the commercial value of the information; and

(B) would, on balance, be contrary to the public interest; or

(c) if it contains matter—

(i) consisting of information (other than trade secrets or information referred to in paragraph (b)) concerning the business, professional, commercial or financial affairs of any agency or any other person; and

(ii) the disclosure of which—

(A) could reasonably be expected to have an adverse effect on those affairs or to prejudice the future supply of such information to the Government or to an agency; and

(B) would, on balance, be contrary to the public interest.

A schedule of documents indicating the clauses for refusing access is attached.

Should you require further information or clarification on this matter, please contact Ben Twigg, Accredited Freedom of Information Officer on 8228 6145

If you are dissatisfied with this determination, you may seek an internal review by writing to the Chief Executive, Department for Health and Wellbeing. Your request should be sent within 30 days of receipt of this letter. I have enclosed a copy of Your Rights to Review and Appeal which explains your review options.

Yours sincerely

[Signature]

BEN TWIGG
Accredited FOI Officer
Department for Health and Wellbeing

2018
<table>
<thead>
<tr>
<th>Doc No.</th>
<th>Document</th>
<th>Exemption Clause</th>
<th>Release Status</th>
</tr>
</thead>
</table>
| 1.      | 70 Cabinet Documents | Clause 1 Section 1(a)  
Clause 1 Section 1(b) | Nil Release – Exempt in Full |
| 2.      | Briefing re: Women’s and Children’s Hospital Site Options and Associated Impacts | Clause 7 Section (1)(b) and  
Clause 7 Section (1)(c)  
Clause 1 Section 1(e) | Partial Release  
Out of scope material redacted |
| 3.      | Operating costs for split model | Clause 7 Section (1)(b) and  
Clause 7 Section (1)(c) | Partial Release  
Out of scope material redacted |
| 4.      | Document regarding Land options | Clause 7, Section (1)(b)(i) and  
Clause 7, Section (1)(b)(ii)(A) and  
Clause 7 (1)(b)(ii)(B) | Nil Release – Exempt in Full |
| 5.      | Document re: Development Options | Clause 7, Section (1)(b)(i) and  
Clause 7 Section (1)(b)(ii)(A) and  
Clause 7 (1)(b)(ii)(B) | Nil Release – Exempt in Full |
1. INTERNAL REVIEW

If you are dissatisfied or "aggrieved" with certain decisions or "determinations" of an agency/council/university (regarding access to documents or amendment of records), under S.29 and S.38 of the Freedom of Information Act (SA), 1991, you can apply to the agency/council/university concerned for an internal review of its determination.

To apply for an internal review of a determination you must write a letter addressed to the Principal Officer or lodge an internal review application form with the same agency/council/university as made the determination. This also must be addressed to the Principal Officer. The application must be accompanied by the appropriate fee (if applicable). The application should be lodged within 30 days of the original determination.

The agency/council/university will undertake its internal review and advise you of its decision within 14 days of receipt of the application.

There is no right to an internal review of a determination made by a Minister or Principal Officer of an agency/council/university.

2. INVESTIGATION BY THE OMBUDSMAN

After an internal review has been completed, if you are still dissatisfied with the agency/council/university's determination, you can request an external review by the Ombudsman of the determination. The Ombudsman is empowered to investigate the conduct of any person or body in relation to a determination made by an agency/council/university under this Act. You may also request an external review by the Ombudsman if you have no right to an internal review.

The application for review by the Ombudsman should be lodged within 30 days after the date of a determination. The Ombudsman cannot extend this time limit.

Investigations by the Ombudsman are free. Further information is available from the Office of the Ombudsman.

3. REVIEW BY SOUTH AUSTRALIAN CIVIL AND ADMINISTRATIVE TRIBUNAL

You have a right to apply for a review by SACAT if you are unhappy with:

- a determination not subject to Internal Review
- an Internal Review determination, or
- the outcome of a review by the Ombudsman SA.

You must exercise your right of review with SACAT within 30 calendar days after being advised of the above types of determinations or the results of a review. Any costs will be determined by SACAT, where applicable.

For more information contact SACAT - Phone: 1800 723 767 Email: sacat@sacat.sa.gov.au
SUBJECT: WOMENS AND CHILDRENS HOSPITAL SITE OPTIONS AND ASSOCIATED IMPACTS

Timing: FOR INFORMATION

Recommendations: It is recommended that you:

- Note the summary of the site options assessed for relocation of the Women’s and Children’s Hospital and WCH clinician preference
- Note the implications of the staged relocation commencing with the $528 million Adelaide Women’s Hospital with the Adelaide Children’s Hospital (ACH) to occur as a second phase with a site to be identified by the end of 2019.

Noted

Minister for Health

PURPOSE

- To provide the Minister with a briefing regarding:
  - the initial site analysis and the announced staged solution of a new $528 million Adelaide Women’s Hospital (AWH) by end of 2024 and the identification of a site for a new Adelaide Children’s Hospital (ACH) in the broader Adelaide Biomedical Precinct by the end of 2019;
  - implications associated with this approach including clinician perspectives on the options; and
SUMMARY

Site Options

- The original clinical impetus to build a relocated WCH on the Royal Adelaide Hospital (RAH) expansion zone was for women with high risk pregnancies to have direct connectivity to specialist adult services, including the adult Intensive Care Unit (ICU) at RAH.

- Further, through constructing immediately adjacent to RAH the intent is to link into expansion capacity already constructed for many of the required clinical support and engineering services thus enabling full optimisation of RAH site and infrastructure.

- As part of the site planning process SA Health engaged with the Department of Planning Transport and Infrastructure (DPTI), City of Adelaide at officer level (to a limited extent) and Renewal SA to consider the implications of the WCH relocation to the RAH expansion site. As part of this process Renewal SA proposed and undertook some further analysis of alternate sites including

  The principal disadvantage of these sites was the additional distance from core adult clinical services for the high risk maternity cases.

- The RAH expansion site has been assessed as having a site development capacity of between approximately 85,000m² – 94,000m² excluding car parking, noting that it is quite a constrained site with likely challenges with access to harness the full site potential. The expansion site is limited to a constructed height of ground plus seven levels by the Adelaide Airport flight path.

- Planning work identified an area requirement of approximately 92,000m² for a combined WCH, excluding car parking. This is based on certain assumptions with regard to RAH capacity for support services which are worthy of review as there may now be capacity to reduce this area requirement. Additionally there may be some limited functions that could be accommodated elsewhere in the immediate vicinity rather than a new WCH. Nonetheless, based on the 92,000m² area the core cost to construct the WCH is estimated in the order of $1.7-1.8 billion, inclusive of all costs and subject to timing of delivery.

- With the proposed split model the AWH is comprised of 25,400m² and a future Children’s Hospital is estimated to be 74,600m² resulting in a total estimated area of 100,000m², excluding car parking.

- As part of considerations to date the various hospitals are proposed to be linked by air-bridges. The distance of the air-bridge linking Adelaide Women's Hospital to the Royal Adelaide Hospital is estimated at 180 metres at a cost of $13-15 million with a walking travel time of roughly 2 minutes.

Implications of the staged solution

- When considered by the Health and Disability Reform Cabinet Committee and subsequently through the State Budget considerations the operating impacts of the
approved staged solution had been given limited consideration by Women’s and Children's Health Network (WCHN) executives and clinicians.

- At this time the separation of the Women’s from the Children’s services was estimated to result in duplications of built area and services of $6.574 million comprising, $2 million in building related costs of energy, cleaning etc. and $4.574 million for staffing costs for an estimated additional 24.6 FTE. Implications around transport and management of complex neonates between the sites and duplication in after-hours operating theatre standby arrangements were of primary concern.

- With the benefit of additional time, WCHN has now discussed more widely with clinicians and reviewed interstate models to better estimate impacts. WCHN has revised the forecasted impact of the split site model and believe the split will result in a greater requirement to transfer neonates resulting. This will provide for transfer of more medically unwell neonates requiring multiple medical consults as well as surgical neonates. Accordingly, staffing impacts are possibly more likely to be in the order of an additional estimated 46 FTE at an estimated annual cost of $7-9 million resulting in the total cost of the split model being in the order of an additional $9-11 million per annum. Attachment 2 details these service requirements and costs for two possible options. Further work is required to better develop and understand these impacts and consider possible offsets with a reduced Neonatal Unit in the AWH and enhanced linkage with RAH.

- Of these costs the additional building related costs of $2 million will always remain. Subject to the Adelaide Women's Hospital and future Children’s Hospital being directly linked by an air-bridge it is forecast that all of these additional costs the estimated 46 FTE at $7-9 million can be eliminated.
Clinician Perspectives

- WCHN clinician’s strong preference has been for one integrated WCH development with direct air-bridge linkage to RAH to ensure direct and timely access to adult services at times of clinical emergency.

- At the time when Government was also considering the location of a private hospital in the Adelaide Biomedical Precinct.

This preferred option was supported through a consultative exercise that included a reasonable cross section of WCHN clinicians and consumer groups. This was on the basis that one integrated WCH was not deliverable due to also needing to incorporate a Private Hospital.

- The solution approved by Government of a two-stage relocation starting with the $528 million AWH was presented to and considered at the Health and Disability Reform Cabinet Committee on 27 February 2017. Presenting this option with the former Minister for Health were WCHN Chief Executive Officer (CEO), three lead clinicians and Executive Director Infrastructure, SA Health. This option was supported by WCHN CEO and three lead clinicians.

- Following the announcement of Government to pursue development of the $528 million AWH, the broader WCH staff and clinicians not previously involved in the discussions leading to the Government’s policy position of a staged relocation have expressed their concern regarding the proposed staged model from both a clinical and financial perspective.

- As requested, the WCHN Acting CEO has now separately and collectively consulted with leading WCHN clinicians and the WCHN Executive to elicit their preferences.
- Their preference remains for a single WCH however a direct air-bridge linkage to RAH is regarded as essential.

- The WCHN Clinicians and Executive do not support a model that does not link the AWH and the ACH.

- Clinicians do not support a solution to relocation which has a protracted delay in relocating the ACH.

SA HEALTH REPRESENTATIVE

- NA

BACKGROUND

- In October 2013 the SA Government announced the development of a new WCH on the new RAH site.

- In 2014 the Minister for Health announced that the government would explore the possibility of collocating a private hospital on the new RAH site.

- A draft business case and options paper for the development of a new WCH, Private Hospital and associated transport infrastructure resulted in cost prohibitive solutions. Even with potential value management and exclusion of the transport infrastructure and private hospital costs the options to construct a WCH with an estimated area of 92,000m2 are in the order of $1.7-2.2 billion.
• Following the outcome from the draft business case SA Health undertook a planning process to ascertain the feasibility of redeveloping the current WCH site in lieu of a new development.

• Further, clinicians at the WCH were not supportive of a redevelopment solution for the reason that it did not address the original clinical driver of moving the WCH, being the provision of Women’s services in close proximity to an adult intensive care unit.

• The WCHN executive and a small cohort of senior clinicians, were supportive of the option to initially relocate the Women’s and Babies’ component connected to the new RAH provided there is commitment to the relocation of the Children’s component within a reasonable timeframe and that in the short term the existing WCH is appropriately maintained and developed.

• The clinician’s support was based on the risk to seriously ill mothers requiring immediate specialised non obstetric medical or surgical care in an adult hospital which was deemed more clinically critical than an event when a sick baby needs to be transferred for specialised paediatric surgery.

• The proposed two stage approach was then presented to and considered at the Health and Disability Reform Cabinet Committee on 27 February 2017.

• In June 2017 as part of the SA Budget the government announced a new $528 million relocated AWH to be physically connected to the new RAH in the CBD, $64.4 million upgrade to the existing WCH in North Adelaide and a commitment to a new ACH to be announced by the end of 2019.

IMPACTS ON ANOTHER CEO OR DCE OR EXECUTIVE DIRECTOR

• Lisa Lynch A/Chief Executive Officer Women’s and Children’s Health Network

ADVICE FROM OTHERS

• NA
ATTACHMENT(S)

- 
  - Attachment 2 - Operating costs for split model

Brendan Hewitt
Executive Director
Infrastructure

Contact Officer: Brendan Hewitt
Telephone: 0401 125 304
Email: Brendan.Hewitt@sa.gov.au

OCE OFFICE USE ONLY

OCE will determine if briefings require the Chief Executive, SA Health to authorise (if front page not ticked) or as below

☐ Copy to be provided to the Chief Executive, SA Health (Office of the Chief Executive to provide)

☐ Departmental record only (Office of the Chief Executive to retain)
### CONSIDERATIONS

<table>
<thead>
<tr>
<th>OPTION 1 – ESTABLISH SECOND (SUB-UNIT) NICU IMPACT - ADELAIDE CHILDREN’S HOSPITAL (ACH)</th>
<th>OPTION 1 – ESTABLISH SECOND (SUB-UNIT) NICU IMPACT ADELAIDE WOMEN’S HOSPITAL (AWH)</th>
<th>OPTION 3 – RETAIN ONE NICU IMPACT ADELAIDE CHILDREN’S HOSPITAL (ACH)</th>
<th>OPTION 3 – RETAIN ONE NICU IMPACT ADELAIDE WOMENS HOSPITAL (AWH)</th>
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<tr>
<td><strong>Suggested Model</strong></td>
<td>All babies born at AWH with increased clinical efficacy for mothers with proximity to RAH Adult ICU and Adult Specialties. Ill babies transferred to ACH under Medstar arrangements for emergent and planned transfers.</td>
<td>Model of Care is articulated as being less clinically effective on the rationale of attempting to maintain existing multi-functional consulting and surgical services at two geographic sites will result in potentially significant down time and delays in co-ordination of care and interventions at both sites.</td>
<td>All babies born at AWH with increased clinical efficacy for mothers with proximity to RAH Adult ICU and Adult Specialties. Ill babies staying at AWH. Ill babies requiring medical interventions, surgical and other procedures to be provided by specialist from the ACH at AWH.</td>
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<tr>
<td>The model results in additional medical requirements and additional nursing management/supervision requirements for NICU.</td>
<td></td>
<td>Key surgical and medical consulting specialties potentially impacted due to medical staff (Specialists and TMOs) plus nursing staff required to work across both sites. Combined costs for both ACH</td>
<td></td>
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<tr>
<td><strong>Resourcing Impact</strong></td>
<td>Medstar Impacts - Not quantified. Transfers would create additional service demand.</td>
<td></td>
<td>Duplication of child theatre, radiology etc. associated with surgical and interventional services. Impacts will be on dedicated theatres and theatre equipment. Combined costs for both ACH and AWH are expected to be</td>
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<tr>
<td>CONSIDERATIONS</td>
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<td>OPTION 3 – RETAIN ONE NICU – IMPACT ADELAIDE CHILDREN’S HOSPITAL (ACH)</td>
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<td></td>
<td>and AWH are expected to be greater than Option 1 due to clinical impacts (below).</td>
<td></td>
<td>greater than Option 1 due to clinical impacts (below).</td>
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<tr>
<td>Clinical Impacts</td>
<td>Retains the best of the exiting shared resourcing model for NICU and ACH specialties.</td>
<td>ACH NICU is a sub unit of AWH NICU and maximises shared resources, knowledge and training of staff.</td>
<td>Potential loss of Productivity at ACH may be as high as 10% in some specialties particularly Paediatric Surgery, Anaesthesia and perioperative nursing. Smaller units may be disproportionately affected more e.g. Cardiac Surgery. Impacts will be in Consultants, TMOs, Surgical Operating Teams and Nurse Practitioners, travel time and associated down time. Increased complexity in co-ordinating multi-disciplinary case assessments and case management. Due to delayed response times and down times at ACH which result in longer ALOS. This increases the risk of delays in Duplication of child theatre, radiology etc. associated with surgical and interventional services. Impacts will be on dedicated theatres and theatre equipment. Essentially maintaining the cost and resourcing of emergency theatre at both ACH and AWH.</td>
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### ATTACHMENT 2: Operating Costs for Split Model

<table>
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<tr>
<th>CONSIDERATIONS</th>
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<td>interventons and treatment time, with possible flow on consequences for discharge times.</td>
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<td>Capital Planning Impacts</td>
<td>Allows the NICU at AWH to incorporate some cold shell capacity up the amount of cots sustained in ACH.</td>
<td>Decommission NICU Sustainment of theatre infrastructure</td>
<td>Commission at full NICU capacity</td>
<td>Additional dedicated paediatric Theatre and fitout.</td>
</tr>
<tr>
<td>Industrial implications</td>
<td>The stated preferred pathway.</td>
<td></td>
<td>Resistance is expected to be greater than Option 1 due to clinical impacts on ACH (significant and varied number of specialties).</td>
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