



**The Royal
Melbourne
Hospital**

**Professor Shelley Dolan RN MSc PhD
Chief Executive Officer**



28th April 2025

Llewellyn Reynders
Director, Research and Policy
Infrastructure Victoria
Level 33, 140 William Street, Melbourne 3000

Dear Llewellyn

Thank you for the opportunity to review and contribute to Infrastructure Victoria's Draft 30 Year Infrastructure Strategy. Royal Melbourne Hospital strongly supports this important work and appreciates Infrastructure Victoria's consultative approach to finalising its recommendations.

The Draft 30 Year Infrastructure Strategy has identified a range of critical infrastructure issues facing Victoria's public healthcare sector. RMH offers particular support for recommendations to upgrade Royal Melbourne Hospital infrastructure (recommendation 20), invest in digital health care (recommendation 19) and improve asset management for government infrastructure (recommendation 37).

An additional issue related to infrastructure for people experiencing mental illness is raised in our commentary on recommendation 18 to build more residential alcohol and other drug treatment facilities. Significant investment was made following the Royal Commission into Victoria's Mental Health System (2021) however we suggest there is an ongoing need to consider the infrastructure needs of this patient population to ensure the provision of safe, timely and effective care to this patient population.

Attached is further detail regarding our position of support together with suggestions about how the Strategy may be strengthened further.

Thank you again for this opportunity and we are willing to provide any further information or assistance required.

Yours sincerely

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Attachment - RMH Feedback on Victorian draft 30-year infrastructure strategy

Recommendation 17 - Invest in maintenance, upgrades and expansions of community health facilities

RMH supports this recommendation for the Victorian Government to develop and fund a 5-year priority investment plan in community health facilities. RMH recognises the importance of healthcare outside hospital settings and community health facilities play a crucial role in preventing hospitalisations and enhancing overall healthcare outcomes.

Recommendation 18 - Build more residential alcohol and other drug treatment facilities

RMH supports the recommendation to plan and start building residential rehabilitation and withdrawal facilities to meet the demand for alcohol and other drug treatment in Victoria. RMH sees drug and alcohol abuse as a significant contributor to hospital admissions and a factor in occupational health and safety within the hospital workplace. Investing in facilities to align beds with interstate benchmarks would assist in prevention of hospital admissions and recovery, which will aid in reducing the burden on hospitals and provide better outcomes for patients.

RMH also suggests including an additional recommendation on upgrading and providing facilities to better manage and treat people with mental health conditions. Infrastructure Victoria should give consideration to the Royal Commission into Victoria's Mental Health System (2021) and recommendations it made to meet the growing demand for services. Investment is not only required in acute care settings, but also in prevention and recovery care (PARC) and specific community mental health services to ensure the provision of safe, timely and effective care to this patient population.

Draft Recommendation 19: Invest in digital healthcare

RMH strongly support the expansion of digital healthcare to improve the quality of care and ease demand on public hospitals. RMH offers the following commentary to strengthen this recommendation:

- Digital technology can make hospital infrastructure more efficient and the recommendation for the Victorian Government to design and fund a state wide virtual care service is supported. However, the scope and breath of this could be broader than monitoring patients at home. RMH recommends Infrastructure Victoria engages further with the Department of Health to discuss including investment in supporting access and flow across the acute system, including the management of interhospital transfers, ambulance distribution, disaster response as well as providing a virtual hospital which supports care in the home. Such a recommendation would be consistent with the functions of Local Health Service Networks currently being implemented.
- Investing in a state wide medical image sharing system was prioritised in this recommendation. RMH noted the Department of Health is implementing CareSync Exchange, a secure health information sharing system that allows clinicians to access critical patient health information at the point of care. RMH suggests further investigation into how this recommendation complements work underway on CareSync Exchange.

Recommendation 20 – Upgrade critical public hospital infrastructure

RMH strongly supports this recommendation to prioritise and define the scope and timeframes for upgrading RMH infrastructure, along with the Austin and Alfred hospitals. RMH plays a critical role in the Victorian health system however many assets at Parkville and Royal Park Campus have exceeded their useful life. To strengthen this important recommendation RMH suggests:

- Infrastructure Victoria engages with the Department of Health and Victorian Infrastructure Delivery Authority (VIDA) for further information on the scope, cost and timeline for delivery of Parkville and Royal Park Campus redevelopments.
- It is recommended the estimated cost of \$6 to 8 billion to upgrade the three referenced hospitals (RMH, Austin and Alfred) should be confirmed with DH and VIDA.
- Additional commentary should be inserted to reflect government's plan to provide new infrastructure for services located at RMH's Royal Park Campus. Services at Royal Park are critical to overall service delivery and assets are to be replaced/upgraded through future redevelopment stages.
- The Strategy correctly notes that the RMH, Austin and Alfred provide essential health care services to the state, however the role of the RMH could be further clarified. RMH and the Alfred both provide state wide trauma services, and both have two of the busiest emergency departments in the country with all weather air ambulance access. Additionally, RMH provides a state wide trauma service, specialist adult critical care services for the Parkville precinct, quaternary infectious diseases services, highly specialised neurosciences and stroke services including being the home of the first mobile stroke ambulance service in Australia. RMH also provides one of the largest renal transplant services to Victoria and Tasmania.

Draft Recommendation 37: Improve Asset Management of All Government Infrastructure

RMH strongly supports this recommendation to improve asset management of all government infrastructure. The Recommendation is timely, necessary and critical to the long-term safety, reliability and sustainability of public hospital infrastructure.

The Strategy rightly identifies the significant risks posed by under-investment in asset data, systems processes and capability – particularly as climate change accelerates deterioration and demand for public infrastructure continues to grow. We agree that this recommendation has the potential to shift government investment in public asset infrastructure from a reactive to a proactive approach, improving outcomes and ultimately saving money, reducing risk for all Victorians. We particularly support recommendations to:

- Develop clear and consistent standards and systems to guide data collection, reporting and strategy development
- Require departments to assess and report asset maturity by 2027 and comply with the Asset Management Accountability Framework (AMAF) by 2030
- Prioritise funding for infrastructure maintenance and renewal to maximise value realisation from public infrastructure
- Allocate funding on a rolling, multi-year basis to improve long-term planning and delivery capability

In addition, we suggest that this recommendation considers:

- Additional commentary suggesting the need for a cultural shift, not just a system change. Asset management is often undervalued and under-resourced which needs to change.
- Mechanisms for public accountability – e.g. publishing maturity assessments or progress reporting against AMAF compliance.
- Acknowledgement of the importance of workforce capability and sustaining data integrity. Without sufficient skilled asset managers, even the best systems will fall short. We recommend that health services are supported to engage skilled asset and reliability engineers. The skills of these professionals in the analysis and interpretation of a range of asset data are essential to maximising the operational life of critical infrastructure.
- Consideration is given to the case for funding certainty beyond 2030, given the scale and diversity of the public infrastructure asset base.