

### 3. Appendix 1 – Feasibility Study Template

The Owners or Operators of Health Facilities are required to provide a Feasibility Study (or Certificate of Need application) as part of the licensing process described in these Guidelines. A feasibility study is required only for Hospitals and Day Surgery facilities. For other facility types a feasibility study is optional and recommended, however it is not mandatory.

The template which appears on the following page may be completed and used for this purpose. Alternatively, if a separate, Feasibility Study has already been prepared by specialists, then its conclusions without further elaboration may be inserted into the template and submitted along with a full copy of the original Feasibility Study.

If any of the hospital services and quantities change through the various Steps of licensing, such as Schematic Design or Detailed Design, then the Feasibility Study needs to be updated and re-submitted for approval.

# Insert Health Facility Name

## Feasibility Study Template

---

Date: <DD.MM.YYYY>  
Version: <1>  
Prepared by: <enter the name of the author>  
Contacts: <enter the author's company name, telephone and email>  
Prepared for: <owner or operator>  
Contacts: < enter the Owner or Operators name, telephone and email>  
Application Status: <choices are Schematic Submission or Detailed Submission>  
Facility Type: <as per the standard facility types, see **Part A - Appendix 11**>

---

<Optionally insert project perspective>

## Table of Contents

<Provide a table of contents and page numbers>

### 1 – Executive Summary

<One page free form text for executive summary. Try to incorporate a short paragraph related to each of the subjects that follows>

Name of the project and introductory text

—

The author of the Feasibility Study

—

Location- provide a small diagram or map

—

Key features

—

Key quantities, numbers, size

—

Timeframe for delivery

—

Total Capital Cost

—

### 2 – Strategic Context

<Briefly describe the strategic context of the proposal>

### 3 – Investment Objectives

<Briefly Describe the Investment Objectives>

**New Facilities and Services (if any)**

---

**Existing Facilities and Services (if any)**

---

**Problems and Opportunities**

---

## 4 – Needs Analysis

### Health Service Catchment

#### Population Numbers

—

#### Geographic Definition

—

#### Population type

—

### Health Service Demand Assessment

<list by the chosen unit e.g. KPU's such as Acute Beds, Same day Beds, Operating Theatres, LDR Birthing Rooms etc. or activity measures such as Bed days, Admissions, Separations, Episodes, Operations, ED Presentations P/A etc.>

### Health Service Supply Assessment

< list by the chosen unit e.g. KPU's such as Acute Beds, Same day Beds, Operating Theatres, LDR Birthing Rooms etc. or activity measures such as Bed days, Admissions, Separations, Episodes, Operations, ED Presentations P/A etc.>

### Permissible and Restricted Health Services (if any)

<Quote any guidance from the DOH in relation to any restricted health services such as Centralised or Regional services. Describe compliance or otherwise >

### Identified Health Service Gap

< list by the chosen unit e.g. KPU's such as Acute Beds, Same day Beds, Operating Theatres, LDR Birthing Rooms etc. or activity measures such as Bed days, Admissions, Separations, Episodes, Operations, ED Presentations P/A etc.>

## 5 – Competitive Landscape

<Briefly Describe the competitive landscape>

## 6 – Proposed Services and Facilities

< list by the chosen unit e.g. KPU's such as Acute Beds, Same day Beds, Operating Theatres, LDR Birthing Rooms etc. or activity measures such as Bed days, Admissions, Separations, Episodes, Operations, ED Presentations P/A etc.>.

<Demonstrate that the proposed services and facilities are within the identified service gap>

<Optionally, prepare and attach a Clinical Services Plan (CSP). Make references to the CSP (if any) in this section.>

Make reference to the completed Pro-forma from Part A- appendix 15 – Pro-forma for the proposed Service Lines and DRG's. Provide the completed proforma in the Appendices.

## 7 – Options Generation and Evaluation

—

### Options Considered

<Briefly Describe one or more options considered for private facilities>

<Briefly Describe a minimum of 4 options considered for public facilities. Option 1 must be:

Do Nothing, keep safe and operating>

### Options Evaluation

<Provide a simple and short evaluation matrix>

### Option Recommended or Adopted

—

## 8 – Project Costing

<Refer to an attached Costing Report with all the required details, or complete this section with the minimum requirements of costing>

### Capital Cost

<Provide a simple table with the required minimum information complying with the methodology used in Part F Appendix 1- Capital Costing Guidelines>

### NET Construction Cost (NCC)

Departmental (FPU) costs by category:

- New construction
- Major refurbishment
- Minor refurbishment

**Gross Construction Costs (GCC)**

Add the following to NCC:

- Preliminaries Costs
- Contractors Margin
- Design Contingency

**Total Project Costs (TPC)**

Add the following to GCC:

- Construction Contingency
- Consultants Fees
- Authority Charges
- Other Charges
- Add the cost of Furniture, Fittings, Fixtures and Equipment (FF&FE):

Notes:

Refer to Part H Costing Guidelines for more specific information on the costing parameters and calculation methodology.

**Total End Cost (TEC)**

Add escalation to TPC to arrive at TEC

**Transition Costs**

<Provide the transition costs with a short description, if any>

**Decanting Costs**

—

**Temporary Facilities Costs**

—

**Recruitment Costs**

—

**Change Management Costs**

—

**Opportunity Costs**

<Provide opportunity costs, if any>

**Income loss**

—

**Income gain**

—

**Recurrent Cost**

&lt;Provide a short summary of the anticipated running costs&gt;

**Human Resource (HR) costs**

- Doctors

**Goods and Services (G&S) Costs**

- Administration
- Domestic Supplies and Services
- Drugs
- Equipment Leasing
- Food Supplies
- Medical & Surgical Supplies
- Motor Vehicle Expenses / Travel
- Other Goods and Services
- Patient Transport (Incl. Ambulance)
- Rental Accommodation
- Repairs Maintenance and Renewals
- Support & Special Services
- Utilities
- Insurance and Legal
- Other

**Total Recurrent Costs**

&lt;Sum of HR and G&amp;S for the first year of operation and escalate to 4 following years of operation.&gt;

**Life Cycle Cost**

&lt;Provide Life Cycle Costs and NPV analysis of all options, only if required in writing by the client or the DOH.&gt;

## 9 – Revenue and Profitability

&lt;For Private Facilities, provide a summary of the expected revenue and profitability based on the services proposed&gt;

&lt;For Public Facilities, replace this section with a discussion of Public Benefit&gt;

Revenue

—

Profitability

## 10 – Options Evaluation

<Provide a tabulated Options Evaluation matrix and include the mandatory requirements>

### Options Matrix

Options name and short description (Min.1 for Private and 4 for Public facilities)

Summary of KPU's for each option

Summary of SOA (as a Minimum, state total GFA)

Cost Summaries (including Capital, Transitional, Opportunity, Recurrent and Life Cycle)

Revenue and Profitability

Short remarks in the context of the Investment Objectives

Short remark under each of the evaluation criteria

Short discussion of the expected risks and risk mitigation

### Options Selection

<Free form text to briefly describe the reasoning for selecting one option>

### Financial Appraisal

<At the written request of the Health Authority, provide an independent Financial Appraisal and refer to it in this section. Provide the full copy in the appendices>

## 11 – Funding Strategy

<Provide a short description of the funding strategy>

### Capacity to Fund

<Refer to the evidence of capacity to fund the project and provide the evidence in the appendices>

## 12 – Procurement Strategy

<Provide a short description of the procurement strategy (method of delivery) including the minimum mandatory requirements>

### Timeframe and Staging

<Provide a table of key dates or a bar chart>

### Contract Type

<Nominate the intended contracting methodology (which may change later)>

### Governance Structure and Reporting



<Provide a short outline of the Governance Structure>

### 13 – Feasibility Self-check

<Provide a completed and signed Feasibility Study Self-Check table>

### 14 – Appendices

<Provide all the items which are referred to the appendices in the body of the Feasibility Study including externally sourced reports such as costing and proof of capacity to pay.>