



**Campbelltown Hospital  
Redevelopment (CHR) Project**



**Value Management Study (VMS)  
Report**

**November 2017**



THIS PAGE LEFT INTENTIONALLY BLANK

## CONTENTS

|          |   |           |
|----------|---|-----------|
| <b>1</b> | <b>Workshop Overview</b> .....                        | <b>2</b>  |
| 1.1      | Background.....                                       | 2         |
| 1.2      | Workshop Objectives .....                             | 3         |
| 1.3      | Workshop activities .....                             | 3         |
| 1.4      | Workshop outcomes.....                                | 4         |
| <b>2</b> | <b>Option Assessment Criteria</b> .....               | <b>5</b>  |
| 2.1      | Developing the assessment criteria.....               | 5         |
| 2.2      | Assessment criteria weighting .....                   | 5         |
| <b>3</b> | <b>Assessment of the options</b> .....                | <b>7</b>  |
| 3.1      | Option Development Process.....                       | 7         |
| 3.2      | Option Summary .....                                  | 9         |
| 3.3      | Option evaluation .....                               | 11        |
| 3.4      | Recommending a preferred Option .....                 | 12        |
| <b>4</b> | <b>Next Steps</b> .....                               | <b>14</b> |
|          | <b>Appendix 1. Workshop Participants</b> .....        | <b>15</b> |
|          | <b>Appendix 2. Workshop Agenda</b> .....              | <b>17</b> |
|          | <b>Appendix 3. Workshop Presentation Slides</b> ..... | <b>18</b> |
|          | <b>Appendix 4. Participants' Comments</b> .....       | <b>41</b> |
|          | <b>Appendix 5. Issues Register</b> .....              | <b>43</b> |

### List of Tables

|  |    |
|--|----|
| Table 1 – Weighted Option Evaluation Criteria..... | 5  |
| Table 2 – Scoring Matrix .....                     | 6  |
| Table 3 – Option Scope .....                       | 9  |
| Table 4 – Option Assessment .....                  | 11 |

# 1 Workshop Overview

## 1.1 Background

The NSW Government has committed \$632 million towards Stage 2 of the Campbelltown Hospital Redevelopment (CHR).

The CHR project will enhance the hospital facilities and enable a range of expanded and new services to meet the needs of the growing communities of South-Western Sydney as outlined in the endorsed Abridged Clinical Services Plan for Macarthur to 2031 (September 2017) and Enhanced Paediatric Capacity Plan 2031 (October 2017).

The Guiding Principles informing the CHR project are:

- Deliver the best outcomes and experience to the Macarthur community
- Hub for health and wellbeing
- Innovation, research and education underpin everything we do
- Flexibility to adapt to future needs
- Community driven
- The hospital is a community leader (not just a health leader)

Health Infrastructure (HI) is the delivery agency for the CHR project, working in partnership with the South Western Sydney Local Health District.

The project is currently in the planning stage with the Business Case due for submission in March 2018.

The Australian Centre for Value Management (ACVM) was commissioned to facilitate and report on this Value Management Study (VMS) workshop which was held on **Monday 27 November 2017**. A list of participants who attended the workshop is included in **Appendix 1**.

This report has been compiled to provide an objective overview of the key aspects discussed in the workshop and the outcomes formulated by the end of the day.

This VMS Workshop brought together representatives from South Western Sydney Local Health District, Campbelltown and Camden Hospitals, Health Infrastructure, Ministry of Health, Community Representatives, other stakeholder groups as well as the project consultant team with a view to recommending which option should be supported to inform the basis of the business case.

Four short-listed options have been developed for consideration and evaluation in the VMS. The options are broadly described below:

**Option 1: Single new build with capacity to 2026/27:**

- Continued use of existing theatres (with limited reconfiguration) plus new theatre expansion
- Clinical capacity built to 2026/27
- Cancer services facilities remain at their current capacity (2017)

**Option 1.1: Single new build with capacity and expansion to 2026/27:**

- Continued use of existing theatres (with limited reconfiguration) plus new theatre expansion
- Clinical capacity includes a mix of new capacity and expansion space to 2026/27
- Uplift in Cancer Services - Medical Oncology (Chemotherapy) and Radiation Oncology (Linear Accelerators) afforded through providing expansion space for some services.



**Option 2: Single New Build with capacity and expansion to 2026/27:**

- All new theatres (replace existing) afforded through providing expansion space for some services.
- Repurposing of existing theatres space for other services via major refurbishment
- Clinical capacity includes a mix of new capacity and expansion space to 2026/27
- Cancer services uplift in Medical Oncology (Chemotherapy) only
- Radiology therapy (Linear Accelerators) remain at their current capacity (2017)

**Option 3: Two phase build with capacity and expansion to 2026/27:**

- Continued use of existing theatres (with limited reconfiguration) plus new theatre expansion in the phase 1 build
- Clinical capacity (including use of expansion space) to 2026/27
- Uplift in Cancer Services (Medical and Radiation Oncology Services) by providing expansion space for Chemotherapy and Radiology Therapy facilities afforded through providing expansion space for some services.

All four options have been costed using benchmark rates and are considered to be deliverable within the budget allocation of \$632 million.

## 1.2 Workshop Objectives

In broad terms the objectives of this workshop were to:

- Provide information to participants on the key drivers, vision and challenges which have informed planning work undertaken to date;
- Outline the assumptions, givens and opportunities which have informed the development of options;
- Consider, agree and weight a range of evaluation criteria;
- Evaluate the range of options against the agreed objectives and criteria; and
- Recommend a preferred option for ongoing consideration

## 1.3 Workshop activities

The workshop agenda is included in **Appendix 2**.

The workshop started with an overview presentation on key background information underpinning the Campbelltown Hospital Redevelopment project including

- Macarthur's future direction
- Visioning workshop
- Master Plan
- Options development process

The participants then agreed to and weighted option assessment criteria based on what participants considered to be important about the project. Assessment criteria weighting was completed by the whole group using a paired comparison assessment process (**Section 2**).

The participants were then provided with an overview presentation on the options under consideration. This presentation provided information on:

- Guiding principles
- Fundamentals relating to services and Infrastructure,
- Service planning

- Option overview

The PowerPoint slides used in the presentations are included as **Appendix 3**.

Amendments to the presentation have occurred post the meeting to respond to the discussion and clarifications raised during the workshop.

Participants then evaluated the performance of each option against the weighted criteria. The process involved comparing the relative performance of each option against the respective criterion on a rating of 5 (excellent performance against the criteria) to 1 (poor relative performance against the criteria). Assessment was then converted to a numerical score. (**Refer Section 3.3**)

Participants seated in sub groups were requested to reflect on the multi criteria assessment as well as the advantages and disadvantages of the options and offer a recommendation as to which option they believed should go forward for further development. Sub group summaries are included in **Appendix 4**.

A separate issues log of points raised during discussion for ongoing consideration is included as **Appendix 5**.

#### 1.4 Workshop outcomes

By the end of the workshop, participants had:

**Identified** and **weighted** option evaluation criteria to differentiate and evaluate the options. The criteria were:

- A. Maximise range of services uplift to 2026/27 (CSP)
- B. Maximum capacity of services uplift to 2026/27 (CSP)
- C. Prioritise Core services/Role Delineation uplift
- D. Clinical and operational efficiencies (i.e. theatres configuration)
- E. Earliest delivery of project outcomes (program)
- F. Maximise business continuity (minimise disruption) during the redevelopment construction program
- G. Set-up the overall hospital site for future stages of development beyond this capital investment.

## 2 Option Assessment Criteria

### 2.1 Developing the assessment criteria

Prior to the workshop, the project team drafted criteria for options evaluation. Prior to accepting the criterion, the participants satisfied themselves that:

- The criteria were discrete i.e. the intent has not been double counted;
- The criteria will enable differentiation between options.

### 2.2 Assessment criteria weighting

Relative weighting of assessment criteria was completed by the whole group using a paired comparison approach. This process involved assessing the relative importance of the respective criteria by comparing each criterion to every other criterion to determine which is collectively viewed as being the most important.

If the group was unable to differentiate between the two criteria under consideration they are given equal weight.

The group's workings and their weightings of the assessment criteria for each category are shown in the tables below.

**Table 1 – Weighted Option Evaluation Criteria**

| No. | Criteria  | Raw Score | Relative Weight |
|-----|---|-----------|-----------------|
| A   | Maximise range of services uplift to 2026/27 (CSP)  | 6         | 27              |
| B   | Maximum capacity of services uplift to 2026/27 (CSP)  | 4         | 18              |
| C   | Prioritise Core services/Role Delineation uplift  | 5         | 23              |
| D   | Clinical and operational efficiencies (i.e. theatres configuration)                               | 4         | 18              |
| E   | Earliest delivery of project outcomes (program)   | 1         | 5               |
| F   | Maximise business continuity (minimise disruption) during the redevelopment construction program  | 2         | 9               |
| G   | Set-up the overall hospital site for future stages of development beyond this capital investment. | 0         | 0               |
|     | <b>Totals</b>   | <b>22</b> | <b>100</b>      |

**Table 2 – Scoring Matrix**

|          | <b>B</b> | <b>C</b> | <b>D</b> | <b>E</b> | <b>F</b> | <b>G</b> |
|----------|----------|----------|----------|----------|----------|----------|
| <b>A</b> | A        | A        | A        | A        | A        | A        |
| <b>B</b> | B        | C        | B/D      | B        | B        | B        |
| <b>C</b> | C        | C        | C        | C        | C        | C        |
| <b>D</b> | D        | D        | D        | D        | D        | D        |
| <b>E</b> | E        | E        | E        | F        | E        | E        |
| <b>F</b> | F        | F        | F        | F        | F        | F        |

## 3 Assessment of the options

### 3.1 Option Development Process

The project team developed four options for evaluation. A brief description and schematic of the options follow.

#### **Option 1: Single new build with capacity to 2026/27:**

- Continued use of existing theatres (with limited reconfiguration) plus new theatre expansion
- Clinical capacity built to 2026/27
- Cancer services facilities remain at their current capacity (2017)

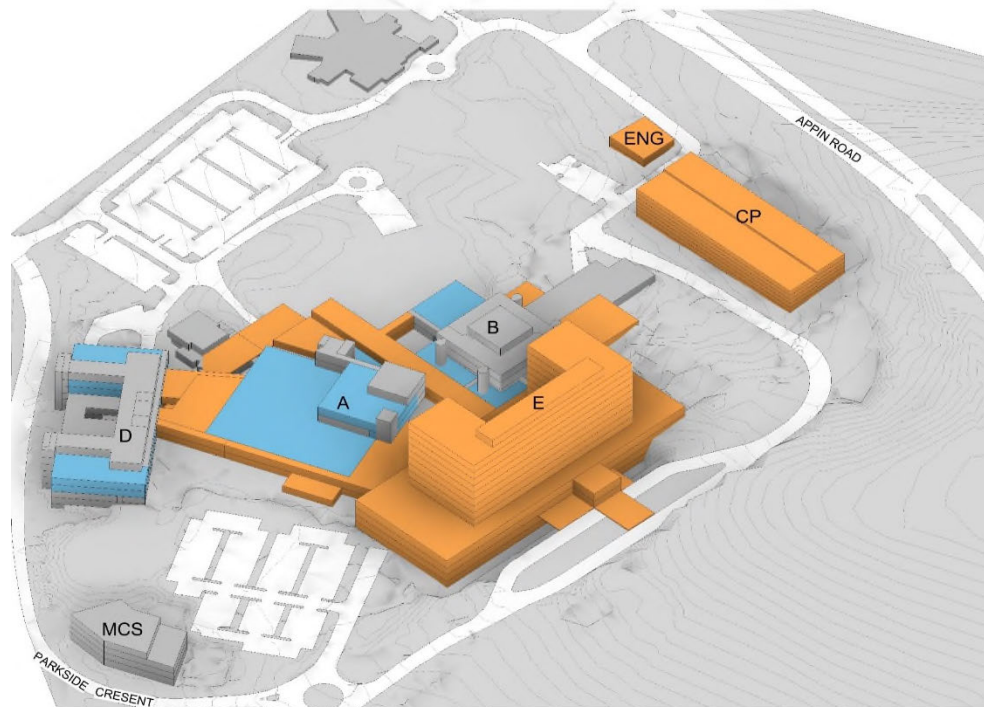
#### **Option 1.1: Single new build with capacity and expansion to 2026/27:**

- Continued use of existing theatres (with limited reconfiguration) plus new theatre expansion
- Clinical capacity includes a mix of new capacity and expansion space to 2026/27
- Uplift in Cancer Services - Medical Oncology (Chemotherapy) and Radiation Oncology (Linear Accelerators) afforded through providing expansion space for some services

#### **Option 2: Single New Build with capacity and expansion to 2026/27:**

- All new theatres (replace existing) afforded through providing expansion space for some services.
- Repurposing of existing theatres space for other services via major refurbishment
- Clinical capacity includes a mix of new capacity and expansion space to 2026/27
- Cancer services uplift in Medical Oncology (Chemotherapy) only
- Radiology therapy (Linear Accelerators) remain at their current capacity (2017)

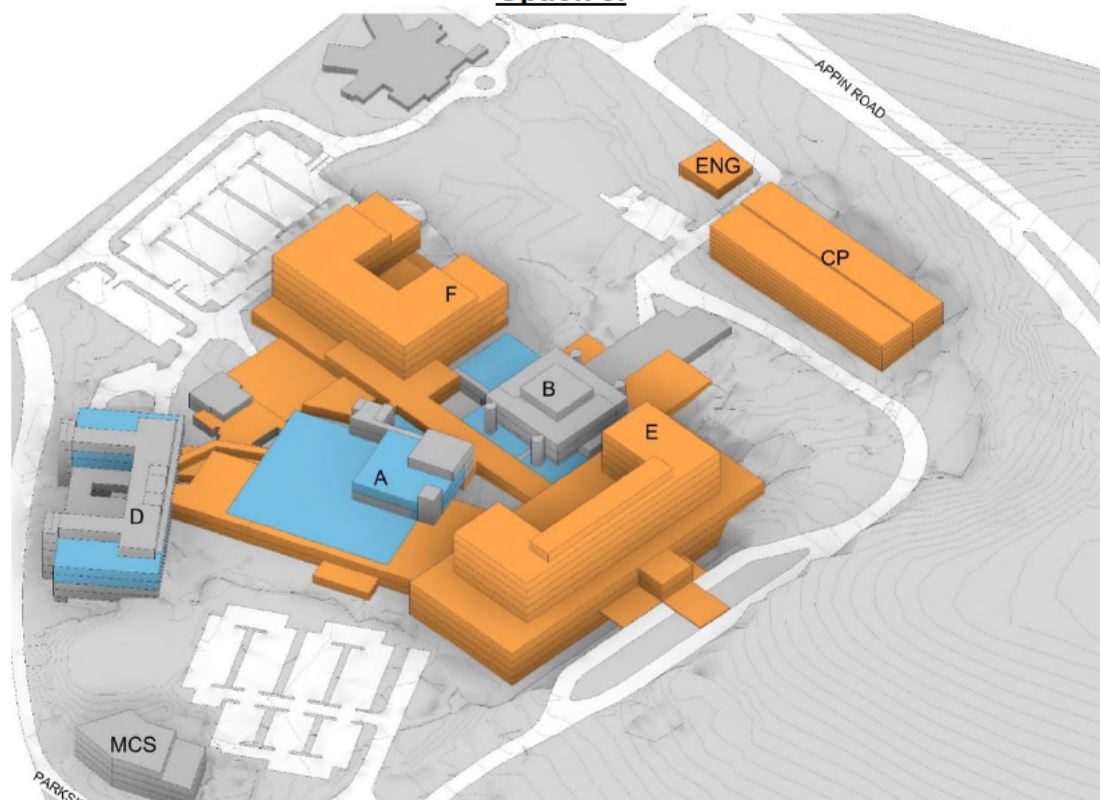
#### **Option 1, 1.1 and 2:**



**Option 3: Two phase build with capacity and expansion to 2026/27:**

- Continued use of existing theatres (with limited reconfiguration) plus new theatre expansion in the phase 1 build
- Clinical capacity (including use of expansion space) to 2026/27
- Uplift in Cancer Services (Medical and Radiation Oncology Services) by providing expansion space for Chemotherapy and Radiology Therapy facilities afforded through providing expansion space for some services.

**Option 3:**





### 3.2 Option Summary

A summary of the relative scope of options as presented is reproduced below. The information was used to assist the group in evaluating the range and capacity of services proposed for the options.

**Table 3 – Option Scope**

| Service  | 2017     | 2026/27  | Option 1        | Option 1.1         | Option 2           | Option 3           |
|--|----------|----------|-----------------|--------------------|--------------------|--------------------|
| Emergency (including ED Short Stay)                      | 60       | 107      | 107             | 107                | 95 + 12 expansion  | 107                |
| Medical Imaging  | 18       | 47       | 47              | 47                 | 15% expansion      | 47                 |
| Nuclear Medicine   | 0        | 10       | 10              |                    |                    |                    |
| Intensive Care Unit                                      | 12       | 30       | 30              | 30                 | 24 + 6 expansion   | 24 + 6 expansion   |
| Perioperative (Theatres, Cath Labs, Interventional Rad.) | 13       | 24       | 24              | 20 + 4 expansion   | 18 + 6 expansion   | 20 + 4 expansion   |
| Pharmacy & Pathology & Clinical Measurement              | Existing | Expanded | YES             |                    |                    |                    |
| Surgical Day Only, High Volume Short Stay (DO + EDO)     | 9        | 61       | 61              | 61                 | 54 + 7 expansion   | 54 + 7 expansion   |
| Paediatrics – Inpatient Units                            | 22       | 71       | 71              | 71                 | 60 + 11 expansion  | 60 + 11 expansion  |
| Paediatrics – Day Only, Ambulatory, Outpatient + HITH    |          |          | YES             |                    |                    |                    |
| Mental Health (Integrated, incl PECC)*                   | 66       | 85       | 85              |                    |                    |                    |
| Maternity, Birthing, Special Care Nursery and Day Only   | 56       | 116      | 116             | 101 + 15 expansion | 101 + 15 expansion | 101 + 15 expansion |
| Cancer – Medical Oncology                                | 10       | 25       | 10              | 25                 | 25                 | 18 + 7 expansion   |
| Cancer – Linear Accelerators                             | 2        | 4        | 2               | 3 + 1 shell        | 2                  | 3 + 1 shell        |
| Adult – Inpatient Units (Medical)                        | 172      | 223      | 223             | 202 + 21 expansion | 202 + 21 expansion | 201 + 21 expansion |
| Adult – Inpatient Units (Surgical)                       | 90       | 105      | 105             | 96 + 9 expansion   | 96 + 9 expansion   | 96 + 9 expansion   |
| Adult – Medical DO, Ambulatory, Outpatient + HITH        |          |          | YES             |                    |                    |                    |
| Renal (Satellite & In-Centre)                            | 13       | 22       | 22              |                    |                    |                    |
| Dental   | 0        | 15       | 7 + 8 expansion |                    |                    |                    |

\* Note: The Mental Health current and projected capacity does not include the proposed Older Persons Mental Health Unit or the Civil Secure Mental Health Unit which are both subject of a separate business case being prepared for the Statewide Mental Health Program.

In the table, options 1.1, 2 and 3 include 'expansion' space. The 'expansion' space scenarios includes a significant uplift in services capacity (shown by the first number in the metric/modality box) with the additional provision of built space not fitted-out (shown by the second number in the box). For example, Option 1.1. for the line *Adult-Inpatient Units (Medical)* will provide 202 service ready inpatient beds with extra built capacity for 21 inpatient beds (with the space for those 21 beds to be fitted-out at a later time subject to separate capital funding).



### 3.3 Option evaluation

The participants worked as a whole to evaluate the options using the weighted assessment criteria. The options were judged on a qualitative basis as to how well each option met the assessment criteria on a scale of 5 (excellent) to 1 (low). When the qualitative evaluation was completed, the scores were aggregated to provide a total weighted score and rank. The assessment is shown below:

**Table 4 – Option Assessment**

| Options   | Wt | Option 1<br>Single new build with<br>refurbishment of retained<br>facilities |            | Option 1.1<br>Single new build with<br>refurbishment of retained<br>facilities |            | Option 2<br>Single new build,<br>replacement of existing<br>theatres + refurbishment |            | Option 3<br>Two phase new build<br>with refurbishment of<br>retained facilities<br>Services |            |
|---|----|--|------------|--|------------|--|------------|---|------------|
|   |    | Rate   | Σ          | Rate   | Σ          | Rate   | Σ          |   |            |
| Maximise range of services uplift to 2026/27 (CSP)  | 27 | 3  | 81         | 5  | 135        | 4  | 108        | 5   | 135        |
| Maximum capacity of services uplift to 2026/27 (CSP)  | 18 | 4  | 72         | 5  | 90         | 2  | 36         | 3   | 54         |
| Prioritise Core services/Role Delineation uplift  | 23 | 5  | 115        | 5  | 115        | 3  | 69         | 4   | 92         |
| Clinical and operational efficiencies (i.e. theatres configuration)                               | 18 | 4  | 72         | 4  | 72         | 5  | 90         | 1   | 18         |
| Earliest delivery of project outcomes (program)   | 5  | 5  | 25         | 5  | 25         | 4  | 20         | 2   | 10         |
| Maximise business continuity (minimise disruption) during the redevelopment construction program  | 9  | 4  | 36         | 4  | 36         | 3  | 27         | 1   | 9          |
| Set-up the overall hospital site for future stages of development beyond this capital investment. | 0  | 4  | 0          | 4  | 0          | 4  | 0          | 3   | 0          |
| <b>Final Weighted Ranking</b>   |    |  | <b>401</b> |  | <b>473</b> |  | <b>350</b> |   | <b>318</b> |

### 3.4 Recommending a preferred Option

As a final review, the participants seated in six sub groups were requested to reflect on the multi criteria analysis and their inherent knowledge of the options with a view to offering a recommendation as to which option should be progressed for further development. Sub-group responses are reproduced below.

#### 3.4.1 Recommended Option

The sub-groups came to an independent and unanimous recommendation for **Option 1.1** to be further developed for the Business Case.

The consolidated list of comments which support the recommended option include:

- It integrates paediatrics, mental health and Women's health
- Uplifts cancer services
- Integrates cancer services
- Maximises use of funds
- Set the site up for future expansion
- Assists in consolidating the site
- Brings in more clinical options
- Includes cancer services
- Leaves space where building F may be later sited
- Has less disruption than option 3
- Cancer services need to be included as there is significant demand for growth
- Option 3 has an additional building which will delay the overall completion date
- Option 2 includes too much uncompleted expansion space
- Future proofs other services
- Shares the love
- Achieves a faster build program and will have less impact on site
- Least compromise
- Balances and provides capacity with least compromise of services
- Enables efficient use of clinical space
- Provides an uplift in cancer services
- Provides a progressive platform for future cancer funding
- Theatres are kept together with reuse
- Provides an option for cancer expansion
- Least amount of shell space
- All clinical services located at the front, BOH centralised
- Traffic flows best

#### 3.4.2 Further Development Areas for the Preferred Option

In recommending a preferred option, a number of areas of further development were highlighted by the groups. The list of items is to be addressed by the project team and highlighted within the Project Governance framework include:

- Confirmation that Mental Health beds are as per the CSP to 2026/27
- Confirmation that perspective staff are satisfied to repurpose the existing theatre block
- A plan to grow cancer in the future
- Planning around the connections between theatres
- Discussion as to whether 14 floors for building E is too high to be considered
- Noting that there is significant growth forecast for SWS beyond 2022

- Further capacity information on services indicated with a “Yes” and more information on requirements or capacity to be provided
- Expanded capacity as Camden Hospital is funded
- Oran Park IHH is funded and built
- Consideration being given to reducing the number of shell spaces for maternity and inpatients
- Exploring integrated cancer options (parts of option 3 without demolition and IPU in a new location)
- Cancer outpatients being under one roof
- Greater understanding of intended use of building D

The sub-group feedback is recorded at **Appendix 4**.

## 4 Next Steps

Following the VMS, the recommended Option 1.1 will be progressed through the planning phase. The following key steps will be undertaken:

- VMS report circulated to attendees for comment
- Areas of further development will be taken into consideration
- Recommended Option 1.1. and assessment of areas for further consideration 'subject to' will be reported to the Planning and Development Committee
- Executive Steering Committee review and endorsement of the recommendation to proceed with further planning activities aligned to Option 1.1.



# Appendix 1. Workshop Participants

| Invitees                                       | Role       |  |
|--|------------|--|
| <b><i>SWSLHD</i></b>                           |            |  |
| [Redacted]                                     | [Redacted] |  |
| [Redacted]                                     | [Redacted] |  |
| [Redacted]                                     | [Redacted] |  |
| [Redacted]                                     | [Redacted] |  |
| [Redacted]                                     | [Redacted] |  |
| [Redacted]                                     | [Redacted] |  |
| [Redacted]                                     | [Redacted] |  |
| <b><i>Campbelltown and Camden Hospital</i></b> |            |  |
| [Redacted]                                     | [Redacted] |  |
| [Redacted]                                     | [Redacted] |  |
| [Redacted]                                     | [Redacted] |  |
| [Redacted]                                     | [Redacted] |  |
| [Redacted]                                     | [Redacted] |  |
| [Redacted]                                     | [Redacted] |  |
| [Redacted]                                     | [Redacted] |  |
| [Redacted]                                     | [Redacted] |  |
| [Redacted]                                     | [Redacted] |  |
| [Redacted]                                     | [Redacted] |  |
| [Redacted]                                     | [Redacted] |  |
| [Redacted]                                     | [Redacted] |  |
| [Redacted]                                     | [Redacted] |  |
| [Redacted]                                     | [Redacted] |  |
| [Redacted]                                     | [Redacted] |  |
| [Redacted]                                     | [Redacted] |  |
| <b><i>Western Sydney University</i></b>        |            |  |
| [Redacted]                                     | [Redacted] |  |
| <b><i>Community Representatives</i></b>        |            |  |
| [Redacted]                                     | [Redacted] |  |
| <b><i>Ministry of Health</i></b>               |            |  |
| [Redacted]                                     | [Redacted] |  |



| Invitees                     | Role       |  |
|------------------------------|------------|--|
| <b>Health Infrastructure</b> |            |  |
| [Redacted]                   | [Redacted] |  |
| [Redacted]                   | [Redacted] |  |
| [Redacted]                   | [Redacted] |  |
| [Redacted]                   | [Redacted] |  |
| <b>Project Team</b>          |            |  |
| [Redacted]                   | [Redacted] |  |
| [Redacted]                   | [Redacted] |  |
| [Redacted]                   | [Redacted] |  |
| [Redacted]                   | [Redacted] |  |
| [Redacted]                   | [Redacted] |  |
| [Redacted]                   | [Redacted] |  |
| [Redacted]                   | [Redacted] |  |
| [Redacted]                   | [Redacted] |  |
| [Redacted]                   | [Redacted] |  |
| [Redacted]                   | [Redacted] |  |

## Appendix 2. Workshop Agenda

| Item | Description   | Person                   |
|------|---|--------------------------|
| 1.0  | <b>Welcome &amp; Introductions</b>  | [REDACTED]               |
| 1.1  | Welcome by Chief Executive and General Manager  | [REDACTED]               |
| 2.0  | <b>Familiarisation Phase</b>  | -                        |
| 2.1  | Introductions and explanation of the day's proceedings and overview   | [REDACTED]               |
| 2.2  | <b>Presentation 1- Project Overview and Key Drivers</b> <ul style="list-style-type: none"> <li>• Macarthur's future direction</li> <li>• Visioning Workshop (as background)</li> <li>• Master Plan (as background)</li> <li>• Options Development Process (as background).</li> </ul> | [REDACTED]<br>[REDACTED] |
| 3.0  | <b>Evaluation Criteria</b>  | -                        |
| 3.1  | <b>Review and weighting of the options evaluation criteria</b>  | [REDACTED]               |
| 4.0  | <b>Scope Options</b>  | -                        |
| 4.1  | <b>Presentation 2 - Project Scope Options</b> <ul style="list-style-type: none"> <li>• Key assumptions</li> <li>• Description of Options</li> </ul>   | [REDACTED]<br>[REDACTED] |
| 5.0  | <b>Options Evaluation</b>   | -                        |
| 5.1  | <b>Evaluation of the options against the agreed weighted criteria</b>   | [REDACTED]               |
| 5.2  | <b>Identification of the Preferred Option</b>   | [REDACTED]               |
| 5.3  | <b>Opportunities and Improvements</b> <ul style="list-style-type: none"> <li>• Identify any priority areas of focus / opportunities</li> <li>• Issues to be resolved in relation to the Preferred Option.</li> </ul>  | [REDACTED]               |
| 6.0  | <b>Next Steps &amp; Closing Statements</b>  | [REDACTED]               |

# Appendix 3. Workshop Presentation Slides



27 November 2017

Value Management Study Workshop



CAMPBELLTOWN HOSPITAL REDEVELOPMENT  
LEADING MACARTHUR TO BETTER HEALTH



# Agenda

## Agenda

1. Welcome & Introductions
2. Familiarisation Session
- 3. Presentation 1: Project Overview & Key Drivers**
4. Evaluation Criteria
- 5. Presentation 2: Project Scope Options**
6. Options Evaluation
7. Next Steps & Closing Statements





# Presentation 1: Project Overview and Key Drivers

## Macarthur – The Challenges Facing Health



## Macarthur – The Challenges Facing Health

|               |  |  |   |   |
|---------------|--|--|---|---|
| HEALTH STATUS | <p><b>368</b> mental health patients stayed in the ED longer than 24 hours</p> | <p>Occupancy rate for adult mental health patients at Campbelltown in 2015/16 was <b>104.33%</b></p> | <p>People living in Macarthur are <b>more likely</b> to be diagnosed with <b>cancer</b></p> | <p><b>Diabetes</b> rates are <b>32% higher</b> in the Campbelltown LGA than the state average</p> |
|---------------|--|--|---|---|

|               |   |   |
|---------------|---|---|
| PATIENT NEEDS | <p>The <b>Stage 1 Campbelltown Hospital redevelopment</b> completed in 2015 only provided <b>around 40%</b> of the additional services required to 2021</p> | <p>Residents of the Macarthur area had 91,894 ED presentations in 2015/16 making it the <b>3rd busiest emergency service in NSW</b></p> |
|               | <p>Attendances at Macarthur Emergency Departments are estimated to increase by over <b>90%</b> by 2031</p>  | <p><b>More than 50%</b> of Macarthur residents requiring surgery currently travel out of the Macarthur region for their care</p>        |

## Campbelltown Hospital Redevelopment



## Vision: Guiding Principles

- Deliver the best outcomes and experience to the Macarthur community
- Hub for health and wellbeing
- Innovation, research and education underpin everything we do
- Flexibility to adapt to future needs
- Community driven
- The hospital is a community leader (not just a health leader)



## Campbelltown Hospital: Future Directions

- Tertiary hospital capability
- Serve our growing local community
- Enhance paediatric services
- Integrate Mental Health services
- Enable new ways of working
- Support the network of services
- Leverage technology and innovation
- Develop research and education partnerships



## Planning Process



## MASTER PLAN





### Master Plan: Existing Site



### Master Plan: Long-term Development



## Master Plan: Redevelopment Sequence



**CAMPBELLTOWN HOSPITAL REDEVELOPMENT**  
LEADING MACARTHUR TO BETTER HEALTH

# Presentation 2: Project Scope Options

## Fundamentals: Guiding Principles

- Guiding and Design Principles to be reflected in the solution
- Deliver on Government's commitments
- Integrated services solution (paediatrics and mental health)
- Enable new models of care
- Optimal outcome within available funding
- All options to be affordable (as presented)
- Implement technology and innovative new ways of working
- Non-clinical support services must be able to support changes





## Fundamentals

| Services  |
|---|
| Support SWSLHD network and Macarthur Health Neighbourhood |
| Deliver new services to the community                     |
| Increase capability (Role Delineation)                    |
| Provide clinical capacity to 2026/27 (CSP)                |
| Provide an uplift in capacity across all services         |
| Integrate education & research capability                 |
| Enable new models of care                                 |



## Fundamentals

| Infrastructure  |
|---|
| Enable integration of services and functional connections |
| Optimise community access to the site and services        |
| Establish a primary circulation spine and 'main entry'    |
| Maintain services continuity through the redevelopment    |
| Deliver a facility with flexible, integrated technology   |



## Fundamentals

### Infrastructure

Optimise use of retained buildings (consolidate where possible)

Enable future development phases

All options provide capacity (+ expansion) to 2026/27 (where indicated)

All options:

- start construction at the same time
- development starts in the same location on site
- enabling works are the same / similar
- Outcome is a mix of retained, refurbished and existing facilities



## Service Planning

| Service   | 2017 | 2026/27 | Difference |
|---|------|---------|------------|
| Emergency (including ED Short Stay)                                     |      |         |            |
| Medical Imaging   |      |         |            |
| Nuclear Medicine  |      |         |            |
| Intensive Care Unit   |      |         |            |
| Perioperative (including Theatres, Cath Labs, Interventional Radiology) |      |         |            |
| Pharmacy & Pathology & Clinical Measurement                             |      |         |            |
| Surgical Day Only, High Volume Short Stay (DO + EDO)                    |      |         |            |
| Paediatrics – Inpatient Units   |      |         |            |
| Paediatrics – Day Only, Ambulatory, Outpatient + HITH                   |      |         |            |



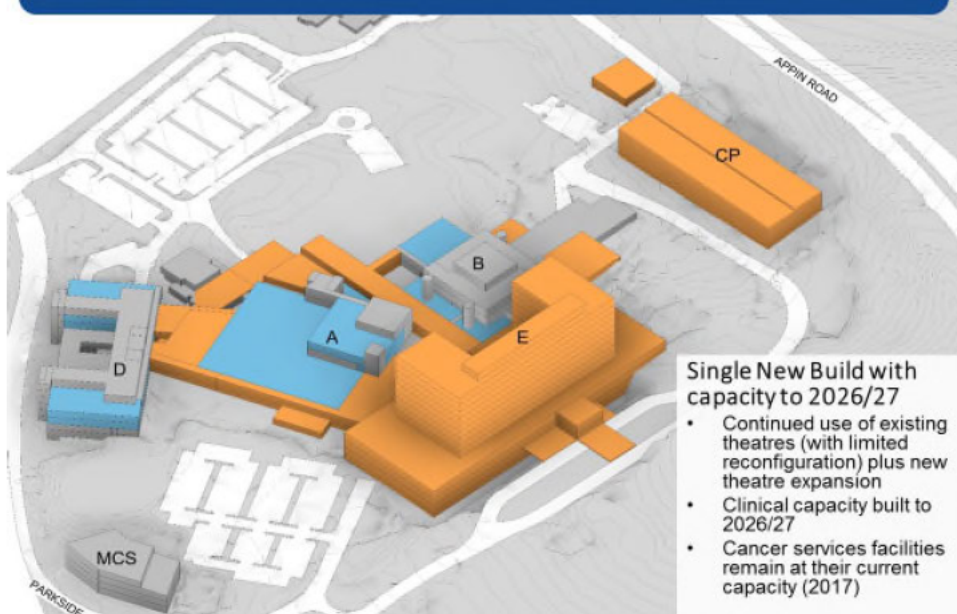
## Service Planning

| Service  | 2017 | 2026/27 | Difference |
|--|------|---------|------------|
| Mental Health (Integrated, incl PECC)                  |      |         |            |
| Maternity, Birthing, Special Care Nursery and Day Only |      |         |            |
| Cancer – Medical Oncology                              |      |         |            |
| Cancer – Linear Accelerators                           |      |         |            |
| Adult – Inpatient Units (Medical)                      |      |         |            |
| Adult – Inpatient Units (Surgical)                     |      |         |            |
| Adult – Medical DO, Ambulatory, Outpatient + HITH      |      |         |            |
| Renal (Satellite & In-Centre)                          |      |         |            |
| Dental   |      |         |            |

## OPTIONS



### Option 1



- Single New Build with capacity to 2026/27
- Continued use of existing theatres (with limited reconfiguration) plus new theatre expansion
  - Clinical capacity built to 2026/27
  - Cancer services facilities remain at their current capacity (2017)

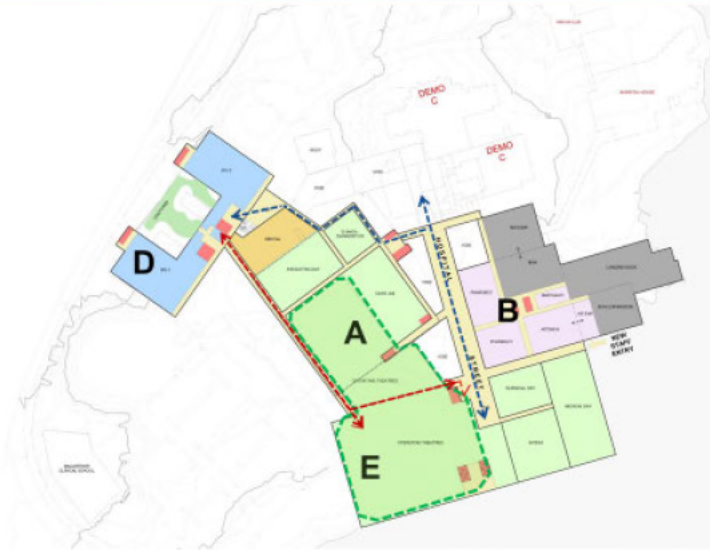
### Option 1



LOWER GROUND 1



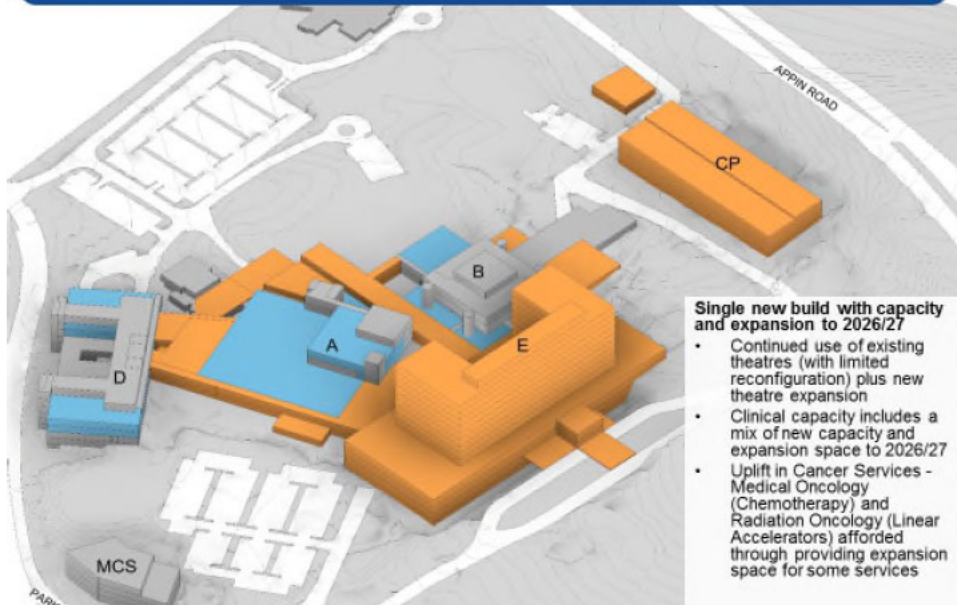
Option 1



GROUND



Option 1.1



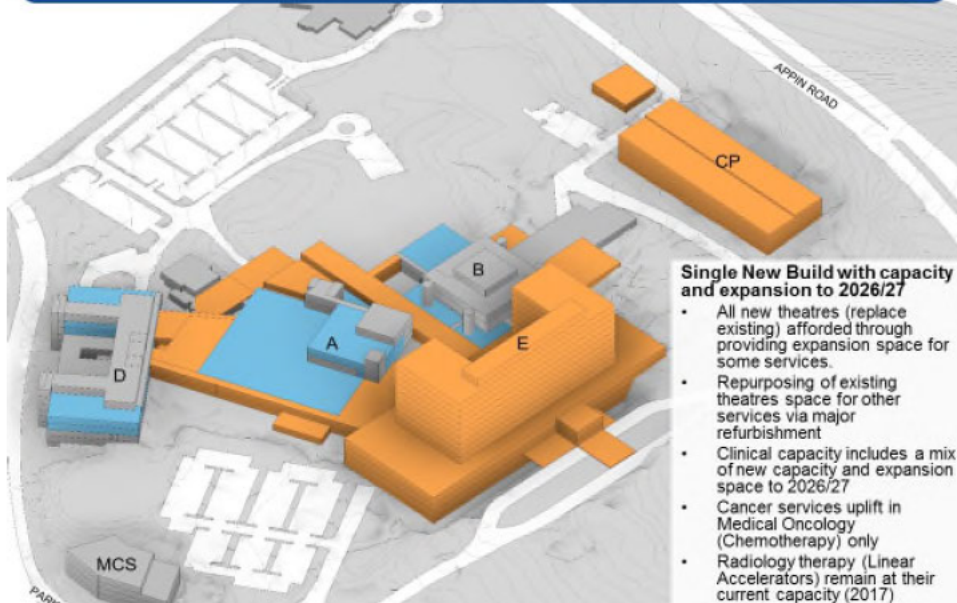
- Single new build with capacity and expansion to 2026/27**
- Continued use of existing theatres (with limited reconfiguration) plus new theatre expansion
  - Clinical capacity includes a mix of new capacity and expansion space to 2026/27
  - Uplift in Cancer Services - Medical Oncology (Chemotherapy) and Radiation Oncology (Linear Accelerators) afforded through providing expansion space for some services



Option 1.1



Option 2



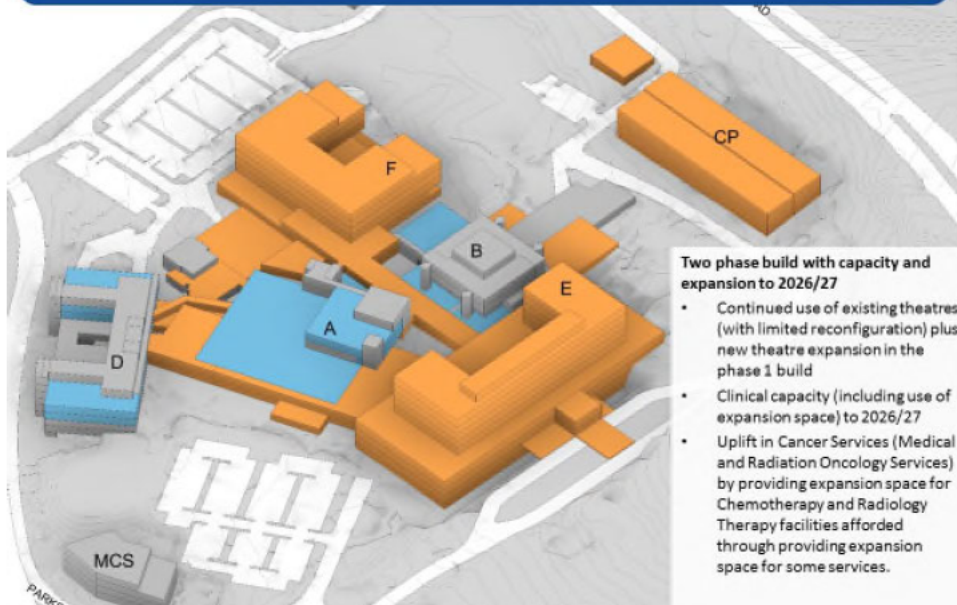
Option 2



GROUND



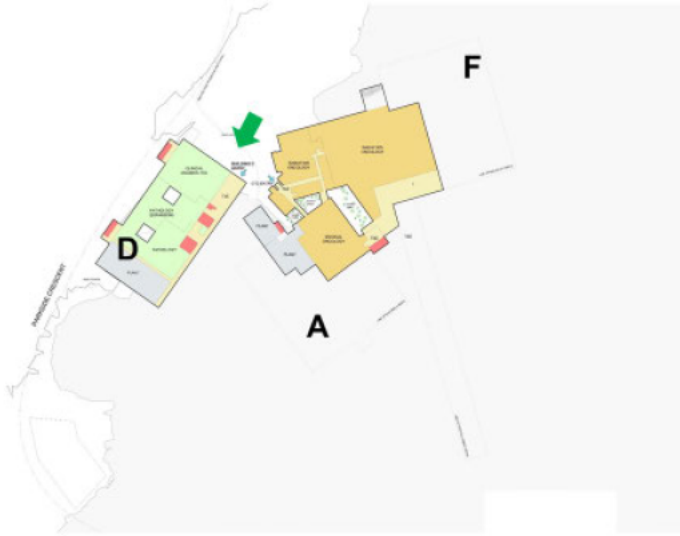
Option 3



**Two phase build with capacity and expansion to 2026/27**

- Continued use of existing theatres (with limited reconfiguration) plus new theatre expansion in the phase 1 build
- Clinical capacity (including use of expansion space) to 2026/27
- Uplift in Cancer Services (Medical and Radiation Oncology Services) by providing expansion space for Chemotherapy and Radiology Therapy facilities afforded through providing expansion space for some services.

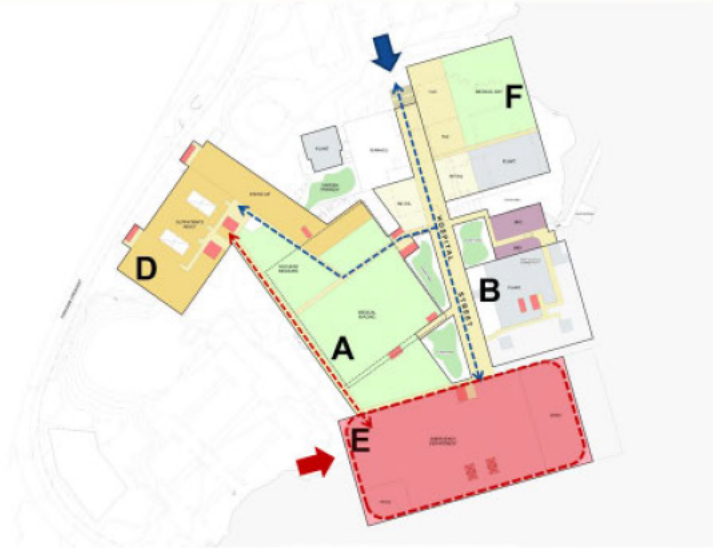
Option 3



LOWER GROUND 2



Option 3



LOWER GROUND 1





Option 3



GROUND



OPTIONS COMPARISON



### Options Comparison

| Service  | 2017 | 2026 /27 | Option 1 | Option 1.1 | Option 2 | Option 3 |
|--|------|----------|----------|------------|----------|----------|
| Emergency (including ED Short Stay)                      |      |          |          |            |          |          |
| Medical Imaging  |      |          |          |            |          |          |
| Nuclear Medicine   |      |          |          |            |          |          |
| Intensive Care Unit                                      |      |          |          |            |          |          |
| Perioperative (Theatres, Cath Labs, Interventional Rad.) |      |          |          |            |          |          |
| Pharmacy & Pathology & Clinical Measurement              |      |          |          |            |          |          |
| Surgical Day Only, High Volume Short Stay (DO + EDO)     |      |          |          |            |          |          |
| Paediatrics – Inpatient Units                            |      |          |          |            |          |          |
| Paediatrics – Day Only, Ambulatory, Outpatient + HITH    |      |          |          |            |          |          |

### Options Comparison

| Service  | 2017 | 2026 /27 | Option 1 | Option 1.1 | Option 2 | Option 3 |
|--|------|----------|----------|------------|----------|----------|
| Mental Health (Integrated, incl PECC)*                 |      |          |          |            |          |          |
| Maternity, Birthing, Special Care Nursery and Day Only |      |          |          |            |          |          |
| Cancer – Medical Oncology                              |      |          |          |            |          |          |
| Cancer – Linear Accelerators                           |      |          |          |            |          |          |
| Adult – Inpatient Units (Medical)                      |      |          |          |            |          |          |
| Adult – Inpatient Units (Surgical)                     |      |          |          |            |          |          |
| Adult – Medical DO, Ambulatory, Outpatient + HITH      |      |          |          |            |          |          |
| Renal (Satellite & In-Centre)                          |      |          |          |            |          |          |
| Dental   |      |          |          |            |          |          |



## Options Comparison

| Service  | 2017 | 2026/27 | Option 1 | Option 1.1 | Option 2 | Option 3 |
|--|------|---------|----------|------------|----------|----------|
| Emergency (Including ED Short Stay)                      |      |         |          |            |          |          |
| Medical Imaging  |      |         |          |            |          |          |
| Nuclear Medicine   |      |         |          |            |          |          |
| Intensive Care Unit                                      |      |         |          |            |          |          |
| Perioperative (Theatres, Cath Labs, Interventional Rad.) |      |         |          |            |          |          |
| Pharmacy & Pathology & Clinical Measurement              |      |         |          |            |          |          |
| Surgical Day Only, High Volume Short Stay (DO + EDO)     |      |         |          |            |          |          |
| Paediatrics – Inpatient Units                            |      |         |          |            |          |          |
| Paediatrics – Day Only, Ambulatory, Outpatient + HITH    |      |         |          |            |          |          |
| Mental Health (Integrated, incl PECC)                    |      |         |          |            |          |          |
| Maternity, Birthing, Special Care Nursery and Day Only   |      |         |          |            |          |          |
| Cancer – Medical Oncology                                |      |         |          |            |          |          |
| Cancer – Linear Accelerators                             |      |         |          |            |          |          |
| Adult – Inpatient Units (Medical)                        |      |         |          |            |          |          |
| Adult – Inpatient Units (Surgical)                       |      |         |          |            |          |          |
| Adult – Medical DO, Ambulatory, Outpatient + HITH        |      |         |          |            |          |          |
| Renal (Satellite & In-Centre)                            |      |         |          |            |          |          |
| Dental   |      |         |          |            |          |          |

## Programme Comparison

| Main Works Construction | 2018 | 2019                 | 2020 | 2021             | 2022 |
|-------------------------|------|----------------------|------|------------------|------|
| <b>Option 1 and 1.1</b> |      | Construction         |      |                  |      |
| <b>Option 2</b>         |      | Construction (+3mth) |      |                  |      |
| <b>Option 3</b>         |      | Phase 1 (-3mth)      |      | Phase 2 (+18mth) |      |



## Options Recap

| Option   | Key Features   |
|--|--|
| <b>Option 1:</b> Single new build with capacity to 2026/27                 | <ul style="list-style-type: none"> <li>- Use of existing theatres + new theatres</li> <li>- Capacity to 2026/27 at commissioning</li> <li>- No uplift in Cancer Services</li> </ul>  |
| <b>Option 1.1:</b> Single new build with capacity and expansion to 2026/27 | <ul style="list-style-type: none"> <li>- Use of existing theatres + new theatres</li> <li>- Capacity + expansion to 2026/27</li> <li>- Uplift in Cancer Services (Med + Rad Onc)</li> </ul>  |
| <b>Option 2:</b> Single New Build with capacity and expansion to 2026/27   | <ul style="list-style-type: none"> <li>- Existing theatres replaced new</li> <li>- Capacity + expansion to 2026/27</li> <li>- Significant refurbishment scope</li> <li>- Uplift in Cancer Services (Med Onc only)</li> </ul>             |
| <b>Option 3:</b> Two phase build with capacity and expansion to 2026/27    | <ul style="list-style-type: none"> <li>- Use of existing theatres + new theatres</li> <li>- Capacity + expansion to 2026/27</li> <li>- Longer overall delivery programme</li> <li>- Uplift in Cancer Services (Med + Rad Onc)</li> </ul> |



**CAMPBELLTOWN HOSPITAL REDEVELOPMENT**  
LEADING MACARTHUR TO BETTER HEALTH

# Options Evaluation

## Evaluation Process

1. Questions and clarification of options
2. Discuss pros and cons of each option
3. Score each option against agreed criteria
4. Compare outcome of evaluation
5. Discuss and confirm outcome
6. Identify preferred option
7. For the preferred option, discuss
  - Key issues or concerns
  - Opportunities
  - Areas for further development / consideration



## Evaluation Criteria

| Criteria | Description   |
|----------|---|
| A        | Maximise range of services uplift to 2026/27 (CSP)  |
| B        | Maximum capacity of services uplift to 2026/27 (CSP)  |
| C        | Prioritise Core services/Role Delineation uplift  |
| D        | Clinical and operational efficiencies (i.e. theatres configuration)                               |
| E        | Earliest delivery of project outcomes (program)   |
| F        | Maximise business continuity (minimise disruption) during the redevelopment construction program  |
| G        | Set-up the overall hospital site for future stages of development beyond this capital investment. |
| H        | -   |
| I        | -   |





## Appendix 4. Participants' Comments

### Sub Group 1

We conclude that **option 1.1** should be viewed as the **preferred option** because:

- It integrates paediatrics, mental health and Women's health
- Uplifts cancer services
- Integrates cancer services
- Maximises use of funds
- Set the site up for future expansion

Our recommendation is **subject** to

- Confirmation that Mental Health beds are as per the CSP to 2026/27
- Confirmation that perspective staff are satisfied to repurpose the existing theatre block

### Sub Group 2

We conclude that **option 1.1** should be viewed as the **preferred option** because:

- Assists in consolidating the site
- Brings in more clinical options
- Includes cancer services
- Leaves space where building F may be later sited
- Has less disruption than option 3

Our recommendation is **subject** to

- A plan to grow cancer in the future
- Planning around the connections between theatres
- Discussion as to whether 14 floors for building E is too high to be considered

### Sub Group 3

We conclude that **option 1.1** should be viewed as the **preferred option** because:

- Cancer services need to be included as there is significant demand for growth
- Option 3 has an additional building which will delay the overall completion date
- Option 2 includes too much uncompleted expansion space

Our recommendation is **subject** to

- Noting that there is significant growth forecast for SWS beyond 2022
- Further capacity information on services indicated with a "Yes" and more information on requirements or capacity to be provided

### Sub Group 4

We conclude that **option 1.1** should be viewed as the **preferred option** because:

It includes cancer services

- Future proofs other services
- Shares the love
- Achieves a faster build program and will have less impact on site

Our recommendation is **subject** to

- Expanded capacity as Camden Hospital is funded
- Oran Park IHH is funded and built

### Sub Group 5

We conclude that **option 1.1** should be viewed as the **preferred option** because:

- Least compromise



- Balances and provides capacity with least compromise of services
- Enables efficient use of clinical space
- Provides an uplift in cancer services
- Provides a progressive platform for future cancer funding

Our recommendation is **subject** to

- Consideration being given to reducing the number of shell spaces for maternity and inpatients

### **Sub Group 6**

We conclude that **option 1.1** should be viewed as the **preferred option** because:

- Theatres are kept together with reuse
- Provides an option for cancer expansion
- Least amount of shell space
- All clinical services located at the front, BOH centralised
- Traffic flows best

Our recommendation is **subject** to

- Exploring integrated cancer options (parts of option 3 without demolition and IPU in a new location)
- Cancer outpatients being under one roof
- Greater understanding of intended use of building

## Appendix 5. Issues Register

| Item No. | Category   | Description   | Action   | Current Status |
|----------|------------|---|----------|----------------|
| 1        | Principles | Need to emphasise that CHR will cover the entire district not just the Macarthur region and will be a tertiary facility that is fed from other smaller facilities such as Bowral Hospital.  | HI / RP  | Open           |
| 2        | Principles | Note that the guiding principle of 'community drive' is based upon integration with primary care, HITH and out-patient clinics.   | HI / RP  | Open           |
| 3        | Principles | Amend the Visioning Principles to reflect for example: technically advanced, tertiary level, major hospital for substantial growth; the district approach to services delivery; State-wide / ACT strategies; is a key hospital for outlying hospitals and areas of population growth; integration of services with Primary Care / Health. | HI / RP  | Open           |
| 4        | Access     | Review merits of earlier proposal to have a one-way road (Parkside Crescent) from the Private Hospital to the Public, this has previously been rejected by the council.   | HI / RP  | Open           |
| 5        | Access     | Detailed Travel Access Plan required for the site. Public transport connections into the hospital need to be clear on the drawings. Typically public transport would be via bus that connects to rail and local town centres  | RP / BLP | Open           |
| 6        | Access     | There is ongoing discussion with TfNSW on viability of shuttle bus, current numbers do not make a feasible proposal but this is under consideration for the future.   | HI / RP  | Open           |

| Item No. | Category     | Description   | Action        | Current Status |
|----------|--------------|---|---------------|----------------|
| 7        | Access       | Public pedestrian and vehicle access to northern end of site was noted as problematic with a high volume patient turnover. Post construction of new multistorey car park the northern staff carpark will change into patient carpark and provide level access into the building.  | RP / BLP      | Open           |
| 8        | Access       | New/modified external road network access to be further developed in concept design phase. Appin Road is owned by RMS and Therry Road is council owned. Will need to work closely with services that have high ambulatory model.  | HI / RP / BLP | Open           |
| 9        | Presentation | The reason and rationale for the 2014 master plan being superseded should be clearly captured and stated, with the assumptions of now vs then included.   | RP / BLP      | Open           |
| 10       | Presentation | Better coherence around the guiding principles/future directions/fundamentals is needed for future presentations to ensure coordinated & complimentary set of principles that captures technical objectives.  | HI / RP       | Open           |
| 11       | Presentation | Mental Health bed metric to be checked against the CSP infrastructure table.  | HI / RP       | Closed         |
| 12       | Presentation | PECC and Short Stay to be grouped to relevant clinical service on options description slides.   | HI / RP       | Closed         |
| 13       | Presentation | Note that front of House/Main Entry is included in scope  | No action     |                |
| 14       | Presentation | Note that Helicopter Landing Site (HLS) is included in all options  | No action     |                |
| 15       | Presentation | Note that Future-proofing rational applies to all options   | No action     |                |
| 16       | Presentation | Presentation of options should have included both inclusions and exclusions. Option 1.1 & 3 to state what is reduced/omitted to enable inclusion of Cancer Services. Option 2 - Assumption is that the existing theatres can be repurposed for high volume short stay procedures. | RP / BLP      | Open           |

| Item No. | Category     | Description   | Action        | Current Status |
|----------|--------------|---|---------------|----------------|
| 17       | Presentation | Confirm CSP language around Cancer - 'Cancer - Medical Oncology' ór 'Cancer- Chemotherapy Chairs' as was suggested at Presentation  | HI / RP       | Open           |
| 18       | Presentation | Background to the Campbelltown Redevelopment branding was given   | HI            | Open           |
| 19       | Presentation | Dental - confirm numbers for viable service   | HI / RP       | Open           |
| 20       | Presentation | Confusion around interchanging use of 2026 and 2027 date, make language consistent.   | HI            | Closed         |
| 21       | Presentation | Research space - the integrated model for provision of primary Research space is not a disbursed or distributed model. Require clear definition of research scope items vs education spaces.  | HI / RP / BLP | Open           |
| 21       | Presentation | Need to recognise and promote to the community the large component of Paediatric services, desire for visibility from the exterior to understand that Paediatric services are present. Note that some of these services are built into other departments such as ED, Theatres, Outpatient, etc. | HI / RP       | Open           |
| 22       | Planning     | Flow diagrams, with patient and clinician detail to be developed for preferred option. This will be addressed in the next planning phase, integration is key.   | HI / RP / BLP | Open           |
| 23       | Planning     | Staging plan to be developed for preferred option   | HI / RP / BLP | Open           |
| 24       | Planning     | Need to provide detail around facilities to be enhanced or expanded in a quantifiable way.  | HI / RP / BLP | Open           |
| 25       | Planning     | Wayfinding and connectivity between buildings to be developed   | RP / BLP      | Open           |
| 26       | Financial    | To reduce ongoing capital expenditure some buildings will be demolished including Mental Health and Building C. All option & future analysis should include operational cost perspective.   | HI / RP       | Open           |