CAMPBELLTOWN HOSPITAL REDEVELOPMENT
LEADING MACARTHUR TO BETTER HEALTH

NSW GOVERNMENT Health Infrastructure

Campbelltown Hospital Redevelopment

Benefits Realisation Plan

Issue Date: March 2018

Parts A and B

CONTENTS

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Approvals

This document requires the following approvals.

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PART A:

1. Project Scope

1.1 Current Campbelltown Hospital Service Profile

Campbelltown Hospital is part of the South Western Sydney Local Health District (SWSLHD), which is responsible for providing and managing all public health services across the seven Local Government Areas (LGAs) of Bankstown, Liverpool, Fairfield, Campbelltown, Camden, Wollondilly and Wingecarribee. Campbelltown Hospital specifically serves the Macarthur region, covering 3,072 square kilometres and encompassing the three LGAs of Campbelltown, Camden and Wollondilly.

Campbelltown Hospital is a currently 460-bed major metropolitan group B1 hospital operating under a common executive management structure and with networked services with Camden Hospital. It provides a range of services at role delineation level 4/5. It is also a teaching campus for Western Sydney University.

The range of clinical services currently include:

- Emergency Medicine;
- Intensive Care Unit / High Dependency Unit (ICU/HDU);
- Surgical specialties: general surgery, ENT, ophthalmology, orthopaedics, breast, and urology;
- Medical specialties: general medicine, endocrinology, gastroenterology, neurology, immunology, haematology, aged care, renal medicine, respiratory, oncology, cardiology, and rheumatology;
- Inpatient paediatric medical and surgical services;
- Cardiac Diagnostics;
- Adult and Paediatric Ambulatory Care;
- Women's Health Services including: antenatal, birthing, postnatal, feto-maternal, and early pregnancy assessment;
- Cancer Therapy including: radiation oncology, chemotherapy, palliative care, haematology, outpatients, and care coordination;
- Mental Health;
- Drug Health;
- Rehabilitation;
- Aged Care;
- Imaging: MRI, CT, ultrasound, and general radiology;
- Allied Health services;
- University Clinics; and
- Outreach Case Conferencing Service (including GPs across Campbelltown and Camden).

1.2 Campbelltown Hospital Redevelopment Project

The NSW Government previously allocated $134 million capital works budget which supported the Campbelltown Hospital Redevelopment Stage 1 over 2013 to 2015. Stage 2 planning commenced in early 2014 aligned to the Abridged Clinical Services Plan for Macarthur to 2026/27. Planning was to expand on the work undertaken during the Stage 1 Redevelopment, however Stage 2 was put on hold in 2014/15.

Since that time, clinical services demand has been further assessed in the context of the Clinical Services Plan for Macarthur to 2031 (CSP), the Enhanced Paediatric Capacity Plan 2031, and the NSW State-wide Mental Health Infrastructure program. Based on the CSP, the Macarthur region is projected to experience significant population growth over the 2016/17 to 2031/32 period.

Other key drivers for change include:

- the current health status of Macarthur population;
- increasing range of patient health needs (medical, surgical, paediatric, maternity, cancer services, mental health);
- current service capacities and capabilities linked to need for a broader range and more complex clinical services to improve current low levels of self-sufficiency;

- shift from inpatient to ambulatory care/outpatient-based services given the growth in non or minimally-invasive medical technologies and procedures;
- ICT/Technology innovations; and
- Contemporary models of care and new ways of doing things.

The future vision for health services for Macarthur in 2031 is for Campbelltown Hospital to become a Tertiary Referral, Role Delineation Level 6 healthcare facility working closely with Camden Hospital and Oran Park Integrated Health Hub to deliver integrated health care services to the region.

The NSW Government announced in the 2017/8 NSW State Budget $632 million for the Campbelltown Hospital Redevelopment (CHR) Project, including a boost of paediatrics and mental health services. More specifically, the Project will include:

- Integration of Services on the site (including research, education and innovation);
- Additional Mental Health Inpatient beds and services;
- Expansion of Paediatric Inpatient and Ambulatory Care services;
- Reconfiguration and expansion of Emergency Department;
- Additional Operating Theatres / Procedure Rooms;
- Expansion of the Intensive Care Unit;
- Additional Medical and Surgical Inpatient beds (across the range of associated subspecialties);
- Additional Renal Dialysis facilities;
- Expansion of the Medical Imaging capability plus New Nuclear Medicine Service; and
- Improvements to supporting services and infrastructure.

Other funding sources are likely to expand the scope and value of the CHR capital works program to include:

- Mental Health: Older Persons 20 bed Inpatient Unit (State-wide Mental Health Program) - $11m;
- Mental Health: Civil Secure Inpatient Unit – 20 beds (State-wide Mental Health Program) - $20m;
- Research Centre - $40m (estimate);
- Education Conference / Seminar facilities ($15m); and
- Multi-Storey Carpark ($35m).

In this context, Campbelltown Hospital is planned to become a 961-bed facility by 2031/32.

1.3 Concept Design Option

The Planning phase has explored and evaluated a range of Master Planning / Concept Design Options for delivering the CHR Project and defined Clinical Services Priorities within the capital works budget of $632 million. The Concept Design Option will deliver a mix of new, repurposed / refurbished health facilities in addition to the provision of shell space within defined service departments to meet clinical service requirements to 2026/27 and beyond aligned to the endorsed Clinical Service Priorities, Group 1.

Table 1 shows the progressive build-up of specific health infrastructure requirements over the 2016/17 to 2031/32 period based on the scenario case projections within the CSP. However, the current focus for the CHR Project via the Concept Design Option is to deliver on the 2026/27 health infrastructure requirements.

Table 1 Projected Change - Campbelltown Hospital Infrastructure Requirements 2016/17 - 2026/27

Care Type Beds	Clinical Unit / Specific Modalities	Scenario Case Projected Requirements			
		2016/17	2021/22	2026/27	2031/32
Acute Overnight Beds	Emergency Short Stay	[redacted]			
	ICU, Medical, Surgical, Paediatric, Maternity, SCN, HVSSU				
Acute Day Only Beds	Surgical, Medical, Maternity, Paediatric, HVSSU				
Adults: Hospital-in-The Home (HiTH)					
Paediatrics: Hospital-in-The Home (HiTH)					
Mental Health Beds	Acute Adolescent, PECC, Acute Adult – Gender Specific, Mental Health ICU, Acute Adult, Acute Youth, Acute Older Persons				
	Total Acute & Mental Health Beds:				
Ambulatory	Renal Dialysis				
	Clinic/Treatment Rooms				
	Dental Chairs				
	Emergency Department				
	Operating Theatres				
	Procedure Rooms				
	Cardiac Catheter Laboratories				
	Endovascular & Interventional Vascular				
	Interventional Radiology				
	Delivery Suites				
	Chemotherapy				
	Radiotherapy Linacs				
	Total Ambulatory Care Modalities:				
Medical Imaging	MRI				
	CT				
	Ultrasound				
	Fixed Fluoroscopy				
	Interventional Imaging – Ultrasound				
	Image Intensifiers				
	Mobile Units				
	General Units				
	CR Units				
	ERCP				
	Mammography				
	CPG				
	Pain Clinic CT				
	Total Medical Imaging Modalities:				
Nuclear Medicine	PET CT				
	PET / MRI				
	SPECT / CT				
	Orthovoltage Unit				
	Stress Testing Facility				
	Bone Mineral Densitometry				
	Therapy Room				
	In-Vivo and In-Vitro Imaging and Diagnostics				
	Total Nuclear Medicine Modalities:				

2. Benefits Realisation

2.1 Benefits Realisation Framework

The HI Business Strategy Unit (BSU) has developed a comprehensive set of Plans and guidelines to assist with the formulation of the early parts of the Benefits Realisation and Change Management Framework process and related aspects of the Business Case-Economic Appraisal.

The HI Benefits Realisation and Change Management Framework and Benefits Management Lifecycle capture the various activities that need to be addressed by the Project Team over the Planning and Delivery Phases and life of the Project. The Framework assists the LHD / Campbelltown Hospital Redevelopment Team (CHR Team) to identify, track and realise the benefits identified and agreed in the project Business Case.

Within established project governance arrangements, it is the responsibility of Local Health District (LHD) senior management and the CHR Team to ensure the benefits can be measured and capable of being delivered within specified timeframes. The CHR Team will provide regular reporting of the progress and achievement of the benefits through the Project governance structure.

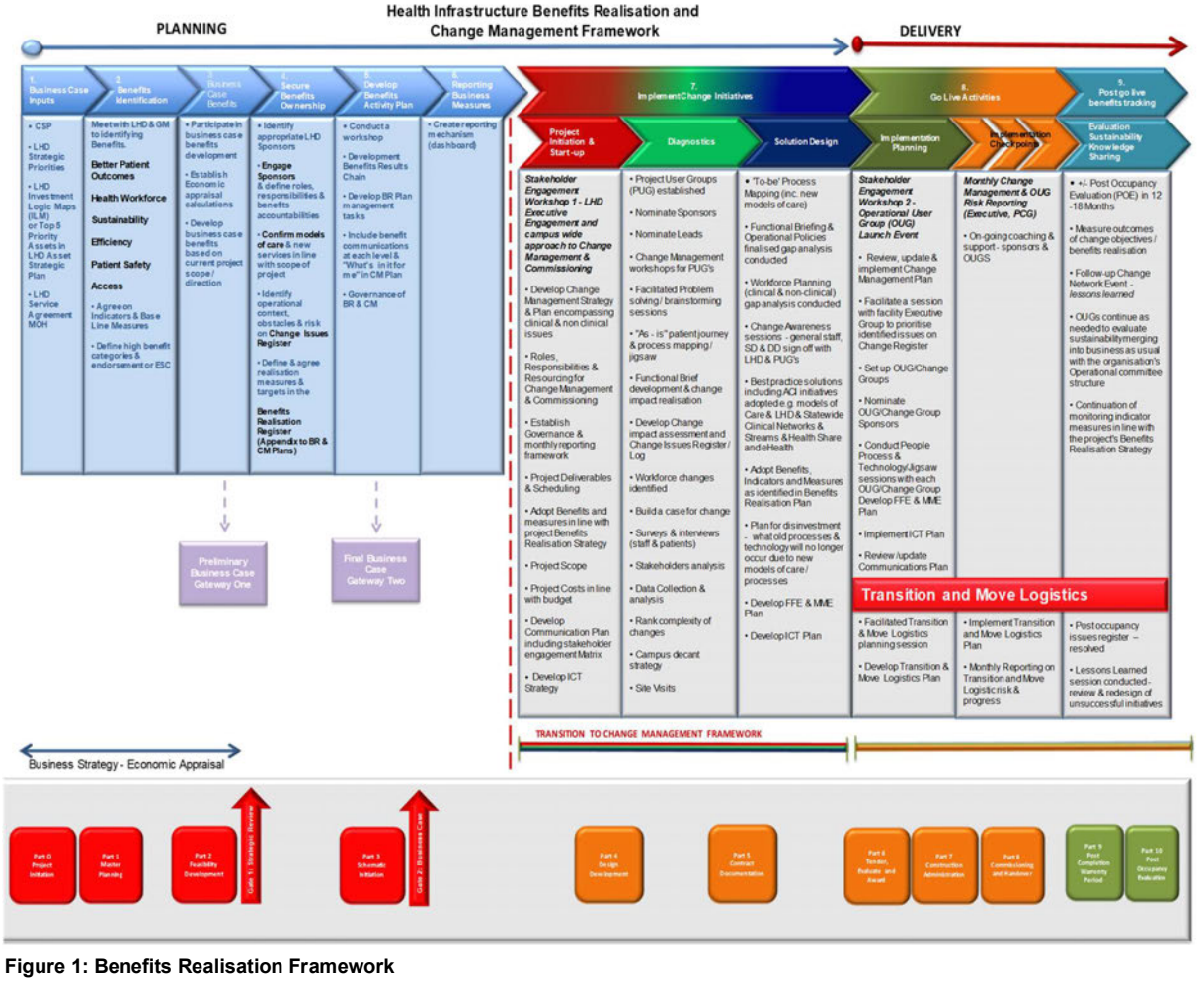

Figure 1: Benefits Realisation Framework

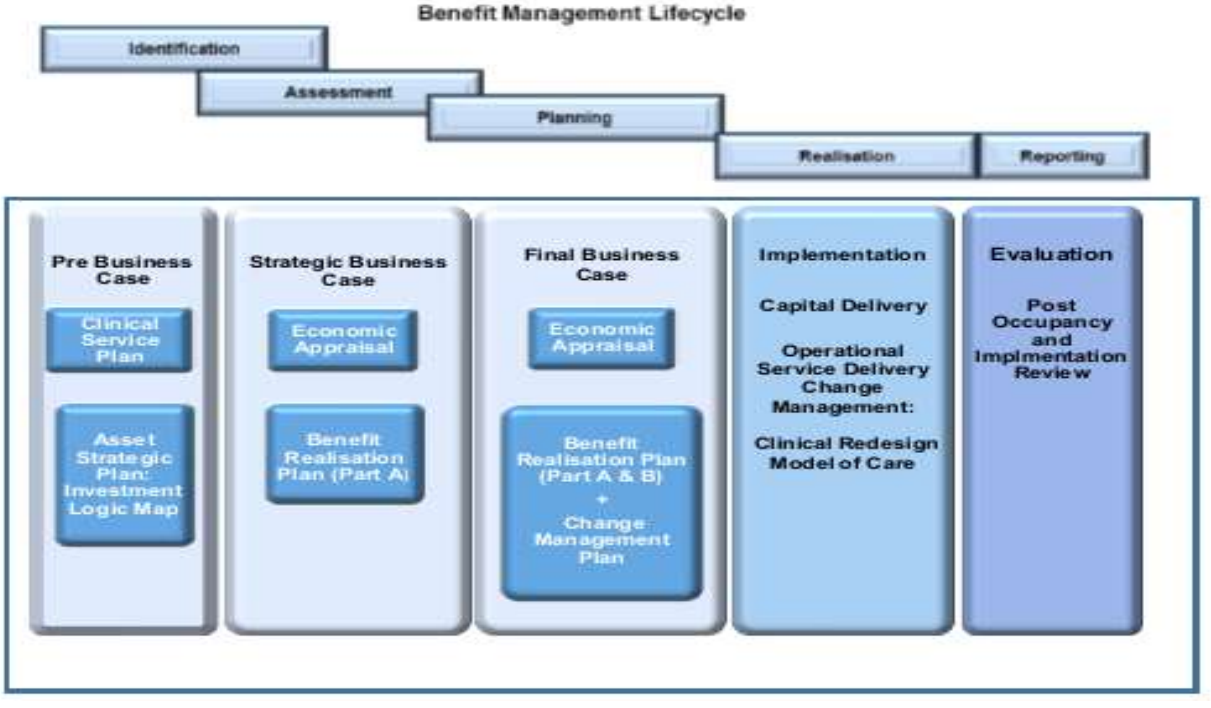

Figure 2: Benefit Management Lifecycle

The Benefits Management Lifecycle is comprised of four phases:

- Understand phase;
- Program Plan phase;
- LHD Plan phase; and
- Realise and Report phase.

The Understand Phase is addressed in two (2) parts: Part A (Business Relation Strategy); and, Part B (Business Realisation Plan), followed by the Transition to Change. Each Part is broadly outlined below:

Part A: Business Realisation Strategy (Steps 1 – 3)

Part A addresses three (3) components which support the development of the CHR Project Strategic Business Case Economic Appraisal (or Cost Benefit Analysis) - Gateway One:

- Business Case Inputs;
- Benefits Identification; and
- Economic Appraisal/Cost Benefit Analysis.

Part B: Business Realisation Plan (Steps 4 to 6 support the Final Business Case – Gate 2)

Part B supports the development of the CHR Project Final Business Case Economic Appraisal (or Cost Benefit Analysis) - Gateway Two:

- Stakeholder Value Matrix;
- Benefits Pathway;
- Benefits Prioritisation Matrix;
- Benefits Dependency Map;
- Benefits Realisation Plan; and
- Benefit Measurement and Reporting Tool Kit.

Transitions to Change Management Framework (Step 7)

2.2 Part A: Business Realisation Strategy

Part A of the Business Realisation Strategy for the Campbelltown Hospital Redevelopment was originally prepared in 2014 as part of the Stage 2 project and presented within the Strategic Business Case in October 2014. The Quantitative and Qualitative Benefits were based on activities flowing from the 2014 version of the Abridged Clinical Services Plan for Macarthur to 2026/27 which included:

Quantitative Benefits

- Improved health outcomes and general health benefits through an increase in capacity and range of services including:
  - Acute Services;
  - Renal Dialysis;
  - Emergency Medicine;
  - Mental Health;
  - Improved accessibility (establishment of services closer to home);
  - More efficient delivery of services (improved operational and productive efficiency); and
  - Residual value of health assets at the end of the evaluation period.

Qualitative Benefits

- Implementation of short stay models of care across a range of clinical services from aged care, surgery, medical, emergency medicine and paediatrics;
- Implementation of new and integrated models of care;
- Improved staff attraction and retention;
- Improved amenity to patients, carers and staff from improvement to assets (i.e. improved value in use);
- Increase dynamic efficiency;
- Improved safety and reduced clinical errors / infection; and
- Improved environmental outcomes.

Given the significant changes flowing from the 2017 version of the Clinical Services Plan for Macarthur to 2031 in respect to population growth projections, health status, patient needs and capacity requirements, the 2014 Benefits Realisation Strategy was redrafted to align with the CHR Project and Preferred Development Option 1.1 over the 2017/18 to 2026/27 timeframe.

A revised Business Realisation Strategy (Part A) and the Benefits Realisation Plan (Part B) have been drafted for the Final Business Case being submitted to the Ministry of Health in March 2018. The SWSLHD CHR Project Team will further develop, manage, track and report on Benefit Realisation over the balance of the CHR Project.

Business Case Inputs

The process determines the CHR Project Benefits for inclusion in the Business Case including the following steps:

- Review of Project Documentation;
- Identifying Benefit Stakeholders;
- Evaluating Business Case Options;
- Identifying and documenting Benefit Opportunities that justify the CHR Project investment; and
- Workshops / Meetings to review and confirm the list of Benefits.

Review of Project Documentation*:*

The key planning documents used to determine the Project Benefits included: Clinical Services Plan for Macarthur to 2031; Enhanced Paediatric Capacity Plan 2031; NSW State-wide Mental Health Plan; SWSLHD Strategic & Health Services Plan to 2031; SWSLHD Asset Strategic Plan (2017); CHR Project – Clinical Services Priorities (Group 1 to 5); CHR Master Plan Report (December 2017); CHR Project VMS Report

(November 2017); Macarthur Health Neighbourhood Visioning Workshop Outcomes (November 2017); and, Planning Strategy - Campbelltown Hospital Stage 2 Redevelopment Investment Decision Template (May 2017, Identification of Benefits, p 10-12).

Identifying Benefit Stakeholders:

Organisation-Wide: The key Stakeholders who participated in the early identification of the CHR Project Benefits included: representatives from SWSLHD Redevelopment Team (i.e. Director of Redevelopment and Communications & Engagement Manager); Clinical Reference Working Group (CRWG); plus, Health Infrastructure (Project Sponsor / Principal) and Root Partnerships (Project Manager). This involved a number of workshops and individual planning sessions with key personnel to address strategic considerations

Service Specific: During the further development of Benefits Realisation Plan (Part B), the SWSLHD CHR Project Team will widen the consultation phase to include other key stakeholders including: Campbelltown Hospital General Manager, key SWSLHD-CH Service Stream Directors/Leads and the Change Manager. A workshop approach will be adopted as well as individual consultations with Service Directors and / or Department Heads on a needs-basis to develop more service-specific Benefits Realisation Plans.

Evaluating Business Case Options:

A number of Business Case Options were developed during the Master Plan / Concept Design phases of the Project. The VMS Workshop evaluated four (4) short-listed Development Options including:

- Base Case (Option 0)
- New Build Only (Option 1)
- New Build and Repurposing/Refurbishing Nominated Existing Buildings (Option 1.1)
- Two (2) New Buildings plus Repurposing/Refurbishing Nominated Existing Buildings (Option 2)

Option 1.1 was evaluated at the VMS Workshop as the Preferred Option. The strategic consideration of Project Benefits aligns with the Preferred Option.

Identifying and documenting Benefit Opportunities that Justify the CHR Project investment:

The Benefits Conceptual Framework was used in association with the Benefits Pathway to support the identification and documentation of the Project Benefits. Refer to the following models:

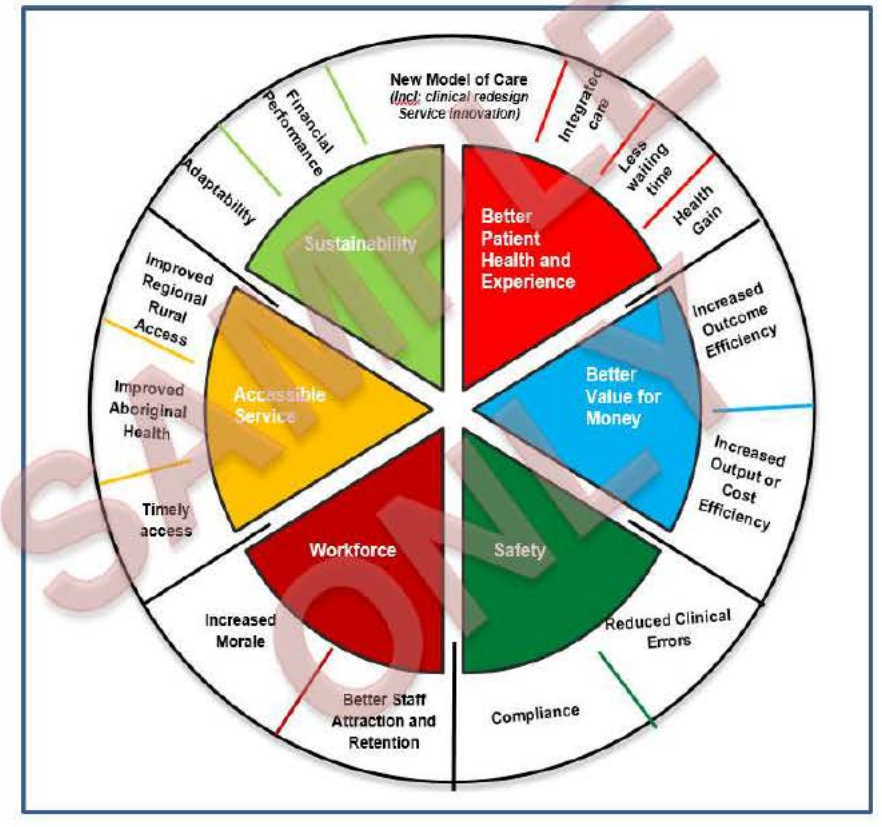

Figure 3: Benefits Conceptual Framework

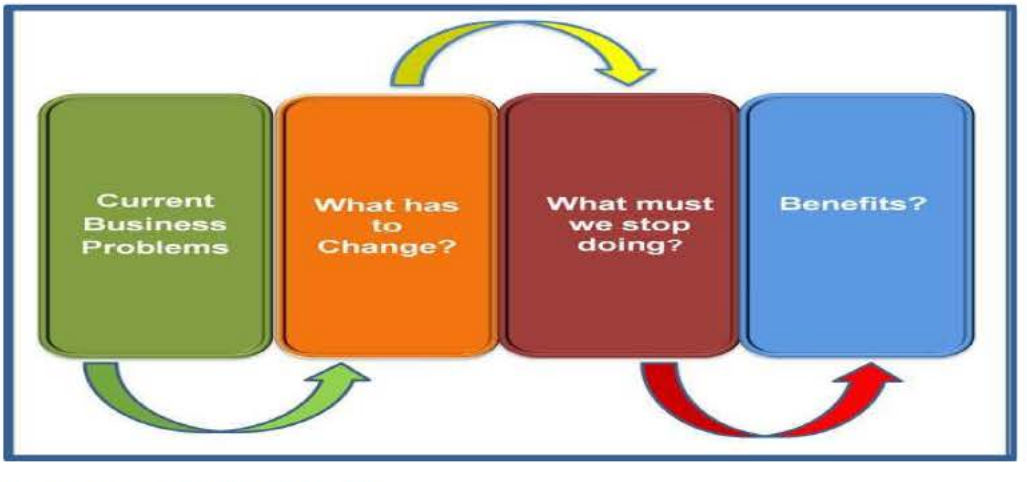

Figure 4: Benefits Pathway *(Herlihy, 2010, p. 30)*

The Early Benefits Identification process concluded with the formulation of the Benefits Register. The Benefits Register is the main document in a Benefits Project. It records the Benefits expectations for inclusion in the Business Case and tracks progress towards achieving the defined Benefits.

The key or core benefits to be realised through the CHR Project are linked to the following Project Objectives:

- Address the SWSLHD's core clinical service priorities by enhancing capacity to meet increasing demand and range of health care services to the Macarthur regional community;
- Implement best practice models of care to address future demand and improve health outcomes;
- Attract and retain a strong workforce by providing contemporary health infrastructure and facilities;
- Address cultural change as a core ingredient to successful change management related to services, workforce, infrastructure, technologies / equipment, systems and processes;
- Address service fragmentation and lack of service integration through consolidation of buildings and services to improve financial and operational efficiency; and
- Enable future and integrated expansion of clinical buildings and services on the site.

The Benefits Register requires the following information to be provided against each identified benefit:

- Current Environment (current business problem? what will drive this benefit?)
- Benefit Type (i.e. Better Patient Health and Experience; Better Value for Money; Sustainability; Accessible Services; Workforce; and / or Safety)
- How will it be measured?
- Source of information?
- Current baseline?
- Target outcome?
- When will it be achieved?
- Who is responsible for delivering this benefit?
- What is the current status?

The Key Benefits align with the endorsed Clinical Services Plan for Macarthur to 2031; Clinical Service Priorities to 2026/27-2031/32; the key drivers and case for change; Project objectives; and, Preferred Option 1.1 and early consideration of Benefits contained in the Change Roadmap.

Each entry in the Benefits Register has been categorised by Benefit Type. An initial list of Project Benefits was developed and incorporated in the Cost Benefit Analysis undertaken by Ernst & Young for the CHR Project. These initial benefits are outlined below and are not the final Project Benefits to be measured in delivering the CHR Project.

Table 2: CHR Project – Initial Project Benefits

Business Problem/Issue	Outcome	Benefit Category
Space constraints creating difficulties meeting growing clinical and operational demand	Deliver clinical and support spaces	Better Patient Health and Experience
Low levels of integration of research activity into current work spaces or practices	Deliver collaborative research, teaching and network partnerships	
Low levels of paediatric clinical self-sufficiency	Delivery of regional paediatric centre for the south west of Sydney	
Low levels of clinical self-sufficiency with inability for patients to access health care close to home	Delivery of tertiary level health care close to home	
Poor design of current clinical areas restricting delivery of contemporary models of care	Deliver innovative and responsive care Deliver new ways of working Deliver contemporary evidence-based models of care	
Mental health services isolated on site and poorly designed	Deliver integrated Mental health services	
Opportunities to improve the health outcomes and health experience of Aboriginal people are missed due to the limited ability to provide culturally appropriate environments and services	Deliver care enabled by culturally appropriate spaces	

Business Problem/Issue	Outcome	Benefit Category
Poorly configured clinical services resulting in inefficient use of buildings as well as staff utilisation and practices	Deliver integrated health care with workforce, workplace and facility infrastructure efficiencies Deliver Generic room design	Better Value for Money
Redundant ageing / high maintenance building stock	Delivery of contemporary and consolidated building stock	
Ineffective and inefficient use of available technologies	Deliver technology solutions that facilitate workplace safety, work efficiencies, networking and options for care	
Low levels of clinical self- sufficiency Existing services not sufficient to meet demand.	Deliver tertiary health across facility Delivery of Innovative Models of care Deliver care close to home	Sustainability
Fractured clinical care	Deliver integrated sustainable evidence-based ways of working	
Infrastructure that does not meet current standards or future demand	Deliver Infrastructure that meets current standards and future demands	
Deficiencies in ambulatory/outpatient services and spaces	Deliver enhanced non-admitted options for clinical care Timely access to integrated care	Accessible Services
Low levels of paediatric clinical self-sufficiency	Improved paediatric services across SWS	
Growing demand for Mental Health services	Deliver uplift in mental health services Provision new Mental Health units	
Current staff capacity and capability unable to meet demands in projected role delineation	Attract sustainable workforce Increase workplace culture Better staff attraction & retention Increased workplace efficiencies Increased cost efficiencies Strong network relationships	Workforce
Ageing & non-contemporary infrastructure impacts on patient and staff safety, reduces the ability to introduce new models of care and logistics efficiencies	Health gains Reduction in adverse events Increased operational efficiencies Reduced clinical errors Improved compliance Care/service enabled by technology	Safety

The Benefits Register has been fully developed using the HI Benefits Register Template and taking into consideration the Benefits presented above. Refer to Attachment 1.

The Benefits Realisation Framework requires a suite of potential performance measures or indicators to be generated to support ongoing assessment of Benefits Realisation. The draft Performance Management Indicators or Measures have been initially reviewed by the SWSLHD / CHR Project Team and are included in Part B. The Benefits Realisation Plan (and tools) will be more fully developed and refined during the Planning and Design Phase of the Project.

3. Organisational Context

3.1 Benefits Owners Engagement and Workshops Conducted

Representatives from the SWSLHD/Campbelltown Hospital Redevelopment Team; Health Infrastructure and Root Partnerships have been involved in a number of Planning sessions to progress the preparation of the Benefits Realisation Strategy inclusive of the identification and documentation of Project Benefits. This group has also reviewed the supporting Performance Indicators and Measures against each Benefit.

During the next stage of Planning (i.e. LHD Plan Phase), the Service Stream Directors/Leads, (and Department Heads as required) will participate in a number of Planning Workshops to localise the Benefits and provide input into the Change Management Plan applicable to their particular Service.

The Benefits Realisation Workshops will be led by the CHR Change Manager.

3.2 Roles and Benefit Accountabilities

The Benefits Realisation and Change Management Framework provides the Benefits Realisation Roles and Responsibilities Matrix structure inclusive of the following roles:

- HI Business Strategy Team;
- SWLHD;
- HI Project Director;
- Project Manager;
- LHD Benefits Realisation Officer;
- LHD Benefits Realisation and Change Management Committee (or Group); and
- Project Change Manager.

The following table outlines the roles and responsibilities of Team members involved in the planning and management of the Benefits Realisation Program. This tool assists in defining key responsibilities and accountabilities for each role as well as consultation and information sharing requirements.

Benefits Deliverables	Business Case Benefits 1.2 Benefits Realisation Strategy - Part A	Stakeholder Value Matrix	Benefits Pathway	Benefits Prioritisation Matrix	Benefits Dependency Map	Benefits Realisation Plan- Part B	Benefit Measurement and reporting Tool Kit		
HI Benefits Realisation Framework	1-3 Strategic Business Case - Gate 1		4 - 6 Final Business Case - Gate 2					7 Transitions to Change Management Framework	
Roles and Responsibilities									
A "RACI" (Responsible, Accountable, Consulted, Informed) table defines the roles, their level of accountability or participation in an activity. The table is used to define the activities across the BR process to Final Business Case and transition to the Change Management Framework, the relevant roles and whether they are as per the table below:									
STATE - Health Infrastructure HI Business Strategy Team	C	C					C	I	
Local Health District - LHD	C	C					C	R	C
HI Project Director	R	R	R	R	R	R	R	I	R
Project Manager	A	A	A	A	A	A	A	A	A
LHD Benefits Realisation Officer		C	C	C	C	C	C	A	C
LHD Benefits Realisation and Change Management Committee/Group							C	C	A
Project Change Manager							I	C	A

R - **Responsible:** This role is responsible for achieving the result of the activity.

A - **Accountable:** This role will be held accountable for the result of the activity.

C - **Consulted:** This role will be consulted during or in order to agree the result for that activity.

I - **Informed:** This role will be informed of progress and/or the outcome of the activity.

NOTE: it is recognised that in most cases a Benefits Role may not be available at the LHD. It is expected the LHD Change Manager would assume these tasks as part of the role, along side the Project Manager.

Table 2: Key Role and Responsibilities

3.3 Business Problems to be Resolved

Based on the early assessment of the CHR Project from a Benefits Realisation perspective, the following business problems have been identified:

- Ageing health infrastructure / building stock presenting a range of compliance issues
- Ageing and inefficient building stock with increasing RMR Costs (i.e. Building C)
- Lack of space to accommodate new and expanded clinical, clinical support and non-clinical support services
- Facility design deficiencies to support contemporary and changing models of care / service delivery and needs of culturally-sensitive groups (i.e. Indigenous / Aboriginal people)
- Service fragmentation and lack of service integration between key service providers
- Ineffective and /or tack of contemporary ICT infrastructure to support enhanced administrative and clinical systems
- Insufficient day only, ambulatory care and outpatient facilities to support the transition from inpatient to more efficient models of care
- Low levels of service self-sufficiency with need to reverse patient flows from network hospitals (i.e. Liverpool Hospital) – in particular, mental health, paediatrics, range of surgical subspecialties, nuclear medicine and medical imaging (i.e. demand for MRI, Interventional Radiology, etc.)
- Need to increase Workforce capacity and capability given the planned future increase in total bed numbers, range of services, level of service complexity, changing models of care and enabling technologies, etc.
- Lack of research capacity and capability to support changing clinical practice, models of care and new ways of doing things
- Lack of CHR Redevelopment Team resources (i.e. Workforce Management)
- Risk adverse organisational culture and insufficient management support to successfully achieve the required level of organisational and workforce change

The CHR Project Benefits Realisation Strategy is highly dependent on a close and ongoing alignment with the Change Management Strategy and the Risk Management Plan.

3.4 Operational Obstacles and Risks

A number of operational obstacles and risks associated with the Benefits Realisation Strategy and Plan have been identified as part the Project Risk Assessment.

Table 3: Operational Obstacles and Risks

Key Obstacles and Risks	Broad Mitigation Strategy
Risk-adverse organisation culture	Effective leadership; Team Building, Focus Workshops (Benefits Realisation, Change Management, Workforce Strategy, Risk Management, etc.)
Lack of sufficient resources (budget allowances, subject specialists, technology requirements, etc.) to support a comprehensive approach to Benefits Realisation and Change Management	Detailed Benefits Realisation Plan costed according to key activities, resource requirements, program milestones aligned to key phases of the Project
Lack of real commitment to Benefit Realisation on the part of Service Stream Directors / Leads and / or Department Heads	Engagement of Service Stream Directors / Department Heads in planning and developing localised Benefits Realisation Plans and Programs Communication and agreement on key roles and responsibilities associated with Benefits Realisation.

Key Obstacles and Risks	Broad Mitigation Strategy
Poorly defined performance measures and Indicators to effectively identify, measure and report on Benefits Realisation at the operational level	Align performance measures with typical LHD and Service Department measures / indicators where applicable for ease of measurement and reporting Gain agreement on measures used and test application prior to formalising the approach.

3.5 Endorsement of the Benefits Realisation Plan

The Benefits Realisation Plan will be progressively refined under the leadership of the SWSLHD CHR Project Team and reviewed by respective Governance Groups during Planning & Design Phase including:

- Clinical Reference Group (CRG);
- Planning Development Committee (PDC); and
- Executive Steering Committee (ESC).

PART B

1. Benefits Activity Plan

The initial Benefits Register and Benefits Realisation Plan has been completed and will be further developed and refined during the Planning and Design phase of the Project.

The ACI Benefits Delivery Tool will be used to assist the SWSLHD realise the benefits of the CHR Project.

A high-level benefits activity plan is provided below, and will be used to assist with planning, monitoring and reporting of Project Benefits.

Table 4: Indicative Benefits Realisation Program – Quarter Two (2) 2018 Onwards

Activity	Target Completion	Responsibility
Benefit prioritisation	Q2 2018	Project Team
RACI Matrix	Q2 2018	Project Team
Benefits Pathway	Q2 2018	Project Team
Stakeholders value matrix	Q3 2018	Communications Officer
Stakeholder Benefit Distribution	Q3 2018	Communications Officer
Dis-Benefits	Q2 2018	Change Manager
Monitoring	Ongoing	Change Manager
Reporting	Quarterly to PDC and ESC	Change Manager

The Benefits Realisation Plan is supported by the Change Management Strategy and the Communication and Engagement Plan.

2. Baseline Measures

The Benefits Register has identified baseline measures and associated measurement tool/method for each benefit.

3. Benefits and Organisational Change Management

The following sections follow the Health Infrastructure Change Management Framework and are completed as part of the Change Management Plan:

- Project Initiation and Start-up;
- Diagnostics, and;
- Solution Design.

4. Benefits Measures and Targets

4.1 Baseline Project Considerations

The key Benefits were initially determined during the Preliminary Planning Phase of the Campbelltown Hospital Redevelopment Project (Stage 2) and later developed and included in the Campbelltown Hospital Redevelopment Stage 2 Investment Decision Template, May 2017 to support SWSLHD's submission to NSW Government.

The Benefits align with the standard NSW Health Outcomes / Objectives and Key Performance Indicators by which the achievement of benefits can be measured.

4.2 CHR Project-Specific Considerations

The Campbelltown Hospital Redevelopment (CHR) Project required a reconsideration of the Project Benefits aligned to the Clinical Services Plan for Macarthur to 2031; the endorsed Clinical Service Priorities; and, the Preferred Development Option 1.1.

The Benefit Register outlines the Project Benefits and their respective Indicators and Measures developed by SWSLHD and the CHR Project Team.

5. Next Steps

As indicated in Part A, the Benefits Realisation Plan will be progressively refined under the leadership of the SWSLHD CHR Project Team during the Planning and Design Phase and further reviewed by the respective Governance Groups at defined stages of the CHR Project.

The Benefits Realisation Plan needs to be localised at the relevant Service Level. In this context, Service Stream Directors/Leads/Department Heads need to participate in a number of Planning Workshops to localise the Benefits and provide input into the Change Management Plan applicable to their particular Service.

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Campbelltown Hospital Redevelopment

Benefits Register

Ref	Benefit	Current environment	Benefits type	How will it be measured	Source of information	Current baseline	Target Outcome	When will it be achieved	Who is responsible for delivering this benefit?	What is the current status?
1	Increased clinical services and range of services	[redacted]	Better Patient Health and Experience	[redacted]						
2	Increase in research opportunities		Sustainability							
3	Provision of tertiary-level clinical services to benefit Macarthur residents		Sustainability							
4	Improved health outcomes for Aboriginal patients, and patients from other cultural groups		Accessible Services							
5	Increased service efficiency [cost driven benefit]		Better Value for Money							
6	Attraction and retention of competent staff across defined occupational groups align with future service requirements		Workforce							
7	Increased safety for staff, patients, and visitors		Safety							

Campbelltown Hospital Redevelopment

Benefits Register

Ref	Benefit	Current environment	Benefits type	How will it be measured	Source of information	Current baseline	Target Outcome	When will it be achieved	Who is responsible for delivering this benefit?	What is the current status?
8	Improved service integration outcomes	[redacted]	Better Patient Health and Experience	[redacted]						
9	Increased patient/staff satisfaction	[redacted]	Sustainability							
10	SWS access to range of paediatric services that increase levels of self-sufficiency, client satisfaction and health outcomes for paediatric patients and their families	[redacted]	Accessible Services							
11	Reduction in inpatient admissions as non-admitted service options are adopted	[redacted]	Accessible Services							
12	Access to range of mental health services that increase levels of self-sufficiency, client satisfaction and health outcomes for MH patients	[redacted]	Accessible Services							

Note: The Benefits Register is the main document in a Benefits project. It records the Benefits expectation of the business case and tracks the progress towards achie
different timeline. It often takes a number of months for a system to settle and business processes are tunes to the new system before the benefit is fully achieved. In these cases the achievement date may be set for 6 months post implementation. Some benefits are achieved instantly.
In selecting benefits, a balanced scorecard approach is recommended. Example, Quality, Financial, Efficiency, Staff satisfaction.
How many benefits - select benefits which can be easily measured and can be directly attributable to the program.

Legend:

- Better Patient Health and Experience
- Better Value for Money
- Sustainability
- Accessible Services
- Workforce
- Safety