



Campbelltown Hospital Redevelopment

Change Management Strategy 2018 to 2023

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Document Control

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References

Refer to reference material used throughout the project.

Version	Document Name	Network Location or Documentation Link
1.0	2013 ACI Understanding the Process to Develop a Model of Care	https://aci.health.nsw.gov.au/resources/models-of-care
1.0	MoH Process of Facility Planning (PoFP) Guidelines	file:///C:/Users/60120730/AppData/Local/Microsoft/Windows/INetCache/IE/5WIXD8LR/PD2010_035.pdf
1.0	HI Change Management Process & Tools and Templates	http://hiintranet.health.nsw.gov.au/
1.0	HI S_PM_Project Governance Arrangements_V05_150610	
1.0	SWSLHD Strategic & Healthcare services plan	https://www.swslhd.health.nsw.gov.au/planning/content/pdf/Strategic%20Priorities%20in%20Healthcar

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	Strategic priorities in healthcare delivery to 2021	e%20Delivery%20to%202021%20-%20Final%20Plan%20with%20Cover.pdf
1.0	SWSLHD Aboriginal Health plan 2017-2021	https://www.swslhd.health.nsw.gov.au/pdfs/SWSLHD%20Aboriginal%20Health%20Plan%20%202017-2021.pdf
1.0	Research Strategy for SWSLHD 2012-2021	https://www.swslhd.health.nsw.gov.au/pdfs/SWSLHD_Research_Strategy_2012.pdf
1.0	SWSLHD Information Communications & Technology Strategy 2015-2021	https://www.swslhd.health.nsw.gov.au/pdfs/SWSLHD ICT Strategy.pdf
Sept. 2017	Macarthur Clinical Services Plan	
Oct. 2017	Enhanced Paediatric Capacity plan	
x	Research Strategy for South Western Sydney Local Health District 2012-2021	https://www.swslhd.health.nsw.gov.au/pdfs/SWSLHD_Research_Strategy_2012.pdf
1.0	Information Communications and Technology strategy, 2015-2021	https://www.swslhd.health.nsw.gov.au/pdfs/SWSLHD ICT Strategy.pdf
1.0	Campbelltown & Camden Hospitals, Operational Plan 2014-2018	https://www.swslhd.health.nsw.gov.au/pdfs/OP_Campbelltown.pdf
Jan. 2018	Campbelltown Hospital Redevelopment Functional Brief	
1.0	SWSLHD 2017 Asset Strategic Plan	
1.0	Campbelltown Hospital Redevelopment Benefits Realisation Plan	



1 Executive Summary

Campbelltown Hospital was built in 1977 and is a major metropolitan group B1 hospital within the South West Sydney Local Health District (SWSLHD), with networked services with Camden Hospital. Campbelltown Hospital provides a range of health services at mainly a role delineation level 4. It is a teaching campus for the University of Western Sydney Medical School.

The South West Growth Centre, encompassing Macarthur, is a major centre of population growth in NSW. The population of the Macarthur region is projected to increase by 58% in the years 2016-2031. The most significant change in the population will occur in the older age groups, particularly in the 65 years and over and the 0-14 age cohorts. This has increased demand for health services and infrastructure in Macarthur.

A number of issues and challenges have been identified that will impact on the types of services and the way services will need be delivered into the future at Campbelltown including;

- Need to meet projected demand with a broad range of health services
- Plan for Campbelltown hospital to transition to a tertiary level health service
- Increasing consumer expectation for integrated health services delivered close to home
- Future models of care to shift to hospital avoidance or preventable hospitalisation strategies through a focus on short stay, day only and ambulatory health models
- Deliver value- adding health care by maximising resource utilisation leveraging new models of care, innovation and technology
- Building capable, engaged and robust workforce to meet capacity and capability
- Embed research participation and findings into clinical practice to build workforce capacity and capabilities.
- Address local community health, social and disability disadvantage by ensuring infrastructure design and service delivery is equitable, culturally appropriate and sensitively delivered

In May 2017, the Local Health District Board approved the Campbelltown Hospital Redevelopment Stage 2 project (the CHR Project) as the number one SWSLHD Capital Works Priority over the next 10 years. The Asset Strategic Plan (ASP) identifies the CHR Project as a single stage development to be delivered within the 2017-2026 planning horizon to address the rapid population growth and future tertiary role of Campbelltown Hospital within the SWSLHD network.

On 17 June 2017, it was announced the NSW Government will deliver a \$632 million upgrade for the Campbelltown Hospital- Redevelopment Stage 2 in the upcoming 2018 State Budget, including a boost to paediatrics and mental health services.

The Campbelltown Hospital Redevelopment project provides a generational opportunity to deliver a fit for purpose capital build that provides Campbelltown hospital a sustainable foundation for its future tertiary role alongside its key networks. The CHR redevelopment project aims to deliver; a paediatric centre to support South West Sydney, enhanced and integrated mental health



services, a broad range of core population health and clinical services to 2026/27, reduced dependency on overnight hospitalisation through new ways of working and technology solutions, a capable and engaged workforce to meet the future requirements and to provide for flexibility growth well into the future.

Finally, Campbelltown hospitals Change Management strategy - shaped by the project's vision of "Leading Macarthur to better health" – requires the embedding of robust processes to manage the significant changes to Campbelltown Hospitals built environment and its clinical & organisational services. This strategic plan will be realised by; aligning and integrating all facets of Campbelltown's hospital operation, culture, research, education and strategic partnerships within this vision to realise the key benefits of this opportunity.

2 Change Management Blueprint

2.1 Change Vision

The SWSLHD Vision for Services in Macarthur continues Campbelltown Hospital's ongoing role of 'Leading Macarthur to Better Health'.

2.2 Reasons for Change

The drivers for change are:

- Significant population growth increasing demand for clinical services
- Increasing demand for integrated clinical services closer to home
- Requirement to transition to tertiary clinical service to support existing overburdened clinical networks
- Poor health status as a result of high levels of socioeconomic disadvantage
- Maximise value of available resources leveraging new models of care, technology, innovation and research

2.3 Anticipated Benefits

The proposed solutions expected to deliver a number of key benefits for patients and customers in NSW.

The *CHR Project* will transform the patient and customer experience of health care services considering both clinical and non-clinical benefits have been identified throughout the life of the project.

See the *CHR Project Benefits Realisation Plan* for more information.

Drivers	Changes	Benefits	Success Measures	Owner	Degree of Complexity for Realisation (in line with project risk rating scale)
Growth	<p>The projected population growth aligns with the broader NSW State direction for growth in the Campbelltown-Macarthur area.</p> <p>The significant growth in population impacts on all aged groups – children, adults, older persons and the range of socio-cultural groups in the Macarthur community.</p> <p>Projected population growth will impact on Macarthur and the entire SWSLHD, placing a strain on the entire network of hospitals and health agencies in the District including Liverpool, Campbelltown / Camden and Bowral</p> <p>The Greater Sydney Commission, Western City District Structure Plan (2036) - Urban Area South includes the Macarthur Priority Growth Area (PGA) which proposes a world-class health, integrated educational and retail services, and that there will be a more diverse range of housing, retail,</p>	<p>Substantially expand the provision of services (range, capacity, and capability) to meet the significant growth in population, age profile and complexity of disease and poor health. Strategic focus areas include: paediatrics, mental health, acute care (emergency, intensive care, medical and surgical inpatients), maternity, ambulatory and outpatient care and interventional medicine.</p>	<p>Deliver enhanced service capacity to 2026/27 (Including growth /expansion)</p> <p>Deliver paediatric centre for SWSLHD</p> <p>Deliver integrated services with enhanced functionality</p> <p>Improved elective surgery access performance</p> <p>Improved Emergency Treatment performance (ETP)</p> <p>Improved Transfer of care (TOC)</p> <p>Reduction in SAC 1 & 2</p>	CE	HIGH

	commercial and other public developments				
Patient need	Patient services need to cover the broadest range of population need and associated clinical need	Expansion of current services available at Campbelltown hospital	Deliver all CSP to 2026/27, including growth/expansion options	CE	HIGH
Patient need	Macarthur residents currently travel out of Macarthur for 40% of the inpatient care that they receive and 50% of surgical care	Provision of safe, accessible, equitable, high quality and efficient care as close to home as possible	Increase levels of self-sufficiency to an optimal of 70% for most clinical services	CE	HIGH
Patient need	Fragmented mental health services	Provide upgraded mental health services (adults, adolescents, young and older people) through the provision of integrated models with other general clinical services	Enhanced functionalities for all clinical services with mental health Improved Emergency Treatment performance (ETP) Improved Transfer of care (TOC) Reduce mental health re-admissions	CE	HIGH
Patient need	The combined ED of Campbelltown and Camden are reported as the third busiest emergency service in NSW and relies on support from other networks	Deliver expanded emergency services at role delineation 6 with integrated models for paediatrics and adults. Shift emergency activity from Liverpool where able	Deliver expanded emergency services at role delineation 6 Integrated paediatric and adult ED	CE	HIGH
Patient need	Need to increase capability in paediatrics, mental health, maternity and women's clinical services	Provide expanded paediatric services by improving self-sufficiency for Macarthur residents and more broadly those within SWSLHD	Deliver paediatric clinical centre of care at Campbelltown for Macarthur and SWS	CE	HIGH
Patient need	The 'all cancers' standardised incidence rate for cancers (combined) is higher than NSW average for all Macarthur LGAs	Deliver expanded cancer services with increased role delineation to level 6 for both medical and radiation oncology	Deliver expanded cancer services with increased role delineation to level 6 for both medical and radiation oncology	CE	HIGH
Patient need	The development Campbelltown Hospital as a tertiary healthcare facility	Such technologies contribute to improved operational efficiencies (i.e.	Reduced LOS Improved TOC	CE	HIGH

	requires an expansion to the range of appropriate technologies to better support clinical activities, service providers, patients and the community	reducing lengths of stay, transitioning from inpatient to ambulatory care and community-based approaches to care including hospital-in-the home) and also enhanced operational performance reporting (including clinical outcomes, change management, financial performance, etc.)	Reduction in rapid response calls Reduction in hospital falls Reduction in hospital acquired pressure injuries Enhanced patient and staff experience		
Capability	For Campbelltown Hospital to meet projected clinical service demand: Role delineation of Campbelltown Hospital must increase to deliver a range and complexity of clinical service necessary to deliver adequate health care for the residents of Macarthur and SWS	Deliver expanded clinical services (paediatrics, mental health & maternity) Deliver a broader range of medical and surgical services Deliver new clinical sub-specialties (nuclear medicine) Deliver enhanced ambulatory and outpatient models of care	Deliver transitioned clinical services at Campbelltown hospital from a level 4/5 to a level 6	CE	HIGH
Capability	Ageing & non-contemporary infrastructure impacts on patient and staff safety, reducing the ability to introduce new models of care, deliver operational efficiencies and meet current and future standards	Deliver buildings and technologies to leverage available resources. Consolidate building stock (and removal of non- fit-for-purpose buildings)	Deliver higher capability infrastructure	CE	HIGH
Capability	Workforce capacities and capabilities need to be significantly expanded and enhanced to meet growth demands and increase in role delineation	Create efficient, sustainable and capable workforce (clinical and non-clinical) responsive to the community's needs, through systems and building re-design & integrated workforce planning models Early engagement with staff, network partners and a range of research & teaching partners	Deliver increased workforce numbers and capabilities adequate to respond to anticipated changes in role delineation, models of care, complexity of services and new technologies Staff satisfaction surveys Clinical incidence rates Reduction in workplace injuries Enhanced staff recruitment and retention indices Increase in return to work indices	CE	HIGH

			Reduction in medical and nursing overtime Enhanced expenditure: budget data Increase in Aboriginal workforce traineeships		
Capability	Financial sustainability will rely on new ways of working, new and flexible models of service, reliable infrastructure and logistical efficiencies to support clinical care delivery	Increase in single room revenue Increase service models for hospital avoidance, day only health care options, minimally invasive technologies Re-align logistics to create service delivery efficiencies	Increase in own source revenue Increased hospital avoidance Increased substitution of low cost alternatives to inpatient care (HITH, RITH, short stay, day only) Logistic efficiencies- increased through put	CE	HIGH
Capability	Current facility and campus configuration has resulted in operational and physical fragmentation, which limits the ability for Campbelltown Hospital services to fully benefit from seamless integration of services	Integration and collaboration provide unique opportunities to undertake joint planning; share core services and resources; strengthen working relationships and service partnerships; and, leverage the use of resources (staff, facilities, equipment and technologies)	Effective collaboration with other service providers in support of new models of care Reduction in fall-related injuries	CE	HIGH
Capability	Deliver contemporary Models of Care	Contemporary MoC will foster high service integration, collaboration between clinical specialties, primary care providers, NGO health partners and networked hospitals	Expand hospital avoidance programs Increase low cost substitution approaches to inpatient care Enhanced patient/carer experience Enhanced staff experience Improved transfer of care	CE	HIGH
Health status	Address the significantly high rates of preventable hospitalisation, high rates of obesity, cancer, renal disease and smoking related health issues Hospital readmission rates linked to a lack of behaviour change following	Improve service access and patient flows to provide the right care for right people at the right location. ^[1] _{SEP} Develop new, responsive models of	Reduce unplanned readmissions Improved transfer of care Improved patient experience Avoidable admissions Implement leading better value	CE	HIGH

	<p>treatment and care. Macarthur residents will benefit from targeted service development for disadvantaged groups through innovative service development strategies, partnering with the community, and designing services, which improve timely access to services</p> <p>Implement programs that address behaviour change strategies as a fundamental component of success</p>	<p>care in renal, ambulatory care and outpatient services.</p> <p>Expanded and accessible preventative health services (eg.dental, allied health)</p>	<p>healthcare (LBVHC) initiatives</p> <p>Health gain</p> <p>Expanded preventative health services</p> <p>Reduction in Falls in hospital</p> <p>Reduction in hospital acquired pressure injuries</p> <p>Reduction in surgical infection rates</p> <p>Reduced preventable admissions</p>		
Health status	<p>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</p>	<p>Implement environments appropriate to deliver health programs that address cultural needs of Aboriginal peoples</p>	<p>Aboriginal health gain</p> <p>Reduce Aboriginal discharged against medical advice (inpatient and emergency)</p> <p>Enhanced aboriginal patient/carer experience</p> <p>Enhanced reputation within the Aboriginal community</p> <p>Reduced preventable admissions</p> <p>Increase in Aboriginal workforce traineeships</p>	CE	HIGH
Value	<p>Ageing infrastructure and space constraints impact on the capacity to implement new/contemporary models of care to meet the needs of the increasing population resulting in unsafe & fragmentation clinical services</p>	<p>Consolidation of existent building stock for the Infrastructure that meets AHFG standards</p> <p>Environmental efficiencies</p> <p>Removal of redundant building stock</p>	<p>Deliver new and re-furnished spaces 'fit for purpose' that meet AHFG guidelines</p> <p>Consolidation of campus building stock</p> <p>Reduced building maintenance costs</p> <p>Enhanced environmental sustainability practices</p>	CE	HIGH
Value	<p>Contemporary models of care aim to achieve higher levels of service integration with other healthcare providers and facilitate the shift from inpatient to short stay, day only,</p>	<p>Expand the use of minimally invasive medical technologies</p> <p>Increase the substitution of lower cost approaches to hospital inpatient care</p> <p>Develop service delivery models that</p>	<p>Expand hospital avoidance programs</p> <p>Increase low cost substitution approaches to inpatient care</p> <p>Enhanced patient/carer experience</p>	CE	HIGH



	<p>ambulatory and/or community based care</p> <p>Enhanced models of care in Macarthur will foster greater integration and collaboration between specialties as well as primary health care providers, health partners, networked hospitals and other health agencies</p>	<p>enhance responsiveness to patient and consumer needs (e.g. 'My Choice Menus', patient-centred technologies).</p> <p>Implement operational policies that increase throughput, utilisation efficiencies (e.g. scheduling systems)</p> <p>Develop workforce planning strategies that are efficient and effective</p>	<p>Enhanced staff experience</p> <p>Enhanced recruitment and retention indices</p> <p>Reduced workplace injury rates</p> <p>Improved return to work indices</p> <p>Reduced preventable admissions</p>		
Value	<p>To meet demands for contemporary health care technology is a key enabler</p>	<p>Deliver advanced technology solutions that facilitate workplace safety, work efficiencies, clinical networking, contemporary options for care and connectedness for patients and visitors</p>	<p>Reduction in patient complaints</p> <p>Reduction in clinical incidences</p> <p>Tele-health uptake</p> <p>Tele-monitoring uptake</p> <p>Enhanced collaboration between clinical networks</p>	CE	HIGH

2.4 Change Definition

The change management strategy provides a lens and framework for realigning the organisations responsibilities to meet the changing demands of its physical and operational environment. The strategy is underpinned by attention to and improvements to processes, technologies and service outcomes. Change has the potential, in some cases, to adversely impact service delivery and outcomes and generate resistance at many levels despite the positive health, economic and social outcomes for the community it serves if it is not managed and implemented effectively. It is imperative therefore that change has a positive impact on the day-to-day lives of the staff, consumers and visitors of the hospital during the project and over time. All transitional uncertainties must be addressed and managed as part of the Change Strategy.

The Change strategy encompasses the management of change impacting and influencing organisational culture and reputation, service processes, physical environment, job responsibilities, staff skills / knowledge and policies / procedures, ICT systems and partnerships.

The Change Strategy document provides a structured approach to change. It is a living document that will be revised and utilized throughout the duration of this project in accordance with the Project Governance Framework. It is designed with flexibility to ensure that it adapts to innovation and reflects changing healthcare trends and the achievements of the goals and objectives of the Change strategy and the CHR project to:

- *Achieve a shared understanding* and commitment to the strategies required to support the transition from the current working environment to the future working environment
- Establish an *appropriate governance structure* to ensure efficient, effective and proactive Change Management occurs throughout the project
- *Define the roles and responsibilities* of the members of the project governance structures in relation to Change Management
- *Establish appropriate processes* to ensure that change management issues are effectively identified and captured throughout the project
- *Establish a structure to ensure the effective integration of the Change Management Strategy with key inter-related project strategies* including the communication and consultation strategy and the benefits realisation strategy
- *Set expectations around the implementation process* to deliver the desired change management outcomes in alignment with key project milestones
- *Support the achievement of the project objectives*, including the identification of transitional uncertainties
- *Maximise the benefits to be delivered through the project* as defined in the benefits realisation strategy

Type of Change	Impact Areas	Current State	Future State
People	Patient	Care is fragmented, not always person-centered, often delivered without an option close to home and does not always meet expectation	Care is integrated, coordinated, person-centric, collaborative, delivered close to home and meets community and peer expectation
	Customer	Care is fragmented, not always person-centered, often delivered without an option close to home and does not consistently meet expectation	Care is integrated, coordinated, person-centric, collaborative delivered close to home and meets community and peer expectation
	Clinical Staff	Challenges with recruitment and retention of suitable staff, provision of contemporary models of care and use of technology to deliver care Not able to meet capacity or capability requirements for transition to tertiary status Employee engagement index at 64% Workplace culture index 61%	Meet capacity and capability requirements for safe, effective and efficient operation in tertiary status Establish 'preferred place of employment' status Identify and support talent and leadership Enhance organizational governance structures Technology enabled workforce Enhanced Workforce culture and conduct of engagement innovation and new and improved ways of working
	Non-Clinical Staff	Models of care and ways of working may not always take into consideration the impact of non-clinical staff and processes, ultimately undermining the significant contributions that they have in safe, effective and efficient health care delivery	Re-aligned models of care that are inclusive and considerate of non-clinical staff and work practices, creating connectivity and collaboration in new ways of working
	Volunteers NGO	A number of volunteer/NGO groups provide support, including fundraising and consultative representation on governance committees	Strengthen partnerships Strengthen co-ordination, alignment and connectivity of activities between groups Broader community representation within governance committees and processes
	Macarthur Clinical School - Western Sydney University	Campbelltown Hospital and Western Sydney University have a long-standing and mutually beneficial relationship that is in the interest of patients and the broader Macarthur community to extend.	Strengthen and grow relationship & partnership opportunities Promote translational research and education Enhanced integration of academic (teaching) units within Campbelltown hospital and the broader SWS

Type of Change	Impact Areas	Current State	Future State
			clinical streams Create research and education precinct for SWS on Campbelltown campus
	Other Universities	Low level relationship	Explore opportunity for future partnerships
	Campbelltown City Council	Information sharing	Co-Create Health, research and education precinct for Macarthur region
Service Delivery	Clinical Delivery	Focus on delivery of care is based on volume of activity and reactive care strategies	Delivery of care is based on value for the health system and better outcomes and experiences for patients, their families and the community Value based care will deliver high levels of staff satisfaction, process and system efficiencies, enhanced workplace cultures and enhanced staff recruitment and retention
	Non-Clinical Delivery	Partnerships exist with non-clinical delivery of services	Strengthen partnerships with non-clinical services including ICT, Health-share and pathology Create connectivity and alignment between service providers
Environment	Physical	Campbelltown Hospital was built in 1977 on a greenfield site. The hospital site has challenges with uneven terrain and split-levels for access making master planning and way finding difficult. Response to rapid growth has resulted in multiple buildings of different era's fragmented across the site	The hospital redevelopment is a significant capital works project that has delivered a master plan outlining an integrated clinical zone, support zone, zone for collaboration with other stakeholders as well as future planning zonal considerations. The physical environment will be impacted externally by construction and internally with decanting and refurbishment of existing building sites Provision of space for growth/expansion will facilitate expansion for future need
	Socio-Economic		

Type of Change	Impact Areas	Current State	Future State
Process	Business Processes / Workflow	Fragmentation of mental health and paediatric services Sub-optimal functionality for many clinical services Failure to optimize staff working functionalities given poor clinical functionalities Models of care and ways of working not always consistently applied and embedded into practice	Enhanced functionality for all clinical services Integration of clinical services, especially paediatrics and mental health Improved models of care (hospital avoidance, short stay and ambulatory/OPD options) will improve business efficiencies and deliver improved health outcomes
	Policies & Procedures	Not all policies/procedures are current; framework for development is unclear and documents are located in multiple locations hindering timely and appropriate access	Policies, procedures, guidelines, pathways and other documents are current and easily accessible to the workforce and there is a clear process for development and document control
	Communication	Information flow within and between Camden Campbelltown hospital is not always timely or ideal Communication has not been in keeping with modern technology Communication with the local community and broader network (SWS) is haphazard often not reaching target groups Few options for connectedness between patients/families/ communities	The redevelopment project provides an opportunity to introduce new digital technology to support information flow internally with staff and patients and also external to the organisation Increasing service & accountability level through transparent communications and engagement
	Performance Measures / KPIs	Inconsistency in maintaining performance measures outlined in the Service Agreement Limited access to current data and information systems to monitor and track performance	Performance measures are always achieved in the Service Agreement Data and information systems are easily accessible to support the workforce in the ongoing measurement of performance and benchmarking
Technology	Systems	ICT / tele-health/ tele-medicine solutions slow to be considered as part of capital works and model of care development	Early consideration and implementation of ICT solutions to models of care, business and ways of working problems and patient connectedness
	Equipment	Medical equipment not all based on current technology or procured to maximise volume and maintenance	State of the art technology and medical equipment to be considered in hospital redevelopment as a plan to

Type of Change	Impact Areas	Current State	Future State
		contracts Contemporary ICT solutions unavailable	develop a 'digital' hospital Availability of new MME requirements (eg.nuclear medicine) to ensure delivery of new clinical sub-specialties
Operation	Operations	Models of care and ways of working not in place for a number of services Operation methods not always integrated for clinical, funding, administrative, organizational and delivery needs Models of care not always embedded or evaluated	New operating integrated model/ways of working, structures, roles, governance, capabilities to deliver the contemporary models of care to deliver the change to be implemented Deliver integrated (connected, collaborative, aligned) methods for all components of business operation Evaluate all models of care for connectivity, collaboration and alignment of business goals
Organisation	Organisational Structure	Organisational structure in place for current operational requirements with clearly articulated lines of authority and accountability	Organisational structure will be reviewed and realigned to reflect transition to tertiary status and workforce and governance requirements for new level of capacity and capability
	Roles & Responsibilities	Position descriptions for the workforce outline the roles & responsibilities of position held	Roles and responsibilities within position descriptions to be re-aligned to new models of care and upgraded capability requirements of a new tertiary status
	Skills & Knowledge	Training and skills development for the workforce is aligned to: <ul style="list-style-type: none"> • Mandatory training requirements • Needs identified through a training gap analysis • Simulation training • Education and training partnerships with universities • Student placements • Targeted Aboriginal employment strategies 	Demands for future health service delivery will require provision of a robust workforce development and planning strategy reflective of a significant increase in role delineation for clinical services across the Camden Campbelltown Hospital. There is an ongoing focus on building the skills and knowledge of the current workforce and the workforce of the future in partnership with external stakeholders e.g. Universities, clinical networks and other education providers.
	Behaviour	Established behaviours embedded for current ways of working	Workforce and consumers will have high levels of engagement in the planning and design of the hospital

Type of Change	Impact Areas	Current State	Future State
			<p>redevelopment. This will include models of care / ways of working to integrate the health campus, deliver optimal patient outcomes and experience, deliver workplace efficiencies and to embed the desired behaviours for changes to be implemented</p> <p>Workforce provided with training and learning opportunities and feedback and recognition when modelling the desired behaviours.</p>
	Culture	Staff reports less than desirable levels of staff engagement in the People Matter Survey	Staff and community see and understand Caampbelltown Hospital as a preferred/ employer of choice

2.5 Project Change Scope

The LHD Change Manager /Project Director identifies the scope for change for both clinical and non-clinical scope of works. Information will be expanded in greater detail as the project moves forward and undergoes progressive elaboration.

In Scope <i>Clinical</i>	In Scope <i>Non-Clinical</i>
Core acute clinical services	Core support services
Paediatric services	
Mental health services	
Ambulatory & outpatient services	

Out of Scope	Rationale
Camden Hospital	Retains vital supportive role for sub-acute, palliative, care, aged care & integrated primary care centre
Oran Park	Supportive role of integrated health hub targeting prevention and early intervention strategies
Community Health	

2.6 Change Environment

Change Environment
<p>Planning for the hospital redevelopment will include consideration of concurrent activities and improvements underway that may impact on staff availability, change management and organisation readiness. These include capital projects, improvement initiatives and external influences.</p> <p>Staff:</p> <ul style="list-style-type: none"> Previous experience with change and success of change Previous experience with capital infrastructure projects Competing priorities and availability of staff to participate in planning for the hospital redevelopment and individual departmental/units/services ACHS Accreditation program WHS audits Level of engagement in planning Level of knowledge and involvement in planning, design, building and commissioning components of capital projects

Business as usual

Capital Activities:

Bowral & District Hospital \$50 million redevelopment

Clinical and Corporate Improvement Activities:

SWSLHD Transforming Your Experience (TYE) Strategy

Leading Better Value Care Initiatives

Enhancement projects – Rehabilitation in the Home (RITH), Obesity Metabolic Program,

Implementation of EmR2 across the SWS district

Implementation of Recruitment and on-boarding

Accreditation including National Safety and Quality Health Service Standards and WHS audits

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External Activities:

Federal Election – 2018/19

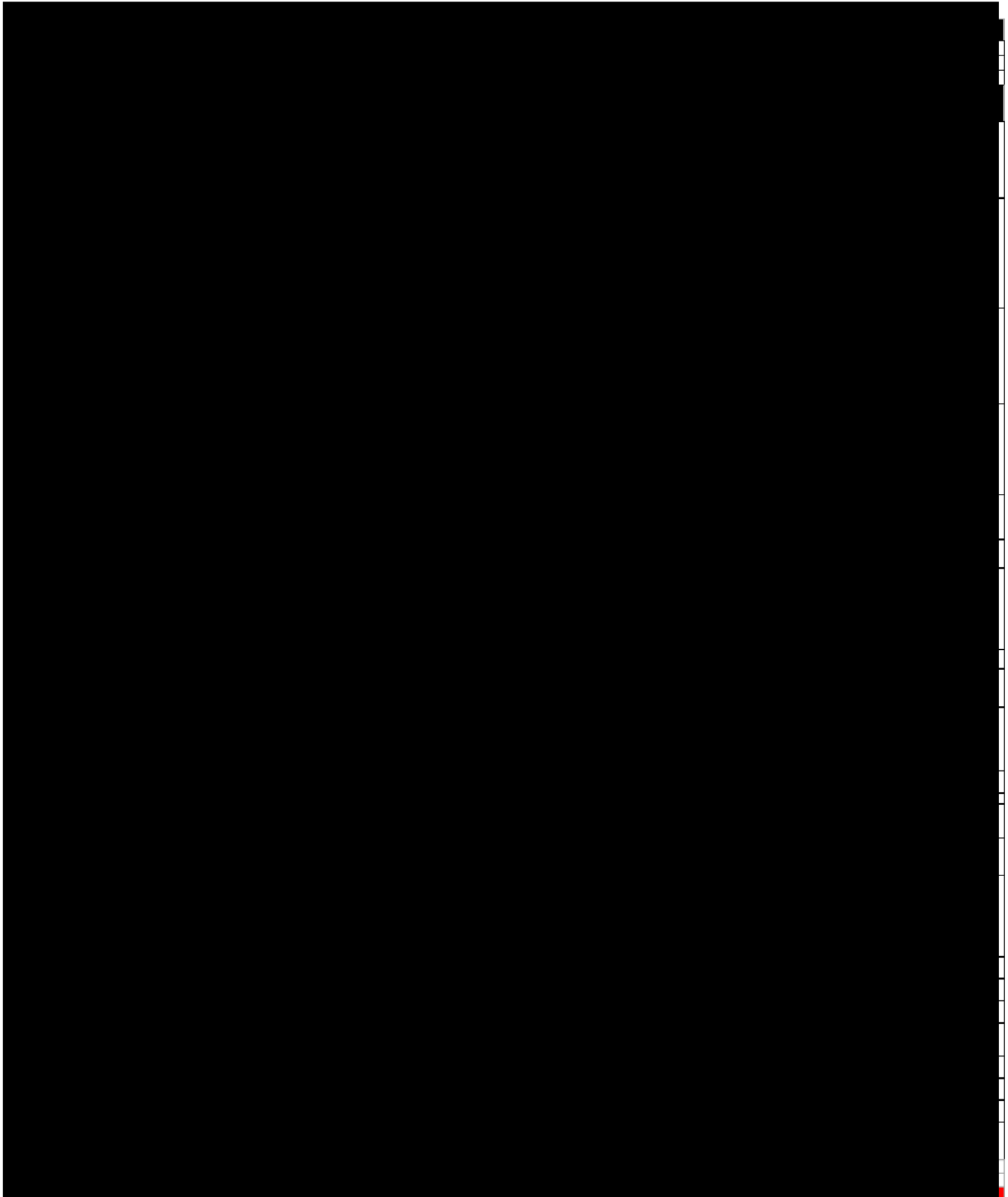
NSW State Election – 2019- Community and industrial influence around proposed funding models for the new hospital

2.7 Stakeholder Identification

Stakeholder Group	Caring Factor <i>clinical & non-clinical</i>	Engagement Approach*
NSW Minister for Health	Non-clinical	Inform
Local MP	Non-clinical	Inform
Local Council	Non-clinical	Inform
Health Services Union, Australian Salaried Medical Officers Federation, NSW Nurses & Midwives Association	Clinical & Non-Clinical	Inform & consult
Media	Non-clinical	Inform
SWSLHD board	Clinical & Non-Clinical	Inform and consult
SWSLHD executive	Clinical & Non-Clinical	Inform and consult
Camden Campbelltown Executive	Clinical & Non-Clinical	Inform, collaborate and consult
Clinical heads of department	Clinical & Non-Clinical	Inform, collaborate and consult
Campbelltown Managers	Clinical & Non-Clinical	Inform, collaborate and consult

Camden Managers	Clinical & Non-Clinical	Inform and consult
Campbelltown all staff	Clinical & Non-Clinical	Inform, collaborate and consult
Camden staff	Clinical & Non-Clinical	Inform and consult
Community representatives & networks	Non-clinical	Inform, collaborate and consult
Service partners / NGO (NDIS etc)	Clinical & Non-Clinical	Inform
Clinical Networks	Clinical & Non-Clinical	Inform and consult
Emergency services	Clinical & Non-Clinical	Inform and consult
HI, MoH, ACI, CEC, NSW treasury	Non-clinical	Inform
Western Sydney University (WSU)	Clinical & Non-Clinical	Inform, collaborate and consult
Local Community	Non-clinical	Inform
Local Aboriginal Community / organisations	Non-clinical	Inform, collaborate and consult
Local Councils	Non-clinical	Inform
Special populations (disability, CALDI, LGBTI)	Non-clinical	Inform and consult
Neighbours	Non-clinical	Inform
NSW RMS	Non-clinical	Inform and consult
Utility providers	Non-clinical	Inform
Community small group Associations	Non-clinical	Inform
NSW transport	Non-clinical	Inform
Residential care services	Non-clinical	Inform

2.8 Initial Change Impact Assessment



2.9 Change Risks

This plan recognises that risks are an integral part of our project and must be managed at the appropriate level to be effective. Risk assessment and management processes have been developed in accordance with NSW Health Policy Directive 2015_043 -Risk Management – Enterprise-Wide Risk Management Policy and Framework. A risk management plan and risk register will be maintained to identify, monitor and manage risks that arise throughout the course of the redevelopment project. The risk register is a living document and will be updated regularly with extreme level risks escalated through the project governance structure to the CE and SWSLHD Board. The following provides examples of risks that have been identified.

Ref#	Risk Description	Likelihood	Consequence	Response Strategy
1	Inadequate Change resources	Possible	Major	Required resources identified and committed to duration of project
2	Inadequate change strategy	Possible	Major	Structured, early HI 4-step change management process implemented
3	Change not properly defined	Possible	Major	Change roadmap completed
4	Stakeholders, users and consumers not engaged	Possible	Major	Communication and consultation plan used as living document to ensure adequate engagement strategy Key roles identified, PUGs
5	Change resistance impacts on implementation	Likely	Major	Understanding of human objectives & relationship building
6	Integrated approaches to project through 'whole of hospital' philosophies not taken	Likely	Major	Coordinated and aligned project management through the 4 step change management process

2.10 Change Assumptions

Ref#	Assumption Description	Impact to Project if not valid
1	Health Infrastructure 4-step change management process will be applied throughout the project. Change will be considered and managed at all stages	Implementation failure of change management strategies Anticipated project benefits not achieved

	of planning and delivery by everyone involved	and/or attained Human objectives not met
2	Project scope is managed transparently to ensure available resourcing is used effectively and efficiently to achieve project goals	Loss of faith and motivation of key stakeholders
3	A capable competent workforce will be recruited and trained to provide for demand of future health service delivery using a range of workforce development and planning strategies	Delay or inadequacies in workforce planning delivery Inability to deliver new services Compromise to services with an increased role delineation
4	The multi-story car park development will proceed in line with the NSW Government policy, Hospital Care Parking Fees Policy: Campuses which are subject to car parking, no. PD2013_031)	Car park funding will need to be found within \$632M pocket
5	Project leaders and sponsors will agree on aims and guiding principles of the CHR project and will manage project risks and issues through robust governance processes	Delayed decision-making process may impact on project deliverables Failure to identify and mitigate risk will compromise project goals and deliverables
6	The sponsors will monitor progress via the project governance structure and report monthly to the PDC	Delayed decision-making process may impact on project deliverables
7	Strategic priorities identified in the Macarthur CSP to 2031 and the Enhanced Paediatric Capacity plan 2031, are considered and achieved through the life of the redevelopment project aligned with project scope	Strategic priorities for SWSLHD not achieved
8	Patient flows and networking of services across the SWS & SCHN will continue with continuity of quality services	Services delivered in isolation resulting in inefficient and inadequate clinical service delivery
9	Integration of ICT to improve access to services, efficiencies, effectiveness and good patient experiences will be incorporated into models of care and hospital design	The hospital fails to embed innovative ICT strategies into its models of care/ ways of working
9	Improved environments achieved through the redevelopment project will	Staff, patients, carers and community are

	meet staff, patients, carer and community expectations	dissatisfied with the environment
10	The hospital design and environment will be culturally sensitive to Aboriginal and Torres Strait Islander people. Built environments will address the bio- psychosocial and spiritual needs of those who access and use the Campbelltown Hospital	Design and service unable to deliver culturally sensitive clinical and social care and may deter Aboriginal and Torres Strait Islander people from accessing health care, resulting in poor health outcomes and experiences
11	The hospital design and environment will provide effective and sensitive access and use solutions for disabled paediatric and adult patients and visitor	Fail to meet community expectations
12	Efficiencies delivered through Leading Better Value Care and clinical redesign and change management initiatives will be reinvested in Campbell town hospital frontline health care delivery	Efficiencies not realised
13	Focus on the delivery of culturally sensitive services will encourage Aboriginal & Torres Strait Islander people to access services at Campbelltown hospital, closing the gap between health outcomes of Aboriginal and non Aboriginal people and addressing the Premiers Health priorities (2017)	Inappropriate and underutilised services with a decline in health outcomes for Aboriginal people
14	A commitment throughout the CHR project to the organisations culture of 'Transforming Your experience' (TYE)	Failure to meet benefits of project through lens of key principles of TYE

2.11 Change Dependencies

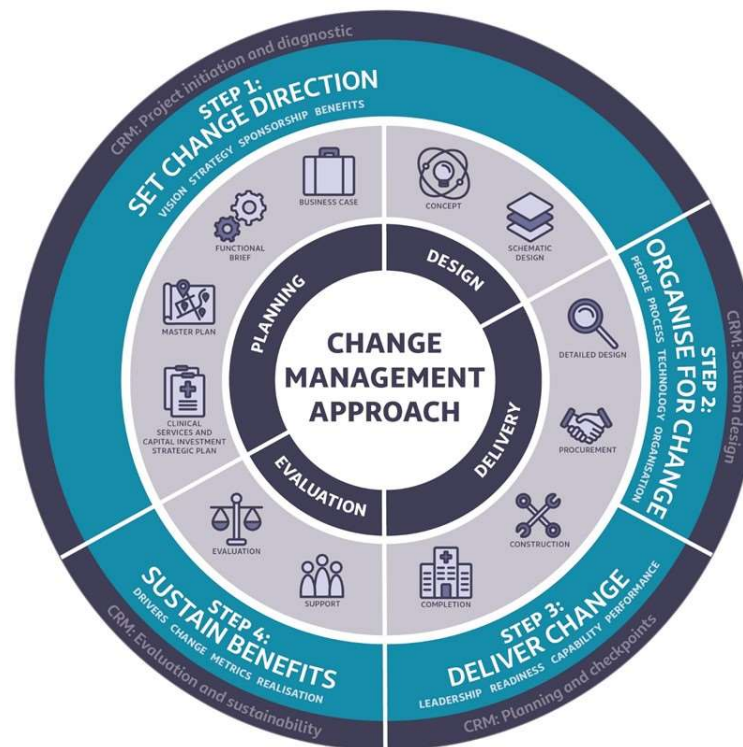
Dependencies are the relationships of the preceding tasks to the succeeding tasks. Tasks may have multiple preceding tasks and multiple succeeding tasks. The following outlines the change dependencies both internal and external to the project

Ref#	Dependency Description	Internal/External	Impact	Response Strategy
1	Hospital redevelopment project is required to follow Infrastructure 11 step process	Internal	Major	Project

	and adopt the HI 4-step change management process scalable to the project needs			
2	New services / models of care will not be able to commence without a skilled and capable workforce	Internal	Major	Workforce plan
3	The refurbishment of the existing hospital and destruction/removal of redundant stock is not able to proceed until the new clinical services building is completed and services are decanted into the new redevelopment	Internal	Major	Commissioning plan
4	Funding will be realised for the Older Persons Mental Health and the Medium Civil Secure units to allow integration of all MH clinical services within the scope of this project	External	Major	Project
5	Communication and engagement cultures are robust, sustainable, transparent and effective throughout the project	Internal	Major	Communications and engagement plan

3 Change Management Deliverables

3.1 Approach



3.2 Process

- Step 1. **Set Change Direction** – Set the strategy and direction for the LHD and the required leadership to establish the necessary changes. This involves establishing a change vision and associated overarching strategy for a defined outcome
- Step 2. **Organise for Change** – Prepare the people, process, technology and organisation to transition from the current state to the future state. This may include establishing processes improvement/re-engineering strategies, completing Change impact assessments, assessing for change readiness, completing change scorecards etc.
- Step 3. **Deliver Change** – To manage the delivery of people, process and technology change strategies to enable project delivery.
- Step 4. **Sustain Benefits**- To realise benefits with evidence and sustain change.



Effective change implementation will require:

- Active and visible executive sponsorship
- Sustainable engagement from sponsors who are clear on roles and responsibilities and governance processes and structures
- Early and structured change management approach
- Dedicated Change Management resources
- Frequent evaluation and communication of Change Management strategies effectiveness
- Robust Stakeholder engagement (all levels)
- Integration of Change Management strategies within project management

3.3 Activities

HI CM Process	Key Activities	FY			FY			FY		
Step 1: Direction										
Step 2: Organise										
Step 3: Deliver										
Step 4: Sustain										

Change Process	Key Activities	FY2018	FY2019	FY2020	FY2021	FY2022
Step 1: Direction	Initial Change Impact Assessment					
	Risk Assessment Plan					

	Benefits Realisation Plan																
	Functional Design Brief																
	Operational Strategy																
	ICT Strategy																
	Workforce Plan																
	Communication and Engagement Plan																
	Change Management Plan																
	Concept Design																
	Financial impact statement																
	ERC Investment Decision																
	Schematic Design																
	Final Business Case																
	Change Vision and roadmap																
Step2: Organise	Design solutions development																
	Business re-engineering																
	Contract development																
	Tender/ Procurement																

	Change Management scorecard																
Step3: Deliver	Construction																
	Commissioning																
	Benefits tracking/ Change Management scorecard																
	Handover																
Step4: Sustain	Post completion																
	Post implementation Evaluation																
	Benefits Realisation report																

Red= Not started
Amber= In-progress
Green= complete

4 Communications and Engagement Approach

4.1 Approach

Consistent, transparent and proactive communications and consultation is essential to delivering successful project goals and objectives. A stakeholder *Communications and Engagement Plan* has been developed for the project. The *Communications and Engagement Plan* remains a living document and will continue to be updated and developed throughout the project. It captures the project communications objectives, activities and governance from inception, planning and delivery through to completion

4.2 Objectives

The key objectives of the projects *Communications and Engagement Plan* are to:

- Provide a single hub to input all key project information
- Strive to get the right information to the right people at the right time, using the right communication tool
- Provide a single hub from which data can be retrieved to produce accurate and timely communication outputs
- Ensure that the needs of patients consumers and the community remain central to the project
- Maintain a positive image for Campbelltown hospital and SWSLHD throughout the project
- Provide a clear governance framework for managing communications and consultation
- Identifies key stakeholders and keeps them informed throughout all stages of the project
- Encourages proactive communication and collaboration between the LHD, Health Infrastructure (HI), the community and key stakeholders
- Provides a consistent and clear communication process for developing, approving and distributing communications material
- Provides the ability to measure performance against the plan and provide accurate reporting and evaluation
- Is auditable and will be used for reporting to the Executive Steering Committee

4.3 Key Message

- This is an exciting time for the local community with millions of dollars being invested locally at Campbelltown Hospital.
- Planning has commenced for the \$632 million upgrade of Campbelltown Hospital, which will bring world-class health care to the south west community.
- The funding has come at an important time because the area is experiencing unprecedented growth.
- There will be increases in both the volume and level of services being provided at Campbelltown Hospital.
- This will reduce the need for patients to travel out of the area to access health services.







- There will be more inpatient beds which will allow children to be cared for close to home and additional special care beds will mean babies can be looked after close to where their families live.
- Our busy emergency department will also receive a boost, with an increase in the number of treatment spaces as well as the number of beds in the Emergency Short Stay Unit.
- This will help the hospital respond to the increasing demand for emergency care.
- The funding means important enhancements can go ahead for both acute and longer term inpatient and community based mental health services.
- Both specialist services for older people, adolescents and young people as well as additional beds for acute and non-acute adult mental health services will be delivered.
- There will be an increase in the number of Intensive Care Unit beds allowing patients to be managed at Campbelltown Hospital and will reduce the need for transfers because more complex medical and surgical services will be provided locally.
- Further enhancements to Campbelltown Hospital will include:
 - Diagnostic services – more medical imaging equipment
 - Inpatient facilities – increased number of medical, surgical, maternity and neonatal beds in response to additional demand for these services from a growing population
 - Ambulatory care facilities – more clinic rooms and other ambulatory spaces mean that patients can access more outpatient services
 - Refurbishments – the upgrade of a number of facilities, including adolescent mental health.

Key messages from the Local Health District for CHR planning include:

- Delivering safe and quality health services is a priority for SWSLHD.
- The needs and concerns of stakeholders are important and there will be a number of forums and workshops that the community can attend.
- We will provide regular updates to keep the community informed.
- The Campbelltown Hospital Clinical Services Plan highlights the need to address the health needs of the increasing population.
- New facilities and services will enhance student learning and encourage the professional development of local doctors, nurses and allied health clinicians

4.4 Schedule

To effectively communicate with the project stakeholders, it is important to plan the communications channels and tools for the project. This information will be used to plan announcements and engagement opportunities for SWSLHD, Campbelltown Camden hospital, CHR community representatives and the broader local community.

Communications & Engagement Campaigns 2018		Activity Status	
		 Draft or TEC	 Live or active
		 Task completed	 Task cancelled
Project 1 - Community Engagement			
Activities:		January	February
		March	April
		May	June
Redevelopment Campaign	PHOMD: Draft proactive media release; PE opportunity for community involvement; Review of community rep applications & invitations to orientation sessions	DRAFT	APPV
Community 'info drop in' sessions	Orientation for community reps; PHOMD Local Media Release		
Neighbour Info sessions	Scheduled community 'info drop in' sessions (3hrs each - Camden/Campbelltown/Wallandilla)		
Engagement	Scheduled neighbour 'info sessions' on road traffic changes - construction; CHR2 update at inter-agency meetings (NSD/Inet for profit engagement); Community Association briefings (KCMF, Lians, Probus etc); Attendance of Macarthur Community Reps meeting		
Comms tool	Development of CHR2 website; Development and distribution of Community Newsletter to database - upload to website		
Project 2 - Car Parking			
Activities:		January	February
		March	April
		May	June
Comms tools	Briefing note to minister; Media release		
Engagement	Car Park user group; Staff Foodshows (Car parking is one agenda item) - to each department; Neighbours 'info session' (IFT - private aged care, parkside crescent), Hyde Parade, CTN/Private		
EVENT	Engagement with unions (Nurses/ASMCF, HEU) - topic car parking, JWF & CD to book; Turning of soil; Media release - turning of soil		
Project 3 - Campbelltown Hospital Arts Strategy			
Activities:		January	February
		March	April
		May	June
Engagement	Campbelltown Hospital Arts Steering Committee; Arts Project Manager to work closely with Aboriginal/Theraval & multicultural community; Develop press release RE Partnership with Campbelltown Arts Centre		
Comms tools	Section on Redevelopment website - updated regularly; Community Newsletter: article on arts partnership, then regular section in the newsletter; Promote arts partnership on CTN & district social media, then updates periodically		
Project 4 - Innovation			
Activities:		January	February
		March	April
		May	June
Health Biz Campaign	Health Business Partnership Media Release (photo opp) - WGU PHOMD: Intranet & staff newsletter; Health Business Partnership article; PHOMD: Internet & community newsletter		
User Groups	Incorporating innovation into user groups - speed dating; Use of real time feedback (Houng - feedback mechanism)		

		Timeline (Jan-Jun)																									
		January				February				March				April				May				June					
		1-Jan	8-Jan	15-Jan	22-Jan	29-Jan	5-Feb	12-Feb	19-Feb	26-Feb	5-Mar	12-Mar	19-Mar	26-Mar	2-Apr	9-Apr	16-Apr	23-Apr	30-Apr	7-May	14-May	21-May	28-May	4-Jun	11-Jun	18-Jun	25-Jun
Suggestion box - comms tool	Posters to remind patients/community in the hospital about suggestion box																										
	Suggestion box																										
	Update in Staff Newsletter & intranet about suggestion box Community Newsletter, reminder about the suggestion box at hospital or email																										
Internal	Whats on/ weekly redevelopment team email	LIVE	LIVE	LIVE	LIVE	LIVE	LIVE	LIVE	LIVE	LIVE	LIVE	LIVE	LIVE	LIVE	LIVE	LIVE	LIVE	LIVE	LIVE	LIVE	LIVE	LIVE	LIVE	LIVE	LIVE		
	Distinguishable staff uniform																										
Activity based working	Innovation kit to be used for design & IMC																										
	Understand executives, an mgs, clinicians position on activity based working Activity based working - office accommodation - Facility strategy discuss on paper																										
Project 5 Aboriginal & Multicultural Specific engagement																											
Engagement	Aboriginal meetings																										
	Travel engagement																										
	Site visit New Mental health ward at PPA																										
	Engagement with WfUMA to determine how to work together																										
	Engagement with Macarthur Diversity Services Initiative to determine how to work together NSW Council for Pacific Communities to determine how to work together																										
Project 6 Disability & Carers																											
Engagement	Research into disability or carer groups																										
	Add as an item to user groups																										
Project 7 Paediatrics Branding																											
Engagement	Incorporate into subcommittee as an agenda item																										
	Potential to incorporate with Arts strategy																										
Project 8 Mental Health Branding																											
Engagement	Incorporate into subcommittee as an agenda item																										
	Potential to incorporate with Arts strategy																										
Project 9 TYE																											
Engagement - internal comms	Redevlopment team rounding																										
	TYE meetings																										

5 Learning and Development Approach

5.1 Approach

The SWSLHD's education and training programs are aligned with the needs of the local community, both now and into the future. SWSLHD recognises the need to go beyond the development and enhancement of clinical skills to provide all staff with opportunities to expand their careers through opportunities such as leadership, management and research.

The SWSLHD recognises the benefits of, and is committed to develop a culture of education and training within the organisation through;

- Professional development / educational opportunities for staff that are patient centred
- Fostering cultures of enquiry
- Simulation training programs
- Supportive mentoring and supervision programs
- Clinical placements for tertiary students
- Vocational education traineeships
- Research opportunities and development
- Leadership training opportunities within a Transforming Your Experience context
- Focus on innovative and collaborative interdisciplinary working
- Creating inspiring critical thinking leaders for the future
- Nurturing sustainable learning and development practices by growing change philosophies from the ground up
- Strengthening partnerships and relationships with external educational institutions including university and vocational education providers, Health Education and Training Institute (HETI), Agency for Clinical Innovation (ACI).

5.2 Objectives

- **Develop staff to meet current and future demands-** identifying training needs and matching staff skills to address changing community and population health issues, patient profiles, models of care and operating environments
- **Consistent with the overall strategic directions of SWSLHD-** built around the framework of the SWSLHD vision, mission, values and principles
- **Consumer centred** - involving patients, carers and the community in developing, implementing and evaluating training to ensure health services are provided in the caring manner expected by the public
- **Equitable** - reducing barriers to access programs for staff and vocational/undergraduate students and addresses the needs of clinical and non-clinical staff equitably

- **Sustainable** - by creating change from within and using existing resources where possible.

5.3 Learning Needs Analysis

A learning-needs analysis will be undertaken to identify any potential gaps that will need to be addressed through learning and education interventions. The results of the learning needs analysis will inform the Learning and Development plan for professional development to adopt and adapt to change

Type of Change	Impact Areas	Learning Needs
People	Patient	<ul style="list-style-type: none"> • New models of care • Navigation of Information technology enabled environments • Way Finding
	Customer	<ul style="list-style-type: none"> • New Models of care • Navigation of Information technology enabled environments • Way Finding
	Clinical Staff	<ul style="list-style-type: none"> • Workforce planning • Role delineation requirements & training to deliver • New Models of care • Way Finding • Organisational realignment
	Non-Clinical Staff	<ul style="list-style-type: none"> • Workforce planning • New logistics • New Models of care • Way Finding • Organisational realignment
	Facility Executive	<ul style="list-style-type: none"> • Workforce planning • Service planning, implementation and evaluation • Role delineation requirements • Way Finding • Organisational realignment

6 New Ways of Working (Operating Model)

6.1 Approach

Integration is a robust set of methods or models that relate to funding, administration, organisational service and clinical service delivery designed to create **connectivity, collaboration and alignment** across all its individual parts.

Without integrated approach's, all levels of health care delivery and operation suffer –patients get lost, services fail to be delivered or are delayed, quality, safety and satisfaction is compromised and any potential for cost effectiveness diminishes.

The goal of integration is to enhance quality and safety, deliver person-centred services, create collaborative opportunities for clinical and non-clinical staff and align the business of health with principles of best practice and efficiency, generating truly value based health care.

6.2 Plan

- Define new ways of working
- Establish baseline
- Provide evidence for new ways of working, including benefits and impacts should not proceed/ implement
- Define new organizational structures
- Define new/ realigned roles and responsibilities & accountabilities
- Define reporting relationships
- Address training and education requirements including operationalization
- Test new ways of working to ensure effectiveness
- Evaluate new ways of working
- Report new ways of working including performance expectations
- Develop transition plan& communicate plan to all stakeholders
- Rollout
- Evaluate
- Implement sustainable practice

7 Transition (Implementation) Approach

7.1 Approach

The transition approach is a critical period of the project and will be addressed in detail in a Commissioning Plan, of which a draft will be developed in the detailed design phase of the project. At this stage, it is expected there will be three distinct phases of commissioning for the CHR project.

7.2 Readiness

Change readiness assesses the severity of change and the readiness of stakeholders to accept and commit to the changes.

Key activities include conducting a detailed business readiness assessment at key milestones to inform readiness, formulate change management plans and imbed robust change governance processes.

7.3 Escalation

A Project Issues Register has been developed to provide a systemic approach to the identification, assessment and control of issues that may result in change throughout the life of the project. The Project Issues Register encompasses both building and non-building issues and outlines actions to be taken to mitigate and treat the identified issues, responsibilities for their management and timeframes for mitigation. Issues may be raised at any time by anyone with an interest in the project and its outcomes. The issues register remains a living document for the life of the CHR project.

8 Governance and Reporting

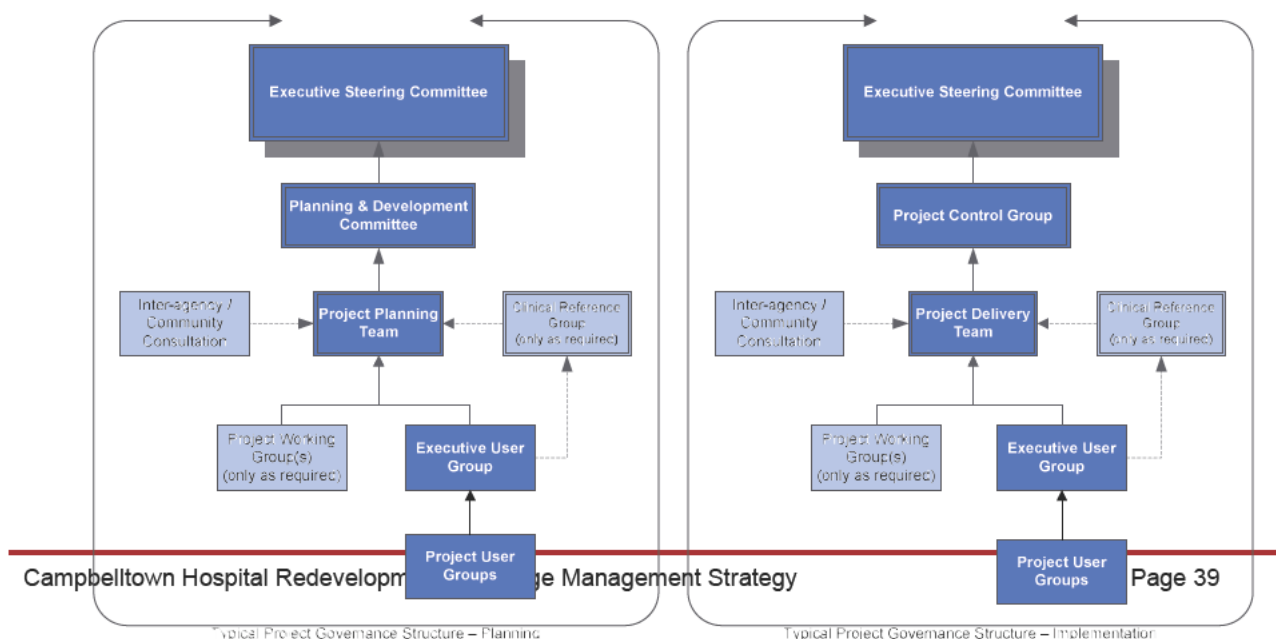
8.1 Governance

The standard project governance structure described in this document is compliant with the NSW Health Process of Facility Planning (POFP) and sets out the minimum standard from which all Health Infrastructure (HI) projects will be based. The structure and participants are characterised by HI embedding the planning process in collaboration with NSW Health, Local Health Districts and key stakeholders.

In line with the *HI Project Governance Arrangements*, the following groups will generally be convened:

- Executive Steering Committee (ESC)
- Planning & Development Committee (PDC) (Planning)
- Project Control Group (PCG) (Delivery)
- Project Planning Team (PPT)
- Project Delivery Team (PDT) (Delivery)
- Project Working Group(s) (PWGs)
- Executive User Group (EUG)/Clinical Reference Group (CRG)
- Project User Group(s) (PUGs)

Change Management will be reported at PPT/ PCT level and then through PDC/ PCG and ESC.



9 Change Resources

The resources that have been allocated to support the Change Management processes of the CHR project include:

- Sponsor (Executive and non-Executive)
- Redevelopment Director
- Change Manager
- Communications & Engagement Manager
- Workforce Planner
- Transition Manager

9.1 Change Budget

The budget allocation to support the successful delivery of change is as follows:

Category	Description
Workforce	Redevelopment Director 1.0 FTE
Workforce	Change Manager 1.0 FTE
Workforce	Communications & Engagement Officer 1.0 FTE
Workforce	Administration officer 1.0 FTE
Workforce	Workforce Planner
Workforce	ICT project planner