



iOnSite

information - service development - technology - emerging design

Rapid Site Progress

The 5 January start date was literally only a few days ago, but aided by a great run of fine weather Riggs have blasted into the construction and with subcontractor, Oldfields, have now excavated most of the new hospital's massive footprint.

Having topsoil removed and exposing the subsoil was always going to be a critical time, but now with the compacted hard-fill going down, the base of the hospital is largely protected from any rain causing mud.

Already the next step has commenced - the setting out and erection of formwork, which with the first substantial reinforcing steel going in; forms the basis of the large ground beams or footings.

These in-ground beams are substantially larger than the average house concrete footings and help ensure compliance to the high seismic load protection this building will have.

Riggs are confident that the first concrete pour will happen within the next two weeks. This will be quite a milestone, but only the first in quite a number to happen over the next 12 months or so.

Off-site activities are also continuing with the preparation of set-up for the manufacture of pre-nailed timber framing and trusses.

Many would have seen the relocation of no5 Blair St., this will be used by the contractors as the main site office during the construction period. Over the next two months Blair St. will see the relocation of no7 to accommodate an access road, the disconnection of the accommodation house drains from the existing campus and their connection directly into Blair Street. The four flat block inside the grounds will move in March, as its current location will have ground contours formed for a 'flood plain route'.

Many, many other activities are continuing concurrently including the planning process as the final detail design nears its completion. The carry over of design after construction has started is not unusual in a fast-tracked building programme but the architects, health planners, and consultants have done a great job in bringing the drawings and specifications to this advanced stage and small details like ensuite plumbing set-outs for casting in to the floor slab are being rapidly finalised to ensure construction proceeds smoothly.

20 January 2005 Issue 10

Consultation Document Feedback

It's encouraging to see that feedback is already being received from across the organisation related to the consultation documents released just before Christmas. The closing date for feedback is **February 11**.

There are several ways in which feedback can be given, including at the meetings set up in Human Resources as follows:

Date/Time	To give feedback on:
<i>Wed 2 Feb</i>	
11-11.45am	Clerical Consultation Document
11.45-12.30pm	Clerical Consultation Document
3-3.45pm	Allied Health Consultation Document
3.45-4.30pm	Allied Health Consultation Document
<i>Friday 4 Feb</i>	
8.45- 9.30am	Maternity Consultation Document
9.30 - 10.15am	Outpatients Consultation Document
10.30 - 11.15	Perioperative Consultation Document
11.15-12 noon	Emergency Consultation Document
1-1.45pm	Outpatients Consultation Document
1.45-2.30pm	Perioperative Consultation Document
2.45-3.30pm	Emergency Consultation Document
3.30-4.15pm	Maternity Consultation Document

To date several submissions have been received, some just a few lines, some with writing all over the consultation document, and some in the form of a more formal letter or proposal.

Several staff have requested guidance on how to present a submission. We're happy to provide this, but don't be constrained by it. What is important is that your ideas are captured and presented, so don't let the 'formula' get in the way.

The basic questions to be answered in your submission are:

1. What will work in the new proposal? Why?
2. What will not work in the new proposal? Why not?
3. What can we do differently to make this service / process even better in the new environment?
4. Who/what else needs to change to support this?

Who's doing what around here?

Creating our new district hospital is a complex process. Broadly speaking, there are two main areas of activity – the building programme and the change programme. They are 'symbiotic' – each programme depends on the activity of the other.

The building programme is well underway, with the majority of the 'footprint' for the new hospital excavated.

The change programme, while not so immediately visible, is also underway. And is being reviewed. To help you identify who does what, below is a brief summary of the responsibilities that some groups have:

User Groups – these groups are formed of representatives from various areas, able to give input to, and critique ideas related to both the physical buildings, and change processes.

Major roles have been working towards signoff on the concept plans for their areas, and input into planning for future services.

Upcoming roles include more input into service design, planning transition to new service processes, and later next year migration planning to the new facility. User Groups may be reshaped over the year depending on the needs of the project.

Senior Management Team – comprising of:

- Jenny Prentice, GM Organisation Development;
- Anne McLean, GM Hospital Services;
- Julie Fidoe, Clinical Support & Mental Health Service Mgr;
- Maggie Morgan, Community & Public Health Service Manager;
- Helen Pocknall, Director of Nursing;
- Eric Sinclair, Chief Financial Officer;
- Piri Te Tau, Director of Maori Health;
- Alan Shirley, Medical Advisor;
- Joy Cooper, GM Planning and Funding.

The Senior Management Team is lead by CEO David Meates.

During the consultation and workforce planning phase the SMT are responsible for considering

all the feedback that is received on the consultation documents, and then recommending the final workforce structure that will be confirmed at the end of March.

Human Resources – are responsible for ensuring that contractual obligations are met, Wairarapa DHB policies and procedures are followed and providing educative sessions on things that relate to the Management of Change, eg Coping with Change sessions and CV writing and Interview Skills workshops. HR is also responsible for assisting you with any queries about the process as it relates to your employment..

Although any member of the HR team can assist you, Sueanne McGlashan is the HR Advisor dedicated to any Site Redevelopment issues.

EAP Services – are responsible for providing professional counseling services to help you recognise and overcome problems that may cause you difficulties at work. EAP Services provide confidential counseling by qualified, registered and experienced professionals. You can contact EAP directly, through your Manager or Human Resources. The 24 hour 7 days a week contact number for EAP Services is 0800 327 669.

Change Management Team – this small group comprises of:

- GM Organisation Development, Jenny Prentice,
- Communications Advisor, Jill Stringer,
- HR Advisor, Sueanne McGlashan, and,
- Service Development Advisor, Karen Osborn.

This team has met weekly over the last 3 months to co-ordinate change activity, and manage communication related to the site development project (including this newsletter).

The team is in the process of enlarging and becoming more inclusive, for example, it will include the new Service Development Project Manager when they are appointed.