

The Role of User Groups Leaders

Now that all User Groups (except non-hospital services) have been confirmed, leaders have been appointed and met for the first time as a group this week. User Group Leaders and their respective groups will have an important role in our journey towards our new District Hospital.

In the first instance, we now have identified points of contact for communication about issues affecting each service area, who can then relay messages to their groups, or back to senior management or building consultants.

User Group Leaders will also be responsible for ensuring that their meeting notes are widely available on the intranet, so everyone has a chance to see what is being discussed and decided. They will also set the agendas for and facilitate meetings, and working with their Unit Managers, be responsible for project management of unit specific activities.



*User Group Leaders at their first joint meeting
 L to R: Helen Pocknall, Director of Nursing, Mair Moorcock, Outpatients; Linda Tatton, Allied Health; Ilana Burt, Service Development Project Manager; Susan Reeves, Med-Surg; Karen Orsborn, Change Manager; Margie Van der Lans, Paediatrics; Jan Struthers, Peri-operative; Elizabeth Kempson, Clerical; Kathy Lee, Acute services. Out of photo: Autumn Bell-Cooke, Assessment, Treatment and Rehabilitation.*

Planning for the year ahead

The next twelve months may seem like uncharted territory to many, but in reality, there are many people involved in detailed planning to accommodate all the things that need to happen before we migrate into our new hospital.

Karen Orsborn, Change Manager, gave a brief presentation of the overall change plan to the Board at their last meeting, giving an overview of the four 'phases' we will move through in the next year.

Phase One, where we are now, is in the middle of a 2-3 month period of tying together the enormous amount of information we have gathered about our current and projected service needs. We are also reshaping the User Group process to meet the demands of the next year, working with User Groups to develop work plans for their areas/services. Finally, decisions will be made about the shape of our future workforce.

Phase Two is a six month 'window of opportunity'

where detailed planning takes place, assumptions, models of care; and technology are trialled, and viable changes implemented. This phase ends at the end of November this year.

Starting in December, **Phase Three** involves 'recreation and recovery' for a six week period.

There will be no more planned service changes until we migrate into the new hospital, and as many staff as possible will be encouraged to take leave over this period, so we can get through the next very busy phase with the energy and enthusiasm it will require.

Phase Four is an intensive period of preparation, migration, and post-move problem solving. The emphasis here is on early identification of issues through meticulous planning, and early resolution of problems or issues that will arise.

Remember: John Bisset will be here discussing 'benchmarking' on 16th/17th March.

Ilana Burt – Service Development Project Manager

Most people will now have caught up with the appointment of Ilana Burt as Service Development Project manager. It's timely to give a plain-english description of her role, and explain how her role fits in the bigger picture.

Ilana will be working full-time in the role for the next year, and reports to Anne McLean. She works closely with Change Manager Karen Orsborn, who is with us 2 days a week.

Primarily, the Project Manager role is a cross between orchestra conductor and engine mechanic! As with all major projects, there needs to be someone who can keep the multiple initiatives focussed on the same 'music', and supply the 'oil' to keep all the parts of the engine running smoothly.

In more technical speak, Ilana will spend a lot of time co-ordinating and facilitating with the User Group Leaders and members, their project plans, and with the many agents who 'need to know' about what is going on in other parts of the project. For example, when the 'patient location system' for people waiting for appointments is up for discussion, Ilana will be able to identify who needs to be part of that discussion, and co-ordinate a meeting involving the key participants.

Accommodating non-hospital services

The new District Hospital is supported by many services that do not need to be accommodated within the new hospital building. Now that the footprint plans have been largely signed off for the new build, attention is turning to accommodation of services not housed in the new buildings.

A User Group will be put together over the next few weeks to define service accommodation needs. Once service accommodation needs have been explored and defined, these will be presented to the planners to match with existing spaces, or alternative off-site accommodation explored where this is the most appropriate option.

A preliminary list of services whose accommodation needs have yet to be defined has been drawn up.

Services include:

- Bulk Store
- Choice Health
- Clinical coders
- District Nursing
- Education Centre
- Homelinks
- I/T Training Suite
- Library
- Maintenance
- Mental Health
- Personnel
- Secondary record storage
- Skills Lab
- SMO – office space
- Specialist Nurses
- Supplies
- Typing Pool

In the meantime, if anyone has any comment on the list or the issue of accommodating these services, please contact Ilana Burt on x 5891

The roof trusses going on the maternity wing this week

