



Hospital leadership structure confirmed

17 December 2004 Issue 9

Feedback formed changes

After 6 weeks of consultation, 21 submissions and 10 group meetings, the new leadership structure for the hospital has been confirmed.

A brief overview of the submissions is below. Submissions formed the basis of some significant changes to the final leadership structure. Director of Nursing, Helen Pocknall says, "The input from staff was thoughtfully constructed. I think the structure we've devised will be a firm foundation on which to build new ways of working."

The three key Unit Manager positions were advertised last weekend, with a closing date of 31st January. The wider workforce (including nursing) will not be finalised until March next year.

Feedback summary

21 written submissions were received from across the organization from a variety of groups and individual staff, including the Enrolled Nurse group, NZNO delegates, the Clinical Nurse Leader Group, Hospital Coordinators, Clinical Nurse Specialists, Clinical Nurse Educators and the Clinical Board. Both medical and nursing staff made submissions.

More detail on the submissions is available from the office of the Director of Nursing.

Key Themes on hospital leadership

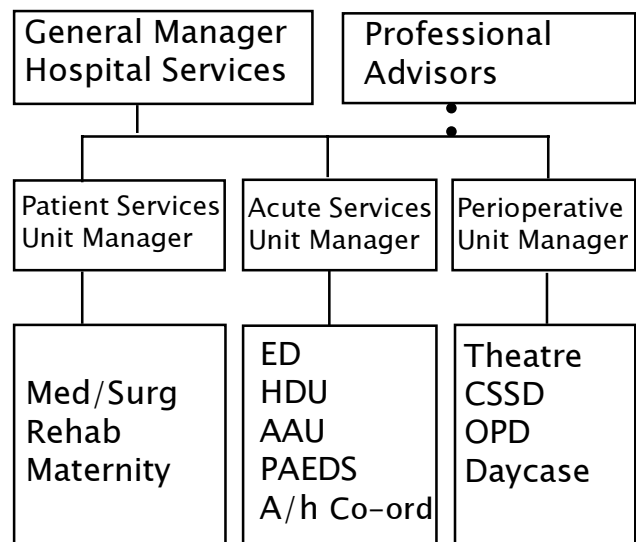
- Support for the three Unit Manager roles, but with allocation of services differing from the proposed model. These submissions helped reshape the areas of responsibility for the three confirmed Unit Manager positions, as shown.
- Hospital co-ordination undertaken by Unit Managers and Team Leader during the day, with a designated co-ordination role only for after-hours.
- Support for Team Leader role
- Unit Managers should be registered nurses.

Other alternatives/suggestions

These will be used to inform the wider workforce decisions;

- Support for a further Clinical Nurse Educator role
- Clinical Nurse Specialist roles aligned with the continuum of care, and lead complex management of patients alongside consultants, eg. in paediatrics
- Support for the proposed Model of Care, i.e. working in modules.
- Support services as a discrete group
- ward staffing numbers
- bed management via a staffing centre run by clerical person.
- put the resource close to the patient.
- support for retention of Enrolled Nurse and Health Care Assistant roles.

Hospital Leadership structure



Timeline.....

Tenders have closed for construction of the new hospital and are being evaluated.

17 and 18 December

Ambulance shift to their new location at the Masterton Fire Station

Week starting 20 December

Consultation documents about models of service for Clerical, Allied health, Maternity, OPD/Visit process, ED/HDU/AAU and Perioperative process, released this week. Feedback is due by 11th February 2005

This week, Child and Adolescent Mental Health Service shifts out of no. 5 Blair Street, into no.7 Blair Street (which they already occupy).

No.5 will be moved off site, or may be shifted to another place onsite and used as temporary site offices for the contractors. No. 5 is in the way of the new hospital building.

The whole CAMHS team will enact a long-held ambition, and move to a community base by in early February.

Work will be progressed to disconnect services from No. 7 Blair street, to enable it to be moved about 20-30 metres from its present location, once CAMHS vacates it. The final site has to take into account both the new hospital and existing plantings as, where possible, trees are being protected or moved to preserve them. Some trees, however, are not in good shape as evidenced by the damage caused in the high winds last week, and may have to be removed.

21 December

A recommendation will be made to the Board about the lead contractor for construction of the Hospital.

5 January 2005

Site levelling will commence, perimeter fencing erected. Helipad operational (vehicle lights used at night, as at present)

Late January

Helipad lights installed.
CAHMS team moves into the community.

1 February 2005

Wai Aro Lab services commence.

March 2005

Workforce confirmed.

You will notice a change in the dates for the consultation documents feedback, and the confirmation of the workforce, which has happened to take account of tight timeframe. These dates are to ensure that we give time for staff to have input – please take this opportunity when you see the documents.

InSite readers survey response

Thanks to everyone who responded to the survey about InSite. Here's a summary of the responses.

All except one respondent had read every issue of InSite.

What is the best way to keep you informed?

- InSite, meetings, email, noticeboards.
- Suggestion to put InSite on the web.
- 'Good to have a newsletter separate from The Source.' The info would get swamped otherwise.

What issues do you want to know more about?

- Location of departments, what's staying on site and what is moving off
- progress against plans - operation, financial, construction etc
- key service changes, new initiatives
- timelines
- Update on service reviews
- what's happening to mental health services
- problems that arise and how they are resolved
- New technology.

Everyone who answered the question got the bed numbers correct. 4 people did not answer.

80% of people know that ambulance are shifting on December 17th.

The winner of the voucher was Graeme Nelson from IT Services (name pulled out of a hat by Suzi Rogers, Infection Control)

The Change Team

Sueanne McGlashan	HR Advisor, Site Development
Jenny Prentice	Organisation Development Manager
Jill Stringer	Communications