



Project News

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User input a priority for next stage

RNS Redevelopment

The next stage of the RNS Redevelopment will focus on user consultation, with groups now being established to represent the views of doctors, nurses, allied health professionals, corporate services staff and other departmental staff.

NSCCAHS Chief Executive Matthew Daly says the hospital plans will not be finalised until staff have had a genuine opportunity to participate in the final design development phase.

Consultation with staff will occur through the user group process, with the preferred project company, and is expected to be underway by May this year.

“Once the successful project company is announced, we will begin consulting with hospital departments to review, refine, and if necessary, amend the schematic designs,” Mr Daly said.

A new Executive User Group, which includes prominent RNS clinicians Dr Danny Stiel and Professor Malcolm Fisher, Acting Director of Nursing Jan Tweedie and Gary Rolls from Allied Health, has already met to discuss the consultation process.

Mr Daly is keen to reassure staff members who are concerned that they might not have another opportunity to make their views known, commenting that there may have been some misunderstanding amongst staff as to how to participate.

“There are very clear NSW Government guidelines which set out the stages for major projects such as ours,” Mr Daly said.

“The 2006 reference project, which included up to five meetings with each of more than 70 hospital departments, established a benchmark for the new hospital,” he said.

Mr Daly said staff consultation continued in 2007, with more consultation to further develop the brief for the tender.

“So we have effectively completed at least two rounds of consultation with each group to date,” he said.

Mr Daly said tender evaluation guidelines prohibit the Area Health Service from sharing tendered documents with the general hospital staff because of probity concerns, and this may have led staff to believe that the designs are final.

He said he hopes clinicians will be reassured by the announcement that the user group process of consultation is due to begin shortly.

This will commence with masterplan consultation, including departmental co-location, schematic design consultation and, by the end of 2008, detailed design development consultation.

“We will not finalise a design until we have addressed the concerns of our clinicians and other staff and agreed on a way forward,” Mr Daly said.

“But the consultation needs to be done in a planned and thorough way if we are to get the best possible result for our staff and patients.”

Frequently asked questions

What is the governance structure for the consultation?

A range of user groups will be established for every RNS department and service and there will also be user groups for hospital-wide issues such as infection control and disaster planning.

The user group representatives will be responsible for consulting with department staff and bringing their comments and concerns to the group meetings.

User groups provide a way for most hospital staff to participate in the final stage of the planning process and members will have a responsibility to provide timely, consistent and clear communication to their hospital stakeholders.

The user group members will be asked to review the designs proposed by the project company and, if necessary, refine and amend them to ensure that they meet the service's needs. It is hoped that most issues can be resolved at user group level.

The user groups will report to an Executive User Group, which will deal with the issues which cannot be resolved by the user groups, or which affect a number of services or departments. This group has been established and has already met to discuss the next round of consultation.

The Executive User Group reports through the RNS Redevelopment Project Control Group to the RNS Redevelopment Steering Committee - the peak committee for the project.

A copy of the reporting structure is available on the intranet at <http://intranet02.nscchahs.health.nsw.gov.au/restructure/area-redevelopment.html>

How can clinicians be involved in the current tender evaluation phase?

NSW Government guidelines restrict general consultation during the tender evaluation phase due to the commercially confidential nature of the bids.

Generally, consultation with clinicians, nursing staff, allied health professionals and other departmental staff is more useful to the process if it is conducted prior to the bid process and after the preferred proponent is selected, which is how the RNS Project has been undertaken.

Who is on the Executive User Group?

The staff representing the clinical areas are:

- Professor Malcolm Fisher, representing Medical staff
- Dr Danny Stiel, representing Medical staff
- Ms Jan Tweedie, representing Nursing
- Mr Gary Rolls, representing Allied Health.

The group also includes:

- General Manager, North Shore Ryde Health Service
- Ms Tracey Adamson, Director Population Health, Planning & Performance, NSCCAHS
- Mr Matthew Daly, Chief Executive, NSCCAHS
- Ms Tracey Ronald, Deputy Project Director, Planning
- Ms Deb Stewart, Project Director, Planning
- Ms Jo Thorley, Project Director, Procurement (Chair)

How can clinicians be involved in the next stage of consultation?

Once the preferred proponent is selected, clinicians and other hospital staff members will be invited to participate through the user group process, or will be able to contact their representative directly; representatives will be advised shortly.

User groups will involve a fair and equitable representation of clinicians from all departments.

Can staff have input into the final designs?

Yes, through the user group process.

Will consumers have any input?

Yes, consumers will be invited to contribute where appropriate, for instance, in relation to patient privacy and dignity, or in designing spaces that encourage family and carer input.

Frequently asked questions cont.

How has the project changed from the initial reference project?

The reference project provided the three proponents with a benchmark on which to bid. However there have been some major changes since the initial reference project was completed.

The initial reference project was based on retaining the existing “Brown Building” (pictured below)

The “new build” option, taken up by all three proponents, will see this building demolished, and remove the restrictions of designing around an outdated facility.

This is the reason why services such as Pathology, Mortuary, Equipment Loan Pool and Medical Records were not originally included in the reference project; they were to remain as areas of ‘no work’ or stay in their original areas with minor refurbishments. The full complement of these services will now be accommodated in purpose-built facilities in the new hospital.



Will the design allow for future expansion?

Yes, the brief to the proponents explicitly required that their tenders addressed the capacity for future expansion of services, especially for critical departments such as Emergency, intensive Care and Operating Theatres.

The new design will have the capacity to expand horizontally into existing space or vertically into new build in the future, if required.

The tenders also had to demonstrate overall masterplanning expansion capacity, that is, the ability to expand on the campus if required, not just within the footprint of the building.

A lot of the debate has focused on the model of care, with differing views as to the organisation of services and facilities. What is the model of care for the new hospital?

The planning for the new hospital facilities is based on delivering a patient-centred facility.

This means putting patients first, and configuring facilities to support multidisciplinary and integrated approaches to care by designing spaces that:

- Consider the well-being of patients, while considering the needs of staff
- Create a dynamic working environment for staff
- Encourage individuals to take an active role in the management of their own health
- Engender a sense of well-being
- Encourage input from carers and families
- Allow patient dignity, privacy and confidentiality
- Require minimal internal travel wherever possible, that is, related services are located close together, either on the same floor or above/below
- Can accommodate future growth or change in service delivery
- Are sustainable and environmentally conscious.

In terms of facility design, we want facilities that can:

- Create an appealing and supportive care and work environment
- Be flexible and adaptable, with an ability to respond to future service growth or change
- Support efficient service delivery
- Allow staff and students to learn effectively and efficiently
- Support campus research goals, promoting synergy and teamwork.

For more details, visit

<http://intranet02.nscchhs.health.nsw.gov.au/rms/rnsr/edevelopment/>