RBWH26: Realignment business case for significant change

Initial Decision: 03 November 2021

Introduction

RBWH Executive would like to sincerely thank all staff who provided their feedback as part of the RBWH Realignment business case for significant change four-week consultation period.

Change creates growth and opportunity, and over the next five years RBWH will be realigning its services to ensure we can achieve our future goals. Like Metro North's strategic vision, MN32, RBWH also has a vision – RBWH26. Our plan will not only allow us to grow and develop as Queensland's largest hospital in line with MN32 but will place us at the forefront of healthcare on an international scale.

In June 2021, RBWH released a business case for significant change to realign the hospital's physical layout and governance to ensure RBWH is 'future fit for purpose'. Over the four-week consultation period for the business case, engagement from our staff was significant, including emails from staff containing valuable feedback and suggestions which were all considered by the Executive team. Numerous Brief the Boss sessions were held, the RBWH Realignment hub was opened to all staff, Staff Forums were conducted, and Executive leaders attended over one hundred meetings.

Approximately 56 per cent of feedback specifically related to the physical ward realignment and 28 per cent directly to service line governance realignment.

While there is a vast amount of support for the necessary changes, there are some differing views around the best physical location for wards and the realignment of services. RBWH acknowledges that not everyone will agree with the decision or rationale; this is inevitable in any change process where there are strongly held and differing views. The task of deciding what is most appropriate for the patients, staff and the organisation's future direction was well considered over four robust executive leadership team meetings. This may have delayed the initial decision however we felt it was imperative to carefully consider all feedback and alternative options as it is RBWH's responsibility to ensure the hospital is structured in a way that will position it for future opportunities, optimal care delivery and provide a great place for staff to work.

The next step is to finalise the business case with regard to the feedback provided. Whilst it is not feasible to incorporate the hundreds of pages of feedback into this document, the areas that have attracted the most feedback have been summarised below. After careful consideration of all feedback, the Executive Committee have supported the decision to move forward with the proposed ward and governance realignment, with the exception of the following areas.

- CELS will remain with Patient Flow pending the outcome of the current review
- Gastroenterology will remain with Internal Medicine Services
- Research governance for all disciplines falls under the remit of the Director of Research and Innovation. Where positions are operationally embedded within clinical services they will remain within those services.

We look forward to working with individual teams on the next phase of the realignment.

Summary of feedback and proposed changes

Feedback Theme	Response
Why is RBWH undertaking this Business Case for Change?	RBWH has been operating using the same inpatient ward alignment and utilisation since relocating into its current home almost 20 years ago. An enormous amount has changed over the last two decades with unprecedented growth in demand but also new technology and evolving models of care. More recently, the opening of STARS and ongoing development of the Herston Quarter Health Precinct along with the progressive implementation of the ambitious Metro North MN32 program, provide a burning platform for innovation and change. Just as the healthcare we provide has evolved and improved over the past 20 years, so must the way we operate. There are plans underway for new RBWH patient care facilities on the Herston campus over the next five years however we need a physical layout and governance structure that is 'future fit for purpose' and positions us to manage immediate and longer term needs. As providers of world class health services, it is our obligation to ensure best practice and a continued focus on patient flow, and staff and patient safety. The proposed changes will enable us to consolidate our identity and ensure that we are well placed to continue to deliver the healthcare our community needs and deserves.
Why can't we leave things as they are?	Every day we see the impact of unprecedented demand for acute care. We spend more and more time in a Code Yellow capacity crisis. We are continuously hearing that the system is overwhelmed and broken. We have plans for new capacity to support growth, but this is still five years away (hence the focus of this realignment on 2026 – RBWH26). We must find improvements in process and flow to ensure we can meet growing demands without compromising patient safety and staff wellbeing. 'Do nothing' is not an option.

How will this improve RBWH for the future?	There is continued need for all of us to deliver more with what we have. Our patients are older, more complex and have higher dependency. Our catchment population is growing and the state-wide demand for our specialist services continues to grow. Inefficient and disconnected processes result in poor patient flow and we know this results in poor patient experience and outcome as well as staff dissatisfaction. To enable RBWH to meet current and future demands, a different approach to ward realignment and operational governance is necessary. An RBWH that is patient-focused as well as efficient, streamlined, and safe for patients and staff is required. Optimising our current facility by supporting accommodation of the right patient in the right location at the right time across the hospital ensures that health outcomes can be optimised. Minimising multiple moves reduces clinical risks associated with outlier status and unnecessary clinical handovers. Delirium and disorientation can be minimised, and occupational violence prevention can be strengthened by ensuring we have the right people in the right location at the right time.
Gynaecology (6AN) colocation with Maternity (6B) There was strong feedback on the colocation of gynaecology patients in a maternity ward. The key concerns raised included, insufficient bed capacity, adverse case mix with babies collocated with women who are suffering loss of pregnancy, child safety and nursing midwifery skill mix.	Where Gynaecology (6AN) collocates with Maternity (6B), we propose this decision remains unchanged. **Rationale** The decision to collocate Gynaecology with Maternity was the most difficult in the realignment. There has been a significant investment in understanding the case mix and demand for both Maternity and Gynaecology. Maternity does not have enough demand to occupy the current bed stock available most of the time. After exploring a myriad of alternative services and/or case mix to collocate with Maternity all were deemed less desirable than Gynaecology where women can be cared for with other women. With the introduction of gynaecology surgery to STARS we have a great opportunity to look at the best and most efficient models to support the inpatient care for our gynaecology patients. There is an opportunity to collocate all patients requiring breast surgery within the plastic surgery ward (8AN). There is also an organisational commitment that all women suffering pregnancy loss will be given the option of where they would prefer to be cared for through a RBWH pathway of care. There are draft structural plans that will allow for the gynaecology unit to be a discrete space within 6B, which will create a sound barrier and ensure security can be maintained for babies.

Heart Lung High Acuity Unit – Respiratory (7BW) collocate high acuity lung patients with Cardiology (CCU) Feedback showed differing views about the Cardiology and Respiratory Unit, specifically around models of care and nursing skill mix, in particular the requirements to upskill and possibility of deskilling in either cardiac or respiratory subspecialties. Concern was also raised over the NUM positions for the unit. A shared concern was not having access to appropriate beds.	Where Respiratory (7BW) collocate high acuity lung patients with Cardiology (CCU), we propose this decision remains unchanged. **Rationale:** The high acuity heart lung unit was seen as an opportunity to strengthen the working relationship between Cardiology and Respiratory. The opportunity for high acuity respiratory care and monitored beds is believed to be highly desirable for our patients including the management of patients requiring non-invasive ventilation (NIV). Current demand for cardiology means there is a large number of outlier patients and the same is true in the respiratory unit that is currently mixed with general medical patients. The units are currently under review with both the Director of Respiratory and Cardiology looking to establish a new model of care. The alliance is in line with the MN32 Heart Lung Institute and plan and is expected to strengthen our position in this model.
Emergency and Trauma Centre to realign under the governance of Internal Medicine Services Feedback raised concern over the shift from the Critical Care and Clinical Support Services governance, particularly from the Intensive Care Unit and the perception that the service was not an access point for whole of hospital and would instead be guided by medical specialties. Furthermore, nursing raised concern over the ability to share skilled staff in critical care.	Where the Emergency and Trauma Centre realigns under the governance of Internal Medicine Services, we propose this decision remains unchanged. **Rationale:** The strength in alignment of the Emergency and Trauma Centre with Internal Medicine Services service line will provide strong links in accountability for patient flow both in terms of access and egress to inpatient bed capacity. This change in accountability will best position the organisation to better manage patient flow and improve emergency access. We acknowledge the Emergency and Trauma Centres essential position, providing our population access to vital care and acknowledge the role in managing surges in demand and activity.
Gastroenterology moves service line from Internal Medicine Services to Surgery and Perioperative Services Feedback was based on concern around the timeframe for implementation due to the multiple changes occurring within Gastroenterology and the requirement to review the alignment within a short period of time.	Where Gastroenterology was proposed to transition to Surgery and Perioperative Services, we are now proposing the service remains with Internal Medicine Services. **Rationale:** Due to the considerable amount of change occurring within Gastroenterology service across RBWH and the entire hospital and health service, there is limited benefit to changing the current alignment at this stage. There is agreement from Executive that this decision should be reviewed at a later stage. **Change 1: Gastroenterology is now proposed to remain under the governance of Internal Medicine Services.**

Clinical Equipment Loans Service (CELS) Feedback showed the service requires an operational service line with a clinical professional lead.	Where CELS was proposed to transition to Financial Services, we are now proposing they remain with Patient Flow. **Rationale:** The portfolio of CELS is currently under review with the future model to be determined. With the review in place there is merit in retaining this service within the Patient Flow Unit until the review is completed to ensure the alignment meets the needs of the unit and is well positioned in the organisation. **Change 2: CELS is now proposed to remain under Patient Flow.**
RBWH Research Services There was strong feedback for Nursing research to remain under the governance of Nursing. There was also strong feedback that Allied Health research should transition under the governance of RBWH Research Services.	Where Nursing research is proposed to transition to RBWH Research Services, we are now proposing that both Nursing and Allied Health transition under the governance of RBWH Research Services. **Rationale:** RBWH has a strong commitment to multidisciplinary research. Combining research under a single governance structure will strengthen our research agenda, ability to attract grants and leverage our relationships with external research partners. **Change 3: Allied Health research to also transition under the governance of RBWH Research Services.**

Next Steps

Due to the substantive changes made to the business case as a result of consultation, we are required to provide a further period of consultation.

We welcome your feedback to the proposed changes, as outlined in the above summary. Feedback will be open for one week from the 3 November - 10 November 2021. Feedback will then be considered, and a final decision communicated.

Feedback regarding the proposed changes can be submitted via email to RBWH26@health.qld.gov.au at the next Brief the Boss session on Thursday 4 November at 10- 11am or at the next Staff Forum on the 9 November 2021 11-12 pm.

Once a decision is finalised the next phase is to plan our implementation strategy, which will require significant work to understand and incorporate all aspects of the change. There will be two implementation plans: one for physical ward realignment and a second for service line governance realignment. The two plans will have separate implementation schedules and a series of subplans for each of the individual transitions. This process will be led by the Executive Leadership Team in collaboration with the respective service line professional leads and workforce. Employees will be given an opportunity to actively contribute to this process to ensure we can successfully transition to the proposed outcome by the end of June 2022. All efforts will be made to maintain timelines and sequencing of events however, due to the current COVID designated hospital direction from the Chief Health Officer and other critical incidents there may need to be some adjustments.

A revised timeline is provided below.

Key Activities

Key Timeframe	Activities	Stakeholders
3/11/2021	**Initial** decision is released regarding organisational change. Copy of decision provided to employees on leave/ secondment (by line managers).	• Directly affected employees • RBWH employees • Unions and key stakeholders
03/11/2021 – 10/11/2021 (7 days)	Consultation period for consideration of the proposed changes.	• Directly affected employees • RBWH employees • Unions and key stakeholders
COB 10/11/2021	Consultation period (initial decision) closes.	
17/11/2021	Feedback on the proposed changes considered by the Executive Leadership Team.	• Executive Leadership team
19/11/2021	**Final** decision released Copy of final decision provided to employees on leave/ secondment (by line managers).	• Directly affected employees • RBWH employees • Unions and key stakeholders
23/11/2021	**Implementation** plan released for consultation	• Directly affected employees • RBWH employees • Unions and key stakeholders
23/11/2021 – 07/12/2021 (14 days)	Implementation plan consultation period commences. Dedicated feedback to email - RBWH26@health.qld.gov.au	• Directly affected employees • RBWH employees • Unions and key stakeholders
COB 07/12/2021	Consultation period (implementation plan) closes.	
COB 08/12/2021	Implementation plan feedback considered.	• Executive Leadership team
10/12/2021	Release of **final** implementation plan.	• Directly affected employees • RBWH employees • Unions and key stakeholders
10/12/2021	Implementation commences.	

**All timelines are pending any disruption related to emergent COVID response requirements*