



New Beds Implementation Team Summary

December 2017

Table of Contents

Purpose	3
Visitations	3
Advisory Groups	3
Bed Implementation Progress	4
Leadership and Direction Review	7
Key Themes	7



1. Purpose

On 6 June 2017, the Government announced the establishment of a New Beds Implementation Team (NBIT) to ensure timely opening of the new beds and ensure people get the care they need sooner at the Royal Hobart Hospital (RHH).

The NBIT had responsibility for monitoring and reporting on the opening of 127 beds (including treatment recliners) across Tasmania, with a particular focus needed to ensure the timely opening of new beds in southern Tasmania.

As part of this work, Deloitte undertook a review of leadership and direction within the THS.

This review has been recently presented to a Cabinet Subcommittee. The work of the NBIT is Cabinet in Confidence, however, this summary has been prepared to provide a public update.

1.1 Visitations

The NBIT conducted site visits and spoke to staff at all major hospitals, along with the New Norfolk District Hospital, the RHH Repatriation Hospital, the Roy Fagan Centre, Tolosa Street Respite and Rehabilitation Centre, and the John L Grove Rehabilitation Centre. This opportunity was used to understand processes that may hinder or slow the opening of beds, as well as to identify opportunities to address or resolve issues.

1.2 Advisory Groups

A Reference Group includes representation from the Australian Medical Association, Australian Nursing and Midwifery Federation and Ambulance Tasmania. The Reference Group has met a number of times to discuss the progress of bed implementation and recruitment.

As an immediate action stemming from the site visits undertaken, a Recruitment Action Group (RAG) was established. The RAG has met and is undertaking a review to identify blockers to recruitment related to bed initiatives. The RAG is continuing to advise on solutions to mitigate these blockers.

THS staff have indicated that administrative processes are not a blocker to recruitment, rather that suitably qualified staff are not available to fill vacancies in some specialist areas. However, administrative processes are being reviewed to determine where efficiencies can be made. The RAG has made contact with the Reference Group to ensure that it is fully informed about recruitment issues.

2. Bed Implementation Progress

The NBIT noted solid progress with the delivery of the new beds. As at 14 December 2017, all beds are now open, with the exception of the 16 beds and treatment recliners at the Royal Hobart Hospital (RHH), 6 beds at the Tolosa Street Mental Health Facility and 22 beds at the Repatriation campus are on track for completion by mid 2018 as originally scheduled.

OPEN NOW	Beds	Treatment Recliners	Total
ICU Beds at RHH	2		2
RHH Access and Flow Ward*	5	4	9
Hobart Private Hospital (HPH)	8		8
New Norfolk District Hospital	7		7
Roy Fagan Centre – Jasmine Unit	10		10
LGH 4D at the LGH	19		19
John L Grove Rehabilitation Centre	20		20
ED short stay beds at NWRH	4		4
Surgical beds at NWRH	4		4
Total	79	4	83
OPENING IN NEXT TWO MONTHS	Beds	Treatment Recliners	Total
Tolosa Street Mental Health Facility	6		6
RHH ED Expansion	5	3	8
RHH Multi-purpose Ward	5	3	8
Total	16	6	22
OPENING MID 2018	Beds	Treatment Recliners	Total
Hobart Repatriation Hospital	22		22
Total	22		22

*Previously known as the Winter Ward

Image One: Patient Flow and Access Ward at the RHH



Image Two: Patient Flow and Access Ward at the RHH



Image 3: Emergency Department Short Stay Beds at the North West Regional Hospital



3. Leadership and Direction Review

The Beds Team undertook to give further consideration to issues in the THS including:

- leadership and clarity on roles and authority;
- direction and focus;
- governance; and
- service planning.

Deloitte was commissioned to undertake a review of the leadership, direction and focus. Deloitte undertook 36 interviews with senior professionals in the health system, including THS Executive members, Governing Council members, THS Clinical Directors, DHHS members and two external stakeholders.

Deloitte also deployed a survey to 317 senior leaders across the THS, with a 46 per cent response rate (145).

3.1 Key Themes

The feedback provided through the interviews and survey responses indicates:

- There is strong support for the 'One THS' Strategy.
- There is a need to clarify roles and responsibilities across the THS, so that all members of the organisation understand structures at the local and statewide level, and to ensure there is clear accountability for decision making at each level.
- The THS Executive is not currently seen to be operating effectively, with a need to improve:
 - Communication – particularly with clinical leaders to improve relationships, and also to the broader organisation to impart the THS vision and strategy;
 - Consultation - both internally within the Executive, and externally on proposed change and reforms.
 - Process - core processes fundamental to the successful and sustained performance of an Executive, in the form of an established approach to problem solving, decision making and a culture of collaboration, are not seen to be operating effectively.
 - Culture – to ensure that the THS Executive can perform their duties collaboratively and cohesively as a team.
 - Accountability – roles and responsibilities within the Executive are unclear and members need clarity on their individual and collective responsibility.
 - Relationships – the THS Executive need to build foundational elements of trust, conflict resolution and a collective responsibility for leadership.
- The perceived lack of unity of the THS Executive appears to be impacting the broader organisation, with the potential to undermine the effectiveness of the leadership group.
- Improvements need to be made to collect and analyse operational performance data, and make this widely available so that robust decision making can occur to improve patient outcomes.

- Governance structures, processes and management protocols are not always clear, or universally understood, or where they do exist, are perceived to be not adhered to.



Tasmanian
Government