

# St Vincent’s

**Integrated Healthcare Campus Darlinghurst**

Decant Works Change Plan

*February 2021*

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| **Revisions**  | Nil  |

Table of Contents

[St Vincent’s 1](file:///H%3A%5C2.%20Cahill%20Cater%5C2020%20Stage%201A%20funding%5CDecant%20works%5CDraft%20Change%20Management%20Plan_v3.docx#_Toc95997559)

[St Vincent’s Darlinghurst Integrated Campus Redevelopment program 3](#_Toc95997560)

[1. Background 3](#_Toc95997561)

[2. Office relocations to support the priority works 3](#_Toc95997562)

[3. Change and communications plan 6](#_Toc95997563)

[Appendices 8](#_Toc95997564)

St Vincent’s Darlinghurst Integrated Campus Redevelopment program

1. Background

In 2015, the Ministry provided a $5 million grant to St Vincent’s Health Network for campus wide planning at Darlinghurst. This included the development of:

* The Clinical Services Strategy, launched in May 2017;
* The Clinical Services Plan, endorsed by the Ministry of Health (MoH) in May 2017, and;
* The Masterplan and Preliminary Business Case submitted to MoH in November 2017.

In September 2020, the Ministry announced its initial funding commitment of $25 million to support stage 1A of the Cahill Cater redevelopment program. This program is comprised of three sub-projects:

Priority works for early expanded capacity in Xavier:

* 6 additional ICU beds
* 12 ambulatory care spaces in the Heart Lung Clinics

Detailed planning for the full Cahill-Cater redevelopment including:

* Refresh of the Clinical Service Plan
* Development of a Final Business Case

Cahill site preparation

* Hazardous material removal including asbestos
1. Office relocations to support the priority works

Reason for change

The 2017 Preliminary Business Case for the Darlinghurst Integrated Campus Redevelopment identified two areas of very high demand for additional clinical capacity that were critical and could not wait for the major redevelopment.

These are

* **Additional ICU beds** (6) to address very high ICU occupancy and meet demand for our flagship specialist services in heart and lung transplantation and other cardiothoracic surgery, trauma and other complex surgery.
* **Additional consultation and treatment spaces** in the Heart Lung Clinic to address growing demand.

The expansion of the clinical areas in the Heart Lung Clinic will require 45 staff to move out of the administration areas within the Clinic. The majority of these staff need to be accommodated within close proximity of the HLC to support the work of the Clinic and ensure streamlined patient experience.

Given the significant constraints on administration and office space in the Hospital, a number of office relocations are required to support this decant of staff from the HLC.

Expected benefits

The expansion of the HLC’s clinical spaces will allow St Vincent’s to see more patients, improve timely access to care, and improve the experience for patients and their carers when they come to St Vincent’s.

The planned office moves also provide an opportunity to better co-locate some of our community teams that have been be disjointed. Colocation of these teams will improve communication and foster better opportunities for collaboration resulting in optimal service delivery for our patients.

Staging and timing

The office relocations to support HLC expansion will take place in 4 stages:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Stage**  | **Nature of work**  | **Impacted area**  | **Indicative Timing** | **Estimated Duration** |
| 1A  | Demolition, construction and associated relocations  | Level 2 (South), SHHS (Rehabilitation & Palliative Care) | Start: April 2022 End: June 2022 | 12 weeks |
| 1B | Demolition, construction and associated relocations  | Level 3 DLB (Pain Medicine and Community Aged Care) | Start: April 2022End: May 2022 | 8 weeks |
| 2A | Minor demolition, construction and associated relocations  | Level 4 DLB (Pastoral Care)Level 3 XAV (Outpatients)Level 4 AIK (ED Fastrack) | Start: May 2022End: June 2022 | 4 weeks |
| 2B | Minor demolition, construction and associated relocations  | Basement Level CFI (Store) | Start: May 2022End: July 2022 | 8 weeks |
| 3 | Minor demolition, construction and associated relocations  | Level 4 DLB (Social Work)Level 4 XAV (HLC) | Start: June 2022End: July 2022 | 4 weeks |

Impacted stakeholders and detail of change

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Team & (no. of staff)**  | **Manager** | **Exec** | **Current location**  | **New location** | **Stage**  |
| Pain Medicine & MRT (7) | Steven Faux / Andrea Ness / Margaret Lazar  | Dominic Le Lievre | L3 DLB | L6 XAV Demountable (Temporary Location) See final destination below  | Prior to Stage 1B |
| Community Aged Care (21) | Phillippa Star | Dominic Le Lievre  | L3 DLB | L6 XAV Demountable (Temporary Location)See final destination below  | Prior to Stage 1B |
| Pastoral Care (11) | Maggie Brunker / Helena Naif / Cathy Hammond  | Matthew Kearney  | L4 DLB | L3 DLB | After Stage 1B andPrior to Stage 2A |
| ED Fastrack  | Mel Kelly  | Todd McEwan  | L4 AIK | L3 AIK (ED) | Prior to Stage 2A |
| Outpatients -HITH (3) | Gael Holters  | Dominic Le Lievre | L3 XAV | L3 XAV | Prior to Stage 2A |
| Chronic & Complex Care (18) | Gael Holters | Dominic Le Lievre | L3 OBC  | L2 SHHS | After Stage 1A |
| Pain Medicine / MRT (7) | Steven Faux / Andrea Ness / Margaret Lazar | Dominic Le Lievre | L6 XAV Demountable (Temporary Location) | L2 SHHS | After Stage 1A |
| Community Aged Care (21) | Phillippa Star  | Dominic Le Lievre | L6 XAV Demountable (Temporary Location) | L3 OBC | After Stage 1A |
| Social Work (10) | Margaret Bramwell | Margaret Lazar  | L4 DLB | L4 DLB | After Stage 2APrior to Stage 3 |
| NDIS (4) | Amelia Starkey  | Margaret Lazar  | L4 DLB | L4 AIK | After Stage 2APrior to Stage 3 |
| Aboriginal Health (3) | Kieran Costigan  | Pauline Deweerd  | L4 DLB | L4 DLB | After Stage 2APrior to Stage 3 |
| Social Work – Accommodation Officer (1) | Margaret Bramwell | Margaret Lazar  | L4 DLB | L3 XAV | After Stage 2APrior to Stage 3 |
| HLC (27) *(Consultants, Perfusionists, Registrars, TX coordinators)*  | Michael Feneley  | Todd McEwan  | L4 XAV | L4 DLB | After Stage 3 |
| HLC (8) *(PhD students x6 and 2x HL social workers)* | Nicole de Tullio / Margaret Bramwell  | Todd McEwan | L4 XAV | L4 AIK | After Stage 3 |
| HLC (2) *(HL CNCs)* | Nicole de Tullio | Todd McEwan | L4 XAV | L10 XAV | After Stage 3 |
| HLC (3)*(Consultants and 1 receptionist)*  | Michael Feneley | Todd McEwan | L4 XAV | L4 XAV | After Stage 3 |
| HLC (6) *(Research staff)* | Nicole de Tullio | Todd McEwan | L4 XAV | LB CFI | After Stage 3 |

1. Change and communications plan

This communications plan aims to ensure that the relevant stakeholders involved in this project receive timely accurate information, ensuring awareness of the key aspects of the project, timings and the likely impacts of building works and contingency plans around these works.

The plan also aims to share a broader vision of the Campus in the context of the Clinical Services Plan and the Campus’ objective of responding to our community’s growing needs.

This change plan is based on the ADKAR framework – with **Awareness**, **Desire** and **Reinforcement** the key change domains of focus.

**A**

**AWARENESS**

Initial messaging

**D**

**DESIRE**

Sponsorship and resistance management

**K**

**KNOWLEDGE**

Training and coaching

**A**

**ABILITY**

Additional coaching, practice, and time

**R**

**REINFORCEMENT**

Successful change

Change stages

1. Communications to all staff

**Sponsor: Director of Public Affairs, Media & Communications**

**Objective:** To share our capital works-vision of responding to community need, raise general awareness of the priority works & rationale, to inform that there will be changes to office locations, and provide a broad outline of key stages, timings and likely impact of building works for staff and patients.

**Actions:**

* Hospital – wide communications advising of the upcoming works
* Advise all staff that AMU / JSP will be reaching out to each affected team to discuss the construction impacts in more detail

**Responsibility for execution:** SVHNS Communications team

1. Targeted discussions with impacted areas

**Sponsor: Exec directors for each impacted areas**

**Objective:** To reinforce rationale, receive input (including concerns), gather information for detailed planning, provide specific information about timing, alternative arrangements and contingency plans

**Actions:**

* Hold Town Halls or other preferred communication method to gather information and concerns
* AMU to attend these meetings

**Responsibility for execution:** Executive Director with support fromSVHNS AMU & JSP PM

*Proposed key messages & materials for stage 1 are in Appendix 1.*

1. Develop detailed decant strategy

**Sponsor: Director Strategy, Planning & Partnerships**

**Objective:** To develop detailed plan that reflect the needs and preferences of impacted teams as far as practicable

**Actions:**

* Prepare decant plans – Angel Mahchut/JSP/AMU
* Liaise with affected users to discuss detailed relocation plan – led by Martin Bryant

**Responsibility for execution:** SVHNS AMU & JSP PM

1. Execute

**Sponsor: CFO**

**Objective:** To deliver decant works on time, within budget and with minimal disruption

**Actions:**

* Procurement & appointment of contractor
* Manage minor works and relocations

**Responsibility for execution:** SVHNS AMU & JSP PM

Appendices

**Appendix 1 – Initial Communications to all Staff**

Priority Works: Darlinghurst campus upgrade

Dear colleagues,

As you may recall, in 2020 St Vincent’s received a [Capital Works Grant](https://www.svhs.org.au/newsroom/announcements/25m-funding-for-st-vincents-redevelopment) to commence planning of the St Vincent’s Darlinghurst Integrated Campus Redevelopment, which included two particularly pressing areas in need of additional clinical capacity which cannot wait for the major redevelopment.

These are:

* **Additional ICU beds** (6) to address very high ICU occupancy and meet demand for our flagship specialist services in heart and lung transplantation and other cardiothoracic surgery, trauma and other complex surgery.
* **Additional consultation and treatment spaces** in the Heart Lung Clinic to address growing demand.

After thorough and careful planning, we are thrilled to be commencing the project’s Priority Works Package, which includes a new ICU pod – a co-located built for purpose 6 bed ICU space on Level 6 of the Sister Francis McGuigan Wing, shared with our St Vincent’s Private Hospital colleagues. In addition, the Heart Lung Clinic will undergo a significant expansion, which will be achieved through the refurbishment of the existing administration function space, and converting it to clinical space.

The expansion of the HLC’s clinical spaces will allow St Vincent’s to see more patients, improve timely access to care, and improve the experience for patients and their carers when they come to St Vincent’s.

The planned office moves also provide an opportunity to better co-locate some of our community teams that have been be disjointed. Colocation of these teams will improve communication and foster better opportunities for collaboration resulting in optimal service delivery for our patients.

In preparation for this much needed expansion, this component of the project will involve a staged relocation for some of our staff, who will be moved to other areas within our facilities to facilitate the delivery of these new state-of-the-art services to our broader community.

Please see the below Q&A that we have developed to provide you with a clear picture of the project.

We will continue to keep you posted of the project and our Asset Management Unit will be working closely with the areas directly impacted throughout the duration of the project.

**Who needs to move and where?**

* Heart Lung Clinic Administration staff will relocate to Level 4 of the De Lacey Building currently occupied by Social Work.
* Social Work staff will relocate to Level 4 of the De Lacey Building currently occupied by Pastoral Care.
* NDIS and Heart Lung Social Work / PHD Students personnel to relocate to Level 4 of the Aikenhead Building previously occupied by the Emergency Department Fast Track.
* Pastoral Care to relocate to Level 3 of the De Lacey Building currently occupied by Community Aged Care and Pain Medicine.
* Consolidation of the existing Aboriginal Health space on Level 4 of the De Lacey Building, involving minor refurbishment works
* Community Aged Care to co-locate with the remaining Community Aged Care personnel on Level 3 of the O’Brien Building.
* Chronic and Complex Care personnel to relocate to Level 2 (south) of the Sacred Heart Building.
* Pain Medicine personnel to relocate to Level 2 (south) of the Sacred Heart Building.

**When is this happening?**

The staff decant process will occur in phases, commencing in late February, 2022 and scheduled to be complete by July, 2022.

**Will ICU staff need to move?**

No. The additional ICU beds are part of a new build, rather than a refurbishment of existing space. Staff will not be required to move to facilitate this new space.

**What do affected staff need to do?**

The Asset Management Unit team will meet with each affected department individually to manage the relocation including all aspects of the physical move, including phone number relocation and security access.

**Why is this happening?**

Between 2015 and 2017, St Vincent’s undertook major Campus planning including developing our Clinical Services Strategy; our clinical services plan to project demand over the decade to 2027, and a Campus capital Masterplan to deliver a significant increase in clinical service capacity. The priority project identified from the Master-planning process is the Cahill-Cater Project – a $412million project of clinical expansion within existing Hospital buildings, the demolition of the existing Cahill-Cater buildings and its replacement with a new building.

This expansion of the current Heart Lung Clinic and the provision of additional ICU beds is the first component of this extensive capital works project.

**Who is managing the redevelopment and relocation of staff?**

The Asset Management Unit, with the assistance of Johnstaff and Angel Mahchut Architects have developed a Decant Strategy to document the relocation of the affected Heart Lung Clinic staff and the knock-on effects of other Departments and staff impacted by the moves.

**Where do I go for more information?**

If you have any concerns or feedback about these priority works and the impact on our current staff, please speak with your manager in the first instance. Detailed plans, timelines and other information will be located on our SharePoint intranet site.

This is an exciting time for the Campus, and while these building-works may involve some specific disruption to our daily endeavours, they will create some much needed additional capacity for our Hospital.