

21 April 2021

Ms Lindsey Gough  
Chief Executive Officer  
Women's and Children's Health Network  
72 King William Road  
North Adelaide SA 5006

**ATT: Ms Wendy Rowell**  
**Director, nWCH Commissioning and Engagement**

Dear Ms Gough

**Re: nWCH WOMENS ANAESTHESIA SERVICE – FUNCTIONAL DESIGN BRIEF AND TREATMENT SPACES**

We are writing to you in relation to the above matter. The doctors advise of significant concern in their feedback particularly the lack of decisions on Gynaecology Services and their future geographical location in either CALHN or at WCHN. SASMOA is aware that the Central Adelaide Local Health Network is of the view that given Gynaecology Services are women's services and these services should be provided for in a new Women's and Children's Hospital (writers emphasis). The writers advise they tend to agree with this conclusion.

However, in any event, consultation cannot occur in any depth with either doctors in WCH or CALHN without confirmation where Gynaecology services will be provided in the future. SASMOA therefore provides the following in expectation that when a decision is made regarding Gynaecology services, further consultation will occur with the Association and the employer on this matter.

**Functional Design Brief**

The Functional Design Brief (**FDB**) provides sparse input for Anaesthesia services. There is no dedicated chapter in the FDB, simply comments and inferences are made throughout the document regarding the service. There is concern that Anaesthesia is not adequately considered within the progress and design of the new Women's and Children's Hospital (**nWCH**).

There is no consideration regarding the presentation of a pregnant trauma patient and how the patient will traverse two emergency departments. Will the patient be flying to the RAH? If yes, will the patient, if required, access the RAH ED resuscitation room given currently there are only two resuscitation bays at the RAH and there is no room for movement.

## **Office Accommodation**

Office accommodation is currently shared, enclosed offices between Consultants with the Head of Unit having a separate enclosed office. The advice from doctors is the current office arrangements works well for the Unit due to the fractional medical FTE. However, the doctors in this service state it is essential that the space allocated for office accommodation for doctors is no less than what is currently provided to ensure the efficient performance of their clinical and non-clinical duties and responsibilities.

The offices do not need to be on the same floor as theatres however, the anaethetists need a room adjoining theatres for urgent work.

Currently there is no Consultant sleeping facilities, there is a pull out couch which is unacceptable. Sleeping facilities for this service needs to be reviewed and considered in the spatial requirements.

SASMOA suggests further discussion with SASMOA and doctors on this matter be progressed.

SASMOA notes determining the number of offices is difficult until a decision on Gynaecology services.

## **Treatment spaces**

Based on the proposed Treatment Spaces document there is a decrease in Women's Beds from 68 to 56. It is the view of the doctors in this service that this number of beds will be adequate if Gynaecology services move to CALHN, however, if Gynaecology services do not relocate to CALHN the current number of beds proposed for women patients will be significantly inadequate. If Gynaecology services increase in CALHN especially at TQEH, the doctors advise womens' beds will be required to be increased for Gynaecology service at both TQEH and RAH. Currently doctors advise, the beds in CALHN for this service are at full capacity, the majority of the time.

The doctors advise no matter where the Gynaecology services are situated there must be room for growth and that must be planned now.

## **Links to other services**

The main links to other services are wards and theatres. As stated, wards and theatres do not need to be adjacent office accommodation but there needs to be a room adjacent to the theatres so that urgent clinical work can be undertaken by the anaethetists.

There also needs to be room available on the wards and in theatres to allow the registrars to undertake clinical work.

### **Trainee and College Requirements**

There are set college requirements regarding trainee supervision and trainee accommodation which will need to be taken into account within the FDB. Trainees in this service require an on-call room with sleeping facilities. There are currently seven registrars within the service this needs to be considered. Personal lockers and storage for personal items need to be available so there is enough for each doctor.

Shared offices for trainees within the college guidelines.

### **Service Delivery Brief**

The writers will not repeat the space requirements articulated in the Department's Service Delivery Brief but a response is required on spaces articulated in 3.1, 4, 5 6.3, 6.5 and 8.3 of the document.

### **Room for Expansion**

The Women's Anaesthesia Service cannot detail expansion options until a decision has been made about Gynaecology services. Both alternatives, CALHN or WCHN will provide different options and impact on outpatients and bed requirements.

Overall, without knowing the future of Gynaecological services, the Department will not be able to sign off or endorse either the Functional Design Brief or the Treatment Spaces.

Yours sincerely



**Bernadette Mulholland**  
**SASMOA, Chief Industrial Officer**



**Tea Boromisa**  
**SASMOA, Principal Industrial Relations Adviser**