

10 May 2021

Ms Lindsey Gough
WCHN Chief Executive Officer

Dr Chris McGowan
Chief Executive
SA Health

The Hon. Stephen Wade MLC
Minister for Health and Wellbeing
SA Health

Dear Ms Gough, Dr McGowan, and The Hon. Stephen Wade MLC

New Women's and Children's Hospital (nWCH) – Functional Design Brief (FDB), Proposed Treatment Spaces and Beds, Outpatient Rooms and Office Accommodation

SASMOA has now had the opportunity to meet with most services within the Women's Children's Hospital regarding the above and has submitted detailed responses to each of you from many services, raising concerns regarding the planning for the new hospital. Some matters cannot be consulted upon within the FDB simply due to the lack of time made available by the employer for consultation with our membership. SASMOA determined, given the limited time available, the writers would concentrate on Units in which our members provide clinical services and some state-wide services.

The writers refer to your recent written communication from your Mr Hewitt dated 6 May 2021, advising that the Chief Executive of the Department of Health and Wellbeing is convening two management workshops regarding Treatment Spaces, Outpatient Services and Gynaecology Service. SASMOA has not been provided any detail regarding the purpose of the workshops only the governance of the workshops.

SASMOA does not pretend to understand the change in process previously articulated by the employer but expresses concern regarding the workshop given the submissions of the various Units in PUGs and in SDMs. Many of the current WCHN clinical services will not be represented at the workshops and therefore their speciality not considered.

Doctors have articulated that the planning for the new Women's and Children's Hospital is not a negotiation but rather the advice provided by WCH clinicians to date is what is necessary to future proof the new Women's and Children's Hospital when opened.

The writers have noted in the feedback provided from each Unit regarding the FDB, outpatient rooms, treatment spaces and office accommodation some commonality of matters which include, but not limited to, the following.

1. The planners of the new hospital state that three major data sources contributed to the planning of the bed numbers, FDB and outpatient room allocation: the data pertaining to Women's and Children's Hospital over the past five years, ABS and the Women's Child and Youth Health Plan. These assumptions are challenged by SASMOA. The doctors were advised by delegates of the

Women's and Children's Health Network (WCHN) the hospital data was insufficient to determine outpatient rooms and therefore simulation could not be progressed, *the Women's Child and Youth Health Plan 2021 - 2031 Summary Framework* has only recently been issued for consultation and therefore could not possibly have been a source document for the proposed bed numbers, FDB and outpatient rooms allocated to each Cluster. The doctors are of the view that the current hospital size, bed numbers and outpatient rooms are too small to meet future patient requirements in the new hospital.

2. The planners of the new Women's and Children's Hospital are building a paediatric hospital and not an adult hospital. The writers submit that there appears no differentiation between the needs of children and those of adults, this is leading to critical mistakes being made and wrong conclusions drawn in planning for the new hospital. For example, the size of outpatient rooms and waiting areas. The doctors are keen to emphasise that to properly understand the number of rooms and beds required, the planners need to have the clinical expertise in each speciality to determine room size. What is currently occurring is that non-clinicians are telling doctors how the clinicians will provide care in the future with no clinical evidence to support the decisions made. This style of engagement by the planners will ultimately lead to more expensive services, in the future, for South Australia.
3. The bed numbers and outpatient rooms appear to be determined on the average usage over the last few years. Given the data is recognised to be faulty and significantly under calculated then the number of beds and outpatient rooms is wrong. The data also does not factor in peak surges in bed numbers this will result in adverse outcomes or sentinel events for children, for example, acutely unwell children who may not be able to access a PICU bed. The numbers allocated do not include already struggling under-resourced children's hospital services and long wait lists.
4. There is no expansion built into the bed numbers as population grows, this will result in a new hospital, when opened, too small to meet demand. The response by the Executive Steering Committee chaired by the Chief Executive, Department of Health and Wellbeing to shift demand to the Northern Adelaide Local Health Network (NALHN), is not evidence based. A similar argument was put by the Department for Health and Wellbeing when implementation commenced on Transforming Health. NALHN do not have the paediatric sub-speciality services to support this proposition and acutely unwell children and babies will still be required to go to the new Women's and Children's Hospital. Additionally, there is currently no announcement from Government, that the writers and doctors are aware, for budgeted funding to NALHN in the future, to establish such a robust paediatric service that will mirror the new WCH services. SASMOA refers, for example, to the recent SASMOA correspondence provided relating to the future Paediatric Emergency Department.
5. The lack of consultation with Gynaecology Services at the Women's and Children's Hospital has been a disappointment and failure by the Local Health Networks, Department and Government. The initial plan to relocate the services to the Royal Adelaide Hospital was undertaken without any knowledge of the doctors who provide the service. Given a driving

principle is the provision of a new Women's Hospital it is surprising and questionable that the ESC is considering relocating what is primarily a women's service away from the new Women's Hospital. SASMOA questions in doing so, the ESC and Government commitment to women's health. Additionally, the moving of gynaecology services out of the western suburbs without knowledge, consultation and transparency is equally of concern. The *Women's Child and Youth Plan, 2021 to 2031 Framework* supports "women-centred care" yet the proposed planning for gynaecology by ESC and Government seeks to abandon this principle articulated in the Framework by transferring the Gynaecology services to the Royal Adelaide Hospital.

6. Rose Ward, a specialist baby ward for infants under 12 months old has been closed for three months and only recently reopened. Doctors advise the closure of this Ward has had a notable impact on care for this young cohort of patients and their families. This Ward provides specialised nursing care for babies and their families and any attempt to close the Ward would be seen as harmful to babies in South Australia. This Ward must be integrated into the planning of the new Women's and Children's Hospital. The *Women's Child and Youth Plan, 2021 to 2031 Framework* confirms that the first five years of a child's life is critical, yet the ESC and Government is believed to be abandoning a service that is of critical importance to both babies and families in need. (See page 17, 23 and 24 of the Framework)
7. The doctors state that there is no vision from health planners identifying a "world class, state of the art" hospital leading to poor decisions that will minimise the provision of health services to the children of South Australia for the next 30 years. This is clear from the information contained in the FDB, the insufficiency of beds and outpatient rooms and the inability to listen to the clinicians regarding what patients require in each service. The legacy for the ESC representatives and the Government, given the current trajectory for the planning of the new hospital will be that of disappointment and questionable judgement.
8. SASMOA understands that it is intended that administration support for the new hospital will be centralised and services will not have available, current dedicated supporting administration. This is unsuitable for a paediatric service where all staff within the Unit are known and participate in the care of the children. This provides confidence and consistency to families attending the hospital.
9. The writers will meet with doctors from SA Pathology and SAMI in the week commencing 10 May 2021 to obtain feedback. However, hospital services state these state-wide services must be provided onsite and close to Units where the care is provided. Failure to provide the services within the hospital, as articulated by each of the Units, will give rise to inefficiencies and poorer outcomes for patients.
10. Customised food services necessary for each Unit within the hospital must be agreed with each Unit and implemented. This service is fundamental to the care of babies and children and if unsuitable will lead to poor patient outcomes and adverse events.

11. The Paediatric Day Unit document recently submitted by the hospital clinicians is supported by SASMOA.
12. One of the key principles of the *Women's Child and Youth Health Plan* is the requirement for confidentiality and that a person's personal privacy will be respected. The provision of open planning for the new Women's and Children's Hospital does not support an environment of privacy and confidentiality.
13. Most paediatric services in the current Women's and Children's Hospital are understaffed. This is known to the ESC and Government.
14. Several services still require patients and their families to travel interstate for care, this is not best care. The Women's Child and Youth Health Plan 2021 -2031 Framework supports care closer to home, yet the planners are not importing this principal into the design of the new hospital and patients will continue to travel for decade interstate for health care given current planning for the nWCH. The integrity of the Framework is now clearly questionable.

Yours sincerely



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