

# SYDNEY LOCAL HEALTH DISTRICT



## **Women's Health, Neonatology and Paediatrics Clinical Stream Position Paper 2020-2025**



## Acknowledgement of Country

Sydney Local Health District acknowledges that we are living and working on Aboriginal land. We recognise the strength, resilience and capacity of Aboriginal people on this land. We would like to acknowledge all of the traditional owners of the land and pay respect to Aboriginal Elders past and present.

Our District acknowledges Gadigal, Wangal and Bediagal are the three clans within the boundaries of the Sydney Local Health District. There are about 29 clan groups within the Sydney metropolitan area, referred to collectively as the Eora Nation.

**Ngarang Dalì Mana Burudì** – a place to get better, is a view of our whole community including health services, Aboriginal communities, families, individuals, and organisations working in partnership. We want to build strong systems to improve access to equitable living conditions and lifestyle choices.

Together under the Sydney Metropolitan Partnership Agreement, including the Aboriginal Medical Service Redfern and the Metropolitan Local Aboriginal Lands Council, Sydney Local Health District is committed to improving the health and wellbeing of Aboriginal people and to have the healthiest Aboriginal communities in Australia.

*Always was and always will be Aboriginal Land*

### Artwork

*Ngarang Dalì Mana Burudì – A Place to Get Better*  
by Aboriginal artist Lee Hampton

The map in the centre of the artwork represents the District boundaries while the circle represents a pathway for Aboriginal people to gain access to better health care. It's a depiction of our community – including health services, Aboriginal families and organisations – working together to create a healthier future for everyone.

### Ngarang Dalì Mana Burudì – A Place to Get Better

Sydney Local Health District's Aboriginal Health logo was created by the District's Aboriginal Cultural Committee in coordination with our Aboriginal workforce.

The map in the centre represents the boundaries of Sydney Local Health District. The blue lines on the map are the Parramatta River to the north and the Cooks River to the south which are two of the traditional boundaries.

The Gadigal, Wangal and Bediagal are the three clans within the boundaries of Sydney Local Health District. They are three of the twenty-nine clans of the great EORA nation. The centre circle represents a pathway from the meeting place for Aboriginal people to gain access to better healthcare.

### The Goanna or Wirriga

One of Australia's largest lizards, the goanna is found in the bush surrounding Sydney.

### The Whale or Gawura

From June to October pods of humpback whales migrate along the eastern coastline of Australia to warmer northern waters, stopping off at Watsons Bay the traditional home of the Gadigal people.

### The Eel or Burra

Short-finned freshwater eels and grey Moray eels were once plentiful in the Parramatta River inland fresh water lagoons.

Source: Sydney Language Dictionary



# Contents

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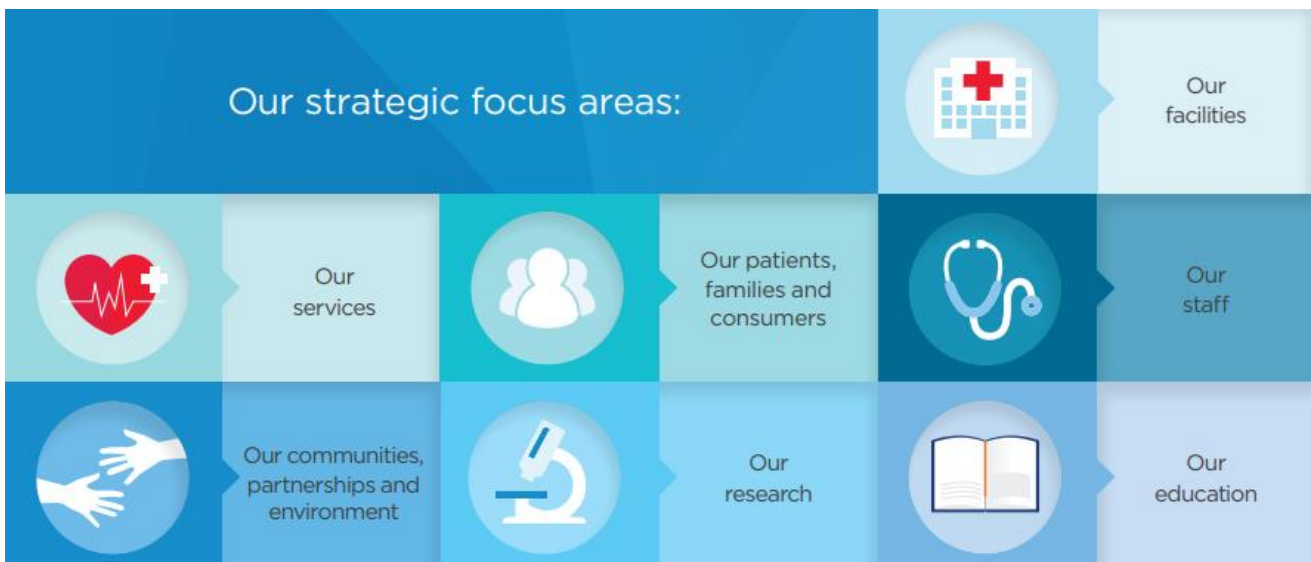
FOREWORD .....	3
OUR CLINICAL STREAM .....	6
SUMMARY OF OUR PRIORITIES 2020-2025 .....	7
ACHIEVEMENTS.....	12
OUR FACILITIES.....	14
OUR COMMUNITIES, PARTNERSHIPS AND ENVIRONMENT .....	15
OUR SERVICES .....	19
OUR PATIENTS, FAMILIES, CARERS AND CONSUMERS .....	29
OUR RESEARCH AND EDUCATION.....	31
OUR STAFF .....	34
APPENDIX 1 – Clinical Stream Activity .....	37
APPENDIX 2 – Our Partnerships.....	42

# FOREWORD

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The Women’s Health, Neonatology and Paediatrics Clinical Stream of the Sydney Local Health District (the District) is proud of its integrated clinical care, education and research. We are committed to placing women, families and our communities at the very centre of the care that we provide. The Stream is committed to the highest standards of patient and family-centred care and collaboratively supporting the birth and optimal development of babies, children and young people, while providing care and support for their parents. Underpinning this endeavor is strong evidence demonstrating that health and wellbeing in the preconception, prenatal, infant and early childhood period provides the foundation for positive health status throughout life.

This Plan has been developed to be consistent with the Sydney Local Health District Strategic Plan. It outlines the vision, **Excellence in Health and Healthcare for All**, supported by CORE values and the Foundational District Principles which in turn inform our response and strategy in each of the following Focus Areas.



Key amongst our future strategies is the planned expansion and upgrade of our services within the planned major hospital redevelopments at RPA and Canterbury, improved education, expanded ambulatory care and strategies to effectively link women, their children and families to primary care and community-based health and wellbeing services. Consumers and communities are integral to our vision and must be involved and at the centre of all our service policies, plans and developments.

A major strategic development over this five year period is the Sydney Institute for Women, Children and their Families. This newly established research institute aims to be a leading international centre for research, dedicated to maximising lifelong health, wellbeing and opportunities for women, children and their families through education, research and innovation. The Stream is also committed to continuing to contribute to research as part of the *RPA Institute of Academic Surgery* and as active researchers in the University of Sydney’s *Charles Perkins Centre*.

Each year, over 8,200 babies are born to mothers residing in the District, with over 6,900 births occurring in the maternity units at RPA and Canterbury Hospitals (2016/17). Every day 19 new babies are born at our facilities. Approximately 71% of the District's resident's maternity inpatient care is provided in the maternity units at RPA Women and Babies and at the Canterbury Hospital. Maternity, gynaecology, neonatal and paediatric services constitute a major part of the health services provided in the Sydney Local Health District.

The Sydney Local Health District has a projected population growth rate of 42% between 2016 and 2036 (DPE 2016): the third highest growth rate of all NSW health districts. The growth in young families in our District will result in an increasing birth rate, with increasing numbers of women's health, paediatric and gynaecological presentations at RPA, Canterbury, Concord and Balmain Hospitals.

Our community health partnerships, child and family health, child protection, primary care services and other community-based health services are a vital and important part of the integrated service delivery in maternal and child health. The antenatal shared care program with the Central and Eastern Sydney Primary Health Network supports around 50% of the clinical visits in pregnancy care for the District. It is clear that these services will need to continue to expand and evolve to meet the needs and requirements of an increasing population with changing needs.

Our services are strongly committed to the principles outlined in NSW Health's policy directive *Towards Normal Birth*, most especially strategies to support women and families to have positive experiences of pregnancy, birth and then parenthood. In this again, we are fully committed to integrated and seamless care between hospital and community services and midwifery continuity of care models.

This Position Paper is aligned with the most recent NSW Health reforms and strategic documents, including *The NSW Maternity and Neonatal Service Capability Framework, 2016*<sup>1</sup> and the *NSW Paediatric Service Capability Framework, 2017*<sup>2</sup> providing a whole of system and long term approach to improving maternity, neonatal and paediatric care across the state.

The Clinical Stream recognises the importance our cross cultural care, using interpreter services (if required) and understanding and responding to the needs of our many linguistically and culturally diverse communities and our priority populations.

We are committed to implementing the Sydney Local Health District Aboriginal Health Strategic Plan 2018-2022, improving our accessibility to the community, ensuring that our Aboriginal women, families and babies are cared for in a culturally safe and respectful way and that our Aboriginal workforce increasingly grows to reflect our community. The process for developing this plan included a consultation workshop with Aboriginal community members, demonstrating the senior executive and Board commitment to Aboriginal Health. An Aboriginal Health Impact Statement was completed in consultation with Aboriginal members of the hospital community and the Sydney Local Health District Aboriginal Health Unit.

The Clinical Stream is proud of its clinical care, training and education programs in medicine,

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<sup>1</sup> NSW Health GL2016\_018, [https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2016\\_018.pdf](https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2016_018.pdf)

<sup>2</sup> NSW Health GL2017\_010 [https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=GL2017\\_010](https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=GL2017_010)

midwifery and nursing. Our research network has expanded very significantly over the last 5 years in many areas of the clinical stream resulting in a stimulating environment of research-driven and evidence informed care.

This Clinical Stream Position Paper has been developed and driven by Dr Robert Ogle, the Stream's Clinical Director for the past eight years who very sadly and tragically passed away. His approach to developing this paper reflects his commitment to inclusiveness and his respect for the many views of the staff and community. Mothers and Babies services were his driving passion alongside a lifelong commitment to RPA Hospital and the District and to equitably and compassionately meeting the needs of those in his care. He was an eminent and deeply respected clinician, researcher, teacher, advocate, mentor and friend to many within the clinical stream and beyond. He was respected locally and internationally. He is very greatly missed every day by our service in countless small and major ways. We remain grateful for his extraordinary legacy, his many achievements, his humour and his kind and compassionate nature.

I also would like to thank Dr John Cass-Verco and Dr Anthony Marren for their stewardship of the Stream in the challenging period following Dr Ogle's death.

**Professor Jonathan Carter**  
**Clinical Director**  
**Women's Health, Neonatology**  
**and Paediatric Services (2020-present)**

**Dr Robert Ogle**  
**Clinical Director**  
**Women's Health, Neonatology**  
**and Paediatric Services (2013-2020)**

Photo of Clinical Director

Photo of Clinical Director

## OUR CLINICAL STREAM

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The Sydney Local Health District Women's Health, Neonatology and Paediatric Clinical Stream provides inpatient and outpatient maternity, midwifery, gynaecology, neonatal and paediatric services.

The Clinical Stream Services are administered by a Clinical Director and a Clinical Manager, with a Deputy Director in Paediatrics.

Maternal, neonatal and paediatric care is delivered across the District through an integrated model that is delivered by an effectively networked and clearly delineated services as per Table 1.

**Table 1: Women's Health, Neonatology and Paediatric Clinical Stream, Role Delineation Levels**

	RPA	Canterbury	Concord	Balmain
<b>Service Role Delineation Levels 2016</b>				
Maternity	6	4	NPS	NPS
Neonatal	5	3	NPS	NPS
Paediatric Medicine	4	4	2	2
Surgery for Children	4	4	NPS	NPS
Gynaecology	6	4	5	NPS
Child Protection	4	4	1	1
Youth Health	4	4	3	2
Child and Family Health	6	6	5	NPS
Operating Suites	6	4	6	NPS

Source: *NSW Health Guide to the Role Delineation of Clinical Services (2018)*. Updated role delineation levels of clinical services based upon the 2018 role delineation definitions yet to be endorsed by the Sydney Local Health District Board.

## SUMMARY OF OUR PRIORITIES 2020-2025

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The following section provides a summary of the priorities of this Position Paper based on the seven focus areas of the District's Strategic Plan.

### Our Facilities Priorities

- Implementation and utilisation of a maternity eMR at RPA and Canterbury Hospitals (PowerChart Maternity).
- Significant enhancement of the physical space for ambulatory care at both RPA and Canterbury Hospitals. With major redevelopment there will also be a need for inpatient expansion in accordance with projected demand.
- Exploration of the options for the development of maternity and paediatric services at the Concord Hospital as a part of the clinical services planning for Stage 2 redevelopment of Concord.
- Expansion of the Canterbury Hospital Special Care Nursery footprint to comply with the current Australasian Health Facility Guidelines This would include expansion to accommodate an increase in cot numbers, milk storage and preparation room, a breast feeding room and an isolation room for infectious babies.
- Relocation and expansion of the RPA Hospital paediatric ward to provide adequate space for inpatient, ambulatory and outpatient models of care. Increase the number of funded inpatient beds to meet demand.
- Increase the number of funded inpatient paediatric beds at Canterbury Hospital to meet demand. Ensure sufficient space for ambulatory and outpatient models of care.
- Establishment of separate paediatric surgery recovery areas at RPA and Canterbury hospitals.
- Development of a designated Paediatric Emergency Department at Canterbury Hospital.
- Expansion of the available gynaecology ambulatory care space and services at Canterbury Hospital.
- Enhancement of RPA and Canterbury Women's and Babies websites to better engage and educate our consumers.
- Upgrading the RPA Neonatal Intensive Care Unit (NICU) as part of the RPA redevelopment to comply with Australasian Health Facility Guidelines. This would require the inclusion of isolation rooms, single rooms for infants receiving palliative care, a procedure room for assessment and treatment of retinopathy, a milk storage and preparation room, an expressing room for mothers, a procedure room and a play room for siblings. Options for transitional care arrangements should be explored within the planned bed base.
- Assess opportunities to develop accommodation for rural and regional families whose infants are in the NICU.
- Development of an integrated maternity and neonatal data collection system for the District where information can be audited in a timely manner to improve clinical outcomes.



## Our Communities and Partnership Priorities

- Development of additional capacity to fundraise for Women's and Babies services.
- Integration of paediatric services across the District by formalising networks and referral relationships with community paediatrics, adolescent medicine, transitional care medicine, child and adolescent psychiatry, child protection, the Aboriginal Medical Service, Redfern, Aboriginal Community Controlled Health Services, HealthPathways and Central and Eastern Sydney Primary Health Network (CESPHN).
- Review relevant HealthPathways to communicate to GPs the Canterbury and RPA Hospital role and increased capacity to perform non-complex planned paediatric surgery and to ensure streamlined services, referral and appropriate care.
- Continue the support for psychosocial screening, assessment, referral and management of vulnerable pregnant women (especially with mental health, substance use and/or domestic violence issues).
- Better enable psychosocial screening for pregnant women attending VMOs and birthing at hospitals within the District.
- Review the response to children and young people presenting to hospitals with physical child abuse and/or neglect, including the Level 4 response as per the NSW Ministry of Health role delineation requirements.
- Review the model of care for child sexual assault presentations, these are small in number and the current arrangement is that these cases are referred to and managed by the Sydney Children's Hospital Network.

## Our Services Priorities

### Maternity

1. Further development of District-wide outreach community-based antenatal clinics.
2. Development of on-site maternity and gynaecology ultrasound services at Canterbury Hospital.
3. Ongoing investment in expanding the midwifery model of care at both RPA and Canterbury Hospital.
4. Exploration of the options for the development of maternity and paediatric services at the Concord Hospital as a part of the clinical services planning for Stage 2 redevelopment of Concord.
5. Address hospital acquired complications, including perineal tears and birth trauma.

### Neonatal Care

6. Assess the feasibility of upgrading of the Canterbury Hospital Special Care Nursery from level 3 to level 4 role delineation. (In order to achieve this, the requirements include Newborns to be admitted under a consultant paediatrician credentialed to provide neonatal care in the facility and access to: cranial ultrasonography, paediatric ophthalmology specialist and arterial blood gas results within 30 minutes, electrolyte and full blood count results within 2 hours, and neonatal bilirubin results within 60 minutes. This also requires the provision of Level 5 Maternity Services.)

7. Increase the capacity of the Midwifery Discharge Support Programs (MDSP or Midwifery@Home) to support the projected increase in newborn care activity.
8. Increase physiotherapy support to newborn care at RPA (from 0.8FTE to 1.0FTE) to manage the increased workload of the General Movements and Family Centred Care Clinics.
9. Development of an outpatient Feeding Clinic at RPA.

### Gynaecology

10. Development of integrated gynaecology clinics, gynaecology specialisations and operating lists at Concord Hospital.
11. Development of laparoscopic, endoscopic and robotic surgery fellowships at RPA.
12. Development of an adolescent clinic at RPA.
13. Appointment of an uro-gynaecology registrar fellow at RPA to consolidate services in uro-gynaecology and vaginal mesh across the District.
14. Development of a multidisciplinary vaginal mesh clinic at RPA.

### Paediatrics

15. Enhancement of the District-wide reach of ambulatory models of care
  - a. Expansion of RPA paediatric Hospital in the Home (HITH)
  - b. Roll-out of paediatric HITH at Canterbury Hospital
  - c. Expansion of the Gumnut Outpatient Service (GOS) to a 3 tiered service that includes a paediatric acute review clinic.
16. Strengthening the Paediatric Emergency Support Network to ensure patients at all four district hospital EDs have access to paediatric expertise and models of care.
17. Undertake service developments to address gaps in clinical care provision
  - a. Expansion of paediatric allied health service, particularly dietetics, speech pathology and child-life (play) therapy.
  - b. Development of outpatient Feeding Clinics at RPA and Canterbury Hospitals – with infant feeding Speech Pathologist, Dietetics, Lactation Consultant and Paediatrician
  - c. Development of an appropriately resourced model of care for the inpatient management of child and adolescent patients with Eating Disorders.
18. Provision of an improved service for children and adolescents with mental health issues through partnership with Child and Adolescent Mental Health Service and consultation liaison psychiatry services.
19. Re-scope the RPA Youth Team by attaining “Accredited Trainer” status in the Flinders Program in order to train relevant clinicians within the District to utilise the self-management tools and processes.

### Reproductive Endocrinology and Infertility Clinics

20. Development of a multidisciplinary reproductive clinic targeting: disorders of sexual differentiation, pubertal disorders, polycystic ovary syndrome, hirsutism and virilisation, amenorrhoea and oligomenorrhoea and Female and Male onco-fertility.
21. The retention of the memorandum of understanding with Genea (2010)
22. Maintenance of the present staff numbers – Medical, Nursing, Counsellor and Clerical, and focus on succession planning to ensure sustainable service provision.
23. Review the outpatient clinic booking processes to address issues associated with failure of attendance.
24. Plan for the development of uterine transplant service at RPA.

## Our Patients, Carers, Families and Consumers Priorities

- Further enhancement of consumer involvement in the development of maternity guidelines, policies, procedures and models of care.
- Development of the “Well-Women’s Assessment Clinic”, at RPA Women’s and Babies. This would provide a new model of care for gynaecology/Early Pregnancy Assessment Service presentations that would normally attend the Emergency Department. Similarly the Clinic would also provide a new model of care for non-labouring maternity patients who would normally present to the delivery ward.
- Ensure that each facility, where maternity, women’s health, neonatal and paediatric services are provided, recognises Aboriginal and Torres Strait Islander cultural protocols and strategies to improve health outcomes including Acknowledgement to Country, processes to support identification of Aboriginal people and the implementation of the NSW Health Services Aboriginal Cultural Engagement Self Assessment Tool<sup>3</sup> to support the delivery of culturally safe and accessible health services for Aboriginal patients and clients.

## Our Research and Education Priorities

- Supporting the development of the Sydney Institute for Women, Children and their Families in its aim to be a major research institute.
- Ensuring all relevant patients have the opportunity to participate in research/clinical trials
- Ensuring all services within the stream has a strong research focus.
- Further development of the clinical research through Women’s Health Node at the Charles Perkin’s Centre.
- Development of a prenatal genomics centre targeting maternal screening for aneuploidy and other high risk pregnancy complications.
- Further development of the relationship of gynaecology services with the RPA Institute of Academic Surgery to promote surgical research and teaching.
- Partnering with the Australian Gynaecological Endoscopy and Surgery (AGES) Fellowship to support trainee education in gynaecological endoscopy.
- Investment in growing the midwifery workforce, including focusing on supporting the Aboriginal workforce in this field.
- Provision of ongoing support of Bachelor of Midwifery students via workplace placements as part of the Aboriginal Midwifery Cadetship led by the Nursing and Midwifery Office NSW Health.
- Support an increase in midwifery capability through enhanced training, clear protocols and medical staff support, to undertake discharge assessment of the well-neonate (DAWN), with the expectation of midwives achieving credentialed status within 9 months of employment.
- Developing a simulation training service to support on the ward education.
- Provision of an additional Clinical Nurse Educator to deliver program that educates NICU staff, staff from Paediatrics, Anaesthetics and the ED.

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<sup>3</sup> <https://www.health.nsw.gov.au/aboriginal/Pages/cultural-engagement-tool.aspx>

- Supporting funded education co-ordinator/medical educator position.
- Supporting funded research nurse positions within newborn care to deliver clinical projects and explore opportunities for conjoint hospital/university research positions.
- Establishment of one or more approved registrar network training positions in collaboration with newborn care, community paediatrics and SCHN at RPA and Canterbury Hospitals.
- Development of a stronger research focus in paediatrics.

## **Our Staff Priorities**

- Recruitment/training and clinical support for resident medical officers and registrars is a high priority across the subspecialties in obstetrics and gynaecology.
- Extension of educational programs for neonatal nurses who are new to Newborn Care as Phase 2 of an initiative designed to both train and retain nursing staff to Newborn Care.
- Ensure the development of staff health and wellness programs to support staff in their roles.
- Strengthen the cultural competencies of all staff to ensure that Aboriginal people and people from a CALD background receive access to culturally sensitive services.

## ACHIEVEMENTS

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The Women's Health, Neonatology and Paediatrics Clinical Stream achievements over the past five years are numerous and include:

- Expansion of midwifery models of care with an increase in midwifery numbers in the Midwifery Group Practices at both RPA and Canterbury Hospitals.
- Establishment of community-based midwifery antenatal clinics at Marrickville, Croydon, and Belmore with additional clinics planned for Forest Lodge and Homebush.
- The formation of the Sydney Institute for Women, Children and their Families, a central hub for research evaluation, education and policy, centred on and related to the health and social wellbeing of women, children and families.
- Appointment of research midwives and research obstetric fellows to increase capacity to undertake projects to improve maternal and neonatal outcomes.
- Expansion of maternal fetal medicine research with the development of the Women's Health node clinics in the Charles Perkins Centre. The Women's Health node clinic screens women for potential pregnancy complications, starting as early as 12 weeks of pregnancy and also pre-conception.
- Implementation of the K2 electronic fetal monitoring system to improve perinatal outcomes.
- Commencing the implementation of criteria led discharge across postnatal units at RPA and Canterbury Hospitals.
- Appointment of perinatal mental health Clinical Nurse Consultant (CNC) at Canterbury Hospital.
- Development of screening tools for the prediction and prevention of stillbirths in the third trimester.
- Appointment of a CMC High Risk Pregnancy at RPA. This has improved care continuity for women who are experiencing a pregnancy complicated by health issues for the mother or foetus.
- Collaboration with the Poche Centre for Indigenous Health Sydney University and three other Local Health Districts to employ Aboriginal students enrolled in a Maternal and Child Health Certificate 3 course at TAFE with a view to growing our workforce of Aboriginal midwives.
- Successful Baby Friendly Health Initiative re-accreditation at both RPA and Canterbury Hospital.
- Partnering with Child and Family Health to provide parenting classes to LGBTIQ community members who are preparing for parenthood.
- Development of the multidisciplinary pelvic mesh clinic at RPA to support women with previous mesh surgery.
- Appointment of a CNC in gynaecology, and an academic gynaecologist. This has resulted in a collaborative relationship with the RPA Institute of Academic Surgery.
- Further establishment of the iSAIL clinic across the District which provides a multidisciplinary framework and physical space separate from the main hospital to see families who have experienced a stillbirth or neonatal death. The iSAIL clinic is now supported by a Clinical Midwifery Consultant to ensure improved continuity of care to women and their families.
- Expansion of neonatal services from 10 to 12 Neonatal Intensive Care Unit (NICU) beds.
- Appointment of extra non-clinical nurse unit managers in NICU to support inexperienced nursing staff.

- Implementation of initiatives to enhance family centred care in the NICU, such as parent participation in handover, parent swipe cards to access the NICU, parent/infant scent pads to enhance bonding and decrease parent and infant stress.
- Support for nursing staff to attend neuroprotective care training (FINE training) at The Children's Hospital at Westmead.
- Enhancement of the lactation consultant service in the NICU.
- Implementation of a structured orientation workshop program for new nursing recruits to NICU.
- Upgrade of our nurse-led neonatal transport system.
- Enhancement of the NICU physiotherapy service to provide extra support for families requiring developmental care, post-discharge infant development and baby wearing.
- Development of the "Possum Play group" which aims to improve health and education for infant children from families with drug health issues.
- Delivery of Paediatric HiTH model of care and Paediatric Acute Review Clinic at RPA Hospital and the planning of a similar service at Canterbury.
- The Paediatric Ward at RPA is the first Paediatric ward in NSW to commence Domestic Violence Routine Screening for women whose children are inpatients. This initiative was a finalist in the 2018 NSW Health Quality Awards and NSW Premier's Awards as well as receiving a NAPCAN award and a quality award as part of the 2018 Sydney Local Health District Annual General Meeting.
- Implementation of Criteria-Led Discharge on the paediatric wards of RPA and Canterbury Hospitals.
- Gone, But Not Forgotten initiative at Canterbury Hospital which ensures all children discharged from the ED are followed up the next day.

## OUR FACILITIES

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The facilities that our services occupy at RPA, Concord and Canterbury are priority facilities for upgrading. The footprint for our services in both RPA and Canterbury maternity, paediatric and gynaecology services is currently inadequate. There are especially space constraints in our ambulatory and outpatient care areas which impede optimal patient and family centred care.

Options for the development of on-site or networked maternity and paediatric services at Concord Hospital will be explored in clinical services planning for the Concord Hospital.

Imaging is an important part of modern maternal, neonatal, and gynaecological and paediatric care. At Canterbury there is a need to develop on-site imaging services.

Cerner Powerchart Maternity, HealtheNet are integral to the roll-out of the electronic medical record. High quality websites, performance and data management systems are integral to our Stream.

### Our Facilities Priorities

- Implementation and utilisation of a maternity eMR at RPA and Canterbury Hospitals (PowerChart Maternity).
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- Increase the number of funded inpatient paediatric beds at Canterbury Hospital to meet demand. Ensure sufficient space for ambulatory and outpatient models of care.
- Establishment of separate paediatric surgery recovery areas at RPA and Canterbury hospitals.
- Development of a designated Paediatric Emergency Department at Canterbury Hospital.
- Expansion of the available gynaecology ambulatory care space and services at Canterbury Hospital. Enhancement of RPA and Canterbury Women's and Babies websites to better engage and educate our consumers.
- Upgrading the RPA NICU as part of the RPA redevelopment to comply with Australasian Health Facility Guidelines. This would require the inclusion of isolation rooms, single rooms for infants receiving palliative care, a procedure room for assessment and treatment of retinopathy, a milk storage and preparation room, an expressing room for mothers, a procedure room and a play room for siblings. Options for transitional care arrangements should be explored within the planned bed base.
- Assess opportunities to develop accommodation for rural and regional families whose infants are in the NICU.

- Development of an integrated maternity and neonatal data collection system for the District where information can be audited in a timely manner to improve clinical outcomes.

## OUR COMMUNITIES, PARTNERSHIPS AND ENVIRONMENT

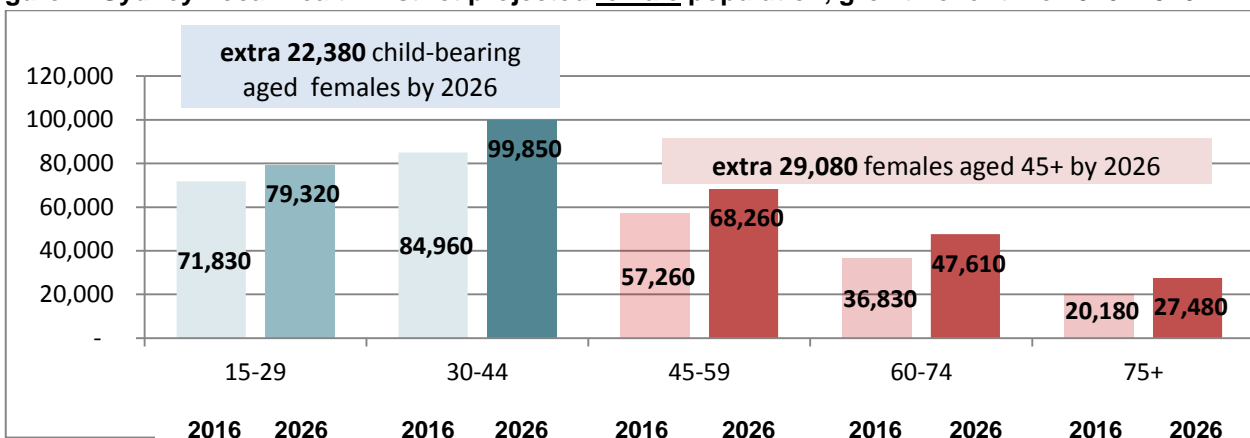
### Overview

The Sydney Local Health District has a population growth rate of 40% between 2016-2036 (Department of Planning and Environment (DPE) 2016). However, there are a number of urban development projects that have yet to be included in these projections. By 2026, according to the DPE projection, the District population is expected to reach 766,530 people and by 2036, 895,790 people. This growth rate in the District from 2016 to 2036, outstrips that of NSW which is projected to grow by 28%. The District has the third highest growth rate of all NSW local health districts (LHDs).

The District is experiencing widespread transformation occurring through urban renewal and increased population density. In the context of this urban development, housing affordability is an increasing issue in the District for our population and our staff. Significant planned urban developments include: the Sydenham to Bankstown corridor, Green Square, urban consolidation along Parramatta Road, The Bays (Rozelle), Rhodes, Breakfast Point and the Central to Eveleigh corridor. There are also very significant private developments throughout the inner west. There are a number of large developments in neighbouring LHDs that will directly impact on the District such as Sydney Olympic Park, Wentworth Point and Carter Street which are proximate to the Concord Hospital. The planned redevelopment of major social housing estates at Waterloo, Redfern and Riverwood aims to significantly increase the density and social mix/diversity of these estates.

As per figure 1 it is projected that by 2026 an additional 22,380 (14% growth) women in the childbearing age group will reside in the District. The childbearing age group, 15 - 44 years is projected to grow over the next 10 years across all Sydney Local Health District local government areas (LGAs).

**Figure 1: Sydney Local Health District projected female population, growth over time 2016 -2026**



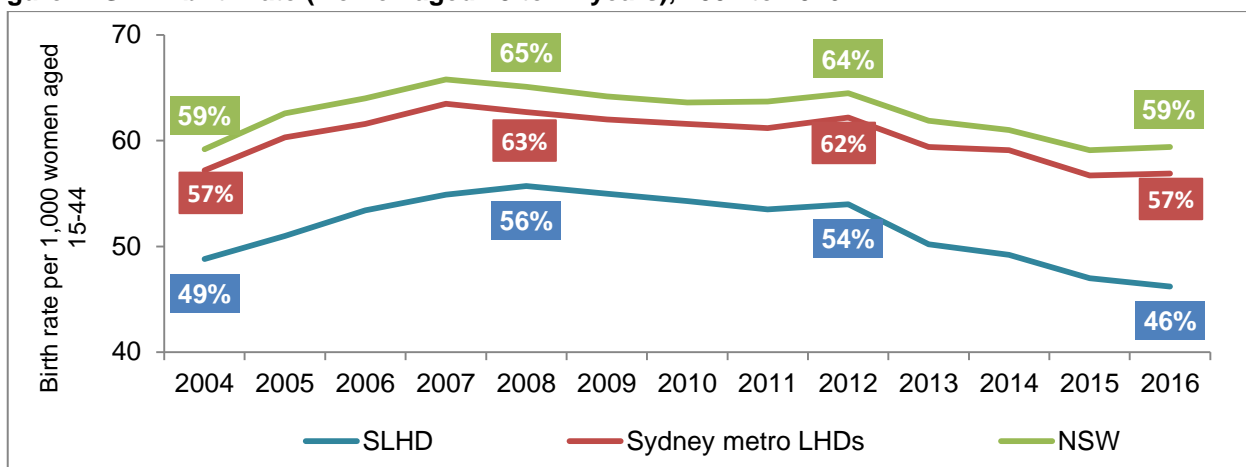
Source: NSW Department of Planning and Environment, 2016 population projections.

In 2016, there were 8,468 births to mothers who lived in the District which was a 4.7% decrease in



births from 8,883 in 2012. Of these births, 99 (1.2%) were to Aboriginal mothers. Figure 1 shows that the age-standardised birth rate, per 1,000 women at reproductive age residing in District, rose from 49 in 2004 to 54 and has since declined to 46 in 2016. The rates of birth across the state and Sydney metropolitan LHDs followed similar trends but were consistently higher than that of Sydney Local Health District.

**Figure 2: SLHD birth rate (women aged 15 to 44 years), 2004 to 2016**



Source: DRAFT SLHD Mothers and Babies Report, 2016.

A significant growth in the paediatric population is expected with a 25% increase projected between 2016 and 2026, as shown in table 2. The areas of greatest increase are the Sydney LGA (South and West SLA) (45% increase), Burwood (41%) and Strathfield (45%).

**Table 2: Sydney Local Health District projected (0-14 years) adolescent population, 2016 to 2026**

LGA	2016	2021	2026	% change 2016-2026
Ashfield	7,140	7,840	8,100	13.4%
Burwood	5,760	7,120	8,140	41.3%
Canada Bay	15,360	16,790	17,700	15.2%
Canterbury	31,320	35,950	40,420	29.1%
Leichhardt	10,050	10,360	10,320	2.7%
Marrickville	13,260	14,700	15,670	18.2%
Strathfield	6,880	8,760	9,950	44.6%
Sydney*	11,090	13,950	16,100	45.2%
<b>Total</b>	<b>100,860</b>	<b>115,470</b>	<b>126,400</b>	<b>25.3%</b>

Source: NSW Department of Planning and Environment, 2016 population projections. Sydney\* represents the proportion of SLHD residents within City of Sydney LGA.

The District is rich in cultural and social diversity with almost half of the District's population speaking a language other than English at Home (LOTE), including significant numbers of refugees, asylum seekers and special humanitarian entrants. Almost 8% of the District population speaks little or no English. The major languages spoken at home include Chinese languages, Arabic, Greek, Korean, Italian and Vietnamese.

A very significant Aboriginal population resides in the District especially in the Redfern/Waterloo area, in the City of Sydney and in Marrickville. Aboriginal people are widely recognised as having poorer health and poorer access to appropriate health services. Aboriginal people are also more

likely to experience comorbidities that contribute to an increased risk of chronic illness, for example Aboriginal people are 2.6 times more like to smoke daily, with 43.2% of Aboriginal or Torres Strait Islander mothers reported smoking at some time during pregnancy (2018). They are also 1.2 times as likely to be overweight or obese, 1.2 times as likely to have high blood pressure, and are more likely to have two or more chronic diseases such as diabetes, cardiovascular and chronic kidney disease (AIHW). They have higher cancer mortality rates, are more likely to be diagnosed with liver, lung and cervical cancers, and have poorer survival chances after breast and cervical cancer. In NSW, 9.9% of Aboriginal babies were low birth weight and 11.1% were premature (2018)<sup>4</sup>. All of these factors contribute to a poorer overall health status.

A feature of the District's social diversity is our proud lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) community. A number of our suburbs have the highest proportions of same-sex couples in Australia. There is evidence that LGBTIQ communities experience high levels of health disparities including higher rates of poor mental health and higher smoking rates.

Sydney Local Health District is characterised by socio-economic diversity, with pockets of both extreme advantage and extreme disadvantage. The LGAs with the highest proportion of the population receiving social welfare assistance include Canterbury and the Inner West Council. Mean taxable income is lowest in the Canterbury LGA, which has a higher index of disadvantage than the rest of the State. The District has a large population of people who are homeless, with 40% of all of the NSW boarding houses located in the District.

## Our Partnerships

The Women's Health, Neonatology and Paediatrics Clinical Stream works extensively with other services internal and external to the District. This includes:

- Adolescent and Transition Medicine
- EDs at RPA, Concord, Canterbury and the GP Casualty at Balmain Hospital
- Community Paediatric Services
- Child Protection Services
- Drug Health Services
- Paediatric Mental Health Services managed by the Mental Health Stream with services located at Rivendell and within community health centres
- Child and Family Health Services which provide a range of community-based services for families and children including, for example, speech pathology and physiotherapy
- Population Health
- Refugee Health Service which provides a clinic at the Canterbury Community Health Centre
- Aboriginal Medical Service, Redfern
- Aboriginal Community Controlled Health Services
- Tresillian
- Central and Eastern Sydney Primary Health Network
- Tertiary Paediatric Hospitals
- Tertiary Maternal/Fetal Services
- Charles Perkins Centre

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<sup>4</sup> NSW Mothers and Babies 2018, *NSW Health* <https://www.health.nsw.gov.au/hsnsw/Publications/mothers-and-babies-2018.pdf>

- RPA Institute of Academic Surgery
- University of Sydney
- Imaging Services
- Anaesthetic Services
- Mental Health.

## **Our Communities and Partnership Priorities**

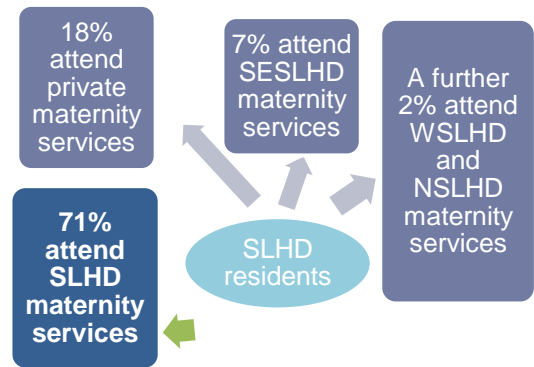
- Development of additional capacity to fundraise for Women's and Babies services.
- Integration of paediatric services across the District by formalising networks and referral relationships with community paediatrics, adolescent medicine, transitional care medicine, child and adolescent psychiatry, child protection, Aboriginal Medical Service, Redfern, Aboriginal Community Controlled Health Services, HealthPathways and Central and Eastern Sydney Primary Health Network (CESPHN).
- Review relevant HealthPathways to communicate to GPs the Canterbury and RPA Hospital role and increased capacity to perform non-complex planned paediatric surgery and to ensure streamlined services, referral and appropriate care.
- Continue the support for psychosocial screening, assessment, referral and management of vulnerable pregnant women (especially with mental health, substance use and/or domestic violence issues).
- Better enable psychosocial screening for pregnant women attending VMOs and birthing at hospitals within the District.
- Review the response to children and young people presenting to hospitals with physical child abuse and/or neglect, including the Level 4 response as per the NSW Ministry of Health role delineation requirements.
- Review the model of care for child sexual assault presentations, these are small in number and the current arrangement is that these cases are referred to and managed by the Sydney Children's Hospital Network.

# OUR SERVICES

## Our Maternity Services

Over the last 5 financial years, maternity services, at RPA and Canterbury Hospitals have provided the majority of Sydney Local Health District resident's maternity inpatient separations, with approximately 71% of Sydney Local Health District residents attending District hospitals for their maternity inpatient care (Figure 3).

The strategic intent for the District maternity services is to remain focused on expanding and enhancing services at both Canterbury and RPA Hospitals, to meet our population needs. The District will explore options to provide maternity and paediatric services at the Concord Hospital.



**Figure 3: Sydney Local Health District resident maternity flows**

## RPA Hospital Maternity

RPA Hospital is a level 6 tertiary referral maternity hospital with 83 beds, including a delivery ward with 11 beds, the Birth Centre with 3 beds, 54 postnatal and 15 antenatal beds. There is a dedicated 24 hour obstetric operating theatre with onsite anaesthetic, registrar and resident medical officer support, further supported by an obstetric consultant on call and a roster for advanced surgical backup.

High-risk antenatal clinics for medical disorders in pregnancy, endocrinology and gestational diabetes, multiple pregnancies, Aboriginal health, drug health, vaginal birth after caesarean section, hypertension and renal disorders of pregnancy, prevention of preterm birth are provided at RPA Hospital.

The Centre for Women's Ultrasound and Fetal Medicine at RPA is a quaternary referral service for obstetric and gynaecological imaging. The service offers first trimester nuchal translucency screening for aneuploidy, screening for pre-eclampsia and intra-uterine growth restriction. At the tertiary referral level, the Fetal Medicine Unit offers consultations and expert opinion on fetal anomalies, and performs CVS, amniocentesis and cordocentesis, fetal blood and platelet transfusions and laser therapy for twin/twin transfusion and selective intra-uterine growth restriction.

The service also offers non-invasive prenatal testing (NIPT) and is the first service in Australia to offer this form of screening in the public health system.

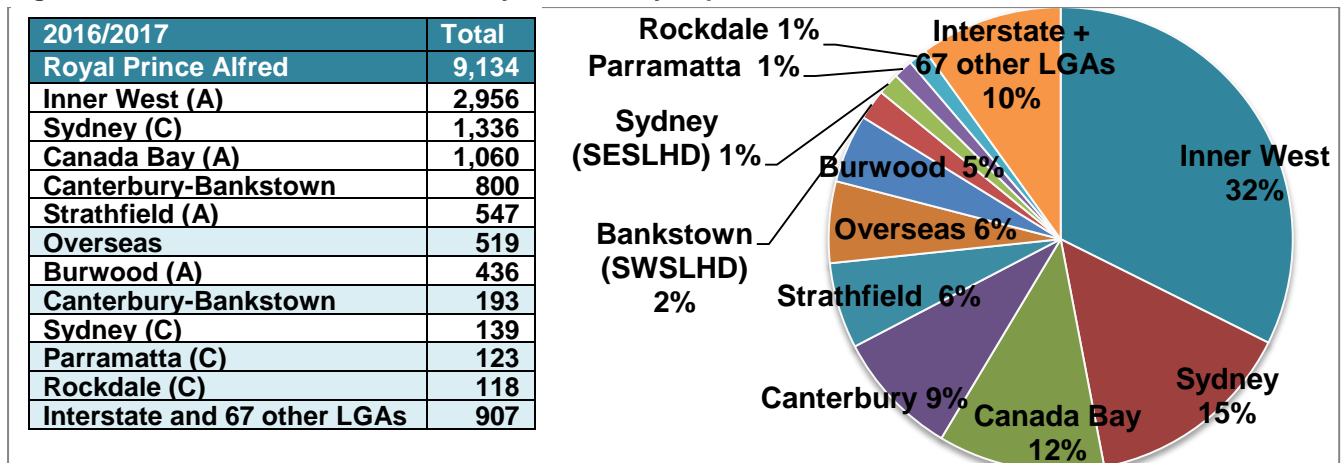
Low and medium risk maternity services at RPA Hospital are provided through midwifery led care, birth centre led care and the midwifery group practice. Over 50% of low risk obstetric care is performed in partnership with the CESP HN through the antenatal shared care program. The

maternity services also offer antenatal parent education, lactation classes, comprehensive postnatal lactation support and postnatal midwifery care provided in the woman’s home. Lactation support is provided by the lactation team to women and their breastfeeding babies who may present to the Emergency Department, be admitted to ICU or HDU, require admission to the Paediatric Ward RPA or are being followed up in the Paediatric Acute Review Clinic.

The Early Pregnancy Assessment Service (EPAS) is a specialised outpatient clinic designed to assess women who present to RPA with problems in early pregnancy. The EPAS service is supported by a 7 day a week CMC position. This position works closely with the Emergency Department and the Department of Obstetrics and Gynaecology to ensure that women receive timely and appropriated care and follow up. The service also has well established pathways to ensure that Sydney Local Health District General Practitioners are able to receive timely advice and support regarding management plans for women who present to their practice with an early pregnancy problem.

Most patients using RPA maternity services live within the boundaries of the Sydney Local Health District, with 22% of patients coming from outside of the District (see Figure 4).

**Figure 4: Patient flows to RPA maternity services by separations, 2016/17**



Source: FlowInfo v17. April 2018. Includes SRG 72 Obstetrics and excludes ED Only activity.

## Canterbury Hospital Maternity

The Canterbury Hospital is a level 4 maternity hospital for low and medium risk maternity care. This includes antenatal clinics, a birthing unit with 5 beds and a postnatal/antenatal ward with 22 beds, community antenatal clinics for women receiving their pregnancy care through Midwifery Group Practice and antenatal education.

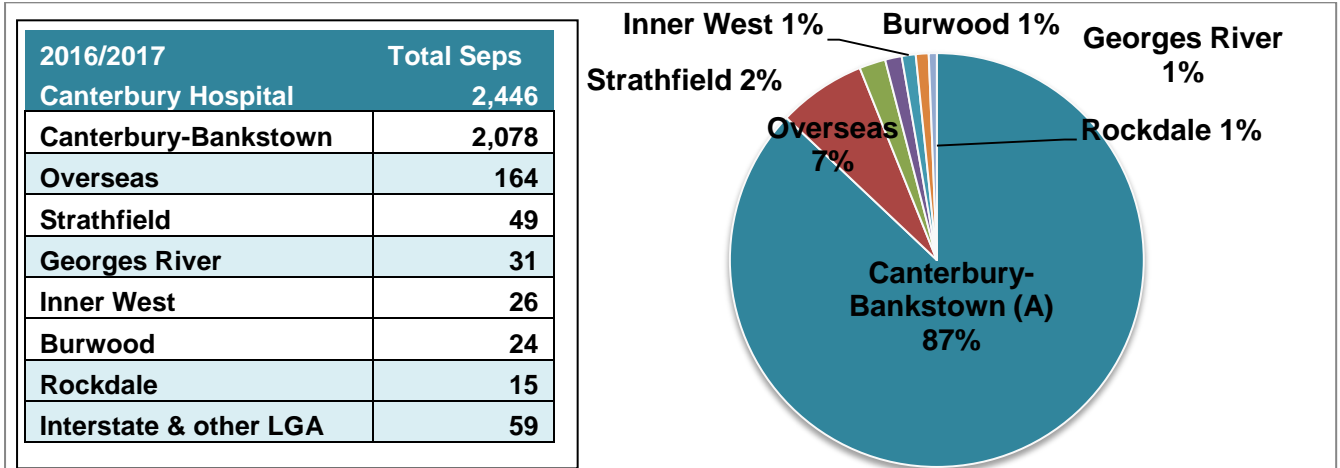
The obstetric/neonatal service can deliver babies from 34 weeks gestation and above. Imaging is performed by the general radiology service and an off-site private ultrasound service with an interest in obstetrical and gynaecological imaging. There is on-site obstetric registrar cover 24 hours per day and a consultant on call 24 hours per day.

There are consultant led risk clinics in endocrinology/gestational diabetes (not including type 1 diabetes), multiple pregnancies for dichorionic twin’s only and vaginal birth after caesarean section. In addition there is a midwifery case-load clinic for antenatal care for women with FGM (female genital mutilation), a midwifery discharge support service, midwifery group practice and lactation

services.

The majority of maternity patients at Canterbury reside in the Canterbury-Bankstown LGA (87%) with 7% being from overseas (Figure 5).

**Figure 5: Patient flows to Canterbury Hospital maternity services by separations, 2016/17**



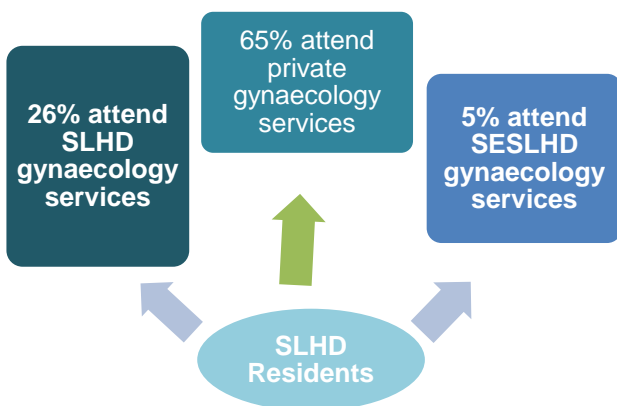
Source: FlowInfo v17. April 2018. Includes SRG 72 Obstetrics and excludes ED Only activity.

## Our Gynaecology Services

The District’s gynaecology services provide 26% of the inpatient separations for all Sydney Local Health District residents, with the majority of Sydney Local Health District residents (65%) attending private gynaecology services (Figure 6). The RPA Gynaecology service is the largest public gynaecology service in NSW. The District’s gynaecology inpatient surgical and ambulatory services currently lack the capacity to expand due to limited physical space, operating time and staffing.

## RPA Gynaecology

**Figure 6: Resident Flows for Gynaecology**



RPA Hospital Gynaecology service, the largest public gynaecology service in the state, has 4 dedicated beds, with the ability to flex up. A large volume of the gynaecological operations are day only procedures, covering a broad scope of surgery including general gynaecology, advanced robotic, laparoscopic, urogynaecological and fertility surgery. RPA has dedicated outpatient clinics, which cover general gynaecology, endometriosis, urogynaecology, reproductive endocrinology, fertility, contraception and hysteroscopy. The EPAS is a dedicated outpatient clinic for the assessment of problems in early pregnancy.

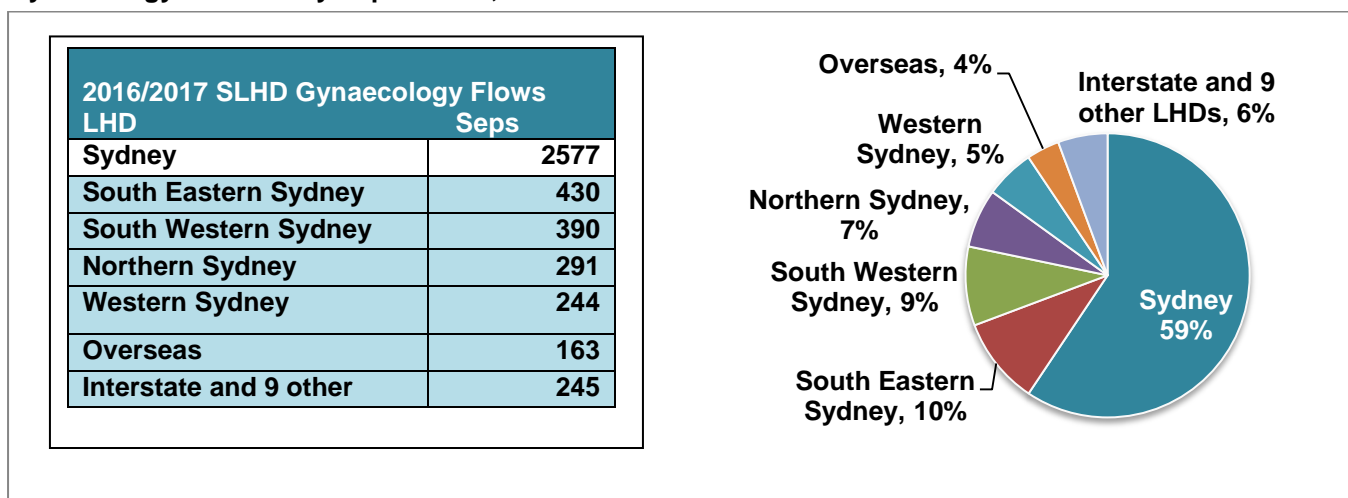
## Concord Hospital Gynaecology

Concord Hospital inpatient gynaecology service delivers general gynaecology care and pelvic floor repair. General gynaecology and menopause outpatient clinics are also delivered. There is currently seven clinical sessions for elective gynaecology operations.

## Canterbury Hospital Gynaecology

Canterbury Hospital offers an acute gynaecology service through ED and also reviews patients in the gynaecology outpatient clinics. Figure 7 shows the patients using the District gynaecology services predominately live in the District with inflows from SESLHD and SWSLHD.

**Figure 7: Patient flows by Local Health District of residence to Sydney Local Health District Gynaecology Services by Separations, 2016/17**



Source: FlowInfo v17. April 2018. Includes SRG 71 Gynaecology and excludes Gynae-oncological activity (eSRG 718 Gynaecological oncology) and ED Only activity

## Our Reproductive Endocrinology and Infertility Clinics

### The Fertility Unit

The Fertility Unit at RPA Hospital provides investigations and management to eligible patients at minimal out-of-pocket expense. The VMOs provide twelve fertility clinics per month; the Fellows provide 15 fertility clinics per month. Each clinic consists of two new fertility couples and three follow-up couples (i.e. ten patients per clinic). There is also one monthly clinic for women and their families who have suffered a miscarriage.

The Fertility Unit also provides a consultative and therapeutic service to men and women undergoing gonadotropic therapies (e.g. chemotherapy). Procedures include: Hysteroscopy procedures - diagnostic and operative; Laparoscopic procedures - excision of endometriosis; Open procedures - myomectomy; microsurgery service - testicular micro-dissection, tubal and vas anastomosis.

The Fertility Unit Counsellor provides general and crisis counselling to fertility and early pregnancy assessment service patients and also for donors and donor-recipient couples. The counsellor also provides 1-day per month on-call for the social work department. The Fertility Unit fellows are

involved in medical student teaching, RANZCOG trainee teaching and research. Physical space in the ambulatory care setting is an issue for fertility services which are already operating at full capacity.

Table 3 shows the medical clinical activity in the Fertility Clinic.

**Table 3: RPA Fertility Clinic Activity, Occasions of Service, 2014/15 to 2016/17**

RPA Hospital Fertility Clinic	2014/15	2015/16	2016/17
<b>Occasions of Service</b>	<b>2,265</b>	<b>2,307</b>	<b>2,092</b>

Source: Sydney Local Health District Performance Unit

There is a high volume of fertility nurse occasions of service:

- 10-15 nursing interviews are conducted each week.
- There are 7-9 occasions of service per stimulated cycle that require nursing patient interaction.
- 20-30 telephone calls are conducted each day by the nursing team.

## Our Neonatal Services

The District's neonatal services provide 70% of the inpatient separations for all Sydney Local Health District residents, with 12% of Sydney Local Health District residents attending South Eastern Sydney LHD neonatal services, and a further 6% attending Western Sydney LHD neonatal services. Enhancements to both RPA and Canterbury Hospital neonatal services are required to comply with current Australasian Health Facility Guidelines and to provide new care-by-parent models of care. The upgrading of Canterbury Hospital Special Care Nursery to level 4 role delineation would enhance capacity to care for more complex patients but would require upgrade of maternity services to Level 5 role delineation.

### RPA Hospital Newborn Care

RPA Newborn Care is a level 5 neonatal service. Many of the babies cared for by this service are receiving care from NICU staff while remaining with their mothers in the postnatal ward. RPA Newborn Care is supported by 34 cots and includes a Neonatal Intensive Care Unit (10 cots), High Dependency Unit (10 cots) and Special Care Nursery (14 cots). Newborn Care is serviced by a team comprising resident medical officers, registrars or neonatal nurse practitioners, neonatal fellows and neonatologists. This team also provides neonatal and paediatric emergency cover throughout the hospital, including to the Emergency Department.

Services that are provided for babies requiring intensive care include:

- Point of Care Ultrasound Program. RPA Newborn Care is recognised internationally as a training centre for Neonatal Point of Care Ultrasound.
- Newborn Discharge and Family Support. This is a dedicated team of neonatal and community trained nurses who are involved in discharge planning of the baby with the family as well as nurse-led neonatal transport.
- Neonatologist follow up clinics.
- Long Term Developmental Follow Up. Babies who are at highest risk of long term neurodevelopmental and educational difficulties are provided with neurodevelopmental as well

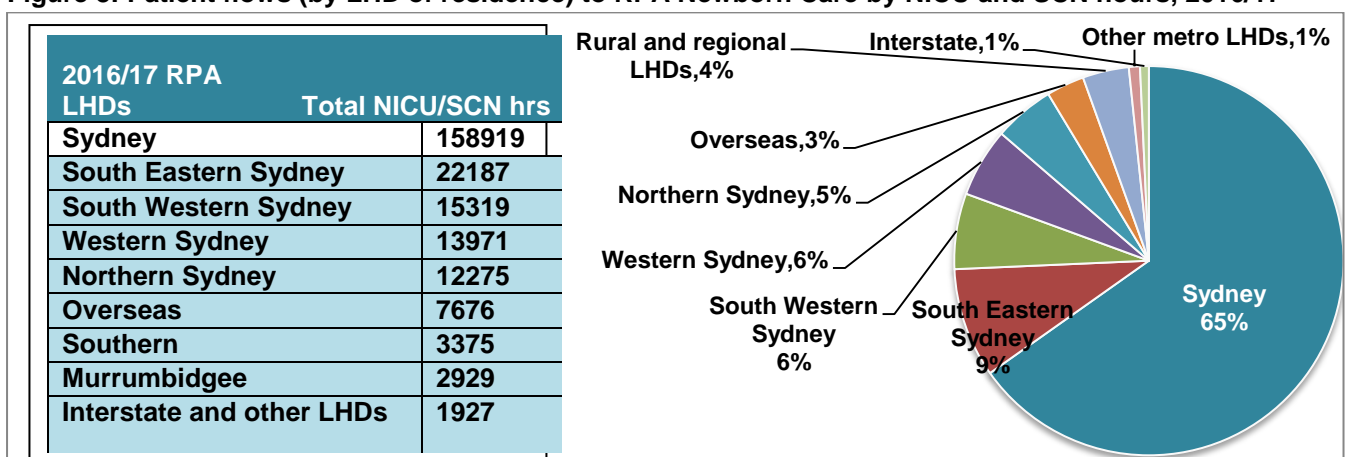


as medical and motor assessments. Liaison with community and educational support services as well as specialised intervention services is provided.

- Perinatal and Family Drug Health Clinic.
- The Integrated Support after Perinatal Loss (iSAIL) Clinic is a multidisciplinary clinic for families who have experienced a stillbirth or perinatal death.
- Eye Clinic. Three visiting paediatric ophthalmologists, specialising in neonatal care provide a weekly clinic as well as weekly assessment of babies in the nursery at risk of retinopathy of prematurity.
- Jaundice clinic/ late preterm drop-in clinic.
- Physiotherapy clinics to support parents in optimising developmental progress for high risk infants. Home visiting to families receiving care from the Newborn Family Support nurses is offered when necessary.
- Developmental Dysplasia of the Hip Screening Program. This is a screening service provided by neonatologists for those infants at highest risk of developing dysplasia of the hip.
- RPA is an accredited Baby Friendly Hospital. Newborn Care is supported by three lactation consultants and a donor milk program for infants at risk of gastrointestinal problems. This is currently run in conjunction with the Red Cross Pasteurised Human Donor Milk Program.

Figure 8 shows that 35% of neonatal services are provided to people living outside of the District.

**Figure 8: Patient flows (by LHD of residence) to RPA Newborn Care by NICU and SCN hours, 2016/17**



Source: FlowInfo v17. April 2018. Includes NICU and SCN hours only.

## Canterbury Hospital Special Care Nursery

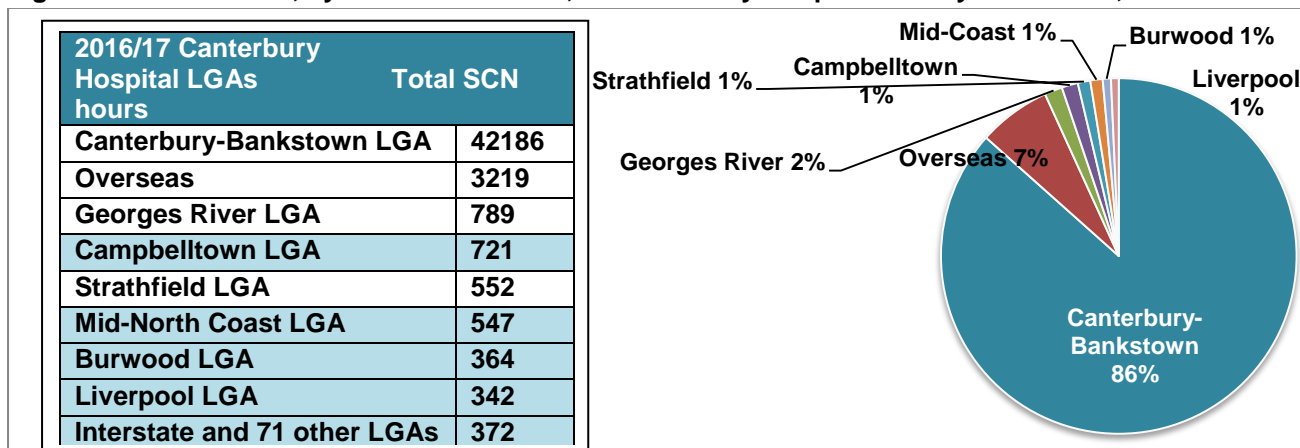
Canterbury Hospital Special Care Nursery (SCN) is a level 3 facility with 8 special care cots. The Nursery provides care for babies who are born after 34 weeks gestation, with conditions such as prematurity, respiratory distress, intra-uterine growth restriction, dysmorphic syndromes, neonatal abstinence syndrome, perinatal asphyxia and birth injury such as sub-aponeurotic hemorrhage.

Babies may also be admitted to the nursery because of maternal illness following delivery or because of an Assumption of Care order. Babies considered too unwell for Level 3 care are discussed with tertiary neonatal units and the Newborn Emergency Transport Service (NETS) for possible transfer. A Vision for Life camera assists to facilitate safe transfer. The SCN, in turn, receives the back-transfer of babies from tertiary units once they are suitable for Level 3 care.

Medical staff includes a paediatric staff specialist, visiting paediatric medical officers, paediatric registrars and senior resident medical officers. Nursing support is provided by midwives and nurses who have enhanced skills in caring for neonates.

Figure 9 shows that the majority of Canterbury SCN services are provided to people living in the Canterbury-Bankstown area.

**Figure 9: Patient flows, by LGA of residence, to Canterbury Hospital SCN by SCN hours, 2016/17**



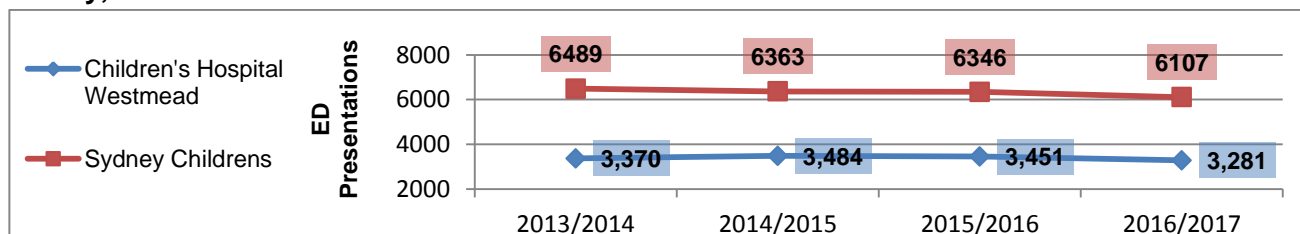
Source: FlowInfo v17. April 2018. Includes SCN hours only.

## Our Paediatric and Adolescent Services

The District's Paediatric and Adolescent services provide 33% of the inpatient separations for all Sydney Local Health District residents, with the majority of paediatric patients (35%) attending Sydney Children's Hospital Network services; Children's Hospital Westmead (15%) and Sydney Children's Hospital, Randwick (20%). A further 25% of Sydney Local Health District residents are attending private hospitals (including day procedure centres).

Sydney Local Health District is located between the two NSW specialist children's hospitals. This explains, to some extent the relatively low self-sufficiency (33%) of the paediatric services within the district. Figure 10 shows that two thirds of the Sydney Local Health District ED presentations at Sydney Children's Hospital Network were at the Sydney Children's Hospital, Randwick.

**Figure 10: Sydney Local Health District Residents (<16 yr) that presented to SCHN ED, by facility, 2013/14 to 2016/17**



Source: ED Activity Analysis Tool 2018 v17.0. NSW MoH Clinical Services Planning Analytics Portal.

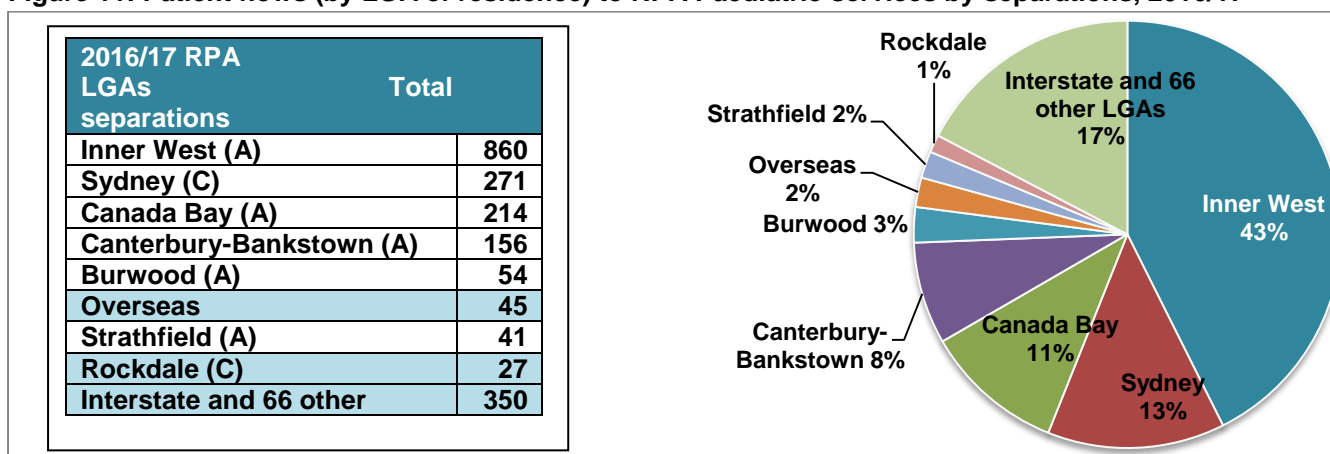
Over the last 4 financial years, both emergency and planned paediatric surgery across the District has grown annually by 12.5% and 0.9% respectively. The majority of planned surgery is undertaken by ENT and Dentistry specialties, with the majority of emergency surgeries being undertaken by the orthopaedic and general surgery specialties.

## RPA Paediatric Services

The Paediatric inpatient service at RPA Hospital is a level 4 service. The RPA paediatric team is comprised of staff specialist paediatricians, VMOs, registrars and RMOs. RPA Hospital has 24 hour on site paediatric RMO coverage that also supports ED. In addition, 4 paediatric surgeons have elective operating lists for general paediatric, non-subspecialty surgery. A variety of acute and elective subspecialty surgery (Orthopaedic, ENT surgery and Ophthalmology) is also provided at RPA with the children’s ward providing pre and post-operative care.

The RPA Paediatric and Adolescent service includes a ten-bed paediatric inpatient ward; paediatric HITH program, a paediatric acute review clinic, outpatient follow-up clinics and an outpatient paediatric surgical clinic. Youth-specific services are provided by the RPA Youth Team which provides psychosocial assessment and support, health education, referral, advocacy and recreation for young people aged 12-24 admitted to RPA. Figure 11 shows that the majority of Paediatric services in the District are provided to local residents.

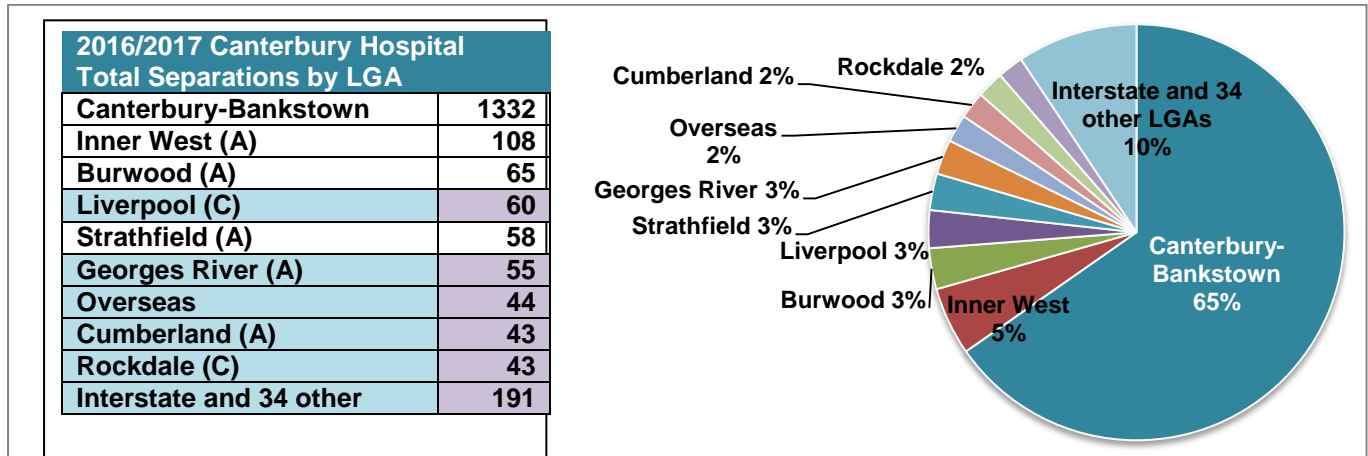
**Figure 11: Patient flows (by LGA of residence) to RPA Paediatric services by separations, 2016/17**



Source: FlowInfo v17. April 2018. Includes 16 years and over acute activity only. Excludes renal dialysis, chemotherapy, neonatal and perinatal activity. Excludes ED Only activity.

The Paediatric Inpatient Service at Canterbury Hospital is a level 4 service. It is medically staffed by staff specialist paediatricians, VMOs, paediatric registrars and RMOs. Canterbury Hospital has 24 hour on site paediatric registrar coverage that also supports ED. The Canterbury Hospital Paediatric Service provides a ten-bed paediatric inpatient ward; paediatric acute review clinic; outpatient follow-up services; and paediatric dental, ENT and orthopaedic surgery. In addition to supporting the ED and children’s ward, this service supports the maternity department and the Canterbury Hospital SCN.

**Figure 12: Patient flows, by LGA of residence, to Canterbury Hospital Paediatric services, 2016/17**



Source: FlowInfo v17. April 2018. Includes 16 years and over acute activity only. Excludes renal dialysis, chemotherapy, psychiatric –acute, neonatal and perinatal activity. Excludes ED Only activity.

## Our Services Priorities

### Maternity

- Further development of District-wide outreach community-based antenatal clinics.
- Development of on-site maternity and gynaecology ultrasound services at Canterbury Hospital.
- Ongoing investment in expanding the midwifery model of care at both RPA and Canterbury Hospital.
- Exploration of the options for the development of maternity and paediatric services at the Concord Hospital as a part of the clinical services planning for Stage 2 redevelopment of Concord.
- Address hospital acquired complications, including perineal tears and birth trauma.

### Neonatal Care

- Assess the feasibility of upgrading of the Canterbury Hospital Special Care Nursery from level 3 to level 4 role delineation. (In order to achieve this, the requirements include Newborns to be admitted under a consultant paediatrician credentialed to provide neonatal care in the facility and access to: cranial ultrasonography, paediatric ophthalmology specialist and arterial blood gas results within 30 minutes, electrolyte and full blood count results within 2 hours, and neonatal bilirubin results within 60 minutes. This also requires the provision of Level 5 Maternity Services.)
- Increase the capacity of the Midwifery Discharge Support Programs (MDSP or Midwifery@Home) to support the projected increase in newborn care activity.
- Increase physiotherapy support to newborn care at RPA (from 0.8FTE to 1.0FTE) to manage the increased workload of the General Movements and Family Centred Care Clinics.
- Development of an outpatient Feeding Clinic at RPA.

## Gynaecology

- Development of integrated gynaecology clinics, gynaecology specialisations and operating lists at Concord Hospital.
- Development of laparoscopic, endoscopic and robotic surgery fellowships at RPA.
- Development of an adolescent clinic at RPA.
- Appointment of an uro-gynaecology registrar fellow at RPA to consolidate services in uro-gynaecology and vaginal mesh across the District.
- Development of a multidisciplinary vaginal mesh clinic at RPA.

## Paediatrics

- Enhancement of the District-wide reach of ambulatory models of care
  - Expansion of RPA paediatric Hospital in the Home (HITH)
  - Roll-out of paediatric HITH at Canterbury Hospital
  - Expansion of the Gumnut Outpatient Service (GOS) to a 3 tiered service that includes a paediatric acute review clinic.
- Strengthening the Paediatric Emergency Support Network to ensure patients at all four district hospital EDs have access to paediatric expertise and models of care.
- Undertake service developments to address gaps in clinical care provision
  - Expansion of paediatric allied health service, particularly dietetics, speech pathology and child-life (play) therapy.
  - Development of outpatient Feeding Clinics at RPA and Canterbury Hospitals – with infant feeding Speech Pathologist, Dietetics, Lactation Consultant and Paediatrician
  - Development of an appropriately resourced model of care for the inpatient management of child and adolescent patients with Eating Disorders.
- Provision of an improved service for children and adolescents with mental health issues through partnership with Child and Adolescent Mental Health Service and consultation liaison psychiatry services.
- Re-scope the RPA Youth Team by attaining “Accredited Trainer” status in the Flinders Program in order to train relevant clinicians within the District to utilise the self-management tools and processes.

## Reproductive Endocrinology and Infertility Clinics

- Development of a multidisciplinary reproductive clinic targeting: disorders of sexual differentiation, pubertal disorders, polycystic ovary syndrome, hirsutism and virilisation, amenorrhoea and oligomenorrhoea and Female and male onco fertility.
- The retention of the Memorandum of Understanding with Genea (2010)
- Maintenance of the present staff numbers – Medical, Nursing, Counsellor and Clerical, and focus on succession planning to ensure sustainable service provision.
- Review the outpatient clinic booking processes to address issues associated with failure of attendance.
- Plan for the development of uterine transplant service at RPA.

## OUR PATIENTS, FAMILIES, CARERS AND CONSUMERS

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The District's maternity, neonatal, paediatric and gynaecological services deliver high quality, safe and timely care for women, their newborns and children as close to home as possible. All Departments within the stream maintain processes for maximising patient safety and improving quality.

Partnering with consumers and communities to deliver improvements to our care is integral to ensuring that care is supportive, compassionate and oriented to patient and family requirements.

These processes, integrated into the safety and quality systems are aimed at:

- quality improvement and measurement
- risk management
- incident management
- open disclosure

All Departments use mortality and morbidity meetings and peer review as their major Forums to underpin safety and quality. They also have in place mechanisms for escalation to Facility and District level when appropriate.

The District is committed to improving access to evidence-based, patient and family centred care from early pregnancy to birth, with a focus on preparing for pregnancy and promoting parental and child health and wellbeing post birth. This is enhanced through the provision of lactation and parent education services and postnatal home visiting service provided by hospital based midwives, midwives employed in the midwifery group practice or by the RPA Birth Centre.

The Stream is committed to improving accessibility and cultural appropriateness of our services. Strategies include employment of Aboriginal staff, referral to Yana Muru playgroup, cultural safety and respecting the difference training and ensuring referral, as appropriate to Sustained Home Visiting.

Each facility, where maternity, women's health, neonatal and paediatric services are provided, recognises Aboriginal and Torres Strait Islander cultural protocols and strategies to improve health outcomes including:

- Acknowledgement to Country
- Processes to support identification of Aboriginal people.
- Implement the NSW Health Services Aboriginal Cultural Engagement Self Assessment Tool<sup>5</sup> to support the delivery of culturally safe and accessible health services for Aboriginal patients and clients.
- Provision of welcoming areas and safe spaces for patients, families and staff
- Active involvement in cultural events
- Display of local identification posters, Aboriginal flags and culturally relevant health information in relevant areas of the hospital.

Outpatient redesign at RPA has resulted in the establishment of midwifery outreach antenatal clinics at Croydon and Marrickville, which enables women to access maternity care close to home, become aware of their local child and family health services and to form relationships with other women that

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<sup>5</sup> <https://www.health.nsw.gov.au/aboriginal/Pages/cultural-engagement-tool.aspx>

may carry forward into the future as their family grows.

The Paediatric Ward at RPA is the first Paediatric ward in NSW to commence Domestic Violence Routine Screening for women whose children are inpatients. This initiative is planned to be rolled out to Canterbury Hospital Paediatrics.

## **Our Patients, Carers, Families and Consumers Priorities**

- Further enhancement of consumer involvement in the development of maternity guidelines, policies, procedures and models of care.
- Development of the “Well-Women’s Assessment Clinic”, at RPA Women’s and Babies. This would provide a new model of care for gynaecology/Early Pregnancy Assessment Service presentations that would normally attend the Emergency Department. Similarly the Clinic would also provide a new model of care for non-labouring maternity patients who would normally present to the delivery ward.
- Ensure that each facility, where maternity, women’s health, neonatal and paediatric services are provided, recognises Aboriginal and Torres Strait Islander cultural protocols and strategies to improve health outcomes including Acknowledgement to Country, processes to support identification of Aboriginal people and the implementation of the NSW Health Services Aboriginal Cultural Engagement Self Assessment Tool<sup>6</sup> to support the delivery of culturally safe and accessible health services for Aboriginal patients and clients.

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<sup>6</sup> <https://www.health.nsw.gov.au/aboriginal/Pages/cultural-engagement-tool.aspx>

## OUR RESEARCH AND EDUCATION

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The research focus in Women's Health and Neonatology has developed significantly over the last 10 years. More recently, the stream has secured National Health and Medical Research Centre (NH&MRC) grants in obstetrics, gynaecology and neonatology.

The current major priority is the development of the Sydney Institute for Women, Children and their Families in which the Clinical Stream is a key partner. The Clinical Director Women's Health, Neonatology and Paediatrics is one of two Clinical Executive Sponsors of the Institute and the Head of High Risk Obstetrics is one of two co-chairs of the Institute.

The Institute's purpose is to provide a central hub for research, evaluation, education and policy centred on, and related to, the health and social wellbeing of women, children and their families. The Institute aims to facilitate collaborative, multidisciplinary research across Sydney Local Health District and our partner institutions and agencies.

Institute members actively share resources, information, concepts and values and work together to build the capacity of our clinicians, researchers and community health professionals to empower women, children and their families to take control of their own health.

Major research areas of the Clinical Stream include:

### Genomics

- Screening tools for prediction of adverse pregnancy outcomes
- First trimester screening
- Population based screening for trisomies and atypical chromosome abnormalities
- Reproductive genetics.

### Reproduction and pregnancy

- Early pregnancy risks
- Clinical midwifery research
- Contraception choices
- Maternal fetal medicine
- Adolescent pregnancy
- Methods to reduce caesarean and instrumental delivery rates
- Gynaecology
- Preconception care
- Fetal growth
- Hypertension in pregnancy
- Fetal growth and preterm birth influence
- Perinatal outcomes
- Maternal depression
- Perinatal and infant care
- Pre-eclampsia.



## Newborn care

- Newborn infant care
- Newborn outcomes
- Hip dysplasia and newborn infants
- Stillbirths and neonatal deaths
- Neonatal jaundice
- Infant feeding practices
- Breastfeeding.

## Overweight, obesity and gestational diabetes

- Nutrition
- Cardiometabolic health in childhood
- Obesity in early pregnancy, mothers and children
- Diabetes in pregnancy/ gestational diabetes.

Over the last 4 years we have encouraged the junior medical staff to be involved in research. Their work is presented at the end of the year in our annual research day for registrars and residents.

Midwifery research has been strengthened by the appointment of a permanent Clinical Midwifery Consultant Research. The focus of the position is to increase research capacity and capability within the midwifery workforce at RPA and Canterbury Hospital.

Research support has been strengthened at RPA by the appointment of two midwifery positions to ensure that there is an active, supported research culture and environment within RPA Women and Babies and the appointment of a permanent part time neonatal research neonatologist position.

Nursing and medical staff participate annually in the NICU Clinical Practice Improvement Conference.

RPA Newborn Care has an active research program involving nursing and medical research. Research occurs both within the unit, in collaboration with the Department of Obstetrics and the University of Sydney and as part of collaborative multi-centre trials. The unit participates in state wide and national NICU audit programs.

The bi-annual Perinatal Conference conducted at RPA is facilitated by a group of committed nurses and midwives who work within maternity and NICU/SCN at both RPA and Canterbury Hospital. The conference committee actively engage and collaborate with other members of the multi-disciplinary team to ensure that the program is relevant, contemporary and with a focus on emerging evidence of relevance to women and the newborn.

Education and training are fundamental components of our mission. All Departments in the Stream participate in ongoing educational activities to maintain the continuing professional development of their members. They also provide educational programs for their vocational trainees.

## Our Research and Education Priorities

- Supporting the development of the Sydney Institute for Women, Children and their Families in its aim to be a major research institute.
- Ensuring all relevant patients have the opportunity to participate in research/clinical trials
- Ensuring all services within the stream has a strong research focus.
- Further development of the clinical research through Women's Health Node at the Charles Perkin's Centre.
- Development of a prenatal genomics centre targeting maternal screening for aneuploidy and other high risk pregnancy complications.
- Further development of the relationship of gynaecology services with the RPA Institute of Academic Surgery to promote surgical research and teaching.
- Partnering with the Australian Gynaecological Endoscopy and Surgery (AGES) Fellowship to support trainee education in gynaecological endoscopy.
- Investment in growing the midwifery workforce, including focusing on supporting the Aboriginal workforce in this field.
- Provision of ongoing support of Bachelor of Midwifery students via workplace placements as part of the Aboriginal Midwifery Cadetship led by the Nursing and Midwifery Office NSW Health.
- Supporting an increase in midwifery capability through enhanced training, clear protocols and medical staff support, to undertake discharge assessment of the well-neonate (DAWN), with the expectation of midwives achieving credentialed status within 9 months of employment.
- Developing a simulation training service to support on the ward education.
- Provision of an additional Clinical Nurse Educator to deliver program that educates NICU staff, staff from Paediatrics, Anaesthetics and the ED.
- Supporting funded education co-ordinator/medical educator position.
- Supporting funded research nurse positions within newborn care to deliver clinical projects and explore opportunities for conjoint hospital/university research positions.
- Establishment of one or more approved registrar network training positions in collaboration with newborn care, community paediatrics and SCHN at RPA and Canterbury Hospitals.
- Development of a stronger research focus in paediatrics.

## OUR STAFF

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Issues that impact on our workforce include:

- Recruitment delays.
- Recruitment of medical staff to registrar positions in the paediatric service (with the exclusion of neonatology) is hindered by lack of inclusion in the Sydney Children's Hospital secondment network.
- The need for cover for paediatric registrars.
- The recruitment and retention of midwives and to a lesser extent nurses poses challenges in Sydney Local Health District as it does across NSW. Strategies to address this challenge include:
  - Maintaining strong links with tertiary sector training partners to ensure that local residents with an interest in midwifery and nursing have access to supported clinical placements during their studies.
  - Increasing the number of clinical placements available to undergraduate midwifery students.
  - Further development of innovative midwifery led models of care at RPA and Canterbury Hospitals to ensure that employment is attractive to midwives. Integrated models of maternity and midwifery care in partnership with District Child and Family Health nurses are being explored. These models would be of particular benefit to women who may experience diminished resilience or have particular vulnerabilities.
  - Supported Transition to Midwifery programs for newly graduated midwives.
  - Researching the experience of new graduate midwives during their Transition to Practice year at both RPA and Canterbury Hospital.
  - Support currently employed midwives to maintain skills across the full scope of practice through the 'Work away Thursday' program which provides midwives with an opportunity to work in other departments in RPA Women and Babies with the support of a CME.
  - Introduction of Assistants in Midwifery to support ward staff and provide paid workplace experience for undergraduate midwifery students.
  - Inclusion of the Paediatric inpatient units in the facility wide Transition to Nursing program for newly graduated Registered Nurses with an expressed interest in paediatric specialisation.
  - Building professional links with ED including secondment opportunities for Registered Nurses between the EDs and Paediatric wards.
- The Clinical Stream is committed to ensuring the implementation of the SLHD Aboriginal Workforce Strategy. The Good Health – Great Jobs Aboriginal Workforce Strategic Framework 2011–2015 requires an increase in the representation of Aboriginal and Torres Strait Islander employees to 2.6% of the NSW public health sector across all health professions. This target provides a means of addressing equity, "closing the gap" in health outcomes between Aboriginal and non-Aboriginal people, and providing culturally safe and competent health services. From 2016, the new target from the Public Service Commission (PSC) will be 1.8 % Aboriginal workforce representation in each remuneration category by 2021.

**Staffing numbers within the Clinical Stream are as follows:**

Department /Unit	Professional grouping	Full Time Equivalent staff number	Comments/additional information
RPA/Obstetrics & Gynaecology	Medical	32.7 FTE Registrars/RMO 8.0 FTE staff specialists	Plus 26 VMO's
	Midwifery	167.83	8 FTE CM/NC's, Midwifery, Lactation, Parent Education, Early Pregnancy Assessment Service and Fertility, GP Shared Care, Gynaecology, High Risk Pregnancy and Research
	Admin & support	23	
	Allied Health	2.5 hearing screening	Social work / sonographers provided by relevant departments within RPA. Not in W&B staff headcount but provide key services for clients.
RPA Neonatology	Medical	5.3 FTE neonatologists 1.0 FTE developmental paediatrician 3.0FTE neonatal fellows 8.0FTE registrars/RMP	Plus 4 VMO's
	Nursing/midwifery	86.6	Includes 1FTE CNC Neonatology, and 5 Neonatal Nurse Practitioners and CNS2 Lactation
	Admin & support	9	
	Allied Health	1.8	
RPA Paediatrics	Medical	1 staff specialist 1 registrar 4 RMOs	Plus 3 VMO paediatricians Plus 4 VMO paediatric surgeons
	Nursing	13.5	0.63 CNC in LHD position – role covers RPA/CH children's wards and ED's in all LHD facilities.
	Admin & support	2.4	
RPA Adolescent and Transition Medicine	Nursing	0.84 CNC	
	Admin & support	0.79	
	Allied Health	1 FTE OT	
Canterbury Hospital Obstetrics & Gynaecology	Medical	2	Plus 7 VMOs
	Midwifery	64	Includes 10 FTE staff cover for Special Care Nursery, 1 Midwifery Practitioner and 1 CMC Midwifery.
	Admin & Support	3	
Canterbury Hospital Paediatrics	Medical	1 staff specialist 1 registrar 5 RMOs	Plus 5 VMOs
	Nursing	14.6	
	Admin & support	0.2	
Concord Hospital Gynaecology	Medical	0	Plus 4 VMO's with registrar assistance from RPAH registrar roster
	Nursing	0	Nil clinical stream employees –patients admitted in non-specialty surgical wards

## Our Staff Priorities

- Recruitment/training and clinical support for resident medical officers and registrars is a high priority across the subspecialties in obstetrics and gynaecology.
- Extension of educational programs for neonatal nurses who are new to Newborn Care as Phase 2 of an initiative designed to both train and retain nursing staff to Newborn Care.
- Ensure the development of staff health and wellness programs to support staff in their roles.
- Strengthen the cultural competencies of all staff to ensure that Aboriginal people and people from a CALD background receive access to culturally sensitive services.

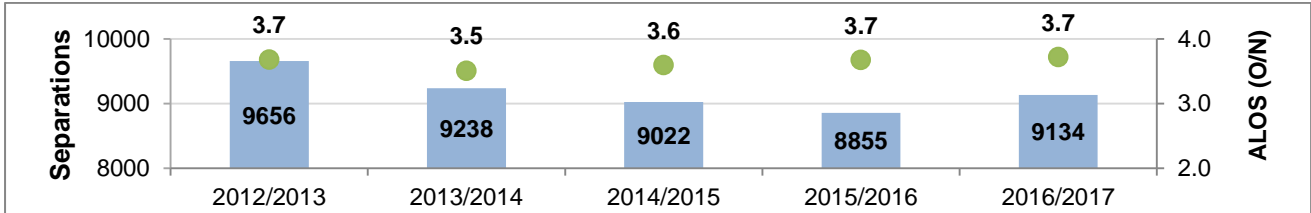
# APPENDIX 1

## CLINICAL STREAM ACTIVITY

### Maternity Services

Maternity Services at RPA Hospital have seen a decrease in inpatient separations and bed days over the last 5 years. Length of stays (for overnight separations) has remained stable.

**Figure 13: Obstetric Inpatient Separations at RPA Hospital, 2012/13 to 2016/17**



Source: FlowInfo v17. April 2018. Includes all (SRG 72) Obstetric separations and excludes ED Only activity.

In 2016/17, the top 3 DRGs (O66C, O60B and O60C) accounted for 64% of all RPA activity (Table 4).

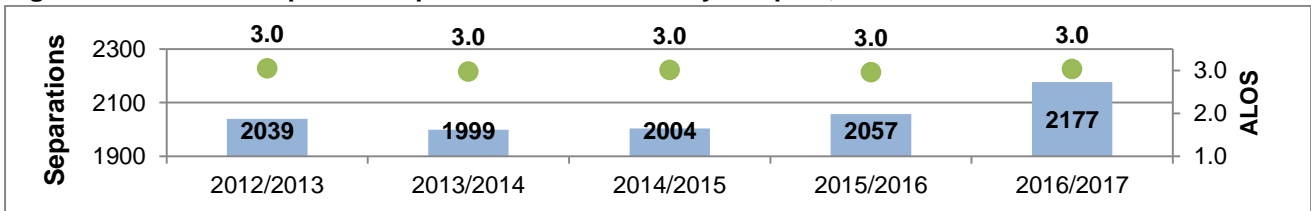
**Table 4: Top 10 DRGs for RPA Obstetrics Services 2016/17**

DRG	Separations
<b>O66B - Antenatal and Other Obstetric Admissions, Minor Complexity</b>	<b>3,128</b>
<b>O60B - Vaginal Delivery, Intermediate Complexity</b>	<b>1,726</b>
<b>O60C - Vaginal Delivery, Minor Complexity</b>	<b>980</b>
O66A - Antenatal and Other Obstetric Admissions, Major Complexity	767
O01B - Caesarean Delivery, Intermediate Complexity	743
O01C - Caesarean Delivery, Minor Complexity	656
O60A - Vaginal Delivery, Major Complexity	524
O01A - Caesarean Delivery, Major Complexity	230
O02B - Vaginal Delivery W OR Procedures, Minor Complexity	149
O61B - Postpartum and Post Abortion W/O OR Procedures, Minor Complexity	149

Source: FlowInfo v17. April 2018. Includes all (SRG 72) Obstetric separations and excludes ED Only activity.

Maternity Services at Canterbury Hospital have seen an increase in inpatient separations and bed days. Length of stays (for overnight separations) has remained stable.

**Figure 14: Obstetric Inpatient Separations at Canterbury Hospital, 2012/13 to 2016/17**



Source: FlowInfo v17. April 2018. Includes all (SRG 72) Obstetric separations and excludes ED Only activity.

In 2016/17 the top 3 DRGs (O60B, O60C and O66B) accounted for 54% of all Canterbury activity (Table 5).

**Table 5: Top 10 DRGs for Canterbury Hospital obstetrics services 2016/17**

	Separations
<b>O60B - Vaginal Delivery, Intermediate Complexity</b>	<b>604</b>
<b>O60C - Vaginal Delivery, Minor Complexity</b>	<b>389</b>
<b>O66B - Antenatal and Other Obstetric Admissions, Minor Complexity</b>	<b>323</b>
<b>O01B - Caesarean Delivery, Intermediate Complexity</b>	308
<b>O66A - Antenatal and Other Obstetric Admissions, Major Complexity</b>	221
<b>O60A - Vaginal Delivery, Major Complexity</b>	203
<b>O01C - Caesarean Delivery, Minor Complexity</b>	186
<b>O61B - Postpartum and Post Abortion W/O OR Procedures, Minor Complexity</b>	92
<b>O01A - Caesarean Delivery, Major Complexity</b>	55
<b>O02B - Vaginal Delivery W OR Procedures, Minor Complexity</b>	34

Source: FlowInfo v17. April 2018. Includes all (SRG 72) Obstetric separations and excludes ED Only activity.

## Gynaecology Services

Gynaecology Service activity across the District has remained stable over the last three years, with RPA having the majority of activity (65%, 1,034 gynaecology separations). Across the District there has been a slight increase in emergency versus planned gynaecology activity at RPA, Canterbury and Concord, with Chris O'Brien LifeHouse only undertaking public planned activity during this period. During this period the District average length of stay for overnight gynaecology separations has remained at 2.2. In 2016/17 the top 3 DRGs (N07B, O05Z and N10Z) accounted for 35% of all Sydney Local Health District activity.

**Table 6: Top 10 DRGs for Sydney Local Health District Gynaecology Services 2016/17**

	Separations
<b>N07B - Other Uterus and Adnexa Procedures for Non-Malignancy, Minor Complexity</b>	527
<b>O05Z - Abortion W OR Procedures</b>	506
<b>N10Z - Diagnostic Curettage and Diagnostic Hysteroscopy</b>	485
<b>N07A - Other Uterus and Adnexa Procedures for Non-Malignancy, Major Complexity</b>	457
<b>N09Z - Other Vagina, Cervix and Vulva Procedures</b>	415
<b>N62B - Menstrual and Other Female Reproductive System Disorders, Minor Complexity</b>	342
<b>N11B - Other Female Reproductive System OR Procedures, Minor Complexity</b>	334
<b>N08Z - Endoscopic and Laparoscopic Procedures, Female Reproductive System</b>	281
<b>N04B - Hysterectomy for Non-Malignancy, Minor Complexity</b>	246
<b>N06B - Female Reproductive System Reconstructive Procedures, Minor Complexity</b>	136

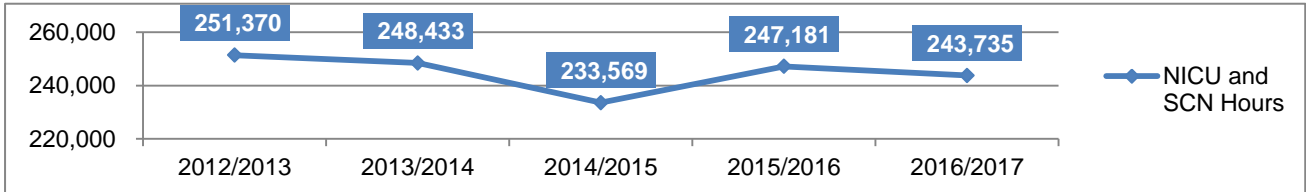
Source: FlowInfo v17. April 2018. Includes SRG 71 Gynaecology and excludes Gynae-oncological activity (eSRG 718 Gynaecological oncology) and ED Only activity

## Newborn Care services

The RPA Newborn Care service cares for approximately 850-900 babies in the NICU, HDU or SCN. Fifty five percent of these babies are term infants and 15% each year are preterm (<30 weeks gestation).

Over the last 5 financial years the RPA NICU and SCN hours have remained relatively stable.

**Figure 15: RPA Newborn Care activity by NICU and SCN Hours, 2012/13 to 2016/17**

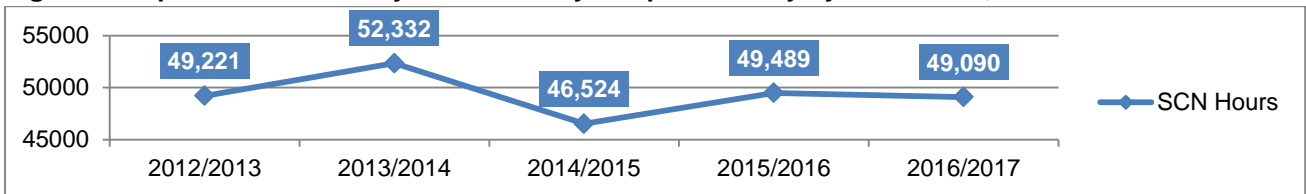


Source: FlowInfo v17. April 2018. Includes NICU and SCN hours only.

## Special Care Nursery at Canterbury Hospital

From 2012-2013 to 2016-2017, Canterbury Hospital Special Care Nursery hours has remained stable.

**Figure 16: Special Care Nursery at Canterbury Hospital activity by SCN hours, 2013/14 to 2016/17**

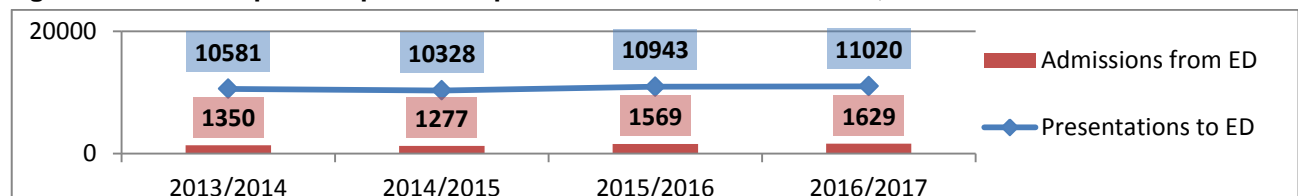


Source: FlowInfo v17. April 2018. Includes NICU and SCN hours only.

## Paediatric Services

Paediatric ED presentations to RPA had a 4% growth from 2013/14 to 2016/17. During this same period annual paediatric ED hospital admissions remained stable, with an average of 14% of presentations being admitted and a 10% increase in the T1, T2 and T3 category presentations, with a 7% drop in T4 and T5 category presentations. In 2016/17 35% of all ED presentations occurred between 6pm and midnight. The top three ED diagnoses for paediatric patients presenting to RPA were major single site injury, respiratory system illness and digestive system illness.

**Figure 17: RPA Hospital ED paediatric presentations and admissions, 2012/13 to 2016/17**

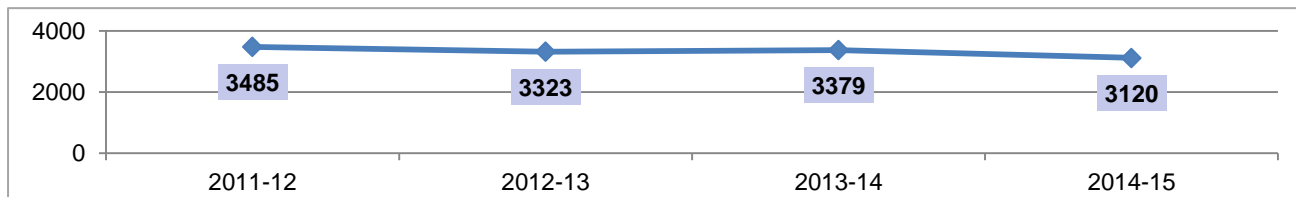


Source: ED Activity Analysis Tool 2018 v17.0. NSW MoH Clinical Services Planning Analytics Portal.

The District Paediatric Emergency Support Service has Balmain Hospital General Practice Casualty (GPC) Department supported by an on-call Paediatrician at RPA Hospital. Balmain Hospital GPC experienced a slight decrease in paediatric presentations between 2010/11 and 2014/15 (Figure 18).



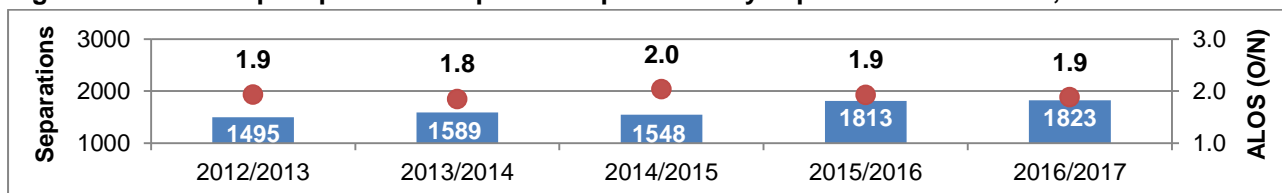
**Figure 18: Balmain Hospital General Practice Casualty presentations, 2010/11 to 2014/15**



Source: Balmain GPC NUM. Excludes: 16 years and over.

RPA paediatric inpatient activity (separations) increased by 22% between 2013/14 and 2016/17, with an annual growth rate of approximately 5%. The growth in bed days was slightly less (approximately 4% annually) accounting for the stable ALOS over the last 5 financial years.

**Figure 19: RPA Hospital paediatric inpatient separations by separations and ALOS, 2012/13 to 2016/17**



Source: FlowInfo v17. April 2018. Includes 16 years and over acute activity only. Excludes renal dialysis, chemotherapy, psychiatric –acute, neonatal and perinatal activity. Excludes ED Only activity.

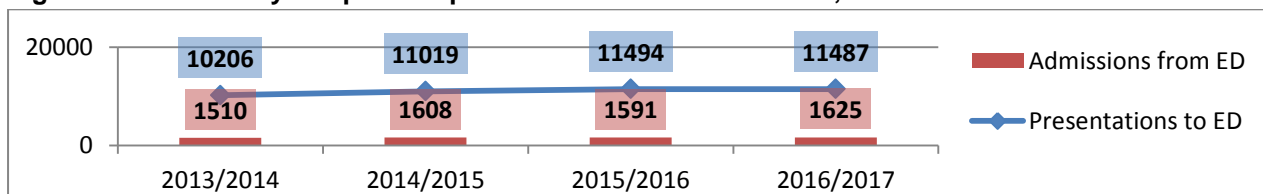
There has been a significant increase in the number of Paediatric Ward CERS calls over the last 5 calendar years. In 2016, 142 CERS clinical reviews and 37 rapid responses were made; by 2017 188 CERS clinical reviews and 89 rapid responses were completed, indicating an increase in the acuity of Paediatric ward patients.

RPA Paediatric non-inpatient activity has increased significantly between 2014/15 and 2016/17 (100%). The staff specialist conducts a weekly outpatient clinic in the Staff Specialist office. In 2015 a Paediatric surgical clinic also commenced.

Paediatric ED presentations to Canterbury Hospital had a 3% growth and an 8% growth in admissions (the proportion of admissions to presentations has remained stable over this period). Over this same period there has been a 43% increase in the T4 and T5 category presentations and an 11% decline in T1, T2 and T3 category presentations (Figure 20).

The top three ED diagnoses for paediatric patients presenting to Canterbury ED were major single site injury, respiratory system illness and digestive system illness. In 2015/16, 42% of all ED presentations occurred between 6pm and midnight.

**Figure 20: Canterbury Hospital ED presentations and admissions, 2013/14 to 2016/17**

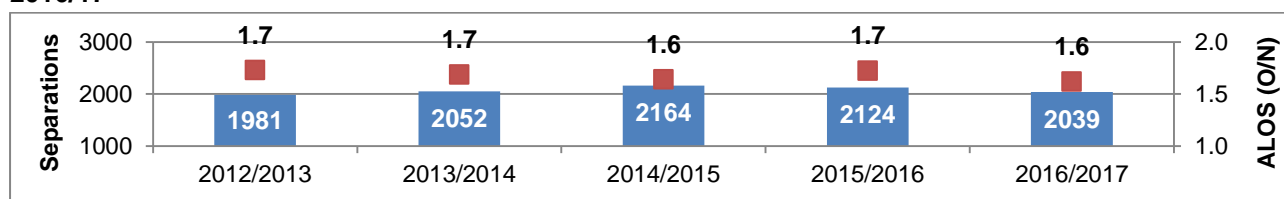


Source: ED Activity Analysis Tool 2018 v17.0. NSW MoH Clinical Services Planning Analytics Portal.

An on-call Paediatrician at Canterbury Hospital supports the Concord Hospital ED. Paediatric presentations to Concord Hospital are attended by ED staff. Children needing admission are referred to either Canterbury Hospital or Westmead Children’s Hospital. From 2013/14 to 2016/17 Concord Hospital experienced a 6% decline in paediatric ED presentations. During 2016/17, 90% of Concord ED presentations had their treatment completed in ED, while 7% did not wait or left at their own risk, and during this same period 45% of all ED presentations occurred between 6pm and midnight. A small percentage (1%) of young adults, aged 12 to 15 years was admitted to Concord Hospital from the ED, however all younger children and children with serious paediatric conditions were transferred to designated units.

Canterbury Hospital paediatric inpatient activity (separations) grew by 3% between 2012/13 and 2016/17, with an annual growth rate of 1%. The slight reduction in bed days over this period accounts for the reduced ALOS over the last 5 financial years. The majority of paediatric separations at CH were provided for the following specialties: respiratory medicine (57%), non-subspecialty (17%) and Dentistry (12%).

**Figure 21: Canterbury Hospital paediatric inpatient activity by separations and ALOS, 2012/13 to 2016/17**



Source: FlowInfo v17. April 2018. Includes 16 years and over acute activity only. Excludes renal dialysis, chemotherapy, psychiatric –acute, neonatal and perinatal activity. Excludes ED Only activity.

As demonstrated in Table 7 Canterbury Hospital paediatric non-inpatient activity through designated paediatric clinics have significantly increased (107%) over the last four financial years.

**Table 7: Canterbury Hospital Paediatric Clinic – Non Admitted Patient Occasion of Service**

CH Paediatric clinics	2013/14	2014/15	2015/16	2016/17
Paediatrics clinic	419	620	750	868

Source: SLHD Performance Unit

## APPENDIX 2:

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### OUR PARTNERSHIPS

The Women's Health, Neonatology and Paediatrics Clinical Stream works extensively with other services internal and external to the District.

This includes:

- Adolescent and Transition Medicine
- EDs at RPA, Concord, Canterbury and the GP Casualty at Balmain Hospital
- Community Paediatric Services
- Child Protection Services
- Drug Health Services
- Paediatric Mental Health Services managed by the Mental Health Stream with services located at Rivendell and within community health centres
- Child and Family Health Services which provide a range of community-based services for families and children including, for example, speech pathology and physiotherapy
- Refugee Health Service which provides a clinic at the Canterbury Community Health Centre
- Aboriginal Medical Service, Redfern
- Tresillian
- Central and Eastern Sydney Primary Health Network
- Tertiary Paediatric Hospitals

### COMMUNITY PAEDIATRICS AND CHILD HEALTH SERVICES

Community Paediatric and Child Health Services are located within Community Health, Child and Family, and Specialist Services Directorates.

They include:

**Child and Family Health Nursing**, which provides health, development and wellbeing checks for children as well as support, education and information on all aspects of parenting. The service is provided through home visiting, breast feeding support and early childhood health centre clinics. Child and Family Nursing is leading the implementation of the District's Healthy Family and Healthy Children's Sustained Home Visiting Program. Child and Family Nursing also provide audiometry services.

**Child and Family Allied Health Services** include:

- The **Paediatric Occupational Therapy Team** provides individually tailored assessments for children who are having difficulty participating in everyday activities such as play, handwriting, using scissors, dressing and other self-care activities. The Team sees children with, or at risk of, learning and/or coordination difficulty, a mild developmental delay or mild intellectual disability, and mild autistic spectrum disorders.
- The **Speech Pathology services** provide assessment and intervention for children with communication impairment and feeding difficulties. This includes children with difficulties in receptive language, expressive language, speech, voice, stuttering, mild feeding difficulties, mild Autism Spectrum Disorder and mild developmental delay or disability. A range of centre,

preschool, home and school based intervention models are offered including individual and group therapy, consultation, collaboration, home and school programs and parent and teacher training.

- The **Paediatric Physiotherapy Team** provides assessment and intervention for babies and children who need assistance learning to move or moving correctly. Intervention may be provided at the clinic, or during home, pre-school or school visits. Individual or group therapy is utilised.
- The **Orthoptist Service** assesses diagnoses and manage common eye and associated vision problems. For example, turned eye, lazy eye, double vision, and eye movement abnormalities. Intervention is provided within community health centres, preschools, home or school.
- The **Child and Family Counselling Team** work with children (aged 0 to 12 years) and their families/carers experiencing emotional, social, behavioural and parent-child relationship difficulties. Counsellors offer assessment, counselling and group programs - including centre based and outreach services (such as home or school visits)
- The **Child Protection Counselling Service** provides counselling for children and their families referred by Community Services and other child protection service providers.

**Youth Health Services (Youthblock)** provides free, safe and confidential support, counselling and health services for young people aged 12-24. Youth Block offer support, information and counselling services. Services are delivered from Youthblock and at a number of outreach sites. The main office is in Redfern. Other sites are: Glebe Youth Service; Marrickville Youth Resource Centre; and Belmore Youth Resource Centre.

**Community paediatric and child health (medical) services** provide a diverse range of medical services for children and young people aged 0-24 years. The service focuses on socially disadvantaged children, young people and their families or carers. Services include:

- Perinatal clinical services for socially high risk infants
- Assessments for developmental and behavioural difficulties
- Combined paediatric and psychosocial assessment clinics for children in "out of home care" and/or who are in vulnerable situations
- Early Childhood paediatric, Youth Health (12-24yrs) and Aboriginal Youth clinics
- Targeted outreach school clinics
- Population child and youth health services.

Clinics are conducted at the following sites: Croydon Health Centre; Marrickville Community Health Centre; Canterbury Community Health Centre; Camperdown Child and Family Health Centre; Youthblock, Redfern; Belmore Youth Resource Centre; Alexandra Public School; Glebe Public School; Marrickville West School; Redfern AMS; Redlink; Royal Prince Alfred Hospital; and The Benevolent Society Rosebery. The services are organised into four portfolios: 1) Child Protection and Vulnerable Children Services; 2) School and Youth Health Services; 3) Developmental and Behavioural Paediatric Services; and 4) Population Child and Youth Health Services.

**The Healthy Homes and Neighbourhoods Integrated Care Program** is currently auspiced by the Child and Family Directorate. This integrated care initiative is long-term care coordination for vulnerable families with complex health and social care needs, who are disconnected from key services, require multi-agency support to have their complex health and social needs met; and to

keep themselves and their children safe; and connected to society. The initiative is intended for vulnerable families with complex health and social care needs who have one or more dependent children (unborn through to 17 years) where their complex health needs are impacting on their capacity to parent effectively and participate in their community.

Community Paediatrics and Child Health Services are integral to the provision of comprehensive and responsive paediatric services provided by Sydney Local Health District. These services provide accessible primary health, acute and sub-acute services in community-based settings and through client home visits.

The Women's Health, Neonatology and Paediatrics Clinical Stream is committed to ensuring strong collaboration and partnership between its acute services and the District's community based paediatric services to continue to work collectively to achieve better health outcomes across the continuum of care.

## **CHILD PROTECTION AND CHILD SEXUAL ASSAULT**

While Child Protection services are located within Community Health it is widely recognised that child protection is "everybody's business". Thus all health workers are designated "mandatory reporters" and all those who interact with children and families in the course of their work are required to undergo child protection training.

Child protection encompasses the prevention, recognition and management of physical and emotional abuse and neglect of children and includes sexual abuse. The approach is always multidisciplinary and spans a range of services and agencies including the Child Protection Services, the Department of Community Services, the Child Well-being Units, Community Health, the Joint Investigation Response Team involving the police and the Child Sexual Assault Services based at the Children's Hospitals.

The Mandatory Reporter's Guide and the Keeping them Safe website are available on the intranet as is the District Child Protection Policy. EDs have tools to assist in the recognition of suspicious injuries and use reporting proformas which are also available on the intranet. All facilities have well-established pathways for reporting and escalating child protection concerns.

Child Protection Services currently operate across the District and the paediatric clinical stream is represented at quarterly child protection committee meetings by the stream's Deputy Area Clinical Director for Paediatrics and the Clinical Manager. Child protection and wellbeing of infants, children and young people (to 18 years) and their families remains a priority for the Clinical Stream.

The Stream has committed to ensuring the following initiatives are implemented to support this priority area:

1. Continued support for psychosocial screening, assessment, referral and management of vulnerable pregnant women (esp. with mental health, substance use and/or domestic violence issues).
2. Better enable psychosocial screening for pregnant women attending VMOs and birthing at hospitals.

3. Review and improvement (if required) of the response to children and young people presenting to hospitals with physical child abuse and/or neglect, including the Level 4 response as per the MoH role delineation requirements.
4. Review and improvement to the model of care (if required) for child sexual assault presentations, these are small in number and the current arrangement is that these cases are referred to and managed by the SCHN.