South Australian
Salaried Medical Officers Association

South Australian Branch
Australian Salaried Medical Officers Federation

4 May 2021

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

ATT: Ms Wendy Rowell
Director, nWCH Commissioning and Engagement

Dear Ms Gough

Re: NEONATAL SERVICES (SCBU/NICU) – FUNCTIONAL DESIGN BRIEF AND TREATMENT SPACES

We are writing to you in relation to the above matter. SASMOA has received feedback from members in the Unit. SASMOA does not endorse the FDB or treatment spaces provided for consultation for this Unit until the matters articulated below are resolved, and the cot numbers are increased 75.

The writers understand that some doctors have also submitted feedback directly from the Unit.

Treatment Spaces

The advice below provided not only is informed by Neonatologists but also retrieval requirements. The Department for Health's modelling data and modelling assumptions do not support the provision of only 65 beds.

The writers understand that projected requirements for neonates have been assessed considering early discussions regarding the future share of activity between Local Health Networks (**LHNs**). The Taskforce recommendation was for a total of 65 beds across levels 6, 5 and 4. The Aim modelling suggests 68 beds. This reflects previously agreed roles between LHNs that saw all retrievals directed to either WCH or FMC, depending on postcode. The Taskforce stated that "Recently neonates requiring retrieval from country regions to the North of Adelaide who need level 5 or 4 support rather than 6 have been directed to Lyell McEwin Hospital (**LMH**) This is preferable from the families' perspective as it is closer to home and travel requirements are reduced. As LMH has the physical capacity and workforce capabilities to manage level 5&4 babies, they will likely provide increased support to WCH and FMC in delivering this care. For this reason, the recommended level 5 and 4 spaces at WCH has been held at the level recommended by the task force (65 spaces)."

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The Taskforce's original recommendation was 68 neonatal beds. The decrease to 65 was recommended as retrievals are reported to now being directed to LMH (Level 4&5 babies). This is incorrect.

The writers understand that whilst some babies are transferred to the LMH (**up to 5 per year only**), this is not anywhere close to the equivalent of 3 neonatal cots. The retrieval service moves approximately 450 neonates annually. At least a third of these would need to go to LMH to justify not increasing WCH beds to at least 68 (rather than 65). The assumptions that this recommendation is made is questionable as the majority of these neonates require Level 6 care and LMH is not the appropriate destination. There may be other discussions about moving more neonatal work to LMH that would usually occur at WCH, but that is not included in any report supporting the bed numbers for the nWCH.

In addition, the modelling is based on 75% utilisation. The WCH neonatal unit does not run at 75% utilisation; generally, the Unit runs at 90-115% capacity – actual occupancy of the current beds at the WCH neonatal unit does not seem to have been taken into consideration in the modelling, which seems odd as this data is available.

Current capacity

The current capacity for neonatal cots is 64. Cot projection will increase by 2036, requiring an additional 7 cots. It is essential to review the peak and trough usage of cots to determine nWCH bed numbers. The use has been 70 cots total OBD, Level 6 OBD 31 cots and NICU OBD 19 cots. Current peaks at WCH already reach beyond the recommended capacity of 65 beds.

The current OBD data does not capture all babies in current SCBU 3, PN ward qualified babies with jaundice/iv antibiotics etc. OBD data peaks is an average of 3-time points in 24 hours; peaks at some time points in the day will even be higher.

The physical capacity of the proposed 65 beds at the nWCH will be inadequate considering the projected increase in bed numbers by seven overtime.

WCH nursery is on level loading from other units frequently and provides redundancy for the whole of the State. Not having this capacity could result in sick neonates and families being transferred interstate. The members advise the Unit has reached close to this point at its current capacity.

Complex Cardiac and Surgical neonates for South Australia can only be managed at WCH nursery. These neonates will always need to be transferred to WCH regardless of capacity at other units.

WCH receives all of North's complex neonatal cases. The data needs to anticipate increasing complexity as OBD will be more even if there is modest population growth. Increasing complexity is inevitable because of the availability of new technology and rising MFM complexity which directly links with neonatal services and is already demonstrable in OBD data.

The nWCH requires the ability to flex up and cohort babies in case of a future pandemic situation.

Doctors advise bed numbers for Neonatal Services at nWCH to be 75, determined on the above data.

Bed numbers should reflect acuity of care (Level 6/5/4 rather than just NICU and SCBU) as activity cannot be understood by only using location. Level 6 neonates are currently looked after in NICU and SCBU. If the present activity is misunderstood, then we are not planning correctly for the future.

Bed numbers should be allocated into NICU, HDU and SCBU at a total of 75 beds: NICU – Level 6, 20 beds, HDU – Level6/5, 18 beds, SCBU Level 5, 17 beds and Level 4, 20 beds.

Women's, Child, and Youth Health Plan 2021-2031

The State-wide Plan outlines the following.

> *"South Australia will consistently apply the principles of family-centred care for babies. This care model includes unrestricted parental physical presence (24 hours per day/7 days per week), psychological support for families, parental skin-to-skin contact; breastfeeding and lactation support; and sleep protection. Unrestricted parental presence requires infrastructure to allow this to occur, including facilities for families to sleep, eat and live alongside their child/children."*

The single-family room must be provided at the nWCH to comply with international 'best-practice for neonatal units (https://nicudesign.nd.edu/) to meet this commitment. The neonatal Unit must have a majority of single, family rooms; failure to do so will undermine the principle of the building of the nWCH of a "world-class, state of the art" hospital, and it will not align with the South Australians State-wide plan for Women and Babies.

SDM (attached)

There is a great deal within the SDM that has not been translated to the FDB; this needs to be included.

SASMOA cannot endorse the FDB and treatment spaces proposed for this Unit as the proposal does not align with the correct data nor the Women's, Child, and Youth Health Plan 2021-2031.

Yours sincerely

B Mulholland

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SASMOA, Chief Industrial Officer

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