The Royal for Women

Strategic Plan

The Royal for Women will influence, shape and lead the provision of health services to women of all ages across NSW

2014-2020
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**Photography:** Photography in this document features the Royal Hospital for Women’s community and patients. All individuals shown have agreed to appear in documents relating to the Royal Hospital for Women. Copyright Made in Katana.
The Royal Hospital for Women is the only women’s hospital in NSW. It has earned an outstanding reputation, nationally and internationally, for health care excellence, teaching and research. Most importantly, this record has been founded on a warm and caring atmosphere in which we treat women and their families as partners, not patients.

This strategic plan lays out a path that builds on our proud record while preparing for the next challenges – population growth and changes in fertility rates; advances in neonatal care and clinical practice in general; changes in the inpatient mix accompanying a shift to same day and ambulatory care and, critically, changing expectations from women as consumers of health services.

To reflect our holistic approach to women’s services, the strategic plan adopts a life stage approach in setting out priorities for enhancement of existing services and for the development of new services. The plan also commits The Royal to improvements in our teaching and research, our people and our systems.

With the implementation of this strategic plan The Royal for Women will influence, shape and lead the provision of health services to women of all ages across NSW, advocate on issues affecting Women’s health, will be the “go to” place for information relating to Women’s health and work beyond the walls of the hospital to support health service provision to women within NSW and beyond.

I would like to thank the large numbers of staff and friends of The Royal, including women across NSW, who contributed to the development of this strategic plan and I look forward to working with them all in continuing to build on our great services.

Leisa Rathborne
Director of Operations
October, 2013
1 Introduction
The Royal is the only stand-alone women’s teaching hospital in New South Wales. It is co-located with the Prince of Wales Hospital and Sydney Children’s Hospital on the Randwick campus.

This Strategic Plan, 2014 to 2020, has been developed on the basis of the current evidence-based policy context, data on the population of South Eastern Sydney Local Health District, the utilisation of services at The Royal, projected bed numbers as well as extensive consultations with staff, external stakeholders and women in the community. The extent and nature of these consultations have been described in the Background Report to this Plan. Detail of the other information is also given in the Background Report.
2 Short Overview of The Royal

History
Established in 1866 by the Benevolent Society, the Royal Hospital for Women (‘The Royal’) was the first ‘lying-in’ hospital for women in NSW. In 1992 the Benevolent Society of NSW withdrew from its management and transferred operations to NSW Health, for it to become an incorporated hospital of the then Eastern Sydney Area Health Service. The hospital remained on the Paddington site for 5 years and was then re-located to a new $40 million purpose built hospital at Randwick.

Role
The Royal has four charters:

- The provision of Statewide services
- The provision of District services
- The provision of services for the local population
- The lead service for the women and children’s stream for the Local Health District.

The strategic plan takes these different roles into account.

Services
The Royal provides two designated Statewide Services:

- Neonatal Intensive Care which is part of the NSW Statewide Perinatal Services Network and has a focus on neonatal surgery because of its co-location with Sydney Children’s Hospital
- Mothersafe, an evidence based information and telephone counselling service about exposures during pregnancy and lactation.

The Royal also provides quaternary services in:

- Reproductive Medicine – fertility services for men and women.
- Maternal-Fetal Medicine – care for women with complex pregnancies.
- Gynaecology oncology – a multi-disciplinary service for the treatment of women with gynaecological malignancy.
- Paediatric and Adolescent gynaecology.

The majority of the workload of The Royal is in the two areas of Maternity and Gynaecology. There were nearly 4000 births at The Royal in 2011/12. In 2009 the Midwifery Group Practice was introduced where the woman is assigned a midwife at her first antenatal visit and sees the same midwife for the duration of her pregnancy and birth. The continuity of care provided by this service is a goal in the provision of maternity care in ‘Towards Normal Birth’, NSW Health’s policy statement.

Gynaecology services include gynaecological oncology, benign gynaecology and fertility. The NSW Women’s Breast Centre at The Royal provides assessment, diagnosis and treatment of breast conditions.

The clinical services are supported by a contemporary and specialised Anaesthetic and Perioperative Medicine Department.
3 Where we are heading: The Royal in 2020
The life stage approach to the provision of services was strongly endorsed by the women interviewed in the community survey. The overwhelming response of the sample of 300 women from the local area, elsewhere in Sydney and elsewhere in NSW was that The Royal should serve the needs of women in different age groups providing for example, cancer treatment, gynaecology services, programs to support women facing violence, young women’s sexual health issues, osteoporosis, continence as well as maternity services and care for newborn babies. These women felt that a major advantage of a stand-alone women’s hospital was that it would/could/should be more sensitive and caring about women’s health needs. The women surveyed also supported the idea of the hospital being a source of information and an advocate for women’s health issues.

Based on the evidence-based policy context, characteristics of the population in South Eastern Sydney Local Health District, the patient utilisation data, the service projections and the extensive consultations – meetings and interviews with stakeholders, staff survey and community survey, the proposed strategic direction can be distilled into four main components:

- Capitalise on The Royal’s strengths in the provision of women’s services co-located with a general hospital and a children’s hospital and health services on the Randwick Campus
- Strengthen existing services
- Develop new services
- Be more outward looking: provide information and advocacy services, improve networking and partnering with other providers, make greater use of telehealth and increase outreach services.

Detailed actions based on five major life stages (young women, women of childbearing years, women in mid-life and older women and newborns), teaching and research, our people, and our systems are provided on the following pages.

**Brand**

This strategic plan sets out a clear direction for The Royal to provide services to women across all ages. To facilitate the implementation of this direction there is a need to look at a new identity [re-branding] for The Royal. The aim of this new identity with its expanded direction is to reposition The Royal so it is seen to be providing the pre-eminent women’s services in the State. This new identity and its alignment with the future direction of The Royal has been endorsed by the South Eastern Sydney Local District Board and will need to be finalised and launched in line with the strategic plan.
4 The Royal 2020: How we will get there
<table>
<thead>
<tr>
<th>Priority: relates to District role</th>
<th>Young Women</th>
<th>Childbearing Years</th>
<th>Mid-Life</th>
<th>Older Women</th>
<th>Newborns</th>
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<tr>
<td>• Provide detailed, reliable information on a range of women's health topics in multiple languages</td>
<td>• Enhance Midwifery Group Practice</td>
<td>• Expand and provide full range of benign gynaecology services including urogynaecology in conjunction with St George Hospital, vulval disease, endogynaecology, menopause, pelvic pain management</td>
<td>• Develop osteoporosis services for older women</td>
<td>• Liaise with nursery at St George Hospital and other network hospitals to decide the best approach to facilitate efficiencies in transfers to Newborn Care Centre and to achieve back transfers</td>
<td>• Partner with sexual health services in the District to provide education and services</td>
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<td>• Continue to deliver women’s health education to local schools, including violence prevention</td>
<td>• Provide accession of care to all women</td>
<td>• Provide culturally sensitive women’s services</td>
<td>• Develop obstetric services</td>
<td>• Develop District-wide neonatal protocols</td>
<td>• Partner with Family Planning to provide women’s education and services</td>
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<td>• Partner with sexual health services in the District to provide education and services</td>
<td>• Continue to enhance services to women of an Aboriginal background</td>
<td>• Identify violence among pregnant women in accordance with NSW Health’s evidence-based practice</td>
<td>• Advocate and publicise teaching and training opportunities at The Royal</td>
<td>• Establish milk bank</td>
<td>• Encourage volunteers</td>
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<tr>
<td>• Determine feasibility of offering Young Pregnancy services</td>
<td>• Identify violence among pregnant women in accordance with NSW Health’s evidence-based practice</td>
<td>• Provide a range of Population Health initiatives that meet the needs of vulnerable groups</td>
<td>• Provide culturally sensitive women’s services</td>
<td>• Cater to needs of families from an Aboriginal or a culturally and linguistically diverse background</td>
<td>• Advocate and publicise teaching and training opportunities at The Royal</td>
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**The Royal for Women Strategic Plan**
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<th>Priority: relates to our people</th>
<th>Information Communication Technology</th>
<th>Continuous Improvement</th>
<th>Partnering</th>
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| - Review medical, nursing and allied health staffing requirements  
- Explore feasibility of rotating midwives within Maternity Division  
- Develop succession planning mechanisms  
- Review number and type of medical appointments (staff specialists and Visiting Medical Officers)  
- Explore feasibility of appointing nurse practitioners  
- Implement the Eligible Midwife model  
- Improve physical environment for staff and patients – painting, new carpets, more natural light, equipment, parking  
- Expose all staff to cultural awareness training relevant to identified priority groups | - Advocate and publicise services where The Royal is a leader – models of care in maternity (Midwifery Group Practice and Malabar Midwives), Maternal-Fetal Medicine, Gynaecology Oncology, Neonatal Intensive Care, Paediatric and Adolescent Gynaecology  
- Improve website at The Royal: make it the 'go to' place for consumers and health professionals for information about women's health  
- Develop The Royal for Women app  
- Facilitate introduction of electronic medical records  
- Enable access to information at point-of-patient care  
- Enhance IT infrastructure and support throughout the hospital including provision of Wi-Fi for staff and patients; AV on all wards  
- Link information systems and reduce time spent on data entry | - Improve services with problems caused by duplication or governance or both e.g. radiology/ultrasound, colposcopy  
- Continuously improve processes of care – e.g. early discharge  
- Improve systems for communicating with GPs to enhance continuity of care  
- Develop referral pathways to improve access to the brachytherapy services at St. George Hospital or at the Randwick Campus comprehensive cancer centre  
- Implement a perioperative service to consolidate day surgery and recovery to improve the patient flow for women accessing theatres | - Partner with community health services in particular Child and Family services, Medicare Locals and Non-Government Organisations  
- Leverage LHD expertise in Aboriginal health, women's health, multicultural health, population health etc.  
- Develop a closer relationship with the Prince of Wales Private Hospital  
- Optimise sharing of resources with Prince of Wales and Sydney Children's Hospital including exploring other options for sharing e.g. allied health services, library  
- Improve LHD networking and protocols  
- Collaborate with other Women's hospitals such as the Women's Victoria and other member hospitals of Women's Healthcare Australasia |

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<th>Community Input</th>
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| - Improve services with problems caused by duplication or governance or both e.g. radiology/ultrasound, colposcopy  
- Continuously improve processes of care – e.g. early discharge  
- Improve systems for communicating with GPs to enhance continuity of care  
- Develop referral pathways to improve access to the brachytherapy services at St. George Hospital or at the Randwick Campus comprehensive cancer centre  
- Implement a perioperative service to consolidate day surgery and recovery to improve the patient flow for women accessing theatres | - Encourage consumer engagement  
- Establish diverse and regular mechanisms to obtain consumer input  
- Ensure community input from Aboriginal women and women from a culturally and linguistically diverse background | |