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NSW Health

# Children Young People and Families Executive Steering Committee (CYPFESC)

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2023 Annual Report



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# 1

## Introduction

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## Introduction

This report summarises progress in implementing the recommendations from the Review of health services for children, young people and families within the NSW Health system (the Henry Review) and the Paediatric Intensive Care and Neonatal Intensive Care (PICNIC) Action Plan.

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## Review of health services for children, young people and families within the NSW Health system (the Henry Review)

A key priority for the NSW Health system is the design and delivery of high quality, effective and safe health care services for children, young people and families, from conception until 24 years of age.

An independent review of health services for children, young people and families within the NSW Health system conducted by Emeritus Professor Richard Henry AM (the Henry Review) was released in January 2020. Read the [Review of health services for children, young people and families within the NSW Health system](#).

The Henry Review made seventy-seven recommendations on the delivery of health services to children, young people and families within the NSW Health system and the sufficiency of current governance arrangements to ensure safe, effective and high-quality care across NSW.

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## Henry Review Implementation Plan (HRIP)

A Henry Review Implementation Plan guides the first year of implementation of work addressing the Henry Review recommendations. This work presents an opportunity to address long-standing system challenges and positively shape health services to produce lasting benefits for children, young people and their families, now and into the future.

The Implementation Plan is based on the principles of working with consumers, carers and the community to improve consumer-centred care; delivering value-based health care; improving the health of priority groups; and striving to make continuous improvement to workplace culture.

Read the [Henry Review Implementation Plan](#)

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## The Paediatric Intensive Care and Neonatal Intensive Care (PICNIC) Report

In 2019 the NSW Ministry of Health released the Neonatal and Paediatric Intensive Care Services Consultation report and recommendations. This Report (known as the PICNIC Report) made 14 recommendations to support the planning and provision of neonatal intensive care unit (NICU) and paediatric intensive care unit (PICU) services in NSW.

The PICNIC Action Plan was released in August 2020 details NSW Health's actions in response to the report recommendations and includes 40 Actions across 5 Priority areas.

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## Overview of implementation

At the CYPFESC June meeting the committee heard a status update on delivery of the Henry Review Implementation Plan (HRIP), Henry Review recommendations and the Paediatric Intensive Care and Neonatal Intensive Care (PICNIC Action) Plan.

Of the 77 Henry Review recommendations CYPFESC agreed that:

- 22 recommendations are complete
- 55 recommendations are in progress. Most are in the implementation phase which CYPFESC is monitoring. CYPFESC has requested 3 new actions are developed to progress recommendations relating to:
  - Opportunities for training and ongoing support for those working with young people
  - Collaborative workforce approach to addressing mental health and mental illness
  - Standard developmental assessment and intervention models of care for children under 5 years and in primary school, including implementation.
- Of the 40 PICNIC recommendations - 21 actions are complete and 19 are in progress.

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## Highlighted projects

The following projects are featured as examples of successful implementation of Henry Review Implementation Plan actions.

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### Paediatric Priority Funded Projects

The Henry Review recommended that two years of innovation funding be provided to local health districts for care navigator positions (Recommendation 29). In response the Paediatric Innovation Funding strategy was revised, updated and renamed the Paediatric Priority Funding (PPF) strategy.

Local health districts (LHDs) and Specialty Health Networks (SHNs) were invited to apply for funding to initiate, progress or scale a project focused on care navigation for children and young people with complex care needs. Proposals were reviewed by an independent assessment panel with 4 projects approved for funding.

The Ministry provided over \$2.6 million for 2021-2024 in funding for the following projects:

- HNEKids Compass  
Led by Hunter New England Local Health District in partnership with Central Coast and Mid North Coast Local Health Districts.  
This project considers care coordination and patient experience to develop and test and integrated systems approach to care coordination.
- Who are the people in your health neighbourhood?  
Mid North Coast Local Health District  
This project draws upon existing models of care coordination with additional innovations to generate multi-agency and community focused collaboration. This project has a strong Aboriginal engagement focus.
- Providing enhanced access to health services (PEACH)  
Sydney Children's Hospitals Network (SCHN)  
The Providing Enhanced Access to Health Services (PEACH) project aims to address equity to health services for children and young people from priority populations, through early identification and supported and enhanced care.
- Rural Kids GPS  
Sydney Children's Hospitals Network (SCHN) in partnership with Southern NSW LHD, Murrumbidgee LHD, Western NSW LHD, Northern NSW LHD and University of NSW).

This project will test and scale an existing model of care coordination developed by SCHN, adapted for rural and regional contexts.

All projects are being evaluated. Project funding ends in June 2024. Project leads are exploring strategies to ensure the longer term sustainability of the models. Hunter New England LHD has now employed an ongoing care coordinator to continue this work.

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## Safeguard Teams

The Henry Review Implementation Plan Activity Area 4.7: Mental Health – Safeguard Teams, focused on improving access to mental health services for children and teenagers experiencing acute mental health distress, and their families and carers.

In 2021, the NSW Government invested \$109.5 million over four years to establish 25 Safeguards Teams across NSW. Safeguards Teams are a new dedicated Child and Adolescent Mental Health Service designed to provide care to young people aged 0-17 years who are experiencing acute mental health distress.

The Safeguards Teams are community based and provide rapid, mobile, and flexible short-term support during a mental health crisis. They have a comprehensive assessment and care navigation focus, and provide targeted crisis intervention, if needed. The Teams can respond to children and adolescents in their schools, homes and communities and also in hospital, via face to face, phone and telehealth appointments.

The 25 Safeguards Teams are being rolled out in three tranches:

- **Tranche 1:** the roll out started in 2021/22 and included Teams in Central Coast, Hunter New England, Illawarra Shoalhaven, Mid North Coast, Murrumbidgee, Northern NSW, Northern Sydney, South Eastern Sydney, South Western Sydney, Western NSW and Western Sydney.
- **Tranche 2:** started in 2023 and included Teams in Justice Health and Forensic Mental Health Network, Nepean Blue Mountains, Sydney, Sydney Children’s Hospitals Network and Southern NSW.  
Hunter New England and South Western Sydney will receive additional Teams in Tranche 2.
- **Tranche 3:** will roll out in 2024/25 and will include 7 additional Safeguards Teams. The location of the Tranche 3 teams are to be confirmed.

More information can be found via the [Child and Adolescent Mental Health Services \(CAMHS\) webpage](#)



Safeguards Teams, ACI and Ministry staff at the Safeguards Implementation Workshop on 22 June 2023

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## Brighter Beginnings: the first 2000 days of life accelerator initiatives

The Brighter Beginnings initiative includes \$376.5 million over 4 years for investments led by Department of Education, NSW Health and Department of Communities and Justice, with the support of Department of Customer Service and other agencies. These are:

- \$111.2 million (\$83M to NSW Health) to bring health and development checks into NSW preschools in partnership with health professionals from 2023. This will provide potentially thousands of parents with vital health information that they are currently missing out on to help ensure the best start in life for their child.
- \$98.7 million (to DCJ) to build more and increase support for existing Aboriginal Child and Family Centres to deliver key culturally safe services and supports for Aboriginal families with children aged 0-8 years.
- \$70.9 million to increase the number of families benefiting from Sustaining NSW Families, a nurse-led home visit program which helps strengthen the relationships between children and parents and carers by helping build their capacity to give their child the best start in life.
- \$57.2 million to eHealth to develop the Digital Baby Book, which is critical to delivering a personal child digital health record that will support holistic, lifetime-improved health outcomes.
- \$38.6 million (\$17.1M to NSW Health) for expanding Pregnancy Family Conferencing which provides early intervention to help families plan for a successful start in their parenting journey and keep mothers and their children together.

During the year, NSW Health and the NSW Department of Education have codesigned a program to provide health and development checks to four year old children in NSW preschool settings, to start in 2023-24, which included:

- Demand modelling and a targeted expression of interest process identified eight new Sustaining NSW Families sustained health home visiting program sites in specific local government areas within Nepean Blue Mountains, Hunter New England, Northern Sydney, Western NSW, Murrumbidgee, Mid North Coast and Southern NSW Local Health Districts
- Development of the Digital Baby Book commenced, led by eHealth NSW
- NSW Health and the Department of Communities commenced the expansion of Pregnancy Family Conferencing to make it available to more parents across NSW.
- The Building Brains and Bodies video series for parents was developed as part of a communications strategy to promote the importance of early interactions to support child development. More information is available at [NSW Health Information to give your child the best start in life](#) Translations into selected community languages will be released in 2023-24.
- The Health and Development Checks program, Sustaining NSW Families new sites and new Pregnancy Family Conferencing locations will start to deliver services from 2023-24.

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## Paediatric rehabilitation

In response to Recommendation 50 of the Henry Review, the Agency for Clinical Innovation's Rehabilitation Network developed the [Minimum standards for coordinated delivery of paediatric rehabilitation in NSW Health and digital toolkit](#), in partnership with local health districts, speciality health networks and health consumers. The Minimum Standards are designed to set the benchmark for the coordination of services providing paediatric rehabilitation in NSW Health.

Paediatric rehabilitation is a family-centred, multidisciplinary program of goal-directed care. It is for children and young people who, as the result of injury, a health condition or surgical or medical intervention, would benefit from this care.



Items in the toolkit have been developed for use by clinicians in the Paediatric Rehabilitation Services (PRS) and local health districts in NSW to assist in local implementation of the standards, as well as families who access these services.

The Standards and Toolkit were launched in February 2023 by the Agency for Clinical Innovation's Rehabilitation Network via a virtual event, with over 100 clinical representatives in attendance.

The following diagram shows the recommended process for using the toolkit and implementation of the minimum standards.



*Using the paediatric rehabilitation toolkit*

# 2

## Project summaries

## Summary of delivered projects

The following HRIP actions are complete:

| Plan number | Action  |
|-------------|---|
| 2.1.1       | Develop the SCHN Strategic Plan following the release of the updated NSW Strategic Priorities 2019-2020.  |
| 2.2.1       | Develop a NETS Strategic Outlook and Functional Design Plan including future directions and a review of patient mix.  |
| 2.2.3       | Include safe use of telemedicine in the treatment of children with acute and chronic medical problems as the paediatric focus area for the eHealth and ACI Telehealth accelerator project.  |
| 2.4.2       | To increase visibility of compliance, monitor and report on implementation of:<br>- PD2010_033 Children and Adolescents - Safety and Security in NSW Acute Health Facilities<br>· Safety and Security of Children and Adolescents in NSW Acute Health Facilities - Clinical Practice Guidelines.                                      |
| 2.5.1       | Establish MoU with Department of Education to establish guiding principles and governance of joint work.  |
| 2.5.2       | Based on the MoU, establish annual workplans for 2021 and following years.  |
| 2.5.3       | Establish a state-wide network to strengthen early psychosis services through workforce development, joint projects and a state-wide model of care.   |
| 3.1.1       | Deliver the First 2000 Days Implementation strategy, including: establishing a cross-government initiative and developing evidence and GP training resources to ensure curricula recognises the lifelong importance of the first 2000 days.   |
| 3.2.4       | Review existing service arrangements to understand the challenges and opportunities for Level 4 paediatric facilities to take a greater role in both, outpatient and community services.  |
| 4.1.1       | Undertake a review of the Maternity and Neonatal Capability Framework including the development of additional guidance for 'back transfers'.  |
| 4.2.2       | Develop a Local Health District Service Agreement KPI for UHHV.   |
| 4.4.1       | Review pilot studies currently underway in a selection of LHDs where GPs write repeat prescriptions for stimulant medication. Also review approaches in other Australian and international jurisdictions (including nurse led models) to compare different service delivery mechanisms of care for assessment and management of ADHD. |
| 4.5.1       | Explore options and opportunities for rehabilitation services to be provided in LHDs in partnership with the Paediatric Rehabilitation Services (PRS) at SCHN and HNELHD.   |
| 4.5.2       | Using the principles of the PRS Paediatric Rehabilitation Model of Care, investigate opportunities for integrated care, improved workforce capability, and development of infrastructure and resources within Level 4 facilities.   |
| 4.6.3       | Provide additional support for clinicians through new Education Centre Against Violence (ECAV) training in adult sexual assault and a new Child Abuse & Sexual Assault Clinical Advice Line (CASCAL).   |
| 4.6.4       | Provide additional support to clinicians responding to children who have experienced sexual assault through new ECAV training.  |
| 4.6.5       | Develop a project plan and scoping paper for Child Physical Abuse and Neglect program of work.  |
| 4.6.9       | Establish a PARVAN Serious Incident Review committee in partnership with the Clinical Excellence Committee to improve the quality and safety of NSW Health  |

|       |   |
|-------|---|
|       | responses to violence, abuse and neglect, including child protection and wellbeing issues.  |
| 5.2.2 | Investigate options to encourage increased accessibility and uptake of HETI courses in mental health for paediatricians. The first step is to explore current content and need for adaptations.   |
| 5.2.3 | Investigate options to encourage increased accessibility of HETI courses in mental health for GPs and targeted workshops in child and adolescent health, new micro learning modules, and overlaps between the paediatric and mental health pathways.  |
| 5.2.4 | Investigate access to existing courses on working with children with acute behavioural disorders and with mental illness, for paediatric nurses with a view to increased participation.   |
| 5.2.5 | Investigate opportunities for Project ECHO (Extension for Community Healthcare Outcomes) to increase GP skills. Project ECHO is an evidence-based model which places healthcare providers from diverse settings in direct contact with subject matter experts, empowering them to provide best practice care for their local communities. |
| 5.5.1 | Undertake environment scan of existing model and resources to inform training, develop skill development pathways including courses and practical experience for ICU and ED.  |
| 5.6.2 | Consult with the Rural Chief Executives on feasibility of implementation.   |

## Summary of in progress projects

| Plan number | Action   |
|-------------|--|
| 1.1.1       | Refresh children, young people and families state-wide governance to ensure all relevant Committees have established terms of reference, clear purpose, reporting lines, escalation and evaluation process are in place.   |
| 1.1.2       | Review existing mechanisms and processes for issues management and escalation, including to CYPFESC, in relation to system-level initiatives, issues and projects and strengthen where needed.   |
| 1.2.1       | Review the purpose, function and effectiveness of the NSW Children's Healthcare Network [CHN] to examine the network's role and operations and advise on how best to support and strengthen future paediatric networking arrangements.   |
| 1.4.1       | Lead a system approach to negotiate growth funding for child, young people and family services and identify other opportunities for enhancement.   |
| 2.2.2       | Review and update paediatric transport policies: <ul style="list-style-type: none"> <li>• PD2010_030 Critical Care Tertiary Referral Networks</li> <li>• PD2021_031 Children and Adolescents – Inter Facility Transfers</li> <li>• PD2005_157 Emergency Paediatric Referrals.</li> </ul>   |
| 2.3.1       | Fund time-limited projects to support care navigation, with \$2.5m invested over three years and evaluate outcomes.<br><a href="https://www.health.nsw.gov.au/kids_families/paediatric/Pages/paed-healthcare-funded-projects.aspx">https://www.health.nsw.gov.au/kids_families/paediatric/Pages/paed-healthcare-funded-projects.aspx</a> |
| 2.4.1       | Strengthen facility planning processes to align delivery of health infrastructure with local service needs for children and young people as well as requirements of Ministry of Health and Australasian Health Facility Guidelines.  |
| 2.5.4       | Investigate current resources and arrangements in mental health support for paediatricians: hospital consultation liaison and advice and clinical consultation in outpatient and community settings.   |

|       |   |
|-------|---|
| 3.1.2 | Collaborate with professional colleges about how best to incorporate the evidence of the importance of the First 2000 days into curricula and practice.   |
| 3.2.1 | Review and update the Paediatric Services Capability Framework to ensure clarity and ease of use, and include the three specialist children's hospitals, so services capability planning can be incorporated into LHD clinical services planning or other planning process.                         |
| 3.2.2 | Support reporting on implementation progress by developing and overseeing an implementation approach (including annual reporting) that embeds the framework as a tool that supports service development.  |
| 3.2.3 | Ensure scope of the revised Role Delineation and Paediatric Service Capacity Framework reflects the broader scope of responsibilities and role.   |
| 3.3.1 | Review the Surgery for Children in Metropolitan Sydney strategic framework and explore ways to expand the scope to regional and rural areas.  |
| 3.3.2 | Review current data to understand practice and understand alignment with existing Service Agreement measures.   |
| 3.3.3 | Support implementation and monitor performance.   |
| 4.1.2 | Finalise and implement the revised Maternity Care Policy. Once finalised this policy will replace the current NSW Health policy directive Towards Normal Birth in NSW.  |
| 4.1.3 | Consolidate and align professional networks and their governance to improve communication and planning.   |
| 4.2.1 | Undertake a Review of the NSW Health Supporting Families Early Policy Package.  |
| 4.4.2 | Design and deliver a new model of care for management of children and young people with behavioural issues and/or ADHD in two regional NSW locations.   |
| 4.6.1 | Pilot domestic violence routine screening and responses in six Emergency Departments in three LHDs.   |
| 4.6.2 | Develop and pilot a service model for a 24-hour, integrated psychosocial, medical and forensic domestic and family violence crisis response then deliver state-wide.  |
| 4.6.6 | Development of Child Physical Abuse and Neglect Clinical Guidelines including a review of how the Suspected Child Abuse and Neglect Medical Protocol (GL2014_012) is used.  |
| 4.6.7 | Develop a clinical pathway for identification and responses in LHDs and SHNs.   |
| 4.6.8 | Establish a state-wide Violence, Abuse and Neglect Health Pathway to improve guidance for GPs and primary health care responses to domestic and family violence, sexual assault, child physical abuse and neglect and children and young people displaying problematic or harmful sexual behaviour. |
| 4.7.1 | Establish Safeguard Teams in all LHDs which complement current LHD Child and Youth Mental Health (CYMH) services.<br>There is an opportunity to support CAMHS to refocus their services as the safeguard teams are rolled out as part of the implementing recommendation 68.                        |
| 5.1.2 | Assess current staffing and governance of allied health working with children, identify workforce supply and demand drivers, using the information gathered in the review of allied health services for children, young people and families, to inform an Allied Health Workforce Plan.             |
| 5.2.1 | Liaise with the RACP, RACGP and RANZCP Medical Colleges to explore opportunities for training and guidelines for collaboration between mental health services and paediatrics to identify ways to increase uptake of available learning.  |
| 5.3.2 | Review current and best practice models that could be utilised to support nurses working within Paediatric clinical areas to access ongoing education and skill development, both internal to LHDs and in collaboration with SCHN.  |
| 5.4.2 | Work in partnership with RACP and RANZCP to explore opportunities to develop a formal certificate/diploma program for paediatricians on safe care of children with developmental and mental health issues.  |

|       |   |
|-------|---|
| 5.4.3 | Explore options and promote opportunities for nurses to access training in adolescent and young people's health and make information available to nurses in the NSW health system.  |
| 5.6.1 | Request LHD confirmation of medical lead, staff on call roster arrangements. There are no standards for clinical on-call rosters.   |
| 6.1.1 | Review feedback mechanisms for children, young people, and their families, including: <ul style="list-style-type: none"> <li>• Admitted Children and Young People Survey</li> <li>• Current data capture mechanisms and existing documentation to inform enhancements.</li> <li>• Implementation and adoption of PRMs.</li> </ul> |
| 6.2.1 | Identify existing data and tools that will support use of data to inform and monitor health service provision and impacts for children, young people and families.  |
| 6.2.2 | Develop a long-term plan for filling data gaps and improving use of data to drive outcomes.   |

# 3

## The Henry Review Implementation Plan

## The Henry Review Implementation Plan (HRIP)

The HRIP was structured as a series of six priorities: System governance, system integration and synergies, strategic frameworks, programs and services, workforce capacity and capability and measuring progress.

### Priority

#### 1. System governance

##### Focus

This priority is concerned with the NSW Health system oversights child and family health services. This includes implementation of frameworks and monitoring of outcomes; high level clinical leadership; issues escalation and management of enhancement funding.

##### Action areas

#### 1.1 Governance refresh

This Action Area puts in place clear mechanisms that provide focus and direction for the current Committee and Networks arrangements for children, young people and family in the NSW Health system. These mechanisms will strengthen broader governance systems, support decision making about service priorities and enable monitoring of achievement across all parts of NSW Health. They will support communication and transfer of information to the various components of the system and provide clear pathways for issues escalation (Henry Report Recommendations 1, 7, 8, 12, 13, 14, 15 and 16).

| Plan # | Activity   | Update  |
|--------|--|---|
| 1.1.1  | Refresh children, young people and families state-wide governance to ensure all relevant Committees have established terms of reference, clear purpose, reporting lines, escalation and evaluation process are in place. | The Governance Refresh report was endorsed by the Children, Young People and Families Executive Steering Committee in April 2022.<br>The Governance Refresh has now entered into implementation stage, Health and Social Policy Branch are working with lead and subsidiary committees to socialise and test the recommendations as per individual committee requirements. A report will be presented to the Children, Young People and Families Executive Steering Committee in November 2023. |
| 1.1.2  | Review existing mechanisms and processes for issues management and escalation, including to CYPFESC, in relation to system-level initiatives, issues and projects and strengthen where needed.                           |   |

#### 1.2 NSW Children's Healthcare Network (CHN) review

This Action Area focuses on strengthening the NSW Children's Healthcare Network including paediatric networking arrangements (Henry Report Recommendations 19 and 20).



| Plan # | Activity   | Update  |
|--------|--|---|
| 1.2.1  | Review the purpose, function and effectiveness of the NSW Children's Healthcare Network [CHN] to examine the network's role and operations and advise on how best to support and strengthen future paediatric networking arrangements. | A review of the Children's Healthcare Network was delivered in December 2022.<br>The Agency for Clinical Innovation is leading the implementation of findings from the review. This is expected to be complete by early 2024. |

### 1.3 Expansion of Children's Healthcare Network Northern

This Action Area considers expanding the Children's Healthcare Network Northern to include the Central Coast LHD (currently in Children's Healthcare Network Western) to ensure high quality clinical care is available as close as possible to home for children living on the Central Coast (Henry Report Recommendations 17 and 18).

| Plan # | Activity   | Update   |
|--------|--|--|
| 1.3.1  | Analyse population, patient flow and service demand data to inform the planned realignment of the Central Coast LHD to the Northern Children's Healthcare Network. | Relevant districts and specialist children's hospitals will discuss potential realignment during guideline implementation planning. This work relates to the review of the Children's Healthcare Network. For more information see <a href="#">Action area 1.2.1</a> |
| 1.3.2  | Assess the resource allocation and staffing implications of realigning CCLHD to Northern Children's Health Care Network.   |  |
| 1.3.3  | The Chief Executives at HNELHD and CCLHD will work together to realign the Central Coast LHD to the Children's Healthcare Network Northern.                        |  |
| 1.3.4  | Develop a formal agreement and timeframe for realignment of the Central Coast LHD to the Northern Children's Healthcare Network.                                   |  |

## 1.4 Enhancement funding

This Action Area ensures that enhancement funding is allocated by the Ministry of Health to areas where there is evidence of, or commitment to, shared services between SCH and CHW, or SCHN and at least one LHD (Henry Report Recommendations 41).

| Plan # | Activity   | Update   |
|--------|--|--|
| 1.4.1  | Lead a system approach to negotiate growth funding for child, young people and family services and identify other opportunities for enhancement. | The Children, Young People and Families Executive Steering Committee workplan can support identification of funding opportunities. |

## Priority

### 2. System integration and synergies

#### Focus

This priority is concerned with ensuring that all the parts of the health system work together well. Collaboration and partnership is required across agencies and service providers both within and outside the NSW Health system so that children, young people and families receive timely, safe and appropriate care that supports good health and wellbeing.

#### Action areas

##### 2.1 Sydney Children's Hospitals Network

This Action Area is for a new strategic vision for the Sydney Children's Hospital Network to be developed that includes a strategy and implementation plan which will facilitate increased cooperation and collaboration all parts of the SCHN including CHW, NETS, Poisons Information Centre and the Western and Southern regions of the Children's Health Network (Henry Report Recommendation 39 and 42).

| Plan # | Activity   | Update   |
|--------|--|--|
| 2.1.1  | Develop the SCHN Strategic Plan following the release of the updated NSW Strategic Priorities 2019-2020. | The <a href="#">Sydney Children's Hospitals Network Strategic Plan 2023 - 2027</a> has been published. The Plan was developed in consultation with children, young people, families, clinicians, and health care partners. |

##### 2.2 Transport and rural outreach

This Action Area will improve seamless access to appropriate and reliable transport to higher level services and return transfers; and consider how to reduce cost of travel for patients and their family including use of telemedicine to assess and review more children closer to home. The Henry Review Implementation Planning Committee recognised that addressing barriers for children, young people and families living in rural and regional communities may require a range of strategies and solutions. These include exploring models of care for rural outreach, and opportunities to strengthen access care closer to home via virtual care/telehealth (Henry Report Recommendations 24, 25, 26 and 27).

| Plan # | Activity  | Update   |
|--------|---|--|
| 2.2.1  | Develop a NETS Strategic Outlook and Functional Design Plan including future directions and a review of patient mix.        | This action was delivered under a comprehensive review of NETS by Health Consult. The NETS Implementation Committee are implementing the recommendations.  |
| 2.2.2  | Review and update paediatric transport policies: <ul style="list-style-type: none"> <li>PD2010_030 Critical Care</li> </ul> | The NSW Health <a href="#">NSW Paediatric Clinical Care and Inter-hospital Transfer Arrangements (PD2023_019)</a> policy was published in August 2023. The revised Paediatric Service Capability Guideline will be |

|              |  |  |
|--------------|--|--|
|              | <p>Tertiary Referral Networks</p> <ul style="list-style-type: none"> <li>• PD2021_031 Children and Adolescents – Inter Facility Transfers</li> <li>• PD2005_157 Emergency Paediatric Referrals.</li> </ul> | <p>published in 2023 and will reference this policy.</p>   |
| <p>2.2.3</p> | <p>Include safe use of telemedicine in the treatment of children with acute and chronic medical problems as the paediatric focus area for the eHealth and ACI Telehealth accelerator project.</p>          | <p>The COVID-19 pandemic expedited the use of telemedicine and created familiarity for clinicians and children and their families. Two new initiatives support the delivery of virtual care in NSW. The <u>Critical Care Overbed Network</u> provides clinicians with access to specialists based at different hospitals. Specialists can view the patient directly and provide immediate, round-the-clock advice on patient care. <u>myVirtualCare</u> is NSW Health's custom-built, web-based videoconferencing platform that provides a secure virtual consultation room. It supports access to healthcare from anywhere in the state and mimics the physical workflow of a clinical consultation. The Agency for Clinical Innovation is working with the Ministry of Health Virtual Care Team on several further initiatives to embed the virtual care service modality into usual care.</p> |

## 2.3 Care navigation

This Action Area supports LHDs and SHNs to initiate, progress or scale projects focused on care navigation and integration for children and young people with complex needs via the Paediatric Priority Funding Strategy which replaces Paediatric Innovation Funding (Responds to Henry Report Recommendation 29).

| Plan # | Activity   | Update   |
|--------|--|--|
| 2.3.1  | Fund time-limited projects to support care navigation, with \$2.5m invested over three years and evaluate outcomes.<br><a href="https://www.health.nsw.gov.au/kids/families/paediatric/Pages/paed-healthcare-funded-projects.aspx">https://www.health.nsw.gov.au/kids/families/paediatric/Pages/paed-healthcare-funded-projects.aspx</a> | Four projects focused on paediatric care navigation began in July 2021. These projects focus on care for children and young people with complex needs and are due completion in June 2024.<br>For more information see <a href="#">Paediatric healthcare funded projects 2021-24</a> |

## 2.4 Functional and safe facilities for children and young people

This Action Area will ensure that NSW Health delivers child friendly and child safe multidisciplinary health care in hospital and community-based facilities appropriate to the needs of children and young people (Henry Report Recommendations 32 and 33).

| Plan # | Activity   | Update  |
|--------|--|---|
| 2.4.1  | Strengthen facility planning processes to align delivery of health infrastructure with local service needs for children and young people as well as requirements of Ministry of Health and Australasian Health Facility Guidelines.  | The Strategic Reform and Planning Branch at the Ministry of Health is doing ongoing work to strengthen facility planning including consultation on the Australasian Health Facility Guidelines and Ministry guidelines to deliver child friendly facilities that meet the needs of children and young people. |
| 2.4.2  | To increase visibility of compliance, monitor and report on implementation of: <ul style="list-style-type: none"> <li>PD2010_033 Children and Adolescents - Safety and Security in NSW Acute Health Facilities</li> <li>Safety and Security of Children and Adolescents in NSW Acute Health Facilities - Clinical</li> </ul> | The revised NSW Health <a href="#">Safety and Wellbeing of Children and Adolescents in NSW Acute Health Facilities (PD2022_053)</a> was published in 2022.<br><br>The revised Paediatric Services Capability Guideline will be published in 2023 and will reference this policy.                              |

|  |                      |  |
|--|----------------------|--|
|  | Practice Guidelines. |  |
|--|----------------------|--|

## 2.5 Mental health internal and external engagement

This Action Area will ensure meaningful engagement between internal and external health care providers to establish a collaborative approach to mental health and mental illness in children and young people, with particular focus on early intervention and prevention services for young people diagnosed with early psychosis (Henry Report Recommendations 65 and 69).

| Plan # | Activity   | Update   |
|--------|--|--|
| 2.5.1  | Establish MoU with Department of Education to establish guiding principles and governance of joint work.   | <p>An MoU was signed by Secretaries of both Department of Education and Department of Health in January 2021, work plan established for 2021 and each following year.</p> <p>This has led to greater visibility and accountability across both Agencies for priority work and shared activity. It has provided the opportunity for coordinated communication and discussion across joint priorities at both an Executive and officer level as well as streamlining reporting on priorities to the Deputy Secretaries.</p>  |
| 2.5.2  | Based on the MoU, establish annual workplans for 2021 and following years.   | <p>The 2023 workplan is currently underway.</p>  |
| 2.5.3  | Establish a state-wide network to strengthen early psychosis services through workforce development, joint projects and a state-wide model of care.  | <p>A new state-wide network to strengthen early psychosis services has been established.</p> <p>It meets regularly to collaborate and share practices. The Perinatal Child and Youth coordinate the NSW Early Psychosis Interest Group comprised of local health district/speciality networks early psychosis clinicians and leaders. The group generally meets three times a year and provides opportunities for information sharing, joint initiatives and projects and networking. There are a number of initiatives working on early intervention in psychosis including mapping of district/speciality networks mental health services for young people. This information will inform broad Youth Mental Health (YMH) policy development and planning and implementation of the YMH initiative under the bilateral agreement.</p> |
| 2.5.4  | Investigate current resources and arrangements in mental health support for paediatricians: hospital consultation liaison and advice and clinical consultation in outpatient and community settings. | <p>The Health Education Training Institute (HETI) is collating training courses and resources that can be used to build paediatric workforce, which will then be promoted to clinical groups, including paediatricians.</p> <p>HETI are exploring options for communication about existing education resources.</p> <p>The use of educational resources will improve service gaps. Greater collaboration will assist in improving pathways to care however it is a significant piece of work that will require ongoing development.</p>  |

## Priority

### 3. Strategic frameworks

#### Focus

This priority area is concerned with strengthening the implementation of overarching Strategic Frameworks.

These Frameworks set direction and provide guidance and support for the provision of services to infants, children, young people and their families across the different parts of the health system. Importantly, these frameworks clarify priorities and explain how implementation challenges are understood and addressed. Implementation plans and progress monitoring and reporting are essential accountability and communication tools to demonstrate achievement.

#### Action areas

#### 3.1 Brighter Beginnings – First 2000 Days

This action area will ensure ongoing engagement and investment across a wide range of stakeholders and other government agencies in the implementation of the First 2000 days Framework and Implementation Strategy 2020-2025 (Henry Report Recommendation 71, 72, 73).

| Plan # | Activity  | Update   |
|--------|---|--|
| 3.1.1  | Deliver the First 2000 Days Implementation strategy, including: establishing a cross-government initiative and developing evidence and GP training resources to ensure curricula recognises the lifelong importance of the first 2000 days. | <p>Brighter Beginnings: the first 2000 days of life accelerator initiatives</p> <p>In 2022-23, NSW Health was responsible for leading, or co-leading, implementation of four of five initiatives to improve support to families in the first 2000 days (pregnancy to age five) of their children's lives, funded with \$376.5 million over four years. During the year, NSW Health and the NSW Department of Education undertook codesign of a program to provide health and development checks to four year old children in NSW preschool settings, to commence in 2023-24:</p> <ul style="list-style-type: none"> <li>• Demand modelling and a targeted expression of interest process identified eight new Sustaining NSW Families sustained health home visiting program sites in specific local government areas within Nepean Blue Mountains, Hunter New England, Northern Sydney, Western NSW, Murrumbidgee, Mid North Coast and Southern NSW Local Health Districts</li> <li>• Development of the Digital Baby Book commenced, led by eHealth NSW</li> <li>• NSW Health and the Department of Communities commenced the expansion of Pregnancy Family Conferencing to make it available to more parents across NSW.</li> <li>• The Building Brains and Bodies video series for parents was developed as part of a communications strategy to promote the importance of early interactions to support child development. More information is available at NSW Health <a href="#">Information to give your child the best start in life</a></li> </ul> <p>Translations into selected community languages will be released in 2023-24.</p> <p>The Health and Development Checks program, Sustaining NSW Families new sites and new Pregnancy Family Conferencing locations will start to deliver services from 2023-24.</p> |
| 3.1.2  | Collaborate with professional colleges about how best to incorporate the evidence of the  | <p>Collaboration with professional colleges is included in the First 2000 Days Implementation Strategy.</p> <p>Representatives from the Royal Australian College of General Practitioners were consulted in development of two training modules, which will be available for GPs.</p>  |

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|  | importance of the First 2000 days into curricula and practice. | The Royal Australian College of General Practitioners promoted the First 2000 days in their <a href="#">Presidents Message Communique</a> in 2022. The communique included evidence about the First 2000 and links to further resources.<br>NSW Health, in partnership with primary care networks, promotes the First 2000 days by visits to local health districts. NSW Health also promotes the First 2000 days via webpages including information about the <a href="#">2022 Brighter Beginnings First 2000 Days Summit</a> . |
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### 3.2 Paediatric Services Capability Framework

The Paediatric Services Capability Framework provides guidance and support within a safety and quality framework for the provision of paediatric medicine and paediatric surgery services at site specific levels. These service levels are determined using the Role Delineation of Clinical Services Part D Child and Family Health Services. Role delineation provides a framework that describes the minimum support services, workforce and other requirements for clinical services to be delivered safely. Each service standard has up to six levels of service in ascending order of complexity. Not all services start at level one.

This Action Area focuses on strengthening use of the Paediatric Services Capability Framework. This will be achieved by enabling strong, visible clinical leadership at the highest level provided by the Chief Paediatrician and stronger accountability for use of framework by LHDs and the SCHN to inform service planning and continuous improvement. It also ensures that level four paediatric facilities have the capacity and capacity to provide non-acute outpatient services, as specified in the Paediatric Service Capability Framework (Henry Report Recommendations 2, 3, 4 and 23).

| Plan # | Activity  | Update   |
|--------|---|--|
| 3.2.1  | Review and update the Paediatric Services Capability Framework to ensure clarity and ease of use, and include the three specialist children's hospitals, so services capability planning can be incorporated into LHD clinical services planning or other planning process. | The revised Paediatric Service Capability (Paediatric Medicine and Surgery for Children) guideline has been drafted, including a process of extensive statewide consultation. The new guideline is expected to be published in 2023. The revised guideline will include Level 6 paediatric service capability. Requirements for frequency of on-call for paediatricians is included.   |
| 3.2.2  | Support reporting on implementation progress by developing and overseeing an implementation approach (including annual reporting) that embeds the framework as a tool that supports service development.  | The revised Paediatrics Services Capability Guideline will include clear expectations for districts and networks to regularly assess and report on their services against the guideline. Planning for implementation of the new guideline has now commenced and will include the development of supporting resources for clinicians and consumers. The first reporting cycle responding to the guideline will begin in 2024. |
| 3.2.3  | Ensure scope of the revised Role Delineation and Paediatric Service Capacity Framework reflects the broader   | Health and Social Policy Branch is working in partnership with the Workplace Training and Development Branch to ensure the revised Role Delineation Guideline and the revised Paediatric Services Capability Guideline align.  |



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|       | scope of responsibilities and role.  |  |
| 3.2.4 | Review existing service arrangements to understand the challenges and opportunities for Level 4 paediatric facilities to take a greater role in both, outpatient and community services. | A working group has been established with a range of clinical representation. The group is analysing the current system guidance documents for relevance to this work:<br>- Guide to Role Delineation of Clinical Services<br>- Management of Outpatient (Non-Admitted) Services Guideline<br>- draft Paediatric Service Capability Guideline.<br>It is anticipated that this work will be completed by end 2023/2024. |

### 3.3 Surgery for children

This activity area will address the significant variability in paediatric surgery undertaken across LHDs and SCHN through the implementation of the Surgery for Children in Metropolitan Sydney Strategic Framework. This Framework provides clear guidance around emergency surgery, planned surgery and the appropriate level of paediatric medicine service to support the surgical service (Henry Report Recommendation 28).

| Plan # | Activity   | Update   |
|--------|--|--|
| 3.3.1  | Review the Surgery for Children in Metropolitan Sydney strategic framework and explore ways to expand the scope to regional and rural areas. | The Surgery for Children in Metropolitan Sydney strategic framework has been reviewed. Updated advice is included in the revised Paediatric Services Capability Guideline, which will be published in 2023.                      |
| 3.3.2  | Review current data to understand practice and understand alignment with existing Service Agreement measures.                                | An implementation plan for the revised Paediatric Service Capability Guideline is under development. Implementation of the guideline will include statewide monitoring and reporting of paediatric services, commencing in 2024. |
| 3.3.3  | Support implementation and monitor performance.  | Local health districts and the SCHN will be supported to implement the revised Paediatric Service Capability Guideline and report on their services. This includes provision of a suite of supporting online resources.          |

## Priority

### 4. Programs and services

#### Focus

This priority area is concerned with the implementation of policy directives to improve service arrangements, communication and coordination between parts of the health system providing services for infants, children, young people and their families. This underpins a continuous improvement cycle to ensure health services are accessible, responsive to needs and provided equitably.

#### Action areas

##### 4.1 Neonatal care

This Action area will improve operational governance and coordination linkages between NICUs and SCUs to ensure transfers of care are managed efficiently across the system to achieve better continuity of care, patient safety and patient flow. This action is in line with the requirements of the NSW Tiered Networking Arrangements for Perinatal Care in NSW policy and focuses on important interfaces such as obstetrics with general practice, as well as neonatal services with specialist paediatric services in children's hospitals and LHDs (Henry Report recommendations 43,44,46).

| Plan # | Activity   | Update   |
|--------|--|--|
| 4.1.1  | Undertake a review of the Maternity and Neonatal Capability Framework including the development of additional guidance for 'back transfers'.                           | NSW Health revised and published the <a href="#">Maternity and Neonatal Service Capability (GL2022_002)</a> in May 2022. The guideline includes guidance for back transfers, including outlining service requirements to accept back transfers. Maternity and neonatal service capability consumer factsheets can be accessed <a href="#">online</a> . Maternity and Neonatal Service Capability resources accessible at: <a href="#">Resources to support implementation</a> .  |
| 4.1.2  | Finalise and implement the revised Maternity Care Policy. Once finalised this policy will replace the current NSW Health policy directive Towards Normal Birth in NSW. | <a href="#">Connecting, listening and responding: A Blueprint for Action – Maternity Care in NSW</a> was published in March 2023. An <a href="#">Information Bulletin IB2023_006</a> was published 1 March 2023, announcing the publication and outlines key actions for local health districts and speciality health networks.<br><br>Development of an implementation plan is underway, including consultation with key stakeholders (including districts, pillars and consumers). The implementation plan will focus on the first phase of priorities to further strengthen maternity care. |
| 4.1.3  | Consolidate and align professional networks and their governance to improve communication and planning.  | The Maternity and Neonatal Governance Framework and Program Logic Model was approved by the former Deputy Secretary, Health System Strategy and Performance in June 2022. Work has commenced and consultation with key stakeholders is underway to operationalise and implement the Maternity and Neonatal Governance Framework. This includes development of terms of references, meeting schedules and out of session decision making tools.   |

##### 4.2 Universal Health Home Visiting (UHHV)

This Action Area will ensure the continued development and promotion of the UHHV program in line with the requirements of the Maternal & Child Health Primary Health Care Policy. This will ensure a consistent state-wide approach to the provision of primary health care and health home visiting to parents expecting or caring for a new baby is implemented by NSW Health throughout NSW, including effective handover arrangements from a maternity services midwife to the child and

family nurse in all LHDs. The policy identifies a primary health model of care for the provision of universal assessment, coordinated care, and home visiting, by NSW Health's maternity and community health services, for all parents expecting or caring for a new baby. This will help to identify those most vulnerable and at risk who will need further visits (Henry Report Recommendations 47,48).

| Plan # | Activity   | Update  |
|--------|--|---|
| 4.2.1  | Undertake a Review of the NSW Health Supporting Families Early Policy Package. | Health and Social Policy Branch has undertaken the following as part of a review of the Supporting Families Early Policy Package: <ul style="list-style-type: none"> <li>- A review of Universal Health Home Visiting (UHHV) is complete.</li> <li>- A key action from the UHHV review was the introduction of the new 1-4 week Key Performance Indicator in District Service Agreements from 2021 (see 4.2.2)</li> <li>- A review of Safe Start psychosocial screening in the perinatal period which is being finalised.</li> </ul> Next steps will include the development of a revised psychosocial screening policy guideline. <ul style="list-style-type: none"> <li>- A 3 year evaluation of the Sustaining NSW Families Program is expected to be completed in late 2024.</li> </ul> |
| 4.2.2  | Develop a Local Health District Service Agreement KPI for UHHV.                | The Universal Health Home Visiting ( <i>UHHV</i> ) review is complete and has informed the development and implementation of the new 1-4 week health check KPI in District Service Agreements. The new KPI places increased focus on early engagement of families with child and family health services, as aligned with the schedule of health checks in the My Personal Health Record (PHR) Blue Book – rather than the mode or location of delivery (for example as a home visit). This data is reported quarterly to the System Information and Analytics Branch, which is then available on the Data Dashboard portal.   |

### 4.3 Developmental assessment

This Action Area is for the design and implementation of a model of care for the provision of developmental assessments, including clear referral pathways for children who need treatment and individual management plans to address developmental delay. The Ministry of Health will keep the NDIS, Department of Education and other key partners informed about any developments that intersect with their need for health reports to determine service eligibility in their systems (Henry Report Recommendations 51,52,53).

| Plan # | Activity  | Update   |
|--------|---|--|
| 4.3.1  | Examine current processes, develop and provide guidance on intake, referrals, GP pathways and providing functional assessment reports for NDIS. | The development of a model of care and clinical guide for children 0-5 years presenting with developmental concerns in NSW is underway. Following a consultation period, a final model of care will be published. A suite of online resources for clinicians to support the model will follow. |

### 4.4 Attention Deficit and Hyperactivity Disorder (ADHD)

This Action Area is about the development of a different delivery system of care for the management of ADHD. The current NSW approach which relies on paediatricians being responsible for all aspects of stimulant medication prescribing and monitoring is inefficient, and alternatives need to be considered (Henry Report Recommendations 56, 57 and 58).

| Plan # | Activity  | Update   |
|--------|---|--|
| 4.4.1  | Review pilot studies currently underway in a selection of LHDs where GPs write repeat prescriptions for stimulant medication. Also review approaches in other Australian and international jurisdictions (including nurse led models) to compare different service delivery mechanisms of care for assessment and management of ADHD. | Models that the ACI were aware of were considered and advice was provided to the ADHD model of care pilot.   |
| 4.4.2  | Design and deliver a new model of care for management of children and young people with behavioural issues and/or ADHD in two regional NSW locations.   | Two new models of care have been designed and are being trialled in Hunter New England Local Health District (LHD) and Western NSW LHD. The <a href="#">trial</a> addresses the need for a new approach in the management of behavioural disorders and Attention Deficit Hyperactivity Disorder (ADHD). The new multidisciplinary team based models will provide dedicated behavioural issue and/or ADHD assessment and diagnosis services and enhanced shared-care with general practitioners (GPs).<br>The trial will conclude in 2024/25. An independent evaluation of the trial commenced in 2023. |

#### 4.5 Paediatric rehabilitation

This Action Area will about better coordination of paediatric rehabilitation services across NSW (Henry Report Recommendations: 50).

| Plan # | Activity  | Update  |
|--------|---|---|
| 4.5.1  | Explore options and opportunities for rehabilitation services to be provided in LHDs in partnership with the Paediatric Rehabilitation Services (PRS) at SCHN and HNELHD.   | In December 2022, The Agency for Clinical Innovation's Rehabilitation Network published the <a href="#">Minimum standards for coordinated delivery of paediatric rehabilitation in NSW Health and supporting Toolkit of Resources</a> . The Minimum standards are designed to set the benchmark for the coordination of services providing paediatric rehabilitation in NSW Health. |
| 4.5.2  | Using the principles of the PRS Paediatric Rehabilitation Model of Care, investigate opportunities for integrated care, improved workforce capability, and development of infrastructure and resources within Level 4 facilities. | <a href="#">See Action 4.5.1</a><br>Eighteen standards, across the categories of care coordination, virtual care and electronic medical records and care across the continuum have been developed, with a series of complementary resources to assist clinicians in the implementation of these standards at a local level.   |

## 4.6 Child protection and domestic violence

This Action Area is about ensuring domestic violence routine screening is accompanied by resources that assist women and their children and improve coordination and support for clinicians working in paediatric forensic medical services (Henry Report Recommendations 54 and 55).

| Plan # | Activity  | Update  |
|--------|---|---|
| 4.6.1  | Pilot domestic violence routine screening and responses in six Emergency Departments in three LHDs.   | <p>The final Domestic Violence Routine Screening (DVRS) in Emergency Departments (ED) Evaluation Report has been completed by the University of Melbourne and submitted to the Commonwealth Government.</p> <p>The twelve-month pilot ran from November 2020 – October 2021 in six emergency departments across three local health districts. The findings of the evaluation and an Executive Summary and Summary Report will be circulated in late 2023.</p> <p>The DVRS In ED Pilot Evaluation demonstrated that DVRS is effective in an ED setting, with the pilot delivering higher screening rates than those achieved in the preceding feasibility study, and disclosure rates comparable to those in the embedded NSW Health DVRS Program in mental health, alcohol and other drug, maternity and child and family services.</p> <p>The evaluation report also highlights valuable learnings from the pilot for consideration in expanding DVRS in ED in the NSW Health system, including key enablers such as readiness strategies and staff supports. The Ministry of Health will continue to support EDs who offer domestic violence routine screening.</p> |
| 4.6.2  | Develop and pilot a service model for a 24-hour, integrated psychosocial, medical and forensic domestic and family violence crisis response then deliver state-wide.                                  | <p>A service model is under development.</p> <p>The model will support rollout of a consistent 24/7 integrated psychosocial, medical and forensic crisis response to people who have experienced domestic and family violence, based on best practice evidence.</p> <p>NSW Health has confirmed funding under the National Partnership Agreement on Family, Domestic and Sexual Violence (FDSV NPA). The funding will allow development of the service model for the NSW Health Domestic and Family Violence (DFV) Crisis Response and prepare for piloting the service model in two local health districts, including one rural and one metropolitan.</p> <p>Preparation for finalising the integrated service model and consulting on readiness activities for the pilot has started.</p>   |
| 4.6.3  | Provide additional support for clinicians through new Education Centre Against Violence (ECAV) training in adult sexual assault and a new Child Abuse & Sexual Assault Clinical Advice Line (CASCAL). | <p>The Child Abuse and Sexual Assault Clinical Advice Line (CASCAL) went live in February 2019. CASCAL provides 24/7 access to advice for doctors and nurses across NSW, who respond to children who have or may have experienced child abuse and neglect or sexual assault.</p> <p>The NSW Health Education Centre Against Violence (ECAV) will continue to review and refine delivery of the Graduate Certificate in the Management of Adult Sexual Assault to ensure it meets the needs of victim-survivors, professionals and students.</p>   |
| 4.6.4  | Provide additional support to clinicians responding to children who have experienced  | The Prevention and Response to Violence Abuse and Neglect (PARVAN), Ministry of Health, has a sub-committee that monitors   |

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|       | sexual assault through new ECAV training.  | <p>training provided to identify and respond to child sexual assault. Training is targeted at a range of clinical specialities.</p> <p>The <a href="#">NSW Health Domestic Violence Routine Screening (PD2023_009)</a> was published in April 2023. For the first time the policy mandates that all staff who conduct routine screening must attend four hours of targeted training. Released with the policy is a revision of the NSW Health Domestic Violence Routine Screening training package delivered by the Education Centre Against Violence (ECAV). The package includes updated information on responding to child safety and wellbeing in the context of domestic and family violence, risk assessment, safety planning, referral pathways and local consultation and supports.</p>  |
| 4.6.5 | Develop a project plan and scoping paper for Child Physical Abuse and Neglect program of work.   | <p>The Prevention and Response to Violence Abuse and Neglect (PARVAN), Ministry of Health, has started work to improve the quality and consistency of responses to child physical abuse and neglect.</p> <p>NSW Health has been awarded funding under the Family, Domestic and Sexual Violence National Partnership Agreement (FDSV NPA) to deliver the Safety and Support for Children Experiencing Violence, Abuse or Neglect Project. It is intended that the project will deliver a state-wide paediatric violence, abuse and neglect training, clinical placement and mentoring program, to support clinicians providing paediatric medical and forensic responses.</p>   |
| 4.6.6 | Development of Child Physical Abuse and Neglect Clinical Guidelines including a review of how the Suspected Child Abuse and Neglect Medical Protocol (GL2014_012) is used. | <p>Child Physical Abuse and Neglect Clinical Guidelines are under development. The guidelines will include information on a range of clinical presentations including inflicted head injury, bruising, and fractures, suffocation and strangulation, medical neglect, fabricated or induced illness and Section 173 Medical Examinations.</p> <p>The first round of consultation with child protection paediatric experts has occurred. Further stakeholder consultation and review will be conducted before the guidelines are published. It is anticipated that the full suite of resources will be published in late 2023/24.</p>   |
| 4.6.7 | Develop a clinical pathway for identification and responses in LHDs and SHNs.  | <p>The Prevention and Response to Violence Abuse and Neglect (PARVAN), Ministry of Health is considering options for a state-wide clinical pathway and service model for integrated child physical abuse and neglect responses.</p> <p>The existing pathway is part of the Joint Child Protection Response Program, which includes escalation pathways to the Director, PARVAN.</p> <p>This work includes scoping a model of care for paediatric medical and forensic responses with minimum staffing requirements. The model would consider the establishment of designated/nominated strategic and clinical roles for child protection paediatricians and nurses in every local health district to support timely provision of care to children and families experiencing violence abuse and neglect.</p> <p>The Ministry is exploring opportunities to fund this service model.</p> |
| 4.6.8 | Establish a state-wide Violence, Abuse and Neglect Health Pathway to improve guidance for GPs and primary health care responses to domestic                                | <p>The Prevention and Response to Violence Abuse and Neglect (PARVAN), Ministry of Health and the South West Sydney Primary Health Network (PHN) have partnered to develop a suite of lead-region violence, abuse and neglect (VAN) HealthPathways. The VAN HealthPathways will provide a</p>  |

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|       | and family violence, sexual assault, child physical abuse and neglect and children and young people displaying problematic or harmful sexual behaviour.   | <p>template for all ten NSW PHN regions and will be available for adaption to local context.</p> <p>The VAN HealthPathways aims to provide general practitioners (GPs) and primary health care clinicians with consistent, integrated, and trauma informed guidance about management and treatment options and pathways for clinical presentations related to violence, abuse and neglect.</p> <p>Three pathways are currently available:</p> <ul style="list-style-type: none"> <li>- Domestic and Family Violence</li> <li>- Physical Assault and Injury Recording</li> <li>- Perpetrators of Domestic and Family Violence.</li> </ul> <p>Pathways scheduled for release in 2023 include:</p> <ul style="list-style-type: none"> <li>- Child and Young Person Sexual Abuse - Adult Sexual Assault</li> <li>- Adult Strangulation - Strangulation in Children.</li> </ul> <p>Pathways for completion in 2024 include:</p> <ul style="list-style-type: none"> <li>- Child Physical Abuse and Neglect</li> <li>- Concussion</li> <li>- Child and Young Person Problematic and Harmful Sexual Behaviour</li> <li>- Abuse of Older People.</li> </ul> |
| 4.6.9 | Establish a PARVAN Serious Incident Review committee in partnership with the Clinical Excellence Committee to improve the quality and safety of NSW Health responses to violence, abuse and neglect, including child protection and wellbeing issues. | <p>The Prevention and Response to Violence Abuse and Neglect (PARVAN), Ministry of Health Serious Incident Review Committee was established in September 2021. The sub-committee membership includes a diverse range of policy and clinical expertise across the VAN, Emergency Medicine, Alcohol and Other Drugs (AOD), Mental Health and Patient Safety fields.</p> <p>Reporting to the NSW Health Clinical Risk Action Group the sub-committee reviews violence, abuse and neglect related Serious Adverse Event Review reports, and other relevant VAN data, to identify emerging risks, key trends or issues and learnings that have state-wide implications.</p>   |

## 4.7 Mental Health Safeguard Teams

This Activity Area is focused on improving access to mental health services for children and teenagers with moderate to severe mental health issues, and their families and carers. Twenty-five ‘Safeguard’ Child and Adolescent Mental Health Teams will be rolled out across NSW. \$109.5 million (over four years) was allocated in the 2021-22 State Budget (Henry Review Recommendation 68).

| Plan # | Activity  | Update  |
|--------|---|---|
| 4.7    | Establish Safeguard Teams in all LHDs which complement current LHD Child and Youth Mental Health (CYMH) services. There is an opportunity to support CAMHS to refocus their services as the safeguard teams are rolled out as part of the implementing recommendation 68. | <p>Twenty five <u>Safeguards Teams</u> were funded in the 2021/22 NSW State budget.</p> <p>The Teams are being rolled out over 3 years. All Tranche 1 Teams are providing services. The 7 Tranche 2 local health districts/specialty networks will be established through 2023. The Tranche 3 remaining 7 Safeguards Teams will be rolled out in 2024/25.</p> |

## Priority

### 5. Workforce capacity and capability

#### Focus

This priority area is concerned with building capacity and capability of health professionals to best meet the complex health needs of children and young people through increased access to training and upskilling opportunities, workforce planning and strengthened clinical leadership. In turn this improves the capacity of the health system to provide developmentally appropriate care that contributes to immediate and long-term health outcomes.

#### Action areas

##### 5.1 Allied health workforce capacity

This Action Area aims to address staff shortages and inequities in distribution and availability of allied health disciplines across NSW Health services. Complexity of allied health services and the limited number of allied health professionals in leadership roles in services for children, young people and families are factors that will be considered (Henry Report Recommendation 49,68).

| Plan # | Activity  | Update  |
|--------|---|---|
| 5.1.1  | Assess current structures, waitlists, service gaps and clinical practice of allied health staff working with children to identify the clinical demand on allied health services, including a review of allied health components of the NSW mental health workforce framework and implementation plan. | Consultation workshops with allied health professional working in children and family health and paediatric services occurred throughout 2022 to identify service gaps and the allied health workforce needed to meet current and future demands. Six local health districts were asked to provide examples of allied health intake and waitlist management in occupational therapy and speech pathology. Local health district and speciality health network waitlist and workforce data has been analysed to define gaps in allied health services. Learnings will be shared across the system, including examples of good practice and where further investment is needed. |
| 5.1.2  | Assess current staffing and governance of allied health working with children, identify workforce supply and demand drivers, using the information gathered in the review of allied health services for children, young people and families, to inform an Allied Health Workforce Plan.               | Following finalisation of the report under 5.1.1 (see previous), consideration will be given to the development of an Allied Health Workforce Plan. An allied health paediatric workforce Horizon Scan and Scenario Generation project is in progress and will be complete in 2023.   |



## 5.2 Professional development in mental health

This Action Area aims to ensure paediatricians and paediatric nurses have appropriate training, knowledge and experience to provide safe and appropriate care for children and young people with acute behavioural disorders or mental illness (Henry Report Recommendation 66, 67).

| Plan # | Activity   | Update  |
|--------|--|---|
| 5.2.1  | Liaise with the RACP, RACGP and RANZCP Medical Colleges to explore opportunities for training and guidelines for collaboration between mental health services and paediatrics to identify ways to increase uptake of available learning.             | Health and Social Policy Branch has initiated contact with each college and will work in partnership to identify ways to increase uptake of available learning.   |
| 5.2.2  | Investigate options to encourage increased accessibility and uptake of HETI courses in mental health for paediatricians. The first step is to explore current content and need for adaptations.  | The Health Education and Training Institute (HETI) Mental Health Portfolio and HETI Higher Education has a range of new and current formal mental health education units suitable for paediatricians, including courses which focus on working with children and adolescents (Lifespan, Perinatal and Child Units). Courses for child and youth mental health are regularly promoted across NSW Health. Promotion of modules available for medical officers in child and youth mental health has been undertaken via relevant medical Colleges. |
| 5.2.3  | Investigate options to encourage increased accessibility of HETI courses in mental health for GPs and targeted workshops in child and adolescent health, new micro learning modules, and overlaps between the paediatric and mental health pathways. |   |
| 5.2.4  | Investigate access to existing courses on working with children with acute behavioural disorders and with mental illness, for paediatric nurses with a view to increased participation.  | An environmental scan of paediatric education and training was completed in 2022 in consultation with subject matter experts and key stakeholders. Following this process and further consultation, the Health Education and Training Institute (HETI) developed a <a href="#">My Health Learning – Paediatric and Neonatal Nursing Learning Navigator</a> which has been promoted to NSW Health clinicians.  |
| 5.2.5  | Investigate opportunities for Project ECHO (Extension for Community Healthcare Outcomes) to increase GP skills. Project ECHO is an evidence-based model which places healthcare  | Project ECHO® comprises a series of weekly ECHO sessions via videoconference. Each ECHO session consists of a brief presentation from a set curriculum designed in consultation with potential participants, followed by a participant-led case presentation with facilitated discussion. Following sessions, a brief written summary of the presented case with treatment recommendations is provided to participants, along with links to evidence-based resources.   |

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|  | providers from diverse settings in direct contact with subject matter experts, empowering them to provide best practice care for their local communities. |  |
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### 5.3 Professional development in nursing

This Action Area aims to address the challenges faced by many district hospitals to provide the level of care required to meet the NSW Health Role Delineation of Clinical Services Guide for paediatric wards and special care nurseries (level 4). This will be achieved by increasing opportunities for nursing staff to develop their capability to support the management of children with complex care needs through access to ongoing education and skill development (Henry Report Recommendations 30 & 31).

| Plan # | Activity   | Update  |
|--------|--|---|
| 5.3.1  | Determine the reach of Advanced Paediatric Life Support (APLS) and Paediatric Life Support (PLS) training and identify existing education links. Identify the number of nurses who have opportunities for clinical exchange to build skills to provide evidence of need. | A review of PLS training has been completed. This work has been incorporated into Action 5.3.2.   |
| 5.3.2  | Review current and best practice models that could be utilised to support nurses working within Paediatric clinical areas to access ongoing education and skill development, both internal to LHDs and in collaboration with SCHN.                                       | <p>An environmental scan was completed in 2022 in consultation with subject matter experts. Following this process, the Health Education Training Institute (HETI) developed a <a href="#">My Health Learning – Paediatric and Neonatal Nursing Learning Navigator</a> which has been promoted to NSW Health clinicians.</p> <p>The Nursing and Midwifery Office is leading a Paediatrics Pathway in Practice (PaedPiP) project which is a collection of professional development resources designed for all nurses, whether new or experienced, working in the Paediatric environment.</p> <p>PaedPiP will be developed in partnership with clinicians with a focus on a generalist education and training pathway including access to fully funded paediatric graduate certificates and enhancing workplace learning through practice. PaedPiP is in the project development phase. It will be state-wide, supporting care of children in local health districts.</p> |
| 5.3.3  | Review existing capabilities, available training and existing models and resources for training nurses working in more complex environments and develop tools and resources to support training including skill  | <p>HETI undertook a review of courses available before launching the Paediatric and Neonatal Nursing Navigator Tool in September 2022. The tool supports the self-guided professional development paediatric and neonatal nurses in NSW Health.</p> <p>The HETI Mobile Simulation Centre continues to deliver simulation education to nurses to support complex child and youth care including paediatric health.</p>   |

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|  | development pathways, toolkits (e.g., simulation and virtual education) based on need. |  |
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#### 5.4 Service providers working with young people

This Action Area seeks to build capacity and capability within the NSW Health and private sector workforce to enable young people to continue to access quality health care as their health and associated developmental needs change with age (Henry Report Recommendation 59, 63).

| Plan # | Activity   | Update  |
|--------|--|---|
| 5.4.1  | Ensure basic paediatrician training in accredited sites is continued and explore funding options to establish new advanced training positions.   | The RACP determines requirements for basic and advanced training in paediatrics. Basic curriculum implementation was updated in 2022. Four new paediatric anaesthetic training positions were established in SCHN to address paediatric anaesthetic training gaps. The Ministry is working in partnership with the RACP to address workforce issues.  |
| 5.4.2  | Work in partnership with RACP and RANZCP to explore opportunities to develop a formal certificate/diploma program for paediatricians on safe care of children with developmental and mental health issues. | The Ministry has met with the RACP and RANZCP to identify opportunities to support workforce in this area.  |
| 5.4.3  | Explore options and promote opportunities for nurses to access training in adolescent and young people's health and make information available to nurses in the NSW health system.                         | In 2023 scholarships have been increased up to \$10,000 for a wide range of specialties, including adolescent and young people's health, to support the professional development of nurses and midwives working in NSW Health. More information on how to apply is available on the NSW Health nursing and midwifery <a href="#">scholarship page</a> |

#### 5.5 Neonatal intensive care and special care professional development

This action area will ensure the provision of consistent education and training specific to critical care for neonatal intensive care and special care staff to support system capacity, capability and safety of patients (Henry Report Recommendation 45).

| Plan # | Activity   | Update   |
|--------|--|--|
| 5.5.1  | Undertake environment scan of existing model and resources to inform training, develop skill development pathways including courses and practical experience for ICU and ED. | <a href="#">See Action 5.2.4</a><br><br>In addition, and aligned to <a href="#">PICNIC 2.2.2</a> HETI has reviewed the literature and consulted with key stakeholders to develop a NSW Health Neonatal Nursing Capability Framework. |

## 5.6 Clinical leadership

This Action Area aims to establish sufficient clinical leadership including appointment of paediatric Medical Leads in all LHDs to ensure quality planning, delivery and monitoring of paediatric services locally including a minimum number of paediatricians on the on-call roster (Henry Report Recommendations 2,3, 23 & 50).

| Plan # | Activity  | Update  |
|--------|---|---|
| 5.6.1  | Request LHD confirmation of medical lead, staff on call roster arrangements. There are no standards for clinical on-call rosters. | The revised Paediatric Service Capability Guideline will be published 2023. Implementation support will include supporting a strategic focused and statewide consistent paediatric medical lead in all districts. |
| 5.6.2  | Consult with the Rural Chief Executives on feasibility of implementation.   | Discussed at the February 2021 Rural Chief Executives meeting where feasibility of implementation was confirmed.  |

## Priority

### 6. Measuring progress

#### Focus

This priority is concerned with the information required to oversee the performance of the child and family health system. This includes feedback mechanisms for children, young people and families; specific data collection processes and tools; and performance monitoring systems.

#### Action areas

##### 6.1 Feedback from children, young people and their families

This Action Area will ensure both parents and young people are able to provide meaningful feedback from about their experience of the health system and outcomes of care (Henry Report Recommendations 64).

| Plan # | Activity   | Update   |
|--------|--|--|
| 6.1.1  | <p>Review feedback mechanisms for children, young people, and their families, including:</p> <ul style="list-style-type: none"> <li>Admitted Children and Young People Survey</li> <li>Current data capture mechanisms</li> <li>Existing documentation to inform enhancements, implementation and adoption of PRMs.</li> </ul> | <p>A summary paper, inclusive of proposed next steps has been developed and approved by the Henry Taskforce. Further consideration is required for the next steps in context of the statewide review of self reported information and feedback mechanisms underway in NSW.</p> |

##### 6.2 Existing data systems

This Action Area will ensure services for children, young people and families have robust data collection systems to monitor key performance indicators and outcome measures; measure progress and success; and facilitate an evidence-based approach to strategic and operational improvements (Henry Report Recommendations 74, 75,76 and 77).

| Plan # | Activity  | Update  |
|--------|---|---|
| 6.2.1  | <p>Identify existing data and tools that will support use of data to inform and monitor health service provision and impacts for children, young people and families.</p> | <p>The Henry Review Measuring Progress project will support the long-term and system-wide measurement of health outcomes of children and young people across NSW. The project will deliver a set of recommendations to inform longer term planning for data collection and analysis and increase NSW Health's capacity to measure service performance. A report will be finalised in 2023 and presented to CYPFESC.</p> |

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| 6.2.2 | Develop a long-term plan for filling data gaps and improving use of data to drive outcomes. |  |
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### 6.3 Monitoring outcomes and performance

This Action Area will ensure all frameworks specific to children, young people and family health care will have an accompanying implementation, monitoring and evaluation document containing outcomes measures. These frameworks will be monitored by CYPFESC which will receive regular data reports to allow it to measure progress with achieving desired outcomes and identify and target communities in greater need of focus (Henry Report Recommendations 1, 9, 75 and 77).

| Plan # | Activity  | Update  |
|--------|---|---|
| 6.3.1  | Liaise with Corporate Governance and Risk Management to ensure new state-wide frameworks identify performance and outcome measures and how these can be reported. | Corporate Governance and Risk Management have advised that responsibility for monitoring performance and outcomes of policies and guidelines belongs to the Ministry branch that owns the policy. Resources available to assist with this process, such as through the <a href="#">ACI Implementation Support webpage</a> . |

# 4

Paediatric Intensive  
Care and Neonatal  
Intensive Care  
(PICNIC)

## Paediatric Intensive Care and Neonatal Intensive Care (PICNIC)

In 2019 the NSW Ministry of Health released the Neonatal and Paediatric Intensive Care Services Consultation Report and Recommendations. This Report (known as the PICNIC Report) made 14 recommendations to support the planning and provision of neonatal intensive care unit (NICU) and paediatric intensive care unit (PICU) services in NSW.

The PICNIC Action Plan was released in August 2020 which details NSW Health's actions in response to the report recommendations and includes 40 Actions across 5 Priority areas.

### 1. Review and develop new and enhanced models of care to support quality care delivered as close to home as possible

| Plan # | Activity   | Update  |
|--------|--|---|
| 1.1.1  | Develop a state-wide model of care for paediatric ECMO retrieval.  | <p>A model of care for neonatal and paediatric ECMO (Extracorporeal Membrane Oxygenation) retrieval was published on the Agency for Clinical Innovation's website in 2020 and includes:</p> <p><u><a href="#">ECMO retrieval services – Neonatal and paediatric patients: Organisational model of care</a></u></p> <p><u><a href="#">Minimum equipment requirements to support a paediatric ECMO retrieval service: Clinical practice guide</a></u></p> |
| 1.1.2  | Develop a state-wide model of care for close observation beds in level 3 and 4 paediatric units, including clear definition of the patient cohort. | <p>The close observation draft guidance is being merged with the draft Model of care for Care of the Higher Acuity Child Outside of a Specialty Children's Hospital. The combined document is undergoing review.</p> <p>The ACI ICNSW Paediatric Intensive Care Advisory Group has oversight of this work.</p>  |

### 1.2 Develop shared policies, protocols and guidelines for neonatal and paediatric critical care in NSW

| Plan # | Activity  | Update   |
|--------|---|--|
| 1.2.1  | Develop state-wide admission and discharge criteria for NICU and PICU to support appropriate transfer of care, including back transfer of care. | <p><u><a href="#">Admission, discharge and return transfer processes for paediatric intensive care units</a></u> was published by the Agency for Clinical Innovation in October 2022.</p> <p>This document describes the role of the paediatric intensive care unit (PICU) in supporting the principle that children receive the right care at the right place and at the right time, as close to home as possible.</p> <p>The Agency for Clinical Innovation's Maternity and Neonatal Network developed an admission and discharge framework for neonatal intensive care which is to be reviewed by the Maternity and Neonatal Governance Strategic Leadership Group (SLG).</p> <p>The Maternity and Neonatal Governance Strategic Leadership Group (SLG) will provide the Children, Young People and Families with recommendations for future governance arrangements.</p> |
| 1.2.2  | Map the current suite of neonatal guidelines that are used locally to identify any gaps and identify guidelines                                 | <p>The Agency for Clinical Innovation's Maternity and Neonatal Network conducted an environmental scan in 2022. The ongoing role of statewide guidelines will be considered as part of the Maternity and Neonatal Strategic Leadership Group.</p>  |



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|        | suitable to be endorsed for use at a state level, with a focus on establishing consistent admission and discharge criteria.  |  |
| 1.2.3  | Develop evidence based clinical practice guidelines for the management of high volume, high risk neonatal clinical conditions in collaboration with Victoria and Queensland.   | The interstate <u>Paediatric Improvement Collaborative (PIC)</u> incorporates both paediatric and neonatal guidance. The PIC aims to improve the safety, reliability and effectiveness of care for children in any acute setting by jointly committing funds to further enhance the quality of the Statewide clinical practice guidelines, actively promote their use and assess their impact on patient care. |
| 1.2.4  | Map the current suite of paediatric guidelines that are used locally to identify any gaps and identify guidelines suitable to be endorsed for use at a state level.            | Development of statewide paediatric intensive care unit guidelines are under consideration by the Paediatric Intensive Care Advisory Group.  |
| P1.2.5 | Develop evidence based clinical practice guidelines for the management of high volume, high risk paediatric clinical conditions in collaboration with Victoria and Queensland. | ACI ICNSW Paediatric Intensive Care Advisory Group determined that this work is not required by the PICUs. Critical care discussions with Vic and QLD also reflected the view of the NSW PICUs. This is potentially covered in the current agreement with Royal Children's Hospital Melbourne as part of the Paediatric Improvement Collaborative.   |

## 2. Align paediatric and neonatal critical care workforce in response to new and emerging models of care

| Plan # | Activity  | Update   |
|--------|---|--|
| 2.1.1  | Develop neonatal and paediatric simulation models for programs including the Mobile Simulation Centre.  | This recommendation has been discussed with subject matter experts and is not considered feasible.<br>A suite of other educational resources for the neonatal and paediatric workforce are being developed – see the Henry Review Implementation Plan actions areas. |
| 2.1.2  | Promote partnerships with universities in the use of simulation curriculum and technologies for the development of multidisciplinary neonatal and paediatric intensive care capabilities. | This recommendation has been discussed with subject matter experts and is not considered feasible.<br>A suite of other educational resources for the neonatal and paediatric workforce are being developed – see Henry Review Implementation Plan actions areas.     |
| 2.1.3  | Review and share local nurse practitioner development models to support the use of alternative approaches by districts and  | A suite of resources to support neonatal nurse practitioners has been developed by Hunter New England LHD. These include Learning Objectives, Skills and Case Studies, Viva set up and a Position Description for a Nurse Practitioner - Newborn Services.           |

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|  | networks where suitable. |  |
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## 2.2 Develop opportunities to support workforce capability.

| Plan # | Activity   | Update  |
|--------|--|---|
| 2.2.1  | Develop principles and a toolkit to support different approaches to development of staff capability, including virtual approaches.                 | <p>A paediatric intensive care toolkit has been developed and is in design phase, and will be made available on the Agency for Clinical Innovation's portal for paediatric intensive care clinicians.</p> <p>The Health Education and Training Institute's neonatal work is complete and supports this recommendation.</p>  |
| 2.2.2  | Support registered nurses and midwives to gain qualifications in both paediatric and neonatal nursing through a post graduate scholarship program. | A number of nursing and midwifery scholarships are available. In 2023 scholarships have been increased up to \$10,000 for a wide range of specialties, including adolescent and young people's health, to support the professional development of nurses and midwives working in NSW Health. More information on how to apply is available on the NSW Health nursing and midwifery <a href="#">scholarship page</a> . |

## 3. Identify approaches to enhance communication with families

| Plan # | Activity   | Update   |
|--------|--|--|
| 3.1.1  | Develop processes and resources to enhance communication with families incorporating the principles identified in the Neonatal and Paediatric Intensive Care Services Consultation Report. This will include providing early and consistent information to families about their child's care pathway and eventual transfer when medically appropriate. | <p>The Agency for Clinical Innovation's (ACI) Maternity and Neonatal Network has published <a href="#">Information to support Effective communication in neonatal services</a> in-person and virtual care communication with families/carers</p> <p>This information can be used to:</p> <ul style="list-style-type: none"> <li>• Enhance communication with parents and carers to improve both their consumer experience and staff experience</li> <li>• Optimise communication at every stage of the neonatal care journey – from pre-admission to transition out of the service</li> <li>• Understand and use the Virtual care tools available to improve communication between neonatal staff and families/carers who are unable to be in an intensive care unit due to distance or personal circumstances</li> <li>• Support compliance with the National Safety and Quality Health Service Standards (NSQHS).</li> </ul> <p>The ACI has drafted a clinical practice guideline: Embedding virtual care into paediatric intensive care units, which is being finalised. This guideline has been implemented at the Children's Hospital Westmead and John Hunter Children's Hospital.</p> |
| 3.1.2  | Deliver state-wide training to support NSW Health professionals develop skills in family conferencing.   | A suite of eLearning modules is now available to support NSW Health staff in the areas of Family Conferencing and Family Centred Care. Courses are available through <a href="#">MyHealthLearning</a> and are free to all staff.   |
| 3.1.3  | Review and implement telehealth models to enhance communication with parents/carers and  | 3.1.3 and 3.2.3 have been combined into one document and have been implemented at Sydney Children's Hospital, the Children's Hospital at Westmead. John Hunter Children's Hospital is ready to implement.  |

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|  | families, including a focus on using telehealth to prepare families for transfer of care. | The document is undergoing final edits following review by the Agency for Clinical Innovation's executive and will be ready for use later in 2023. The document has been implemented in CHW and JHCH. |
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### 3.2 Explore mechanisms to support and enhance communication between clinicians across the network

| Plan # | Activity   | Update   |
|--------|--|--|
| 3.2.1  | Establish a paediatric intensive care network within ICNSW.  | Intensive Care NSW has established a paediatric intensive care advisory group (PICAG) with members who are intensive care clinicians. They provide expert advice on paediatric intensive care concerns and support future direction and quality intensive care services.   |
| 3.2.2  | Develop a State-wide Obstetric Consultation service, for the purpose of providing secondary advice to senior obstetric staff at Level 6 maternity services in line with PD2019 053 Tiered Networking Arrangements for Perinatal Care in NSW. | <p>The Statewide Obstetric Consultation service was established to provide an interim support to Level 6 consultants in Tiered Perinatal Networks, NSW Ambulance and the Newborn and Paediatric Emergency Transport Service (NETS) while the NSW Health policy directive <a href="#">Tiered Networking Arrangements for Perinatal Care in NSW (PD2023_035)</a> was being implemented.</p> <p>With the strengthening of the Tiered Perinatal Networks, and with benefits gained across NSW through the Maternal Transfers Redesign initiative, local processes have been embedded for consultation, referral and transfer within networked facilities.</p> <p>Subsequently the use of, and need for, the on-call roster significantly declined. This indicated that all processes are operating as they should be. Therefore, the Statewide Obstetric Consultation service concluded on 29 August 2022.</p> <p>This change was announced within the NSW Health Information Bulletin Changes to the interim bulletin in August 2022.</p> |
| 3.2.3  | Review and implement telehealth models to enhance clinical handover of patient care.   | <p><a href="#">See Action 3.1.3</a></p> <p>For neonatal, this content will be included in the guide <a href="#">Effective communication in neonatal services</a> by December 2023.</p>   |

### 3.3 At a tiered network level agree and develop effective processes and communication systems to support transfer of care across settings and providers

| Plan # | Activity   | Update  |
|--------|--|---|
| 3.3.1  | Establish a formalised NSW paediatric tiered network that is aligned to the NSW Paediatric Service Capability Framework. | <p>The NSW Health <a href="#">NSW Paediatric Clinical Care and Inter-hospital Transfer Arrangements (PD2023_019)</a> policy was published in August 2023. This Policy Directive describes how local health districts and specialty health networks are to establish local arrangements for clinical consultation to support paediatric care (including mental health care) for infants, children and adolescents delivered locally as well as escalation of care involving inter-hospital transfer.</p> <p>The revised Paediatric Services Capability Guideline will be published in 2023 and will reference this policy.</p> |

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| 3.3.2 | Implement, monitor and evaluate the Maternal Transfers Redesign initiative in line with PD2019_053 Tiered Networking Arrangements for Perinatal Care in NSW. | <p>The NSW Health policy <u>Tiered Networking Arrangements for Perinatal Care in NSW (PD2023_035)</u> was revised in April 2020.</p> <p>The Maternal Transfer Redesign initiative has been implemented, monitored and evaluated.</p> <p>The initiative has resulted in enhanced provision of care for high-risk pregnant women and their babies in NSW who require consultation and referral to higher level care.</p> <p>Management of women at risk of premature labour has improved through use of the maternal transfer decision making tool and implementation of a test that assists predicting the risk of premature birth. This has resulted in decreased clinical variation, enhanced prioritisation of transport logistics and an increase in the number of high-risk women being observed in their local facilities.</p> <p>A formal, independent, evaluation found that relationships between local health districts and tiered perinatal networks has improved, and maternal transfers have been decreasing since 2019, both in absolute numbers and as a percentage of admissions. The evaluation also found that more women are transferred appropriately indicating improved clinical decision making. Women who prior to this initiative would have required transfer, are increasingly being cared for within their own network, resulting in improved experiences by remaining as close to home as possible and without safety being compromised.</p> <p>While this initiative is now complete, the project team has been successful in obtaining enhanced and ongoing investment from July 2023 to ensure this work can continue, with a broader scope, to continue to improve maternity care in NSW. This new initiative will also focus on improving capacity and support for rural and regional maternity clinicians.</p> |
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#### 4.1 Investigate opportunities to strengthen and/or establish state-wide NICU and PICU clinical networks

| Plan # | Activity   | Update   |
|--------|--|--|
| 4.1.1  | Map existing maternity, neonatal, paediatric, and child and family health professional groups and networks to understand governance structures and reporting channels Consolidate and align networks (from 1 above) and governance to support clear state-wide communication and planning. | <p>The Governance Refresh report was endorsed by the Children, Young People and Families Executive Steering Committee in April 2022.</p> <p>The Governance Refresh has now entered into implementation stage. Health and Social Policy Branch are working with lead committees to socialise and test the recommendations as per individual committee requirements.</p> <p>A report will be presented to the Children, Young People and Families Executive Steering Committee in November 2023.</p> |
| 4.1.2  | Consolidate and align networks (from 1 above) and governance to support clear state-   | <u>See Action 4.1.1</u>  |

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|  | wide communication and planning. |  |
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#### 4.2 Review, realign and strengthen tiered maternal, neonatal and paediatric networks including core governance and operational structures

| Plan # | Activity  | Update   |
|--------|---|--|
| 4.2.1  | Update the paediatric and neonatal sections of the Guide to Role Delineation.   | Health and Social Policy Branch is contributing to work of Strategic Reform and Planning to revise and update the paediatric and neonatal sections of the Guide to Role Delineation.   |
| 4.2.2  | Update the Maternity and Neonatal Service Capability Framework to strengthen the description of lower role delineated neonatal services.  | The revised NSW Health Guideline <u>Maternity and Neonatal Service Capability (GL2022_002)</u> was published in May 2022.  |
| 4.2.3  | Update the Paediatric Service Capability Framework to include level 6 paediatric service capability.  | The revised Paediatric Services Capability Guideline will be published in 2023 and will include Level 6 paediatric service capability.   |
| 4.2.4  | Support districts to re-audit their services against the updated frameworks.  | <p>Local health districts are supported to complete an annual snapshot to report their maternity and neonatal service capability level each year.</p> <p>A service capability assessment tool has been developed to assist local health districts to assist assessment of capability. This tool provides a rapid review of service capability which may help districts identify issues that require a documented risk assessment.</p> <p>This process is outlined within the NSW Health <u>Maternity and Neonatal Service Capability (GL2022_002)</u>.</p> |
| 4.2.5  | Refresh the Maternity and Neonatal Service Capability Framework to strengthen guidance about frequency of service capability assessment and a clearer reporting process to the Ministry regarding service levels. | The revised NSW Health <u>Maternity and Neonatal Service Capability GL2022_002</u> was published in May 2022.  |
| 4.2.6  | Update the Paediatric Service Capability Framework and develop and establish the implementation, reporting and monitoring mechanisms.   | <p>The revised Paediatric Services Capability Guideline will be published in 2023 and will include Level 6 paediatric service capability.</p> <p>The revised guideline will include clear expectations for districts and networks to regularly assess and report on their services against the guideline. A suite of online resources will be developed to support use of the guideline.</p> <p>The first guideline reporting cycle will be in 2024.</p>   |

### 4.3 Improve data collection, quality and reporting

| Plan # | Activity   | Update  |
|--------|--|---|
| 4.3.1  | Implement the electronic record for intensive care in NICUs and PICUs.   | The eRIC ( <u>Electronic Record for Intensive Care</u> ) for NICU and PICU) project is complete and is the system is currently being implemented in PICUs and NICUs across NSW.   |
| 4.3.2  | Undertake a review of NICUS functions to understand current usage and operation of the system, the system support required by NICUs, future system requirements and 'best fit' both operationally and strategically within NSW Health. | This project is complete. The Agency for Clinical Innovation will establish a joint committee to oversee implementation.<br><br>Information about neonatal intensive care units can be found at the <u>Neonatal Intensive and Special Care Units' Data Registry</u> |
| 4.3.3  | Identify or develop patient reported measures (experience and outcome) that are specific to PICU and NICU.   | This will be completed as part of the response to Henry Review Implementation Plan. See Action 6.1.1  |

### 4.4 Implement processes and systems to support transparency of information on bed availability

| Plan # | Activity  | Update  |
|--------|---|---|
| 4.4.1  | Implement a NICU and SCN electronic patient journey board in the Patient Flow Portal to improve bed finding | This has been delivered within the Maternal Transfers Redesign Initiative.<br>Paediatric intensive care availability has been added to the Patient Flow Portal. |

### 5.1 Consider space and family requirements/accommodation

| Plan # | Activity   | Update   |
|--------|--|--|
| 5.1.1  | Participate in a review of the Australasian Health Facility Guidelines Health Planning Unit brief and Standard Components for PICU as part of the review for Intensive Care – General. | The Australasian Health Facility Guidelines (AusHFG), Health Planning Unit document 360 <i>Intensive Care Unit</i> outlines the operational, functional and design requirements for Intensive Care Units (ICUs) including Paediatric Intensive Care Units (PICUs). Revision 7 was published in 2019 following a review process that included consultation with NSW Health and pillar agencies. |
| 5.1.2  | Participate in a review of the Australasian Health Facility Guidelines Health Planning Unit brief and Standard Components for Intensive Care – NICU and SCN.                           | The Australasian Health Facility Guidelines (AusHFG), Health Planning Unit document 390 Neonatal Care Unit outlines the operational, functional and design requirements for the management of acutely ill babies. Revision 7 was published in 2019 following a review process that included consultation with NSW Health and pillar agencies.  |

## 5.2 Investigate transport processes and requirements

| Plan # | Activity  | Update   |
|--------|---|--|
| 5.2.1  | Deliver and evaluate the neonatal return transport project for metropolitan Sydney.                                       | <a href="#">The Non-Emergency Newborn Transport Service</a> has been established at NETS to transfer inpatients from tertiary neonatal intensive care units (NICU) or Level 4 special care units in the greater Sydney metropolitan area, to a hospital closer to the family's home for continuing care. In addition, the service will transport an inpatient for a specialist appointment at a tertiary neonatal hospital and then return the patient back to the local hospital. |
| 5.2.2  | Review existing neonatal and paediatric emergency transport, including governance and triage processes.                   | The NSW Health <a href="#">NSW Paediatric Clinical Care and Inter-hospital Transfer Arrangements (PD2023_019)</a> policy was published in August 2023.<br>The revised Paediatric Services Capability Guideline will be published in 2023.  |
| 5.2.3  | Review existing neonatal and paediatric non-emergency transport to identify requirements to support timely back transfer. | This recommendation is complete for neonatal non-emergency transport. Requirements have been identified and implemented. Paediatric return transfers are not considered to be an issue, as there are existing mechanisms for this including patient transport vehicles and PTS.  |

## 5.3 Investigate technology and equipment requirements to support current and new models of care

| Plan # | Activity  | Update   |
|--------|---|--|
| 5.3.1  | Develop a guideline on the minimum requirements for equipment for the safe transfer of neonates and infants (e.g. cots for <3 kg infants; pulse oximeters). | Development of this guideline is underway and is being overseen by the Neonatal and Paediatric Transport Committee, Ministry of Health.  |
| 5.3.2  | Develop a guideline on the minimum equipment requirements to support a paediatric ECMO retrieval service.   | A model of care for neonatal and paediatric ECMO (Extracorporeal Membrane Oxygenation) retrieval was published on the Agency for Clinical Innovation's website in 2020 and includes:<br><br><a href="#">ECMO retrieval services – Neonatal and paediatric patients: Organisational model of care</a><br><br><a href="#">Minimum equipment requirements to support a paediatric ECMO retrieval service: Clinical practice guide</a>   |
| 5.3.3  | Investigate technology and equipment requirements to support current and new models of care, including virtual care.  | The COVID-19 pandemic expedited the use of telemedicine and created familiarity for clinicians and children and their families. Two new initiatives support the delivery of virtual care in NSW. The <a href="#">Critical Care Overbed Network</a> provides clinicians with access to specialists based at different hospitals. Specialists can view the patient directly and provide immediate, round-the-clock advice on patient care. <a href="#">myVirtualCare</a> is NSW Health's custom-built, web-based videoconferencing platform that provides a secure virtual consultation room. It supports access to healthcare from anywhere in the state and mimics the physical workflow of a clinical consultation. |

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|  |  | The Agency for Clinical Innovation is working with the Ministry of Health Virtual Care Team on several further initiatives to embed the virtual care service modality into usual care. |
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## NSW Health

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