



ACT
Government
Health

Ref FOI18-26



Dear 

Freedom of information request – FOI18-26

I refer to your application received by ACT Health on 26 March 2018 in which you sought access to information under the *Freedom of Information Act 2016* (the Act).

In your application you have requested the anonymous letter regarding maternity ward issues reported by The Canberra Times on 26 April 2018, and subsequent correspondence.

I am an Information Officer appointed by the Director-General under section 18 of the Act to deal with access applications made under Part 5 of the Act. ACT Health is required to provide a decision on your access application by 1 June 2018.

Decision on access

I can inform you that in response to your request, 15 documents have been identified by ACT Health within the scope of your request. I have decided that 3 documents are to be partially released in accordance with Schedule 1.6 as information a Minister proposes to submit to Cabinet for its consideration.

I have decided that 8 documents are to be partially released in accordance with Schedule 2.2 (a)(ii) of the Act, as the information is personal information about an individual.

I have decided that 1 document is to be partially released as the document contains information outside the scope of your request. The information redacted relates to emails dated after of the receipt of your request.

The partial release of these documents is outlined in the Schedule of documents attached. The remainder of the documents are released in full.

Charges

Processing charges are not applicable for this request.

Online publishing – disclosure log

Under section 28 of the Act, ACT Health maintains an online record of access applications called a disclosure log. Your original access application, my decision and documents released to you in response to your access application will be published in the ACT Health disclosure

log not less than three days but not more than 10 days after the date of decision. Your personal contact details will not be published.

You may view the ACT Health's disclosure log at <http://www.health.act.gov.au/public-information/consumers/freedom-information/disclosure-log>.

Ombudsman review

My decision on your access request is a reviewable decision as identified in Schedule 3 of the Act. You have the right to seek Ombudsman review of this outcome under section 73 of the Act within 20 working days from the day that my decision is published in ACT Health disclosure log, or a longer period allowed by the Ombudsman.

If you wish to request a review of my decision you may write to the Ombudsman at:

The ACT Ombudsman
GPO Box 442
CANBERRA ACT 2601

Via email: ACTFOI@ombudsman.gov.au

ACT Civil and Administrative Tribunal (ACAT) review

Under section 84 of the Act, if a decision is made under section 82(1) on an Ombudsman review, you may apply to the ACAT for review of the Ombudsman decision.

Further information may be obtained from the ACAT at:

ACT Civil and Administrative Tribunal
Level 4, 1 Moore St
GPO Box 370
Canberra City ACT 2601
Telephone: (02) 6207 1740
<http://www.acat.act.gov.au/>

Should you have any queries in relation to your request, please do not hesitate to contact the FOI Coordinator on 6205 1340 or email HealthFOI@act.gov.au.

Yours sincerely



Elizabeth Chatham
Executive Director
Division of Women Youth and Children

| June 2018

FREEDOM OF INFORMATION REQUEST SCHEDULE

Please be aware that under the *Freedom of Information Act 2016*, some of the information provided to you will be released to the public through the ACT Government's Open Access Scheme. The Open Access release status column of the table below indicates what documents are intended for release online through open access.

Personal information or business affairs information will not be made available under this policy. If you think the content of your request would contain such information, please inform the contact officer immediately.

Information about what is published on open access is available online at: <https://www.act.gov.au/open-access>


NAME	WHAT ARE THE PARAMETERS OF THE REQUEST	File No
[REDACTED]	The anonymous letter regarding maternity ward issues reported on by <i>The Canberra Times</i> on 26 April 2018, and subsequent correspondence.	FOI18/26

Ref No	No of Folios	Description	Date	Status	Reason for non-release or deferral	Open Access release status
1	1 - 3	Anonymous letter addressed to a journalist at The Canberra Times.	15/04/2018	Partial release	Document contains personal information about an individual.	Yes
2	4 - 6	Email correspondence: Business Manager Canberra Hospital and Health Services (CHHS) Tonia Alexander to Assoc. Prof Boon Lim, Clinical Director (CD), Division of Women, Youth and Children (WY&C) in relation to an anonymous letter from staff to the Minister for Health and various media outlets.	16/04/2018	Partial release	Document contains personal information about an individual.	Yes

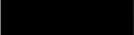
3	7-10	Email correspondenc in relation to an anonymous letter from staff to the Minister for Health and various media outlets.	17/04/2018	Partial release	Document contains personal information about an individual.	Yes
4	11-15	Centenary letter media dot points attached to email refered to in folio 3.	17/04/2018	Partial release	Information that will form part of a Cabinet process.	Yes
5	16-21	Email correspondence in relation to anonymous letter from ED Elizabeth Chatham to various staff regarding talking points for staff forum.	17/04/2018	Partial release	Document contains personal information about an individual.	Yes
6	22-24	Talking points for staff forum attached to email referred to in folio 5.	17/04/2018	Full release		Yes
5	25-26	Email correspondence: PA to ED WYC to Food Services Manager in relation to claims about food services made in anonymous letter.	17/04/2018	Partial release	Document contains personal information about an individual.	Yes
6	27-32	Notes from communication briefing with staff taken by external scribe.	17/04/2018	Partial release	Document contains personal information about an individual.	Yes
7	33-34	Email correspondence to the email address where the anonymous letter was received from.	19/04/2018	Partial release	Document contains personal information about an individual.	Yes
8	35-50	Response to concerns raised by staff and maternity Escalation Plan and Facilitation of Bypass to and from the Centenary Hospital for Women	19/04/2018	Full release		Yes

		and Children - attachment to email in folio 7.				
9	51	Email from ED Elizabeth Chatcham to ACT Health media staff regarding the anonymous letter media statement.	18/04/2018	Full release		Yes
10	52-71	Centenary Hospital Maternity anonymous letter Media Statement referred to in email at folio 9.	18/04/2018	Partial release	Information that will form part of a Cabinet process.	Yes
11	72-73	Emails between ED Elizabeth Chatham and ACT Health staff regarding media statement and responses.	20/04/2018	Full release		Yes
12	74-83	Media response plan referred to in email at folio 11.	20/04/2018	Partial release	Information that will form part of a Cabinet process.	Yes
13	84-86	Email correspondence regarding staff forum.	24/04/2018	Full release		Yes
14	87-95	Email correspondence: ED Elizabeth Chatham and various ACT Health staff regarding Centenary letter media dot points. Media dot points at folio 4.	24/04/2018	Partial release	Document contains personal information about an individual.	Yes
15	96-100	Email correspondence from ED Elizabeth Chatham and various ACT Health staff regarding concerns raised by staff in anonymous letter.	22/04/2018	Partial release	Document contains information outside the scope of request.	Yes

Total No of Docs


 The Canberra Times
 PO Box 186
 Fyshwick ACT 2609

cc: The Hon Greg Hunt MP Minister for Health
 Chief Minister Andrew Barr, MLA
 Minister for Women Yvette Berry, MLA
 Minister for Health Meegan Fitzharris, MLA
 The Australian
 The Daily Telegraph
 The Canberra Chronicle
 Canberra Weekly Magazine
 Labor Herald
 ABC News
 Canberra City News
 ChildMag
 Her Canberra

Dear  et al

We are a concerned group of health professionals employed by ACT Health at the Centenary Hospital for Women and Children (CHWC). To protect our employment we need to remain anonymous, however our concerns for women, babies, families, and health professionals at the CHWC are significant and we have addressed them in this letter. These issues have been raised with management and unions on many occasions by different members of concerned staff. Some matters have been unsatisfactorily addressed and others have received no attention.

All areas of the Maternity unit at the CHWC are consistently at over capacity. Antenatally there are long clinic waiting times and difficulties accessing appropriate appointment times and locations. There are daily over bookings of labour inductions, resulting in women being made to wait for up to 6 hours in the Birth Suite waiting room or being sent home to return another day, despite their significant medical need for a safe and timely induction/birth. The Postnatal ward does not have enough rooms to accommodate women post birth which results in Birth Suite being at capacity with women who have birthed and therefore unable to offer birthing or unwell women a room. These women also wait for long periods in the waiting area. This area is very public and houses the unit kitchen.

There is no privacy or comfort for labouring or unwell women who are made to wait for a room. Staff have had to resort to using a storeroom for birth emergencies as well as life threatening situations and severe adverse events. The storeroom is next to the kitchen/waiting area and is covered by a curtain. It has no emergency or necessary equipment for these situations. It is the only place staff can utilise to offer some measure of privacy to women when all other rooms are occupied. Birth Suite is now also two rooms down due to repair works which will continue for the coming year. Due to the lack of available beds, women and babies are discharged home inappropriately early with feeding, pain or health concerns. Babies are often re-admitted to CHWC due to excessive weight-loss as a direct result of being sent home early due to hospital capacity. Staff are unable to provide adequate breastfeeding support in the brief period they are in the hospital and Midcall, the hospital postnatal home visiting service has been substantially reduced.

Staff are understandably burnt out and overwhelmed and have been for some time. As a result sick leave is at extremely high numbers and almost every shift is short of staff. There

are daily requests for replacement staff and double shifts (19 hour days) in all areas of Maternity, some requests asking for up to 4 staff to backfill due to absence. Staff are regularly unable to access required breaks, not paid overtime or approved entitled leave. The busy-ness of the Maternity unit and the lack of addressing of ongoing issues means that patient care is often unsatisfactory and unsafe. Nurses are utilised to fill in for midwifery staff shortages on every ward. These nurses are often then called upon to work outside their scope of practice in the maternity setting.

Staff are committed to providing quality care but are unable to, and patients are regularly neglected. Staff feel helpless and dreadful about their inability to provide proper care due to unit acuity, and morale is extremely low. In addition, patients and their families can become aggressive towards staff due to the long waits and lack of care, adding to the already significant levels of stress for staff.

Bullying is rife and part of the ongoing culture of the CHWC. It is not adequately managed by senior staff. Junior doctors, student midwives and graduate midwives often bear the brunt of the bullying and there is a culture of bystanding. Supervising staff are not supported appropriately and are under enormous pressure to manage the unmanageable. In addition, after adverse or emergency outcomes support from senior staff is token at best, leaving doctors and midwives to deal with their grief alone. Often they deal with this by leaving the organisation. There is little, if any, caring for the carers. All on-the-floor staff are lacking short term or ongoing support from management.

There is often the need to go on bypass due to acuity, however, this is refused by management both at CHWC and Calvary (our alternative in the ACT). The solution provided by management is to utilise the Birth Centre (Continuity Midwifery Program - CMP) area for overflow postnatal families. CMP is then filled with non-continuity program families, reducing access for those on the Program and requiring staffing, leaving Birth Suite short of a midwife or leaving those families neglected at a distance from Birth Suite. The continuity programs are also short staffed and they are therefore unable to provide an adequate continuity model of care to families.

The Maternity Assessment Unit (MAU) which manages non-labouring concerns Monday to Friday, is staffed by very junior doctors who are often underqualified to deal with MAU complexity, and are unable to be adequately supported by supervising Obstetric teams, who are extremely busy in other areas of the unit. This puts junior staff under immense pressure to perform at challenging levels and puts women and babies at risk.

The Neonatal Intensive Care Unit (NICU) is often at capacity and short staffed due to acuity stress levels. Doctors in the maternity and neonatal units are under immense pressures to care for high risk women and babies and are equally not supported by senior medical staff. Women and babies can wait hours for necessary medical reviews. The Obstetricians may be in the Operating Theatre for lengthy periods, leaving no medical staff available for care of women in the Maternity unit, or pregnant women presenting to the Emergency Department. Labouring women can wait hours for epidurals from Anaesthetics doctors. Women regularly wait in pain and distress and often miss out, due to the workload of the anaesthetist. Senior on-call medical staff have refused to come in to provide necessary/urgent care to women in the Maternity Unit.

Medical supplies and working equipment are lacking across the unit and accessing food for patients is difficult due to kitchen staffing levels, leaving some women for hours without food. Communication and training around new policies or equipment is minimal and as a result, delays in care occur and mistakes are made. Policies in general are years out of date. Parking is an ongoing issue and staff can be required to walk alone for long distances at night to their vehicles or wait for lengthy periods for a security escort. It is interesting to note

that CHWC accreditation has taken place recently in the unit and broken/dirty chairs and faulty equipment, used on the unit for months, were removed from the wards as a matter of urgency, to present the appropriate (false) image to accreditors. In addition over rostering was implemented to give the illusion of appropriate staffing levels (for accreditation week only). The faulty chairs and equipment have since been placed back on the unit post accreditation.

Staff at CHWC need appropriate resources and support to provide adequate and safe care to women, babies and families across the board. All areas are severely lacking and bullying is ever present. The issues raised impact on the care of patients on a daily basis. It is demoralising for staff who care so much about the job they do, and there are many of us. It is frustrating and upsetting to feel so helpless in such a poorly managed and impossibly busy work environment, unable to provide the care we know we should and feeling consistently exhausted physically and emotionally. The negative effects on patients and staff are seen daily.

Thank you for your time. We desperately need positive investment and change to Maternity Services at CHWC. It is only a matter of time before there is an adverse outcome for a mother, baby or staff member. Some may say this has already been the case.

Yours sincerely

Concerned staff members
CHWC TCH
15 April 2018

Cramond, Sarah (Health)

From: Alexander, Tonia (Health)
Sent: Monday, 16 April 2018 10:52 AM
To: Lim, Boon (Health)
Cc: Chatham, Elizabeth (Health); Cuff, Sally (Health)
Subject: RE: CORRO - Anonymous - "Women, babies and staff at risk at the Centenary Hospital for Women and Children, The Canberra Hospital" [SEC=UNCLASSIFIED]

Thanks Boon. I will get your comments across to the media team, who will work with Sally to pull together a holding statement and talking points for ACT Health and the Minister.

Chris has seen the letter and is on his way back from the Minister's Office where he was having his regular meeting with her, and I'm sure he'll be able to give us further guidance on next steps. I'll let you know what he says.

Tonia

From: Lim, Boon (Health)
Sent: Monday, 16 April 2018 10:49 AM
To: Alexander, Tonia (Health) <Tonia.Alexander@act.gov.au>
Cc: Chatham, Elizabeth (Health) <Elizabeth.Chatham@act.gov.au>
Subject: RE: CORRO - Anonymous - "Women, babies and staff at risk at the Centenary Hospital for Women and Children, The Canberra Hospital" [SEC=UNCLASSIFIED]

Hi Tonia,

Thanks for sight of the letter. I have added my comments which hopefully will be of help.

As for the staff forum, I wonder if it might be better to hold this sooner rather than later and before it comes out in the press. I was thinking that tomorrow morning might be a good time but will leave it to you to discuss with Liz and perhaps Chris as to the right timing.

Kind regards,

Boon

Assoc. Prof. Boon H Lim
 Clinical Director
 Division of Women, Youth and Children
 Canberra Hospital and Health Services
 Garran
 ACT 2605
 Australia

Australian National University

Tel: (02) 6174 7394

Mob: [REDACTED]



CANBERRA HOSPITAL
AND HEALTH SERVICES

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From: Alexander, Tonia (Health)
Sent: Monday, 16 April 2018 9:58 AM
To: Lim, Boon (Health) <Boon.Lim@act.gov.au>
Subject: FW: CORRO - Anonymous - "Women, babies and staff at risk at the Centenary Hospital for Women and Children, The Canberra Hospital" [SEC=UNCLASSIFIED]
Importance: High

Boon can we discuss urgently please.

From: Jean, David (Health)
Sent: Monday, 16 April 2018 9:27 AM
To: Alexander, Tonia (Health) <Tonia.Alexander@act.gov.au>
Cc: DDGClinical <DDGClinical@act.gov.au>; Pulli, Tracey (Health) <Tracey.Pulli@act.gov.au>; Dal Molin, Vanessa (Health) <Vanessa.DalMolin@act.gov.au>
Subject: FW: CORRO - Anonymous - "Women, babies and staff at risk at the Centenary Hospital for Women and Children, The Canberra Hospital" [SEC=UNCLASSIFIED]
Importance: High

Good morning Tonia. Please see attached. Can we discuss urgently please? We're going to need a substantive holding statement addressing these claims, as well as some talking points/background for the Minister.

Vanessa, as an FYI the attached was sent to the Canberra Times and Minister's Office amongst others this morning.

Thanks,
David Jean
 Media Manager | ACT Health

P | 6205 1780 M | 0403 344 080
 E | david.jean@act.gov.au
 URL | www.health.act.gov.au

From: Johnston, ClaireV
Sent: Monday, 16 April 2018 9:07 AM
To: Pulli, Tracey (Health) <Tracey.Pulli@act.gov.au>; Jean, David (Health) <David.Jean@act.gov.au>
Subject: FW: CORRO - Anonymous - "Women, babies and staff at risk at the Centenary Hospital for Women and Children, The Canberra Hospital"
Importance: High

FYI

We might need to just check out some of these claims.

From: FITZHARRIS
Sent: Monday, 16 April 2018 9:00 AM
To: Attridge, Vanessa <VanessaS.Attridge@act.gov.au>
Cc: Anderson, Judy <Judy.Anderson@act.gov.au>; Phillips, Georgia <Georgia.Phillips@act.gov.au>; Johnston, ClaireV <ClaireV.Johnston@act.gov.au>; ACT Health DLO <ACTHealthDLO@act.gov.au>
Subject: CORRO - Anonymous - "Women, babies and staff at risk at the Centenary Hospital for Women and Children, The Canberra Hospital"
Importance: High

Hi all,

This one came through anonymously in the early hours of this morning. Karen can we please forward to Health?

Claire – please note the list of recipients includes numerous media outlets.

H

From: Staff Member [mailto:]

Sent: Monday, 16 April 2018 1:16 AM

To: @fairfaxmedia.com.au; Greg.Hunt.MP@aph.gov.au; BARR <BARR@act.gov.au>; yvette.berry@act.alp.org.au; FITZHARRIS <FITZHARRIS@act.gov.au>; letters@theaustralian.com.au; news@dailytelegraph.com.au; news@thetelegraph.com.au; news@sundaytelegraph.com.au; letters.editor@canberratimes.com.au; news@chronicle.com.au; news@canberraweekly.com.au; @abc.net.au; editor@citynews.com.au; editorial@childmags.com.au; editor@hercanberra.com.au; letters.editor@canberratimes.com.au

Subject: Women, babies and staff at risk at the Centenary Hospital for Women and Children, The Canberra Hospital

Cramond, Sarah (Health)

From: Chatham, Elizabeth (Health)
Sent: Tuesday, 17 April 2018 9:04 AM
To: Lang, Samantha (Health)
Subject: FW: CORRO - Anonymous - "Women, babies and staff at risk at the Centenary Hospital for Women and Children, The Canberra Hospital" [SEC=UNCLASSIFIED]
Attachments: Centenary letter Media dot points.docx

Elizabeth Chatham

Executive Director
 Ph 02 6174 7389
 Division of Women, Youth & Children

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From: Alexander, Tonia (Health)
Sent: Monday, 16 April 2018 5:18 PM
To: Jean, David (Health) <David.Jean@act.gov.au>; Lim, Boon (Health) <Boon.Lim@act.gov.au>; Greenaway, Elaine (Health) <Elaine.Greenaway@act.gov.au>
Cc: Chatham, Elizabeth (Health) <Elizabeth.Chatham@act.gov.au>; Health Media <HealthMedia@act.gov.au>; Cuff, Sally (Health) <Sally.Cuff@act.gov.au>
Subject: RE: CORRO - Anonymous - "Women, babies and staff at risk at the Centenary Hospital for Women and Children, The Canberra Hospital" [SEC=UNCLASSIFIED]

Hi all,

I made some changes and recommendations, but we really need input from Liz and Boon, especially on the responses to each particular issue.

Tonia

From: Jean, David (Health)
Sent: Monday, 16 April 2018 1:45 PM
To: Alexander, Tonia (Health) <Tonia.Alexander@act.gov.au>; Lim, Boon (Health) <Boon.Lim@act.gov.au>; Greenaway, Elaine (Health) <Elaine.Greenaway@act.gov.au>
Cc: Chatham, Elizabeth (Health) <Elizabeth.Chatham@act.gov.au>; Health Media <HealthMedia@act.gov.au>; Cuff, Sally (Health) <Sally.Cuff@act.gov.au>
Subject: RE: CORRO - Anonymous - "Women, babies and staff at risk at the Centenary Hospital for Women and Children, The Canberra Hospital" [SEC=UNCLASSIFIED]

Hi Tonia. I've drafted a statement. It mostly talks about demand and Calvary. It refers to the single entry system, which we may need to pull out?

I've also gone through and tried to identify each claim and put a line or two in response. There are quite a few of these that still need responses. I think going through issue to issue will be the easiest way to prep the Minister.

Let me know what you think.

Thanks,
David Jean
Media Manager | ACT Health

P | 6205 1780 M | [REDACTED]
E | david.jean@act.gov.au
URL | www.health.act.gov.au

From: Alexander, Tonia (Health)
Sent: Monday, 16 April 2018 12:52 PM
To: Lim, Boon (Health) <Boon.Lim@act.gov.au>; Greenaway, Elaine (Health) <Elaine.Greenaway@act.gov.au>
Cc: Chatham, Elizabeth (Health) <Elizabeth.Chatham@act.gov.au>; Health Media <HealthMedia@act.gov.au>; Jean, David (Health) <David.Jean@act.gov.au>; Cuff, Sally (Health) <Sally.Cuff@act.gov.au>
Subject: RE: CORRO - Anonymous - "Women, babies and staff at risk at the Centenary Hospital for Women and Children, The Canberra Hospital" [SEC=UNCLASSIFIED]

Hi all,

Chris and Liz are supportive of some sort of maternity staff forum to occur as early as tomorrow morning. Elaine, what supports are available from your team to pull that together?

Tonia

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Sent: Monday, 16 April 2018 10:49 AM
To: Alexander, Tonia (Health) <Tonia.Alexander@act.gov.au>
Cc: Chatham, Elizabeth (Health) <Elizabeth.Chatham@act.gov.au>
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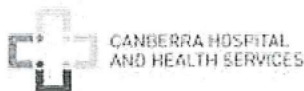
Kind regards,

Boon

Assoc. Prof. Boon H Lim
Clinical Director
Division of Women, Youth and Children
Canberra Hospital and Health Services
Garran
ACT 2605
Australia

Australian National University

Tel: (02) 6174 7394
Mob: [REDACTED]



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Sent: Monday, 16 April 2018 9:00 AM
To: Attridge, Vanessa <VanessaS.Attridge@act.gov.au>

Cc: Anderson, Judy <Judy.Anderson@act.gov.au>; Phillips, Georgia <Georgia.Phillips@act.gov.au>; Johnston, ClaireV <ClaireV.Johnston@act.gov.au>; ACT Health DLO <ACTHealthDLO@act.gov.au>

Subject: CORRO - Anonymous - "Women, babies and staff at risk at the Centenary Hospital for Women and Children, The Canberra Hospital"

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From: Staff Member [mailto:██]

Sent: Monday, 16 April 2018 1:16 AM

To: ██████████@fairfaxmedia.com.au; Greg.Hunt.MP@aph.gov.au; BARR <BARR@act.gov.au>; yvette.berry@act.alp.org.au; FITZHARRIS <FITZHARRIS@act.gov.au>; letters@theaustralian.com.au; news@dailytelegraph.com.au; news@thetelegraph.com.au; news@sundaytelegraph.com.au; letters.editor@canberratimes.com.au; news@chronicle.com.au; news@canberraweekly.com.au; ██████████@abc.net.au; editor@citynews.com.au; editorial@childmags.com.au; editor@hercanberra.com.au; letters.editor@canberratimes.com.au

Subject: Women, babies and staff at risk at the Centenary Hospital for Women and Children, The Canberra Hospital

STATEMENT

Centenary Hospital for Women and Children (Centenary) is a state of the art facility. Centenary provides high quality care and safe services for the families of ACT and the surrounding region.

ACT Health acknowledges that the state of the art maternity services at Centenary are facing a period of significant and sustained demand.

This is due to a number of factors and a number series of strategies have been and will continue to be put in place to address this.

Demand on maternity services at Canberra Hospital has increased significantly since Centenary opened in August 2012.

In 2016/17 there were 3499 babies born at Centenary, compared to 2743 at Canberra Hospital in 2010/11.

While birthing numbers at Centenary have been increasing, numbers at Calvary Public Hospital have been decreasing. There were 1759 births at Calvary Public Hospital in 2013-14, 1800 in 2014-15, 1755 in 2015-16 and 1577 in 2016-17, confirming a downward trend in the number of births since the establishment of Centenary.

To better manage demand and ensure maternity services across the region are effectively and efficiently utilised, Centenary and Calvary are considering strategies working together to address inequitable maternity demands between the two hospitals; the refurbishment of the Calvary maternity facility, and to devise longer term demand management plans under Territory-wide Services planning.

Minister for Health and Wellbeing Meegan Fitzharris recently announced a \$2.6 million refurbishment of the maternity unit at Calvary Public Hospital.

The newly refurbished maternity ward will increase its bed capacity from 15 to 18, offering a combination of 10 single rooms with an ensuite and four large two bed rooms with bathrooms.

Work is expected to be completed in July.

ACT Health Centenary has also devised a number of strategies at Centenary to address escalating high demand, including:

- o Utilising the Birth Centre for overflow;
- o Extending the hours of the Maternity Assessment Unit (MAU), and providing this service from the Birth Suite after hours;
- o Rostering additional doctors and midwives and introducing Assistants in Midwifery Midwifery to maternity services;
- o A midwifery attraction and retention strategy.

ACT Health acknowledges that the level of demand at Centenary can place some strain on staff.

Centenary executive management is committed to working through any issues staff may raise in a respectful and supportive way.

ACT Health is committed to delivering high quality health care. A respectful, supportive and inclusive workplace culture is essential to delivering this. All ACT Health staff are expected to uphold a high standard of behaviour and contribute to a healthy, productive workforce. ACT Health takes all

Commented [AT(3)]: Do we need to expand on how we do this? Mention the forum? Mention other regular staff forums? Mention that people like Liz and Boon are available and encourage staff feedback?

allegations of bullying seriously. ACT Health actively works to manage and prevent inappropriate behaviours in the workplace and has zero tolerance for such behaviour.

ISSUES AND RESPONSES

MANAGEMENT

Claim: These issues have been raised with management and unions on many occasions by different members of concerned staff. Some matters have been unsatisfactorily addressed and others have received no attention.

Response: Increased maternity demand is a known challenge which the executive management team at Centenary Hospital for Women and Children (Centenary) are working to address. ACT Health acknowledges that the level of demand at Centenary can place some strain on staff. MApart from this recognised issue, the matters identified in this letter have not been raised by staff with Centenary executive management. This management team is committed to working through any issues staff may raise in a respectful and supportive way.

CAPACITY

Claim: All areas of the Maternity unit at the CHWC are consistently at over capacity.

Response: Centenary Hospital for Women and Children (Centenary) provides high quality care and safe services for the families of ACT and the surrounding region. ACT Health acknowledges that the state of the art maternity services at Centenary are facing a period of significant and sustained demand. Demand on maternity services at Canberra Hospital has increased significantly since Centenary opened in August 2012.

To better manage demand and ensure maternity services across the region are effectively and efficiently utilised, Centenary and Calvary Public Hospital are considering strategies working together to address inequitable maternity demands between the two hospitals, such as a single entry system, the refurbishment of the Calvary maternity facility, and to devise longer term demand management plans under Territory-wide Services planning.

In the meantime, Centenary uses a number of strategies during times of high demand, including:

- o Utilising the Birth Centre for overflow;
- o Extending the hours of the Maternity Assessment Unit (MAU), and providing this service from the Birth Suite after hours;
- o Rostering additional doctors and midwives and introducing Assistants in Midwifery to maternity services;
- o A midwifery attraction and retention strategy.

INDUCTIONS

Claim: There are daily over bookings of labour inductions, resulting in women being made to wait for up to 6 hours in the Birth Suite waiting room or being sent home to return another day, despite their significant medical need for a safe and timely induction.

Response: The medical care provided to women at Centenary is of a high standard. Should there be a need to withhold inductions because the Birth Suite is over capacity, appropriate clinical

assessment takes place before the induction is safely delayed. In such situations, decisions are made on clinical priorities and women whose inductions are delayed are given a guaranteed slot when they return on a designated day.

GIVING BIRTH IN THE STOREROOM

Claim: Staff have had to resort to using a storeroom for birth emergencies as well as life threatening situations and severe adverse events. The storeroom is next to the kitchen/waiting area and is covered by a curtain. It has no emergency or necessary equipment for these situations.

Response:

INAPPROPRIATE DISCHARGE

Claim: Birth Suite is now also two rooms down due to repair works which will continue for the coming year. Due to the lack of available beds, women and babies are discharged home inappropriately early with feeding, pain or health concerns. Babies are often re-admitted to CHWC due to excessive weight-loss as a direct result of being sent home early due to hospital capacity. Staff are unable to provide adequate breastfeeding support in the brief period they are in the hospital and Midcall, the hospital postnatal home visiting service has been substantially reduced.

Response:

BURNT OUT

Claim: Staff are understandably burnt out and overwhelmed and have been for some time. As a result sick leave is at extremely high numbers and almost every shift is short of staff. There are daily requests for replacement staff and double shifts (19 hour days) in all areas of Maternity, some requests asking for up to 4 staff to backfill due to absence. Staff are regularly unable to access required breaks, not paid overtime or approved entitled leave.

Response:

BULLYING

Claim: Bullying is rife and part of the ongoing culture of the CHWC. It is not adequately managed by senior staff. Junior doctors, student midwives and graduate midwives often bear the brunt of the bullying and there is a culture of bystanding.

Response: ACT Health is committed to delivering high quality health care. A respectful, supportive and inclusive workplace culture is essential to delivering this. All ACT Health staff are expected to uphold a high standard of behaviour and contribute to a healthy, productive workforce. ACT Health takes all allegations of bullying seriously. ACT Health actively works to manage and prevent inappropriate behaviours in the workplace and has zero tolerance for such behaviour.

ADVERSE OUTCOMES

Claim: After adverse or emergency outcomes support from senior staff is token at best, leaving doctors and midwives to deal with their grief alone.

Response: Should there be an adverse outcome, staff are offered access to the Employee Assistance Program and also group debrief sessions have been arranged when necessary. These sessions have been welcomed by staff who have attended in the past.

MATERNITY ASSESSMENT UNIT

Claim: The Maternity Assessment Unit (MAU) which manages non-labouring concerns Monday to Friday, is staffed by very junior doctors who are often underqualified

Response: Since February 2018, specialist Obstetricians have been rostered to provide support to the junior medical staff daily.

NICU

Claim: The Neonatal Intensive Care Unit (NICU) is often at capacity and short staffed due to acuity stress levels. Doctors in the maternity and neonatal units are under immense pressures to care for high risk women and babies and are equally not supported by senior medical staff.

Response: NICU has two registrars on duty at any time and is readily supported by Fellows and specialists.

Claim: The Obstetricians may be in the Operating Theatre for lengthy periods, leaving no medical staff available for care of women in the Maternity unit, or pregnant women presenting to the Emergency Department.

Response: There is a second on call specialist on the roster who can be called in when required. The registrar roster has also been changed to ensure that when a very junior registrar is rostered at night, a senior registrar is also rostered to provide support.

Claim: Senior on-call medical staff have refused to come in to provide necessary/urgent care to women in the Maternity Unit.

Response: Senior staff are readily available to attend urgent situations. In fact, when a first year registrar is on duty, there is a requirement for the specialist to be resident-on-call.

SUPPLIES

Claim: Medical supplies and working equipment are lacking across the unit and accessing food for patients is difficult due to kitchen staffing levels, leaving some women for hours without food.

Response:

POLICIES

Claim: Communication and training around new policies or equipment is minimal and as a result, delays in care occur and mistakes are made. Policies in general are years out of date.

Response:

PARKING

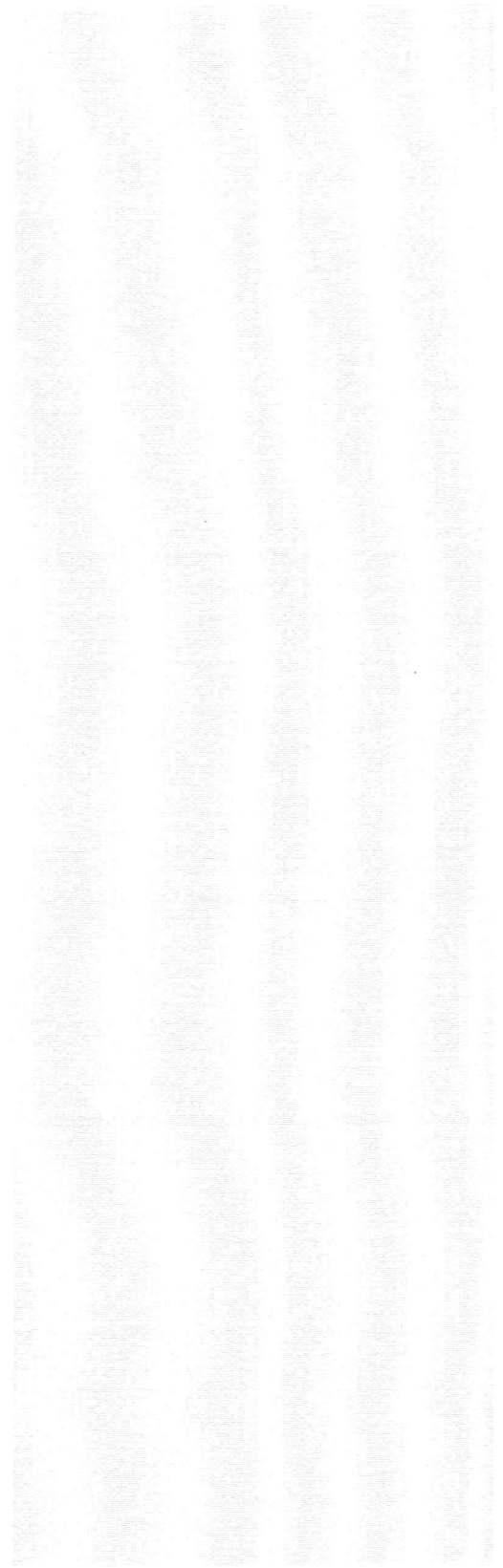
Claim: Parking is an ongoing issue and staff can be required to walk alone for long distances at night to their vehicles or wait for lengthy periods for a security escort.

Response:

ACCREDITATION

Claim: Accreditation has taken place recently in the unit and broken/dirty chairs and faulty equipment, used on the unit for months, were removed from the wards as a matter of urgency, to present the appropriate (false) image to accreditors. In addition over rostering was implemented to give the illusion of appropriate staffing levels (for accreditation week only). The faulty chairs and equipment have since been placed back on the unit post accreditation.

Response:



Cramond, Sarah (Health)

From: Chatham, Elizabeth (Health)
Sent: Tuesday, 17 April 2018 2:15 PM
To: Blumer, Shari (Health)
Subject: FW: CORRO - Anonymous - "Women, babies and staff at risk at the Centenary Hospital for Women and Children, The Canberra Hospital" [SEC=UNCLASSIFIED]
Attachments: Talking points for staff forum - issues at Centenary Hospital v.2 (002).....docx

Elizabeth Chatham

Executive Director
 Ph 02 6174 7389
 Division of Women, Youth & Children

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From: Alexander, Tonia (Health)
Sent: Tuesday, 17 April 2018 12:24 PM
To: Chatham, Elizabeth (Health) <Elizabeth.Chatham@act.gov.au>; Lang, Samantha (Health) <Samantha.Lang@act.gov.au>
Cc: Cuff, Sally (Health) <Sally.Cuff@act.gov.au>
Subject: FW: CORRO - Anonymous - "Women, babies and staff at risk at the Centenary Hospital for Women and Children, The Canberra Hospital" [SEC=UNCLASSIFIED]

Liz and Sam, this is another version from Comms, but I think you should use whatever you've prepared by now. Please let me know if I can help.

Tonia

From: Webber, James (Health)
Sent: Tuesday, 17 April 2018 11:50 AM
To: Greenaway, Elaine (Health) <Elaine.Greenaway@act.gov.au>; Alexander, Tonia (Health) <Tonia.Alexander@act.gov.au>
Cc: Jean, David (Health) <David.Jean@act.gov.au>; Pulli, Tracey (Health) <Tracey.Pulli@act.gov.au>
Subject: RE: CORRO - Anonymous - "Women, babies and staff at risk at the Centenary Hospital for Women and Children, The Canberra Hospital" [SEC=UNCLASSIFIED]

Thanks Elaine

I think this is broadly in line with our media approach: to acknowledge there are challenges that management are working through in the context of high demand for the hospital's services.

Tonia please see attached an updated version with some thoughts from me – Elaine is pretty happy with these. This is clear for you to input on (understand you've probably already started on the previously provided version).

Apologies for multiple versions - we had to pull together very quickly!

Cheers,
James

From: Greenaway, Elaine (Health)
Sent: Tuesday, 17 April 2018 11:26 AM
To: Webber, James (Health) <James.Webber@act.gov.au>
Cc: Jean, David (Health) <David.Jean@act.gov.au>; Pulli, Tracey (Health) <Tracey.Pulli@act.gov.au>
Subject: FW: CORRO - Anonymous - "Women, babies and staff at risk at the Centenary Hospital for Women and Children, The Canberra Hospital" [SEC=UNCLASSIFIED]
Importance: High

Hi James,

I have updated the talking points based on feedback from Cynthia. Can you please check that the points align with the media approach and that the tone is OK. Also attached is a word doc with some of the other claims listed, where more information is required. Given the timeframes, not sure whether they will have time to work through these, but they may at the very least need to have a brief answer for them in the event they receive a question from a staff member about them.

Once I have your feedback, I will send an updated version to Tonia.

Thanks

Elaine

From: Douglas, Cynthia (Health)
Sent: Tuesday, 17 April 2018 11:19 AM
To: Greenaway, Elaine (Health) <Elaine.Greenaway@act.gov.au>
Subject: RE: CORRO - Anonymous - "Women, babies and staff at risk at the Centenary Hospital for Women and Children, The Canberra Hospital" [SEC=UNCLASSIFIED]

Hi Elaine

A few suggestions attached. My main concern is that it aligns with the media approach and that the overall tone of delivery is right – we take this seriously, we are doing things to address the issues.

Cynthia

From: Greenaway, Elaine (Health)
Sent: Tuesday, 17 April 2018 11:05 AM
To: Douglas, Cynthia (Health) <Cynthia.Douglas@act.gov.au>
Subject: FW: CORRO - Anonymous - "Women, babies and staff at risk at the Centenary Hospital for Women and Children, The Canberra Hospital" [SEC=UNCLASSIFIED]
Importance: High

From: Greenaway, Elaine (Health)
Sent: Tuesday, 17 April 2018 11:01 AM
To: Alexander, Tonia (Health) <Tonia.Alexander@act.gov.au>; Jean, David (Health) <David.Jean@act.gov.au>; Webber, James (Health) <James.Webber@act.gov.au>
Subject: RE: CORRO - Anonymous - "Women, babies and staff at risk at the Centenary Hospital for Women and

Children, The Canberra Hospital" [SEC=UNCLASSIFIED]

Importance: High

Hi all,

Please find attached, some very draft talking points for today's forums and potential questions you might get from staff. As with the media talking points, there are some areas where further information is required, which are highlighted in yellow. Due to the timeframes we haven't had a chance to get this cleared by anyone over here, so please use as a guide only.

Let me know if you require any further information.

James/David – please let me know if there are any issues (from a media/reputation management perspective) with the content.

Thanks

Elaine

From: Alexander, Tonia (Health)

Sent: Monday, 16 April 2018 5:18 PM

To: Jean, David (Health) <David.Jean@act.gov.au>; Lim, Boon (Health) <Boon.Lim@act.gov.au>; Greenaway, Elaine (Health) <Elaine.Greenaway@act.gov.au>

Cc: Chatham, Elizabeth (Health) <Elizabeth.Chatham@act.gov.au>; Health Media <HealthMedia@act.gov.au>; Cuff, Sally (Health) <Sally.Cuff@act.gov.au>

Subject: RE: CORRO - Anonymous - "Women, babies and staff at risk at the Centenary Hospital for Women and Children, The Canberra Hospital" [SEC=UNCLASSIFIED]

Hi all,

I made some changes and recommendations, but we really need input from Liz and Boon, especially on the responses to each particular issue.

Tonia

From: Jean, David (Health)

Sent: Monday, 16 April 2018 1:45 PM

To: Alexander, Tonia (Health) <Tonia.Alexander@act.gov.au>; Lim, Boon (Health) <Boon.Lim@act.gov.au>; Greenaway, Elaine (Health) <Elaine.Greenaway@act.gov.au>

Cc: Chatham, Elizabeth (Health) <Elizabeth.Chatham@act.gov.au>; Health Media <HealthMedia@act.gov.au>; Cuff, Sally (Health) <Sally.Cuff@act.gov.au>

Subject: RE: CORRO - Anonymous - "Women, babies and staff at risk at the Centenary Hospital for Women and Children, The Canberra Hospital" [SEC=UNCLASSIFIED]

Hi Tonia. I've drafted a statement. It mostly talks about demand and Calvary. It refers to the single entry system, which we may need to pull out?

I've also gone through and tried to identify each claim and put a line or two in response. There are quite a few of these that still need responses. I think going through issue to issue will be the easiest way to prep the Minister.

Let me know what you think.

Thanks,

David Jean

Media Manager | ACT Health

P | 6205 1780 M | [REDACTED]
 E | david.jean@act.gov.au
 URL | www.health.act.gov.au

From: Alexander, Tonia (Health)
Sent: Monday, 16 April 2018 12:52 PM
To: Lim, Boon (Health) <Boon.Lim@act.gov.au>; Greenaway, Elaine (Health) <Elaine.Greenaway@act.gov.au>
Cc: Chatham, Elizabeth (Health) <Elizabeth.Chatham@act.gov.au>; Health Media <HealthMedia@act.gov.au>; Jean, David (Health) <David.Jean@act.gov.au>; Cuff, Sally (Health) <Sally.Cuff@act.gov.au>
Subject: RE: CORRO - Anonymous - "Women, babies and staff at risk at the Centenary Hospital for Women and Children, The Canberra Hospital" [SEC=UNCLASSIFIED]

Hi all,

Chris and Liz are supportive of some sort of maternity staff forum to occur as early as tomorrow morning. Elaine, what supports are available from your team to pull that together?

Tonia

From: Lim, Boon (Health)
Sent: Monday, 16 April 2018 10:49 AM
To: Alexander, Tonia (Health) <Tonia.Alexander@act.gov.au>
Cc: Chatham, Elizabeth (Health) <Elizabeth.Chatham@act.gov.au>
Subject: RE: CORRO - Anonymous - "Women, babies and staff at risk at the Centenary Hospital for Women and Children, The Canberra Hospital" [SEC=UNCLASSIFIED]

Hi Tonia,

Thanks for sight of the letter. I have added my comments which hopefully will be of help.

As for the staff forum, I wonder if it might be better to hold this sooner rather than later and before it comes out in the press. I was thinking that tomorrow morning might be a good time but will leave it to you to discuss with Liz and perhaps Chris as to the right timing.

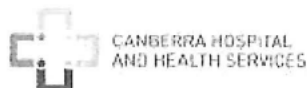
Kind regards,

Boon

Assoc. Prof. Boon H Lim
 Clinical Director
 Division of Women, Youth and Children
 Canberra Hospital and Health Services
 Garran
 ACT 2605
 Australia

Australian National University

Tel: (02) 6174 7394
 Mob: [REDACTED]



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From: Alexander, Tonia (Health)
Sent: Monday, 16 April 2018 9:58 AM
To: Lim, Boon (Health) <Boon.Lim@act.gov.au>
Subject: FW: CORRO - Anonymous - "Women, babies and staff at risk at the Centenary Hospital for Women and Children, The Canberra Hospital" [SEC=UNCLASSIFIED]
Importance: High

Boon can we discuss urgently please.

From: Jean, David (Health)
Sent: Monday, 16 April 2018 9:27 AM
To: Alexander, Tonia (Health) <Tonia.Alexander@act.gov.au>
Cc: DDGClinical <DDGClinical@act.gov.au>; Pulli, Tracey (Health) <Tracey.Pulli@act.gov.au>; Dal Molin, Vanessa (Health) <Vanessa.DalMolin@act.gov.au>
Subject: FW: CORRO - Anonymous - "Women, babies and staff at risk at the Centenary Hospital for Women and Children, The Canberra Hospital" [SEC=UNCLASSIFIED]
Importance: High

Good morning Tonia. Please see attached. Can we discuss urgently please? We're going to need a substantive holding statement addressing these claims, as well as some talking points/background for the Minister.

Vanessa, as an FYI the attached was sent to the Canberra Times and Minister's Office amongst others this morning.

Thanks,
David Jean
 Media Manager | ACT Health

P | 6205 1780 M | [REDACTED]
 E | david.jean@act.gov.au
 URL | www.health.act.gov.au

From: Johnston, ClaireV
Sent: Monday, 16 April 2018 9:07 AM
To: Pulli, Tracey (Health) <Tracey.Pulli@act.gov.au>; Jean, David (Health) <David.Jean@act.gov.au>
Subject: FW: CORRO - Anonymous - "Women, babies and staff at risk at the Centenary Hospital for Women and Children, The Canberra Hospital"
Importance: High

FYI

We might need to just check out some of these claims.

From: FITZHARRIS
Sent: Monday, 16 April 2018 9:00 AM
To: Attridge, Vanessa <VanessaS.Attridge@act.gov.au>
Cc: Anderson, Judy <Judy.Anderson@act.gov.au>; Phillips, Georgia <Georgia.Phillips@act.gov.au>; Johnston, ClaireV <ClaireV.Johnston@act.gov.au>; ACT Health DLO <ACTHealthDLO@act.gov.au>
Subject: CORRO - Anonymous - "Women, babies and staff at risk at the Centenary Hospital for Women and Children, The Canberra Hospital"
Importance: High

Hi all,

This one came through anonymously in the early hours of this morning. Karen can we please forward to Health?

Claire – please note the list of recipients includes numerous media outlets.

H

From: Staff Member [mailto: [REDACTED]]

Sent: Monday, 16 April 2018 1:16 AM

To: [REDACTED]@fairfaxmedia.com.au; Greg.Hunt.MP@aph.gov.au; BARR <BARR@act.gov.au>; yvette.berry@act.alp.org.au; FITZHARRIS <FITZHARRIS@act.gov.au>; letters@theaustralian.com.au; news@dailytelegraph.com.au; news@thetelegraph.com.au; news@sundaytelegraph.com.au; letters.editor@canberratimes.com.au; news@chronicle.com.au; news@canberraweekly.com.au; [REDACTED]@abc.net.au; editor@citynews.com.au; editorial@childmags.com.au; editor@hercanberra.com.au; letters.editor@canberratimes.com.au

Subject: Women, babies and staff at risk at the Centenary Hospital for Women and Children, The Canberra Hospital

Talking points

Introduction

- Firstly, thank you all for making the time to come along today, during what is an extremely busy period for everyone.
- The purpose of this meeting is to discuss feedback we have indirectly received from staff who have concerns about the delivery of services and the work environment at Centenary Hospital.
- More importantly this meeting is to discuss what has, or can be done to address these concerns and ~~finally, how we can better support staff.~~
- ~~While I won't go into details,~~ The feedback outlined several concerns some staff have with the current work environment at Centenary Hospital in relation to their own health and wellbeing and that of the patients they care for.
- ~~This is extremely worrying to me and the senior executive team and I hope that our presence here today is a clear indication to you of how seriously we are taking this matter.~~
- We are committed to working with staff to resolve any issues as a priority.
- The Centenary Hospital was built with one purpose and that is to provide high quality, safe and effective care for the families of the ACT and the surrounding region. That purpose has not and will not change.
- However, like other hospitals across the country, the increased demand for our services has ~~at times placed additional pressure on our staff and facilities~~ services.
- ~~We accept that there is room for improvement.~~ We need to identify ways in which we can better address this challenge and support you to be able to do your job.
- ~~Some of the issues recently raised by are already on our radar and we~~ We're already aware of some of the issues raised and are working hard behind the scenes to make the necessary improvements in these areas.
- ~~But it is clear~~ We acknowledge that as senior executives we need to do better when it comes to ~~with communicating with you about the steps we are taking to address issues, and the ways in which you can~~ with providing you more opportunities to provide feedback and be involved in shaping the way the hospital delivers services now and in the future.
- ~~I would like to take the opportunity to~~ I would like to this opportunity to thank you all for your efforts in contributing to the incredibly important work of the Centenary Hospital and for bearing with us as we work through these challenges.
- ~~I would like to take the opportunity to~~ We will now address some of the specific concerns raised by staff in recent days.

Commented [WJ(1): This is more of a defensive line (to use if asked for specific details) and would make me think management is trying to avoid core issues

Commented [WJ(2): Could be construed as passive aggressive / singling out complainants

Commented [WJ(3): Clear acceptance of responsibility

Commented [WJ(4): Always good to thank staff up front

Addressing the claims

Claim: All areas of the Maternity unit at the CHWC are consistently at over capacity.

In terms of the capacity of the Maternity Unit, we are taking the following steps:

- We have been working, over the past (XXX months), with our colleagues at Calvary to address the issue of Centenary being at capacity while Calvary tends to be underutilised. As

you are well aware, a lot of new mothers are attracted to Centenary Hospital because of the modern facilities we have on offer.

- The Government has recently announced a \$2.6 million refurbishment of the maternity unit at Calvary Public Hospital to make their facilities more appealing to expectant mothers. This work is expected to be completed in July. It will see an increase in bed capacity and some improvements to the aesthetics of the unit.
- To better manage demand and ensure maternity services across the region are effectively and efficiently utilised, Centenary and Calvary Public Hospital are considering strategies to address inequitable maternity demands between the two hospitals, such as a single entry system, the refurbishment of the Calvary maternity facility, and longer term demand management plans under Territory-wide Services planning.

Over booking of labour inductions

- Should there be a need to withhold inductions because the Birth Suite is over capacity, appropriate clinical assessment takes place before the induction is safely delayed. In such situations, decisions are made on clinical priorities and women whose inductions are delayed are given a guaranteed slot when they return on a designated day.

Claim: There is a lack of support and availability of obstetricians, senior medical staff and Anaesthetists - what is being done to address this?

Commented [GE(5)]: Is there more we can say in relation to this?

- There is a second on call specialist on the roster who can be called in when required. The registrar roster has also been changed to ensure that when a very junior registrar is rostered at night, a senior registrar is also rostered to provide support. If you do not receive appropriate action and support from the specialist on call, then you need to escalate this to your manager so that appropriate action can be taken.

Claims around bullying

- ACT Health is committed to fostering a respectful, supportive and inclusive workplace culture. All ACT Health staff are expected to uphold a high standard of behaviour and contribute to a healthy, productive workforce.
- There is a clearly defined reporting process for bullying and harassment claims, with all claims being addressed accordingly.
- I understand it may be difficult reporting such allegations, but I cannot stress enough how important it is to report such behaviour.
- Unfortunately, it is difficult for us to take action if instances of bullying and harassment are not reported through the appropriate reporting channels.
- We have RED Officers available, and staff are encouraged to discuss issues with their managers or contact the Employee Assistance Program, a free, confidential services.
- We are also open to your suggestions on how we can work to improve the complaints process to make it more effective for you.

Conclusion

- I would like to end today by stressing that we know things aren't perfect as with any ward, unit or organisation in any health service, there are some areas we need to improve on and some changes we need to make to position ourselves to respond to the demands of today and the opportunities and challenges of tomorrow. In saying that,

there is also a lot we are doing really well and I don't want today's discussions to take away from that.

- There are some actions we need to take to address the issues. To ensure we do so effectively, we need your cooperation, your input and ideas and also your patience.
- I know I speak on behalf of all the senior executive when I say thank you for your hard work and your unwavering dedication and commitment to delivering the best service we can to the Canberra community.

Potential staff Q&As

1. What's being done to reduce capacity in the short term?
2. We've raised these issues in the past and we feel like we haven't been heard as nothing has been done to rectify them. What is going to change this time around?
3. How will the single entry system work?
4. Where will the new staff come from and how long will recruitment take?
5. Midwifery Assistants – where are they coming from? Are they trained? Will this put pressure on other areas of operations?
6. How will using the Birth Suite as overflow help when it's already being used and is also at capacity?
7. A lot of your strategies to rectify the issues seem to rely a lot on staff – at what point is it your job and not ours?
8. How can you say that bullying is taken seriously and that we have a zero tolerance for it when it is clearly occurring?

Cramond, Sarah (Health)

From: Walsh, Tom (Health)
Sent: Tuesday, 17 April 2018 12:01 PM
To: Blumer, Shari (Health)
Subject: RE: URGENT - Anonymous complaint from staff to the Federal Minister and ACT Minister's for Health and all Media Outlets [DLM=For-Official-Use-Only]

Hi Shari,

In response to food for patients is difficult due to kitchen staffing levels, leaving some women for hours without food:

- Food Services depends on all patient meals for WY&C being ordered or updated on the DIETPAS system in which the requested patient meals are delivered in a timely manner;
- For after-hours patient meal requirements, Food Service supplies pantry items which consists of condiments, cereals, bread, milk, juices and sandwiches as requested by the respective CNC's within WY&C;
- Issues of concern regarding the provision of patient meals can be raised with Food Services Management to ensure the necessary preventative action/s are taken accordingly;
- Senior Manager, Food Services, attends WY&C Divisional Management Meeting in the capacity of Business Support Services Client Services Officer to address and or follow up issues of concern regarding business support services activities for WY&C, this includes Food Service activities as required for the necessary preventative actions to be taken accordingly.

Please contact me if I can be of any further assistance in relation to this issue.

Regards

Tom Walsh | Senior Manager Food Services

Phone: 02 6244 3933 | Mobile [REDACTED]

Email: tom.walsh@act.gov.au

Food Services | Business Support Services | ACT Health

Level 1, Bld 1, The Canberra Hospital | GPO Box 825, CANBERRA ACT 2601 | act.gov.au

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From: Blumer, Shari (Health)

Sent: Tuesday, 17 April 2018 10:56 AM

To: Walsh, Tom (Health) <Tom.Walsh@act.gov.au>

Cc: Kennedy, Rosemary (Health) <Rosemary.Kennedy@act.gov.au>; Chatham, Elizabeth (Health)

<Elizabeth.Chatham@act.gov.au>; Lang, Samantha (Health) <Samantha.Lang@act.gov.au>

Subject: URGENT - Anonymous complaint from staff to the Federal Minister and ACT Minister's for Health and all Media Outlets

Dear Tom,

We have received a lengthy complaint from Anonymous staff in which many issues were listed including the sentence below highlighted in Yellow.

We are responding to the issues on a line by line basis to the best of our ability but do not have any dates or individual examples to help.

In light of this could you please respond to the comment involving food services ASAP so we can include it in our detailed response?

Medical supplies and working equipment are lacking across the unit and accessing food for patients is difficult due to kitchen staffing levels, leaving some women for hours without food.

Thanking you kindly in advance.

Shari Blumer
On behalf of

Elizabeth Chatham

Executive Director, Woman, Youth and Children

Canberra Hospital & Health Services
Level 2, Building 11, Centenary Hospital for Women and Children, Canberra Hospital
Phone: 02 6174 7389
E-mail: Shari.Blumer@act.gov.au

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Cramond, Sarah (Health)

From: Blumer, Shari (Health)
Sent: Wednesday, 18 April 2018 5:54 PM
To: Chatham, Elizabeth (Health)
Subject: Scribe Report - Communications and Incident Briefing CHWC
Attachments: Communications and Incident Briefing CHWC.docx

Shari Blumer

Personal Assistant
Executive Director, Woman, Youth and Children

Canberra Hospital & Health Services
Level 2, Building 11, Canberra Hospital
Phone: 02 6174 7389

E-mail: Shari.Blumer@act.gov.au

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Communications and Incident Briefing – Centenary Hospital for Women and Children –

Tuesday 17 April 2018

Meeting Rooms 1 & 2

Level 3,

Centenary Hospital for Women and Children

Background

Executive staff met with Maternity staff from the Centenary Hospital for Women and Children to brief them about probable upcoming media attention as a result of a letter being sent by members of staff to various media outlets, social media sites and ACT and Federal Health Ministers raising concerns surrounding working conditions, staff morale and patient care at the Centenary Hospital for Women and Children.

Two half hour meetings were held on Tuesday 17 April 2018, the first at 12.30pm and the second at 1.00pm. Along with the Executive Team, 35 staff attended the first meeting and 41 the second. A similar briefing for night staff will be held on Friday 20 April 2018 at 9.00pm. The purpose of these meetings was to brief staff about the contents of the letter, advise what action the Executive Team intends to take and to reinforce with staff that Management are aware of and acting upon the impact the current levels of demand are having on staff and patients.

The meetings were chaired by Liz Chatham, Executive Director, Division of Youth and Children and also in attendance from the Executive Team were:

Associate Professor Boon Lim – Clinical Director, Division of Women, Youth and Children

Penny Maher – A/g Director of Nursing and Midwifery, Division of Women, Youth and Children

Dr Alison Porteous – Clinical Director, Department of Obstetrics & Gynaecology

Melissa Warylo – Operations Manager, Division of Women, Youth and Children

Shari Blumer – Personal Assistant to the Executive Director, Division of Women, Youth and Children

Meeting 1 – 12.30pm 17 April 2017

Liz opened the meeting by thanking staff for attending and explaining that an anonymous letter had been sent to ACT and Federal Ministers for Health, various media outlets and social media sites by a staff member or members containing a number of allegations and raising concerns regarding a range of issues. There is likely to be media coverage of this in the coming days and Liz said that she wanted to speak with staff to inform them ahead of the story appearing in the media.

Liz began by saying that she was saddened that staff felt unable to bring their concerns to her or other team members.

Demand for Maternity services is relentless and ongoing and has increased by 30% since 2012. This was acknowledged by Liz and she stressed that Management are constantly working to devise and implement strategies to alleviate the pressure on staff and optimise patient care. Some of the strategies currently in place:

- More staff have been employed
- Hours have been extended in MAU
- Work is underway with Calvary to develop a Territory-wide solution
- Use of the Birth Centre to manage overflow will continue
- 21 more beds will be available for Maternity in 2019

Liz acknowledged that the current demand is impacting all staff significantly and named staff burnout, increased sick leave and the resulting necessity for staff to work extra shifts as being major factors impacting staff. Liz also acknowledged that the demand will not subside and that further work needs to be done to alleviate the pressure.

She also discussed delays in care for patients as being an issue but went on to say that the hospital is performing well against Australasian benchmarks and that while some staff may not feel they are providing the optimal care to patients, the care that is being provided is safe and that she can say that with confidence as it is constantly monitored. The impact the current and future demand is having on women's care is a real issue and she understands that staff may feel a pressure to discharge women earlier than is optimal but also urged staff not to discharge women when they feel it is unsafe to do so.

Liz told staff that she intends to provide a response to each of the issues raised in the letter which will be distributed to both the media and staff. She did not want to address all the issues during the meeting but did want to have a broad discussion on some of the points:

- The writer/s of the letter contend that they wish to remain anonymous due to fear of repercussions for speaking out. Liz said that she cannot think of a single instance where a staff member's employment has been affected when they have raised concerns. She reminded those present that there are a number of avenues they can use if they wish to and encouraged them to do so that Management can be aware of issues.
- There was an allegation in the letter that broken equipment had been removed prior to Accreditation and then replaced afterwards. This is not true – some chairs were removed, cleaned and then put back. If there is broken equipment, please report it and it will be actioned.
- There were allegations of a culture of bullying in the letter and Liz emphasised that she has a zero tolerance approach to workplace bullying. She urged staff to escalate any bullying they experience or witness and again outlined the avenues open to staff. While there were no examples given to support the allegation of bullying, Liz acknowledged that a zero tolerance does not mean it doesn't happen and disclosed that she is currently managing three cases and will manage any others that are brought to her attention.

Boon then discussed concerns raised in the letter that areas are not being supported. He talked about the work that has been done in order to ensure that staff are supported – changes to rosters and the requirement that there always be a senior doctor available to support junior staff. Boon contended that the allegation made in the letter was unfounded.

Comments from staff during the meeting:

- A staff member commented that they know Management are trying to make changes but that the current demands on staff do at times leave them overwhelmed
- Another staff member commented that they need to emphasise the many good things about their work and that women love coming to the hospital. Liz agreed with this remark by saying that she receives many more compliments than she does complaints.

- A CMP staff member commented that she is increasingly frustrated by the amount of paperwork she is required to complete and that she feels it leaves her with less time to give to the women in her care. Liz asked her what paperwork she was referring to and the staff member said that she feels at times that she spends more time writing down what she has done than she does actually doing it. Liz was sympathetic but also pointed out that there are currently 15-16 current legal cases in action and that record keeping is a vital part of the job. Boon added that notes help with conciliation. Another staff member added that frustration comes from little things and the increase in paperwork is one of them – their last patient has left but they still have another hour of paperwork to do.
- A staff member also commented that computers are too slow and there was agreement from several others on this point. Liz said that was a problem that could be fixed but that computers are not one of the issues they were there to discuss.
- Several staff members made positive comments about working at CHWC and others agreed, saying that although demand for services created a high pressure environment, it was a happy workplace and that despite getting caught up in the day to day stresses, they take pride in their work.

At the end of the meeting, Liz told staff that she is immensely proud of the services she sees staff providing and of the achievements of the Maternity staff. Liz reiterated that she felt sadness that some staff felt they had to take their concerns to the media, that they felt unheard and that they couldn't bring their concerns to her through one of the avenues available to them.

There is a Territory solution based on acuity and level of care in development and it is hoped this will further alleviate stress on services and staff. Liz reiterated that the concerns raised in the letter will be addressed one by one and that staff will be provided with the response. She thanked staff for attending and urged staff again, before the meeting ended, to raise any concerns that they have – either directly to her or through the other avenues open to them.

Meeting 2

The second meeting was held at 1pm and was attended by 41 staff in addition to the Executive Team.

Liz informed the staff of the letter, where it had been distributed, gave a brief rundown of its contents and advised that there will likely be media coverage of the concerns raised in the coming days and that she had wanted to brief them ahead of time. She again expressed her surprise and sadness that the writer/s of the letter felt they had to take this action and that they had voiced concerns regarding their employment if they did not remain anonymous. She said it was sad that they didn't speak to others before going to the media and that they had taken this approach.

Liz acknowledged the relentless demand for services and the problems arising as a result of that demand. She again went over the measures that had been put in place and those in development to try to alleviate the pressure on staff and optimise care for patients and said that she believes the quality of services being provided to be very high. Results when benchmarked against like services are very good despite the demand but delays in care are putting staff in a bad position. Liz talked

about the extra 21 beds which will be available in 2019 as being part of the solution, along with the Territory wide solution which is currently in development.

Liz addressed the accusations of bullying in the letter and said that she was shocked by them. Lots of effort has gone into addressing concerns with bullying and there are 3 cases currently being managed by her. Asking the group as a whole, she questioned whether people were not coming forward with complaints about bullying? Have people told their Managers and they haven't actioned complaints? She said that she has asked Managers if this is the case and that she wanted all staff to know that the door is always open. Liz acknowledged that an increase in stress can result in an increase in bullying.

Liz told staff that all of the issues raised in the letter will be addressed and that her response will be sent to all staff. She also undertook to meet with night staff to have the same conversation. Liz said she will not go through the issues individually at the meeting but that some of the contents of the letter are wrong, while most centre around the impact the relentless demand for services is having on everyone.

Liz did discuss some of the issues raised in the letter, asking staff if anyone could shed light on concerns raised about equipment being unavailable. Nobody present responded to this question. She also addressed the allegation in the letter that there were extra staff rostered on during Accreditation week, saying that wasn't the case. Liz reiterated that she will break down the contents of the letter and address each issue individually and that staff will be provided with her response.

Boon spoke about the work that has already been done to ensure the safety of staff and patients and senior doctors being available to support junior staff.

Comments from Maternity staff present at the meeting:

- A staff member said that he found Shift Managers obstructive which added to ongoing pressure, especially at night
- Another member of staff commented that she loves the CHWC and that she has appreciated the support she has received throughout recent court proceedings. She commented that people need to hear that it is a good place.
- The difficulties experienced by staff when there is an influx of labouring women and not enough staff to adequately care for them was discussed among several staff present at the meeting and Liz responded to this conversation by encouraging them to ring the Management Team in these situations and acknowledging that staff need to feel confident to call during a crisis. Management knows that crises occur regularly and urged staff to escalate when this happens
- Liz asked for a show of hands regarding workplace bullying and a staff member commented that she felt the question should be asked to smaller audiences and that staff would be scared to come forward in this forum.
- A staff member commented that she feels supported in the workplace and likes coming to work, despite the pressures.
- Another asked about progress with finding another Medical Officer and said that it is needed as doctors are under the pump. Boon answered that they are still trying.

Liz commented that the level of demand for services does impact on culture and she has been aware of that. What she hasn't been aware of is that people felt unheard. Liz again encouraged staff to ask


for help when they need it and said that there is always someone they can call. Liz acknowledged that the Management Team needs to reflect on their communication but that they do know about and are constantly working on the issues.

Liz told the staff present that she is proud of the services they provide amid ongoing demand which is difficult to stem and urged staff to keep talking when they have concerns.

The conversation at the end of the meeting turned to Accreditation. Liz emphasised that Accreditation is about identifying areas for improvement and told staff that the results from the recent Accreditation process would be available the following day.

Liz thanked staff for attending before the meeting broke at 1.40pm

Prepared by:


Scribe for Kowalski Recruitment
18 April 2018

Cramond, Sarah (Health)

From: Chatham, Elizabeth (Health)
Sent: Thursday, 19 April 2018 1:37 PM
To: [REDACTED]
Subject: FW: Response from Liz Chatham to concerns raised by staff in Letter [SEC=UNCLASSIFIED, DLM=For-Official-Use-Only]
Attachments: Response to concerns raised by staff from Liz Chatham_19April2018.pdf; Maternity Escalation Plan and Facilitation of Bypass to and from the Centenary Hospital for Women and Children.pdf

For your information, please feel free to contact my office if you would like to discuss any of the issues raised in your letter.

Regards

Elizabeth Chatham

Executive Director
 Ph 02 6174 7389
 Division of Women, Youth & Children

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From: Chatham, Elizabeth (Health)
Sent: Thursday, 19 April 2018 1:33 PM
To: Alder, Wendy (Health) <Wendy.Alder@act.gov.au>; Blumer, Shari (Health) <Shari.Blumer@act.gov.au>; Brims, Felicity (Health) <Felicity.Brimms@act.gov.au>; Carlisle, Hazel (Health) <Hazel.Carlisle@act.gov.au>; Chaudhari, Tejasvi (Health) <Tejasvi.Chaudhari@act.gov.au>; Cleary, Donna (Health) <Donna.Cleary@act.gov.au>; Colliver, Deborah (Health) <Deborah.Colliver@act.gov.au>; Davis, Deborah (Health) <Deborah.Davis@act.gov.au>; Faichney, Karen (Health) <Karen.Faichney@act.gov.au>; Kecskes, Zsuzsoka (Health) <Zsuzsoka.Kecskes@act.gov.au>; Kent, Alison (Health) <Alison.Kent@act.gov.au>; Lang, Samantha (Health) <Samantha.Lang@act.gov.au>; Lim, Boon (Health) <Boon.Lim@act.gov.au>; Long, Christine (Health) <Christine.Long@act.gov.au>; Maher, Penny (Health) <Penny.Maher@act.gov.au>; Mitchell, Anne (Health) <Anne.Mitchell@act.gov.au>; O'Neill, Cathy (Health) <Cathy.O'Neill@act.gov.au>; Peek, Michael (Health) <Michael.Peek@act.gov.au>; Porteous, Alison (Health) <Alison.Porteous@act.gov.au>; [REDACTED]@anu.edu.au; Robson, Stephen (Health) <Stephen.Robson@act.gov.au>; Sansum, Catherine (Health) <Catherine.Sansum@act.gov.au>; Soufan, Abel (Health) <Abel.Soufan@act.gov.au>; Warwick, Linda (Health) <Linda.Warwick@act.gov.au>; Warylo, Melissa (Health) <Melissa.Warylo@act.gov.au>
Cc: Bone, Chris (Health) <Chris.Bone@act.gov.au>; Fletcher, Jeffery (Health) <Jeffery.Fletcher@act.gov.au>; McLeod, Margaret (Health) <Margaret.McLeod@act.gov.au>; Alexander, Tonia (Health) <Tonia.Alexander@act.gov.au>; Greenaway, Elaine (Health) <Elaine.Greenaway@act.gov.au>
Subject: Response from Liz Chatham to concerns raised by staff in Letter [SEC=UNCLASSIFIED, DLM=For-Official-Use-Only]

Dear All,

Thank you to everyone who attended the staff forum on Tuesday. For those of you who were unable to attend, another forum for maternity staff will be held tomorrow (20 April) at 9pm in the meeting rooms on level 3 of the Centenary Hospital for Women and Children (CHWC).

The purpose of the forum was to address a letter received from maternity staff at CHWC which outlined a number of concerns about maternity services, including:

- the capacity of the hospital to manage demand
- the impact of the high demand for services on our patient's experience of care, and
- the impact the current situation is having on the work environment for staff.

The senior executive team are taking all of the matters raised in the letter seriously and we are committed to working with you to resolve any issues as a priority. Please find attached my response to the concerns raised.

Please forward this response on to staff in your team.

I would like to reassure you that I take your concerns seriously and that I value your feedback. We will continue to work with you on improvements to ensure you are supported in your roles and that we continue to provide a high quality service for women.

I encourage you to raise any concerns with your Managers, ADON/Ms, Directors Karen Faichney DON/M, Dr Boon Lim Clinical Director - Women, Youth and Children, or with me.

Warm Regards,

Elizabeth Chatham

Executive Director Division of Women, Youth & Children

Building 11, Level 2, Block F, WY&C, Garran ACT 2605

PO Box 11, Woden, ACT, 2606

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Thursday 19 April 2018

Good morning,

Thank you to everyone who attended the staff forum on Tuesday. For those of you who were unable to attend, another forum will be held tomorrow (20 April) at 9pm in the meeting rooms on level 3 of the Centenary Hospital for Women and Children (CHWC).

The purpose of the forum was to address a letter received from maternity staff at CHWC which outlined a number of concerns about maternity services, including:

- the capacity of the hospital to manage demand
- the impact of the high demand for services on our patient's experience of care, and
- the impact the current situation is having on the work environment for staff.

The senior executive team are taking all of the matters raised in the letter seriously and we are committed to working with you to resolve any issues as a priority.

Demand on maternity services at Canberra Hospital has increased significantly since CHWC opened in August 2012. In the last five years the number of births has increased by over 30%.

While birthing numbers at CHWC are increasing, numbers at Calvary Public Hospital have been decreasing.

To better manage demand and ensure maternity services across the region are effectively and efficiently utilised, we have been working with the Minister for Health and Wellbeing and Calvary over the last four years on a territory response to the maternity demands between the two hospitals and devising longer term demand management plans.

CAPACITY

The letter outlined a number of concerns relating to the capacity of maternity and NICU/Special Care Nursery services at CHWC and indicated and that this has resulted in:

- staff resorting to the use of a storeroom for birthing
- delays of labour inductions
- women and babies being discharged home inappropriately
- a lack of medical supplies and working equipment across the unit
- staff being unable to provide adequate support to women
- long clinic waiting times and difficulties accessing appropriate appointment times and locations, and
- an increased risk of adverse outcomes or readmission.

I acknowledge that maternity services at CHWC are facing a period of significant and sustained demand.

A number of strategies have been and will continue to be put in place to address this including:

- a Maternity Escalation Policy (Attachment A);
- extending the hours of the Maternity Assessment Unit (MAU)

- rostering additional doctors and midwives and introducing Assistants in Midwifery to maternity services, and
- a midwifery attraction and retention strategy.

In addition, the ACT Government has committed to the expansion of services including a 21 bed antenatal /gynaecology ward and the relocation of MAU adjacent to the Birth Suite to improve medical and midwifery support to this service.

There is also a commitment to the opening of 6 unfunded beds in Special Care Nursery and Neonatal Intensive Care Unit over the next three years.

Within the Maternity Escalation Policy the Birth Centre is identified as the escalation point for managing demand. The Birth Centre currently experiences an occupancy rate of less than 30% and therefore has the capacity to provide this function with minimal impact on the delivery of the Canberra Midwifery Program. While demands remains high, this arrangement will continue

The maternity care provided to women is of a high standard. Should there be a need to delay care such as an induction because the Birth Suite is over capacity, appropriate clinical assessment will occur so that care can be prioritised.

The letter referenced the use of the emergency bed. The emergency bed is kept behind a screen next to the kitchen area. This space was used at times by midwifery staff for women waiting for a bed in birthing. A direction was made by management in 2016 that this space was not to be used for women admitted to the unit but to follow the escalation plan.

Delivering safe, high quality care to women and children is the core of what we do and women and babies are not discharged unless they are well. Post-discharge, women are supported by Midcall and Maternal and Child Health (MACH) services. Midcall staffing now includes a team leader and has gone from 3 staff 7 days a week to 4 staff 5 days a week and 3 staff on the weekend.

An audit of babies readmitted to NICU for weight loss from 2015 to present, demonstrates there has been an overall reduction in readmissions to NICU due to weight loss following discharge.

Feedback from consumers and maternity in-patient surveys indicates high satisfaction with our services. The Canberra Hospital Discharged inpatient survey report from 1/2/2017 to 31/1/2018 showed a patient experience indicator rating of 93%.

Antenatal clinics are held at CHWC and in community locations across Canberra. Women with complex needs may need to see several clinicians at one appointment which impacts on clinic wait times. We are aware that access to appointment times has been impacted by demand and we are investigating ways in which we can address this issue.

The letter indicated that increased demand for services has resulted in patient's not having access to food. The hospital relies on information being entered into the DIETPAS system in a timely manner. If for some reason this has not occurred and a patient has not received their meal, light refreshments are available on the ward.

The letter also outlined a concern with a lack of medical supplies and properly functioning equipment. At the staff forum held on Tuesday there was no indication from staff that there are current issues relating to low supply of, or faulty equipment, however I encourage you to report any issues through established channels.

Of significant concern to me were the issues raised in the letter relating to the perceived impact the high demand for services is having on adverse events.

We have a very strong quality and safety framework and are committed to continuous improvement. All adverse events are reviewed through the Morbidity and Mortality departmental meetings, maternity quality and safety meetings. Benchmarking indicates we are performing well against like organisations. We have also recently reduced the third and fourth degree tear rate working through a collaborative program with midwives and obstetricians. All maternity policies are up to date and new or amended policies are communicated at the fortnightly maternity multidisciplinary policy group meetings.

Where there is an adverse event, staff are encouraged to make use of a range of support services including Employee Assistance Program (EAP). Extra support in the form of a professional group debriefing and one on one counselling is also made available to staff.

The Minister for Health and Wellbeing Meegan Fitzharris recently announced a \$2.6 million refurbishment of the maternity unit at Calvary Public Hospital, scheduled for completion in July. The newly refurbished maternity ward will increase its bed capacity from 15 to 18, offering a combination of 10 single rooms with ensuites and four large two bed rooms with bathrooms. This will support the implementation of a single entry booking system for pregnant women.

Work environment/staffing

Our staff are our most valuable asset and we are committed to ensuring you have the resources, training and support you need to deliver the high standard of service the public have come to know and expect from us.

The letter outlined concerns that staff are burnt out and overwhelmed and that this has had a direct impact on staff resilience, morale and attendance. We acknowledge this is an issue.

Ongoing recruitment of midwives and medical staff has been difficult. To address this we have developed an attraction and retention strategy. The graduate midwifery program recruited 15 new staff in 2018, a 50% increase from the 2017 intake. The current midwifery roster is fully recruited up to budget and additional clinical staff have been put in place.

When we have a staff shortfall we seek support from the main hospital casual pool. When midwives are not available, registered nurses are utilised to care for women with gynaecological conditions. When a midwife is not available in the post-natal and antenatal ward, registered nurses are utilised to provide care such as administering medications, post-surgical care and observations under the supervision of a midwife.

The letter suggested that staff were unable to access some entitlements such as overtime and meal breaks. In line with the EBA, all approved overtime is paid. When meal breaks are not able to be taken, approved overtime is granted. All efforts are made to approve staff leave requests.

Another concern raised in the letter is that MAU is staffed by junior doctors. Since February 2018, specialist Obstetricians are rostered daily to provide support to junior medical staff. The MAU will be relocated adjacent to birthing services which will improve medical and midwifery support.

More broadly, there is a second on call specialist on the roster who can be called in when required. Staff are reminded to escalate concerns about staffing to the Clinical Director, Executive Director and Director of Nursing and Midwifery via switch anytime.

We know the Neonatal Intensive Care Unit (NICU) is often at capacity and short staffed due to acuity stress levels and this was also raised in the letter. NICU has two registrars on duty at any time and is readily supported by Fellows and specialists. The opening of the 6 unfunded beds in Special Care

Nursery and Neonatal Intensive Care Unit over the next three years will help alleviate demand in the NICU/SCN.

Aggression in the health setting is a troubling and real issue. This is compounded at CHWC by the delays experienced by women due to the demand issue and competing clinical priority. To support staff we are addressing the demand issues and providing general and case by case security support. Staff also have access to duress alarms, training and the services provided by EAP.

The letter indicated that bullying is an issue at the hospital. We are committed to fostering a respectful, supportive and inclusive workplace culture. All ACT staff are expected to uphold the ACT Public Service Code of Conduct and contribute to a healthy, productive workforce. There is a clearly defined reporting process for bullying and harassment claims. All claims are investigated and treated in the strictest confidence. Although it may be difficult to report incidents of bullying and harassment I cannot stress enough how important it is to do so—to ensure the necessary action can be taken. RED Officers are available to all staff and I encourage you to make use of this service and to discuss issues with your manager.

Parking is an issue for all staff. The helicopter carpark adjacent to CHWC provides parking for medical staff and on call maternity staff. A recent review of the helicopter car parking was undertaken to ensure appropriate staff are utilising this carpark.

I would like to reassure you that we take your concerns seriously and that we value your feedback. We will continue to work with you on improvements to ensure you are supported in your roles and that we continue to provide a high quality service for women.

I encourage you to raise any concerns with your senior manager, Karen Faichney DON-M, Dr Boon Lim Clinical Director of Women, Youth and Children's or with me.



Elizabeth Chatham
Executive Director
Women's, Youth and Children's



CHHS18/087

Canberra Hospital and Health Services

Operational Policy

Maternity Escalation Plan and Facilitation of Bypass to and from the Centenary Hospital for Women and Children

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Do not refer to a paper based copy of this policy document. The most current version can be found on the ACT Health Policy Register



CHHS18/087

Policy Statement

This policy describes the process of identifying the level of activity, and providing the corresponding appropriate responsive action in the Centenary Hospital for Women and Children (CHWC) Maternity unit. Furthermore, it details the process for bypass of maternity women and/or babies to and from neighbouring hospitals to the CHWC maternity unit.

Alerts

This escalation plan must be considered in conjunction with the Neonatal Intensive Care Unit (NICU) and Special Care Nursery (SCN) escalation plan.

Purpose

The CHWC Maternity unit encompasses the inpatient and outpatient areas of Antenatal ward, Postnatal ward, Birthing, Birth Centre, Midcall, Maternity Assessment Unit (MAU), Continuity of Care programs and the Emergency Department. At times of increased activity, this policy provides direction to all staff for effective bed management, discharge planning and facilitation when patient flow is either potentially or actually compromised with inadequate accommodation for all current and anticipated inpatients.

Scope

This document is applicable for use by staff who are working within their scope of practice:

- medical officers
- midwives
- student midwives under direct supervision
- Maternity executive, middle management team and After Hours Hospital Managers (AHHM).

Section 1: Escalation Plan Process

Determination of escalation levels for CHWC maternity unit and NICU and SCN will occur at the maternity unit management meeting, otherwise referred to as the 'huddle', three times a day or as required dependent on activity and/or acuity. A representative from each clinical area providing clinical care to women and/or babies is required to attend the huddle. In business hours, the Assistant Director of Nursing and Midwifery (ADONM) & Clinical Midwifery Consultants (CMC) will attend and after hours, the After Hours Hospital Manager (AHHM) or the After Hours Clinical Manager (AHCM)

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CHHS18/087

The objectives of the huddle are as follows:

1. To review staffing levels across maternity to ensure safe levels and appropriate skill mix.
2. Discuss and plan expected and unexpected activity of the maternity unit (i.e. induction of labour, planned surgery including caesarean sections).
3. Discuss and plan movement of women across the maternity unit as required.
4. Discuss and co-ordinate care of qualified babies located within the maternity unit. The number of qualified babies within the maternity unit must always be considered in the calculation of capacity of the maternity unit and current escalation level.
5. Discuss and facilitate transfer of women and or babies between wards of the maternity unit, NICU/SCN, and regional hospitals and interstate hospitals as required.
6. Ensure all staff attending are aware of complex care women and/or babies within the maternity unit.

At all times, regardless of occupancy status, the staffing to activity level of the maternity unit must be at a level to facilitate safe patient care. The escalation level for maternity can be determined to be at a higher level when activity to staffing ratio is at capacity or exceeded.

At all escalation levels, transfers of women requiring Level 6 care from local referral hospitals (Calvary, Calvary John James & Queanbeyan), must be accepted. On arrival, the clinical situation will be reviewed in conjunction with the current escalation level. Obstetric, midwifery and neonatal teams will collaborate regarding an appropriate management of care plan, and women and/or babies may be further transferred to another Level 6 facility.

Section 2: Levels

Normal Activity - GREEN

Maternity Unit = 85% Occupancy, at least 4 vacant postnatal beds

- There is an ability to admit to inpatient beds due to safe staffing levels and appropriate staffing skill mix, enabling an adequately safe level of care in all areas of maternity.
- There is appropriate and timely movement of women and babies between inpatient areas or Maternity Assessment Unit (MAU) as required.
- Daily obstetric and neonatal review will occur of all women and/or babies in each inpatient area to identify suitable discharges within the next 24 hours. This will facilitate timely discharge processes.
- The discharge process is ongoing across a 24 hour period. Identification of all women suitable for discharge is a high priority process that occurs on all shifts, independent of the level of bed activity. A focus on care that facilitates timely discharge such as well baby assessments and discharge preparation being part of routine care planning. A steady flow of discharges should be maintained throughout the day.
- CMCs, Team Leaders (TL) and medical staff identify any women who no longer require tertiary level care and who may be suitable for discharge or transfer back to their local hospital/ health service for ongoing care.

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CHHS18/087

- Communication with hospital assistants and cleaning services of expected discharges for the shift to facilitate prompt availability of vacant rooms to maintain patient flow.

Level 1 - YELLOW

In addition to Normal Patient Flow –

Maternity Unit = 85-90% occupancy, increasing activity

<4 postnatal beds vacant

- At Level 1, birthing occupancy is ≥ 10 women with ≥ 3 women and/or babies requiring transfer for ongoing care to postnatal or antenatal ward. This will include women admitted to the day surgery unit prior to a planned case (i.e. elective caesarean section).
- There is an ability to admit to inpatient beds due to safe staffing levels and appropriate staffing skill mix, enabling an adequately safe level of care in all areas of maternity.
- Prioritise assessment and discharge planning of all women and/or babies in the maternity unit.
- Contact Pharmacy to prioritise discharge medications if required. Pharmacy aims to dispense priority discharge medications in under an hour. ADONM (or delegate) to contact either the Lead Pharmacist for WYC or the Dispensary manager between the hours of 0830 and 1900 hours. For after-hours discharge medication requirements discuss with TL and/or contact AHCM.
- Afternoon ward rounds on antenatal and postnatal ward by midwifery, obstetric and neonatal teams to prioritise discharges.
- Women and/or babies experiencing a short stay of ≤ 24 hours can be accommodated in Birth Centre beds to a maximum occupancy of 4 beds. Staffing of the Birth Centre is to be included in the workload capacity of Birthing and is to be considered in accurately determining the escalation level of the maternity unit.

Level 2 - AMBER

In addition to Level 1 –

Maternity Unit = 90 -100% occupancy, ongoing or increasing activity

≤ 3 postnatal beds vacant

Discharges from maternity unit expected ≥ 2 hours

- At Level 2, birthing occupancy is ≥ 12 women with ≥ 3 women and/or babies requiring transfer for ongoing care to the postnatal or antenatal ward.
- Immediate maternity unit bed management meeting with on-call obstetric consultant and CMCs & ADONM (BH) or AHM/AHCM & TL (AH).
- CMC or TL together with on-call obstetric consultant or clinical director to complete ward round for all inpatient areas within 30 minutes to identify suitable discharges or transfers to other local facilities for ongoing care.
- Contact Pharmacy to prioritise discharge medications if required. Pharmacy aims to dispense priority discharge medications in under an hour. ADONM (or delegate) to contact either the Lead Pharmacist for WYC or the Dispensary manager between the hours of 0830 and 1900 hours. For after-hours discharge medication requirements discuss with TL and/or contact AHCM.

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