



CHHS18/087

- Upon confirmation of escalation level 2, identified Maternity Overflow area to be opened with women transferred to unit in following order:
 1. Birth Centre women and babies not being discharged in next 2 hours
 2. Birthing women awaiting transfer to inpatient area
 3. Postnatal ward women to facilitate reduction in postnatal ward inpatient numbers to 12, noting this may occur naturally with expected discharges
- If the obstetric consultant on-call is busy with inpatient emergency care, the second on-call for obstetrics is to be called in to complete ward rounds to facilitate immediate discharges.
- Elective procedures, induction of labours, elective caesareans and gynaecological surgery reviewed with view to delay or postpone as clinically appropriate.
- Birthing CMC/TL to notify the AHHM of the determined plan of action. CMCs to notify TLs and staff of action plan immediately.
- Maternity ADONM to communicate to Neonatology/Paediatric ADON of escalation status. The ADON to notify the NICU consultant and the neonatal registrar to review any babies under care of the neonatal team that are being cared for on postnatal or antenatal wards, to identify and facilitate discharge of suitable babies.
- Mothers on the postnatal or antenatal wards of babies who are likely to require further ongoing care in the NICU or SCN are to be reviewed to determine the suitability for discharge or transfer to on site accommodation (i.e. Ronald McDonald House, Residences, Centre for Newborn Care (CNC) rooming in).
- TLs to liaise with Canberra Midwifery Program (CMP) and Continuity at the Centenary Hospital (CatCH) midwives to attend to facilitate timely discharge of women in these models of care.
- Birthing CMC/TL to notify ISS helpdesk that ISS cleaning staff may need to prioritise maternity beds to assist in maintaining patient flow.
- Ward assistant/cleaner contacted for urgent bed clean. Ward CMC/TL to notify Birthing immediately when bed is available.
- Interstate Level 6 transfers of women are to be considered with multidisciplinary collaboration (Birthing CMC/TL and ADONM, obstetric and neonatal consultants) to ensure capacity available to provide bed for both woman and baby within current service demands.
- Referral from local and regional area hospitals of women whose babies have been transferred to the CNC for ongoing care is to be considered with respect to capacity of the maternity unit.
- ADONM or AHHM to liaise with AHCM regarding requirement for additional staffing.
- Facilitate transfer of non maternity women to main block via access unit.
- ADONM and CMCs and/or TLs review bed status every two hours whilst remaining on escalation Level 3 in collaboration with obstetric and neonatal staff

Level 3- RED In addition to Level 1 and 2–

Maternity Unit = 100% occupancy, ongoing or increasing activity

≤2 vacant maternal beds within the Maternity unit

Overflow maternal beds open and occupied with further anticipated admissions and

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Discharges from maternity unit expected ≥ 2 hours

- At Level 3, birthing occupancy is >14 women with ≥ 4 women and/or babies requiring transfer for ongoing care to the postnatal or antenatal ward.
- Immediate maternity unit management meeting with on call obstetric consultant and CMCs & ADONM (BH) or AHHM & TL (AH). Prompt feedback to the access unit and AHCM of action plan to facilitate transfer of women and/or babies as required.
- 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.
- ADONM/AHCM to discuss with local and regional hospitals regarding transfer of care for ongoing management of women who are clinically appropriate.
- Obstetric and neonatal consultant on call to complete immediate ward round to identify suitable discharges or transfers to other inpatient areas or local facilities for ongoing care.
- AHHM emergency recall of staff if inadequate staffing levels are contributing to the bed access capacity.
- If bed access issues are related to inadequate staffing levels, consider redeployment of in-direct staff to provide additional clinical support. Suitable staff may include Clinical Development Midwives, Child Birth Education midwife, Endometriosis nurse, and BOS administration staff.
- As required, priority consideration is to be given to unexpected admissions, with the TL Birthing identifying a suitable alternative birthing room in the event of an urgent unexpected admission.
- ADONM and CMCs or AHCM and TLs review bed status every hour whilst remaining on escalation Level 4 in collaboration with obstetric and neonatal staff.

Section 3: Bypass Procedure

- If all other processes for levels 1 -3 have been exhausted, bypass may need to be considered only after discussion between DONM (BH) or AHHM/ AHCM (AH).
- The Executive Director (ED) and Clinical Director must approve the plan for bypass.
- There are 2 levels of bypass – non-tertiary and tertiary bypass
- **Communication of active bypass status to local hospitals/health services is the responsibility of CHWC ED, Consultant on-call or Executive on-call after hours with their equivalent at other local hospitals.**
- CHWC on **non-tertiary bypass**
 - Women for admission but not requiring Level 6 obstetric or neonatal care are to be directed to attend local and regional hospitals for care.
 - Women requiring Level 6 obstetric or neonatal cares, will present to CHWC for admission.

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- CHWC on **tertiary bypass**
 - Women for admission but not requiring level 6 obstetric or neonatal care are to be directed to attend local and regional hospitals for care.
 - Women requiring Level 6 obstetric or neonatal cares will present to CHWC for individual assessment +/- stabilisation of condition. Planning and decision for admission to CHWC is to be made by the Executive Director (ED), Consultant on-call or the Executive on-call.

Process for facilitating BYPASS

Process for requesting bypass to other local and Level 6 hospitals

- **Non-tertiary and tertiary bypass** – the DONM or ED is to contact the ED/DONM at Calvary to request bypass.
- After bypass is agreed by receiving unit (Calvary Hospital Bruce), DONM to notify the Consultant on-call, ADONM, CMCs/ Team Leaders and AHHM of the plan of action.
- CMCs to notify TLs and ward staff of action plan immediately.
- DONM, ADONM and CMC, or AHCM, AHHM and TLs (A/H) review bed status hourly.
- Only the ED, Clinical Director or Executive on Call can stand down the bypass arrangements, once the unit has returned to escalation Level 3. The DONM will inform the ED, Clinical Director and Executive on-call when this occurs.
- Continuation of bypass status is to be reviewed every 2 hours by Consultant on-call/ ED/DONM every 2 hours until bypass is no longer required.

Process for accepting bypass from other local hospitals

- Following consideration of the CHWC maternity unit activity level, the decision to accept bypass can be authorised by the following staff members:
 - **Business hours:** DONM Women and Babies, AHHM, ED, Clinical Director Obstetrics & Gynaecology (O&G)
 - **Out of Business hours:** AHHM in consultation with the Executive on-call and Consultant on-call.
- Bypass cannot be accepted based upon inadequate midwifery staffing of requesting hospital. If the request is based on midwifery staffing issues, it is important to inform the requesting officer that to accept bypass the receiving hospital would also have to manage midwifery staffing issues.
- Non-tertiary bypass from other local maternity units will only be accepted when other non-tertiary units have first been utilised.
- If bypass from other units is accepted, this should be reviewed by Consultant on-call/ ED/DONM every 2 hours until bypass is no longer required.

Related Policies, Procedures, Guidelines and Legislation

Policies

- Health Directorate Nursing and Midwifery Continuing Competence Policy
- Consent and Treatment

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Procedures

- CHHS Healthcare Associated Infections Clinical Procedure
- CHHS Patient Identification and Procedure Matching Policy

Legislation

- *Health Records (Privacy and Access) Act 1997*
- *Human Rights Act 2004*
- *Work Health and Safety Act 2011*

References

1. NSW Health (2010) Maternity services clinical escalation policy

Search Terms

Escalation, Bypass, Maternity

Attachments

Attachment 1: Maternity Unit Over-Capacity Planning 3 rights – Right place, Right care, Right time

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Policy Team ONLY to complete the following:

<i>Date Amended</i>	<i>Section Amended</i>	<i>Divisional Approval</i>	<i>Final Approval</i>
21/03/2018	Complete Review	Karen Faichney, A/g ED, WY&C	CHHS Policy Committee

This document supersedes the following:

<i>Document Number</i>	<i>Document Name</i>
CHHS13/594	Maternity-Escalation plan

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Attachment 1: Maternity Unit Over-Capacity Planning 3 rights – Right place, Right care, Right time

	Normal Activity – up to 85% capacity (four or more postnatal beds available)		Level 1 – 85-90% capacity (less than four postnatal beds available)		Level 2 – 90% capacity (less than three postnatal beds available)		Level 3 – 100% capacity (no post-natal beds available)	
	Occupancy	Staffing	Occupancy	Staffing	Occupancy	Staffing	Occupancy	Staffing
Trigger Point	Ability to admit to Birthing/Birth Centre as required, at least 6 vacant maternal beds	All areas staffed as per template	Delayed admission to Birthing/Birth Centre Delay in discharges from PNW/ANW <2 hours expected ≤4 vacant maternal beds	Staffing compromised in 1 area	Delayed admission to Birthing/Birth Centre Delay in discharges from PNW/ANW ≥2 hours expected ≤2 vacant maternal beds	Staffing compromised in ≥2 areas	Delayed admission to Birthing/Birth Centre Delay in discharges from PNW/ANW ≥2 hours expected Overflow PN >4 beds occupied with further admissions expected	Staffing compromised
Birthing (15)	Beds available	M – 7 E – 7 N – 7 Ratio: 2:3 labour to 4hrs PN e.g. 10 women = 6.5 staff	≥10 women ≥ 3 women and/or babies waiting transfer to inpatient area	M – 6 E – 6 N – 6	≥12 women ≥3 women and/or babies waiting transfer to inpatient area	M – 6 E – 6 N – 6	≥13 ≥1 Women and/or babies waiting transfer to inpatient area	M – 7 E – 7 N – 7 or as required for safety of women

	Normal Activity – up to 85% capacity (four or more postnatal beds available)		Level 1 – 85-90% capacity (less than four postnatal beds available)		Level 2 – 90% capacity (less than three postnatal beds available)		Level 3 – 100% capacity (no postnatal beds available)	
	Occupancy	Staffing	Occupancy	Staffing	Occupancy	Staffing	Occupancy	Staffing
Postnatal Ward (15 - max 18)	15 (max 18)	M – 4 E – 4 N – 3 Ratio: 1:4 (n 1:5)	15 (max 18 inc qualified neonates)	M – 4 E – 4 N – 3	12 (max 14 inc qualified neonates)	M – 3 E – 3 N – 3	15 (max 18)	M – 4 E – 4 N – 3
Antenatal & Gynaecology Ward (15 - max 16)	15 (max 16)	M – 3 E – 3 N – 3 Ratio: 1:5	15 (max 16)	M – 3 E – 3 N – 3	15 (max 16)	M – 3 E – 3 N – 3	15 (max 16)	M – 3 E – 3 N – 3
Birth Centre	Continuity women only	CMP/CaTCH/ Overnight Birthing Ratio: 1:4	4	1 M/E/N from Birthing as required + CMP/CaTCH attending own women	Continuity women only	CMP/CaTCH No inpatient stay	4	1 M/E/N from Birthing as required + CMP/CaTCH attending own women
MAU (6 assessment)	0700-2130 2130-0700 and weekends 0900-1730 from Birthing assessment room	M – 1 E – 1 N – 0 from Birthing Weekends	As per Normal Activity	M – 1 E – 1 N – 0 Weekends staffed from Birthing	As per level 1	M – 1 E – 1 N – 1	Operating 24 hours	M – 1 E – 1 N – 1



CANBERRA HOSPITAL
AND HEALTH SERVICES

CHSXX/XXX (number will be allocated by
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endorsement)

	Normal Activity – up to 85% capacity (four or more postnatal beds available)		Level 1 – 85-90% capacity (less than four postnatal beds available)		Level 2 – 90% capacity (less than three postnatal beds available)		Level 3 – 100% capacity (no post-natal beds available)	
	Occupancy	Staffing	Occupancy	Staffing	Occupancy	Staffing	Occupancy	Staffing
Identified Maternity Overflow Area					8	M – 2 E – 2 N – 2 Staffing skill mix as per requirements of admitted inpatients	11	M – 3 E – 3 N – 3 Staffing skill mix as per requirements of admitted inpatients
Maternity Outpatients	All appointments continue as scheduled hospital and community clinics	12-14 (BH) dependent on clinics	All appointments continue as scheduled hospital and community clinics	12-14 (BH) dependent on clinics	All appointments continue as scheduled hospital and community clinics	12-14 (BH) dependent on clinics	All appointments continue as scheduled hospital and community clinics	12-14 (BH) dependent on clinics
Staffing Support		Nil additional		Nil additional	RM2.4 - to facilitate capacity management (bed flow & access), meal relief, clinical support (e.g.	E – 1 N – 1 Weekends M/E/N – 1	RM2.4 - Required to facilitate capacity management (bed flow & access), meal relief, clinical support (e.g.	E – 1 N – 1 Weekends M/E/N – 1



CANBERRA HOSPITAL
AND HEALTH SERVICES

CHHSXX/XXX (number will be allocated by
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	Normal Activity – up to 85% capacity (four or more postnatal beds available)		Level 1 – 85-90% capacity (less than four postnatal beds available)		Level 2 – 90% capacity (less than three postnatal beds available)		Level 3 – 100% capacity (no post-natal beds available)	
	Occupancy	Staffing	Occupancy	Staffing	Occupancy	Staffing	Occupancy	Staffing
Total Inpatient Beds & Total FTE	30 (34)	M – 15 E – 15 N – 13	34 (38)	M – 15 E – 15 N – 13	35 (38)	M – 15 (16 w/e) E – 16 (17) N – 16 (17)	45 (49)	M – 18 (19 BC) E – 19 (20) N – 18 (19)

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Cramond, Sarah (Health)

From: Chatham, Elizabeth (Health)
Sent: Wednesday, 18 April 2018 10:56 AM
To: Pulli, Tracey (Health); Webber, James (Health); Greenaway, Elaine (Health)
Cc: Lang, Samantha (Health); Cuff, Sally (Health); Alexander, Tonia (Health); Blumer, Shari (Health); Lim, Boon (Health)
Subject: Centenary Hospital Maternity anonymous letter Media statement (002) BL [SEC=UNOFFICIAL]
Attachments: Centenary Hospital Maternity anonymous letter Media statement (002) BL.docx

Hi Overnight Boon and I have added just some small significant . Can n you ensure these are included. I have bolded. I also think the statement part needs rewording as it is verbose. Can you please let me know when you think I will have something to send out to staff. Cheers Liz

STATEMENT

Over the weekend of an anonymous letter was received from maternity staff at the Centenary Hospital for Women and Children (CentenaryCHWC). This communique is management's response to the concerns staff raised concerns by staff in the latter.

Centenary Hospital for Women and Children (CentenaryCHWC) is a state of the art tertiary facility Centenary provides providing 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-CHWC 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-CHWC 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 CHWC have been working over the past four years with the Minister for Health and Wellbeing, Centenary and Calvary on a Territory response 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.

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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 Hospital for Women and Children have implemented also devised~~ a number of strategies at Centenary to address escalating-high demand, including:

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- ~~CHWC have developed an~~ Development of a Maternity Escalation Policy to manage demand including uUtilising the Birth Centre for overflow;
- ~~Extending the hours of the Maternity Assessment Unit (MAU), and providing this service from the Birth Suite after hours;~~
- Rostering additional doctors and midwives and introducing Assistants in Midwifery to maternity services;
- A midwifery attraction and retention strategy;

☉ The ACT Government commitment to the expansion of services at the Centenary Hospital for Women and Children include a 21 bed post-antenatal/natal gynaecology ward (creating more capacity for postnatal beds), the relocation of MAU adjacent to the birthing services to improve medical and midwifery support to this service and the opening of unfunded bed in Special Care Nursery and Neonatal Intensive Care Unit. These are planned to be delivered in the 2018-19 budget.

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

CentenaryCHWC executive Mmanagement is committed to working through any issues staff may raise in a respectful and supportive way. Well attended staff communication forums have occurred today and night duty communication forum is planned. Within these forums staff were encouraged to raise any concerns and were thanked for their dedication and commitment. Written communication will also be provided to staff.

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.

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

- ~~2. Birth Suite is now also two rooms down due to repair works which will continue for the coming year.~~
- ~~3. Use of the Birth Centre for overflow impacts on access to the CMP program~~

~~Response:~~

~~1. Centenary-CHWC 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-CHWC are facing a period of significant and sustained demand. Demand on maternity services at Canberra Hospital has increased significantly since Centenary-CHWC opened in August 2012.~~

~~To better manage demand and ensure maternity services across the region are effectively and efficiently utilised, Centenary-CHWC and Calvary Public Hospital are considering strategies working together to address inequitable maternity demands between the two hospitals, ~~such as a single~~~~

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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 to address high demand, including:

- o CHWC have developed an Maternity Escalation Policy to manage demand including utilising the Birth Centre for overflow (Attachment A);
- o Extending the hours of the Maternity Assessment Unit (MAU)
- o Rostering additional doctors and midwives and introducing Assistants in Midwifery to maternity services;
- o A midwifery attraction and retention strategy;

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The ACT Government commitment to the expansion of services at the Centenary Hospital for Women and Children include a 21 bed post-antenatal /gynaecology ward and the relocation of MAU adjacent to the birthing services to improve medical and midwifery support to this service. These are planned to be delivered in the 2018-19 budget. Centenary uses a number of strategies during times of high demand, including:

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.

Utilising the Birth Centre for overflow;

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Extending the hours of the Maternity Assessment Unit (MAU), and providing this service from the Birth Suite after hours;

Rostering additional doctors and midwives and introducing Assistants in Midwifery to maternity services;

A midwifery attraction and retention strategy;

2. Strategies to address this are incorporated in the Maternity Escalation Policy.

3. Within the Maternity Escalation Policy the Birth Centre is identified as the escalation point for managing demand. The Birth Centre currently experiences less than a 30% occupancy rate and therefore has the capacity to provide this function with none to minimal impact on women accessing the CMP program. Given the current demand situation this approach will be continuing.

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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: 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.

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INAPPROPRIATE DISCHARGE

Claim: ~~Birth Suite is now also two rooms down due to repair works which will continue for the coming year.~~ **1.** 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.

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2. 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.

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Response:

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1. Women and babies are not discharged home unless both the mother and baby are well. Women post discharge are supported by domiciliary midwifery services and Maternal and Child Health (MACH) Services. The clinical handover process to MACH has also improved with the electronic clinical handover. The response from MACH being three working days for routine referrals.

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An audit of babies readmitted to NICU for weight loss from 2015 to year to date 2018 demonstrates that there is an overall reduction in readmissions to NICU due to weight loss following discharge.

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Maternity Consumer feedback, including patient survey, is overall very positive with a recent rating of 93% on the patient experience indicator within the Canberra Hospital Discharged inpatient survey report from 1/2/2017 to 31/1/2018.

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2. A review of the Midcall services was undertaken in 2016 which articulated a baseline schedule of visits, however every women was assessed for her individual needs. Staffing has been included revised in recent years to include 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.

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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: Ongoing recruitment of midwives and medical staff has been difficult over several years. To address this ACT Health have developed an attraction and retention strategy.

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The current capacity issue has had a direct impact on staff resilience and morale with staff regularly requested to work overtime and double shifts. This has also impacted on sick leave. The escalation strategy is to be used when capacity is beyond staffing requirements. This was reiterated strongly at the communication forums. Graduate midwifery program recruited 15 in 2018, which is increase by 50% from 2017 intake.

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The current roster is fully recruited. Additional clinical staff have been put in place above establishment to manage demand.

All approved overtime is paid. When meal breaks are not able to be taken approved overtime is granted.

The EBA enables midwifery staff to apply for leave 12 months in advance. All efforts are made to meet requirements. The demand and staffing challenges has impacted on the ability for all leave requests to be met and if staff have concerns around their leave they are requested to speak to their nurse manager or the Maternity Assistant Director of Nursing and Midwifery

BULLYING

Claim:

1. To protect our employment we need to remain anonymous.

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2. 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.

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Response: 1. To senior managements' memory no staff's employment has been impacted on due to raising an issue. The management always welcome staff feedback and concerns.

2. 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.

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There are currently three bullying claims from within maternity services being managed by senior staff as per policy.

Staff were reminded at the communication forum of the reporting processes for bullying and harassment and how important it is to report such behaviours as it is difficult to take action if instances are not reported. RED officers are available and staff are encouraged to discuss issues with their managers or RED officers if they feel uncomfortable approaching their managers.

ADVERSE OUTCOMES

Claim: 1. After adverse or emergency outcomes support from senior staff is token at best, leaving doctors and midwives to deal with their grief alone.

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2. Current situation may lead to adverse events.

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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.

1. In 2017, there were some adverse events that occurred in and around the latter part of the year. Whilst debriefing did occur following each of these events the WYC executive team offered further support for staff within the Neonatal and Maternity departments. Converge international, an EAP provider, was onsite to provide further professional group debriefing and one to one counselling for any staff who wanted to the opportunity. They were present in the CHWC for 5 days in January 2018. Where staff were unavailable on the arranged days we arranged the option of an individual debrief appointment whether face to face or by phone.
2. The maternity services have a very strong quality and safety framework. All adverse events are reviewed through the Morbidity and Mortality departmental meetings, maternity quality and safety meetings and benchmarked well against like organisation. We can reassure you we provide the level of safe care to the ACT and surrounding region. We have recently reduced the third and fourth degree tear rate working through a collaborative program with midwives and obstetricians.

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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. The relocation of MAU adjacent to the birthing services to improve medical and midwifery support to this service is planned to occur in 2019.

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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. The opening of the 6 unfunded beds in Special Care Nursery and Neonatal Intensive Care Unit over the next three years will greatly in alleviate demand pressures in NICU/SCN

MEDICAL SUPPORT

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

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. Staff at the communication forum were reminded to escalate concerns about medical staffing to the Clinical Director, Executive Director and Director of Nursing and Midwifery via switch anytime.

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

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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.

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NURSING SUPPORT

Claim: 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.

Response: When we have sick leave short falls 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 which is within their scope of practice. In the post-natal and antenatal ward registered nurses, again when a midwife is not available, are utilised to provide care within their scope of practice under the supervision of a midwife such as medications, post-surgical care and observations.

CONSUMER AGRESSION

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Claim: Patients and their families can become aggressive toward staff due to the long waits and lack of care adding to the already significant levels of stress for staff.

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Response: Aggression in the health setting is a troubling and real issue, particularly with high acuity and vulnerability. 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, provide general and case by case security staff support, duress alarms, and training. Staff also have access to EAP.

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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.

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Response: We have identified in the communication forum that there is no current issue with medical supplies and working equipment. Staff were reminded of the processes of reporting low supply and broken equipment.

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Food for women depends on the women's information being entered into the DIETPAS system in a timely manner. When for some reason this has not occurred all pantry's in the maternity services are stocked with condiments, cereals, bread, milk, juices and sandwiches for women.

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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: All maternity policies are up to date. New or amended reviewed policies are communicated at the fortnightly maternity multidisciplinary policy group meetings.

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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.

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Response: Parking is an issue for all staff. The helicopter carpark adjacent to CHWC provides parking for medical staff, on call midwifery and obstetric staff and Mjdcall staff. A recent review of the helicopter carparking was undertaken to ensure appropriate staff are utilising this carpark.

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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: Dirty chairs were removed from Birthing to be cleaned prior to accreditation. The cleaned chairs have been returned.

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Rosters were not altered due to accreditation but do reflect recent increased staffing levels, in particular the new graduate midwives.

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LONG WAITING TIMES FOR WOMEN IN OUTPATIENT CLINICS

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Claim: Antenatally there are long clinic waiting times and difficulties accessing appropriate appointment times and locations.

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Response: Antenatal clinics are held at CHWC and in community locations across Canberra. Women with complexities may need to see several clinicians at one appointment which impacts on the length of wait in clinic. Access to appointment times has been impacted by demand.

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Conclusion

The statement above provides staff with reassurance that their concerns will be taken on board seriously and that CHWC provides a high standard of care safely for the women who use the service. This has been achieved through the goodwill, collaboration, team spirit and innovative approach of all members of staff who are proud to be part of the CHWC family. Bullying is not tolerated and staff have been made aware that they have many channels to raise their concerns without fear or prejudice. The pressures of the demand have been acknowledged and ACT Health is working with the Minister and all stakeholders to address the issues.

Complaint letter about Centenary Hospital for Women and Children

Media response plan

BACKGROUND

An anonymous letter from staff at The Centenary Hospital for Women and Children (CHWC) was sent to the ACT and Federal Health Ministers and media outlets on Sunday 15 April. It outlined concerns with the hospital's Maternity Unit.

This document provides a media statement from ACT Health and responses to individual issues to be used to respond to any media enquiries about the letter.

STATEMENT FROM ACT HEALTH

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

ACT Health acknowledges that maternity services at CHWC are facing a period of significant and sustained demand due to a number of factors.

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

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

While birthing numbers at CHWC 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.

CHWC has been working with the Calvary Public Hospital over the past four years on a Territory-wide response to inequitable maternity demands between the two hospitals and to devise longer term management plan.

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

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. Work is expected to be completed in July.

In addition, CHWC have implemented a number of strategies to address high demand, including:

- a Maternity Escalation Policy to manage demand, including using the Birth Centre for patient overflow;
- extending the hours of the Maternity Assessment Unit (MAU), and rostering additional doctors and midwives and introducing Assistants in Midwifery to maternity services;
- a midwifery attraction and retention strategy.

The ACT Government has committed to an expansion of services at the CHWC.

ACT Health acknowledges that the level of demand at CHWC places strain on staff.

CHWC executive management is committed to improving internal communication with staff and working through issues in a respectful and supportive way. Following this letter, management has already held well-attended open maternity staff forums where staff were encouraged to raise concerns and their dedication and commitment to the service was acknowledged.

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.

We are 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.

STATEMENT ENDS

ISSUES AND RESPONSES FOR REACTIVE MEDIA

See below responses that have been developed to address claims contained in the letter. The responses are not for broad distribution. They are to respond to individual issues as they arise through media enquiries.

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 and the executive management team at Centenary Hospital for Women and Children (CHWC) in collaboration with Calvary Public Hospital Bruce are working hard to address it.

ACT Health acknowledges that the level of demand at Centenary can place some strain on staff. The management team is committed to working through any issues staff may raise in a respectful and supportive way.

CAPACITY

Claim:

1. All areas of the Maternity unit at the CHWC are consistently at or over capacity.
2. Birth Suite is now also two rooms down due to repair works which will continue for the coming year.
3. Use of the Birth Centre for overflow impacts on access to the CMP program.

Response:

1. CHWC provides safe, high quality care and services for the families of ACT and the surrounding region. ACT Health acknowledges that the state of the art maternity services at CHWC are facing a

period of significant and sustained demand. Demand on maternity services at Canberra Hospital has increased significantly since CHWC opened in August 2012.

To better manage demand and ensure maternity services across the region are effectively and efficiently utilised, CHWC and Calvary Public Hospital are working together to address inequitable maternity demands between the two hospitals, and to devise longer term demand management plans under Territory-wide Services planning.

Centenary currently uses a number of strategies to address high demand, including:

- a Maternity Escalation Policy to manage demand, including using the Birth Centre for patient overflow;
- extending the hours of the Maternity Assessment Unit (MAU), and rostering additional doctors and midwives and introducing Assistants in Midwifery to maternity services;
- a midwifery attraction and retention strategy.

2. We have incorporated strategies to address this in our Maternity Escalation Policy.

3. The Birth Centre is identified as the escalation point for managing demand. The Birth Centre currently experiences a less than 30 per cent occupancy rate and has the capacity to provide this function with minimal impact on women accessing the Canberra Midwifery Program.

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 CHWC 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 so that the induction can be delayed safely. In such situations, decisions are based on clinical priority, and women whose inductions are delayed are guaranteed a place when they return on their 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: The bed next to the kitchen area has not been used by patients since 2016.

If pressed

This bed had previously been used to deal with patient overflow requirements in a safe a considered way.

INAPPROPRIATE DISCHARGE

Claim:

1. 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.

2. 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:

1. Women and babies are not sent home until they are well. Women receive post discharge support by domiciliary midwifery services and Maternal and Child Health (MACH) Services. The clinical handover process to MACH has also improved with the electronic clinical handover.

There has been an overall reduction in readmissions to NICU due to weight loss following discharge since 2015.

Maternity consumer feedback, including patient surveys, is overall very positive. There was a recent rating of 93 per cent on the patient experience indicator in the Canberra Hospital discharged inpatient survey report from 1/2/2017 to 31/1/2018.

2. Every patient is assessed for her individual needs. A review of Midcall services was undertaken in 2016 and MACH now conducts a baseline number of support visits. Staffing has been revised in recent years to include a team leader. Staffing has increased from three staff, 7 days per week, to four staff on Monday to Friday and three staff on the weekend.

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:

ACT Health acknowledges that the level of demand at CHWC places strain on staff.

Ongoing recruitment of midwives and medical staff is an ongoing challenge that ACT Health has addressed with an attraction and retention strategy. The graduate midwifery program recruited 15 new staff in 2018, which was a 50 per cent increase from 2017 intake.

Increasing demand has had a direct impact on staff resilience and morale and staff are requested to work overtime and double shifts from time to time. This has also impacted on sick leave. An escalation strategy is to be used when capacity is beyond staffing requirements. This was reiterated strongly during recent staff consultations.

The unit is currently fully staffed. Additional clinical staff have also been put in place to manage overflowing demand.

All approved overtime is paid. The Enterprise Bargaining Agreement enables midwifery staff to apply for leave 12 months in advance. All efforts are made to approve leave requests.

BULLYING**Claim:**

1. To protect our employment we need to remain anonymous.

2. 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:

1. Management always welcomes staff feedback and concerns, and has committed to improving communication with CHWC staff.

2. 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.

ACT Health is committed to delivering safe, 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.

If pressed

Staff have been reminded of the reporting processes for bullying and harassment and how important it is to report such behaviours. Staff are encouraged to discuss issues with their managers. Respect Equity and Diversity support officers are available if staff are uncomfortable approaching their managers.

ADVERSE OUTCOMES**Claim:**

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

2. Current situation may lead to adverse events.

Response: Staff are offered access to the Employee Assistance Program and group debrief sessions have been arranged when necessary. These sessions have been welcomed by staff who have attended in the past.

Special care is taken to ensure employee assistance is made available to staff in a flexible way when they need it most, including after adverse events.

Maternity services has a very strong quality and safety framework. All adverse events are reviewed through departmental Morbidity and Mortality meetings and maternity Quality and Safety meetings. CHWC benchmarks well against like organisations. We have recently reduced the tear rate through a collaborative program with midwives and obstetricians.

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: Specialist Obstetricians have been rostered to provide support to the junior medical staff daily. There is a planned relocation of MAU to a location adjacent to the birthing services to improve medical and midwifery support to this service.

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. Six unfunded beds in NICU and Special Care Nursery will be opened over the next three years, which will help manage demand pressures.

MEDICAL SUPPORT

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

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. Staff have been reminded that they don't have to face these challenges alone. The Clinical Director, Executive Director and Director of Nursing and Midwifery are always available for the escalation of staffing concerns.

NURSING SUPPORT

Claim: 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.

Response: When we have sick leave short falls, we seek support from the main hospital casual pool. When midwives are not available, registered nurses assist care for women with gynaecological conditions. This is within their scope of practice.

CONSUMER AGRESSION

Claim: Patients and their families can become aggressive toward staff due to the long waits and lack of care adding to the already significant levels of stress for staff.

Response: Aggression in the health setting is a troubling and real issue, particularly with high acuity and vulnerability.

To support staff, we are addressing the demand issues, providing general and case by case security staff support, duress alarms, and training. Staff also have access to an Employee Assistance Program.

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: There is no current issue with medical supplies and working equipment. Staff have been reminded of the processes of reporting low supplies and broken equipment.

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: All maternity policies are up to date. New, reviewed and amended policies are communicated at the fortnightly maternity multidisciplinary policy group meetings.

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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: The helicopter carpark adjacent to CHWC provides parking for medical staff, on-call midwifery and obstetric staff, and midcall staff. A review was recently undertaken to ensure staff are utilising the helicopter carpark appropriately.

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: Dirty chairs were removed from Birthing to be cleaned as part of an environmental audit. The cleaned chairs have been returned.

Rosters were not altered due to accreditation, but do reflect recent increased staffing levels, in particular the new graduate midwives.

LONG WAITING TIMES FOR WOMEN IN OUTPATIENT CLINICS

Claim: Antenatally there are long clinic waiting times and difficulties accessing appropriate appointment times and locations.

Response: Antenatal clinics are held at CHWC and in community locations across Canberra. Women with clinical complexities may need to see several clinicians at one appointment which impacts on the length of wait in clinic. Access to appointment times has been impacted by demand.

The statement above provides staff with reassurance that their concerns are taken seriously and that CHWC provides a safe, high standard of care for the women who use the service. This has been achieved through the goodwill, collaboration, team spirit and innovative approach of all members of staff who are proud to be part of the CHWC family. Bullying is not tolerated and staff have been made aware of the many channels they have to raise their concerns without fear or prejudice. The pressures of the demand on the service have been acknowledged and ACT Health is working with the Minister and all stakeholders to address the issues.

period of significant and sustained demand. Demand on maternity services at Canberra Hospital has increased significantly since CHWC opened in August 2012.

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CONSUMER AGRESSION

Claim: Patients and their families can become aggressive toward staff due to the long waits and lack of care adding to the already significant levels of stress for staff.

Response: Aggression in the health setting is a troubling and real issue, particularly with high acuity and vulnerability.

To support staff, we are addressing the demand issues, providing general and case by case security staff support, duress alarms, and training. Staff also have access to an Employee Assistance Program.

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Response: All maternity policies are up to date. New, reviewed and amended policies are communicated at the fortnightly maternity multidisciplinary policy group meetings.

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: The helicopter carpark adjacent to CHWC provides parking for medical staff, on-call midwifery and obstetric staff, and midcall staff. A review was recently undertaken to ensure staff are utilising the helicopter carpark appropriately.

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: Dirty chairs were removed from Birthing to be cleaned as part of an environmental audit. The cleaned chairs have been returned.

Rosters were not altered due to accreditation, but do reflect recent increased staffing levels, in particular the new graduate midwives.

LONG WAITING TIMES FOR WOMEN IN OUTPATIENT CLINICS

Claim: Antenatally there are long clinic waiting times and difficulties accessing appropriate appointment times and locations.

Response: Antenatal clinics are held at CHWC and in community locations across Canberra. Women with clinical complexities may need to see several clinicians at one appointment which impacts on the length of wait in clinic. Access to appointment times has been impacted by demand.

The statement above provides staff with reassurance that their concerns are taken seriously and that CHWC provides a safe, high standard of care for the women who use the service. This has been achieved through the goodwill, collaboration, team spirit and innovative approach of all members of staff who are proud to be part of the CHWC family. Bullying is not tolerated and staff have been made aware of the many channels they have to raise their concerns without fear or prejudice. The pressures of the demand on the service have been acknowledged and ACT Health is working with the Minister and all stakeholders to address the issues.

Cramond, Sarah (Health)

From: Blumer, Shari (Health) on behalf of Chatham, Elizabeth (Health)
Sent: Friday, 20 April 2018 2:54 PM
To: Shari Blumer
Subject: FW: Centenary Hospital Maternity anonymous letter Media statement (002) BL [SEC=UNOFFICIAL]
Attachments: Media statement and responses - Centenary Hospital Maternity anonymous l...docx

From: Alexander, Tonia (Health)
Sent: Friday, 20 April 2018 2:52 PM
To: Cuff, Sally (Health) <Sally.Cuff@act.gov.au>
Cc: Lang, Samantha (Health) <Samantha.Lang@act.gov.au>; Chatham, Elizabeth (Health) <Elizabeth.Chatham@act.gov.au>; Lim, Boon (Health) <Boon.Lim@act.gov.au>
Subject: FW: Centenary Hospital Maternity anonymous letter Media statement (002) BL [SEC=UNOFFICIAL]

FYI

From: Alexander, Tonia (Health)
Sent: Friday, 20 April 2018 2:51 PM
To: Webber, James (Health) <James.Webber@act.gov.au>; DDGClinical <DDGClinical@act.gov.au>
Subject: RE: Centenary Hospital Maternity anonymous letter Media statement (002) BL [SEC=UNOFFICIAL]

Hi James,

Attached, cleared with some changes by Chris Bone.

Tonia

From: Webber, James (Health)
Sent: Friday, 20 April 2018 11:29 AM
To: DDGClinical <DDGClinical@act.gov.au>
Cc: Alexander, Tonia (Health) <Tonia.Alexander@act.gov.au>
Subject: RE: Centenary Hospital Maternity anonymous letter Media statement (002) BL [SEC=UNOFFICIAL]

Hi Tonia

As flagged, Minister Fitzharris' Office is seeking media material on this ASAP. Would you please be able to tell me where it's up to in terms of approvals?

We're seeking an approved version to pass on by 4pm this afternoon or sooner.

Kind regards,
 James

From: Webber, James (Health)
Sent: Wednesday, 18 April 2018 3:51 PM
To: Chatham, Elizabeth (Health) <Elizabeth.Chatham@act.gov.au>; Pulli, Tracey (Health) <Tracey.Pulli@act.gov.au>; Greenaway, Elaine (Health) <Elaine.Greenaway@act.gov.au>
Cc: Lang, Samantha (Health) <Samantha.Lang@act.gov.au>; Cuff, Sally (Health) <Sally.Cuff@act.gov.au>; Alexander, Tonia (Health) <Tonia.Alexander@act.gov.au>; Blumer, Shari (Health) <Shari.Blumer@act.gov.au>; Lim, Boon

(Health) <Boon.Lim@act.gov.au>

Subject: RE: Centenary Hospital Maternity anonymous letter Media statement (002) BL [SEC=UNOFFICIAL]

Hi Liz

I think I've captured those changes in our latest version. Please see attached with tracked changes and comments from Tracey, David and myself.

You'll see we've refined some of the detail to simplify and ensure the messages are clear and focussed. There's a couple of questions in there for you too.

We've also clarified that the statement and specific responses will be used as needed to respond to any media enquiries we receive.

Thanks again to everyone for helping us to pull this together – it was really helpful to have plenty of information to work with.

Kind regards,
James

From: Chatham, Elizabeth (Health)

Sent: Wednesday, 18 April 2018 10:56 AM

To: Pulli, Tracey (Health) <Tracey.Pulli@act.gov.au>; Webber, James (Health) <James.Webber@act.gov.au>; Greenaway, Elaine (Health) <Elaine.Greenaway@act.gov.au>

Cc: Lang, Samantha (Health) <Samantha.Lang@act.gov.au>; Cuff, Sally (Health) <Sally.Cuff@act.gov.au>; Alexander, Tonia (Health) <Tonia.Alexander@act.gov.au>; Blumer, Shari (Health) <Shari.Blumer@act.gov.au>; Lim, Boon (Health) <Boon.Lim@act.gov.au>

Subject: Centenary Hospital Maternity anonymous letter Media statement (002) BL [SEC=UNOFFICIAL]

Hi Overnight Boon and I have added just some small significant . Can n you ensure these are included. I have bolded. I also think the statement part needs rewording as it is verbose. Can you please let me know when you think I will have something to send out to staff. Cheers Liz

Complaint letter about Centenary Hospital for Women and Children

Media response plan

BackgroundBACKGROUND

An anonymous letter from staff at The Centenary Hospital for Women and Children (CHWC) was sent to the ACT and Federal Health Ministers and media outlets on Sunday 15 April. It outlined concerns with the hospital's Maternity Unit.

This document provides a media statement from ACT Health and responses to individual issues to be used to respond to any media enquiries about the letter.

STATEMENT FROM ACT HEALTH

Centenary Hospital for Women and Children (Centenary/CHWC) is a state of the art tertiary facility. Centenary provides providing safe, high quality care and safe-services for the families of in the ACT and the surrounding region.

Commented [LB(1): I suggest changing to CHWC to maintain consistency, rather than interchanging between Centenary and CHWC. If preferred, the Centenary should be used throughout

ACT Health acknowledges that the state-of-the-art maternity services at Centenary/CHWC are facing a period of significant and sustained demand due to a number of factors.

Demand on maternity services at Canberra Hospital has increased significantly since CHWC Centenary opened in August 2012. 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/CHWC, compared to 2743 at The Canberra Hospital in 2010/11.

While birthing numbers at Centenary/CHWC 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.

Commented [WJ(2): We've already said the numbers are decreasing

CHWC has been working with the Minister for Health and Wellbeing and Calvary Public Hospital over the past four years on a Territory-wide response to inequitable maternity demands between the two hospitals and to devise longer term management plan.

To better manage demand and ensure maternity services across the region are effectively and efficiently utilised CHWC have been working over the past four years with the Minister for Health and Wellbeing. Centenary and Calvary on a Territory response are considering strategies working together to address inequitable maternity demands between the two hospitals, [REDACTED] the refurbishment of the Calvary maternity facility, and to devise longer term demand management plans under Territory-wide Services planning.

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Minister for Health and Wellbeing Meegan Fitzharris also 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-ensuites, and four large two-bed rooms with bathrooms.

Work is expected to be completed in July.

In addition, ACT Health CHWC Centenary Hospital for Women and Children has used have implemented also devised a number of strategies at Centenary to address escalating high demand, including:

- CHWC have developed an Development of a Maternity Escalation Policy to manage demand, including utilising using the Birth Centre for patient overflow;
- Extending the hours of the Maternity Assessment Unit (MAU), and providing this service from the Birth Suite after hours;
- Rostering additional doctors and midwives and introducing Assistants in Midwifery Midwifery to maternity services;
- A midwifery attraction and retention strategy;

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The ACT Government has committed to the expansion of services at the Centenary Hospital for Women and Children CHWC by delivering a new ward with 40 maternity beds, include a 21 bed post-antenatal/natal gynaecology ward, which will (create more capacity for postnatal beds). It will also involve the relocation of MAU adjacent to the birthing services to. This will improve medical and midwifery support to this service and. The government is also committed the opening of unfunded bed in the Special Care Nursery and Neonatal Intensive Care Unit. These are planned to be delivered in the 2018-19 budget.

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

Centenary CHWC executive Management is committed to improving internal communication with staff and working through any issues staff may raise in a respectful and supportive way. Following this letter, Management has already held well-attended open maternity staff communication forums have occurred today and night duty communication forum is planned. Within these forums where staff were both encouraged to raise any concerns and were thanked for their dedication and commitment to the service was acknowledged. Written communication will also be provided to staff.

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.

We are 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.

STATEMENT ENDS

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ISSUES AND RESPONSES FOR REACTIVE MEDIA

See below responses that have been developed to address claims contained in the letter. The responses are not for broad distribution. They are to respond to individual issues as they arise through media enquiries.

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 (CHWCentenary) in collaboration with Calvary Public Hospital Bruce are working hard to address it.

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.

Commented [WJ(3): This doesn't line up with what was discussed in the forums yesterday and I think it's better to leave out

CAPACITY

Claim:

1. ~~1.~~ All areas of the Maternity unit at the CHWC are consistently at or over capacity.
2. Birth Suite is now also two rooms down due to repair works which will continue for the coming year.
- ~~2,3.~~ Use of the Birth Centre for overflow impacts on access to the CMP program.

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Response:

1. Centenary-CHWC Hospital for Women and Children (Centenary) provides safe, 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-CHWC are facing a period of significant and sustained demand. Demand on maternity services at Canberra Hospital has increased significantly since Centenary-CHWC opened in August 2012.

To better manage demand and ensure maternity services across the region are effectively and efficiently utilised, Centenary-CHWC 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 currently uses a number of strategies to address high demand, including:

- o a Maternity Escalation Policy to manage demand, including using the Birth Centre for patient overflow;
- o extending the hours of the Maternity Assessment Unit (MAU), and rostering additional doctors and midwives and introducing Assistants in Midwifery to maternity services;
- o a midwifery attraction and retention strategy.

- ~~CHWC have developed an A-Maternity Escalation Policy to manage demand, including utilising the Birth Centre for overflow (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;~~

~~The ACT Government commitment to the expansion of services at the Centenary Hospital for Women and Children includes a 21-bed post-antenatal /gynaecology ward and the relocation of MAU adjacent to the birthing services to improve medical and midwifery support to this service. These are planned to be delivered in the 2018-19 budget. Centenary uses a number of strategies during times of high demand, including:~~

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

Commented [JD(4)]: Same as above

~~**Utilising the Birth Centre for overflow;**~~

~~**Extending the hours of the Maternity Assessment Unit (MAU), and providing this service from the Birth Suite after hours;**~~

~~**Rostering additional doctors and midwives and introducing Assistants in Midwifery to maternity services;**~~

~~**A midwifery attraction and retention strategy.**~~

~~**2. Strategies to address this are** We have incorporated strategies to address this in the our Maternity Escalation Policy.~~

~~**3. Within the Maternity Escalation Policy** The Birth Centre is identified as the escalation point for managing demand in internal policies. The Birth Centre currently experiences a less than a 30 per cent %-occupancy rate and therefore has the capacity to provide this function with ~~none to minimal~~ impact on women accessing the Canberra Midwifery P-program. ~~(Given the current demand situation, this approach will be continuing;~~~~

Commented [JD(5)]: Maybe soften the language here

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 CHWC 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 and the induction so that the induction can be safely delayed safely. In such situations, decisions are made based on clinical priorities and women whose inductions are delayed are given a guaranteed a slot place when they return on their designated day.

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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: ~~There is an emergency bed is kept behind a screen. The bed next to the kitchen area. This space was has been used used at times by midwifery staff at times in the past for women waiting for a bed in the birthing area. 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 has not been used by patients since 2016.~~

If pressed

This bed had previously been used to deal with patient overflow requirements in a safe a considered way.

Commented [JD(6): Language needs to be clearer. I'm confused. Is it still used for birth emergencies? When was the last time? Need to be careful what we say here.

Commented [WJ(7): Here's my suggested rewording, based on my interpretation that the bed is no longer being used – to be confirmed by Boon and Liz

INAPPROPRIATE DISCHARGE

Claim:

1. 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.
2. 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:

1. ~~Women and babies are not discharged sent home unless both the mother and baby until they are well. Women post discharge are supported receive post discharge support by domiciliary midwifery services and Maternal and Child Health (MACH) Services. The clinical handover process to MACH has also improved with the electronic clinical handover. The response from MACH being three working days for routine referrals.~~

~~An audit of babies readmitted to NICU for weight loss from 2015 to year to date 2018 demonstrates that There has been is an overall reduction in readmissions to NICU due to weight loss following discharge since 2015.~~

~~Maternity cConsumer feedback, including patient surveys, is overall very positive. with There was a recent rating of 93 per cent% on the patient experience indicator within the Canberra Hospital dDischarged inpatient survey report from 1/2/2017 to 31/1/2018.~~

2. ~~Every patient is assessed for their individual needs. A review of the Midcall services was undertaken in 2016 which articulated a MACH now conducts a baseline schedule number of support visits, however every women was assessed for her individual needs. Staffing has been included revised in recent years to include a team leader. Staffing has and has gone increased from 3three staff, 7 days a per week, to 4four staff 5 dayson Monday to Friday a week and 3three staff on the weekend.~~

Commented [WJ(8): Not sure what this means

Commented [JD(9): Can we get some statistics to back this up?

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Commented [JD(10): Needs to be clearer

Commented [WJ(11): Have reworded

Commented [JD(12): Since when?

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.e₂

Response:

ACT Health acknowledges that the level of demand at CHWC places strain on staff.

~~Ongoing recruitment of midwives and medical staff is an ongoing challenge has been difficult over several years that To address this ACT Health have developed addressed with an attraction and retention strategy. The graduate midwifery program recruited 15 new staff in 2018, which was a 50 per cent increase from 2017 intake.~~

~~The current capacity issue Increasing demand has had a direct impact on staff resilience and morale with staff regularly requested to work overtime and double shifts from time to time. This has also impacted on sick leave. The An escalation strategy is to be used when capacity is beyond staffing requirements. This was reiterated strongly at the communication forums during recent staff consultations. Graduate midwifery program recruited 15 in 2018, which is increase by 50% from 2017 intake.~~

~~The current roster is fully recruited The unit is currently fully staffed. Additional clinical staff have also been put in place above establishment to manage overflowing demand.~~

~~All approved overtime is paid. When meal breaks are not able to be taken approved overtime is granted.~~

~~The EBA Enterprise Bargaining Agreement enables midwifery staff to apply for leave 12 months in advance. All efforts are made to meet requirements approve leave requests. The demand and staffing challenges has impacted on the ability for all leave requests to be met and if staff have concerns around their leave they are requested to speak to their nurse manager or the Maternity Assistant Director of Nursing and Midwifery~~

Commented [WJ(13)]: Might be a little too much detail

BULLYING**Claim:**

1. To protect our employment we need to remain anonymous.
2. 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:

~~1. To senior managements' memory nNo staff member's employment has been impacted on due to raising an issue. The mManagement always welcomes staff feedback and concerns, and has committed to improving communication with CHWC stafdf.~~

Commented [JD(14)]: We either need to be emphatic about this or not say it at all.

~~2. 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.~~

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~~ACT Health is committed to delivering safe, 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.~~

If pressed

~~There are currently three bullying claims from within maternity services being managed by senior staff as per policy.~~

~~Staff were have been reminded at the communication forum of the reporting processes for bullying and harassment and how important it is to report such behaviours as it is difficult to take action if instances are not reported. RED officers are available and sStaff are encouraged to discuss issues with their managers. or Respect Equity and Diversity support officers are available if they staff are feel uncomfortable approaching their managers.~~

Commented [JD(15)]: What is an RED officer? Doesn't mean anything to general public.

Commented [JD(16)]: Sentence needs a rework

Commented [WJ(17)]: Have reworked and suggest this detail would only need to be provided if pressed

ADVERSE OUTCOMES

Claim:

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

2. Current situation may lead to adverse events.

Response: ~~Should there be an adverse outcome, sStaff 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.~~

~~Special care is taken to ensure employee assistance is made available to staff in a flexible way when they need it most, including after adverse events.~~

~~Maternity services has a very strong quality and safety framework. All adverse events are reviewed through the departmental Morbidity and Mortality departmental meetings and ,maternity Quality and Safety meetings. CHWC and benchmarked well against like organisations. We have recently reduced the tear rate through a collaborative program with midwives and obstetricians.~~

~~In 2017, there were some adverse events that occurred in and around the latter part of the year. Whilst debriefing did occur following each of these events the WYC executive team offered further support for staff within the Neonatal and Maternity departments. Converge international, an EAP provider, was onsite to provide further professional group debriefing and one to one counselling for any staff who wanted to the opportunity. They were present in the CHWC for 5 days in January 2018. Where staff were unavailable on the arranged days we arranged the option of an individual debrief appointment whether face to face or by phone.~~

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Commented [WJ(18)]: This is a lot of detail

Commented [JD(19)]: Agreed. Let's leave this out of media material

~~The maternity services have a very strong quality and safety framework. All adverse events are reviewed through the Morbidity and Mortality departmental meetings, maternity quality and safety meetings and benchmarked well against like organisation. We can reassure you we provide the level of safe care to the ACT and surrounding region. We have recently reduced the third and fourth degree tear rate working through a collaborative program with midwives and obstetricians.~~

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, sSpecialist Obstetricians have been rostered to provide support to the junior medical staff daily. There is a planned relocation of MAU adjacent to a location adjacent to the birthing services to improve medical and midwifery support to this service is planned to occur in 2019.~~

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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~~ fellows and specialists. ~~The opening of the 6Six unfunded beds in NICU and Special Care Nursery and Neonatal Intensive Care Unit will be opened over the next three years, which will help greatly alleviate manage demand pressures.~~

MEDICAL SUPPORT

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

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. ~~Staff at the communication forum were have been reminded to escalate concerns about medical staffing to that they don't have to face these challenges alone.~~ †The Clinical Director, Executive Director and Director of Nursing and Midwifery ~~via switche~~ are always available for the escalation of staffing concerns ~~anytime.~~

~~**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.~~

NURSING SUPPORT

Claim: 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.

Response: ~~When we have sick leave short falls, we seek support from the main hospital casual pool. When midwives are not available, registered nurses are utilised to assist care for women with gynaecological conditions. which This is within their scope of practice. In the post-natal and antenatal ward registered nurses, again wWhen a midwife is not available, registered nurses can are utilised to provide care within their scope of practice under the supervision of a midwife such as medications, post-surgical care and observations.~~

CONSUMER AGRESSION

Claim: Patients and their families can become aggressive toward staff due to the long waits and lack of care adding to the already significant levels of stress for staff.

Response: Aggression in the health setting is a troubling and real issue, particularly with high acuity and vulnerability. 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, provideing general and case by case security staff support, duress alarms, and training. Staff also have access to EAPan Employee Assistance Program.

Commented [LB(20)]: Are they referring to AINs?

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Commented [JD(21)]: This sentence needs a rework

Commented [WJ(22)]: Have reworked and simplified

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Commented [JD(23)]: Too much detail for media. Best to leave this line out

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.

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Response: ~~We have identified in the communication forum that there~~ There is no current issue with medical supplies and working equipment. Staff were ~~reminded~~ have been reminded of the processes of reporting low supplies and broken equipment.

~~Food for women depends on the women's information being entered into the DIETPAS system in a timely manner. When for some reason this has not occurred all pantries in the maternity services are stocked with condiments, cereals, bread, milk, juices and sandwiches for women.~~

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Commented [WJ(24)]: May not need this level of detail

Commented [JD(25)]: Agreed

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: All maternity policies are up to date. New, ~~reviewed~~ and amended ~~reviewed~~ policies are communicated at the fortnightly maternity multidisciplinary policy group meetings.

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: ~~Parking is an issue for all staff. The helicopter carpark adjacent to CHWC provides parking for medical staff, on-call midwifery and obstetric staff, and midcall staff. A review recent review of the helicopter carparking was recently undertaken to ensure appropriate staff are utilising the helicopter carpark appropriately.~~

Commented [JD(26)]: Too much detail

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: Dirty chairs were removed from Birthing to be cleaned prior to accreditation as part of an environmental audit. The cleaned chairs have been returned.

Rosters were not altered due to accreditation, but do reflect recent increased staffing levels, in particular the new graduate midwives.

LONG WAITING TIMES FOR WOMEN IN OUTPATIENT CLINICS

Claim: Antenatally there are long clinic waiting times and difficulties accessing appropriate appointment times and locations.

Response: Antenatal clinics are held at CHWC and in community locations across Canberra. Women with clinical complexities may need to see several clinicians at one appointment which impacts on the length of wait in clinic. Access to appointment times has been impacted by demand.

Conclusion

The statement above provides staff with reassurance that their concerns will be taken on board seriously and that CHWC provides a safe, high standard of care safely for the women who use the service. This has been achieved through the goodwill, collaboration, team spirit and innovative approach of all members of staff who are proud to be part of the CHWC family. Bullying is not tolerated and staff have been made aware that they have of the many channels they have to raise their concerns without fear or prejudice. The pressures of the demand on the service have been acknowledged and ACT Health is working with the Minister and all stakeholders to address the issues.

Commented [LB(27)]: I think a closing statement is important. Something like this?

Commented [WJ(28)]: This could be useful for internal communication. Only the top part of the statement will be provided in full – the other responses are to be used if asked about specific issues

Cramond, Sarah (Health)

From: Blumer, Shari (Health)
Sent: Tuesday, 24 April 2018 2:55 PM
To: McDonnell, Sean (Health)
Cc: Chatham, Elizabeth (Health)
Subject: FW: Meeting tomorrow with staff meeting re anonymous letter that she sent to press and ministers. [SEC=UNCLASSIFIED]

Hi Sean,

Liz asked me to send on this email trail in relation to the meeting invite I just sent through to you.

Warm regards,

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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From: Blumer, Shari (Health)
Sent: Wednesday, 18 April 2018 5:05 PM
To: McDonnell, Sean (Health) <Sean.McDonnell@act.gov.au>
Cc: Chatham, Elizabeth (Health) <Elizabeth.Chatham@act.gov.au>
Subject: RE: Meeting tomorrow with staff meeting re anonymous letter that she sent to press and ministers. [SEC=UNCLASSIFIED]

Dear Sean,

We have spoken to Michael from the ANMF and the staff member will now be on personal leave tomorrow so unable to attend the meeting.

Warm regards,

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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From: Chatham, Elizabeth (Health)
Sent: Wednesday, 18 April 2018 11:56 AM
To: McDonnell, Sean (Health) <Sean.McDonnell@act.gov.au>
Cc: Blumer, Shari (Health) <Shari.Blumer@act.gov.au>
Subject: RE: Meeting tomorrow with staff meeting re anonymous letter that she sent to press and ministers.
[SEC=UNCLASSIFIED]

Thanks mate. Still finalising meeting details. Will let you know as soon as you know. Can you refer me to the public service code or act that may have been breached? Ta

Elizabeth Chatham

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

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From: McDonnell, Sean (Health)
Sent: Wednesday, 18 April 2018 11:43 AM
To: Chatham, Elizabeth (Health) <Elizabeth.Chatham@act.gov.au>
Subject: RE: Meeting tomorrow with staff meeting re anonymous letter that she sent to press and ministers.
[SEC=UNCLASSIFIED]

Liz
Can you please let me know what time the meeting is on at?
Thanks
Sean

From: Hammat, Janine (Health)
Sent: Wednesday, 18 April 2018 11:12 AM
To: McDonnell, Sean (Health) <Sean.McDonnell@act.gov.au>
Subject: Fwd: Meeting tomorrow with staff meeting re anonymous letter that she sent to press and ministers.
[SEC=UNCLASSIFIED]

Hi Sean. Is it possible to assign on of your people to support Liz with this?

J

Sent from my iPhone

Begin forwarded message:

From: "Chatham, Elizabeth (Health)" <Elizabeth.Chatham@act.gov.au>
Date: 18 April 2018 at 11:11:06 am AEST
To: "Hammat, Janine (Health)" <Janine.Hammat@act.gov.au>
Cc: "McDonnell, Sean (Health)" <Sean.McDonnell@act.gov.au>, "Blumer, Shari (Health)" <Shari.Blumer@act.gov.au>
Subject: Meeting tomorrow with staff meeting re anonymous letter that she sent to press and ministers. [SEC=UNCLASSIFIED]

Dear Janine, As discussed I am meeting tomorrow with a staff member who allegedly sent an anonymous letter that she sent to press and ministers. I am seeking HR support at that meeting please, the ANMF will be in attendance. Can please allocate a senior person to attend. Still negotiating actual time and will let you know. Can your person also take minutes as ANMF will minutes?

Can you let me know if this is possible.

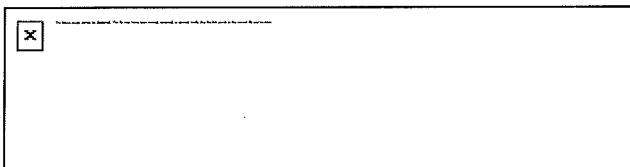
Cheers liz

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
Phone: 02 6174 7389 | E-mail: elizabeth.chatham@act.gov.au
Personal Assistant: Shari Blumer | shari.blumer@act.gov.au
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Cramond, Sarah (Health)

From: Chatham, Elizabeth (Health)
Sent: Tuesday, 24 April 2018 5:21 PM
To: Faichney, Karen (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: Chatham, Elizabeth (Health)

Sent: Tuesday, 17 April 2018 9:04 AM

To: Lang, Samantha (Health) <Samantha.Lang@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]

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

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,

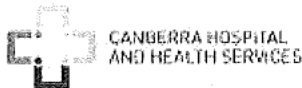
Boon

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

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, 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.

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 uses 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 [JD(1)]: Will need to check if we will be able to talk to the strategies we are working with Calvary on, including single entry system.

Commented [AT(2)]: I don't think we can yet – need to check with Elizabeth Tobler on where the comms strategy is for that – but in the meantime can we just say this?

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:

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

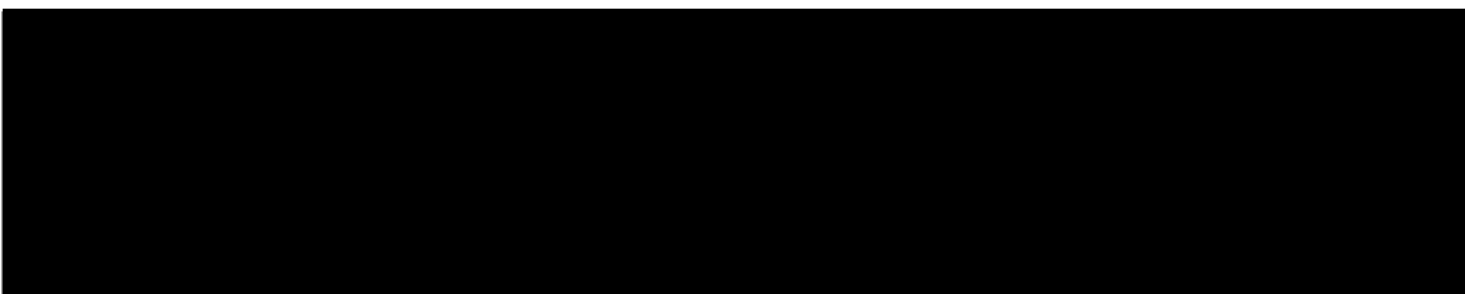
Claim: Parking is an ongoing issue and staff can be required to walk alone for long distances at night to their vehicles or wait for lengthy periods for a security escort.

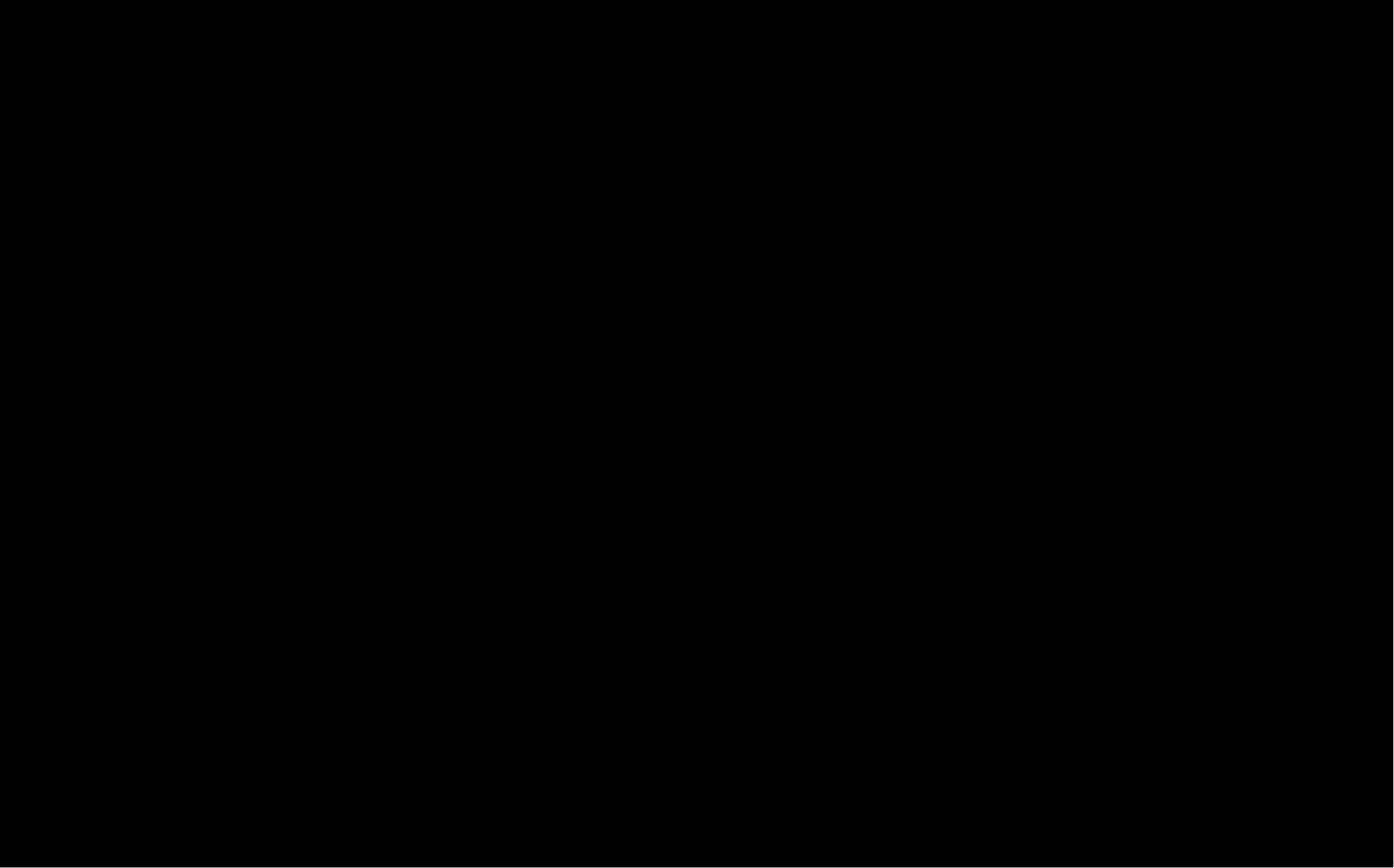
Response:

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:





From: Maher, Penny (Health)
Sent: Sunday 22 April 2018 11:34
To: Smith, Meika (Health)
Cc: Chatham, Elizabeth (Health)
Subject: Re: Response from Liz Chatham to concerns raised by staff in Letter [SEC=UNCLASSIFIED, DLM=For-Official-Use-Only]

Hello Meika
Thank you for your email.

You have made very important points and suggestions here and at the forum.

We have captured the comments from the forums and will work to improve communication pathways between staff and management.

Please send me the stock level concerns you have in Birthing so I can action an increase in imprest.

Again many thanks
Regards
Penny

Sent from my iPhone

On 22 Apr 2018, at 2:52 am, Smith, Meika (Health) <Meika.Smith@act.gov.au> wrote:

Hi Liz and Penny,

Thank you for holding the night duty staff forum on 20/04. Aside from the situation leading to the

forum, it was good to sit and have a chat about current unit issues and the strategies in place to ease some of the pressure.

Just an email to follow on from the forum, and the issues addressed.

In terms of communication with floor staff, is there a possibility of the forums being scribed and disseminated so that off-shift staff are in the loop of discussions, rather than hear-say throughout the shifts.

In the ongoing planning of the movement of MAU, will there be forum discussions for midwifery and medical staff on proposed staffing and management of the unit?

An area that was in your letter Liz that I forgot to mention at the forum, was the use of the emergency bed in BS. I understand the directive made by management that this bed is not to be used for women admitted, however at times the persistently full birthing rooms and the often emergent nature of situations have resulted in this emergency bed being used for obstetric emergencies and traumatic situations. That I am aware of, in this storage area, there has been a placental abruption, an FDIU diagnosis, a 36/40 preterm birth with PPH, and the birth of a 24/40 TOP. The emergent nature of these situations at times do not allow staff the time to transport women to the birth centre. It's situations like this that have caused great distress to staff involved, and leave us feeling disheartened at our capacity to provide adequate care.

In regards to escalation to prevent these situations, frequently - as often as staffing allows - we are caring for our appropriate postnatal women in the birth centre.

I'd like to note, throughout the increasing acuity and business in birthing, and particularly times of stress, I've found Wendy to be so supportive and an absolute rock.

Thank you for holding this forum. The open communication and discussion around the current improvement strategies has for the moment improved ward morale.

Kind regards,
Meika Smith

From: Gordon-Cooke, Michelle (Health)

Sent: Friday 20 April 2018 13:02

To: Araya-Bishop, Josie (Health); Bacon, Sally (Health); Bain, Christine (Health); Barnett, Teighan (Health); Bell, Leah (Health); Blake, Robyn (Health); Borrman, Jo (Health); Bowen, LeeAnne (Health); Braithwaite, Jennifer (Health); Breen, Maree (Health); Brown, Lauren (Health); Caddy, Michelle (Health); Chandra, Alison (Health); Christie, Alanah (Health); Clark, Jessica (Health); Cole, Georgina (Health); Cotterell, Eleanor (Health); Cusack, Karla (Health); Dobson, Lauren (Health); Dominick, Mindy (Health); Fugah, Gifty (Health); Gherardin, Jacqueline (Health); Gladwish, Susan (Health); Gordon-Cooke, Michelle (Health); Grahame, Deborah (Health); Green, Angela (Health); Green, Cate (Health); Griffiths, Louise (Health); Gschwend, Rhiannon (Health); Hadid, Arwa (Health); Heffernan, Jenna (Health); Hindmarsh, Celia (Health); Howse, Lynelle (Health); Hughes, Susan (Health); Jackson, Lauren (Health); Johnson, HelenS (Health); Jordan, Jade (Health); Joseph, Jossymol (Health); Kapotas, Stacey (Health); Kauter, Stephanie (Health); Keeley, Wendy (Health); Keil, Caitlin (Health); Kenyon, Maggie (Health); Kors, Emily-Jane (Health); Lance, Samantha (Health); Mahar, Tamara (Health); Martin, Kelsey-Lee (Health); McKenzie, Deb (Health); Meddemmen, Leanne (Health); Montgomery, Samantha (Health); Murape, Pedzi (Health); Najjar, Reem (Health); Napier, Belinda (Health); Nash, Bronwyn (Health); Nash, Sarah (Health); Noffke, Nayla (Health); O'Connor, Tanya (Health); Oldigs, Margaret (Health); Parker, Ann-Maree (Health); Patrick, Jennifer (Health); Peden, Carol (Health); Pokharel, Anisha (Health); Prestidge, Charlotte (Health); Prinos, Julia (Health); Proulx, Melanie (Health); Proust, Virginia (Health); Quiggin, Nicole (Health); Ross, Alexandra (Health); Ryan, Monica (Health); Smith, MeganP (Health); Smith, Meika (Health); Smythe, Julia (Health); Snedden, Fiona (Health); Solari, Kaye (Health); Stockley, Emma (Health); Summerfield, Tony (Health); Szczerbiak, Mary (Health); Telfer, Sian (Health); Triggs, Julie (Health); Van Limbeek, Sophie (Health); Wing, Diana (Health); Yates, Amy (Health)

Subject: FW: Response from Liz Chatham to concerns raised by staff in Letter [SEC=UNCLASSIFIED, DLM=For-Official-Use-Only]

Hello All,

Please see attached response

Kind Regards,

Michelle Gordon-Cooke

A/g Clinical Midwifery Consultant Birthing
Centenary Hospital for Women and Children
Ph: 6174 7660/6142 6151
email: michelle.gordon-cooke@act.gov.au
<image002.png>

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PLEASE CONSIDER THE ENVIRONMENT BEFORE PRINTING THIS EMAIL

From: Alder, Wendy (Health)

Sent: Friday, 20 April 2018 7:30 AM

To: Allan, Jennifer (Health) <Jennifer.Allan@act.gov.au>; Eling, Jennifer (Health) <Jennifer.Eling@act.gov.au>; Fowler, Christine (Health) <Chris.Fowler@act.gov.au>; Gordon-Cooke, Michelle (Health) <Michelle.Gordon-Cooke@act.gov.au>; Nissen, Julianne (Health) <Julianne.Nissen@act.gov.au>; Perkins, Helen (Health) <Helen.Perkins@act.gov.au>; Wilson, Christina (Health) <Christina.Wilson@act.gov.au>

Cc: Maher, Penny (Health) <Penny.Maher@act.gov.au>

Subject: FW: Response from Liz Chatham to concerns raised by staff in Letter [SEC=UNCLASSIFIED, DLM=For-Official-Use-Only]

Dear All,

Please find attached a letter from the ED, Liz Chatham in response to the letter recently received from maternity staff. Please distribute widely to all staff. Thank you.

Kind Regards,

Wendy Alder

A/g ADON/M Maternity
Centenary Hospital for Women and Children
Ph: 6174 7392/6142 6142 (Canberra Hospital)
email: wendy.alder@act.gov.au
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PLEASE CONSIDER THE ENVIRONMENT BEFORE PRINTING THIS EMAIL

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>; Prof Robson <stephen.robson@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

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 Care ▲ Excellence ▲ Collaboration ▲ Integrity

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