



**ACT**  
Government

**Canberra Health  
Services**

Our reference: CHSFOI21-22.05



Dear 

### DECISION ON YOUR ACCESS APPLICATION

I refer to your application under Section 30 of the *Freedom of Information Act 2016* (FOI Act), received originally by Justice and Community Safety Directorate (JACS) and transferred under Section 57 of the FOI Act to the Canberra Health Services (CHS) on **Tuesday 17 August 2021**.

This application requested access to:

*"All draft and final documentation (documents, pdfs, emails, file notes, minutes, reports, internal reports, legislative drafting, written requests, phone log or any written material) relating to:*

- how many women have applied for, and been denied or granted access, to the Alexander Maconochie Centre's 'Care in Custody Program' - of these women how many have identified as Aboriginal and/or Torres Strait Islander?;*
- any reviews or assessments of the success of the Alexander Maconochie Centre's 'Care in Custody Program';*
- how many women have access to, and the type, of pregnancy pre-natal and post-natal care within the Alexander Maconochie Centre;*
- policies, procedures, facilities and accommodation amenities around pregnancy, women's and children welfare around childbirth within the Alexander Maconochie Centre;*
- policies, procedure, factsheets, and any advice given by ACT Corrections to women within the Alexander Maconochie Centre about pregnancy, perinatal and post-natal care, and what to expect if a woman is expecting a child within the facility;*
- copies of any memorandum of understanding (MoU) notifications or notices of pregnancy or birth by woman in custody within the ACT; and*
- any information or documentation related to, or specifically on, support for pregnant woman, their families, and other children, while they are incarcerated at the Alexander Maconochie Centre."*

I am an Information Officer appointed by the Chief Executive Officer of Canberra Health Services (CHS) under Section 18 of the FOI Act to deal with access applications made under Part 5 of the Act. CHS was required to provide a decision on your access application by **Tuesday 14 September 2021**.

Searches were completed for the relevant documents and I have identified three documents holding information within scope of your access application. These are outlined in the schedule of documents included at [Attachment A](#) to this decision letter.

### **Decision on access**

I have decided to:

- grant full access to one document;
- grant partial access to one document; and
- defer access to the other in accordance with Section 49 of the Act.

My access decisions are detailed further in the following statement of reasons and the documents released to you are provided as Attachment B to this letter.

In reaching my access decision, I have taken the following into account:

- The FOI Act;
- The contents of the documents that fall within the scope of your request; and
- The *Human Rights Act 2004*.

### **Full Access**

I have decided to grant full access to one document at reference 1.

### **Partial Access**

I have decided to grant partial access to one document at reference 2. The identified document contains information that I consider, on balance, to be contrary to the public interest to disclose under the test set out in Section 17 of the Act as the information contained in these folios is partially comprised of information that if revealed could reasonably be expected to prejudice security, law enforcement and/or public safety, and disclose the identity of a mandated reporter in accordance with Schedule 1.9(b) of the FOI Act.

### **Public Interest Factors Favouring Disclosure**

The following factors were considered relevant in favour of the disclosure of the documents:

- Schedule 2, 2.1(a)(xi) reveal measures relating to public health and safety.

### **Public Interest Factors Favouring Non-Disclosure**

The following factors were considered relevant in favour of the non-disclosure of the documents:

- Schedule 2.2 (a)(iii) prejudice security, law enforcement or public safety.

I have given significant consideration to the factor favouring disclosure and I believe the factor favouring non-disclosure outweighed this as the information requested could reasonably be expected to be detrimental to the security of the agency. Therefore, and I have determined the information identified is contrary to the public interest and would not advantage the public in disclosing this information.

The document that I have deferred access to is the PEP Model of Care this document is not strictly related to detainees at Alexander Maconochie Centre (AMC) but they are covered by the document. This document is in draft and is written with the intention of being published once finalised.

There is a significant amount of information accessible to the public including Women, Youth and Children Community Health Programs (WYC CHP) Maternal and Child Health (MACH) Model of Care, Consumer handouts and Maternity and Child Health Guidelines. This information is applicable to Maternity Services for all patients including those at AMC. These have not been assessed as part of the application as this information is already available to you as the applicant in accordance with Section 43(1)(d) of the FOI Act.

### **Charges**

Processing charges are not applicable to this request.

### **Disclosure Log**

Under Section 28 of the FOI Act, CHS maintains an online record of access applications called a disclosure log. The scope of your access application, my decision and documents released to you will be published in the disclosure log not less than three days but not more than 10 days after the date of this decision. Your personal contact details will not be published.

<https://www.health.act.gov.au/about-our-health-system/freedom-information/disclosure-log>.

### **Ombudsman review**

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

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

The ACT Ombudsman  
GPO Box 442  
CANBERRA ACT 2601  
Via email: [ACTFOI@ombudsman.gov.au](mailto:ACTFOI@ombudsman.gov.au)  
Website: [ombudsman.act.gov.au](http://ombudsman.act.gov.au)

### **ACT Civil and Administrative Tribunal (ACAT) review**

Under Section 84 of the Act, if a decision is made under Section 82(1) on an Ombudsman review, you may apply to the ACAT for review of the Ombudsman decision. Further information may be obtained from the ACAT at:

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

### **Further assistance**

Should you have any queries in relation to your request, please do not hesitate to contact the FOI Coordinator on (02) 5124 9831 or email [HealthFOI@act.gov.au](mailto:HealthFOI@act.gov.au).

Yours sincerely



Boon Lim  
**Executive Director**  
Division of Women, Youth & Children  
Canberra Health Services

14 September 2021




## FREEDOM OF INFORMATION SCHEDULE OF DOCUMENTS

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

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

Information about what is published on open access is available online at: <http://www.health.act.gov.au/public-information/consumers/freedom-information>

APPLICANT NAME	WHAT ARE THE PARAMETERS OF THE REQUEST	FILE NUMBER
	<p><i>"All draft and final documentation (documents, pdfs, emails, file notes, minutes, reports, internal reports, legislative drafting, written requests, phone log or any written material) relating to:</i></p> <ul style="list-style-type: none"> <li><i>• how many women have applied for, and been denied or granted access, to the Alexander Maconochie Centre's 'Care in Custody Program' - of these women how many have identified as Aboriginal and/or Torres Strait Islander?;</i></li> <li><i>• any reviews or assessments of the success of the Alexander Maconochie Centre's 'Care in Custody Program';</i></li> <li><i>• how many women have access to, and the type, of pregnancy pre-natal and post-natal care within the Alexander Maconochie Centre;</i></li> <li><i>• policies, procedures, facilities and accommodation amenities around pregnancy, women's and children welfare around childbirth within the Alexander Maconochie Centre;</i></li> <li><i>• policies, procedure, factsheets, and any advice given by ACT Corrections to women within the Alexander Maconochie Centre about pregnancy, perinatal and post-natal care, and what to expect if a woman is expecting a child within the facility;</i></li> <li><i>• copies of any memorandum of understanding (MoU) notifications or notices of pregnancy or birth by woman in custody within the ACT; and</i></li> <li><i>• any information or documentation related to, or specifically on, support for pregnant woman, their families, and other children, while they are incarcerated at the Alexander Maconochie Centre."</i></li> </ul>	<p><b>CHSFOI21-22.05</b></p>

Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
1.	1 – 9	Model of Care and Health Planning Unit Brief – Custodial Birthing Suite	September 2018	Full Release	Not applicable.	YES
2.	10 – 11	Birth Directive of care template	Undated	Partial Release	Schedule 1.9 (b) & Schedule 2.2(a)(iii)	YES
3.	12 – TBC	PEP/IMPACT Model of Care		Deferred Release	Section 49	NO
<b>Total Number of Documents</b>						
<b>3</b>						



# MODEL OF CARE AND HEALTH PLANNING UNIT BRIEF

## *CUSTODIAL BIRTHING SUITE*

ACT HEALTH

*DATE SEPTEMBER 2018*

**Approvals**

Name	Position	Signature	Date
Elizabeth Chatham	Executive Director, Division of Women, Youth and Children, ACT Health		
	Deputy Director General, Canberra Hospital and Health Services		
	For Information - Executive Sponsor, Chief of Clinical Operations, ACT Health		

**Outstanding Issues**

Subject	Issue

**Document Version History**

Version	Issue Date	Issued By	Issued To	Reason for Issue
Draft v0.1	26.3.18	Capital Insight	ACT Health	Draft for review
Draft v0.2	27.3.18	TWHS Redesign	Capital Insight	Provision of initial feedback.
Draft v0.3	29.3.18	Capital Insight	ACT Health	Updated to address client feedback.
Draft v 0.4	13.4.18	Health Planning	Capital insight/HMA	Updated by ACT Health
Draft v.05	14.9.18	Health Planning	ED CHWC	Draft to Ag ED for endorsement and progression to principle design consultant
Final	19.9.18	Health Planning	IFCW	Endorsed by Karen Faichney Ag ED CHWC. For progression to principle design consultant

**Contents**

- 1. Introduction ..... 4**
- 2. Description of the Service ..... 4**
- 3. Model of Care Summary..... 4**
- 4. Workforce ..... 5**
- 5. Policies impacting on the built environment ..... 5**
- 6. Operational description and associated design requirements ..... 6**
  - 6.1 Access ..... 6*
  - 6.2 Clinical support ..... 6*
  - 6.3 Non-clinical support..... 6*
  - 6.4 Information, Communication Technology ICT ..... 6*
  - 6.5 Security requirements..... 6*
  - 6.6 Infection control ..... 7*
- 7. Specific design requirements ..... 7**
  - 7.1 Design requirements ..... 7*
  - 7.2 Specific Design Requirements..... 7*
- 8. Functional relationships ..... 7**
  - 8.1 Internal Relationships..... 7*
  - 8.2 External Relationships ..... 7*
- 9. Future Service Developments and Innovation..... 7**
- 10. Schedule of Accommodation..... 8**
- 11. Abbreviations..... 8**
- 12. Reference Material ..... 8**
- 13. Consultation..... 8**



## 1. Introduction

In September 2016, ACT Government announced the Expansion of the Centenary Hospital for Women and Children (CHWC) Project at Canberra Hospital. This infrastructure project is part of the ACT Government's 10-Year Health Plan and is in response to the increasing demand on ACT hospitals and health services across the territory.

The ACT Government 2017 Budget provided funding for the first stages of the Expansion of the CHWC Project which includes planning and the commencement of design.

The following brief identifies the requirements for refurbishment of existing rooms within Birthing to accommodate custodial clients.

It was recognised in the CHWC Strategic Business Case that small numbers of women are detained in custody at the time they give birth. ACT Health and ACT Corrective Services seek to provide a service and environment that maintains the dignity of detainees giving birth at the Canberra Hospital, whilst ensuring that security concerns are not compromised.

The CHCW Expansion Project will include a minor refurbishment of an existing birthing room within Birthing to address the specific custodial birthing requirements.

## 2. Description of the Service

The Custodial Birthing Suite will provide a birthing service for low, moderate and high risk women, who are currently detained in the Alexander Maconochie Centre (AMC).

The suite consists of:

- one birthing room within current Birthing (existing Room 14), that is fit out to suitably manage the security requirements for this cohort of patients, but is otherwise able to be utilised as standard birthing room (in particular a bereavement room)
- adjacent lounge.

All associated support services will be shared with Birthing.

The projected demand, based on existing statistics, is expected to be in the order of 1-2 births per year.

## 3. Model of Care Summary

The Custodial Birthing Suite will continue to be located in Birthing of CHWC. This provides greater efficiency, increased patient safety, increased service levels and easier access by attending medical officers and midwives.

The over-arching principle is to provide dignity and privacy to all birthing women, notwithstanding the specific security considerations for women in detention. The current model of care is not expected to change as it is working well and consists of:

- birthing is notified by staff of Hume Health Centre (HHC) located in the AMC that a detainee is pregnant
- Executive Director and Director of Nursing and Midwifery Women’s ,Youth and Children (WY&C) and Director-General of ACT Health is notified that a pregnant woman is in AMC
- antenatal care is provided within the AMC at the HHC by a dedicated midwife from CHWC. Attendance at the hospital occurs if required for medical reasons and for one visit to familiarise the woman with Birthing, the birthing process and staff –as would happen for any pregnant woman planning to deliver at Canberra Hospital
- a care plan is provided to the AMC to manage day to day care and processes are put in place to manage any issues as they arise
- the room is prepared before arrival of the woman to the standards specified by corrections, i.e. sharps bins removed, sharp instruments removed, etc.)
- once in established labour or when there are concerns with the pregnancy or woman’s health, the woman is transferred from AMC directly to Birthing and accommodated in Room 14, accompanied by a correctional officer/s
- in most cases, the correctional officer/s will remain outside the delivery room in the adjacent lounge or if required in the corridor during the birth. If risk assessment deems it necessary for staff safety that they remain in the room, then they will remain behind a privacy screen
- the patient remains in the room for the duration of their stay (including if required to remain in hospital overnight)
- once deemed fit to be discharged, the detainee (with or without her baby) will be escorted back to the AMC
- when staff from Child and Youth Protection Services (CYPS) are involved with the detainee or their newborn baby, staff from CYPS will meet with the woman in Room 14.

## 4. Workforce

Security staff will be provided by ACT Corrective Services. ACT Health staff will be provided within existing staff establishments, which includes a dedicated midwife.

## 5. Policies impacting on the built environment

Refurbishment and infrastructure works will align with the relevant design and space standards outlined in the *Australasian Health Facility Guidelines (AusHFG) Part B – Health Facility Briefing and Planning*:

- 510 Maternity Unit [https://aushfg-prod-com-au.s3.amazonaws.com/HPU\\_B.0510\\_7\\_3.pdf](https://aushfg-prod-com-au.s3.amazonaws.com/HPU_B.0510_7_3.pdf)
- standards relating to the management of custodial patients.

## 6. Operational description and associated design requirements

The current operational processes and policies are considered suitable for the management of female detainees within Birthing.

### 6.1 Access

#### 6.1.1. Hours of operation

The proposed room will be available 24 hours-a-day, seven days per week and will largely be utilised as a standard birthing room or a bereavement room.

#### 6.1.2. Access points for staff, patients and visitors

Visitors will have access to their relatives/friends as per ACT Corrective Services policy. This will be determined by ACT Corrective Services during planning meetings prior to birth or if required on arrival at Birthing. ACT Corrective Services will notify CHWC of any changes or limitations in level of access.

### 6.2 Clinical support

Clinical support services (Medical Imaging, Pathology and Pharmacy) will be provided as required. Where possible the patient will access these services within the confines of Room 14, however if deemed necessary (i.e. Medical Imaging), the patient will be transferred with ACT Corrective Services escort to the appropriate facilities.

### 6.3 Non-clinical support

Non-clinical support services (linen, cleaning, supplies, waste) are provided as part of the main birthing unit services and as business as usual practices. Amenities exist for patients, staff and visitors.

An adjoining lounge with amenities (beverage area, comfortable seating etc.) is available for use by ACT Corrective Services staff. This room has direct access to the birthing room.

### 6.4 Information, Communication Technology (ICT)

ICT services and technology changes rapidly and the design process must acknowledge continuous development of policy and the impact it may have on implementation. ICT capability will be as per the capability available within Birthing.

Mother and baby (CTG) monitoring at bedside has been configured to allow for monitoring at a central location with real time reporting.

### 6.5 Security requirements

Security arrangements will be in line with ACT Health Policies and Procedure, and ACT Corrective Services Policies and Procedures.

Birthing is a secure unit that requires proximity card access for ACT Health staff.

The room that is designated for use by women from AMC:

- is located at the end of a private corridor in Birthing that allows nominal separation from other women and their families
- has two egress/exit points
- has the following existing call buttons distributed around the birthing room:
  - three staff assists
  - one emergency
  - four nurse calls.
- entry and exit to the birthing room will be by ACT Health staff proximity card access that is able to be activated/deactivated as required
- has access to a dedicated lounge adjacent to the birthing room for ACT Corrective Services staff.

## 6.6 Infection control

The Unit will adhere to the relevant design and space standards outlined in the *Australasian Health Facility Guidelines (AusHFG): Part D: Infection Prevention and Control*

<https://healthfacilityguidelines.com.au/part/part-d-infection-prevention-and-control-0>.

Furniture Fittings and Fixtures (FFE) should allow for ease of cleaning and discourage accumulation of dust.

# 7. Specific design requirements

## 7.1 Design requirements

The refurbishments for the Custodial Birthing Suite will utilise clinical and non-clinical support functions already located in close proximity to the proposed areas where this is practical.

## 7.2 Specific Design Requirements

To enable safe environment for the care of detainees the following refurbishments are required:

- the installation of proximity card access to all egress and exit points within Room 14 and adjacent lounge.

# 8. Functional relationships

## 8.1 Internal Relationships

Key internal functional relationships will remain as per the existing layout of Birthing.

## 8.2 External Relationships

Key external functional relationships will remain as per the existing layout of Birthing.

# 9. Future Service Developments and Innovation

N/A



## 10. Schedule of Accommodation

Not required.

## 11. Abbreviations

Abbreviation	
AMC	Alexander Maconochie Centre
AusHFG	Australasian Health Facility Guidelines
CHWC	Centenary Hospital for Women and Children
CTG	Cardiotocography
CYPS	Child and Youth Protection Services
FFE	Furniture, Fittings and Equipment
HHC	Hume Health Centre
ICT	Information Communication Technology
IPU	Inpatient Unit

## 12. Reference Material

510 Maternity Unit [https://aushfg-prod-com-au.s3.amazonaws.com/HPU\\_B.0510\\_7\\_3.pdf](https://aushfg-prod-com-au.s3.amazonaws.com/HPU_B.0510_7_3.pdf)

## 13. Consultation

The following personnel were consulted in the preparation of this HPU.

Position	Name
Acting ADON Maternity	Wendy Alder
Clinical Director Maternity	Boon Lim
Senior Health Facility Planner	Sally-Anne Kinghorne
Clinical Liaison CHWC	Yvonne Noakes



ACT HEALTH



Birth Directive for XXXX XXXXX

UR XXXXXXXX

DOB: XX/XX/XXX

**If the following occurs:**

- Membranes rupture. This may either be a gush of fluid or a small trickle;
- Contractions begin;
- Reduced or absent foetal movements;
- Lower abdominal pain;
- Unusual headaches, swelling in hands, feet and face, visual changes or/and hypertension;
- Vaginal bleeding
- XXXX becomes unwell or there are any other concerns regarding her health or the health of her baby.

XXXX should contact a Corrections Officer with any concerns she has. The Corrections Officer will then contact either, JHS Custodial Health during business hours, or birth suite (6174 7444) after hours. When contacting Birth Suite, ask to speak with the Clinical Midwife Consultant (CMC) or team leader.

Transfer to Canberra Hospital and Health Services (CHHS)

- Need for transfer to Canberra Hospital to be determined by Birth Suite CMC or team leader in consultation with AMC staff.
- Mode of transport to be determined and organised by AMC staff (either JHS Custodial Health or ACT Correction Services (ACTCS)) in consultation with CMC or Birth Suite team leader.
- ACTCS to phone The Canberra Hospital's 24 hour security phone on [REDACTED] to inform them of their pending arrival.
- If out of hours ACTCS are to phone the Justice Health on-call Medical Officer and After-hours Hospital Manager (via Switch x9 or 5124 2222).
- **YYYY YYYYYY has been approved as a birth partner for XXXX. In the event of labour ACTCS are to call YYYY on 0000 000 000 to inform of transfer to hospital**

Updated by \_\_\_\_\_  
Approved by \_\_\_\_\_



In the event XXXX delivers at AMC

- Call ACT Ambulance Service (ACTAS) to advise of labour progression
- Follow all advice received by ACTAS for delivery
- DO NOT cut umbilical cord
- Keep baby and XXXX together, encourage skin to skin contact and keep both warm until ACTAS arrival.

On arrival at CHS

██████ to notify:

- Security
- Shift Co-ordinator
- Care and Protection

Birth

- Details regarding location of officers within the room or outside and which support people are in the room with XXXX will be discussed. The escorting officer has primary responsibility with regard to supervision and security. However, the officer should have regard to decency, self respect and privacy during the course of labour, birth and any consultation, examination and treatment.

Postnatal Care

- Prior to XXXX being transferred to the postnatal ward, the telephone and sharps container should be removed from her room and chairs should be provided for the corrections officers.
- A Care and Protection professionals meeting will occur prior to discharge.
- Timelines for discharge and destination for XXXX and her baby are yet to be determined.
- Postnatal care for XXXX and her baby after discharge will be provided by \_\_\_\_\_

Updated by \_\_\_\_\_  
Approved by \_\_\_\_\_