



CHHS16/026

Some points to note:

- The Aboriginal and Torres Strait Islander concept of health encompasses physical, social, emotional and cultural wellbeing of the individual and of the whole community. Aspects of Aboriginal and Torres Strait Islander cultures must therefore be considered in the patient's clinical care to ensure their *holistic and individual* health needs are met.
- Be aware of the importance of extended family and kinship structures and who needs to be consulted regarding critical decisions. Consultation with extended family members may be required.
- Segregated practices such as Men's and Women's Business are still very real and an integral part of Aboriginal and Torres Strait Islander cultural practice today. Whilst it is not always practical, ask a female if they would prefer to be treated by a female clinician. If this is not possible, ask them if they would prefer someone such as a partner or relative, to be present. The same gender appropriateness applies for men's business.
- In Aboriginal and Torres Strait Islander societies, lengthy periods of silence are the 'norm' and are expected during conversation, particularly during information sharing and information seeking. Aboriginal and Torres Strait Islander people use silence to listen, allow for consensus or to indicate non-commitment. The positive use of silence should never be interpreted as lack of understanding or agreement. There are times when silence needs to be observed and taking your time before verbally responding is a mark of respect.
- Be aware that there may be instances where non-indigenous people could be asked to leave a meeting or room if Aboriginal and Torres Strait Islander people need to *discuss cultural matters* privately in order to make an informed decision.

The Aboriginal and Torres Strait Islander Liaison Service can be contacted on 6244 2316 for advice and support as required.

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Section 9 – Culturally and linguistically diverse peoples and those with special needs

Staff should be aware of a person's cultural and linguistic background and whether they have special needs, so that information can be provided in a form and manner that is understood. Ways to achieve this may include:

- use of an interpreter if English is not the person's first language or an Auslan interpreter for people who are D/deaf. Refer to the *Language Services Policy and Language Services Interpreters Procedure* for more information regarding the use of interpreters.
- providing information in the person's preferred format e.g. large print
- using non-verbal tools, e.g. use of communication boards, to facilitate the consumer's understanding.

Staff should consider the following cultural considerations:

- the person may not be the sole decision maker in relation to their future health management
- attitudes to death and dying
- attitudes around gender
- attitudes around religion and religious needs
- complex family and support structures.

For more information and access to resources, staff can contact the Multicultural Health Policy Unit on 6205 1011 or at multiculturalhealth@act.gov.au (business hours).

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People who rely on non-verbal means of communication must be given every opportunity to express their consent decision.

The standard consent documentation may be used to acknowledge written consent by writing 'Consumer unable to sign' in the space for the signature, and signed by the health professional and a witness.

When a person cannot communicate with staff using verbal or non-verbal means, for health professionals to be sure consent can be gained, the substitute decision making process should be followed (please see section 3 and 4 of this policy). The reasons why the consumer cannot provide consent must be documented in the clinical record.

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Section 10 – Consumer Handouts

Where available, health professionals may provide appropriate written or audiovisual information resource materials to supplement their discussion of the benefits and risks of a proposed treatment or procedure. Any information resources developed for use must be appropriately endorsed by ACT Health's Consumer Handouts Committee to ensure accuracy and relevance to the needs of people seeking care and treatment. Appropriate processes should be maintained to ensure resources are continually reviewed and updated to ensure currency.

People need to be provided with the opportunity to ask questions after they have looked at any information resource materials provided.

When using previously prepared information resources, health professionals must be aware that:

- pre-printed information sheets usually refer to the risks facing an "average" person having the treatment, and
- some people (those who are older, chronically ill, have co-morbidities, etc.) will face much higher risks than those shown in the information sheets.

This latter point must be stressed when pre-printed material is used during discussions between health professionals and their patients.

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Evaluation

Outcome Measures

- No incidents recorded in Riskman related to a lack of obtaining informed consent.

Method

- Audits of patient health care records to measure compliance with the informed consent process specified in this policy. The focus of the audit is to verify the use of an appropriate consent form and the recording of discussions and/or dialogue between a health professional and patient in the patient's health care record.

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CANBERRA HOSPITAL
AND HEALTH SERVICES

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- Data in relation to performance and compliance of same be reported at Canberra Hospital and Health Services Clinical Governance Executive, Related Legislation, Policies and Standards.

Legislation, Policies and Procedures

National Safety and Quality Health Services Standards

Legislation

Age of Majority Act 1974
Children and Young People Act 2008
Civil Law (Wrongs) Act 2002
Guardianship and Management of Property Act 1991
Health Practitioner Regulation National Law (ACT) Act 2010
Health Records (Privacy and Access) Act 1997
Human Rights Act 2014
Medical Treatment (Health Directions) Act 2006
Mental Health Act 2015
Powers of Attorney Act 2006
Powers of Attorney Amendment Act 2016
Public Advocate Act 2005
Transplantation and Anatomy Act 1978 (2.2, 2.3, 2.5)
Rogers v Whittaker (1992) 175 CLR 479. High Court of Australia

Policies and procedures

Clinical Record Management Policy
 Clinical Record Documentation procedure
 Consumer and Carer Participation policy
 Elective Surgery Access Policy and guidelines
 Electroconvulsive therapy procedure
 Language Services Policy
 Language Services Interpreters Procedure
 Patient Identification and procedure matching policy and procedure
 Release or Sharing of Clinical Records or Personal Health Information procedure
 Clinical Placement Procedure

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Definition of Terms

Advance Agreement: for people with a mental disorder or illness contains 'everyday' matters such as who will look after a person's house/cat. An advance agreement can also contain treatment options/preferences that can be changed by the treating doctor.

Advance Care Plan/Planning: Refers to a process enabling a person (aged 18 years and over) to express and document their wishes about their future care. This phrase includes a number of legal and non legal documents. One or more of the following may be included in an Advance Care Plan or Advance Care Planning: Enduring Power of Attorney, Statement of Choices, Health Direction.

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Advance Consent Direction: for people with a mental disorder or illness, this contains the main decisions about approved treatment.

Capacity: Legally, capacity is present if the person is able to understand the nature, effect and consequences of the decision to be made, rationally weigh up the options and understand the implications of his or her decision. The clinician needs to take into consideration individual circumstances, illness and treatment. For example, a mental disorder/illness or drugs may affect a person's capacity to consent in the short or long term.

A person has capacity to make a decision if they can, with assistance if needed:

- understand when a *decision about treatment, care or support* needs to be made
- understand the facts related to that decision
- understand the main choices available in relation to the decision
- weigh up the consequences of the main choices
- understand how the consequences of the main choices affect them
- on the basis of the above elements, make the decision, and
- communicate the decision they make in whatever way they can

Note that:

- capacity refers to a particular decision at a particular time and should not be generalised.
- if clinically safe, a decision can be delayed until a person regains capacity.

The type of assessment required to determine someone's capacity will vary depending on the type of decision being made and is left to the treating clinician to determine. Health professional's caring for people with a mental disorder or illness are provided with training and tools to assist with determining a person's capacity to make a decision.

Care Coordinator, mental health: Is appointed by the Minister and has the following functions under section 205 of the Mental Health Act 2015 to:

- coordinate the provision of treatment, care or support to people with a mental disorder in accordance with community care orders made by the ACAT
- coordinate the provision of appropriately trained people for the treatment, care or support of people with a mental disorder who are subject to community care orders
- coordinate the provision of appropriate residential or detention facilities for those people with a mental disorder who are under a community care order, a restriction order or a forensic community care order
- coordinate provision of medication and anything else required to be done for people with a mental disorder in accordance with community care orders and restriction orders made by the ACAT
- report and recommends to the Minister about matters affecting the provision of treatment, care or support, control, accommodation, maintenance and protection for people with a mental disorder, and
- undertake any other function given to the care coordinator under the *Mental Health Act 2015*.

Chief Psychiatrist: Is appointed by the Minister and has the following functions under section 197 of the *Mental Health Act 2015*:

- Provision of treatment, care or support, rehabilitation and protection for persons who have a mental illness.

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- Reports and makes recommendations to the Minister with respect to matters affecting the provision of treatment, care or support, control, accommodation, maintenance and protection for persons who have a mental illness.
- Undertake any other function given to the Chief Psychiatrist under the *Mental Health Act 2015*.

Clinical Activity: Clinical activities assess, improve or maintain the health of a person in a clinical situation and may include invasive and non-invasive procedures (including those performed in settings other than the operating room). Some examples are:

- Invasive:
 - taking a specimen of blood
 - giving medication via an intravenous, intramuscular or subcutaneous route
 - inserting intravenous access, or
 - performing a surgical procedure, including a procedure performed in medical imaging.
- Non-invasive
 - interventions such as evaluating, advising, planning (E.g. dietary education, physiotherapy assessment, crisis intervention, bereavement counselling, a procedure in medical imaging) and giving medication.

Decision making capacity: A person has decision-making capacity if the person can make decisions in relation to the person's affairs and understands the nature and effect of the decisions. A person has impaired decision-making capacity if the person cannot make decisions in relation to the person's affairs or does not understand the nature or effect of the decisions the person makes in relation to the person's affairs. Refusal to accept treatment does not imply a lack of capacity. A person has the right to be assumed to have decision-making capacity, unless it is established that the person does not have decision-making capacity even when support is provided.

Enduring Power of Attorney: In the ACT, the *Powers of Attorney Act 2006* allows a person to appoint an Enduring Power of Attorney/s for healthcare matters to make decisions on their behalf in the event that they do not have the capacity to make decisions for themselves.

Experimental healthcare: means research that has not yet gained the support of a substantial number of practitioners in that field of health care and is delivered as part of a test or trial.

Health Professional: There are two Acts which define 'health professionals': the *Medical Treatment (Health Directions) Act 2006* and the *Health Practitioner Regulation National Law (ACT) Act 2010*. For the purpose of this document a 'health professional' includes all doctors, dentists, nurses and allied health professionals engaged by the Health Directorate to care for consumers.

Health Direction: In the ACT people may also give legally binding directions about medical treatment that they do not want now, and for the future, by completing a Health Direction under the *Medical Treatment Act 2006*.

Health care matter: Refers to a matter other than a special health care matter, relating to the persons health care. Examples of health care matters a power of attorney may deal with include:

- Consenting to lawful medical treatment necessary for the principal's wellbeing
- Donations (other than donations of non-regenerative tissue) under the *Transplantation and Anatomy Act 1978* by the principal to someone else
- Withholding or withdrawal of medical treatment for the principal.

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Medical emergency: is defined as a situation where urgent treatment is necessary to avert a serious and imminent threat to the person's life, physical or mental health.

Medical research: is defined as research in relation to the diagnosis, maintenance or treatment of a medical condition that the person has, has had, or has a significant risk of being exposed to, including:

- Experimental health care,
- The administration of medication or the use of equipment or a device as part of a clinical trial,
- Research prescribed by regulation as medical research.

Medical research matter: refers to a matter relating to participation in medical research or low-risk research. Medical research is defined as research approved by a human research ethics committee established in compliance with the NHMRC National Statement on Ethical Conduct in Human Research. Low risk research means research carried out for medical or health purposes that poses no foreseeable risk of harm to the person, other than that usually associated with the person's condition. It does not include any activity that is part of a clinical trial.

Nominated person: A person with a mental disorder or mental illness, who has decision-making capacity, may, in writing nominate someone else to be their nominated person. The nominated person cannot consent on the person's behalf (unless they have that power in another role such as Power of Attorney).

Statement of Choices: People may choose to record their wishes regarding future medical treatments on a Statement of Choices form. The Statement of Choices is designed to inform their attorney and the doctors of their medical treatment wishes. It is not legally binding, unlike an Enduring Power of Attorney or a Health Direction under the *Medical Treatment Act 2006*. If they become unable to make decisions this information will assist the attorney/s and doctors in making decisions that are in accord with their expressed views and best interests.

Substitute Decision Maker: Where it has been identified that an adult consumer does not have the decision-making capacity to provide consent to treatment or procedures themselves the following substitute decision makers can provide consent:

- Health Attorney
- The Attorney, under an Enduring Power of Attorney
- Guardian, if approved
- Public Advocate of the ACT if appointed guardian, and the
- Chief Psychiatrist or Community Care Coordinator (where there are issues relating to mental health or mental dysfunction and the consumer is under a Mental Health Order).

Supported Decision Making: A person with mental disorder or mental illness must always be given the opportunity to make decisions about their treatment, care or support to the best of their ability and always be supported to contribute to decisions about his/her treatment, care or support to the best of their ability.

Treatment: Medical or surgical management of a consumer (including any medical or surgical procedure, operation, examination and any prophylactic, palliative or rehabilitative care) normally carried out by, or under the supervision of a Health Professional.

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Treating Team: The treating team includes all service providers (located within or external to the ACT) who provide a service for the ACT Government Health Directorate involved in diagnosis, care or treatment for the purpose of improving or maintaining the consumer's health for a particular episode of care (*Health Records (Privacy and Access) Act 1997*).

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References

Guidelines for Health Care Professionals Including Medical Practitioners and Dentists. (1999) Office of the Public Advocate of the ACT Australian Capital Territory Government

Informed Consent for Health Care Treatment. (1999). Office of the Public Advocate of the ACT. Australian Capital Territory Government

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Guide to Informed Decision-making in Healthcare. (2011) Queensland Health. Queensland Government

Guidelines for Medical Practitioners on Providing Information to Patients. (2004) National Health and Medical Research Council (NHMRC) (www.nhmrc.gov.au)

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Charter on the Rights of Children and Young People in Healthcare Services in Australia, 2011, Children's Hospitals Australasia

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When can I? A Legal Information Handbook for Young People, 2009, Legal Aid Office ACT

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Skene L. *Law & Medical Practice*. Second ed. Melbourne: LexisNexis Butterworths; 2004.

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Attachments

Attachment 1: Elective surgical consent process map.

Attachment 2: Determination of who can provide consent as a Substitute Decision Maker Flowchart.

Attachment 3: Mental Health pathways to consent

Disclaimer: This document has been developed by ACT Health, <Name of Division/ Branch/Unit> specifically for its own use. Use of this document and any reliance on the information contained therein by any third party is at his or her own risk and Health Directorate assumes no responsibility whatsoever.

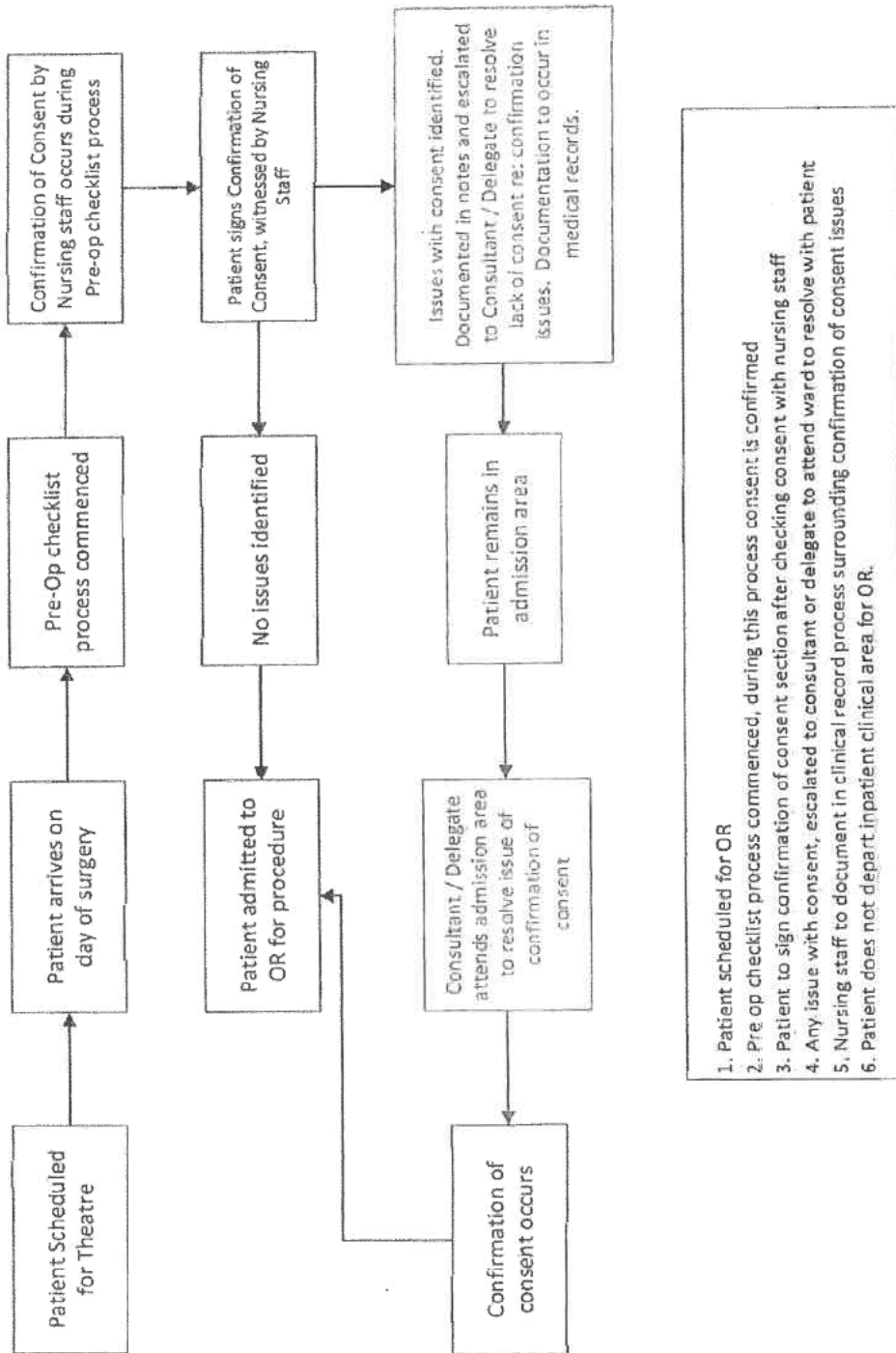
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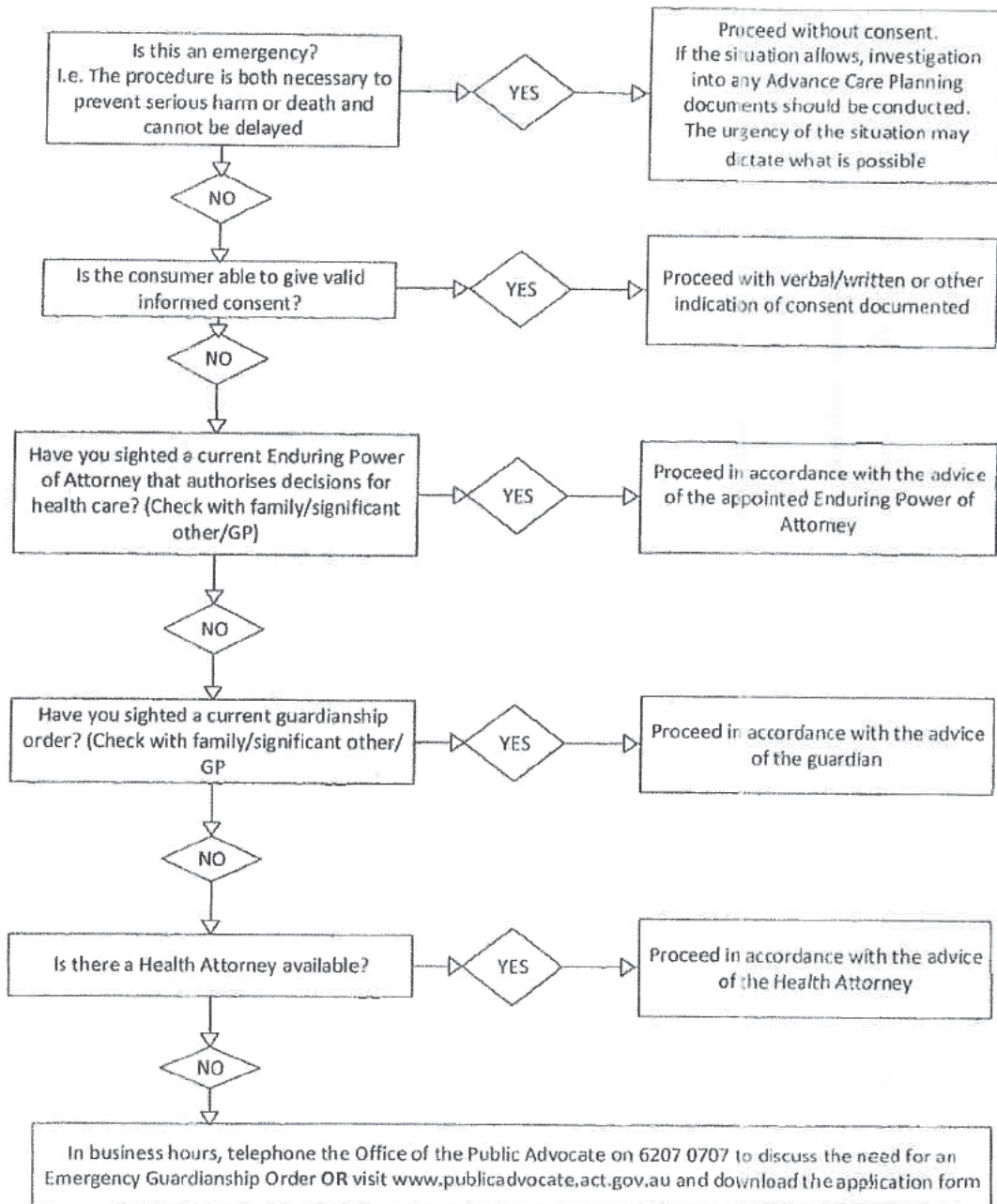
Date Amended	Section Amended	Approved By
31 August 2016	Amended to reflect the Powers of Attorney Amendment Act 2016	Policy Team Manager
24 October 2017	Amended to reflect levels of consent and student involvement	Clinical Governance Executive
12 February 2018	Addition of information pertaining to Blood	CHHS Policy Committee Chair

Attachment 1: Elective Surgical Consent Process Map





Attachment 2: Determination of who can provide consent as a Substitute Decision Maker Flowchart.

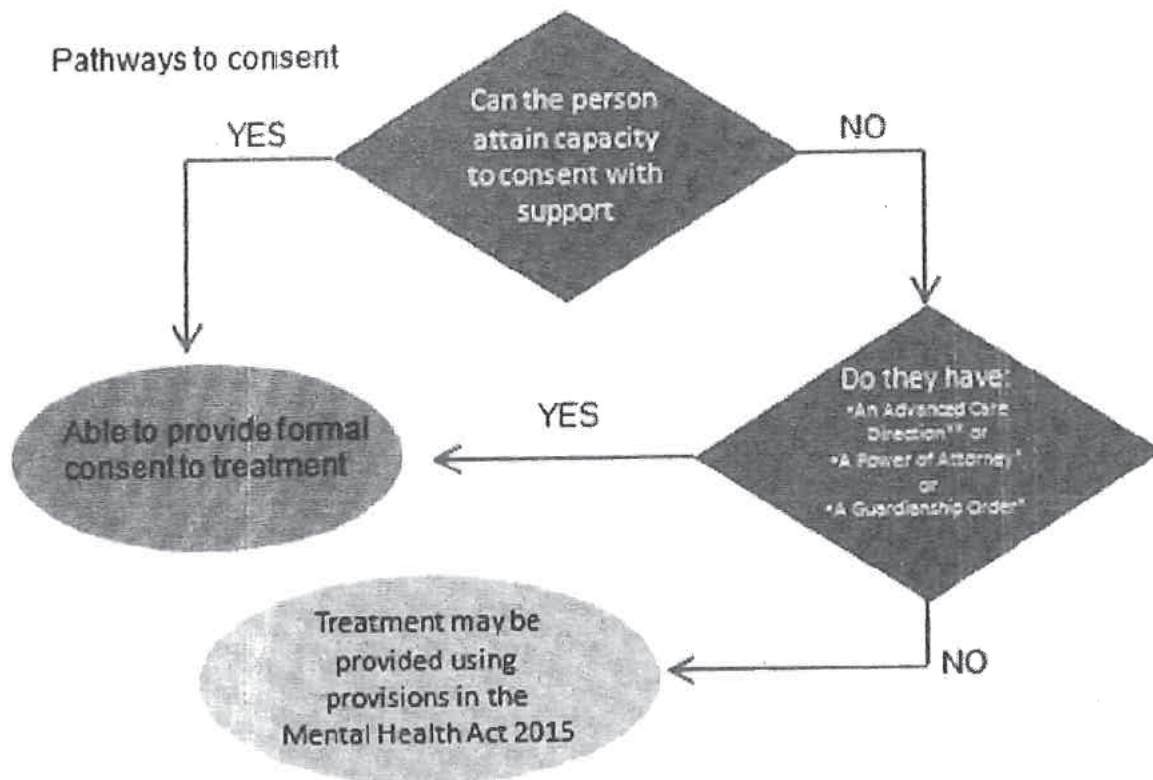


Note: A valid Health Directive overrides any Substitute Decision Maker unless a consumer makes a Health Directive and then appoints an attorney, under an Enduring Power of Attorney, who is authorised to make health care decisions; the Health Directive is revoked (*Medical Treatment (Health Directions) Act 2006, Section 19*).

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Attachment 3: Mental Health pathways to Consent



**An Advance Consent Direction may (but not always) have a section on agreement to ECT as a treatment of choice
 *These do not cover ECT or psychiatric surgery, 9/16/11/15

Whittall, Christine (Health)

From: Harper, Charlotte (Health)
Sent: Wednesday, 8 May 2019 2:27 PM
To: Whittall, Christine (Health)
Subject: Email 3 [SEC=UNCLASSIFIED]
Attachments: CHS maternity statement.docx

From: Harper, Charlotte (Health)
Sent: Tuesday, 12 March 2019 12:22 AM
To: McDonald, Bernadette (Health) <Bernadette.McDonald@act.gov.au>
Subject: Fwd: Maternity statement

Hi Bernadette,

I need to update that stat to 93pc and add the other from Liz's email but here is a first draft for statement for discussion and tweaking into staff message.

C

----- Forwarded message -----

From: Charlotte Harper <charlottaharper@gmail.com>
Date: 11 Mar. 2019 11:43 pm
Subject: Maternity statement
To: "Harper, Charlotte (Health)" <Charlotte.Harper@act.gov.au>
Cc:

STATEMENT ON MATERNITY SERVICES

Canberra Health Services is pleased that a change of schedule has allowed more members of the community to make submissions to the Legislative Assembly's Inquiry into Maternity Services in the ACT.

We welcome feedback on our services and seek to investigate examples where care has fallen short of community expectations and to take action to address these issues.

However, we are concerned that unsubstantiated claims contained in submissions by anonymous individuals are being presented as facts in media coverage of the inquiry before the committee has even begun to hear evidence (public hearings are due to take place mid-year).

Further, sensationalised headlines that do not reflect the status of these allegations as just that, allegations, appear to be part of a deliberate scare campaign designed to lead to concerns within the community about public maternity services in the territory.

Some members of CHS's staff feel they are the subject of a targeted and sustained campaign by certain media outlets to damage their professional reputation. This sense of being under attack has affected morale within the organisation, too.

We want to reassure the community that the dedicated and hard-working staff of the Centenary Hospital for Women and Children provide safe and high quality care in a modern and well-equipped facility.

Feedback CHS receives in relation to care in the Centenary Hospital is overwhelmingly positive. In fact, 100 per cent of patients surveyed in the last quarter of 2018 were satisfied with the care they had received in the Centenary Hospital for Women and Children.

While we acknowledge that there can be staffing issues at times, we are working actively to recruit more midwives and maternity nurses, and to retain those already working at the Centenary Hospital.

We also note that there are excellent alternatives to the Centenary Hospital, and encourage more women to consider birthing in the recently expanded and refurbished maternity ward at Calvary Hospital.

CHS's new CEO, Bernadette McDonald, is working closely with executive, administrative and clinical staff at the Centenary Hospital to address issues of workplace culture as well as improving systems and processes.

'When I joined CHS in October 2018, I invited the staff of the Division of Women, Youth and Children to contact me directly via email or in person to raise concerns they may have about CHS's maternity services,' Ms McDonald said.

'I want to work with our maternity staff to address issues that are impacting on patient care or on the wellbeing of our workers themselves.'

The CHS CEO reiterated her encouragement of staff to email her, ring her office to arrange an appointment, or to take her up on her standing invitation to join her for lunch in the staff cafeteria one day each week.

'We're a team and we need to work together to make sure that CHS's service is the best that it can be,' Ms McDonald said.

'I am incredibly proud of the great work our maternity staff do each day and look forward to working with them to address concerns raised during the inquiry.'

Members of the public who wish to provide feedback on CHS's maternity services can make a submission to the inquiry by emailing LACCommitteeHACS@parliament.act.gov.au.

CHS encourages them to also contact its Consumer Feedback team on (02) 6207 7627 or via email at healthfeedback@act.gov.au.

They may also consider contacting the Health Services Commissioner through [the ACT Human Rights Commission](#).

Whittall, Christine (Health)

From: Harper, Charlotte (Health)
Sent: Wednesday, 8 May 2019 2:28 PM
To: Whittall, Christine (Health)
Subject: Email 4 [SEC=UNCLASSIFIED]
Attachments: CHS maternity statement.docx

From: Harper, Charlotte (Health)
Sent: Tuesday, 12 March 2019 10:04 AM
To: Lang, Samantha (Health) <Samantha.Lang@act.gov.au>
Cc: Canberra Health Services Media <CHSmedia@act.gov.au>; Greenaway, Elaine (Health) <Elaine.Greenaway@act.gov.au>
Subject: Draft maternity statement [SEC=UNCLASSIFIED]

Charlotte Harper | Media Manager
Communications and Government Relations Unit | Canberra Health Services | ACT Government
Phone: (02) 5124 9526 | 0466 382 078 | Email: charlotte.harper@act.gov.au
Level 3, 6 Bowes Street, Phillip ACT 2606 | GPO Box 825, Canberra City ACT 2601 | www.health.act.gov.au

Canberra Health Services media on-call phone: 0466 948 935

STATEMENT ON MATERNITY SERVICES

Canberra Health Services is pleased that a change of schedule has allowed more members of the community to make submissions to the Legislative Assembly's Inquiry into Maternity Services in the ACT.

We welcome feedback on our services and seek to investigate examples where care has fallen short of community expectations and to take action to address these issues.

However, we are concerned that unsubstantiated claims contained in submissions by anonymous individuals are being presented as facts in media coverage of the inquiry before the committee has even begun to hear evidence (public hearings are due to take place mid-year).

Further, sensationalised headlines that do not reflect the status of these allegations as just that, allegations, appear to be part of a deliberate scare campaign designed to lead to concerns within the community about public maternity services in the territory.

Some members of CHS's staff feel they are the subject of a targeted and sustained campaign by certain media outlets to damage their professional reputation. This sense of being under attack has affected morale within the organisation, too.

We want to reassure the community that the dedicated and hard-working staff of the Centenary Hospital for Women and Children provide safe and high quality care in a modern and well-equipped facility.

Feedback CHS receives in relation to care in the Centenary Hospital is overwhelmingly positive.

While we acknowledge that there can be staffing issues at times, we are working actively to recruit more midwives and to retain those already working at the Centenary Hospital.

When CHS CEO Bernadette McDonald joined the organisation in October 2018, she encouraged CHS staff to contact her directly via email or in person to raise concerns they may have about clinical services or workplace culture.

‘I want to work with our maternity staff to address issues that are impacting on patient care or on the wellbeing of our workers themselves,’ Ms McDonald said.

The CHS CEO reiterated her encouragement of staff to email her, ring her office to arrange an appointment, or to take her up on her standing invitation to join her for lunch in the staff cafeteria one day each week.

‘We’re a team and we need to work together to make sure that CHS’s service is the best that it can be,’ Ms McDonald said.

‘I am incredibly proud of the great work our maternity staff do each day and am very disappointed that they are being subjected to publication of unsubstantiated claims on their professional practice.’

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To: Whittall, Christine (Health)
Subject: Email 5 [SEC=UNCLASSIFIED]
Attachments: CHS maternity statement.docx

From: Harper, Charlotte (Health)
Sent: Tuesday, 12 March 2019 10:17 AM
To: Bayliss, Russell <Russell.Bayliss@act.gov.au>
Cc: CEOHealth <CEOHealth@act.gov.au>; Tzavalas, Olivia (Health) <Olivia.Tzavalas@act.gov.au>; Canberra Health Services Media <CHSmedia@act.gov.au>
Subject: Draft media statement re CT story on maternity inquiry submission [SEC=UNCLASSIFIED]

Hi Russell,

Please find the draft media statement attached. We are also working on an internal message for all staff which will follow shortly.

For background, the CT did change the home page headline at our request but the print version of the story and the article level headline contain no 'midwife alleges/claims'.

Article is here:

<https://www.canberratimes.com.au/national/act/vaginal-examinations-done-without-consent-at-canberra-hospital-20190308-p512ti.html>

Some of the comments are in line with our concerns.

Inquiry home page:

<https://www.parliament.act.gov.au/in-committees/standing-committees-current-assembly/standing-committee-on-health,-ageing-and-community-services/inquiry-into-the-Maternity-Services-in-the-ACT>

Relevant submission:

https://www.parliament.act.gov.au/data/assets/pdf_file/0005/1328261/Submission-39-Individual-Submission.pdf

Kind regards,

Charlotte Harper | Media Manager

Communications and Government Relations Unit | Canberra Health Services | ACT Government

Phone: (02) 5124 9526 | 0466 382 078 | Email: charlotte.harper@act.gov.au

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From: Harper, Charlotte (Health)
Sent: Tuesday, 12 March 2019 10:24 AM
To: Douglas, Cynthia (Health) <Cynthia.Douglas@act.gov.au>
Subject: FW: Draft media statement re CT story on maternity inquiry submission [SEC=UNCLASSIFIED]

Hi Cynthia,

Media statement attached and links to relevant documents below.

C

From: Harper, Charlotte (Health)
Sent: Tuesday, 12 March 2019 10:17 AM
To: Bayliss, Russell <Russell.Bayliss@act.gov.au>
Cc: CEOHealth <CEOHealth@act.gov.au>; Tzavalas, Olivia (Health) <Olivia.Tzavalas@act.gov.au>; Canberra Health Services Media <CHSmedia@act.gov.au>
Subject: Draft media statement re CT story on maternity inquiry submission [SEC=UNCLASSIFIED]

Hi Russell,

Please find the draft media statement attached. We are also working on an internal message for all staff which will follow shortly.

For background, the CT did change the home page headline at our request but the print version of the story and the article level headline contain no 'midwife alleges/claims'.

Article is here:

<https://www.canberratimes.com.au/national/act/vaginal-examinations-done-without-consent-at-canberra-hospital-20190308-p512ti.html>

Some of the comments are in line with our concerns.

Inquiry home page:

<https://www.parliament.act.gov.au/in-committees/standing-committees-current-assembly/standing-committee-on-health,-ageing-and-community-services/Inquiry-into-the-Maternity-Services-in-the-ACT>

Relevant submission:

https://www.parliament.act.gov.au/data/assets/pdf_file/0005/1328261/Submission-39-Individual-Submission.pdf

Kind regards,

Charlotte Harper | Media Manager
 Communications and Government Relations Unit | Canberra Health Services | ACT Government

Phone: (02) 5124 9526 | 0466 382 078 | Email: charlotte.harper@act.gov.au
Level 3, 6 Bowes Street, Phillip ACT 2606 | GPO Box 825, Canberra City ACT 2601 | www.health.act.gov.au

Canberra Health Services media on-call phone: 0466 948 935

STATEMENT ON MATERNITY SERVICES

Canberra Health Services is pleased that a change of schedule has allowed more members of the community to make submissions to the Legislative Assembly's Inquiry into Maternity Services in the ACT.

We welcome feedback on our services and seek to investigate examples where care has fallen short of community expectations and to take action to address these issues.

However, we are concerned that unsubstantiated claims contained in submissions by anonymous individuals are being presented as facts in media coverage of the inquiry before the committee has even begun to hear evidence (public hearings are due to take place mid-year).

Further, sensationalised headlines that do not reflect the status of these allegations as just that, allegations, appear to be part of a deliberate scare campaign designed to lead to concerns within the community about public maternity services in the territory.

Some members of CHS's staff feel they are the subject of a targeted and sustained campaign by certain media outlets to damage their professional reputation. This sense of being under attack has affected morale within the organisation, too.

We want to reassure the community that the dedicated and hard-working staff of the Centenary Hospital for Women and Children provide safe and high quality care in a modern and well-equipped facility.

Feedback CHS receives in relation to care in the Centenary Hospital is overwhelmingly positive.

While we acknowledge that there can be staffing issues at times, we are working actively to recruit more midwives and to retain those already working at the Centenary Hospital.

When CHS CEO Bernadette McDonald joined the organisation in October 2018, she encouraged CHS staff to contact her directly via email or in person to raise concerns they may have about clinical services or workplace culture.

‘I want to work with our maternity staff to address issues that are impacting on patient care or on the wellbeing of our workers themselves,’ Ms McDonald said.

The CHS CEO reiterated her encouragement of staff to email her, ring her office to arrange an appointment, or to take her up on her standing invitation to join her for lunch in the staff cafeteria one day each week.

‘We’re a team and we need to work together to make sure that CHS’s service is the best that it can be,’ Ms McDonald said.

‘I am incredibly proud of the great work our maternity staff do each day and am very disappointed that they are being subjected to publication of unsubstantiated claims on their professional practice.’

Members of the public who wish to provide feedback on CHS’s maternity services can make a submission to the inquiry by emailing LACommitteeHACS@parliament.act.gov.au.

CHS encourages them to also contact its Consumer Feedback team on (02) 6207 7627 or via email at healthfeedback@act.gov.au.

They may also consider contacting the Health Services Commissioner through [the ACT Human Rights Commission](#).

Whittall, Christine (Health)

From: Harper, Charlotte (Health)
Sent: Wednesday, 8 May 2019 2:30 PM
To: Whittall, Christine (Health)
Subject: Email 7 [SEC=UNCLASSIFIED]
Attachments: CHS maternity statement.docx; 190312 - CHS TPs - Maternity inquiry v2.doc

From: Harper, Charlotte (Health)
Sent: Tuesday, 12 March 2019 10:30 AM
To: McDonald, Bernadette (Health) <Bernadette.McDonald@act.gov.au>
Cc: Canberra Health Services Media <CHSmedia@act.gov.au>; Tzavalas, Olivia (Health) <Olivia.Tzavalas@act.gov.au>; CEOHealth <CEOHealth@act.gov.au>
Subject: FOR URGENT APPROVAL: TPs for Minister on maternity inquiry article in CT [SEC=UNCLASSIFIED]

Hi Bernadette,

Claire Johnston has requested TPs by 11am on the CT maternity story so Alex has updated previously cleared TPs on inquiry to include some lines from the draft media statement we discussed this morning.

Given Liz saw the draft statement this morning and the time pressures I hope it's OK to progress this through you only?

Please find attached with the additions in track. I've also attached the new version of maternity statement taking in your changes requested this morning. This version is now with Russell Bayliss.

We're working on the staff message now.

Kind regards,

Charlotte Harper | Media Manager
Communications and Government Relations Unit | Canberra Health Services | ACT Government
Phone: (02) 5124 9526 | 0466 382 078 | Email: charlotte.harper@act.gov.au
Level 3, 6 Bowes Street, Phillip ACT 2606 | GPO Box 825, Canberra City ACT 2601 | www.health.act.gov.au

Canberra Health Services media on-call phone: 0466 948 935

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Further, sensationalised headlines that do not reflect the status of these allegations as just that, allegations, appear to be part of a deliberate scare campaign designed to lead to concerns within the community about public maternity services in the territory.

Some members of CHS's staff feel they are the subject of a targeted and sustained campaign by certain media outlets to damage their professional reputation. This sense of being under attack has affected morale within the organisation, too.

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‘I want to work with our maternity staff to address issues that are impacting on patient care or on the wellbeing of our workers themselves,’ Ms McDonald said.

The CHS CEO reiterated her encouragement of staff to email her, ring her office to arrange an appointment, or to take her up on her standing invitation to join her for lunch in the staff cafeteria one day each week.

‘We’re a team and we need to work together to make sure that CHS’s service is the best that it can be,’ Ms McDonald said.

‘I am incredibly proud of the great work our maternity staff do each day and am very disappointed that they are being subjected to publication of unsubstantiated claims on their professional practice.’

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CHS encourages them to also contact its Consumer Feedback team on (02) 6207 7627 or via email at healthfeedback@act.gov.au.

They may also consider contacting the Health Services Commissioner through [the ACT Human Rights Commission](#).



Maternity inquiry

- The ACT has a high quality public maternity service that delivers thousands of babies every year, and is made up of highly skilled midwives, nurses and doctors.
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- We want to reassure the community that the dedicated and hard-working staff of the Centenary Hospital for Women and Children provide safe and high quality care in a modern and well-equipped facility.
- CHS is working to ensure effective communication between health professionals and consumers as part of its provision of patient-centred care.
- CHS is also committed to working with maternity staff to address issues impacting patient care or the wellbeing of our staff.
- It is concerning that unsubstantiated claims contained in submissions by anonymous individuals are being presented as facts in media coverage of the Inquiry.
- Both the CHS CEO and I are incredibly proud of the great work our maternity staff do each day and we are very disappointed that they are being subjected to publication of unsubstantiated claims on their professional practice.

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Submission 1

Submission 1 is from a constituent whose experience with maternity services in the ACT has been "overwhelmingly positive". She registered for the Canberra Midwifery program and enjoyed the one-on-one time with her allocated midwife. She praised the standard of care and the facilities at Canberra Hospital, particularly in the Birth Centre. She did suggest that, on discharge, women had ongoing consults with their midwife. She also suggested more tools to encourage women to optimize their birth experience and lend towards natural birth.

- CHS is proud of its Continuity of Midwifery programs and the Birth Centre as an option for some women.

Submission 2

Submission 2 is from a constituent who gave birth at Centenary in April 2018. She references staffing number issues which she says led to her being moved to another ward pre-birth. Post-birth she says she was unable to see her newborn twins as there weren't available staff to facilitate this. Upon discharge, she says her babies had issues which they had not been told about prior.

Media Talking Points

- All patients accessing our services are cared for in the most appropriate place, dependent on clinical need.
- Every effort is made to ensure that mothers and babies are not separated, however on occasion this is unavoidable due to the clinical needs of both mother and baby.
- Where separation is unavoidable, we ensure that a lactation consultant discusses expressing with the mother and photos of the baby are provided to the mother.
- Surgical wounds are always managed in accordance with CHS policy, however on occasion there will be wounds which do not heal well for a range of reasons.
- It is usual practice in the nursery to encourage parents (especially first-time parents) to stay overnight and attend cares and feeds with their baby.
- In the first instance, this is conducted within the clinical area so that the nurses can be available to supervise and assist. Just prior to discharge the parents are encouraged to take the baby into the "rooming in" room with them and to care independently for their baby, in the knowledge that assistance is close by if they need it.

Submission 3

Submission 3 is from a staff member. They raise concerns about rostering, particularly not having a big enough break between shifts and being frequently being asked to do double shifts. Also concerned about the skill mix of the staff on wards, saying agency nurses and midwives often get limited introduction to the ward and don't know the basics of using IV pumps, escalation policies and how to do discharges. Says there is a culture of bullying, with senior midwives and managers speaking rudely about other staff members. Says there is a lack of support for graduate midwives. Says there are regular staff shortages and a culture of feeling guilty for taking sick leave. Suggestions include no more rostering of late/early shifts, better skill mix, more staff and no more double shifts.

- All rosters are developed in compliance with the guidelines contained within the ACT Public Service Nursing and Midwifery Enterprise Agreement.
- There are challenges in relation to recruitment and retention of midwives in the ACT, which we are actively addressing through a new Nursing & Midwifery workforce strategy.
- The use of agency staff and extra shifts will reduce as the workforce strategy takes effect.
- All staff complaints in relation to bullying and harassment are taken seriously and fully investigated.
- The workforce strategy includes a focus on supporting graduates, as well as attracting experienced midwives and consequently improving skill mix.

Submission 5

Submission 5 is from a constituent who gave birth at Centenary in March 2018. She says an obstetrician had recommended induction at 38 weeks. However, a different obstetrician at Canberra Hospital said there was no need to induce. The constituent ended up requiring

Media Talking Points

inducement at 41 weeks. It makes negative comment about her treatment from TCH staff and raises concerns about the delay in inducement.

- All women accessing maternity services at CHS for antenatal, birthing and postnatal care are cared for in line with organisational policy and guidelines.
- Individual care pathways can change during the antenatal period dependent on subsequent test results. They may also change during labour due to progress and indications related to the wellbeing of the mother and/or her baby.
- A territory wide access strategy for maternity services is under development which will help better manage consistently high demand for maternity services.
- Periods of high demand sometimes result in delays in care, primarily inductions of labour. Each case is triaged and prioritised dependent on the indication for induction.
- In light of the issues raised in this submission, CHS will consider how communication can be improved between health professionals and consumers.
- Canberra Health Services has not received a complaint in relation to this incident.

Submission 7 (Primarily related to Calvary however there are elements relevant to us)

Submission 7 is from a constituent who initially began her maternity care at Calvary Hospital. At 18 weeks she was advised she had developed gestational diabetes and was transferred to Centenary, due to Calvary not being able to deliver care once she began insulin treatment. Her submission also references issues around access to continuity of maternity care.

- It is not usual practice for the mother and baby to be separated if they can both be accommodated.

Submission 39

Submission 39 is from a CHWC midwife who raises concerns about staffing, interventions (specifically inductions) and culture at CHWC.

- Canberra Health Services (CHS) and the Centenary Hospital for Women and Children take patient consent very seriously, and all staff must adhere to clear policies, procedures and expectations around gaining consent prior to any invasive procedure.
- We are working actively to recruit more midwives and to retain those already working at the Centenary Hospital.

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Whittall, Christine (Health)

From: Harper, Charlotte (Health)
Sent: Wednesday, 8 May 2019 2:30 PM
To: Whittall, Christine (Health)
Subject: Email 8 [SEC=UNCLASSIFIED]

From: Harper, Charlotte (Health)
Sent: Tuesday, 12 March 2019 10:37 AM
To: McDonald, Bernadette (Health) <Bernadette.McDonald@act.gov.au>
Subject: Now: in body of email for you with new lines highlighted [SEC=UNCLASSIFIED]

Maternity inquiry

- The ACT has a high quality public maternity service that delivers thousands of babies every year, and is made up of highly skilled midwives, nurses and doctors.
- Canberra Health Services (CHS) acknowledges the concerns raised in submissions to the Inquiry about communication between health professionals and consumers.
- We want to reassure the community that the dedicated and hard-working staff of the Centenary Hospital for Women and Children provide safe and high quality care in a modern and well-equipped facility.
- CHS is working to ensure effective communication between health professionals and consumers as part of its provision of patient-centred care.
- CHS is also committed to working with maternity staff to address issues impacting patient care or the wellbeing of our staff.
- It is concerning that unsubstantiated claims contained in submissions by anonymous individuals are being presented as facts in media coverage of the Inquiry.
- Both the CHS CEO and I are incredibly proud of the great work our maternity staff do each day and we are very disappointed that they are being subjected to publication of unsubstantiated claims on their professional practice.

Submission 1

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- CHS is proud of its Continuity of Midwifery programs and the Birth Centre as an option for some women.

Submission 2

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- All patients accessing our services are cared for in the most appropriate place, dependent on clinical need.
- Every effort is made to ensure that mothers and babies are not separated, however on occasion this is unavoidable due to the clinical needs of both mother and baby.
- Where separation is unavoidable, we ensure that a lactation consultant discusses expressing with the mother and photos of the baby are provided to the mother.
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- All rosters are developed in compliance with the guidelines contained within the ACT Public Service Nursing and Midwifery Enterprise Agreement.
- There are challenges in relation to recruitment and retention of midwives in the ACT, which we are actively addressing through a new Nursing & Midwifery workforce strategy.
- The use of agency staff and extra shifts will reduce as the workforce strategy takes effect.
- All staff complaints in relation to bullying and harassment are taken seriously and fully investigated.
- The workforce strategy includes a focus on supporting graduates, as well as attracting experienced midwives and consequently improving skill mix.

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- All women accessing maternity services at CHS for antenatal, birthing and postnatal care are cared for in line with organisational policy and guidelines.
- Individual care pathways can change during the antenatal period dependent on subsequent test results. They may also change during labour due to progress and indications related to the wellbeing of the mother and/or her baby.
- A territory wide access strategy for maternity services is under development which will help better manage consistently high demand for maternity services.
- Periods of high demand sometimes result in delays in care, primarily inductions of labour. Each case is triaged and prioritised dependent on the indication for induction.
- In light of the issues raised in this submission, CHS will consider how communication can be improved between health professionals and consumers.
- Canberra Health Services has not received a complaint in relation to this incident.

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Whittall, Christine (Health)

From: Harper, Charlotte (Health)
Sent: Wednesday, 8 May 2019 2:30 PM
To: Whittall, Christine (Health)
Subject: Email 9 [SEC=UNCLASSIFIED]

From: Harper, Charlotte (Health)
Sent: Tuesday, 12 March 2019 11:24 AM
To: McDonald, Bernadette (Health) <Bernadette.McDonald@act.gov.au>
Cc: CEOHealth <CEOHealth@act.gov.au>; Canberra Health Services Media <CHSmedia@act.gov.au>; Tzavalas, Olivia (Health) <Olivia.Tzavalas@act.gov.au>
Subject: Updated TPs - taking in some of the suggestions from solicitor [SEC=UNCLASSIFIED]

Maternity inquiry

- The ACT has a high quality public maternity service that delivers thousands of babies every year, and is made up of highly skilled midwives, nurses and doctors.
- The dedicated and hard-working staff of the Centenary Hospital for Women and Children provide safe and high quality care in a modern and well-equipped facility.
- Feedback CHS receives in relation to care in the Centenary Hospital for Women and Children is overwhelmingly positive.
- CHS is committed to working with maternity staff to address issues impacting patient care or the wellbeing of our staff.
- It is concerning that unsubstantiated claims contained in submissions by anonymous individuals are being presented as facts in media coverage of the Inquiry, and that headlines do not reflect the unsubstantiated nature of the allegations.
- This is occurring before the committee has begun to hear evidence as the public hearings are due to take place mid-year.
- CHS considers these allegations to be unfair and misleading and likely to lead to unnecessary concerns in the community about public maternity services in the territory.
- Both the CHS CEO and I are incredibly proud of the great work our maternity staff do each day and we are very disappointed that they are being subjected to publication of unsubstantiated claims on their professional practice.
- We encourage all patients, including those who have had a positive experience, to lodge a submission to the inquiry.
- CHS CEO Bernadette McDonald encourages staff who have concerns about clinical services or workplace culture to contact her via email, make an appointment to see her or take up her standing invitation to join her for lunch in the staff cafeteria one day a week.

- Canberra Health Services (CHS) acknowledges concerns raised in submissions to the Inquiry about communication between health professionals and consumers.
- CHS is working to ensure effective communication between health professionals and consumers as part of its provision of patient-centred care.

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Whittall, Christine (Health)

From: Harper, Charlotte (Health)
Sent: Wednesday, 8 May 2019 2:31 PM
To: Whittall, Christine (Health)
Subject: Email 10 [SEC=UNCLASSIFIED]
Attachments: 190312 - CHS TPs - Maternity inquiry v3.doc

From: Harper, Charlotte (Health)
Sent: Tuesday, 12 March 2019 11:50 AM
To: Johnston, ClaireV <ClaireV.Johnston@act.gov.au>
Cc: Canberra Health Services Media <CHSmedia@act.gov.au>
Subject: Updated TPs on maternity inquiry [SEC=UNCLASSIFIED]

Hi Claire,

Please find updated TPs attached.

Kind regards,

Charlotte Harper | Media Manager
Communications and Government Relations Unit | Canberra Health Services | ACT Government
Phone: (02) 5124 9526 | 0466 382 078 | Email: charlotte.harper@act.gov.au
Level 3, 6 Bowes Street, Phillip ACT 2606 | GPO Box 825, Canberra City ACT 2601 | www.health.act.gov.au

Canberra Health Services media on-call phone: 0466 948 935



Maternity inquiry

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- It is concerning that unsubstantiated claims contained in submissions by anonymous individuals are being presented as facts in media coverage of the inquiry, and that headlines do not reflect the unsubstantiated nature of the allegations.
- This is occurring before the committee has begun to hear evidence. Public hearings are not scheduled to take place until the middle of the year.
- These allegations are unfair and misleading and likely to lead to unnecessary concerns in the community about public maternity services in the territory.
- Both the CHS CEO and I are incredibly proud of the great work our maternity staff do each day and we are very disappointed that they are being subjected to publication of unsubstantiated claims on their professional practice.
- We encourage all patients, including those who have had a positive experience, to lodge a submission to the inquiry.
- There are processes in place for staff to raise any concerns about clinical service delivery.
- In addition, since joining CHS in October 2019, CEO Bernadette McDonald has encouraged staff who have such concerns to contact her via email, make an appointment to see her or take up her standing invitation to join her for lunch in the staff cafeteria one day a week.
- Canberra Health Services (CHS) acknowledges concerns raised in submissions to the Inquiry about communication between health professionals and consumers.
- CHS is working to ensure effective communication between health professionals and consumers as part of its provision of patient-centred care.

Submission 1

Submission 1 is from a constituent whose experience with maternity services in the ACT has been "overwhelmingly positive". She registered for the Canberra Midwifery program and enjoyed the one-on-one time with her allocated midwife. She praised the standard of care and the facilities at Canberra Hospital, particularly in the Birth Centre. She did suggest that,

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on discharge, women had ongoing consults with their midwife. She also suggested more tools to encourage women to optimize their birth experience and lend towards natural birth.

- CHS is proud of its Continuity of Midwifery programs and the Birth Centre as an option for some women.

Submission 2

Submission 2 is from a constituent who gave birth at Centenary in April 2018. She references staffing number issues which she says led to her being moved to another ward pre-birth. Post-birth she says she was unable to see her newborn twins as there weren't available staff to facilitate this. Upon discharge, she says her babies had issues which they had not been told about prior.

- All patients accessing our services are cared for in the most appropriate place, dependent on clinical need.
- Every effort is made to ensure that mothers and babies are not separated, however on occasion this is unavoidable due to the clinical needs of both mother and baby.
- Where separation is unavoidable, we ensure that a lactation consultant discusses expressing with the mother and photos of the baby are provided to the mother.
- Surgical wounds are always managed in accordance with CHS policy, however on occasion there will be wounds which do not heal well for a range of reasons.
- It is usual practice in the nursery to encourage parents (especially first-time parents) to stay overnight and attend cares and feeds with their baby.
- In the first instance, this is conducted within the clinical area so that the nurses can be available to supervise and assist. Just prior to discharge the parents are encouraged to take the baby into the "rooming in" room with them and to care independently for their baby, in the knowledge that assistance is close by if they need it.

Submission 3

Submission 3 is from a staff member. They raise concerns about rostering, particularly not having a big enough break between shifts and being frequently being asked to do double shifts. Also concerned about the skill mix of the staff on wards, saying agency nurses and midwives often get limited introduction to the ward and don't know the basics of using IV pumps, escalation policies and how to do discharges. Says there is a culture of bullying, with senior midwives and managers speaking rudely about other staff members. Says there is a lack of support for graduate midwives. Says there are regular staff shortages and a culture of feeling guilty for taking sick leave. Suggestions include no more rostering of late/early shifts, better skill mix, more staff and no more double shifts.

- All rosters are developed in compliance with the guidelines contained within the ACT Public Service Nursing and Midwifery Enterprise Agreement.
- There are challenges in relation to recruitment and retention of midwives in the ACT, which we are actively addressing through a new Nursing & Midwifery workforce strategy.

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- The use of agency staff and extra shifts will reduce as the workforce strategy takes effect.
- All staff complaints in relation to bullying and harassment are taken seriously and fully investigated.
- The workforce strategy includes a focus on supporting graduates, as well as attracting experienced midwives and consequently improving skill mix.

Submission 5

Submission 5 is from a constituent who gave birth at Centenary in March 2018. She says an obstetrician had recommended inducement at 38 weeks. However, a different obstetrician at Canberra Hospital said there was no need to induce. The constituent ended up requiring inducement at 41 weeks. It makes negative comment about her treatment from TCH staff and raises concerns about the delay in inducement.

- All women accessing maternity services at CHS for antenatal, birthing and postnatal care are cared for in line with organisational policy and guidelines.
- Individual care pathways can change during the antenatal period dependent on subsequent test results. They may also change during labour due to progress and indications related to the wellbeing of the mother and/or her baby.
- A territory wide access strategy for maternity services is under development which will help better manage consistently high demand for maternity services.
- Periods of high demand sometimes result in delays in care, primarily inductions of labour. Each case is triaged and prioritised dependent on the indication for induction.
- In light of the issues raised in this submission, CHS will consider how communication can be improved between health professionals and consumers.
- Canberra Health Services has not received a complaint in relation to this incident.

Submission 7 (Primarily related to Calvary however there are elements relevant to us)

Submission 7 is from a constituent who initially began her maternity care at Calvary Hospital. At 18 weeks she was advised she had developed gestational diabetes and was transferred to Centenary, due to Calvary not being able to deliver care once she began insulin treatment. Her submission also references issues around access to continuity of maternity care.

- It is not usual practice for the mother and baby to be separated if they can both be accommodated.

Submission 39

Submission 39 is from a CHWC midwife who raises concerns about staffing, interventions (specifically inductions) and culture at CHWC.

- Canberra Health Services (CHS) and the Centenary Hospital for Women and Children take patient consent very seriously, and all staff must adhere to clear policies,

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procedures and expectations around gaining consent prior to any invasive procedure.

- We are working actively to recruit more midwives and to retain those already working at the Centenary Hospital.

Whittall, Christine (Health)

From: Harper, Charlotte (Health)
Sent: Wednesday, 8 May 2019 2:31 PM
To: Whittall, Christine (Health)
Subject: Email 11 [SEC=UNCLASSIFIED]
Attachments: maternity all staff email.docx

Importance: High

From: Harper, Charlotte (Health)
Sent: Tuesday, 12 March 2019 12:01 PM
To: McConachie, Alex (Health) <Alex.McConachie@act.gov.au>
Subject: FW: Draft maternity statement [SEC=UNCLASSIFIED]
Importance: High

From: Greenaway, Elaine (Health)
Sent: Tuesday, 12 March 2019 11:59 AM
To: Harper, Charlotte (Health) <Charlotte.Harper@act.gov.au>
Cc: Canberra Health Services Media <CHSmedia@act.gov.au>
Subject: RE: Draft maternity statement [SEC=UNCLASSIFIED]
Importance: High

Hi Charlotte,

Here's a draft message. Cynthia hasn't had an opportunity to see it or approve yet. What happens next?

Elaine

From: Harper, Charlotte (Health)
Sent: Tuesday, 12 March 2019 10:04 AM
To: Lang, Samantha (Health) <Samantha.Lang@act.gov.au>
Cc: Canberra Health Services Media <CHSmedia@act.gov.au>; Greenaway, Elaine (Health) <Elaine.Greenaway@act.gov.au>
Subject: Draft maternity statement [SEC=UNCLASSIFIED]

Charlotte Harper | Media Manager
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 Level 3, 6 Bowes Street, Phillip ACT 2606 | GPO Box 825, Canberra City ACT 2601 | www.health.act.gov.au

Canberra Health Services media on-call phone: 0466 948 935

Good morning,

As some of you may be aware, yesterday (March 11 2019) the Canberra Times published an article containing unsubstantiated claims of inappropriate conduct at Centenary Hospital for Women and Children.

The article referenced claims made by anonymous individuals in submissions to the Legislative Assembly's Inquiry into Maternity Services in the ACT.

While it would not be appropriate or possible for me to write to you to comment on all media coverage about our health service, I wanted to do so on this occasion to express my disappointment and frustration with the article and what some staff now believe is a targeted and sustained campaign by certain media outlets to damage their professional reputation and that of our organisation.

I have expressed this sentiment to the publication involved and will seek advice about what other action can or should be taken in relation to the article.

While we cannot control what is said about organisation, we can improve the way we identify and address issues internally, and should do so wherever possible.

If you have concerns about the quality and safety of the care we deliver, I want you to raise them, but to do so through the appropriate channels. If you don't feel comfortable doing so, or you have and you don't feel that appropriate action has not been taken, talk to me—send me an email, give me a call, or join me for lunch and a chat in the cafeteria. I genuinely want to hear from you and to support you to do the best job you can.

This is not about hiding issues, it's about identifying them early and working together to address them.

I want to end by saying that the Canberra Times article is in no way a reflection of the public's perception of our health service, or the standard of care we deliver. Each day I receive feedback from members of the public expressing their gratitude for the high quality care they received—from these people and from me, thank you.

Bernadette

**Chief Executive Officer
Canberra Health Services**