



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH, AGEING AND COMMUNITY SERVICES
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Submission Cover Sheet

Inquiry into Maternity Services in the ACT

Submission Number: 24

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Maternity Services at Canberra Health Services
SUBMISSION TO THE STANDING COMMITTEE ON HEALTH, AGEING AND COMMUNITY
CARE - INQUIRY INTO MATERNITY SERVICES IN THE ACT

Maternity Services is pleased to provide a written submission to the Committee. This Submission outlines models of maternity care, services and the clinical governance system and outcomes of the maternity service at the Centenary Hospital for Women and Children (CHWC).

Models of Maternity Care

The maternity services at Centenary Hospital for Women and Children (CHWC) are provided by a multidisciplinary team offering women a variety of options for their care during pregnancy, birth and postnatally. The NSW Health guide to the role delineation of clinical services identifies CHWC as a level six tertiary referral centre for the ACT and surrounding region.

General Practitioner (GP) Shared Care

Women may choose their GP as their primary carer during their pregnancy. In these cases care during the antenatal period is shared between the GP and the hospital. Dependent on whether the woman has pregnancy related risk factors, hospital care will be with a midwife or an obstetrician and as determined by the agreed schedule of antenatal visits for shared care. Women will birth in the Birth Suite supported by a team of medical staff and midwives.

Midwife Care

Continuity of midwifery programs

The Canberra Midwifery Program (CMP) and Continuity at The Canberra Hospital (CaTCH) offer a named midwife as their primary care giver across the antenatal, birth and postnatal period. CMP provides care for women with no identified risk factors seeking a low intervention approach to birthing. Women in CMP may birth at home, Birth Centre or Birth Suite. CaTCH provides care for low and mixed risk women. Women in CaTCH may birth in the Birth Centre or the Birth Suite.

The Publically Funded Homebirth Trial is currently being undertaken within the continuity programs. The trial has clinical and geographical criteria which limit access at present. The trial will have a two phase evaluation process to inform further roll out of the program. The interim process evaluation was completed in December 2018. A formative external evaluation will be progressed in 2019 through a tender process with a report expected by the end of 2019. Once the trial is evaluated a process for consideration and implementation of recommendations will be progressed.

At CHWC approximately 30% of women are cared for in the continuity midwifery programs. This rate is amongst the highest in tertiary maternity hospitals in Australia. A project is currently underway to further increase access for women to continuity of midwifery care models of care.

Endorsed midwives

Women also have the option of choosing a private midwife under the ACT Health Endorsed Midwives Framework. Under the framework Privately Practicing Midwives can apply for admitting rights to Centenary Hospital if women either want or need to birth at hospital rather than at home. The framework also allows the Private Midwife to consult with the medical team at Centenary Hospital when and if complications arise and if necessary transfer the woman's care to them.

Antenatal Midwifery Care

Low risk women (not in the continuity of midwifery program) will see a midwife for pregnancy care at the hospital or at a community based facility. Women will birth in the Birth Suite supported by a team of medical staff and midwives.

Midwives work in collaboration with the obstetric team and the GP to provide care to meet the needs of the women booked into the programs.

Midwifery clinics are run in the community, including:

- Tuggeranong Child & Family Centre
- Kippax (West Belconnen) Child & Family Centre
- Gungahlin Health Centre
- Phillip Health Centre
- Narrabundah Early Childhood Centre

All women in midwifery care models have access to medical care as required.

Speciality Antenatal Clinics/Obstetric led clinics

Fetal Medicine Unit (FMU)

The Fetal Medicine Unit (FMU) provides tertiary level care for women with high risk pregnancies in Canberra and South East Region of NSW. The unit provides a high level diagnostic ultrasound service and a range of ultrasound guided interventional procedures. FMU also provides pre-pregnancy counselling and perinatal loss counselling. FMU is a multidisciplinary model.

Clinics that provide continuity of antenatal care within the Maternity and Gynaecology Outpatients Department at CHWC include:

- *Step Ahead Clinic* – Midwifery led clinic caring for women who are less than 22 years of age
- *Culturally and Linguistically Diverse (CALD) Clinic* – Midwifery led clinic caring for women from culturally and Linguistically Diverse backgrounds and specifically women

who need the services of an interpreter.

- *PEP Clinic (Pregnancy Enhancement Program)* – Midwifery led clinic providing pregnancy care for women on opiate replacement, women using alcohol or other drugs or women with significant mental health issues.
- *BuMP* – Multidisciplinary clinic for women with a Body Mass Index of 35 or greater
- *Multiples Clinic* – Multidisciplinary clinic for women expecting multiple babies.
- *Endocrine Clinic* – Multidisciplinary clinic for women with endocrine disorders (Thyroid or diabetes)
- *General Obstetric Clinics*

Women will birth in the Birth Suite supported by a team of medical staff and midwives. Some of these women will also be part of a continuity of midwifery program through the CaTCH program.

Maternity Support Services

Maternity Assessment Unit

Women in all models with problems or concerns during pregnancy can seek care through the Maternity Assessment Unit (MAU) which is located within the maternity outpatient area of Centenary Hospital. This service enables women to bypass the emergency department and present directly to the service for assessment and care. They are also able to access this service for early labour assessment. The service operates extended hours until 8pm Monday to Friday and out of hours an assessment service is available in the Birth Suite.

Early Pregnancy Assessment Unit

Women who are experiencing miscarriage or have concerns in early pregnancy are able to access this service via referral from the emergency department or their GP. The service operates extended hours until 8pm Monday to Friday.

Lactation Support

CHWC employs Lactation Consultants (IBCLC). Women may be referred to the LC antenatally and/or postnatally. Our LC also performs tongue tie assessment and works with specialists in the tongue tie clinic. Many of the midwives also hold lactation qualifications.

Postnatal care

Women and babies who are well and have had a normal birth without complications, may choose to go home soon after the birth. This is usual within the CMP model. Women who require a longer stay will be admitted to the postnatal ward. Women discharged from maternity care at CHWC are offered domiciliary midwifery care. This is provided either by the continuity midwifery program midwives or the Midcall program.

All postnatal women are referred to the Maternal and Child Health (MACH) Service or the Child and Family Service (NSW) at the time of discharge. A discharge letter is sent to their GP.

Neonatal Intensive Care/Special Care Nursery

Newborn babies requiring additional care will be admitted to either the Neonatal Intensive Care Unit (NICU) or Special Care Nursery (SCN), or those with lower medical care needs can be cared for on the postnatal ward with their mother.

ChildBirth Education

Pregnancy to Parenting Education

CHWC offers an extensive range of education sessions for women and their partner/support person. Sessions include 'Healthy Pregnancy' education for early pregnancy, Pregnancy 2 Parenting (P2P) for first time parents-to-be, breastfeeding, caesarean birth, normal birth after caesarean (NBAC), CALD classes and refresher classes.

Demand Management

Maternity Services at CHWC have experienced consistently high demand in recent years. Canberra families have been attracted to the modern facilities, in particular the single room accommodation, and more women are requiring access to tertiary level care. Consumers have reported that they are unaware that Calvary Public Hospital Bruce (CPHB) is a public hospital, or that it offers maternity services. Changes to the Medicare Safety Net in 2010 (under which the Medicare gap increased) increased costs for private maternity patients, which has also resulted in more women choosing the public hospital system for maternity care.

The birthing events at CHWC have significantly increased, from 2,743 in 2010-11 to 3,561 in 2016-17, which is an annual growth rate of 4.5 per cent. Over the past two years, while CHWC birthing events have been increasing, birthing events at CPHB have been decreasing. There were 1,747 birth events at CPHB in 2013-14, 1,804 in 2014-15, 1,791 in 2015-16 and 1,654 in 2016-17. This data demonstrates a downward trend in the number of birth events at CPHB since the establishment of CHWC. Since July 2018 CHWC has seen a flattening of this trend. The ACT Public Maternity Access Strategy has been developed with CPHB and local NSW maternity hospitals to address the demand issues. Public consultation on this strategy is scheduled for February 2019 using YourSay.

The ACT Public Maternity Access Strategy will take a territory wide approach to managing demand and informing women about birthing choices in a community setting close to their home and provide the appropriate referral to meet their unique pregnancy, birthing and postnatal needs.

To ensure safe and quality care in the context of the increased demand, the maternity service has implemented an escalation plan which is initiated in the presence of specific triggers related to access to birthing rooms and/or postnatal beds. The plan supports three levels of escalation:

1. Use of the Birth Centre beds. Increases postnatal bed numbers by 4 beds.
2. Use of additional ward beds outside of maternity services. Increases bed capacity by a maximum of a further 12 beds.
3. Bypass to other maternity services in ACT and NSW.

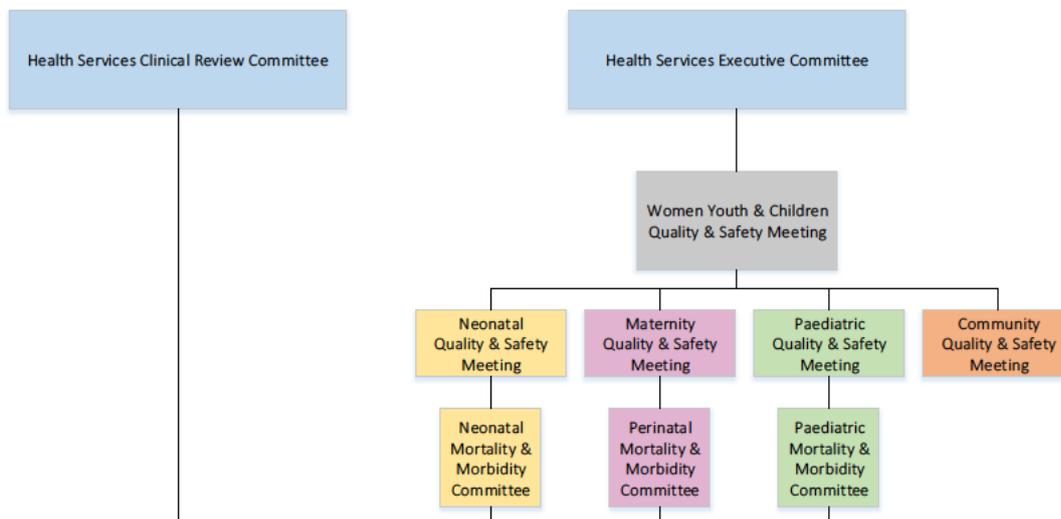
Escalation levels 1 and 2 are supported by additional staff.

Clinical Governance

CHWC provides a high quality and safe service for the pregnant women of the ACT and the surrounding areas of southern NSW. Despite the consistently high demand for services, the safety and quality of the care provided is assured through a comprehensive clinical governance system.

The Terms of Reference (TOR) for the Division of Women Youth and Children Quality and Safety meeting and Maternity Quality and Safety meetings are at Attachment A. The divisional committee reports through to the Health Services Executive Committee.

Women Youth and Children Clinical Governance Structure



Through the clinical governance framework the quality and safety of clinical services is monitored by review of performance indicators and audit, benchmarking clinical outcomes, incidents, and patient satisfaction data. Following analysis of all the available data the clinical areas identify areas where improvement needs to be made and develop a range of quality improvement projects based on the PDSA (plan, do, study, and act) methodology for continuous improvement. The committee structure also monitors service improvements.

Care is provided in line with current policies and procedures. All policies reflect best practice and available evidence. Policies and procedures are regularly reviewed and are available electronically to all staff. The policy development, review and compliance is overseen by the Quality and Safety Unit and the Women Youth and Children (WYC) Division committee structure.

Performance Indicators and Audit

Performance indicators monitored include:

- Hospital Acquired Infections and Complications
- Falls
- Wrong blood in tube incidents
- Timely completion of discharge summaries
- Significant incidents
- Completion of the surgical safety checklist
- Pressure injuries
- Unplanned return to theatre
- Unplanned readmission within 14 and 28 days (women and babies).
- Clinical deterioration/Medical Emergency Team (MET) calls
- Number of admissions of neonates with diagnosis of weight loss

These performance indicators are within normal range for a tertiary level maternity hospital. Of interest is the last indicator, admissions of neonate with a diagnosis of weight loss. This indicator is in part a measure whether early discharge impacts on babies successfully establishing breast feeding. Over the most recent three year period the rate stands at 1%. This positive result is achieved by the provision of domiciliary midwifery care and Maternal and Child Health Service.

There is a quarterly measuring patient care audit program across the organisation. Nine individual audits are undertaken addressing different elements of care. These nine areas of focus are:

- Schedule 8 drug register
- Medication chart
- Medication administration
- Patient ID
- Clinical handover written documentation
- Clinical handover shift to shift
- Pressure injury risk assessment
- Falls risk assessment
- Vital signs

In addition to the above audits there is also a program of hand hygiene audits measuring compliance with the five moments of hand hygiene.

Benchmarking Clinical Outcomes

The maternity services at CHWC subscribe to Women’s Healthcare Australasia (WHA), a peak body association for women’s health services across Australia and New Zealand. WHA produce an annual clinical outcome benchmarking report which enables us to benchmark ourselves against peer level 6 maternity facilities nationally against a wide range of clinical outcome indicators. The report highlights key area of excellence of care provided by CHWC and also identifies areas for improvement.

Area of excellence at CHWC when compared to like hospitals include that the CHWC rate of normal birth remains consistently higher than peer hospitals with comparatively low Caesarean section rate. The Vaginal Birth After Caesarean (VBAC) Section rates also compare favourably. It is felt that the high rate of midwifery continuity of care models of care at CHWC contribute to these excellent outcomes. Another area of excellence is the rates of blood transfusion required post birth has reduced. This is most likely due to the development of a pathway for antenatal optimisation of iron stores in women. This pathway has been adopted by the National Patient Blood Management Authority.

The availability of WHA benchmarking data has helped CHWC identify areas for improvement. The 3rd and 4th degree tear rates were identified as problem areas which the service had to improve upon in order to improve outcome for the women. An award winning Quality Improvement project was commenced two years ago with the implementation of multidisciplinary workshops and education sessions. A bundle of care was developed and this has resulted in a significant improvement in the 3rd and 4th degree tear rates over the last two years in line with like hospitals. These education packages are being used by other jurisdictions as an example of good practice.

Table 19: Fetal, neonatal and perinatal mortality rates, ACT residents and Australia, 2011–2014

	ACT residents		Australia	
	Rate	CI	Rate	CI
Fetal deaths ^(a)				
2011	8.4	(7.0–9.9)	7.4	(7.1–7.7)
2012	7.4	(6.1–8.8)	7.2	(6.9–7.5)
2013	7.9	(6.6–9.3)	7.1	(6.8–7.4)
2014	6.9	(5.6–8.2)	7.0	(6.7–7.3)
Total	7.7	(7–8.3)	7.2	(7.0–7.7)
Neonatal deaths ^(b)				
2011	2.4	(1.6–3.2)	2.8	(2.6–3.0)
2012	2.2	(1.5–2.9)	2.4	(2.2–2.5)
2013	2.1	(1.4–2.8)	2.6	(2.4–2.8)
2014	2.1	(1.4–2.8)	2.5	(2.3–2.7)
Total	2.2	(1.8–2.6)	2.6	(2.5–2.7)
Perinatal deaths ^(a)				
2011	10.8	(9.2–12.5)	10.2	(9.8–10.5)
2012	9.6	(8.1–11.2)	9.6	(9.2–9.9)
2013	10.0	(8.5–11.6)	9.7	(9.3–10)
2014	9.0	(7.6–10.5)	9.6	(9.2–9.9)
Total	9.9	(9.1–10.6)	9.7	(9.6–9.9)

Note: ACT rates are based on three year rolling averages.

(a) Rate per 1,000 births.

(b) Rate per 1,000 live births.

Source: ACT Perinatal Death Data Collection and ACT Maternal and AIHW Perinatal Data Collection; Perinatal data portal.

The above table shows fetal, neonatal and perinatal mortality rates and represents the whole of ACT. ACT rates are within or below normal benchmark.

Incident reporting

Incident reporting is encouraged and follows the Canberra Health Service (CHS) incident management policy (Attachment B). Specific incidents can be referred either through the Mortality and Morbidity (M&M) process or through the incident reporting process to the CHS Clinical Review Committee (CRC) for further investigation. Incidents referred to the Clinical Review Committee are required to be subject to a formal multidisciplinary investigation within 100 days.

Incidents are themed and reported through the monthly quality report and reported through the Quality and Safety Committee structure. Variances are addressed and reported against.

High Risk Individual incidents are automatically notified to the Executive Director, Clinical Director – Department of Obstetrics and Gynaecology and Director of Nursing and Midwifery for appropriate action and follow up. Managers are responsible for investigating all incidents and reporting their findings through the Riskman System.

Significant incidents are referred to the Clinical Review Committee for further action.

Implementation of recommendations arising from incident review meetings are monitored.

Debriefing and open disclosure to women and their families are integral to our approach for all incidents.

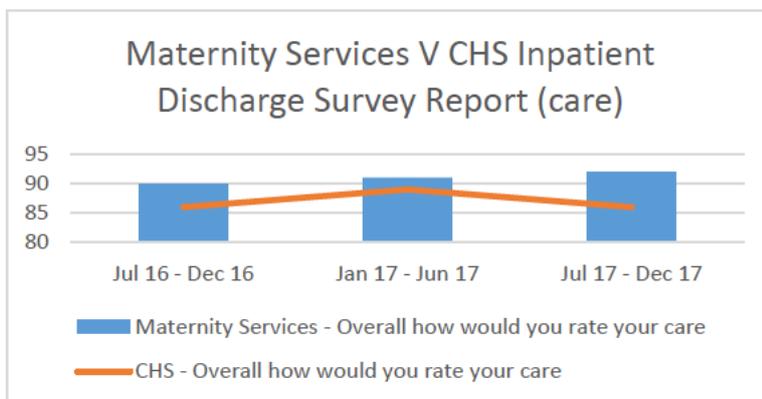
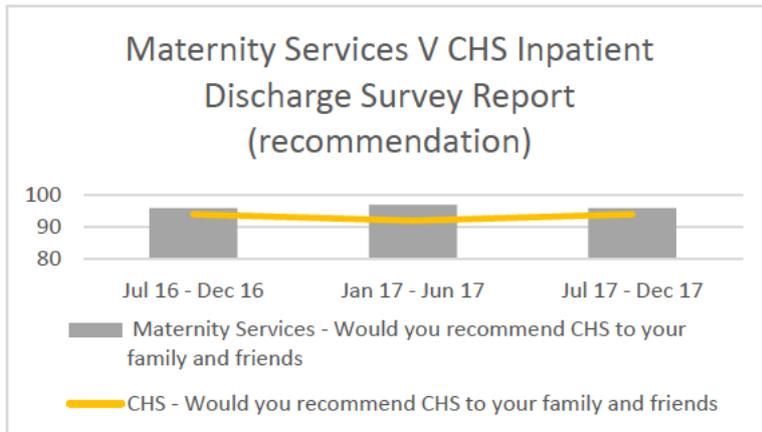
Consumer feedback and complaints process

All consumer feedback is seen as a learning opportunity for the service. Maternity services have a very proactive approach to complaints. If a significant complaint is received the women and family are offered the opportunity to meet with senior staff to discuss concerns. Consumer feedback is registered in the incident management system (Riskman) and coordinated by the Consumer Feedback and Engagement Team (CFET). At the Divisional level the Director of Nursing and Midwifery meets fortnightly with the Divisional CFET and Executive Officer to review all complaints and responses. All feedback is investigated and responses are required within 35 days.

The feedback is themed and reported through the quality meetings monthly which highlights any trends in the data. Through the review of all individual feedback and the theming, the senior management team are able to address system issues impacting patient satisfaction both effectively and in a timely manner.

CHS also seeks feedback from patients post discharge through a mail survey sent to a random sample of patients monthly. This data provides rich information related to a broad

range of patient satisfaction indicators based on the universally recognised Picker Principles for measuring patient experience.



In 2016/17 Maternity Services received 28 consumer feedback complaints, 68 consumer feedback compliments. This equates to 0.78% of complaints and 1.9 % compliments, arising from 3560 birthing episodes.

In 2017/18 Maternity Services received 28 consumer feedback complaints, 116 consumer feedback compliments. This equates to 0.77% of complaints and 3.2% of compliments, arising from 3594 birthing episodes.

Service Improvement Projects and Research

The Division has an ongoing program of quality improvement activities and projects, which are monitored through the Quality & Safety Committee structure. These include:

- Reducing the incidence of Post-Partum Haemorrhage (PPH).
- Reducing the incidence of significant perineal trauma (OASIS project).
- Single entry for maternity services – Canberra Health Services
- Review of continuity of midwifery models
- Maternity Access Strategy – Territory Wide
- Publically Funded Homebirth Trial
- Purple crying implementation and evaluation
- “The whole nine months – Preterm Birth Prevention”
- Iron Optimisation
- Cardiotocography (CTG) Interpretation

- Childbirth Education Practice Improvement project
- Promoting Workplace Health

Clinicians at CHWC participate in several key research projects, with some being funded by the National Health and Medical Research Council (NHMRC) grants. Multicentre research projects directly related to maternity care include the My Baby's Movement Trial which has currently recruited over 2000 women in Canberra.

CHWC is currently involved in discussions to participate in the Stillbirth Centre for Clinical Excellence Study which is aimed at reducing the stillbirth rates nationally.

An exciting project which will be launched February 2019 in ACT will be the Preterm Birth Alliance "The Whole Nine Months" project. This is a national initiative to screen all pregnant women to assess their risk of preterm birth. The project started in Western Australia and has been shown to be able to reduce their preterm birth rate by 8% per annum. The preterm birth rate in ACT is around 7% per year (approx. 350) and if we are able to reduce the rate by even a modest 6-7%, up to 35 women can avoid a preterm birth per year with significant benefits for the families and the health economy.

The ongoing Childbirth Education project – which has implemented a 'Salutogenic' (an approach focusing on factors that support human health and well-being, rather than on factors that cause disease) model of education – has been presented internationally (Norway) and nationally (Perth) in 2018.

Service Awards

The Neonatology Unit won Quality in Healthcare award for several projects, including the ePREM Framework in 2017, which is developing a bundle of care for premature babies. This team also received the prestigious 2018 ACT Team of the Year award – The Neonatal Quality Improvement and Research Nursing Team, and an award at the Perinatal Society of Australia and New Zealand Conference for their presentation on lactation support.

Publicly Funded Homebirth Simulation Planning Team was nominated for the 2018 Excellence in Quality Improvement or Research Practice award.

Canberra Health Service were awarded a 2018 International Hospital Federation Award for IRONing out Maternity Blood Management: Improving identification and management of iron deficiency and anaemia.

The Division of Women Youth and Children had four finalists in the 2018 ACT Quality In Healthcare Awards, with three winning their category – Safety and Effectiveness

- *Overall Winner* – Impact of inhaled Nitric Oxide Stewardship in a Neonatal Intensive Care Unit
- *Safety – Co-winner* - Reduction of Peripheral Intravenous Cannula (PIVC) Serious Harm Events in the Paediatric Unit.
- *Effectiveness – Winner* - Transition to e-referrals to enhance clinical handover

- *Safety – Finalist* - Comparison of Fisher Paykel, babi-plus and Hudson CPAP interfaces: incidence of nasal injury

Maternity Workforce

Maternity services are provided by a multidisciplinary team including obstetricians, neonatologists, midwives, nurses and allied health professionals. Many women also meet anaesthetists during their birthing experience if they require an epidural for pain relief or require an operative delivery in the Operating Theatres.

Staffing profile

The Maternity and Neonatal Service employs:

22.8 Full Time Equivalent (FTE) Obstetric and Gynaecology Medical Staff (includes consultants, registrars and junior medical staff) and 4 Visiting medical Officers,

163 FTE Midwives

90 FTE Nurses in the NICU/SCN

18 Neonatology Medical Staff (includes consultants, registrars and junior medical staff)

Workload and rostering

Staffing levels are managed through the use of agreed rostering practices. For medical staff the rostering guidelines are reviewed by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) through the training accreditation process.

For Midwifery the current agreed workload model is based on ratios which vary dependent on acuity or caseloads for continuity programs. Both are governed by the Enterprise Agreement and rosters are audited for compliance to this.

The service is currently exploring the possibility of introducing a new workload measurement tool, Birthrate Plus, which has been rolled out throughout NSW and has been evaluated internationally in the context of maternity services. Preliminary reports of staffing profiles for the services provided by Maternity services indicate that current staffing levels are equitable to those recommended by Birthrate Plus.

Staff are able to report concerns related to workload through the incident management system as well as escalating to their line managers.

There is a process in place whereby staff can report unsafe staffing levels on a shift by shift basis to the Australian Nursing and Midwifery Federation (ANMF) via the ACT branch. The branch then forwards each reported breach to the relevant area of CHS for investigation. The service has received and investigated three in the past 12 months and appropriate action taken to address issues identified.

Staff orientation and training

New staff are provided hospital, divisional and local orientation. All staff are expected to complete a range of mandatory education each year which is combined into a maternity mandatory update day (Attachment C). There are other education and competency based assessment programs that targeted groups of staff are required to complete dependent on the clinical area they work in.

Student and Graduate support

Midwifery

The Maternity services at the Centenary Hospital are committed to supporting both student and new graduate midwives. The service has good relationships with local universities including University of Canberra (UC) and Charles Sturt University (CSU). The hospital works with the course convenors at UC to ensure that all Undergraduate Midwifery Students are able to access supported placements in all clinical areas. The hospital currently supports post graduate midwifery students from Charles Sturt University through employment opportunities as registered nurses in the NICU, SCN, paediatric or gynaecological units, and supported clinical placements during their midwifery course. Commencing in 2019 the service will also support post graduate midwives accessing courses through UC.

Each year the hospital provides up to 20 new graduate positions. These temporary 12 month positions are offered, through a competitive merit based selection process. The program is structured and aims to support new graduate midwives to consolidate their training and transition to practice across the full scope of midwifery practice. Graduate midwives have also been able to apply for a six month rotation to our continuity programs following their 12 month graduate program. This rotation has now been extended – from September 2017 – to an 18 month ‘transition’ program for Level 1 midwives, with two intakes per year. Following this program it is hoped that midwives will have the skills, abilities and experience to apply for permanent continuity positions. The graduate program is supported by a Clinical Support Midwife and Clinical Development Midwives who work clinically with the graduates and support completion of competency based assessment programs.

Medical

The hospital is a RANZCOG accredited provider of specialist Obstetrician and Gynaecologist training, offering a full registrar training program for medical doctors who are undertaking training for Fellowship of RANZCOG.

Workforce Strategy

Midwifery

Along with peer services nationally, the hospital experiences challenges recruiting experienced midwives. Whilst there is not a shortage of midwives per se, with the advent of Bachelor of Midwifery courses nationally, and a reduction in post graduate course offerings,

there is a skill mix issue within the workforce. With an ageing workforce midwives are leaving the service for retirement and there is a skill gap between this element of the workforce and the new cohorts coming through. The ACT is a small jurisdiction with a limited pool of expertise locally and attracting experienced midwives to the Territory has proven difficult. To address this, a comprehensive workforce strategy is under development which will include a targeted recruitment campaign nationally and internationally. It is hoped that this campaign will attract experienced midwives to the service. The strategy will also include retention strategies, including exploring cultural issues, to enable us to retain midwives attracted through the campaign for the long term.

Obstetricians

A recruitment process is currently underway to fill one existing consultant vacancy. The service will then be fully staffed.

Support for staff

All staff have access to Employee Assistance Program (EAP) services. Senior executive of the division hold monthly communication meetings with staff including scheduled night duty meetings. Staff are able to escalate concerns through a number of channels.

In recognition of the impact of the high demand on the service on the clinical workforce, the division recently organised a number of one day workshops aimed at supporting staff. These have been well attended and received very positive feedback from staff.

Staff Recognition

At the annual Nursing and Midwifery Awards, Maternity services regularly nominates individuals and teams for recognition.

Individual Awards for 2018

Clinical Midwifery Consultant of Birthing received the award for Excellence in Management Practice

Clinical Development Midwife received the award for Excellence in Educational Practice Award

Registered Midwife Maternal and Child Health was nominated for the Excellence in Educational Practice Award

Endocrinology Nurse was nominated for the Excellence in Clinical Practice Award

A Neonatal Nurse won the Family Appreciation Award through the Australian College of Neonatal Nurses Nursing Excellence Award Conference 2018.

Midwives at CHWC have been recognised for other external awards including the Johnson & Johnson Midwife of the year and the Australian College of Midwives ACT Midwife of the year.

Relationships with other organisations

The Maternity service has positive and proactive relationships with other surrounding maternity service providers and tertiary hospitals in Sydney.

The Division of Women Youth and Children established the ACT and Region Maternity Services Network in 2011 to give all maternity service providers a forum to discuss issues of common concern and interest as well as to provide oversight to the implementation of strategic directions for maternity care in the region. The Terms of Reference are at Attachment D.

There is a regular joint senior executive meeting held between the Division of WYC and Calvary Healthcare Bruce, and more recently a joint working group has been established to progress the Maternity Access Strategy.

The senior management of the Division of WYC also meet regularly with senior managers from Southern NSW to discuss cross border issues.

The Division of WYC are active members of Women's Healthcare Australasia and as well as participating in their benchmarking programs, they are also active participants in a range of special interest groups and attend a range of forums annually addressing issues of common concern nationally. This includes annual quality and safety forums.

The Maternity service has established relationships with Community Services Directorate, Winnunga Nimmityjah Aboriginal Health Service, HealthCare Consumers Association, Australian Breastfeeding Association, Centre for Women Health Matters, Australian Nursing and Midwifery Federation, Australian Medical Association, Capital Health Network, Queen Elizabeth II and a number of Non-Government Organisations.

Staff anonymous letter

Maternity services acknowledges the anonymous letter sent by some maternity staff to media outlets and health ministers earlier this year. Staff involved in the letter were concerned about best care for women, particularly the impact that the increased maternity demand was having on staff and the care they provide. Concerns raised in the letter were investigated and addressed.

A public letter from Elizabeth Chatham, Executive Director WYC was made in response to this letter (Attachment E) and a letter to the editor by the senior medical maternity staff was printed in the Canberra Times (Attachment F).

A positive outcome of the letter has been improved communication processes between staff. A very disappointing outcome of the letter and subsequent media has been unfounded community concern about the quality and safety of the maternity service at CHWC. CHWC maternity staff have been working with individual women, their families and consumer groups to restore the rightful high reputation of the service. Based on our clinical

governance systems and excellent clinical outcomes, women planning to birth at CHWC should feel confident in the care that they will receive.

Summary

Maternity Services welcomes the inquiry into ACT Maternity Services and any recommendations that may ensue. If further information is required please do not hesitate to contact Elizabeth Chatham, Executive Director, Division of Women Youth and Children, Centenary Hospital for Women Youth and Children.