

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

Dear Mr Brown et al

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Yours sincerely

Concerned staff members
CHWC TCH
15 April 2018