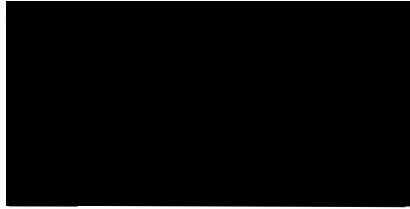




ACT
Government

**Canberra Health
Services**

Our reference: **FOI19/68**



Dear 

DECISION ON YOUR ACCESS APPLICATION

I refer to your application under section 30 of the *Freedom of Information Act 2016* (FOI Act), received by Canberra Health Services (CHS) on 8 October 2019 and rescoped on 21 October 2019.

This application requested access to:

'Briefings prepared for the former Minister for Health and Wellbeing, the Minister for Health and the Minister for Mental Health related to capacity issues related to mental health facilities including the Adult Mental Health Unit at the Canberra Hospital, Dhulwa, mental health facilities at the Calvary Public Hospital Bruce, mental health facilities at the University of Canberra Hospital, Brian Hennessy House and other mental health facilities operated by Canberra Health Services from 1 November 2018.'

I am an Information Officer appointed by the Chief Executive Officer of Canberra Health Services (CHS) under section 18 of the FOI Act to deal with access applications made under Part 5 of the Act. CHS was required to provide a decision on your access application by **Monday 18 November 2019**.

I have identified six documents holding the information within scope of your access application. These are outlined in the schedule of documents included at Attachment A to this decision letter.

Decisions

I have decided to grant access to all documents that fall within the scope of your request. The documents released to you are provided as Attachment B to this letter.

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

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

Charges

Processing charges are not applicable to this request.

Disclosure Log

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 Your personal contact details will not be published.

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



Ombudsman review

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

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

The ACT Ombudsman
GPO Box 442
CANBERRA ACT 2601
Via email: ACTFOI@ombudsman.gov.au.

ACT Civil and Administrative Tribunal (ACAT) review

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

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

Further assistance

Should you have any queries in relation to your request, please do not hesitate to contact the FOI Coordinator on (02) 5124 9829 or email HealthFOI@act.gov.au.

Yours sincerely

A handwritten signature in cursive script that reads "Karen Grace".

Karen Grace
Executive Director
Mental Health, Justice Health and Alcohol and Drug Services

14 November 2019

FREEDOM OF INFORMATION SCHEDULE OF DOCUMENTS

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

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

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

APPLICANT NAME		WHAT ARE THE PARAMETERS OF THE REQUEST			FILE NUMBER	
[REDACTED]		<i>'Briefings prepared for the former Minister for Health and Wellbeing, the Minister for Health and the Minister for Mental Health related to capacity issues related to mental health facilities including the Adult Mental Health Unit at the Canberra Hospital, Dhulwa, mental health facilities at the Calvary Public Hospital Bruce, mental health facilities at the University of Canberra Hospital, Brian Hennessy House and other mental health facilities operated by Canberra Health Services from 1 November 2018.'</i>			FOI19/68	
Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
1.	1 - 7	Ministerial Brief – MCHS19/129 Consultation on the ligature minimisation works at the Adult Mental Health Unit and Mental Health Short Stay Unit	15 May 2019	Full Release		YES
2.	8 - 10	Ministerial Brief – MCHS19/279 Adult Mental Health Unit Model of Care Review	1 August 2019	Full Release		YES

3.	11 - 15	Ministerial Brief – MIN19/895 Costing of Gazettal of Calvary Hospital Emergency Department	8 August 2019	Full Release		YES
4.	16 - 19	Ministerial Brief – MCHS19/370 Update on the ligature minimisation works at the Adult Mental Health Unit and Mental Health Short Stay Unit	27 August 2019	Full Release		YES
5.	20 - 24	Ministerial Brief – MCHS19/382 Current strategies to address demand for acute mental health services (Brief attachment at folio 2)	1 September 2019	Full Release		YES
6.	25 - 26	Advisory Note – MCHS19/357 Dhulwa Occupancy and Waitlist	Undated	Full Release		YES
Total Number of Documents						
6						



MINISTERIAL BRIEF

Canberra Health Services Directorate

UNCLASSIFIED

To: Minister for Mental Health Tracking No.: MCHS19/129

From: Linda Kohlhagen, Acting Chief Executive Officer, Canberra Health Services

Subject: Consultation on the ligature minimisation works at the Adult Mental Health Unit and Mental Health Short Stay Unit

Critical Date: Not applicable

Critical Reason: Not applicable

- CEO .../.../...

Purpose

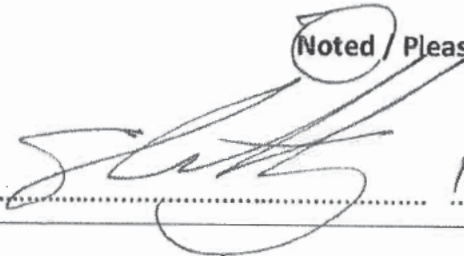
To provide you with an update on the ligature minimisation works to be undertaken in the Adult Mental Health Unit (AMHU) and Mental Health Short Stay Unit (MHSSU), and of the consultation that is occurring for this works.

Recommendation

That you note the information contained in this brief.

Noted / Please Discuss

Shane Rattenbury MLA



15, 5, 19

Minister's Office Feedback

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Background

1. In January 2017, Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS) finalised the *Report on door hardware and design in mental health inpatient units*.
2. Based on the findings from the safety review, ACT Health engaged an external consultant Silver Thomas Hanley in April 2017 to undertake a formal risk assessment within its mental health inpatient facilities.
3. MHJHADS worked with Health Infrastructure Services (HIS) and the consultants to provide comments on the report and to undertake a risk rating exercise to prioritise the recommendations. This activity was completed in August 2017 and approved by the Business Support and Infrastructure Executive Committee (BSIEC) in September 2017.
4. Subject to resolution of a funding source, MHJHADS made a request to HIS to remove the AMHU ensuite doors in December 2017, in advance of the full project completion. Work to remove the ensuite doors commenced in January 2018, however removal of ensuite doors necessitated retrofitting of custom made infill parts that required clinical assessment to avoid unintended consequences.
5. Since January 2018, the ligature minimisation project has progressed over a number of phases.

Phase one works (Complete)

6. Phase 1 works included the removal of 40 ensuite doors within the AMHU and one door in MHSSU. Phase one construction works commenced in April 2018 and were completed in May 2018.

Phase two works (Complete)

7. Phase two works included the fabrication of a prototype bedroom and ensuite complete with preferred ligature minimisation fixtures and fittings, and the subsequent rollout of the nominated products within the AMHU as well as other works identified in the Audit Report (excluding bedroom doors). Phase two construction works commenced in June 2018 and were completed in August 2018.

Phase three works (Commenced on 14 March 2019)

8. Phase three works includes the replacement of bedroom entrance doors, with monitored pressure sensors, electrostatic vision panels, piano hinges and new door handles. These works will be completed progressively and require the decanting of an entire bedroom wing [ie up to eight consumers (maximum number) prior to the commencement of works in each wing].

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9. Phase three construction works have been postponed until the conclusion of the consultation process. It is proposed the works will take appropriately 14 weeks and be scheduled as follows:
- 3 weeks for Preliminary Works including cabling
 - 2 weeks for the Vulnerable Persons' Suite (2 Beds)
 - 2 weeks for the LDU 1 (6 Beds)
 - 2 weeks for the HDU (6 Beds)
 - 1 week for the HDU (4 Beds)
 - 1 week for the LDU 2 (6 Beds)
 - 1 week for the LDU 3 (8 Beds)
 - 2 weeks for the LDU 4 (8 Beds)

Issues

10. The Phase three works present a number of challenges to limit disruption to clinical services and access to construction areas during work hours. This requires providing appropriate decanting options to meet the needs of the mental health service and consumers that would otherwise occupy the bedrooms that will be impacted by the works.

Decanting options

11. A number of possible decanting options were considered for the temporary relocation of patients, including the Acute Surgical Unit (Building 12 level 1) and Ward 7A (Building 1 level 7). However, following an initial assessment of risks, significant infrastructure modifications and increased staffing levels were considered to be required which could not be completed within the project timeframe and would not represent value for money.
12. The preferred option is to convert four existing single bedrooms to double rooms and convert a further four consult/interview rooms in administration areas within the socialisation spine (main common area) of AMHU to single bedrooms. Initial advice from a Fire Engineer and Building Certifier has assisted the contractor to identify the manner in which the rooms can be temporarily converted to bedrooms and allow a Building Approval to be issued. The key fire issues relate to maintaining the existing fire compartments and ensuring smoke separation requirements are met between the converted bedrooms and other patient care areas.

Is this temporary?

Operational impacts

13. The short timeframe for completing the temporary decanting works and the limited ability to procure some ligature minimisation products is expected to require minor changes to clinical operations within AMHU. This will include additional risk assessment around patient placement in reconfigured areas (including the assignment of suitable patients for cohabitation in double rooms) as well as additional staff required for observation and monitoring of consumers in reconfigured areas.

Staffing

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14. During the Phase three works bed numbers will remain unchanged (with the exception of two brief periods during the works in which one or two of the maximum 40 beds will not be available). However, a change to the staffing mix will be required to minimise the impact on mental health consumers during the works and these additional staffing costs will be funded from AMHU operational budget.
15. During the temporary decanting works, one additional security guard will be dedicated to escorting tradespeople and ensure maintenance of a safe work area. This will be reviewed during the initial period in consultation with key stakeholders noting that each empty wing will be secured as a construction site.

Financial Implications

16. Not applicable.

ConsultationInternal

17. The following stakeholders were consulted in the development of temporary decanting works:
 - Acting Executive Director, MHJHADS
 - Management Team, Adult Acute Mental Health Services
 - Director of Nursing, MHJHADS
 - Chief Psychiatrist
 - Infrastructure and Health Support Services, including
 - Staff Accommodation Projects
 - Fire Safety
 - Work Health Safety
 - Security Operations
 - Ward Services

Cross Directorate

18. During February – April 2019, consultation occurred with Dr Meshack Efeoma, from Commercial Services and Infrastructure, Chief Minister, Treasury and Economic Development Directorate, and Mark Moerman from Digital Solutions, ACT Health Directorate.

External

19. Letters were sent to key stakeholders including unions and peak bodies to advise of the proposed temporary changes to AMHU during the ligature minimisation works. The letters articulated the purpose and scope of the works, the program timetable and contacts for enquiries as well as offering an information session for interested parties.
20. An information session was held on 5 April 2019 which included representatives from Mental Health Community Coalition ACT, ACT Mental Health Consumer Network, and the Australian Nursing and Midwifery Federation.
21. Prior to and during this meeting concerns were raised by several agency representatives regarding the consultation process around these proposed works.

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22. In response to these concerns, these works have been temporarily deferred whilst further consultation with internal and external stakeholders occurs. This consultation will be completed over the next couple of weeks and include further information being provided to stakeholders, follow-up meetings as well as organising walk-throughs of the AMHU for stakeholders to demonstrate the proposed planning. The walk throughs of the AMHU will be occurring on 16 and 18 April 2019.
23. A fact sheet outlining the reasons and impact of the temporary decanting and ligature minimisation works along with a map of the AMHU will be provided during the consultation, is at Attachment A.
24. Positively, no agencies expressed any concern regarding the general plan of decanting patients internally within AMHU (as opposed to seeking alternative locations and facilities to accommodate patients during the works).

Work Health and Safety

25. Not applicable.

Benefits/Sensitivities

26. Not applicable.

Signatory Name: Bruno Aloisi

Phone: 41577

Action Officer: Michelle Hemming

Phone: 41099

Attachments

Attachment	Title
Attachment A	Fact Sheet

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ACT
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**Canberra Health
Services**

FACT SHEET

Adult Acute Mental Health – Ligature Minimisation Project

What is the Project?

This \$2.4 million project will address identified ligature risks and improve the safety of mental health inpatient facilities at the Canberra Hospital.



What is involved in the project?

Canberra Health Services is committed to providing a safe environment for inpatient care and support to patients across all mental health inpatient units.

In 2017, Canberra Health Services (previously ACT Health) engaged an external consultant to undertake a formal risk assessment of door hardware and design within its mental health inpatient units. Ligature risks are represented by fittings or fixtures that can be utilised for self-harm by strangulation or hanging.

This process identified a ligature minimisation replacement program to be delivered in 3 phases.

What are the different phases of the project?

- *Phase 1:* Removal of 40 ensuite doors within the Adult Mental Health Unit (AMHU). Works commenced in April 2018 and were completed in May 2018.
- *Phase 2:* Fabrication of a prototype bedroom and ensuite and implementation to test preferred ligature minimisation products, and the subsequent rollout of ligature minimisation products within the AMHU and Mental Health Short Stay Unit (MHSSU). Works commenced in June 2018 and were completed in August 2018.
- *Phase 3:* Installation of new security cabling to each wing and replacement of 40 bedroom entrance doors at AMHU and 6 bedroom doors at MHSSU, with monitored pressure sensors and electrostatic vision panels. These works will be completed progressively and require the decanting of up to 8 patients prior to the commencement of works in each bedroom wing at AMHU. At MHSSU, one bedroom will be taken off-line at a time for works to be completed.

Why is 'decanting' required?

The Phase 3 works present a number of challenges to limit disruption to clinical services. Decanting options were considered for the temporary relocation of patients from

construction areas into other clinical wards that involved significant infrastructure modifications, increased staffing levels and logistical issues with the safe transport of patients.

The preferred option at AMHU is to temporarily convert 4 existing single bedrooms to double rooms and convert a

further 4 consult/interview rooms to single bedrooms. Initial advice from a Fire Engineer and Building Certifier has assisted to identify the manner in which the rooms can be converted to bedrooms and allow a new Building Approval to be issued. Double rooms are standard at Ward 2N at Calvary Public Hospital Bruce and sharing bathroom facilities is common at both Ward 2N and the MHSSU.

What are the steps in the construction process?

Step 1 - Construct bedroom doors, frames and other components offsite to minimise the construction time and impact on inpatient areas.

Step 2 - Create double rooms and additional bedrooms in administration areas by removing identified ligature risks.

Step 3 - Install new security cable runs from the Communications Room to each bedroom wing.

Step 4 - Install a temporary secure wall at entrance of the relevant wing (isolated from the main part of the facility) to allow a safe construction zone for the works.

Step 4.5 - Install a temporary secure (floor to ceiling) wall to create a temporary HDU bedroom wing in the LDU Red bedroom wing.

Step 5 - Remove the existing bedroom door and frame, including hardware. Install new bedroom door, frame, continuous hinge, door pressure sensor, electrostatic vision panel and access control hardware.

Step 6 - Test and commission all components.

Step 7 - Handover each bedroom wing as they are completed.

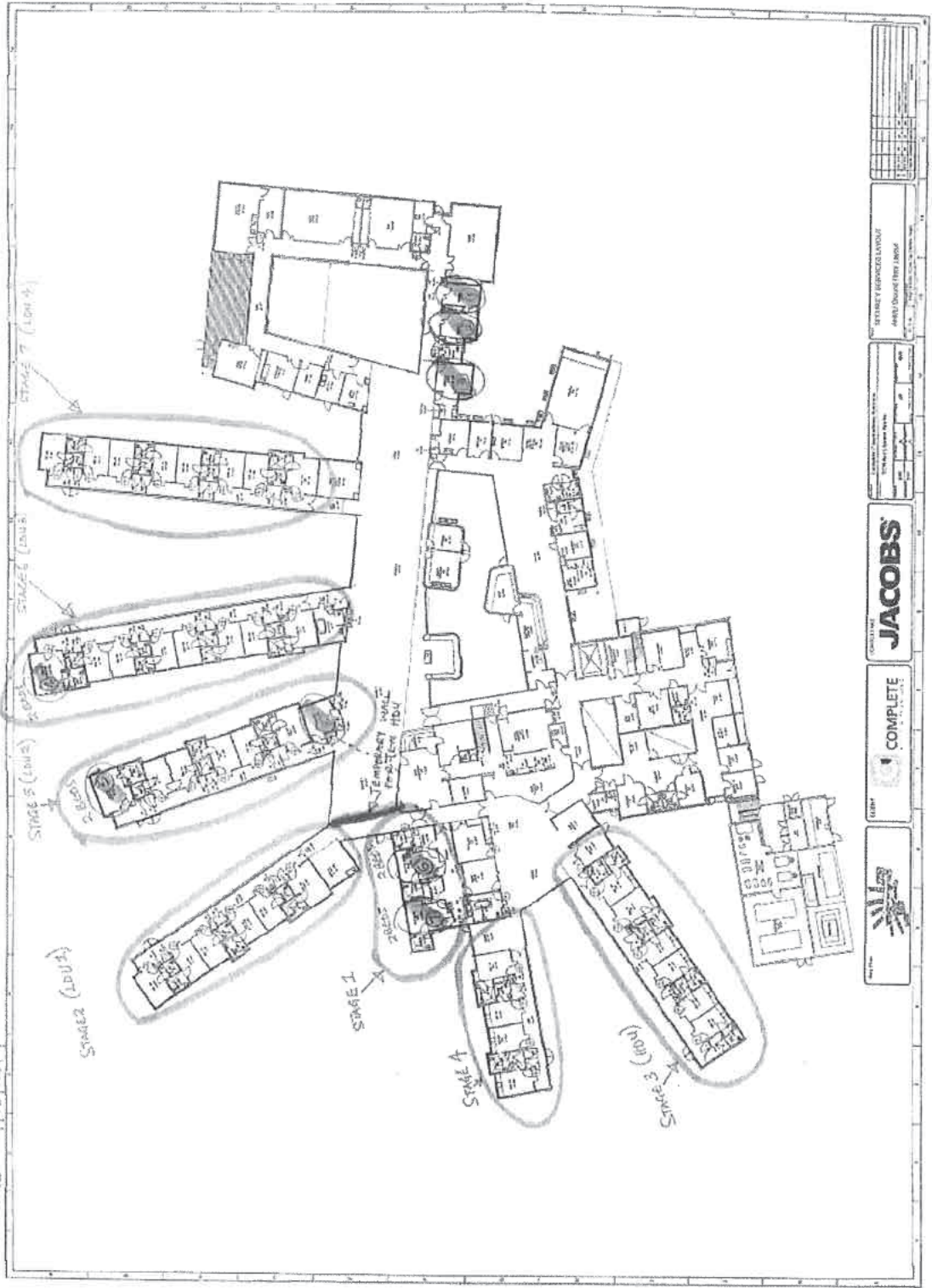
What are the temporary operational changes proposed?

Operational processes are being developed to support bed flow and decision making for patient placement in the repurposed rooms. Ongoing consultation and support will occur with patients and carers in the lead up and throughout the works. Staff engagement and consultation has and will continue to occur.

FACT SHEET

Adult Mental Health Unit Ligature Minimisation Project

UPDATED 29/03/2019





MINISTERIAL BRIEF

Canberra Health Services Directorate

UNCLASSIFIED

To:	Minister for Mental Health	Tracking No.: MCHS19/279 24-JUL 2019
From:	Bernadette McDonald, Chief Executive Officer, Canberra Health Services	
Subject:	Adult Mental Health Unit Model of Care Review	
Critical Date:	Not applicable	
Critical Reason:	Not applicable	

CEO .../.../...

Purpose

To provide you with information in relation to reviewing the Model of Care (MoC) for Adult Acute Mental Health Services (AAMHS).

Recommendation

That you note the information contained in this brief.

Noted / Please Discuss

Shane Rattenbury MLA 1/8/19

Minister's Office Feedback

I would like to hear more about your expectations of what might result from this, → verbal discussion. Also, where do UCH, ECU/BHH and Dhulwa fit in to the considerations?

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Background

1. Acute mental health services are experiencing increasingly high and sustained demand across the system, with existing services at capacity. However, it is unclear where, across the system, additional investment is required to best address this.
2. Traditionally MoCs have been developed to inform infrastructure projects to define the way services will be delivered within new facilities. The Adult Mental Health Unit (AMHU) MoC was written in preparation for the opening of the unit in 2012. In 2018, a revision occurred to update details, such as the *Mental Health Act 2015* and to remove detail now covered in the operational procedures. The Mental Health Short Stay Unit (MHSSU) MoC was written in preparation for the unit opening in 2016 and also underwent a minor revision in 2018.
3. ACT Health undertook the Australian Council on Healthcare Standards Accreditation process on 19-23 March 2018. The Australian Commission on Safety and Quality in Health Care (the Commission) Advisory Note A13-01, and the subsequent National Safety and Quality Health Service Standards (NSQHS) Survey Not Met Report, both identified extreme and significant risks at AMHU requiring immediate action.
4. In addition, the Not Met Report recommended Canberra Hospital and Health Services commission an immediate external review of all Mental Health Inpatient Units, Alcohol and Drug, and Justice Health facilities to assess the level of safety and risk to consumers in the service.
5. The Independent Review was undertaken, and a number of recommendations were made addressing issues related to governance, workforce, quality and safety, including closed circuit television (CCTV) inside the AMHU. The Mental Health Advisory Body, chaired by Sue Murray of Suicide Prevention Australia, was established to provide oversight of the implementation of the recommendations.
6. In addition, there are a number of recommendations from the Clinical Review Committee and the MHJHADS Mortality and Morbidity Committee processes which require a plan for implementation.

Issues

7. In light of this, there is a need to take a whole of service approach to ensuring that the acute services provide best practice care across the system.

Proposal

8. A project will be undertaken to review the existing MoCs across Canberra Health Services (CHS) and make recommendations to strengthen the existing service to better meet demand whilst providing a safe and effective environment for care.

Process

9. The review will take a co-design approach with involvement of key stakeholders including consumer and carer groups in all stages of the project including finalising the scope and design.

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Scope (TBC)

10. The review will include the AMHU, the MHSSU, the Mental Health Consultation Liaison (MHCL Team), inclusive of the Emergency Department as well as interfaces with Community Services (Government and Non-Government), referrers (including GPs) and Calvary Public Hospital Bruce.

Timelines

11. Formal timelines are yet to be determined, however the indicative timelines are:
- August 2019 – recruitment of project officer and commence initial consultation/design phase;
 - October 2019 – present project plan including consultation plan to MH advisory body;
 - March 2020 – review complete;
 - June 2020 recommendations endorsed; and
 - December 2020 recommendations implemented.

Financial Implications

12. The position can be funded initially within existing resources for up to six months. Recommendations from the review may have implications for funding which will be managed through the usual budget processes.

ConsultationInternal

13. Not applicable.

Cross Directorate

14. Not applicable.

External

15. Not applicable.

Work Health and Safety

16. Not applicable.

Benefits/Sensitivities

17. Not applicable.

Communications, media and engagement implications

18. Not applicable.

Signatory Name: Karen Grace

Phone: 5124 1577

Action Officer: Helen Braun

Phone: 5124 1099

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MINISTERIAL BRIEF

ACT Health Directorate

UNCLASSIFIED

To:	Minister for Mental Health	Tracking No.: MIN19/895
CC:	Minister for Health Ms Bernadette McDonald, Chief Executive Officer, Canberra Health Services Mr Mark Dykgraaf, Calvary Bruce Public Hospital	
From:	Michael De'Ath, Director-General, ACT Health Directorate	
Subject:	Costing of Gazettal of Calvary Hospital Emergency Department	
Critical Date:	Not applicable	
Critical Reason:	Not applicable	

- DG .../.../...

Purpose

To provide preliminary costings for the gazettal of the Emergency Department at Calvary Hospital and advise on work being undertaken, pending consideration of funding during the 2020-21 Budget process, to increase the capacity of mental health services.

Recommendations

That you:

1. Note the update provided in this brief in relation to increasing the capacity of mental health services;

Noted / Please Discuss

2. Agree to pursue development of a low-cost option, including an associated model of care, with a budget bid for consideration in the 2020-21 Budget; or

Agreed/ Not Agreed/ Noted / Please Discuss

3. Agree to pursue development of a higher cost option, including associated model of care, with a budget bid for consideration in the 2020-21 Budget; or

Agreed/ Not Agreed/ Noted / Please Discuss

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4. Agree to pursue development of a range of options (low to high cost), including associated models of care, with a budget bid for consideration in the 2020-21 Budget.

Agreed/ Not Agreed/ Noted / Please Discuss

Shane Rattenbury MLA

8/8/19

Minister's Office Feedback

Clearly a fully developed model of care is the best approach, but given the escalating numbers of people needing care, and in particular the pressure on the ED, we need to make a decision on which option to proceed with, ~~and~~ and cannot simply explore options.

Background

1. You agreed work be undertaken to cost capital works and workforce investments required to gazette the Emergency Department at Calvary Public Hospital Bruce (CPHB) under MIN19/756 (Attachment A). This brief provides an update and ACT Health Directorate's (ACTHD) initial advice.

Issues

2. In preparing this advice, ACTHD considered the requirements of establishing an operational gazetted Emergency Department, and the resulting infrastructure to support integration into the hospital.
 - a. The challenge in determining the best option, is the absence of an agreed Territory-wide model of care.
 - b. Without a model of care, there remains a number of options that could be explored, each with different costs, and patient and system outcomes.
 - c. Permitting infrastructure investments to lead policy and care considerations can provide downstream risks.
3. The lowest cost option of gazetting the Emergency Department, with an associated behavioural assessment suite, is estimated to cost \$2 million.
 - a. This option would satisfy the minimum requirements to offer some operational capability.
 - b. It would be limited in the types of patients that could be managed, and would require arrangements for safely transporting patients to Canberra Health Services if required (providing effectively two entrance points for CHS to manage for patients with higher acuity).

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- c. Analysis is required to map likely patient flows and impacts on patient and system outcomes under this option. However, it provides a starting point and an investment that could be scaled, and expanded on, in the future.
- 4. Alternatively, a higher level option, based on the cost estimates provided by Calvary Public Hospital Bruce (CPHB), provides for gazettal of the Emergency Department and an additional 20 beds. This includes four beds in the Emergency Department, and refurbishment for a 16 bed mental health unit with high dependency capacity.

Cost Impact	Total <i>\$ million</i>	Year 1 <i>\$ million</i>	Year 2 <i>\$ million</i>	Year 3 <i>\$ million</i>	Year 4 <i>\$ million</i>
Expense		14.05	14.30	14.65	15.00
Capital	7.97				

- 5. The proposed infrastructure works under either option could be undertaken separately to the expansion of the Emergency Department due to be completed in Quarter 1 2020, as a variation to the construction contract or after completion.
 - a. For both options, the absence of a documented Territory-wide model of care prevented ACTHD quantity surveyor from formally reviewing costings.
 - b. However, our desktop review of the required spaces for a de-escalation suite benchmarked against the Australasian Health Facility Guidelines, and current market costs for design and construction in the ACT, indicate the costings to be reasonable.
 - c. The costings provided by Calvary do not include costs to relocate existing beds in the Older Person's Mental Health Unit at CPHB, to allow for expansion of acute adult inpatient capacity. It has not been agreed that relocation of the service to another location is consistent with future service needs.
- 6. Developing a model of care for this service would benefit from being developed in the context of a wider review of system requirements for mental health services in the Territory.
 - a. The Territory-Wide Mental Health Governance Committee (TWMHGC) is progressing this work, with a view to delivering a recommended model of care by early 2020.
 - b. Consideration is being given to the most appropriate model of care to support an early gazettal of CPHB's Emergency Department during this process.
 - c. This work will assist in refining the scope and associated costings in the proposed Business Case.

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7. Depending on your decision, the TWMHGC will progress a business case seeking funding in the 2020-21 Budget, in parallel to developing the recommended model of care. The business case will include options of differing levels of service and integration into CPHB.
 - a. A more rigorous assessment of costs will be undertaken by a quantity surveyor as part of business case development, as the model of care becomes clearer.
8. A number of other options for managing growth in demand for Mental Health services and Emergency Departments in the Territory have been identified, and are being progressed by the TWMHGC. These include:
 - a. strategies that will improve service capacity, including access by CPHB to expanded mental health teams in the community;
 - b. development of a more clinically responsive service for people requiring assessment under s309 of the *Crimes Act 1900*, as occurs in other Australian jurisdictions; and
 - c. exploring working arrangements for a Territory-wide Clinical Director.
9. Data gathered during the costing review shows that in 2018-19, of 137 patients referred to CHS Emergency Department under a s309 order for removal to an approved facility, 83 were admitted. The Forensic Mental Health team at the court recommended 80 of the 137 patients required assessment at the hospital.
 - a. This indicates a substantial number of referrals to the Emergency Department could have been avoided if the decision was on the advice of the Forensic Mental Health Team through assessment facilities at the court.

Financial Implications

10. Calvary Health Care Bruce (CHCB) provided cost estimates to you on 24 June 2019.
11. Additional funding will be sought in the 2020-21 Budget for the estimated cost of infrastructure and additional staffing required to gazette the Emergency Department at Calvary Public Hospital Bruce.

ConsultationInternal

12. The Chief Psychiatrist, Mental Health Policy, Health System Strategies and Program Support, and the Strategic Infrastructure Division was consulted in the preparation of this advice.

Cross Directorate

13. The Chief Operating Officer of Canberra Health Services and the Mental Health, Justice Health and Alcohol & Drug Division was consulted in the preparation of this advice.

External

14. The General Manager and the Manager of Public Mental Health Services at Calvary Public Hospital Bruce was consulted in the preparation of this advice.

Work Health and Safety

15. Not applicable.

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Benefits/Sensitivities

16. There would likely be some redistribution of allocated activity between CPHB and Canberra Hospital for any of the proposed changes.
17. CHCB has estimated the gazettal option for which they provided costings will increase the workforce at CPHB by an additional 91.45 FTE. Canberra Health Services (CHS) has expressed some concern about the impact of an increase in staffing at CPHB of this level on staffing retention and recruitment at CHS, should the model upon which CPHB has developed costings be implemented.

Communications, media and engagement implications

18. Not applicable.

Signatory Name: Dave Peffer

Phone: 49656

Action Officer: Jacinta George

Phone:499808

UNCLASSIFIED



MINISTERIAL BRIEF

Canberra Health Services Directorate

UNCLASSIFIED

To:	Minister for Mental Health	Tracking No.: MCHS19/370
From:	Bernadette McDonald, Chief Executive Officer	
Subject:	Update on the ligature minimisation works at the Adult Mental Health Unit and Mental Health Short Stay Unit	
Critical Date:	Not applicable	
Critical Reason:	Not applicable	

- CEO .../.../...

Purpose

To provide you with an update on the ligature minimisation works currently underway in the Adult Mental Health Unit (AMHU) and Mental Health Short Stay Unit (MHSSU), and the consultation that is occurring for this works.

Recommendation

That you note the information contained in this brief.

Noted / Please Discuss

Shane Rattenbury MLA

[Handwritten signature]
27/8/19

Minister's Office Feedback

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Background

1. In January 2017, Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS) finalised the *Report on door hardware and design in mental health inpatient units* and subsequently engaged an external consultant Silver Thomas Hanley in April 2017 to undertake a formal risk assessment within its mental health inpatient facilities.
2. Since January 2018, the ligature minimisation project to implement the recommendations of this work has progressed over a number of phases.

Phase one works (Complete)

3. Phase 1 works included the removal of 40 ensuite doors within the AMHU and one door in MHSSU. Phase one construction works commenced in April 2018 and were completed in May 2018.

Phase two works (Complete)

4. Phase two works included the fabrication of a prototype bedroom and ensuite complete with preferred ligature minimisation fixtures and fittings, and the subsequent rollout of the nominated products within the AMHU as well as other works identified in the Audit Report (excluding bedroom doors). Phase two construction works commenced in June 2018 and were completed in August 2018.

Phase three works (underway)

5. Phase three works includes the replacement of bedroom entrance doors, with monitored pressure sensors, electrostatic vision panels, piano hinges and new door handles. These works were delayed to enable an extensive consultation process to occur which was undertaken in April 2019.
6. Phase three works commenced on 23 July 2019 will be completed progressively and require the decanting of an entire bedroom wing (i.e. up to eight consumers (maximum number) prior to the commencement of works in each wing). It is anticipated that all works (including MHSSU) will be complete by November 2019.

Issues

7. The phase three works present a number of challenges to limit disruption to clinical services and access to construction areas during work hours. This requires providing appropriate decanting options to meet the needs of the mental health service and consumers that would otherwise occupy the bedrooms that will be impacted by the works.

Decanting Plan

8. A number of possible decanting options have been considered and following a comprehensive risk assessment process, the following range of options have been determined to provide the safest and most flexible solution:
 - a. A sub-acute pod containing five bedrooms has been created within the Adult Mental Health Rehabilitation Unit (AMHRU) at University of Canberra

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Hospital (UCH). This will enable the transfer of up to five suitable patients (based on referral criteria) to the unit regardless of whether they fit the rehabilitation criteria. These patients are likely to be those with barriers to discharge from AMHU;

- b. Utilisation of four bed bay within ward 7b for the care of patients who are risk assessed as being suitable. Residual risk will be managed through basic ligature minimisation works, careful patient selection and generous staffing allocations; and
 - c. Conversion of four non-bedroom spaces within the Low Dependency Unit (LDU) into temporary bedrooms. These rooms all have dual egress however the doors open inwards. Residual risk will be managed through operational procedures, increased staffing and careful selection of patients.
9. The previously advised plan to convert four existing single rooms into double rooms has been abandoned due to significant barriers to identify a suitable option for dividing the room.

Operational impacts

10. Decisions about bed allocation will be made by the psychiatric team and be risk assessed to ensure that the safest option is selected on a case by case basis.
11. Where a patient requires a bed and a suitable option is not available, current processes to determine ability to move patients will be followed. Wherever possible decisions regarding placement of patients will be made during business hours.
12. Recent changes to patient flow processes have included a daily afternoon report indicating which patients could safely be cared for elsewhere in the system should a bed be required. This includes AMHU, AMHRU, Older Persons Mental Health Unit (OPMHU), 2N and MHSSU, as well as ward 7B when required.
13. Additional staff including nurses, wardsmen and/or security guards will be deployed during the duration of the works as required.

Financial Implications

14. Not applicable.

ConsultationInternal

15. A meeting was held with staff on 19 July 2019 prior to hand over of the first two rooms on 23 July 2019. This meeting provided staff with an opportunity to ask questions and raise concerns. Written information sheets were also provided at this meeting, these will be updated regularly as the work progresses.

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External

16. Letters were sent to key stakeholders including unions and peak bodies to advise of the proposed temporary changes to AMHU during the ligature minimisation works. The letters articulated the purpose and scope of the works, the program timetable and contacts for enquiries as well as offering an information session for interested parties.
17. An information session was held on 5 April 2019, which included representatives from Mental Health Community Coalition ACT, ACT Mental Health Consumer Network and the Australian Nursing and Midwifery Federation and walk throughs of AMHU with external stakeholders occurred on 16 and 18 April 2019.
18. An information brochure about the works has been developed and provided to current patients within the unit to explain the works being undertaken.

Work Health and Safety

19. The Director of Work Health Safety (WHS), Canberra Health Services has been directly involved throughout the project and attended consultations with staff.

Benefits/Sensitivities

20. Not applicable.

Signatory Name: Karen Grace

Phone: 41577

Action Officer: Kelly Daly

Phone: 41099

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MINISTERIAL BRIEF

Canberra Health Services Directorate

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To: Minister for Mental Health

CC: Minister for Health

From: Bernadette McDonald, Chief Executive Officer, Canberra Health Services

Subject: Current strategies to address demand for acute mental health services.

Critical Date: Not applicable

Critical Reason: Not applicable

Tracking No.: MCHS19/382

21 AUG 2019

- CEO .../.../...

Purpose

To provide advice on current strategies in place across Canberra Health Services (CHS) to address the high demand for Mental Health Services.

Recommendations

That you:

1. Note the information contained in this brief; and

Noted / Please Discuss

2. Agree to provide a copy of this brief to the Minister for Health.

Agreed / Not Agreed / Please Discuss

Shane Rattenbury MLA 1/9/19

Minister's Office Feedback

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Background

1. Acute mental health services experience increasingly high and sustained demand across the system with existing services at capacity. However, it is unclear where across the system, additional investment is required to best address this.
2. You were recently advised on the plan to review the Model of Care for Acute Mental Health Services across the system (Attachment A). This project will take twelve months and in the interim a number of strategies are required to manage current levels of demand on the services.
3. The Adult Mental Health Unit (AMHU) at Canberra Hospital consists of 10 High Dependency (HDU) and 30 Low Dependency (LDU) beds. There is also a six bed Mental Health Short Stay Unit (MHSSU) within the Emergency Department (ED) footprint.
4. Canberra Hospital ED is the only gazetted ED in the ACT and therefore must accept and assess all consumers who present to the ED under the Mental Health Act either under an Emergency Action (EA) or a S309 referred from the Courts.
5. You have been briefed by the ACT Health Directorate in relation to consideration of whether it is feasible to Gazette the ED at Calvary Public Hospital Bruce (Attachment B).
6. Regardless of the outcome of these discussions, or the activities of the newly formed Territory Wide Mental Health Governance Committee, Canberra Health Services (CHS) need to implement strategies to address immediate demand pressures.

Issues

7. Canberra Hospital ED regularly experiences bed block for Mental Health patients with recent data indicating that 3.5 per cent of presentations to the ED are for Mental Health problems and that this cohort represent up to 50 per cent of bed block minutes.
8. Mental Health patients require specific accommodation and therefore are not easily accommodated in general areas of the hospital.
9. Mental Health, Justice Health and Alcohol & Drug Services (MHJHADS) are responsible for a number of acute Mental Health Services across the Territory including inpatient units at AMHU, MHSSU, Adult Mental Health Rehabilitation Unit (AMHRU) at University of Canberra Hospital, Dhulwa Secure Mental Health Unit (Dhulwa) and the Extended Care Unit at the site of Brian Hennessy Rehabilitation Centre.
10. With the exception of AMHU, all of these units have clear exclusion and inclusion criteria. This has led to the AMHU accommodating all patients who sit outside of the other Models of Care. In recent times, MHSSU has also been affected as it is increasingly required to accommodate overflow from the AMHU.

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11. A number of strategies have been introduced over the past three months including:

- a. Patient Flow Coordinator – this role has provided increased visibility of bed capacity across the system (including Calvary) and supported a proactive approach to increasing movement of patients. This includes twice daily bed capacity reporting including all inpatient units and identification of patients suitable to be cared for in other settings. This enables creation of capacity for HDU beds in particular.
- b. Five bed sub-acute pod in AMHRU – this pilot will run until the end 2019 and support the ligature minimisation works at AMHU, whilst concurrently demonstrating whether there is a need for additional sub-acute beds in the system. A proposal has been developed and the pilot has gone live as of 6 August 2019. This will enable patients with barriers to discharge; to be cared for in a less restrictive environment than AMHU, with access to day programs, regardless of whether they meet the criteria for rehabilitation.
- c. Dedicated Consultant Psychiatrist in Emergency Department – Traditionally the ED interface has been managed by a registrar with support from consultants from the Consultation Liaison Service and AMHU. A dedicated consultant has been allocated full time (business hours Monday to Friday) to enable timely assessment and planning for people presenting with mental health conditions. This will also enable better relationships with the ED consultants.
- d. Cross Directorate Forum with Justice and Community Safety Directorate (JACS) including Emergency Services – regular meetings have been established to identify and progress issues impacting across services with an aim to streamlining processes which impact both emergency services and the ED. Working with Emergency Services will provide the opportunity to review the current processes for transfer to ED under an EA. There were 1171 people transported to the Canberra Hospital ED on Emergency Detention by Authorised Ambulance Paramedics during the 2018-19 financial year. This represents a 330 per cent increase. Of these, only 156 (14.6 per cent) were assessed as requiring a 3 Day Emergency Detention. The development of the PACER model will also assist in addressing this situation.
- e. Consideration of alternative approaches to S309 assessment – in collaboration with the Chief Psychiatrist, alternative approaches will be investigated including the feasibility of undertaking these assessments at the Court rather than transferring to the Canberra Hospital ED for assessment. Approximately 50 per cent of people referred for a S309 Assessment do not require admission.

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- f. Creation of a four bed area within ward 7B – ward 7B at Canberra Hospital is a medical ward which often accommodates patients with physical health conditions and concurrent Mental Illness. These physical problems are often associated with their mental illness (e.g. Suicide attempts or eating disorders). There is a four bed pod within the ward that has been identified as suitable and used intermittently for “surge” capacity for mental health patients. A risk assessment has been undertaken which has identified some ligature risks. Consultation with consumer groups and unions has commenced prior to minor ligature minimisation works being undertaken. In the interim risk is being managed through increased staffing levels and supervision.
12. Despite the above strategies, management of some individual patients remains difficult, particularly in relation to those requiring seclusion and sedation in the ED. This creates challenges for their safe transfer to the HDU in AMHU. For example, when patients are particularly aggressive and require significant amounts of sedation to manage their aggression, their transfer to the AMHU requires medical supervision by an ED physician and transport by ACT Ambulance Service, rather than by routine CHS transport. The services are working together on a plan to manage these people including consideration of individual management plans for known high risk individuals.

Financial Implications

13. Not applicable.

ConsultationInternal

14. MHJHADS, Critical Care and the CHS Access unit, Office of the Chief Operating Officer were involved in the development of the strategies outlined in this brief. Extensive consultation will occur through the review of the Acute Model of Care (MOC) project.

Cross Directorate

15. The Chief Psychiatrist, the Mental Health Policy Unit and the Office of Mental Health and Wellbeing have been consulted in the development of the strategies outlined in this brief. Extensive consultation will occur through the review of the Acute MOC project.

16. JACS, where relevant, has been consulted.

External

17. Consumer groups and Unions have been consulted in the development of the strategies outlined in this brief. Extensive consultation will occur through the review of the Acute MOC project.

Work Health and Safety

18. Not applicable.

Benefits/Sensitivities

19. Not applicable.

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Communications, media and engagement implications

20. Not applicable.

Signatory Name: Karen Grace Phone: 41577
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Attachment	Title
Attachment A	Adult Mental Health Unit Model of Care Review - MCHS19/279
Attachment B	Costing of Calvary ED Gazettal – COR19/15524

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ADVISORY NOTE

Minister for Mental Health

Trim Ref: MCHS19/357	Dhulwa Occupancy and Waitlist
Critical Date:	Not applicable
Chief Executive Officer:	Bernadette McDonald/...../.....

Minister’s question:

Capacity at Dhulwa Mental Health Unit (Dhulwa) including current occupancy, occupancy over the previous three months and further information relating to the Dhulwa waitlist.

Canberra Health Services response:

Dhulwa is a 25 bed secure mental health facility. In November 2016, Dhulwa was commissioned and 10 beds were opened in the acute wing of the unit. Dhulwa Stage 2 was commissioned on 29 May 2018 with the opening of seven rehabilitation beds. The remaining eight beds have not yet been commissioned.

There has been a gradual increase in Dhulwa occupancy since the commission of Stage 2 in May 2018, across both the acute and rehabilitation wings of the unit. The ability to increase occupancy has been heavily influenced by clinical demand, balanced with the ability to support the safe operationalisation of beds in context of workforce challenges, more specifically the attraction and retention of senior clinical staff and specialist Forensic Psychiatrists.

Over the last three months, occupancy can be reflected as follows:

- June 2019
 - Acute unit 50 per cent
 - Rehabilitation program 100 per cent
- July 2019
 - Acute unit 60 per cent
 - Rehabilitation 100 per cent
- August 2019
 - Acute unit 80 per cent
 - Rehabilitation 100 per cent

Dhulwa reached 100 per cent occupancy on the receipt of two acute admissions on 2 and 5 September 2019. All commissioned inpatient beds are now in use across both the rehabilitation and acute units.

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Dhulwa currently has one person on the waitlist for a rehabilitation bed. This person has been waiting for a period of 130 days. This management of this referral is closely monitored through the Assessment and Admission Panel (AAP), chaired by the Clinical Director of Forensic Mental Health Services in collaboration with their current treating team.

A second referral for a rehabilitation bed was received on 27 August 2019. This referral is currently in being processed, pending consideration by AAP for admission.

The person on the waitlist and the current referral are both currently detainees in the Alexander Maconochie Centre (AMC).

Noted / Please Discuss

.....

**Shane Rattenbury MLA
Minister for Mental Health**

.../.../...

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