

Daniel

**Daniel Guthrie**

Senior Director | Work Health Safety  
People and Culture | Canberra Health Services

Level 1, Building 23 | Canberra Hospital

Phone: 5124 9544 | [REDACTED]

Email: [daniel.guthrie@act.gov.au](mailto:daniel.guthrie@act.gov.au)

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**Canberra Health  
Services**

**From:** Smithers, Tyrone <[Tyrone.Smithers@worksafe.act.gov.au](mailto:Tyrone.Smithers@worksafe.act.gov.au)>

**Sent:** Wednesday, 30 March 2022 1:53 PM

**To:** Guthrie, Daniel (Health) <[Daniel.Guthrie@act.gov.au](mailto:Daniel.Guthrie@act.gov.au)>; Kleinig, Peta (Health) <[Peta.Kleinig@act.gov.au](mailto:Peta.Kleinig@act.gov.au)>

**Cc:** Lauder, Jamie <[Jamie.Lauder@worksafe.act.gov.au](mailto:Jamie.Lauder@worksafe.act.gov.au)>; Setttee, Madeleine

<[Madeleine.Setttee@worksafe.act.gov.au](mailto:Madeleine.Setttee@worksafe.act.gov.au)>

**Subject:** Dhulwa Mental Health facility

OFFICIAL

Good Afternoon to you both,

I am unsure who is the best person to organise this through. I believe you have had contact with Brooke Grey to some degree regarding this matter

I just wanted to touch base and see if we could organise a time to attend the facility, to familiarise ourselves with the layout of the location.

At this stage we are free Tuesday or Wednesday morning next week, if that is suitable for you.

Kind Regards, Tyrone.

Tyrone Smithers | Assistant Director, Major Investigations Team

PH: 02 6205 1989 - EMAIL: [Tyrone.Smithers@worksafe.act.gov.au](mailto:Tyrone.Smithers@worksafe.act.gov.au)

Office of the Work Health and Safety Commissioner

GPO Box 158 Canberra ACT 2601

**WORKSAFEACT**



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Government

I acknowledge the traditional custodians of the ACT the Ngunnawal people, and their continuing connection to land and community. I pay my respect to them, and to the Elders both past and present.

**Daly, Kelly (Health)**

---

**From:** Harper, Charlotte (Health)  
**Sent:** Tuesday, 5 April 2022 4:32 PM  
**To:** Daly, Kelly (Health); CHS ED MHJHADS  
**Subject:** Fwd: RESPONSE DUE BY 4PM WEDNESDAY: Canberra Weekly - Dhulwa Mental Health Unit

**Categories:** Kelly

OFFICIAL

Charlotte Harper  
 [REDACTED]

---

**From:** MaraisvanVuuren, Julia <Julia.MaraisvanVuuren@act.gov.au>  
**Sent:** Tuesday, April 5, 2022 4:03:49 PM  
**To:** Canberra Health Services Media <CHSmedia@act.gov.au>  
**Subject:** RESPONSE DUE BY 4PM WEDNESDAY: Canberra Weekly - Dhulwa Mental Health Unit

Hi Charlotte,

Can you please provide assistance responding to this one? The journalist has requested a response by COB tomorrow, so let's aim for a 4pm deadline.

I won't attribute the whole response to the Minister since some of the questions are quite operational. So will tweak the response slightly into direct quotes from the Minister and ACT Government spokesperson answers – so hoping to have that 4-5 gap to do that and get it cleared by the Minister!

Thanking you in advance for this one.

Julia Marais-van Vuuren (she/her)

Communications Adviser | Minister Emma Davidson and Minister Rebecca Vassarotti

**E:** Julia.MaraisvanVuuren@act.gov.au

<https://greens.org.au/act/assembly>



**From:** [REDACTED]  
**Sent:** Tuesday, 5 April 2022 3:41 PM  
**To:** MaraisvanVuuren, Julia <Julia.MaraisvanVuuren@act.gov.au>  
**Subject:** Canberra Weekly - Dhulwa Mental Health Unit

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Hello Julia,

We've received a media release from the Australian Nursing and Midwifery Federation: ACT Branch calling on the ACT Government to conduct an urgent inquiry into the operation of the Dhulwa Mental Health Unit; nurses have

reported 100 physical assaults in the last six months. Branch secretary Matthew Daniel's statement is below. Could we get a response from Emma Davidson, please?

Some further questions:

- The ANMF raised the issue in 2018 – what has the ACT Government's response been?
- What has the ACT Government heard from staff at Dhulwa?
- Does the ACT Government consider Dhulwa a problem? What has caused it? How can it be improved?
- What is the staff turnover?
- Dhulwa provides mental health care for people (likely to become) involved with the criminal justice system. How does it compare to similar institutions in other states?
- Dhulwa is a low to medium security facility. The website states security at Dhulwa is "integrated with safety and clinical practice, which includes physical and procedural components and the skill of clinical staff". What does that mean in practice? How could it be improved?
- Are staff directed not to disengage / withdraw from unsafe situations involving violent and aggressive patients, and instructed to let patients vandalise public property? If so, why?

Thank you in advance,

Journalist

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ANMF ACT Branch Secretary, Matthew Daniel commented: "Nurses working at Dhulwa Mental Health Unit reported over 100 physical assaults by patients over a six-month period to February, with several Nurses sustaining significant injuries including a broken arm, broken nose and broken fingers". He went on to say: "On the back of so many assaults, and with no sign of the Government intervening to provide a safe work environment, one Nurse has described working at the facility like being 'sent into the killing fields'."

Mr Daniel continued: "While the Government has praised Nurses for their hard work during the two years of the COVID pandemic, Nurses have had enough of giving everything they have but being taken for granted with unsafe workplaces". Mr Daniel added: "Nurses and Midwives across the public health system are fed-up with the ACT Government for not responding to their safety and workload concerns, but the situation at Dhulwa represents a particularly serious example of the Government's failure to respond where there is an imminent risk of a catastrophic event".

Mr Daniel added: "Dhulwa Nurses report being directed not to disengage or withdraw from unsafe situations involving violent and aggressive patients and instructions to allow patients to vandalise public property".

Reflecting on Dhulwa member concerns, Mr Daniel stated: "The culture at Dhulwa, which pits patient rights against the rights of Nurses to work in a safe environment, is completely rotten. Most worryingly, the Government appears to be blaming Nurses for the level of occupational violence at Dhulwa."

"The Government seems content to stand-by while poor governance, confused patient management, inconsistent and opaque systems of work, appalling HR practices and toxic relationships have created an environment where occupational violence has become business as usual at Dhulwa".

"It's not surprising then that staff turnover is high at Dhulwa, and senior staff brought into address problems have reportedly left soon after being assaulted themselves," said Mr Daniel.

"The ANMF is equally concerned about the level of distress with Dhulwa Nurses recently telling the Government about the detrimental effects that working at the facility is having on their mental health and their relationships with family."

"Nurses have pleaded with the Government to keep them safe," said Mr Daniel.

He added: "the situation at Dhulwa has not changed since the ANMF first raised safety and culture issues back in 2018, and it's well past the time for a significant intervention by Government to keep our Nurses safe".

Mr Daniel concluded by saying that: "in evidence provided to the ACT Legislative Assembly Standing Committee on Health and Community Wellbeing on 21 February 2022, the Government demonstrated a poor understanding of the



safety systems and policies purportedly in place to keep Nurses safe at Dhulwa, adding to the ANMFs call for an urgent inquiry into the operation of the facility."

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## ADVISORY NOTE

Minister for Mental Health

TRIM Ref: MCHS22/238	Occupational Violence at Dhulwa
Critical Date	5 April 2022
Chief Executive Officer	Dave Pepper ...../...../.....

### Minister's question/s:

Provide an update on Occupational Violence at Dhulwa Mental Health Unit (Dhulwa)

### Canberra Health Services' response:

Following receipt of indirect feedback relating to Dhulwa Mental Health Unit from the Australian Nursing and Midwifery Federation (ANMF), concerns raised have been grouped into key themes.

The Director of Nursing (DON) for Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS) is in regular contact with the ANMF and providing updates of the status of activities occurring at Dhulwa.

Last incident of a physical assault/interaction at Dhulwa occurred on 13 March 2022.

### Safety Concerns

Canberra Health Services (CHS) has an organisational priority to ensuring staff feels safe at work, and MHJHADS take the safety concerns of staff very seriously.

MHJHADS designated an Assistant Director of Nursing, Clinical Projects who is driving implementation of the division's Occupational Violence (OV) Strategy.

Given the recent challenges at Dhulwa, the project officer is focused on ensuring staff within the unit have priority access to OV training and feel supported in the practical implementation of the training principles.

As of 5 April 2022, over 50 per cent of Dhulwa staff have received OV training. It is anticipated that all Dhulwa staff will have completed the practical training by end of April 2022.

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At staff meetings in all mental health inpatient units, the DON outlined the OV strategies in place, Attachment A, what opportunities and supports are available, and how these can be utilised.

Approved funding for strategies that will help reduce OV include:

- Reinvigorating of Safewards methodology;
- Structured day with increased occupational activities program for consumers;
- Environmental improvements (Audio Visual (AV) upgrade in De-escalation, sensory equipment, massage chair);
- Focus on challenging restrictive practices, which are flash points for risk of aggression;
- Supporting staff to understand roles and responsibilities; and
- Trialing reviewed inpatient leave application processes; another flash point for risk of aggression.

All nursing staff at Dhulwa have been given the opportunity to work across different mental health inpatient units across the CHS. Redeployment can be temporary or long-term. To date, no nursing staff have taken up this option. There are several benefits of Dhulwa nursing staff working across different units, these include:

- a break away from a forensic environment;
- teamwork and engagement with colleagues in different work environments and with different skillsets;
- opportunity to further develop skills and experience in delivering mental health services to a broad range of consumers;
- exposure to demonstrated OV training principles and de-escalation techniques in practice in different units; and
- return to their usual work environment and discuss ideas or key learnings.

### **Worksafe investigation**

Worksafe plan to visit Dhulwa this week.

### **WHS investigation**

An investigation into the incident in October 2021 leading to a termination of contract, is now complete and has been shared with the ANMF.

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**Staff Engagement**

Consultation is a key component in the development of proposed changes to policies and procedures and feedback is not only welcomed but encouraged.

Regular communication from the leadership team, including the Assistant Director of Nursing (ADON) and DON are intended to be informative but also collaborative. Managers are eager to partner with staff to ensure the provision of safe and high-quality care, both from the staff and consumer perspectives.

Some of the areas that staff are encouraged to engage in are:

- Staff are invited to attend Restraint, Seclusion and Restrictive Practices meetings to better understand the governance related to restrictive practices;
- Security and Restrictive Practices meetings review incidents of concern to ascertain areas for improvement including multi-disciplinary responses to incidents;
- Staff are invited to contribute to the development and review of individual consumer Behavioral Support Plans;
- Monthly complex care reviews/education sessions are held for all staff to share learnings particularly related to complex presentations with behavioural concerns;
- Staff are encouraged and supported to engage with consumers to develop therapeutic rapport;
- Staff are supported to understand their own responsibilities in keeping themselves, colleagues, and consumers safe;
- Twice weekly incident de-briefings provide staff with opportunities to escalate any concerns, as well as discuss key learnings from recent consumer interactions;
- Regular and ongoing OV scenario training to support retention of incident response skills in the sub-acute setting; and
- Engagement with People and Culture to understand roles and responsibilities and provide staff with support to feel competent and confident in completing their daily tasks.



## UNCLASSIFIED

**Rosters**

Rosters are impacted by sick leave and lack of availability of backfill; this is an issue across CHS.

The Dhulwa roster of eight Registered Nurses rostered to each shift (for 17 beds) has not always been achievable with high sick leave and staff fatigue from overtime shifts of late. Where all options to replace shifts has been exhausted, additional Assistants in Nursing (AIN) have been booked. AINs are a valuable resource in the sub-acute/rehabilitation and are adequately skilled to support trained staff with engagement and observation activities.

Access to overtime is being assessed on a case-by-case basis to reduce fatigue.

**Service Delivery**

*The Mental Health Act 2015* mandates the provision of least restrictive care.

Dhulwa is a sub-acute unit, a secure hospital facility and not a correctional facility.

While there can be complex and challenging consumers, the model of care within Dhulwa is designed to be recovery focused and therapeutic, not punitive, or disciplinary.

There are core expectations in all CHS mental health inpatient units to adhere to the CHS values of being reliable, respectful, progressive and kind.

**Vision for the Future**

The vision for the Dhulwa team is to have a workforce that feels valued, empowered, confident and resilient. This will be achieved through continued support and by the strategies outlined in this document.

The model of care ensures the provision of safe, high-quality, and therapeutic care and a contemporary, flexible, and adaptable workforce.

**Enablers**

- Investment in staff wellbeing and education program;
- MHJHADS is investing in additional therapeutic measures such as sporting equipment and activities to strengthen consumer recovery and encourage engagement between staff and consumers;
- Move from Dynamic Appraisal of Situational Aggression (DASA) risk assessment to the Broset risk of aggression assessment tool to reduce punitive language and inflammatory application of the tool;
- Review the rostering practices to ensure fair and equitable workloads with appropriate skill mix; and

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- Partner with staff to ensure they feel valued, respected, supported, and safe in the workplace.

Noted / Please Discuss



Emma Davidson MLA  
Minister for Mental Health

6/4/22

Signatory Name: Jennifer Harland  
Action Officer: Sonny Ward

Phone: 5124 1577  
Phone: 5124 8378



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### **Cover Slide Option 1**

Cover slide without image,  
Please delete other title slides and this  
textbox after reading.

# **Director of Nursing Program**

**AMHU, MHSSU, Ward 12b, Dhulwa, Gawanggal and  
AMHRU**

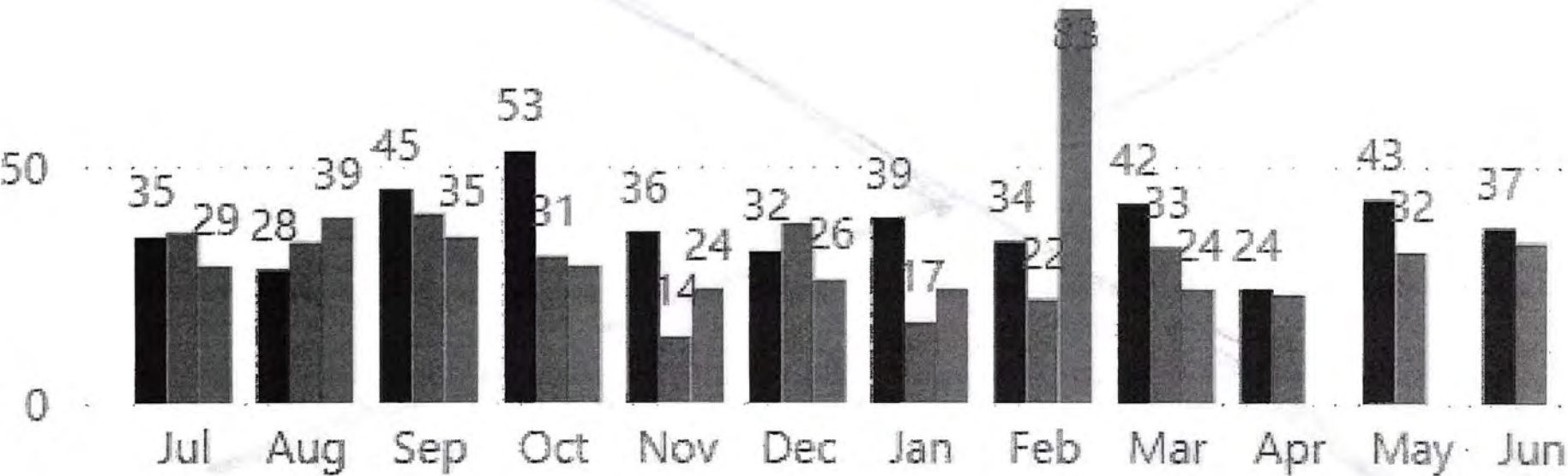
**Update on Occupational Violence reduction strategies across the Program**



Division of MHJADS total OV incident reports over three financial years

OV Incident Reports by Month

Financial Year ● FY2019/20 ● FY2020/21 ● FY2021/22



## Source of OV

### Staff Incident Classifications

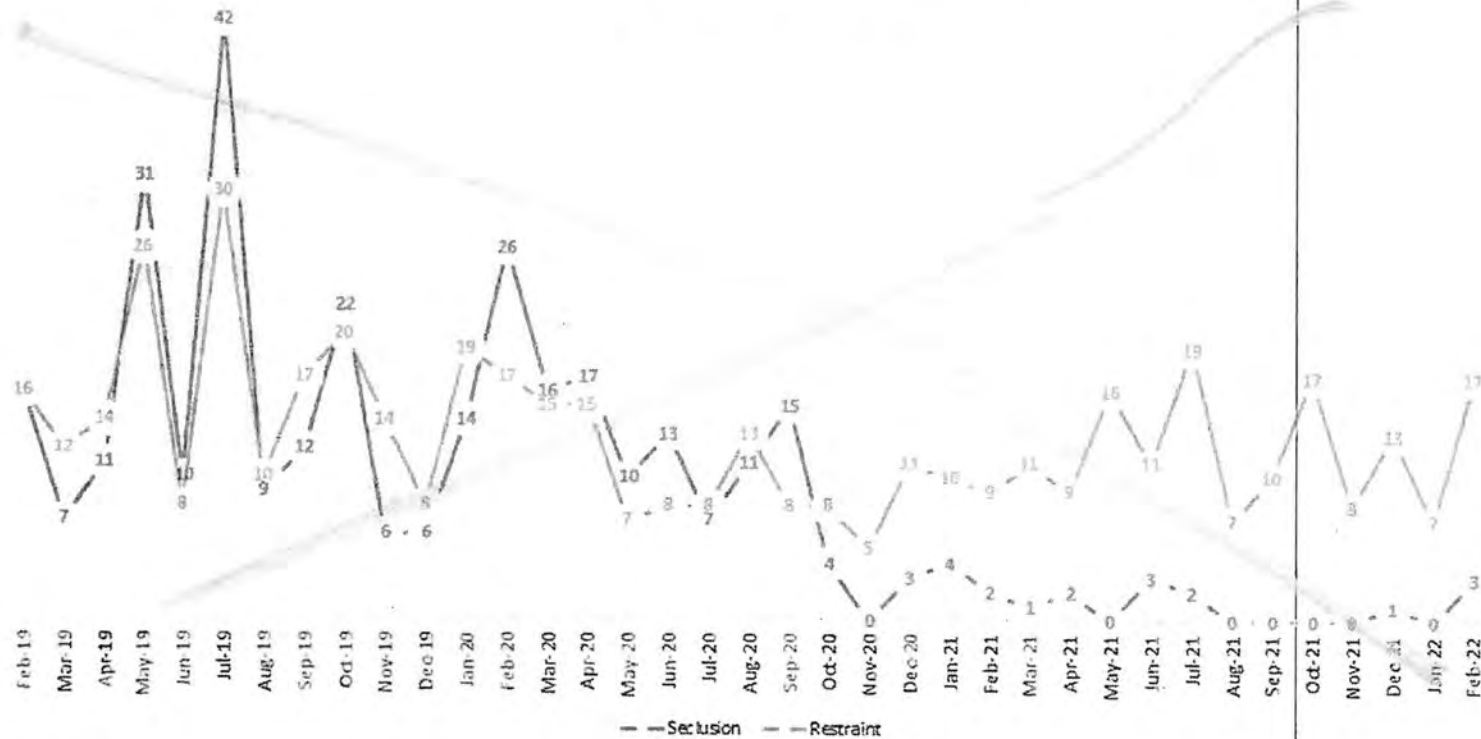
Mechanism of Incident	FY2019/20	FY2020/21	FY2021/22
GROUP 2 - Being Hit By Moving Objects	358	270	205
GROUP 8 - Mental Stress	148	155	159
GROUP 6 - Chemicals and other	16	65	17
GROUP 9A - Other and Unspecified	7	28	18
GROUP 0 - Falls, trips and slips of person	19	16	15
GROUP 4 - Body Stressing	12	20	4
GROUP 1 - Hitting Objects with a part of the body	8	7	10
GROUP 7 - Biological Factors	4	5	14
GROUP 9B - Vehicle accidents	8	10	3
GROUP 3 - Sound and Pressure	6	1	
GROUP 5A - Contact/Exposure to Heat/Cold	2	1	1
GROUP 5B - Exposure to Radiation		1	
GROUP 5C - Contact with Electricity		1	
<b>Total</b>	<b>588</b>	<b>580</b>	<b>446</b>

Out of Scope



# Trending seclusion and restraint data over three year period

ADULT MENTAL HEALTH UNIT SECLUSION EPISODES  
FEBRUARY 2019 - FEBRUARY 2022



## What do we know about OV?

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- Triggers;
  - Boredom, lack of purpose
  - Psychotic thoughts – paranoia, delusions
  - Intrusive or problematic behaviour
  - Physical illness - delirium
  - Lack of structure/routine
  - Feeling ignored
  - Perceived loss of control
  - Restrictive practices

## What's happening to reduce OV?

- Environmental
  - Wall murals 12b and HDU De-escalation area – calm and mindful
  - Outside courtyard sporting equipment – physical exertion
  - Basket ball hoop HDU – fun, collaborative
  - HDU/DES audio visual upgrade - Dhulwa
  - Massage chairs
  - Use of de-escalation areas





## What's happening to reduce OV?

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- Relational
  - Activities on unit
  - Delta dogs
  - Safewards – reinvigorating at Dhulwa



## What's happening to reduce OV?

- Occupational
  - Vocational training – TAFE/Barista
  - Establishing daily routines giving purpose and meaning to every day
  - Disability support options
  - Men's Shed
  - Recovery focused



## What's happening to reduce OV?

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- Supporting staff
  - Complex case reviews/education
  - Debriefing sessions for staff
  - EAP attending site for critical incident debriefs
  - Wellbeing seated massages
  - People and Culture clarifying roles and responsibilities
  - 25 extra personal duress alarms AMHU
  - Nursing Clinical Supervision
  - Focused OV training and scenarios
  - Experienced staff support



## What's happening to reduce OV?

- Procedural
  - Move from DASA to Behaviours of Concern including Broset in alignment with all of CHS
  - OV procedure – OVRAT for each area
  - Seclusion procedure
  - Restrictive practices procedure
  - ADON Clinical Projects – Eric
  - Models of Care





## What can you do to reduce OV?

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- Build rapport
- Maintain safety protocols
- Situational awareness
- Early intervention
- Use Safewards interventions
- Engage with consumers
- Keep reporting
- Find a way to say yes
- Timely response to meet needs
- Contribute to case reviews
- Look after each other



**Thank you for listening, any questions?**



---

**From:** Harper, Charlotte (Health)  
**Sent:** Wednesday, 6 April 2022 7:42 AM  
**To:** MaraisvanVuuren, Julia  
**Subject:** CT interview  
**Attachments:** Karen Grace.m4a

Charlotte Harper

## Out of Scope



**From:** MaraisvanVuuren, Julia <[Julia.MaraisvanVuuren@act.gov.au](mailto:Julia.MaraisvanVuuren@act.gov.au)>

**Sent:** Wednesday, 6 April 2022 9:02 AM

**To:** Ord, Jon <[Jon.Ord@act.gov.au](mailto:Jon.Ord@act.gov.au)>; CHS DLO <[CHSDLO@act.gov.au](mailto:CHSDLO@act.gov.au)>

**Subject:** RE: Anmf issues

Hello – see below. I got a copy from a journalist.



\*\*\*

ANMF ACT Branch Secretary, Matthew Daniel commented: "Nurses working at Dhulwa Mental Health Unit reported over 100 physical assaults by patients over a six-month period to February, with several Nurses sustaining significant injuries including a broken arm, broken nose and broken fingers". He went on to say: "On the back of so many assaults, and with no sign of the Government intervening to provide a safe work environment, one Nurse has described working at the facility like being 'sent into the killing fields'."

Mr Daniel continued: "While the Government has praised Nurses for their hard work during the two years of the COVID pandemic, Nurses have had enough of giving everything they have but being taken for granted with unsafe workplaces". Mr Daniel added: "Nurses and Midwives across the public health system are fed-up with the ACT Government for not responding to their safety and workload concerns, but the situation at Dhulwa represents a particularly serious example of the Government's failure to respond where there is an imminent risk of a catastrophic event".

Mr Daniel added: "Dhulwa Nurses report being directed not to disengage or withdraw from unsafe situations involving violent and aggressive patients and instructions to allow patients to vandalise public property".

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"The Government seems content to stand-by while poor governance, confused patient management, inconsistent and opaque systems of work, appalling HR practices and toxic relationships have created an environment where occupational violence has become business as usual at Dhulwa".

"It's not surprising then that staff turnover is high at Dhulwa, and senior staff brought into address problems have reportedly left soon after being assaulted themselves," said Mr Daniel.

"The ANMF is equally concerned about the level of distress with Dhulwa Nurses recently telling the Government about the detrimental effects that working at the facility is having on their mental health and their relationships with family.

"Nurses have pleaded with the Government to keep them safe," said Mr Daniel.

He added: "the situation at Dhulwa has not changed since the ANMF first raised safety and culture issues back in 2018, and it's well past the time for a significant intervention by Government to keep our Nurses safe".

Mr Daniel concluded by saying that: "in evidence provided to the ACT Legislative Assembly Standing Committee on Health and Community Wellbeing on 21 February 2022, the Government demonstrated a poor understanding of the safety systems and policies purportedly in place to keep Nurses safe at Dhulwa, adding to the ANMFs call for an urgent inquiry into the operation of the facility."

\*\*\*\*

Julia Marais-van Vuuren (she/her)  
Communications Adviser | Minister Emma Davidson and Minister Rebecca Vassarotti  
[REDACTED] e: Julia.MaraisvanVuuren@act.gov.au

<https://greens.org.au/act/assembly>



**From:** Ord, Jon <Jon.Ord@act.gov.au>  
**Sent:** Wednesday, 6 April 2022 8:31 AM  
**To:** CHS DLO <CHSDLO@act.gov.au>  
**Cc:** MaraisvanVuuren, Julia <Julia.MaraisvanVuuren@act.gov.au>  
**Subject:** RE: Anmf issues

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I don't – Julia will be able to pass it on to you.  
 Jon

**From:** Hunter, Kerryn (Health) <Kerryn.Hunter@act.gov.au> On Behalf Of CHS DLO  
**Sent:** Wednesday, 6 April 2022 8:30 AM  
**To:** Ord, Jon <Jon.Ord@act.gov.au>  
**Cc:** MaraisvanVuuren, Julia <Julia.MaraisvanVuuren@act.gov.au>  
**Subject:** RE: Anmf issues

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Hi Jon

Do you have a copy of the ANMF media release from yesterday, I have googled and can't find it. All I can find is the following article:  
<https://citynews.com.au/2022/nurses-report-dozens-of-assaults-at-mental-health-unit/>

The articles mentions the Australian Nursing and Midwifery Federation (ANMF) ACT calling on the government to better protect nurses working at the Dhulwa but doesn't include a link to the actual media release.

Kind Regards

**Kerryn Hunter**

**Directorate Liaison Officer | Canberra Health Services**

Phone: 620 55030 [REDACTED] Email: [chsdlo@act.gov.au](mailto:chsdlo@act.gov.au)

**Office of Rachel Stephen-Smith MLA | Minister for Health | ACT Government**

**Office of Emma Davidson MLA | Minister for Mental Health and Justice Health | ACT Government**

**From:** Ord, Jon <Jon.Ord@act.gov.au>  
**Sent:** Wednesday, 6 April 2022 7:46 AM  
**To:** CHS DLO <CHSDLO@act.gov.au>  
**Subject:** Anmf issues

OFFICIAL

Hi,

Could we also please have a qtb specific to the issues raised by the anmf please. Could we have the qtb by 1pm please?

Jon

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## Out of Scope

**From:** Harper, Charlotte (Health)  
**Sent:** Wednesday, 6 April 2022 4:52 PM  
**To:** MaraisvanVuuren, Julia <Julia.MaraisvanVuuren@act.gov.au>  
**Subject:** FW: RiotACT request for comment - Dhulwa feb circumstances

OFFICIAL

Hi Julia,

I rang [REDACTED] re the below and also sent her some audio of Karen from earlier so no further action required on this one.

Kind regards,

Charlotte Harper | Director, Media  
 Canberra Health Services | ACT Government  
 Phone [REDACTED] Email: [charlotte.harper@act.gov.au](mailto:charlotte.harper@act.gov.au)  
 Building 23, Level 2, Canberra Hospital, Garran ACT 2605 | [www.health.act.gov.au](http://www.health.act.gov.au)  
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[REDACTED] I acknowledge the Aboriginal and Torres Strait Islander peoples as the traditional custodians of the lands and waters of Australia, and the Ngunnawal and Ngambri people as the traditional custodians of the land in the ACT and surrounding NSW. I value the continuing contribution of their culture to this region and pay my respects to Elders past, present and emerging.

**From:** [REDACTED]  
**Sent:** Wednesday, 6 April 2022 4:23 PM  
**To:** Canberra Health Services Media <[CHSmedia@act.gov.au](mailto:CHSmedia@act.gov.au)>  
**Subject:** RiotACT request for comment - Dhulwa feb circumstances



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Dear all,

Just hoping to get some clarification on the below point which has been raised repeatedly throughout the day.

I'd appreciate a response by COB but imagine that may be pushing my luck - so would midday tomorrow be ok?

1. The Minister repeatedly referenced "exceptional circumstances" which occurred in February this year and led to increased reports of violence but has been unable to confirm what they were. Can you provide some detail?

Warmest regards and ta in advance!

  
Journalist



E.   
M.   
W. [Region.com.au](http://Region.com.au)

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# Out of Scope


**From:** Harper, Charlotte (Health)  
**Sent:** Wednesday, 6 April 2022 4:53 PM  
**To:** MaraisvanVuuren, Julia <Julia.MaraisvanVuuren@act.gov.au>  
**Subject:** FW: Dhulwa Mental Health Unit

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Also sent Prime some audio of Karen.

Kind regards,

Charlotte Harper | Director, Media  
 Canberra Health Services | ACT Government  
 Phone [REDACTED] Email: [charlotte.harper@act.gov.au](mailto:charlotte.harper@act.gov.au)  
 Building 23, Level 2, Canberra Hospital, Garran ACT 2605 | [www.health.act.gov.au](http://www.health.act.gov.au)  
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 I acknowledge the Aboriginal and Torres Strait Islander peoples as the traditional custodians of the lands and waters of Australia, and the Ngunnawal and Ngambri people as the traditional custodians of the land in the ACT and surrounding NSW. I value the continuing contribution of their culture to this region and pay my respects to Elders past, present and emerging.

**From:** [REDACTED]  
**Sent:** Wednesday, 6 April 2022 1:57 PM  
**To:** Harper, Charlotte (Health) <[Charlotte.A.Harper@act.gov.au](mailto:Charlotte.A.Harper@act.gov.au)>  
**Subject:** RE: Dhulwa Mental Health Unit

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Yes, that would be great – thank you.

**From:** Harper, Charlotte (Health) <Charlotte.A.Harper@act.gov.au>  
**Sent:** Wednesday, 6 April 2022 1:09 PM  
**To:** [REDACTED]  
**Subject:** RE: Dhulwa Mental Health Unit


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I can send you the audio?

Kind regards,

Charlotte Harper | Director, Media  
 Canberra Health Services | ACT Government  
 Phone [REDACTED] Email: [charlotte.harper@act.gov.au](mailto:charlotte.harper@act.gov.au)  
 Building 23, Level 2, Canberra Hospital, Garran ACT 2605 | [www.health.act.gov.au](http://www.health.act.gov.au)  
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**From:** [REDACTED]  
**Sent:** Wednesday, 6 April 2022 12:48 PM  
**To:** Harper, Charlotte (Health) <Charlotte.A.Harper@act.gov.au>  
**Subject:** RE: Dhulwa Mental Health Unit

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Unfortunately we won't have a camera crew available then.

Is there any chance a statement will be circulating afterwards?

Thanks.

**From:** Harper, Charlotte (Health) <Charlotte.A.Harper@act.gov.au>  
**Sent:** Wednesday, 6 April 2022 12:30 PM  
**To:** [REDACTED]  
**Cc:** Canberra Health Services Media <[CHSmedia@act.gov.au](mailto:CHSmedia@act.gov.au)>  
**Subject:** RE: Dhulwa Mental Health Unit

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OFFICIAL

Hi [REDACTED]

We have a spokesperson available at 2.10pm today on this if you can make it? In the city.

Kind regards,

Charlotte Harper | Director, Media  
 Canberra Health Services | ACT Government  
 Phone: [REDACTED] Email: [charlotte.harper@act.gov.au](mailto:charlotte.harper@act.gov.au)  
 Building 23, Level 2, Canberra Hospital, Garran ACT 2605 | [www.health.act.gov.au](http://www.health.act.gov.au)  
 RELIABLE | PROGRESSIVE | RESPECTFUL | KIND

 I acknowledge the Aboriginal and Torres Strait Islander peoples as the traditional custodians of the lands and waters of Australia, and the Ngunnawal and Ngambri people as the traditional custodians of the land in the ACT and surrounding NSW. I value the continuing contribution of their culture to this region and pay my respects to Elders past, present and emerging.

**From:** Health Media <[HealthMedia@act.gov.au](mailto:HealthMedia@act.gov.au)>  
**Sent:** Wednesday, 6 April 2022 12:05 PM  
**To:** Canberra Health Services Media <[CHSmedia@act.gov.au](mailto:CHSmedia@act.gov.au)>  
**Cc:** Health Media <[HealthMedia@act.gov.au](mailto:HealthMedia@act.gov.au)>; Harper, Charlotte (Health) <[Charlotte.A.Harper@act.gov.au](mailto:Charlotte.A.Harper@act.gov.au)>  
**Subject:** FW: Dhulwa Mental Health Unit

OFFICIAL

Hi CHS media,

Media enquiry below regarding Dhulwa Mental Health Unit.

Regards,

Talib.

**From:** [REDACTED]  
**Sent:** Wednesday, 6 April 2022 11:51 AM  
**To:** Health Media <[HealthMedia@act.gov.au](mailto:HealthMedia@act.gov.au)>  
**Subject:** Dhulwa Mental Health Unit

CAUTION: This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Hi there.

We were hoping to get a response in regards to the high number of assault (100) alleged to have happened to nurses working at the facility.

Has Canberra Health been made aware of these results prior to media reporting the allegations?

What is Canberra Health doing to address the issues?

Our deadline is 2.30pm today.

Thanks.


[REDACTED]  
 PRESENTER/JOURNALIST

**PRIME7**

PRIME7



363 Antill Street (PO Box 878  
Dickson ACT 2602),  
Canberra - 2602  
T: 02 6242 3704  
[www.prime7.com.au](http://www.prime7.com.au)

 I acknowledge the Traditional Owners and custodians of the land on which we work, the Ngunnawal people, and pay my respects to Elders past, present and emerging.

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Out of Scope



## Out of Scope

**From:** MaraisvanVuuren, Julia <Julia.MaraisvanVuuren@act.gov.au>

**Sent:** Thursday, 7 April 2022 9:38 AM

**To:** Canberra Health Services Media <CHSmedia@act.gov.au>

**Subject:** Question about Dhulwa

Hi Charlotte,

Wondering if we can please have a line on the claims that there are untrained staff in Dhulwa? I assume these claims mean Nursing Assistants, but they are trained in what they do so perhaps an explanation of the roles to assist the Minister today

Julia Marais-van Vuuren (she/her)

Communications Adviser | Minister Emma Davidson and Minister Rebecca Vassarotti

e: Julia.MaraisvanVuuren@act.gov.au

<https://greens.org.au/act/assembly>



## Out of Scope

**From:** Harper, Charlotte (Health)  
**Sent:** Thursday, 7 April 2022 11:06 AM  
**To:** MaraisvanVuuren, Julia <Julia.MaraisvanVuuren@act.gov.au>  
**Cc:** Canberra Health Services Media <CHSmedia@act.gov.au>  
**Subject:** Canberra Weekly response

OFFICIAL

Hi Julia,

Response for [REDACTED] below:

Response attributable to CHS Interim Executive Director, Mental Health, Justice Health, Alcohol and Drug Services Jennifer Harland:

### **The ANMF raised the issue in 2018 – what has the ACT Government's response been?**

The ACT Government addressed all of the issues raised by the Dhulwa Health and Safety Representative in 2018 at the time, making changes including:

- ensuring a thorough risk assessment is undertaken before a Dhulwa patient accesses leave for appointments;
- making a change so that supplied cutlery included forks with smaller prongs;
- ensuring all staff were provided with the opportunity to access Violence Prevention Management training on starting at Dhulwa or shortly thereafter, with regular refresher courses also provided;
- arranging for the Dhulwa management team to work closely with team members to support skill development in the management of aggression and violence;
- ensuring all regular agency staff were included in Dhulwa orientation programs prior to commencement;
- ensuring team members are aware of all relevant policies and of how to access appropriate PPE.

### **What has the ACT Government heard from staff at Dhulwa?**

Three senior executives from CHS have spent time at Dhulwa in recent weeks, listening to team members' concerns and asking for their input on further strategies to prevent and minimise the impacts of occupational violence on team members and patients.

Team members have shared stories of their experiences of occupational violence and their desire to see increased support to manage the risks they face.

The executives have heard of the extremely challenging period experienced there during February, when almost half of the occupational violence incidents of the past six months took place.

They have also heard that some team members would benefit from the opportunity to rotate out of Dhulwa to spend time working in a less complex environment.

We take these concerns very seriously and have acted swiftly to address them.

CHS provides regular forums and opportunities for our team members to debrief about their concerns around safety at work.

In recent weeks, we have also arranged for all Dhulwa team members to have access to Employee Assistance Program (EAP) critical incident counselling to provide psychological support and wellbeing strategies. Debriefs take place after every occupational violence incident.

### **Does the ACT Government consider Dhulwa a problem?**

No. We are committed to providing exceptional care for the vulnerable Canberrans who require this service while always striving to keep our team members safe.

However, we acknowledge that Dhulwa is one of our most challenging health facilities to operate. Its isolation away from the main hospital campus adds to the complexity that exists given the nature of the service it provides.

### **What has caused it?**

Dhulwa is a secure mental health facility which at times accommodates patients with very complex needs who may present a risk to public safety and cannot be accommodated elsewhere in the Territory. Patients' physical and mental health issues can fluctuate at times, which for some leads to unsettled presentation for a period of time.

### **How can it be improved?**

We've placed an additional senior mental health nurse into the unit with the sole job of looking at what's in place to ensure staff safety and to look for opportunities to improve that.

Other measures being implemented or under consideration include:

- reinvigoration of existing occupational violence initiatives such as Safewards;
- a more structured day for consumers with the opportunity for increased occupational activities;
- environmental improvements such as upgrades to audio-visual and sensory equipment;
- a focus on challenging restrictive practices, which are flashpoints for potential aggression;
- better support for team members to ensure they understand their roles and responsibilities when dealing with challenging behaviours;
- reviewing patient leave application processes, another potential flashpoint.

All nursing staff at Dhulwa have the opportunity to work across different mental health inpatient units across CHS. Redeployment can be temporary or long-term. To date, no nursing staff have taken up this option. There are several benefits to Dhulwa nursing staff of working across different units, these include:

- a break from a secure environment
- teamwork and engagement with colleagues in different work environments and with different skillsets



- the opportunity to further develop skills and experience in delivering mental health services to a broad range of consumers
- exposure to demonstrated occupational violence training principles and de-escalation techniques in practice in different units
- the opportunity to share key learnings of their redeployment with colleagues at Dhulwa on their return

#### **What is the staff turnover?**

Around 10 per cent of staff have left over the past twelve months, or 7 of 70.

Staff are regularly offered the opportunity to work elsewhere in the service, to upskill and take a break from settings that can be stressful but nursing staff are reluctant to move to other areas. CHS welcomes every opportunity to support staff from a wellbeing perspective and also foster their professional growth. Nobody is forced to work at Dhulwa. On the contrary, RN1 and RN2 positions based at Dhulwa are highly sought after.

#### **Dhulwa provides mental health care for people who are or are likely to become involved with the criminal justice system. How does it compare to similar institutions in other states?**

Dhulwa accommodates a mix of patients who have previously been involved in the criminal justice system or are at risk of being so. Similar facilities with similar cohorts of patients exist in other jurisdictions although the demographics are different in ACT.

For example, the Forensic Hospital in Sydney and Thomas Embling Hospital in Melbourne are high security facilities for patients with mental illness who have been in contact with the criminal justice system.

#### **Dhulwa is a low to medium security facility. The website states security at Dhulwa is “integrated with safety and clinical practice, which includes physical and procedural components and the skill of clinical staff”. What does that mean in practice?**

Dhulwa provides a secure environment with physical restrictions such as gates and fences but also robust clinical processes undertaken by the multidisciplinary team for determining therapeutic leave from the facility.

#### **Are staff directed to withdraw from unsafe situations involving violent and aggressive patients, and instructed to let patients vandalise public property? If so, why?**

In a scenario where it is safer to allow a patient to engage in behaviour that may cause damage to property than to intervene, this would be the most appropriate course of action. Staff are trained to respond to incidents as a team, and to regain safe control of the environment as swiftly as possible after an incident.

This is modelled by senior, experienced staff on a daily basis. Behaviour Support Plans carefully articulate appropriate responses for staff to manage incidents safely. This includes using an appropriate number of staff to attend so reducing the risk of harm to all staff. Consideration must be given to the impact of overstimulation for complex consumers in the mental health setting which can trigger unnecessary distress or escalate the situation.

Kind regards,


**Charlotte Harper | Director, Media**

**Canberra Health Services | ACT Government**

Phone: [REDACTED] Email: [charlotte.harper@act.gov.au](mailto:charlotte.harper@act.gov.au)

Building 23, Level 2, Canberra Hospital, Garran ACT 2605 | [www.health.act.gov.au](http://www.health.act.gov.au)

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## Out of Scope

**From:** Harper, Charlotte (Health)  
**Sent:** Thursday, 7 April 2022 5:06 PM  
**To:** MaraisvanVuuren, Julia <Julia.MaraisvanVuuren@act.gov.au>  
**Cc:** Canberra Health Services Media <CHSmedia@act.gov.au>  
**Subject:** Additional lines re nurses as requested

### OFFICIAL

- I'm pleased to be able to report that there have been 38 applicants for nursing roles at Dhulwa in the latest recruitment process, indicating that there is a strong desire to care for vulnerable Canberrans and work with the leadership team and broader cohort at the facility.
- We look forward to welcoming the new members of the team in coming weeks, and reassuring them that they will be provided with all the support they need to provide exceptional healthcare together.
- All CHS staff working in mental health units, including at Dhulwa, are appropriately trained. This includes all nursing staff and team members within other professional groups. The level of training and competency will vary depending on the level of seniority, but all undertake occupational violence training.
- All team members are supported by senior colleagues to ensure their training, skills and understanding are implemented safely and appropriately.
- In recent months, COVID-19 has had a significant impact on our workforce, with many CHS team members quarantined and unable to work, including at Dhulwa.
- On occasion, this has meant rostering agency staff to supplement more experienced teams allocated to a shift.

- Agency staff are always rostered in a team including experienced mental health nurses who are in a position to closely supervise their work.
- CHS is in the process of transitioning to a new occupational violence prevention and management training program, but existing principles will remain in place across our mental health services until all staff are trained, to ensure consistency. Within Dhulwa, it is anticipated that all staff will be trained in the new techniques by the end of this month so that transition can take place.
- All agency staff that work at Dhulwa have completed occupational violence prevention training, whether under the existing principles or in line with the new program that is being implemented.

Kind regards,


**Charlotte Harper | Director, Media**

**Canberra Health Services | ACT Government**

Phone [REDACTED] Email: [charlotte.harper@act.gov.au](mailto:charlotte.harper@act.gov.au)

Building 23, Level 2, Canberra Hospital, Garran ACT 2605 | [www.health.act.gov.au](http://www.health.act.gov.au)

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Out of Scope



## Out of Scope

From: [REDACTED]

Sent: Friday, 8 April 2022 4:04 PM

To: Harper, Charlotte (Health) <[Charlotte.A.Harper@act.gov.au](mailto:Charlotte.A.Harper@act.gov.au)>; MaraisvanVuuren, Julia <[Julia.MaraisvanVuuren@act.gov.au](mailto:Julia.MaraisvanVuuren@act.gov.au)>

Subject: Canberra Weekly - Dhulwa Mental Health Unit

CAUTION: This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Hello Charlotte & Julia,

Could I get a response from the ACT Government / Canberra Health Services to this, please?

Regards,

Further to earlier reports this week for the ACT Government to call an urgent inquiry into operations at Dhulwa Mental Health Unit, Matthew Daniel says today (Friday 8 April) that Nurses are not able to provide proper care for unwell patients due to failings of Government.

Commenting earlier this morning, Mr Daniel said: "Nurses at the Unit are saying that time is up for the ACT Government to respond to the ANMF's call for an inquiry into Dhulwa's operations.

"With yet another example of the failings at Dhulwa, Nurses reported being left to cope with an unwell patient who had not been properly assessed and admitted.

"Nurses said there was no clear care plan and minutes earlier, the patient had reportedly been delivered to the facility in handcuffs."

Nurses protested to management about the failure to comply with policies and had to bring management's attention to severe short staffing, but their concerns were rejected.

Mr Daniel continued: "How long must these incidents keep coming? Our Nurses have had enough and want the ACT Government to not just listen, but act and do so immediately."





**ACT**  
Government

**Canberra Health  
Services**

**CAVEAT BRIEF**

UNCLASSIFIED

**To:** Emma Davidson MLA, Minister for Mental Health

**Through:** Dave Pepper, Chief Executive Officer

**Subject:** 2 x patient AWOL from Dhulwa Mental Health Unit

- On 7 April 2022, two patients went Absent Without Leave (AWOL) from two separate approved leave. There was no identified risks to the community.
- The first incident occurred at 15:30hr, the patient absconded from the Canberra Hospital where they were waiting for surgery.
- Canberra Hospital security, and ACT Police were notified.
- The patient was located at his mother's house by ACT Police at approximately 19:00hr and returned to the Canberra Hospital. The patient had surgery this morning and has a security guard present. Once medically cleared he will be transferred to Dhulwa.
- The second incident occurred at approximately 16:00hrs the patient absconded during a group swimming activity at the Tuggeranong Pool. The consumer was reported to be enthusiastically engaging with staff and co-consumers during swimming activity.
- ACT Policing were contacted and the Next of Kin.
- The consumer walked into the Tuggeranong Police Station at approximately 22:30hrs. He was transported to the Canberra Hospital for a medical review prior to be returned to Dhulwa.

**Contact Officer:** Jennifer Harland

**Contact Number:** 5124 1577

**Date:** 8 April 2022

**Noted/Please Discuss**

.....  
Emma Davidson  
Minister for Mental Health



**Emma Davidson MLA**

Minister for Disability

Minister for Justice Health

Minister for Mental Health

Assistant Minister for Seniors, Veterans, Families and Community Services

Member for Murrumbidgee

**RESPONSE TO QUESTION ON NOTICE**

**Questions on Notice Paper No 14**

**8 April 2022**

**Question No. 699**

**MS CASTLEY:** To ask the Minister for Mental Health—

- 1) How many Dhulwa staff have been on WorkCover each year since the unit opened and can the Minister provide detail including staff occupation, reason for WorkCover, the length of leave, etc. – People and Culture
- 2) Further to the answer to a question taken on notice on 21 February 2022 (QToN No 11), can the Minister provide detail about the 'OV physical' incidents since 2019-20 including what happened in each incident, staff occupation, how was the staff member injured and what action was taken (eg, staff taken to hospital, staff treated at the scene, staff took leave). – People and Culture
- 3) How many Dhulwa staff have taken stress/mental health leave each year since the unit opened and in what roles were the staff (eg, mental health nurses, security). – People and Culture
- 4) How many staff complaints have there been each year since the unit opened, and can the Minister provide details of each complaint, staff occupation and what/if any action was taken. – People and Culture/MHJHADS
- 5) What training do Dhulwa nurses receive to protect themselves from being physically attacked. People and Culture/MHJHADS
- 6) Can the Minister provide detail, for each year since the unit opened, about (a) how much time each year is allocated to each staff member for training, (b) how much has been spent on training, (c) what training has been offered and by whom and (d) how many staff have attended training programs. Staff Development/MHJHADS
- 7) How many nurses are meant to work each shift and on how many occasions, since 2019, has Dhulwa been short staffed. MHJHADS
- 8) Further to part (7), who is the leader for each shift and is that nurse also required to work with consumers. MHJHADS

ACT Legislative Assembly London Circuit, GPO Box 1020, Canberra ACT 2601



+61 2 6205 1941



davidson@act.gov.au



@emmadavidsonACT



emmadavidsonACT



emmadavidson

- 9) Is there an Assistant Director of Nursing (ADON) or Director of Nursing (DON) on site at all times; if not, who is in charge. MHJHADS
- 10) Have any ADONs or DONs been physically attacked since Dhulwa opened; if so, what are the details of these attacks. People and Culture
- 11) What extra training are ADONs and DONs required to attend. MHJHADS
- 12) Can the Minister provide details about what training ADONs and DONs have done since Dhulwa opened and what the cost was of that training. People and Culture/MHJHADS
- 13) What mental health support is provided to Dhulwa nurses. MHJHADS
- 14) Can the Minister provide details on how much funding has been allocated and spent on mental health support for nurses since the unit opened. MHJHADS
- 15) What is the accreditation process for Dhulwa and can the Minister provide details on this process. *As Dhulwa Mental Health Unit is a Canberra Health Services (CHS) healthcare facility, it is included in the organisation wide accreditation process to ensure the service is meeting the requirements of the Australian Commission on Safety and Quality in Healthcare's National Standards. During the organisation wide accreditation assessment week (27 June to 1 July 2022), ten assessors from the Australian Council on Healthcare Standards (ACHS) will attend various CHS facilities, including Dhulwa. During the assessment, the assessors will be reviewing existing policies and procedures, observing staff and consumer interactions, interacting with a range of CHS staff and asking a range of questions related to process, improvement, consumer participation, monitoring, reporting and systems to determine how the National Standards are incorporated into practice. Assessors may also speak to patients/consumers and/or carers about their experience.*
- 16) Has there been an audit, or any review, of Dhulwa since it opened. MHJHADS
- 17) What safety issues have been raised by staff since Dhulwa opened and what was the response for each. MHJHADS
- 18) What has Dhulwa's budget been each year since it opened. FBI
- 19) How much did it cost to build Dhulwa. IHSS
- 20) What has been the Dhulwa staff/nurse turnover since it opened. People and Culture
- 21) How many Dhulwa nurses have sought and been offered counselling/psychological support each year since it opened, including details of each occasion. People and Culture/MHJHADS
- 22) Have any unfair dismissal claims been lodged by any Dhulwa staff; if so, can the Minister provide details of each claim. People and Culture
- 23) Have Dhulwa nurses (a) had faeces thrown at them, (b) been sexually harassed or (c) threatened. MHJHADS
- 24) What is the total staff numbers at Dhulwa and can the Minister provide a breakdown of roles and permanent staff versus contract positions. MHJHADS
- 25) What has been the staff budget each year since the unit opened. FBI
- 26) How often have security guards intervened in occupational violence and threatening situations for staff and can the Minister provide details of each situation. People and Culture/IHSS
- 27) What is the role of security guards and how many are employed for each shift. IHSS
- 28) Is it the job of security guards to protect Dhulwa staff/nurses. IHSS
- 29) Does Dhulwa have a resident doctor/psychiatrist; if so, can the Minister provide details. MHJHADS



- 30) What support staff does Dhulwa employ (eg, counsellors, psychologist, psychiatrists, OTs, music therapy, exercise therapy). MHJHADS
- 31) What programs have been offered to Dhulwa consumers since it opened including detail and cost (eg, cooking course, music program). MHJHADS

**MS DAVIDSON MLA** - The answer to the Member's question is as follows:

- 1) People and Culture
- 2) People and Culture
- 3) People and Culture
- 4) People and Culture/ MHJHADS
- 5) People and Culture/ MHJHADS
- 6) Staff Development / MHJHADS
  - a)
  - b)
  - c)
  - d)
- 7) MHJHADS –
- 8) MHJHADS –
- 9) MHJHADS –
- 10) People and Culture
- 11) MHJHADS
- 12) People and Culture/ MHJHADS
- 13) MHJHADS
- 14) MHJHADS –
- 15) QSII
- 16) MHJHADS. Yes
- 17) MHJHADS
- 18) Finance
- 19) The total cost for the design and construction of the Dhulwa Mental Health Unit was \$45.7 million (GST Exclusive).
- 20) People and Culture
- 21) People and Culture / MHJHADS
- 22) People and Culture
- 23)
  - a)
  - b) Yes
  - c) Yes
- 24) MHJHADS
- 25) Finance

## 26) People and Culture / IHSS



27) The staffing profile for security officers at the Dhulwa Mental Health Unit and their roles are outlined below, seven days a week.

Note: The exact timings of these shifts and the specific duties of these roles is not fully detailed, as they may provide committed people with information to exploit vulnerabilities or circumvent security procedures.

Role	Day Shift (12 hrs)	Night Shift (12 hrs)
Security Supervisor	1	1
Control Room Operator	1	1
Rover/Responder	1	1
Accommodation Officer	1	1
Reception Officer	1	0

28) Security officers are one facet of occupational violence minimisation and response. Security officers support the clinical Emergency Response Team in response to incidents. These are clinically led.

The primary role of a Security Officer is to cordon and contain incidents to allow clinical staff members to deal with a situation without interference by others. Security officers will provide protection for staff by applying control and restraint techniques where there is an unexpected or sudden outburst of violence.

29) MHJHADS

30) MHJHADS

31) MHJHADS

**Approved for circulation to the Member and incorporation into Hansard.**

**Emma Davidson MLA**  
**Minister for Mental Health**

**Date:.....**

This response required XXhrs XXmins to complete, at an approximate cost of \$XXX.

**From:** Guthrie, Daniel (Health)  
**Sent:** Tuesday, 12 April 2022 11:56 AM  
**To:** Davis, MattE; Dillon, Craig; Smithers, Tyrone  
**Subject:** FW: Summary - 11/04/22 - WorkSafe Inspector Attendance Dhulwa - incidents, HSR cease work direction, ANMF Entry Notice  
**Attachments:** s117 Form 11 April 2022 - Sam Oram.pdf; Sam Oram - Entry Permits.pdf [REDACTED]  
 Incidents over weekend - relevant to incident 2 - 110422.xlsx; AJC Incidents 11 April 2022  
**Importance:** High  
**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

## OFFICIAL

Hi gents,

Thanks for your response and assistance yesterday, it was really appreciated for what was a very challenging day.

Matt and Craig – could not have asked for a better approach and handling of this yesterday as this was very tricky and complex, so a big thanks for that.

The summary below and attached is FYI and I thought it would be useful to you, and for the visit this Thursday. I have put a disclaimer at the start so it is just a rough draft

Regards

Daniel

**Daniel Guthrie**

Senior Director | Work Health Safety  
 People and Culture | Canberra Health Services  
 Level 1, Building 23 | Canberra Hospital  
 Phone: 5124 9544 [REDACTED]  
 Email: [daniel.guthrie@act.gov.au](mailto:daniel.guthrie@act.gov.au)

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**Canberra Health  
Services**

**From:** Guthrie, Daniel (Health)  
**Sent:** Tuesday, 12 April 2022 10:02 AM  
**To:** Harland, Jennifer (Health) <Jennifer.A.Harland@act.gov.au>; Smitham, Kalena (Health) <Kalena.Smitham@act.gov.au>  
**Cc:** Thompson, Louise (Health) <Louise.Thompson@act.gov.au>; Ward, Sonny (Health) <Sonny.Ward@act.gov.au>; Kleinig, Peta (Health) <Peta.Kleinig@act.gov.au>; Mashhood, Ahmed (Health) <Ahmed.Mashhood@act.gov.au>; Peffer, Dave (Health) <Dave.Peffer@act.gov.au>; Riordan, Denise (Health) <Denise.Riordan@act.gov.au>; Ludvigson,

John (Health) <John.Ludvigson@act.gov.au>; Mooney, Chris (Health) <Chris.Mooney@act.gov.au>; Samara, Rohan (Health) <Rohan.Samara@act.gov.au>

**Subject:** Summary - 11/04/22 - WorkSafe Inspector Attendance Dhulwa - incidents, HSR cease work direction, ANMF Entry Notice

**Importance:** High

OFFICIAL

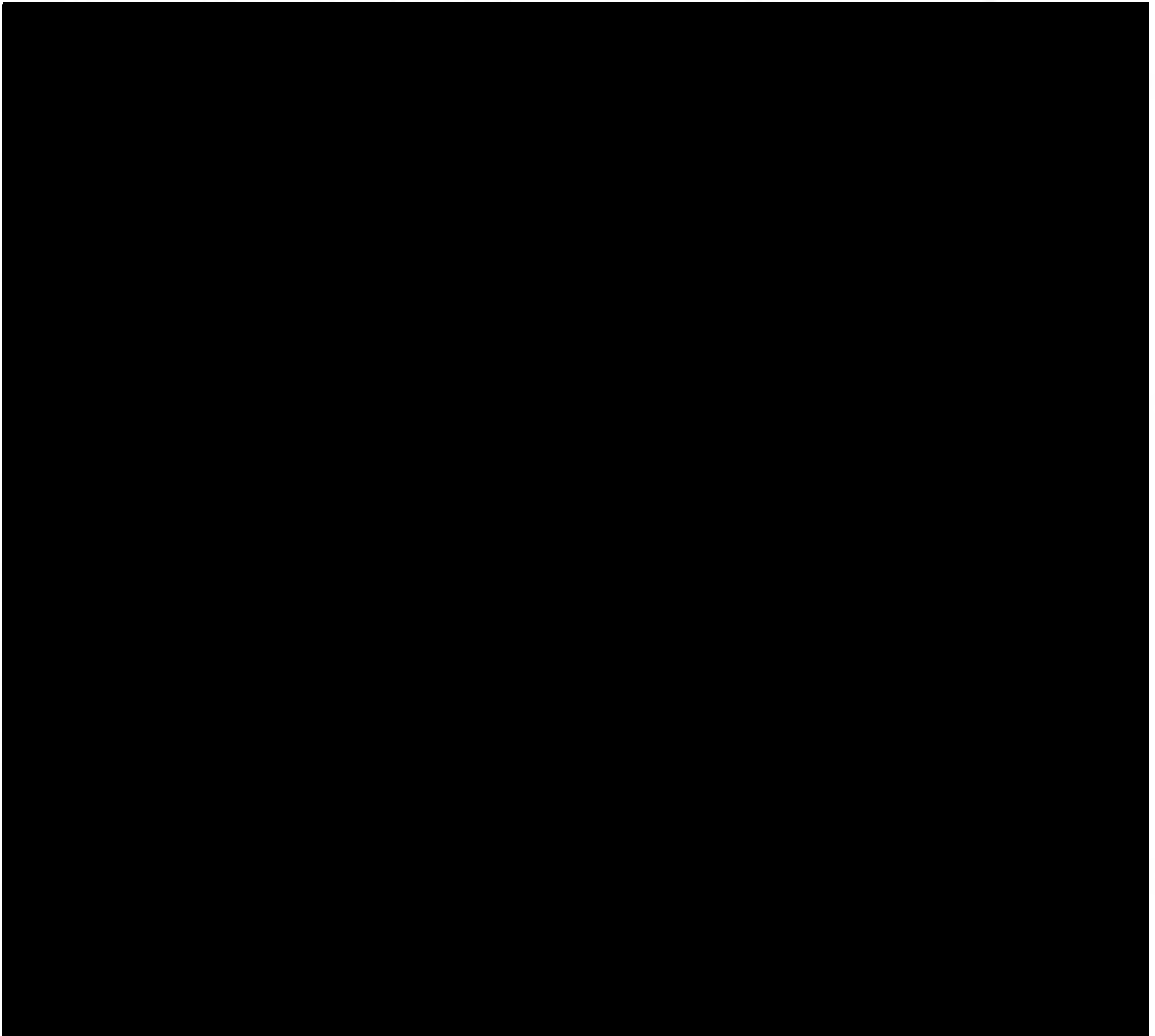
Hi Jen and Kalena

The below information is a detailed but rough summary regarding the matters at Dhulwa yesterday involving recent incidents, and dealings with the ANMF and WorkSafe.

**Please note that this is draft only with facts to be further confirmed including incident details, timings and other information as detailed below**

---

**A. SUMMARY OF OV INCIDENTS x 2 – 11/04/22**





## B. TIMELINE - 11/04/22

11:00am

- Incident 1 – occurred as per above

11:20am

- Email from Matt Daniel, ANMF to CEO CHS with copy of **S117 WHS Entry Permit detailing Sam Oram ANMF intention to enter Dhulwa to investigate suspected contravention of the WHS Act** following awareness of 3 x serious assaults (see attached)

11:40am

- **ANMF Organiser Sam Oram attends Dhulwa and produces WHS Entry Notice** – as described above
- **HSR Carol Sandland allegedly meets Sam at reception and brings him through to facility proper** (appears this may have been organised).
- Carol is an EN, long serving HSR and recently resigned union delegate. She informed yesterday that she is a serving board member for ANMF (informed to WorkSafe and all present at later meeting)

12:00pm

- **Carol and Sam discuss WHS concerns with Peta Kleinig (ADON) and belief that it was unsafe for staff** (Sam, ANMF, stating he is supporting Carol in her HSR role)
- Within less than five minutes (as reported by Sam) **Carol details that she will be informing staff that as HSR she is providing a direction for staff to 'cease work' on Lomandra ward due to concerns for safety** (using her powers under the WHS Act) – effectively telling staff not to provide care to [REDACTED]
- **Direction provided by Carol to staff soon after, staff leave the floor of Lomandra**
- [REDACTED] temporarily left without care until three staff return to provide care by their personal choice
- Carol and Sam apparently challenging nursing staff returning to provide care to [REDACTED] (following her direction) – staff apparently reported they did not want to leave him unattended and without care.

- Carol and Sam allegedly insisting the direction needed to followed with nursing staff not to enter the Lomandra floor

12:30pm

- Sam contacts WorkSafe requesting assistance due to direction by HSR not being followed, speaks to Inspector Tyrone Smithers (who is leading Dhulwa WHS investigation) and requests assistance.
- Note: it is unclear what response Tyrone provided to Sam but WorkSafe attendance only occurred after my request at 2:00pm to assist in resolving matters.

1:00pm

After arriving I viewed CCTV footage of incident 1 above involving [REDACTED] with Sonny and Peta.

- Then met with Sam, Carol, Sonny and Peta to discuss entry notice and HSR direction to cease work on Lomandra
- Descriptions provided by Carol and Sam of [REDACTED] incident in morning did not align with the CCTV we viewed (they had not seen the footage)
- Despite significant discussion and debate, and consumer safety concerns communicated by Sonny and Peta, including the destabilisation of ward and associated staff/consumer safety issues – Carol and Sam remained committed to the direction to cease work on Lomandra ward.
- Discussion continued for about 1 hour and said I was going to contact WorkSafe

2:10 pm

- I contacted WorkSafe Inspector Tyrone requesting urgent assistance due to unresolved direction by HSR - noting that the situation was unsustainable and unsafe for staff and required urgent resolution
- Note - I previously arranged this with Inspector Tyrone at 12:30pm i.e. if we reached a point of no resolution I would call his mobile to request WorkSafe assistance

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3:15pm – 4:45pm

- WorkSafe Inspectors Matt Davis and Craig Dillon arrive
- Meeting occurs between Inspectors, Sonny, Jen Harland, Peta, Carol, Sam and myself
- Incident 1 in morning discussed
- Peta and Sonny detailed to all the large body of work that had been undertaken by Management in staff in the last five weeks to better managed risks associated with [REDACTED] and that this had led to a substantial reduction incidents – from a number of incidents per day at times to not one incident until the one this morning (no incidents otherwise since March 15 as per attached)
- Further debate continued but unable to reach agreement i.e. Carol remained firm on her cease work direction as HSR
- Became aware of incident 2 during meeting, Peta left to attend and assist

4:30pm

Incident 2 – as described above

4:45pm

- Meeting adjourned for Inspectors to discuss privately with Carol and Sam at approximately 4:45pm

5:00pm

- Further information regarding incident 2 provided by Peta e.g. Dr and two nurses injured, ambulance called



5:45pm – 7:00pm

- CCTV footage of incidents 1 and 2 reviewed by in Security CCTV area – in attendance Inspectors, myself, Sonny, Peta and Dr Ahmed
- Inspectors communicated that Incident 1 was not as described by HSR i.e. there was no imminent threat by the consumer
- Further discussions occur in Tribunal room with the above present
- Inspectors advise of shortcomings by CHS they have picked up in their initial assessment – communication to employees, procedures, risk based decision making, training, and supervision and monitoring on the floor. Agreed by Inspectors in principle that this should be taken up during the attendance of Tyrone and other Inspectors this Thursday as previously planned as part of the larger investigation but will confirm tomorrow subject to further discussions.
- Inspectors advise that HSR direction to cease work does not meet legislative requirements as it does not meet thresholds i.e. imminent threat etc. Therefore, direction to cease work does not remain and that work should continue as normal i.e. with usual risk management processes
- They further advised that even when the direction was in place, staff were not obliged to follow the direction and had a choice (this was at odds with what HSR had informed staff i.e. the direction needed to be followed and nursing staff could not be on Lomandra ward). Under this scenario (i.e. cease work order remains in place) CHS as PCBU would need to provide direction to staff as to whether or not to recommence work based on risk
- After request, Inspectors agreed to communicate the above yellow dot point to evening shift staff in person

7:15pm

- Meeting held with evening shift staff, WorkSafe Inspectors, myself, Sonny, Peta
- WorkSafe Inspectors advised staff of two incidents during the day
- Also advised that HSR direction to cease work does not meet legislative requirements as it does not meet thresholds i.e. no imminent threat etc.
- Therefore, direction to cease work does not remain and they need to continue work as normal and report any issues to Management, and WorkSafe if they would like to
- Summary provided by myself to staff (see summary further below which is essentially what I communicated)
- Opportunity offered to staff to raise risks with Inspectors - no questions from staff.

9:15pm

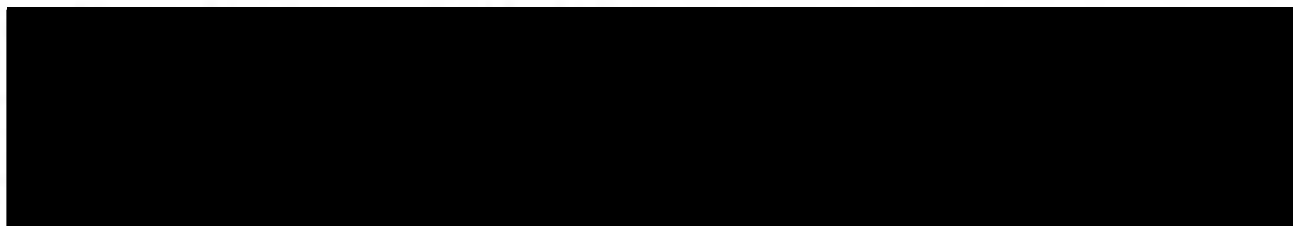
- Email to Sonny with summary of messaging as per below (I have tidied this up since emailing this to Sonny as I was hurry with my email to her to provide in time for the incoming night shift)
- The below can form the basis of ongoing messaging

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***Summary of info provided to night shift***

***Today there were two OV incidents – one involving [REDACTED] and one involving [REDACTED]***

***WorkSafe also attended in relation to a HSR placing a cease to work notice on staff working in Lomandra Ward***



### **3. WorkSafe Advice – Cease work direction on Lomandra ward provided by HSR this morning**

- *This morning at approximately 12pm a Dhulwa HSR informed staff that under the WHS legislation and as a HSR*
- *She was providing a direction to nursing staff to not work in Lomandra ward as it was unsafe*
- *Following this discussions occurred here at Dhulwa today with WorkSafe, ANMF, Dhulwa Management and WHS*
- *WorkSafe subsequently advised all staff on the evening shift in a meeting tonight at 7pm that the direction by the HSR did not meet the required threshold under the legislation and therefore did not stand*
- *And to continue working as normal reporting any issues to Management and WorkSafe if they felt they needed further assistance.*

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In my opinion there has been a large body of work undertaken recently to further improve consumer and staff safety at Dhulwa, further supporting ongoing improvements in the past 6 months. This has been largely led by Sonny and Peta, Exec and Dhulwa staff and acknowledging there is some way to go, I have observed that this has reduced OV incidents as per attachment 2 in the past four weeks (no incidents involving [REDACTED] since March 15 other than the one incident described above).

We expect further information to be provided by WorkSafe today, and also note they will attend on Thursday as prearranged for the larger investigation which is ongoing.

A big thank you to Sonny and Peta who were truly professional under very challenging circumstances.

Will provide updates as they become available.

Sonny – it would be good to provide the latest info on the injuries status of the [REDACTED] when you get a chance.

Regards

Daniel

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