

13 November 2018

Coroner's Court of Victoria
Coroner Jennifer Tregent
65 Kavanagh Street
Southbank Vic 3006

Dear Coroner Tregent,

Inquest into the Death of Lynette Roberts
Case: 2010/4793

I provide the following response on behalf of Bendigo Health in relation to the recommendations made by Coroner Tregent in the Findings with Inquest into the Death of Lynette Roberts dated 14 September 2018.

Firstly, it is relevant to advise that since the conclusion of the Inquest, the eight SECU beds which were co-located with the CCU in 2010 at the Vahland Complex have moved into a new twenty bed Extended Care Unit in the new Bendigo Hospital. The CCU has remained on its existing site and has a dedicated staff group on site, including its own Nurse Unit Manager. The CCU staff group is physically located very close to the patient CCU accommodation, which is a change from the previous arrangement where they were physically based in the SECU office in a separate building on the site. Bendigo Health are of the view that this new arrangement will facilitate improved engagement with, and monitoring of, patients. Feedback to this effect has already been provided by CCU staff.

Bendigo Health has otherwise carefully considered the recommendations of Coroner Tregent and provides the following response in relation to each recommendation below.

Recommendation 1: There should be produced for the CCU patients a clear policy as it relates to the expectations of staff and patients as to what is to occur in the event a patient leaves the grounds of Vahland complex. This policy should be not only provided in written form to the patient but a verbal explanation provided to them at the time of entry to the facility. The relatives and carers should also be informed where appropriate of the expectations of such a policy so they can assist in compliance.

Bendigo Health has reviewed and updated relevant policies in relation to patient leave to explicitly include residential units and to encompass the response to both compulsory and informal patients. This includes the following policies:

- "Leave from Psychiatric Inpatient and Residential Facilities Policy"; and
- "Response to Absconded and AWOL Patients from Psychiatric Inpatient and Residential Units Protocol"

These policies also refer to the need to contact next of kin, where appropriate. The policies cover all inpatient and residential units operated by Bendigo Health, including the CCU at Vahland Complex. Whilst having separate documents for each inpatient and residential unit would be cumbersome and needlessly repetitive, each unit is required to operationalise these documents in relation to their own specific needs and resources.

In the case of CCU, Bendigo Health confirms that the following operational aspects of the relevant policies and procedures at CCU remain in place:

- CCU residents intending to leave the unit will have their name noted by nursing staff on a whiteboard which includes the names of all patients who have either been granted or requested leave. This will detail when they intend to leave the premises and their estimated time of return and a brief description of clothing;
- That CCU patients returning from leave off the premises will be "signed in";
- A brochure is provided to all patients residing in CCU which sets out general information for patients, which includes that patients may come and go from Vahland Complex as long as staff are notified of their plans and patients have attended their treatment programs and subject to any safety concerns staff may have.
- This information is explained to patients when they enter the CCU and to their next of kin wherever appropriate. This is also documented on an admission checklist, which acts as a prompt to nursing staff to remind them.

Recommendation 2: That at a minimum of 24 hours before the patient is moved from the SECU to the CCU their next of kin or nominated carer is informed of what is to occur to allow them to provide input into the decision.

Bendigo Health agrees that wherever appropriate and possible, family/carers should be informed of any proposed move well ahead of any transfer or discharge, from any Bendigo Health inpatient or residential unit, including SECU and CCU. This is detailed in the "Psychiatric Services Consumer (Patient, Family and Carer) Participation Framework" and the "Bed Based Unit Admission, Discharge, Transfer and Bed Management Policy Psychiatric Services" policies.

The minimum timeframe of 24 hours is not specified in these documents as there are occasions when discharge or transfer must be undertaken in a very quick timeframe, for clinical or operational reasons. Mandating a timeframe would place staff at risk of inadvertently breaching the policy and for this reason Bendigo Health is of the view that it is not practicable to include a timeframe.

Bendigo Health will provide ongoing education to staff in relation to family-sensitive practice. Adherence to policy in this area is audited and formally reported and reviewed through the Quality committee processes embedded at Bendigo Health.

The "Treatment Plans - Psychiatric Services" policy, updated version approved in October 2017, also provides guidance to staff in relation to carer involvement in discharge planning. This policy requires carer involvement in treatment plan development, which includes discharge planning for inpatients. Patients and carers are given the opportunity to have input into the plan (subject to the patient's consent for their carer's involvement) and those involved are given the opportunity to sign the document and all are given a copy.



Recommendation 3: That staff are provided with regular and refresher training on how to conduct risk assessments to ensure uniformity in approach.

As part of Bendigo Health's comprehensive professional development program, staff are provided with training relating to conducting risk assessments to ensure uniformity in the approach through the following mechanisms:

1. Bendigo Health Policy documents outline for staff the expectations and requirements of Bendigo Health in relation to the performance of risk assessments:
 - a. Clinical Risk Assessment policy
 - b. Visual Observation and Engagement in Psychiatric Services inpatient units
2. These policies are accessed by staff through PROMPT (Bendigo Health's policy database) and new staff are shown how to use PROMPT to find various policies as part of orientation.
3. New staff are advised at the Mental Health Services orientation day via Training Pathway Document that they are required to read the Clinical Risk Assessment Policy within the first month of commencing at Bendigo Health.
4. Mandatory all day face to face Advance Suicide Assessment and Planning (ASAP) training for all new staff is undertaken on commencement with Bendigo Health. Refresher training is mandatory every two years through an on-line training module.
5. Mental State and Risk Assessment on-line competency assessment is mandatory training completed on commencement with Bendigo Health.

Recommendation 4: That nursing staff be required to make comprehensive and contemporaneous patient notes prior to the conclusion of their shift.

The Bendigo Health "Clinical Documentation Policy" states that "Concise and complete documentation must occur at the time of care or as soon as practicable by the clinician providing the care". Staff are advised repeatedly of this particular requirement throughout their orientation and training, including but not limited through:

1. Staff orientation to local ward;
2. CP-DMR training (digital documentation system, rolled out to all existing Mental Health Services staff in 2018 at system go-live, and provided to all new staff);
3. Focus Documentation training currently being rolled out to in-patient staff; and
4. ISBAR (Identify, Situation, Background, Assessment and Recommendation) iLearn module completion which is mandatory training for all new staff on commencement with Bendigo Health.

Recommendation 5: Training for all staff, not limited to psychiatrists, as to what is expected practice as dictated in the Chief Psychiatrists guidelines particularly as they relate to communication and engagement with relatives and carers.

Bendigo Health's professional development in relation to the Chief Psychiatrists guideline for "Working together with families and carers" is not limited to psychiatrists. It is specifically covered during orientation for all new mental health services staff with a session delivered by a Carer





Consultant. This session includes information about how to find the Chief Psychiatrists Guidelines and other relevant information, including “100 ways to support recovery” and an introduction to the framework for recovery oriented practice.

This information is reinforced through subsequent regular in-service training by Carer Consultants, including through:

- Mental Health Graduate Nurses training;
- In-services on family therapy by our FaPMI (Families where a parent has a mental illness) workers;
- Supported Decision making in-services provided by the Independent Mental Health Advocacy program to inpatient staff; and
- Mandatory face to face training for all new inpatient staff on the “Safewards” model of care. This is underpinned by the “Patient and Carer Rights, Responsibilities and Information Provision Policy” (updated version approved in August 2017).

Yours sincerely

A handwritten signature in black ink, appearing to read "Philip Tune", enclosed within a large, hand-drawn oval. A short horizontal line extends from the right side of the oval.

Assoc Prof Philip Tune
Clinical Director Mental Health Services

