

11 May 2018

Clare Mullen
Legal Counsel
Coroners Court of Victoria
65 Kavanagh Street
SOUTHBANK VIC 3006

Dear Ms Mullen

Investigation into the death of Joy Guppy
Court ref: COR 2015 000531

We refer to the Finding into Death Without Inquest of Coroner Carlin dated 1 February 2018 (the **Finding**) and, in particular, the recommendation that Albert Road Clinic (the **Clinic**) draft a policy for the removal of potential ligatures.

Ms Guppy's death and the Finding have been closely considered by Ramsay Health Care (**Ramsay**) Australia's Mental Health Leadership Group, which comprises chief executive officers of private mental health facilities. In response to the Finding, the Clinic is in the process of preparing a draft ligature minimisation policy similar to the enclosed 'Ligature Minimisation' policy implemented by Ramsay's New Farm Clinic in Queensland.

In addition, the Clinic has implemented a number of changes to its environment, including the removal of anchor points and the use of non-weight bearing applications. Some of these changes have been detailed in the letter from the Clinic's lawyers to the Coroners Court dated 13 December 2017.

Whilst the Clinic agrees with the Coroner that it is ideal to reduce the availability of potential ligatures to psychiatric inpatients, particularly those at risk of self-harm, it wishes to raise its concerns about the inherent difficulties involved with ligature minimisation in a voluntary psychiatric inpatient setting.

In particular, the Clinic has the following concerns in relation to implementing such a policy:

- (a) the *Mental Health Act (Vic) 2014* (the **Act**) mandates that psychiatric inpatients are to be assessed and treated in the '*least intrusive and restrictive way*' possible and to ensure their '*rights, dignity and autonomy are protected and promoted at all times*';
- (b) the removal of ligatures, anchor points and/or access to personal items that could potentially be used as a ligature to self-harm is arguably contrary to the principles outlined in the Act. It is also arguably contrary to attempts to 'normalise' psychiatric hospitals and de-stigmatise mental illness. For example, the Clinic is concerned about the indignity and sensitivity about asking a female Muslim patient to remove her headscarf or a geriatric patient to remove their belt;
- (c) suicide is not always fully preventable despite the best efforts of treating doctors and nurses;
- (d) almost any item can be used as a ligature (and unfortunately examples exist). For example, I am aware of a case involving a voluntary psychiatric patient who used her underwear to hang herself. Patients can be very creative when using ligatures. Potential ligatures include headphones and rechargers which are commonplace in society;

- (e) it is very difficult to monitor what patients have on them whilst in an open environment with relative freedom of access to the 'outside world' and visitors coming into the Clinic;
- (f) all of the Clinic's patients are voluntary patients who have the capacity to go the nearest shop and purchase potential ligatures at any time; and
- (g) visitors may inadvertently bring ligatures into the Clinic. Visitors are not searched prior to entering the Clinic.

The Clinic is committed to trying to reduce all anchor points in its facility as far as possible. However, bearing in mind that not all anchor points can be removed or identified, the key to preventing a similar death is for the Clinic to continue to monitor and refine its assessment techniques to identify patients at risk of self-harm and thereafter implement measures to reduce the risk.

Should the Coroner have any queries or comments in relation to the above, the Clinic would be willing to address them.

Yours sincerely



Jane Pickworth
Chief Executive Officer

LIGATURE MINIMISATION

POLICY COMPLIANCE STATEMENT: New Farm Clinic (NFC) recognises that the principal responsibility for a patient's care lies with that patient's doctor. Following consultation with doctors and clinical employees, and through reference to current industry best practice standards, NFC has developed this policy as a minimum standard to ensure that optimal care is given to the patient. Facility management and relevant NFC employees must comply with this policy and ensure that these minimum standards are integrated into NFC clinical systems and NFC employee's individual practice.

POLICY VALIDITY STATEMENT: this policy is due for review by the date shown on this document after which it may become invalid. Policy users should ensure that they are consulting the current version of the document on the intranet.

OBJECTIVE:

- To minimise anchor points through-out the facility.
- To use anchor point minimisation or non-weight bearing options for ligature minimisation where possible.

POLICY REFERS TO:

- All clinical staff employed by New Farm Clinic.

POLICY:

- This policy may be read in conjunction the following policies: Suicide Behaviour Management.
- New Farm Clinic seeks to provide services to patients in the least restrictive environment possible.
- **Where possible: anchor points should be removed or covered. Where removal may create a greater risk: anchor points must remain or be modified** (eg. hand rails, disabled access).
- **New Farm Clinic facilities have been constructed/developed/renovated with the view to minimising anchor points and ligature risk relative to current building code and legislative requirements.**
- **New systems and system up-grades are subject to review and risk assessment prior to being approved** (refer to policies: Purchase of Equipment Materials and Substances, Vendor/Contractor Tender/Contract Management).
- **Existing systems, fixtures and processes are subject to ongoing risk assessment (as required) and periodic audits** (refer to policies: Risk Management, Safety Audits Inspections)(refer to documents: NFC Health and Safety Inspection Checklist, Annual Ligature Minimisation Audit, RHC Mental Health Audit).
- **Ligature risk minimisation audits are undertaken annually to minimise overall ligature risk throughout the facility** (refer to document: Annual Ligature Risk Management Audit)(coordinated by: Quality and Safety Manager).
 - Ligature risk minimisation audits may be undertaken more frequently upon notification by Executive or the Quality and Safety Manager.
 - Upon audit completion: results are to be tabled by the Quality and Safety Manager for review at the next Health and Safety Committee.

EXPECTED OUTCOMES:

- Anchor point minimisation or non-weight bearing options are used for ligature minimisation where possible.
- Possible anchor points are minimised.
- Improved patient safety.

RELATED DOCUMENTS:

- Annual Ligature Minimisation Audit.
- NFC Health and Safety Inspection Checklist.
- RHC Mental Health Audit.

RELATED POLICIES:

- Environmental Patient Safety – Linen Bags.

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- Hazard and Adverse Event Management.
- Purchase of Equipment Materials and Substances.
- Suicide Behaviour Management.
- Transfer of a Patient to Another Hospital.
- Vendor/Contractor Tender/Contract Management.

REFERENCES:

- NSW Health Suicide Risk Assessment and Management Protocols – Mental Health In-patient Unit.
- Work Health and Safety Act (QLD) 2011.

DOCUMENT HISTORY:

- Implemented: 18/09/14.
- Reviewed: 23/06/16.
- Next review date: 23/06/19.

APPROVED BY: Director of Clinical Governance.

AUTHORISED BY: Chief Executive Officer.

RATIFIED BY: Chair – Clinical Governance Committee.

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