

**2017**

**THE LEGISLATIVE ASSEMBLY FOR THE  
AUSTRALIAN CAPITAL TERRITORY**

**GOVERNMENT RESPONSE TO  
AUDITOR-GENERAL'S REPORT NO. 6/2017:  
MENTAL HEALTH SERVICES –  
TRANSITION FROM ACUTE CARE**

**Presented by  
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## BACKGROUND

On 23 June 2017, Dr Maxine Cooper, ACT Auditor-General delivered to the Speaker of the ACT Legislative Assembly the final report *Mental Health Services – Transition from Acute Care*.

The audit's objective was to provide an independent opinion to the Legislative Assembly on the effectiveness of the management of the transition process for adult clients who move between acute mental health services and community mental health services, as well as the transition from acute mental health services into the primary health and community sector.

The Auditor-General has made seven (7) recommendations for ACT Health aimed at improving the transition from acute care into the community. These relate to:

1. Mental Health Service Policies and Procedures
2. Records of Communication with Relevant Parties
3. Recovery Planning
4. Electronic Clinical Records
5. Manual Reporting Procedures
6. Suicide Vulnerability Assessment Tool
7. Performance Reporting.

The audit involved:

- A review and analysis of the ACT Health Directorate's policies and procedures;
- Analysis of a random sample of 40 records relating to discharge from acute care services from July 2015 to June 2016;
- Review and analysis of performance information, management reports and risk management documentation;
- Discussion with managers of mental health teams and a number of non-government organisations; and
- Seeking legal advice from the ACT Government Solicitors on the application of the *Mental Health Act 2015*.

ACT Health and Calvary Health Care ACT provided a management response to the Auditor-General's recommendations as outlined below. These responses were included by the Auditor-General into the Final Report which was tabled in the Legislative Assembly on 23 June 2017.

Further to these management comments, the Government would like to inform of the supplementary work being progressed in response to the recommendations:

- Consideration of amendments to the *Mental Health Act 2015* (the Act) to include provisions for binding directions to staff to be issued,
- The finalisation of the Adult Community Mental Health Services Model of Care which will provide a more integrated and contemporary mental health service system within the Adult Community Mental Health Service,
- The creation of a training package for all staff users of the new electronic clinical record system, to ensure staff are:
  - aware of the importance of documenting information provided by carers and other service providers,
  - all policies and procedures concerning the responsibility to document an accurate and comprehensive clinical record, and

- mandatory requirements for the use of the new electronic clinical record.
- The establishment of a Recovery Planning Working Group to progress recommendation 3.

## GOVERNMENT RESPONSE TO RECOMMENDATIONS IN THE AUDITOR-GENERAL'S REPORT

### Recommendation 1

That the ACT Health Directorate should:

- a) develop an integrated, comprehensive and contemporary framework governing mental health services capturing all requirement for the effective and efficient implementation and documentation of discharge and recovery planning under the *Mental Health Act 2015* (the Act) and the National Standards for Mental Health Services 2010;
- b) work cooperatively with Calvary Health Care ACT to harmonise and align policies and procedures; and
- c) Investigate reinforcing key administrative policies and procedures by issuing these under Section 217 of the Act.

Government Response: **Agreed**

- a) ACT Health is currently developing a Territory Wide Health Services Framework 2017-2027 to identify the ACT's health service requirements for the next decade. The Framework will provide the foundation for Specialty Service Plans for individual services and Models of Care for clinical areas. Mental Health and Suicide Prevention have been flagged as key service plans for development.

The Adult Community Mental Health Services (ACMHS) Model of Care is currently out for final consultation. This Model of Care is a redesign of the existing ACMHS services to improve access, efficiency and clinical outcomes for mental health consumers. This Model of Care will provide a more integrated and contemporary service provision within the Adult Community Mental Health Services.

A statement will be developed to clearly delineate the roles of Care Coordinator (CC) and Chief Psychiatrist, and the difference between mental illness/disorder to avoid future confusion. This statement will be included in all new policies and procedures and in existing documents when they are reviewed, in accordance with their review schedule.

The specific legislated requirements contained within the *Mental Health Act 2015* will be considered and incorporated into this planning process.

- b) Where practicable, ACT Health will develop joint policies and procedures with Calvary Health Care ACT to standardise mental health care across the ACT. This work will continue to be undertaken in collaboration to ensure the documents are aligned for the provision of mental health services across two separate entities.
- c) ACT Health is considering the appropriate interpretation of Section 217 of the *Mental Health Act 2015*. The Office of the Chief Psychiatrist is also considering if new provisions for binding directions to be issued by the Chief Psychiatrist and Care Coordinator, and/or the Director-General are required beyond existing obligations on all staff.

Timeframe: 6-9 months

## **Recommendation 2**

That the ACT Health Directorate should review and promulgate processes for recording communications with relevant parties, including carers, government agencies and General Practitioners so that all communications are documented on a patient's record in the Mental Health Assessment Generation and Information Collection system (MHAGIC).

Government Response: **Agreed**

ACT Health's current Clinical Records Documentation Policy requires staff to document relevant clinical communication with external parties in the patient's Clinical Record.

As a Directorate-wide Policy, it is generic in nature and principle based. ACT Health acknowledges that the Directorate-wide Policy does not specifically articulate procedures for the electronic record - MHAGIC. ACT Health will review the current Policy and ensure that policy documents are explicit to ensure compliance with documentation standards so that all relevant parties record all communications appropriately.

MHJHADS will review training and learning development opportunities to ensure that all staff are aware of the important role that carers and external providers can have in positive consumer focused recovery outcomes.

Timeframe: 4 months

## **Recommendation 3**

That the ACT Health Directorate should clearly assign responsibility for creating, reviewing and maintaining a person's recovery plan.

Government Response: **Agreed**

Existing ACT Health Procedures clearly articulate that the primary responsibility for completing Recovery Planning documentation lies with Clinical Managers in community mental health settings. However, ACT Health acknowledges that there are several other procedural documents which require further clarification and will review these to ensure consistency across all program areas. ACT Health will improve processes regarding reviewing recovery plans and treatment and care plans in the Adult Mental Health Unit as a priority. A dedicated MHJHADS Recovery Planning Working Group has been established to progress this recommendation.

Timeframe: 4 months

## **Recommendation 4**

That the ACT Health Directorate should review policy and procedural guidance for the use of MHAGIC so that guidance:

- a) identifies MHAGIC as the single electronic record for each patient provided with mental health services in the ACT; and
- b) clearly outlines the mandatory requirements for using MHAGIC to record patient nursing and clinical notes.

Government Response: **Agreed**

ACT Health acknowledges that clear reference material for staff is important in ensuring that the standard of documentation within clinical records is appropriate. ACT Health is currently upgrading the electronic clinical record, MHAGIC. The new system is anticipated to go-live in November 2017. As part of the implementation, ACT Health will ensure that Policy, Procedure and Guidance Manuals support the changes to the electronic records.

ACT Health will ensure that this documentation forms the basis for the initial and ongoing training of staff, and that all staff are retrained to ensure they are fully aware of their legal obligations regarding record keeping.

Timeframe: 4 months

### **Recommendation 5**

That the ACT Health Directorate should document the procedures for manual reports to identify appropriate controls and separation of duties to prevent errors and manage conflict of interest.

Government Response: **Agreed**

ACT Health acknowledges that good governance regarding data and reporting is essential. ACT Health has already implemented immediate staffing changes to avoid any perceptions of conflicts of interest. ACT Health will rectify the absence of the documented process highlighted by this Audit.

Timeframe: 4 months

### **Recommendation 6**

That the ACT Health Directorate should enforce their own policy that the Suicide Vulnerability Assessment Tool be completed every three months for all patient and address areas of non-compliance (or amend the policy if the ACT Health Directorate considers it inappropriate).

Government Response: **Agreed**

ACT Health acknowledges that a Suicide Vulnerability Assessment Tool (SVAT) is a vital component of good mental health care.

ACT Health and the Chief Psychiatrist is currently reviewing the policy, data collection and documentation requirements for use of this assessment tool. The current data collection methodology around this target does not account for:

- services where a SVAT may not be specifically required;
- where suicide vulnerability assessment has been documented in the body of a clinical record rather than specifically using the SVAT Form; and
- where the SVAT has actually been completed, but outside of the 3 month period.

The Chief Psychiatrist has convened the Suicide Vulnerability Assessment Tool (SVAT) Working Group to progress this recommendation.

ACT Health will make adjustments to the SVAT Policy to account for clinical variations.

Timeframe: 4 months

### **Recommendation 7**

That the ACT Health Directorate should review and rationalise its performance information reports by:

- a) reporting the performance of provisions of the *Mental Health Act 2015* that are intended to support collaborative planning (e.g. the number of people accessing mental health services that have an advance agreement in place);
- b) including outcome and outcome compliance measures (e.g. person outcomes from HoNOS and LSP-16 mental health well-being assessments or 28 day unplanned readmissions);
- c) including exception report identifying outliers;
- d) including time series, including of outcome measures;
- e) having it relate to management actions taken to achieve targets, including compliance targets; and
- f) aligning reporting to the relevant day-to-day reporting requirements of adult mental health operational managers.

Government Response: **Agreed**

ACT Health has acknowledged in various data reviews, including the 2016-17 Price Waterhouse Coopers review, that there is a lack of documentation and linkages to data definitions and standards for performance reporting.

ACT Health will ensure each of the strategic components of this recommendation are addressed under the Service Wide Review by March 2018. Further, over the same period ACT Health has committed to undertaking a complementary piece of work to develop detailed mental health focussed outcome and compliance measures recommended above.

Timeframe: March 2018