

MINISTER ASSISTING THE MINISTER FOR HEALTH (MENTAL HEALTH)

BUDGET ESTIMATES - QUESTION ANSWERED

On 15 September 2009, during NSW Health's appearance before the General Purpose Standing Committee No.3, the Hon Trevor Khan MLC asked a question on page 5 of the Hansard, which was taken on notice, concerning safe assessment rooms.

Dr MATTHEWS: We have created a total of 63 multipurpose safe assessment rooms, so there is an ongoing process that was already occurring before Mr Garling's report. As to how many of those have been completed since he made his recommendation, I would have to take that on notice and give you a list of those. As the Minister said, NSW Health has got 252 facilities that keep people overnight, and many of them are nothing more than aged-care facilities. So we are working with the police and with the carers and friends of people with a mental illness to work out where it is appropriate for people to be taken if they require urgent assessment, because there is no point in taking someone to a place which is purely an aged-care facility—they are simply going to have to be moved to another place.

We are making it a process involving a safe assessment room, the appropriate staff to do the assessment, the availability of telepsychiatry facilities to assess at a distance, matched with the geography of New South Wales, which means that inevitably sometimes people are taken a fair distance. But, as I say, as to how many of these have actually been finished since that report I would have to take on notice and find out from capital works.

Mrs BARBARA PERRY: I think it is fair to acknowledge that this is something that has been an ongoing process even before Mr Garling's report.

The Hon. TREVOR KHAN: Minister or Dr Matthews, including taking on notice the establishment of multipurpose assessment rooms, would you be able to broaden your on-notice commitment to cover the establishment of any specific safe assessment rooms and also whether you plan to establish any further safe assessment rooms or multipurpose assessment rooms in the coming year or two?

Dr MATTHEWS: Yes.

Mrs BARBARA PERRY: We will do that.

ANSWER

NSW Health, in consultation with Area Health Services, is in the process of finalising those emergency departments that will be funded this financial year to build a safe assessment room.

Only emergency departments that are able to provide the appropriate level of staffing will be considered for a safe assessment room.

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BUDGET ESTIMATES - QUESTION ANSWERED

On 15 September 2009, during NSW Health's appearance before the General Purpose Standing Committee No.3, the Hon Trevor Khan MLC asked a question on page 7 of the Hansard, which was taken on notice, concerning Psychiatric Emergency Care Centres.

The Hon. TREVOR KHAN: Can you give me a list of the hospitals that fit within the definition that Mr Garling included in his report of hospitals that he envisages are covered by recommendation No. 108?

Dr MATTHEWS: Absolutely. The list is on the New South Wales Health website. All hospitals are on the website displayed by category. It is easy to see what those hospitals are. There are also clear definitions of B2 and B1.

The Hon. TREVOR KHAN: Noting the ease with which it can be done, I take it that you will take the question on notice and provide me with a list.

Dr MATTHEWS: Absolutely.

Mrs BARBARA PERRY: Bearing in mind that that is provided along with the information that has been given in evidence today that it is not as simple as saying this is a B2 hospital and therefore it should have a PECC.

The Hon. TREVOR KHAN: It seems clear that Mr Garling did not simply envisage identifying B2 hospitals in his definition. He identified B2 hospitals that met certain other conditions as well. I am asking for those hospitals that fit within the No. 108 definition, not simply B2s.

Dr MATTHEWS: Absolutely.

The Hon. TREVOR KHAN: Recommendation No. 108 with regard to that subspecies of B2 hospitals proposed that there be compliance within 18 months. What do you say about that being achieved?

ANSWER

The Government has supported the recommendation to establish Psychiatric Emergency Care Centres (PECCs) at facilities with an emergency department with a certain role delineation, unless there is easy access to a PECC located at another hospital within a reasonable transfer distance.

As advised during the Estimates Hearing, the PECC model does not suit all facilities with an emergency department and works best where there is a co-located mental health inpatient unit and where there is sufficient patient demand.

PECC units are operating at Liverpool, Nepean, St Vincent's, St George, Hornsby, Wyong, Blacktown and Campbelltown. Wollongong provides 24/7 mental health support to the emergency department pending construction of a purpose built PECC unit and an expanded 4 bed PECC is now operating at the Calvary Mater Newcastle Hospital. An interim 4 bed PECC operates at the Prince of Wales Hospital pending construction of a purpose built PECC unit. The NSW Government has also committed to establishing a 6 bed PECC within the redevelopment of Royal North Shore Hospital.

A full list of all NSW Health Hospitals is available on the NSW Health website.

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On 15 September 2009, during NSW Health's appearance before the General Purpose Standing Committee No.3, the Hon Trevor Khan MLC asked a question on page 8 of the Hansard, which was taken on notice, concerning recommendations from coronial inquests.

The Hon. TREVOR KHAN: Last year there were, for example, three inquests held into deaths that occurred with regard to mental health patients in Tamworth, one of them in a facility and, I think, the other two at or about the time of admission. Obviously, findings were made by the coroner with regard to those matters—and certain commitments, I would take it, by the Hunter New England Area Health Service with regard to certain changes in procedure. Minister, were you made privy to the findings of the coroner? If not, why not? Secondly, who monitors whether the undertakings or changes in procedures to be undertaken by the Hunter New England Area Health Service have been acted upon?

Mrs BARBARA PERRY: I will have to get the details of the three, because I do not know whether they are still ongoing at this stage.

The Hon. TREVOR KHAN: I can tell you they are not.

Mrs BARBARA PERRY: I do not know whether that is right.

The Hon. TREVOR KHAN: I appeared in one and I can tell you they are not. Findings were made.

Mrs BARBARA PERRY: Can I tell you generally how it works, because part of your question requires a general response. When a coroner addresses a recommendation to New South Wales Health the Corporate Governance and Risk Management Branch is responsible for ensuring relevant bodies within the health system consider the recommendations and take appropriate action. Both the Government and the department clearly take very seriously any recommendation made by the coroner. As a result of all of the coroner's inquest recommendations that have been handed down since 2001 we ensure we continue to build on the safety and care provided to people with a mental illness.

Dr MATTHEWS: We have a very formal process, as the Minister said, around all coronial recommendations, not only around mental health. When the coroner makes his recommendations we would always formally respond to the coroner. I sign off on the mental health ones and some of the other ones, not all. We put in place an implementation plan around those recommendations and that is very strictly monitored, as are recommendations by the Ombudsman and other watchdog bodies by a branch within the department known as Corporate Governance and Risk Management. I will have to check on the three in Tamworth—I do not keep those in my head—but I assure you there is a very rigorous process of following up on those recommendations. Many of the coroner's recommendations are challenging as well.

ANSWER

NSW Health is notified by the Coroner of Inquests where recommendations are made to the Minister. NSW Health takes any recommendation made by the Coroner very seriously.

Findings of 43 Coronial inquests concerning mental health and/or drug and alcohol were received by the Department since 2001. These have been completed or are in progress.

Since late 2005, when a Coroner addresses a recommendation to NSW Health, the Corporate Governance and Risk Management Branch has been responsible for ensuring that relevant bodies within the NSW Health system consider the recommendations and take appropriate action.

It is often the case that an incident subject to a Coronial inquest has already been subject to a root cause analysis investigation, a review by the Health Care Complaints Commission or another form of investigation.