From: Jonathan Holt (Hunter New England LHD) <Jonathan.Holt@health.nsw.gov.au>
Sent: Tuesday, 6 September 2022 9:21 AM
To: Jeremy Lappin <Jeremy.Lappin@hsu.asn.au>
Cc: Tracey Gaddelin <tracey.gaddelin@hsu.asn.au>; Mark Andrei (Hunter New England LHD) <Mark.Andrei@health.nsw.gov.au>
Subject: RE: Hunter Valley Community Mental Health relocation

Dear Jeremy,

Thank you for your patience, please find responses and action taken to address concerns raised by staff and members. Further to below, additional carpet installation is commencing onsite today which will assist with both sound and aesthetics.

(1) **It is not clear whether consumer or lived-experience feedback was sought nor whether the move was trauma informed**.

HNELHD MHS recognises and acknowledges the complexities of moving into an old inpatient unit and we continue to work with consumers and staff to ensure we address any concerns, noting this has been discussed in staff forums. A smoking ceremony was undertaken at the facility and with staff on 19 August 2022. In addition, culturally appropriate artwork is to be installed in both Adult and CAMHS waiting rooms, with the installation of additional art in the treatment spaces.

(2) **The area (and the hospital generally) may be associated with very recent trauma for both adults as well as adolescents which may lead to consumers refusing to access services or being detrimentally impacted.**

This issue may come up for some consumers, some due to previous experience, in this situation the service will offer alternate options such as home visiting, telehealth or alternate health centre appointments. One consumer was reportedly concerned it was a means of admitting the consumer to the ward, this was allayed with support of the carer who was able to reassure the consumer of the facts around the relocation. We are confident that by working with consumers, their carer's and families that we can readily resolve concerns with staff support and quality clinical care.

(3) **Other issues include consumers needing to go past the old emergency department, the difficulty finding the location, need to use an elevator, no quick exit for consumers which may increase anxiety and fear**.

Access to the HVCMH Service is via Mount Pleasant street, with no access required to the old hospital or Emergency Department. Access is on the lower ground with direct access to the facility without the need to utilise the elevators. The implementation of a large courtyard with the installation of further outdoor tables is in progress and will allow outdoor interviews to assist with management of any anxieties expressed by consumers. We are open to feedback on further signage and wayfinding and will be rounding with both consumers and staff.

(4) **Clinical and non-clinical spaces: at present, the non-acute team has a large number of staff meeting on a daily basis for morning meetings but also numerous times throughout the week for other clinical meetings (clinical review, grand rounds, in service, team meetings, processes and practices). The new allocated group room does not appear have sufficient space for the high number of clinicians that will be required**

to be present at these meetings. The room does not appear to have sufficient space being mindful there are ongoing COVID-19 cases across Australia.

There are a number of meeting rooms available throughout the facility to facilitate meetings of various sizes. If a group cannot be safely facilitated in a single room, videoconferencing can occur as has been the practice throughout the Pandemic and continues as appropriate.

(5) **Whilst the offices will be smaller, there is not appropriate noise cancelling furnishings to manage the expected noise. On the walk through of the new office space and allocated space for the non-acute community team, staff noted the incredibly loud noise and difficulty hearing each other, just from conversations held in the room. There are two boards between desks that have been identified as noise reducing and possible carpet will be covering the vinyl flooring, however there are still concerns about the expected high noise levels within these two rooms.**

It is difficult to pre determine noise levels, until spaces are occupied and in use. The service has implemented carpet and the sound barrier partitions to address as best as possible at the time of relocation. We are currently in the process of having carpet installed in interview rooms and work areas where noise has been identified as an issue. Following this, we will continue to review the need for further noise attenuation strategies. We are committed to ongoing reviews of these areas and will be working with clinicians and consumers.

(6) **Desks and other furnishing requests. Clinicians have a number of tools, utilities, books, folders and manuals that are utilised on a daily basis. On walk through of the office space, it appeared that there was not adequate bookcases or storage within the rooms for these resources.**

The service is trending towards a paperless service and is adopting a 'paper-lite' approach, with the need for folders and manuals to complete the work reducing. There has been adequate workstations provided for each clinician and on review of the inventory for items relocated we are of the understanding that many clinicians in addition to existing storage have relocated their bookcases as necessary.

(7) **At present, there are three fridges that service Hunter Valley Mental Health service with a tea room with eight chairs and one table. Now the site will have CAMHS added to the site, it does not appear there is an additional tea room and appears there is only one space for a fridge. There is likely to be inadequate spacing for staff to have their breaks and store their food.**

Both CAMHS and the HVMHS relocated their fridges with space in the kitchen available for additional fridge storage. In addition to the internal tea room, there is another tea room available in the HSU for those staff located in that building, as well as undercover outdoor seating in the staff courtyard area.

(8) **Family members and support workers often attend appointments at the office to provide psychoeducation and support. There needs to be adequate chairs for family meetings and groups.**

The facility has adequate sized rooms to support the attendance of carers, family members and support workers. We have transferred the same number of chairs that were at the previous facility, however additional chairs/furniture will be arranged or ordered as clinically indicated.

(9) **It is unclear whether change tables have been provided in toilets.**

There will be a change table installed in the CAMHS toilet.

(10) **At present, there are duress buttons in each room that are near the doors that can be pressed, with a loud alarm being sounded across the staff and clinical area to attend an area for support. Duress 'phones' or buttons have been discussed as the alternative at the new site. There are concerns around how this would work, including:**

a. would everyone have a phone, would there be a roster
All may use a phone, but all seeing clients in the clinical area MUST use a phone. Leaders all carry phones, code black team is comprised of an existing roster and ACT staff

b. what if it new clinicians that have limited experience with aggression or violence
As per our usual protocol all staff are orientated and trained including the provision of PMVA training, these staff would follow the same protocols for raising the alarm.

c. what if people are out of date with PMVA
In accordance with standard process these staff will attend PMVA refresher training.

d. how is the risk communicated to clinicians not in the staff area but in clinic rooms with clients and how they know to stay safely in the room without the sound of the alarm
All staff in clinic rooms by default will have a DECT phone that will sound and indicate location

e. what if people who have the allocated duress phone don't respond appropriately or are called out for a home visit
All staff are aware of their requirement to hand over the duress phone. Staff are rostered on days not out of the office, in any event all staff are required to respond as was the same protocol at the previous location.

f. if there is a roster for people to have the duress phone, how is this distributed amongst the team
As noted above and as per previous location

g. how do we ensure this responsibility doesn't impact on their current work load as this responsibility would mean they can't do home visits or have clinical appointments?
The roster for code black is based on our local roster for responding to unplanned presentations which is an established and effective process. As previously addressed, these staff will not be out of the office, noting that this scenario is an extremely rare event with negligible disruption.

Management have developed a thorough reference document with respect to the duress process, code black teams and assembly points etc. All staff will receive a copy along with orientation to the new system.

(11) **Unclear if the main phone office number (4939 2900) will remain the same.**

The main office number will remain unchanged (as above)

(12) **Whilst most staff leave work at 4:30pm, some clinicians stay back until 5 – 5.30pm. It is unclear if there will be sufficient lighting at the car park (either near Melbee house or the back car pack near the tennis courts) for when it is dark.**

There has been allocated parking determined for those working in the ACT team. Please refer to attached lighting plan, that shows appropriate lighting.

It is also noted that staff routinely bring their cars up close to the exit of the building after hours. ACT do this routinely with late shifts.

We have continued to work with staff since the relocation to identify and rectify any outstanding items. Likewise we remain committed to working with staff to ensure a smooth transition.

I trust that the above addresses the concerns.

With kind regards

Jonathan

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