



NALHN FORENSIC MENTAL HEALTH SERVICES

Independent Review

October 2023

NALHN INDEPENDENT REVIEW TEAM

FIONA WHITECROSS | DR J SHORT, DR J CLAASSEN, MS SUE BELMORE, MR KEVIN FJELDSOE

ACKNOWLEDGMENTS

The Independent Review Team acknowledge and pay respect to the Kurna people; the traditional custodians of the lands covered by the services mentioned in this report.

We honour the Kurna elders; past, present and emerging.

We recognise aboriginal cultural authority and their ongoing spiritual connection to this country.

The Independent Review Team acknowledge that health and other service providers must continuously focus on closing the gap between the psychosocial, educational, and justice outcomes for indigenous and non-indigenous people.

The artwork 'Snake Healing' on the cover of this report was generously provided by Paul Herbert and the cultural healing team of NAHLN. The design was influenced by Lynn in the team and originates around the Cooper Pedy area in South Australia. It represents healing and recovery in her dreaming's. Many consumers and staff of JNH worked on this artwork which fits with the idea that healing and recovery is best done with the help and support of others.

The Review Team are grateful for such high levels of engagement throughout the review. For such, we appreciate and thank those who proffered their time to participate in the review.

Additionally, the Review Team would like to acknowledge and thank the NAHLN project support team led by Madeleine Bing-Fish.

SNAKE HEALING



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GLOSSARY

ANUM	Associate Nurse Unit Manager
CAS	Court Assessment Service
CBIS	Community Based Information System
CFMHS	Community Forensic Mental Health Service
CLS	Court Liaison Service
CS	Clinical Supervision
FMHS	Forensic Mental Health Service
IR	Independent Review
JNH	James Nash House
KOBRU	Kenneth O'Brien Rehabilitation Unit
LEW	Lived Experience Workforce
LHN	Local health network
MAPA	Management and Prevention of Aggression Training
MDT	Multidisciplinary team
MHA	Mental Health Act
NAHLN	Northern Adelaide Health Network
NSQHS	National Safety and Quality in Health Care Standards
OCP	Office of the Chief Psychiatrist
PMHS	Prison Mental Health Services
SA	South Australia

1.0 INTRODUCTION

In May 2023, an anonymous letter claiming to be from staff members of James Nash House, NALHN Forensic Mental Health Service was broadly distributed to key political, clinical, operational, and industrial representatives in South Australia. The letter outlined concerns about the delivery of safe care and the provision of a safe working environment at James Nash House, NALHN Forensic Mental Health Service.

Consequently, the Chief Executive Officer, NALHN, Ms Maree Geraghty, determined that an independent review of the NALHN Forensic Mental Health Service should be undertaken to consider issues and concerns raised in the correspondence and in a specific but associated complaint. Terms of reference were established, and these are provided in full at Appendix 1.

In summary, the review was to consider staff and consumer safety, leadership and culture, and clinical governance and practice. The review was to provide a report with recommendations for service improvement in respect of these matters to the Chief Executive Officer, NALHN. In addition, the review was to investigate a specific complaint made by a FMHS member of staff concerning the conduct of another staff member during a particular meeting. The outcome of that review was to be provided separately to NALHN Executive Director People and Culture to action, in accordance with SA Health Policy and Procedure.

In July 2023, Ms Fiona Whitecross, Thomas Embling Hospital, Melbourne was invited to consider the Terms of Reference with a view to assembling a team to undertake the review and associated investigation. The following team was assembled:

- [Ms Fiona Whitecross](#), Executive Director, Inpatient Services Thomas Embling Hospital, Melbourne, Victoria (Mental Health Nurse).
- [Mr Kevin Fjeldsoe](#), OAM, Mental Health Services Consultant.
- [Dr Jackie Short](#), Forensic Psychiatrist, Clinical Director, and Director of Area Mental Health Services, Te Korowai Whāriki, Central Regional Forensic and Rehabilitation Service, Aotearoa New Zealand.
- [Ms Sue Belmore](#), Consumer Advisor.
- [Dr Jacques Claassen](#), Forensic Psychiatrist, Acting Executive Director of Forensic Mental Health Services, Forensicare, Victoria.

A proposal which detailed the focus and method for the review and investigation of the associated complaint was provided to, and subsequently accepted by, the Chief Executive Officer. A report, which would include recommendations for service improvement where necessary was to be provided to the Chief Executive officer no later than Friday 27th October 2023. The outcomes of the investigation of the specific complaint were to be provided to NALHN, Executive Director People and Culture as a separate report by the same date.

The project was initiated on the 27 July 2023. This report, which details the method, activity, outcomes and recommendations was submitted in draft on 25th October 2023. A final report was submitted Tuesday 27th November 2023.

2.0 Summary and Recommendations

The review team is conscious that this report carries the hopes of staff, consumers and stakeholders of the FMHS. It acknowledges this responsibility and has been buoyed by the level of staff engagement in the review and collective desire to create a better FMHS. The sense of hope, collaboration, and healing that is reflected in the indigenous snake healing artwork on the cover of this report provides the basis for confidence and inspiration that the changes needed to address the challenges the services faces will be embraced.

Major Themes

Throughout the review, the team has engaged with consumers of the FMHS, staff of the FMHS, and external stakeholders to understand the existing strengths and challenges within the FMHS as well as future needs, solutions and expectations.

The independent review's consultation approach was mindful of the sensitivities and distress experienced on the background of a letter which named individuals working within the FMHS. An independent avenue for written submissions and an opportunity to meet with the review team directly and confidentially was enabled during the site visit. Invitations were extended to existing staff, staff who have left the organisation, and staff on leave to contribute confidentially to the independent review. Throughout the IR's engagement and research, major themes emerged that shaped the recommendations.

Leadership and Culture

There is a need for improved, integrated strategic planning

It is the view of the Review Team that the absence of a clear plan for the delivery of services and a failure to anticipate the challenge associated with implementing change have contributed significantly to the problems encountered by the service today. Staff interviewed were not able to clearly and consistently articulate the expected levels of performance for their services. The models of care developed for each team fail to align to a strategic plan and outline performance measures to be achieved.

The leadership is not aligned

There is clearly a disconnect between staff and the Forensic mental health executive leadership group and the NALHN mental health divisional executive leadership teams. Members of these executive leadership teams reported that executive functions were severely impaired by failures of trust at all levels. There does not seem to be a shared vision for the service at the executive level. Executive teams should model multidisciplinary, cohesive, goal directed activity, executed with a high degree of emotional intelligence. This, despite a clear commitment by leadership, has not occurred.

Culture characterised by a lack of trust and transparency

Culture can be described as the character and personality of an organisation. It refers to how people interact, collaborate and get along in the workplace. There were many signs and symptoms of culture problems evidenced before the circulation of the anonymous letter which triggered this review. Organisational data collections, surveys and interviews undertaken as part of this review signalled a lack of trust at all levels. A significant number of staff reported bullying and harassment in various forms. Many claimed that they did not feel psychologically safe at work. These observations were reflected in high turnover rates, absenteeism and a workplace which relied heavily on industrial representation to solve problems.

Patient and Staff Safety

Current facilities at JNH pose risks to staff and patients

JNH was built in 1987 and is no longer fit to provide contemporary, safe care. Shared bedrooms, lack of gender and culturally safe places, lack of dual egress in all interview rooms, swipe card entry for safe staff access, ligature risks and poor visibility pose safety challenges for the FMHS. A previous review of FMHS in 2015 commented on these safety issues. Along with local NAHLN business cases and broad stakeholder advocacy for a new facility, there does not appear to be any funding commitment or timeline to address the problems 8 years later.

FMHS workforce health and wellbeing is not adequately supported

There are clear indicators of workforce wellbeing problems. Vicarious trauma, stress, lack of psychological safety in the workplace, bullying, harassment and discrimination were described by staff in throughout the review and evident in formal culture surveys conducted. Despite the signs and symptoms of significant workforce wellbeing problems there was little evidence of the delivery of effective, targeted wellbeing strategies, or investment in training to address issues like bullying and harassment. This, coupled with a lack of investment in clinical supervision and practice development initiatives, an area for focused attention.

There is an underinvestment in training and research

Training in the prevention and management of aggression is inadequate for the FMHS. This was a significant theme expressed by many who contributed to the Independent Review. The Review Team concluded that the current training falls short in terms of comprehensiveness, focus on early intervention and prevention, de-escalation, physical intervention techniques and an emphasis on trauma informed restraint reduction approaches. Training and research more broadly do not appear to have the investment required for a statewide specialist service. Gaps in training related to bullying, harassment, gender awareness and lived experience workforce are also evident.

Governance and Practice

Key elements of good governance are missing

A lack of strategic planning, direction and vision coupled with ineffective internal leadership relationships is a significant barrier to good governance. The review concluded that the focus on strengthening governance should be on strategic leadership, planning and consumer and carer involvement rather than where the FMHS sits in the governance structure.

Governance committees within the FMHS are not working optimally due to a lack of strategic planning, leadership alignment and accountable, transparent performance measurement.

Restrictive practices, in particular overnight seclusion of patients at JNH require an ongoing focus to continue reductions in restrictive practices.

Consumers and Carer Engagement

The perspectives and experiences of people with lived experience did not appear to be prioritised

There is great potential to expand, and support lived experience workforces at the FMHS. These workforces, however, experience unique challenges, including stigma and discrimination as well as lack of infrastructure, professional supports, and legitimacy as a profession. Expanding and unlocking the value of these workforces has been overlooked and underinvested.

The focus on personal recovery needs and models of care to be strengthened

The FMHS has failed to keep up with peoples' changing needs and expectations of contemporary approaches to treatment, care and support. Clear forensic recovery pathways that articulate best care outcomes that address personal recovery priorities, as well as clinical recovery, are needed. This requires investment in more contemporary workforce models and access to a broader range of interventions, which include culturally diverse support in personal recovery. Contemporary and adaptable service delivery is crucial to improving the experiences and outcomes of forensic consumers, families, carers, and supporters. These changes will not be made without an investment in a lived experience workforce and consumer and carer input into the development of future recovery models.

Recommendations

In considering how these recommendations will be implemented, the Independent Review recommends that the existing leadership be supported by an independent and dedicated team to guide and support them through a cultural reform and change management project to implement the recommendations. This is a unique opportunity to build upon the FMHS team's strengths, its people and consumers to harness a desire for decisive and deliberate action now.

Each of these recommendations is accompanied by detailed strategies for their delivery provided in the body of the report.

Recommendation 1: Leadership and Culture

Planning for success

Create a shared vision for, and commitment to, the service by undertaking a broad process of consultation to review and standardise models of care. These new models of care should inform the development of a new plan for service delivery and a change management strategy to support the delivery of the plan.

Recommendation 2: Leadership and Culture

Strengthening and aligning teams towards new models of care

Review all aspects of staffing including team structures and functions, deployment, and engagement in professional development to ensure that resources are provided in ways which best support the delivery of the initiatives provided in the new models of service delivery and associated services plan.

Recommendation 3: Leadership and Culture

Creating a psychologically safe FMHS

Engage an external, independent complaints investigation service to enable staff to raise workplace complaints, including those raised during the course of this review, in a way which will ensure confidentially, independent assessment and resolution.

Recommendation 4: Consumer and Carer Engagement

Valuing and Investing in Lived Experience

Provide investment and leadership to expand and integrate the lived experience workforce, both consumer and carer, into teams across the FMHS. This investment should provide for the development of a consumer and carer driven and directed framework that creates genuine collaboration to guide service improvement; and provide an opportunity for the organisation to examine the alignment between existing services and the priorities and preferences of the people who use them.

Recommendation 5: Patient Safety

Strengthening patient sexual and cultural safety in FMHS

The reviewed FMHS Model of Care must incorporate specific guidance and principles to address the clinical care needs of patient cohorts other than male, including women, younger

adults, older persons, gender diverse persons, culturally and linguistically diverse persons, and those with neurocognitive disorder/impairments. It is a priority that care provided for female patients at James Nash House and Tarnanthi is delivered in a safe, equitable way.

Recommendation 6: Infrastructure

[Considering the cost and impact of operating aged and unsafe infrastructure](#)

It is recommended that the impact of continuing to deliver services in James Nash House is considered in terms of the effect on recurrent budgets, restricted access to contemporary inpatient forensic treatment and the ability to provide safe care and workspaces. This information should be used to support the case for urgent action to replace the existing facility.

3.0 Method

3.1 Planning and Terms of Reference

The overall approach to the review was considered carefully in consultation with NAHLN and advice from Industry bodies. This led to the development of a Terms of Reference (see Appendix 1) which defined the scope of the review to include five domains, leadership, culture, patient and staff safety and governance. The Terms of Reference included the investigation of a separate complaint, which will not form part of this report but has been submitted to the Director of People and Culture NAHLN as a separate report.

3.2 Independent Review Components

As described in the Terms of Reference, the review components were shaped by the National Safety and Quality Standards (NSQHS) and included:

1. Review of relevant data and associated documents requested by the Review Team prior to undertaking the site visit. A full list of all data and associated documents supplied prior to and during the site visit is included (Appendix 2).
2. A site visit over five days was undertaken between 21 - 25 August 2023. The Review Team met with representatives of relevant committees, professional and operational groups, and individuals who made requests to provide information to the review. All Forensic Mental Health Service sites were included and a timetable and record of activity during the site visit is provided see (Appendix 3).
3. The review team invited written submissions via an independent 'Gmail' email address. Submissions were invited from 18 August and closed on 19 September 2023. Themes emerging from the written submissions were collated and included in the report.
4. Conduct an independent investigation of a specific complaint. The outcome of this investigation has been provided to NAHLN Executive Director of People and Culture to action in accordance with SA Health Policies and Procedures. The Review Team adopted the following approach:
 - Collection of relevant background information, including the complaint itself, associated documentation, and submissions from witnesses, complainant, respondent and other interested parties.
 - Interview key parties to the matter.
 - Collate and review findings.
 - Present a report with findings and recommendations.

3.3 National Standards NSQHS Approach 1

The National Safety and Quality Standards (NSQHS) were used as a measure to review the four domains of the review as defined in the terms of reference. The Royal College of Psychiatrists Standards for Forensic Mental Health: Low and Medium Secure Care were considered along with the Standards of Practice for Forensic Mental Health Nurses.¹

3.4 Information Collection

Two visits with patients acute and rehabilitation JNH	12 patients seen
Staff forums	2
Written submissions to Gmail email account	56
Individual meetings with review team	45
Meetings with groups/teams	47
Review team total contacts with staff over 2 weeks	936
Hours of engagement	68 hours

¹ Townsend et al. Standards for Forensic Mental Health Services – Fourth Edition

4.0 Findings and Discussion

4.1 Leadership and Culture

Planning and managing change

The need for effective leadership of mental health services through the challenges faced today is broadly recognised. The South Australian Mental Health Strategic Plan (2017-2022) recognises the need for ‘strong leadership, governance and improved outcomes’ as one of the three core strategies aimed at ‘sustaining and strengthening the mental health and wellbeing of South Australians in order to grow the state’s mental wealth’.²

Successful organisations build leadership teams which foster cultures that are characterised by devolved power and authority, through organisational structures which support the achievement of clearly articulated and agreed goals.³

These goals are usually established through a process of organisational engagement to produce a plan for the service. Systems of governance enable leaders to measure and report progress or otherwise to staff at all levels in a transparent way. The sense of a shared commitment to these goals and the celebration of progress are fundamental to the establishment of an effective and efficient service. These ideas are further refined in the Standards for governance, leadership and culture established in the NSQHS (2021).⁴ These Standards form the basis for this discussion.

The Review Team was provided with Models of Care for the service and most of its various components. The further development of these models was recommended in a service review undertaken in 2015.⁵ They have been subject to regular reviews and updates after development. A Mental Health Services Plan for South Australia (2020-2025)⁶ has informed recent reviews of some models of service delivery. The consultation processes undertaken to develop and review these models are not always clear.

The current Model of Care for the service was first developed in 2009 and last refined in 2017.⁷ It defines a clear set of principles and values. A vision to deliver care based on ‘national and international best practice standards’ is established. The model of care lists barriers to the

² South Australian Mental Health Commission, 2017, South Australian Mental Health Strategic Plan 2017–2022

³ Anthony, Huckshorn, 2008, Principled Leadership in Mental Health Systems and Programs

⁴ Australian Commission on Safety and Quality in Health Care, 2021, National Safety and Quality Health Service (NSQHS) Standards

⁵ Heffernan, Clugston, Patchett, 2015, Review of the South Australian Forensic Mental Health Service

⁶ Office of the Chief Psychiatrist and The Mental Health Commission, 2020, Mental Health Service Plan 2020-2025

⁷ SA Health, Government of South Australia, 2017, South Australian Forensic Mental Health Service Model of Care 2017-2019

change required to deliver the model of care. They include communication barriers, unclear expectations, ambiguous roles, lack of trust, eroded credibility, and fear of change.

Models of Care are usually accompanied by plans to action the objectives. Effective leadership relies on these plans, the performance targets they define and measurement of progress towards their achievement.

Models of Care and their associated service delivery or action plans need to be developed after Board consultation and include sufficient detail to enable staff, consumers and their families to be clear about the details of the services delivered, why they are provided, who is responsible, how activity is reported, the outcomes expected and how they are evaluated.

Successful Models of Care briefly set out the need for change and the associated enablers and barriers. Given the challenges faced by the service, a detailed change management plan is required. Extensive consultation and negotiation across all sectors must occur to leave no doubt about the expected care outcomes and the role of participants in its delivery. Given the statutory nature of the service, departmental and intersectoral endorsement would be important. The investment required to manage the changes associated with the delivery of a new services plan should not be underestimated.

An organisational structure would ordinarily be developed to support the management of change and the objectives detailed in service delivery plans. These structures are usually accompanied by clear and unambiguous lines of accountability and authority for clinical, operational and administrative functions. The roles, membership and reporting activities for all associated committees are defined.

It is the opinion of the Review Team that the absence of a clear plan for the delivery of services and an inability to anticipate the challenge associated with implementing change in this environment, have contributed significantly to the problems encountered by the service today.

Staff interviewed were not able to clearly and consistently articulate the expected levels of performance for their services. Written submissions and interviews with staff across all disciplines identified a lack of clarity, consensus, and organisational support to deliver an agreed set of contemporary evidence-based treatments. There does not appear to be any effective system of leadership and governance which measure compliance with Models in any detailed or meaningful way.

Staff consistently reported problems with clear communication, problem solving and conflict resolution across all disciplines. A regular Friday Forensics electronic newsletter has been introduced and a system of tiered 'huddles' has also been introduced by The Innovation and Improvement Group. Staff interviewed did not consider these to be effective problem solving or communication initiatives. FMHS executive attendance at the huddles would strengthen current functioning.

Problems may, in part, be related to the fact that the organisational structure is unclear. Committee structures, their expected activity and reporting relationships were poorly understood and operationalised. Many staff were unsure of their professional and organisational reporting relationships or complained that they were unable to obtain appropriate and timely access.

Strategies to accompany Recommendation 1

Models of Care should be reviewed to ensure they:

- Are developed through an extensive process of consultation which includes consumers, carers and all other key stakeholders.
- Are based on a shared vision for the service and an agreed set of principles.
- Include precise detail of the nature of the services to be provided, including therapeutic interventions that will be delivered, the evidence for their inclusion and the expected outcomes.

A Service Plan should be developed which draws from the Models of Care delivery to define:

- The operational detail of the services and associated therapeutic interventions which will be provided.
- The responsibility for delivery.
- The targets to be achieved.
- The organisational support required to deliver the services.
- The process for continuing evaluation and review.

A change management plan should be developed which supports the new models of service delivery and the development and implementation of the service plan by:

- Developing and managing frameworks for consultation.
- Developing and managing frameworks for ongoing communication.
- Ensuring engagement of all key internal and external stakeholders.
- Reviewing and further developing the organisational structure to clarify professional, administrative and operational reporting relationships at all levels.
- The new organisational structure should clearly identify the structure, function and reporting relationships for all teams and committees.
- Developing strategies to identify the ongoing impact of changes on consumers and their families.
- Developing strategies to measure the ongoing impact of changes on staff.
- Clarifying and operationalising problem solving and conflict resolution strategies.
- Identifying the investment required to plan and manage the change.

Professional Standards and Performance

The distribution and broad publication of an anonymous letter which makes claims against named staff members working in a forensic mental health service is evidence of serious underlying problems. The impact on the named individuals and the damage to the reputation of the service cannot be underestimated. The consequential impact of this, and of the concerns raised on consumers and on their families, should also not be underestimated. Of those staff who expressed an opinion to the Review Team, the vast majority agreed with the concerns raised around organisational culture. The challenge of leading the service out of this will be considerable. It is the view of the Review Team that the problems that abound in this service will not resolve without significant intervention. The degree of engagement we, as a Review Team, received from staff, some of whom have left FMHS, would support the proposition that staff care deeply and are committed to making the FMHS a centre of excellence for those in its care.

While there were parts of the service that seemed to be operating relatively cohesively, others were beset by conflict and division. There seems to be a general failure of organisational systems. Staff reported that they were frustrated by delays responding to requests and a perceived lack of action to address fundamental workplace problems, resulting in an extraordinary acceptance that industrial representatives should be used to solve simple problems. It was reported that simple orders for essential repairs and workplace health and safety equipment often required repeated requests before action was taken.

Examples were provided which reflect a leadership style which was variously described as authoritarian, highly medicalised and dominated by nursing. It was the view of most staff interviewed that the multi-disciplinary team (MDT) exists in name only and that it did not routinely, in any organised way, consider the overall function, performance or efficacy of therapies delivered and ward programs more generally. It may be that some MDTs are operating cohesively and effectively but this did not seem to be the norm. The Review Team were not sure that there was a shared understanding of the expected function of a contemporary MDT which includes those with lived experience.

It is highly likely that problems with the function of the MDT and the organisation more broadly are related to a workplace culture where conflicts are unresolved, professional groups are siloed and there is a lack of trust across disciplines, units of work, and within and across leadership groups. Staff provided numerous examples in written submissions and during interview.

Based on written submissions and verbal accounts of staff, there is a clear problem with the cohesive function of the FMHS and NALHN mental health executive leadership teams. Members of the executive leadership teams reported that executive functions were severely impaired by an inability to trust. The reporting relationships between senior medical staff at the executive level are especially concerning.

There does not appear to be a shared vision for the service at the executive level. Executive teams should model multidisciplinary, cohesive, goal directed activity, executed with a high degree of emotional intelligence.

We received many examples of disrespectful and unprofessional behaviour across all disciplines, at all levels, expressed as concerns or as complaints. Complaint mechanisms do not seem to be broadly understood, or trusted. Despite a substantial number of complaints and concerns received by the Review Team, in the two-year period to 30 May 2023, only one complaint related to staff-to-staff interactions and appeared to be recorded as a formal complaint where action and follow up could be identified.⁸ The guideline for addressing disrespectful behaviour is clear and contemporary but does not seem to be regularly activated.

While the investigation of complaints is not the focus of this review, the team received many serious complaints which would ordinarily be the subject of investigation and action. The Review Team made assurances that information received concerning complaints would remain confidential. The information received assisted the Review Team to understand the depth and breadth of the problems within the workplace culture. If the organisation is to move forward, these matters must be addressed independently and assertively. The need for independent, well-resourced, conflict resolution, mediation and complaints investigation and action, will be the subject of a recommendation to follow.

Measuring workplace culture is challenging. The observations made above, based primarily on analysis of the qualitative information provided by staff, are supported by data provided in the state-wide system for regularly surveying staff to measure the usual workplace culture indices. The last survey, taken in 2021, was based on a 46% response rate or 89 of the 193 staff employed in the Forensic service.⁹ The survey provides useful information relating to trust in leadership and organisational performance across several domains. Scores are significantly lower overall in James Nash and in the Community than those recorded for the Ken O'Brien Centre. It is understood that staff surveys of this type or others are not routinely used to consider leadership and management performance at the unit level. It is the view of the Review Team that staff surveys should be promoted and used to regularly measure workplace culture as part of an overall change management strategy.

Other indicators of workplace culture and staff satisfaction include absenteeism and staff turnover rates. For the twelve-month period to 30 June 2023, absenteeism rates in the Forensic service (6.27%) were the highest in NALHN.¹⁰ Staff turnover rates across the Forensic service overall were high, ranging from 10% to over 12% annually over the last three years. Turnover rates in the rest of mental health are around 3% and in NALHN overall, less than 1%.

⁸ NALHN, 2021-2023, Misconduct Matters, HR Report

⁹ Government of South Australia, 2021, Reports for Forensic Services, James Nash House, Forensics Community and the Ken O'Brien Unit, I Work for SA, Your Voice Survey

¹⁰ NALHN, 2022-2023, HR Report, Absenteeism Summary

One unit, Birdwood, accounted for 40% of total forensic staff turnover in 2021-22.¹¹ Overtime rates are consistently high in this unit and others from time to time.¹² High overtime rates represent serious workplace health and safety risks in FMHS and some written submissions suggested this was an artefact of roster management.

As noted earlier, this is a highly industrialised workplace not commonly seen in professional services of this kind. Staff reported that MDT function is significantly limited by this approach. There is no clearly articulated Nursing Model to guide delivery of nursing services. Allied Health, Lived Experience and Cultural Support staff reported that they are disenfranchised and operating without clear lines of professional authority or consistent team level engagement. There is a strong sense that the priority of the service is meeting the needs of staff rather than consumers, with nursing staff, for example, being assigned in ways which best meet their needs rather than consumer care requirements.

Staff injury rates are interestingly low and, in fact, the lowest across NAHLN mental health inpatient and community services. The number of reported staff incidents with injury for FMHS was 153/1000 staff for the two-year period ending 30 June 2023. The corresponding rates for Community Mental Health were 330/1000 staff and for Mental Health in total 389/1000 staff members.¹³ Workers' compensation new claims rates of 37/1000 staff were marginally lower than the overall NALHN Mental Health rate of 40.5/1000 staff.¹⁴ The concerns raised by staff about their safety need to be considered in this context.

The workforce, particularly the nursing workforce, do not seem to be actively engaged in the broad range of professional development activities one expects of a specialist statewide service. Few of those interviewed reported any involvement in a structured clinical supervision program. Nursing opportunities for professional development and supervision are generally considered to be hindered by the 12-hour shifts. It has been reported that Nurses who worked 12 hours or more were 42% less likely to report having time for professional development.¹⁵

Benchmarking comparable services does not seem to take place, conference attendance is rare and training opportunities related to therapeutic approaches detailed in service models, do not appear to be available or are provided as one-hour updates or online only. Arrangements with the higher education sector to provide specific training opportunities or to undertake research are limited. There is no reason why nurses in these settings should not be engaged in partnerships to deliver a broad range of structured psychological therapies. The need to formally adopt an evidence-based nursing model of care suitable for a forensic setting is clear.

¹¹ NALHN, 2023, HR Report, Staff Turnover Rates, Reports for Forensics, NALHN Mental Health, and NALHN 2020/21 – 2022/23

¹² NALHN, 2023, Mental Health Division., Forensic Mental Health, Sick Leave, Covid Leave and Overtime Monthly Reports, 11 February 2023 to 28 July 2023

¹³ NALHN, 2023, Reported Staff Incidents with Injury, Injury Frequency Rate, 01/07/2021-30/06/2023.

¹⁴ NALHN, 2023, New RTW Claims, New Claims Frequency Rate, 01/07/2021-30/06/2023

¹⁵ Nursing Times [online] January 2023, Vol 119 Issue 1

The 'safe wards' model could be considered. It has been introduced to and evaluated in forensic settings.¹⁶

Allied Health staff consistently reported that their contributions were not always valued and that they did not feel they were working as part of a team where responsibility for clinical and operational decision making was shared and transparent. They provided examples which reflected organisational failures to deliver cohesive, co-ordinated and effective multidisciplinary treatment.

Policies and associated systems for managing the assessment of individual staff performance and identifying professional development needs are clear and contemporary. The process was, understandably, valued by some and not by others. Overall, staff did not consistently raise concerns about the process, and some seemed to value the opportunity to discuss their workplace performance. Others saw it as a 'tick and flick' process which resulted in few useful outcomes. The level or overall interest and investment in active and effective consumer and carer engagement is low. There is no reasonable level of investment in cultural support despite the well understood high rate of mental health problems in the indigenous community and overrepresentation in the prison population. There appears to be little executive leadership support for these services. This does not appear to be a service which universally values these investments. The chances of delivering high quality comprehensive, well-co-ordinated, effective and efficient care in this culture are low. These matters will be discussed in more detail elsewhere in this report.

While parts of the infrastructure (James Nash House) are very poor, represent unacceptable risks for patients and staff, do not meet contemporary standards and need replacement urgently, other parts including Ashton House and the Ken O'Brien Centre do provide reasonable environments. The need for capital upgrades will be discussed in section 4 of this report.

Benchmarking forensic mental health services is complicated but can provide useful indicative information. The service appears to be relatively well resourced overall. The recurrent expenditure per patient day expressed in constant prices, was reported by the AIHW to be \$1,540 in 2020-21. This is higher than the national average of \$1315 and amongst the highest in the country.¹⁷ The AIHW also reported that standardised expenditure had increased by 9.1% over the five-year period to 2021, higher than the national average 3.6%.¹⁸ The AIHW

¹⁶ Maguire, Ryan, Fullam, McKenna, 2022, Safewards Secure: A Delphi study to develop an addition to the Safewards model for forensic mental health services. *Journal of Psychiatric and Mental health Nursing*, Volume 29: Issue 3.

¹⁷ Australian Institute of Health and Welfare, 1992-93 to 2020-21, *Mental Health Services in Australia: Expenditure on mental health services, Table EXP.7: Recurrent expenditure per patient day (\$) on specialised mental health public hospital services, constant prices, by hospital type, states and territories*

¹⁸ Australian Institute of Health and Welfare, 1992-93 to 2020-21, *Mental Health Services in Australia: Expenditure on mental health services, Table EXP.7: Recurrent expenditure per patient day (\$) on specialised mental health public hospital services, constant prices, by hospital type, states and territories*

also reported that per capita expenditure on forensic mental health services in South Australia was \$30.47 per day in 2020-21. The national average for the same period was \$20.31 per capita.¹⁹

The State Services Plan reports that the forensic service provide beds at the rate of 4.2 beds per 100k of total population. The national average is 3.4 beds/1100K.²⁰ This does not include the 10-bed Ashton House, which is considered to be a residential rehabilitation service. Despite these indicators there is a shared assumption that the service is poorly resourced. It may be that inefficiencies associated with delivering services in James Nash House contribute to the overall budget challenges.

The service provided staffing information which allowed the review team to undertake provisional benchmarking against services that they were familiar with. An in-depth review of staffing was not undertaken as part of this review. The Review Team believed the levels of medical and nursing staffing appeared to be reasonable while Allied Health, in particular Psychology services, Lived Experience and Cultural Support staff needed review. Forensic services would usually provide access to music and art therapy, speech therapy, exercise physiology, physiotherapy, speech therapy and dietetics. Staff reported that none of these services were routinely provided across the service.

The investment in administrative and operational staff seemed to be lower than would be usually expected. The review team heard from administrative staff of two structural reviews in 2016 and 2019. They reported that there were widespread expressions of dissatisfaction with the engagement processes, minimal implementation of the recommendations, erosion of the FMHS administrative staff and a failure to connect with and appreciate the additional specialty dimension for administrative roles in FMHS. Senior clinical staff seemed to be undertaking roles that would ordinarily be the responsibility of administrative staff and operational managers.

In summary, it is the opinion of the Review Team that mental health services which provide transparent, dynamic, flexible, collaborative and solution focused services are valued by the community and achieve the best outcomes for consumers. This is particularly the case for forensic services. Failure to embrace a strong continuous improvement and reform philosophy, especially given the extent of reforms underway in the rest of the mental health system in Australia, will inevitably lead to continued and more concerted criticism, further calls for reviews and erosion of confidence and capacity within the community and the workforce.

¹⁹ Australian Institute of Health and Welfare, 2005-2006 to 2020-21, Mental Health Services in Australia: Expenditure on mental health services, Table EXP.12: Recurrent expenditure per capita (\$) on specialised mental health care services, constant prices, by target population, states and territories

²⁰ Office of the Chief Psychiatrist and The Mental Health Commission, SA Health, Government of South Australia, 2020, Mental Health Service Plan 2020-2025

Strategies to accompany Recommendation 2

An external, independent complaints investigation service should be engaged to enable staff to raise workplace complaints, including those raised during the course of this review, in a way which will ensure confidentiality and independent assessment. The need for independent conflict resolution and mediation services should also be considered.

Strategies to accompany Recommendation 3

A comprehensive review of staffing arrangements should be undertaken to inform the change management plan referred to in Recommendation 1. The review should reflect benchmarks associated with service delivery in other like services in Australia and Aotearoa New Zealand. The review should consider:

- Clinical staffing levels including particularly psychology staffing levels.
- Lived Experience and Cultural Support staffing levels.
- Rostering and staff deployment options which best support safe and effective consumer care delivery
- Access to music and art therapy, speech therapy, exercise physiology, physiotherapy, speech pathology and dietetics.
- Clarification of clinical supervision requirements for all disciplines.
- Administrative and operational management levels with a focus on activities currently undertaken by clinical staff.

As part of the work to review the Models of Care:

- Develop a Model for the operation of the MDT which clarifies its membership, leadership and function; including its role in service evaluation and unit management, and its reporting relationships.
- Develop a Model to guide forensic mental health nursing care delivery which defines roles, expected outcomes and evaluation strategies. The 'Safe Wards' Model should be considered.

Develop a training and research agenda for the service which:

- Is informed by the new Models of Care, the services plan and the change management plan.
- Considers partnerships with the higher education sector to deliver specialist forensic, multi-disciplinary, post-graduate training opportunities for all disciplines.
- Includes opportunities for teams of staff to study service delivery systems in other like services in Australia and Aotearoa New Zealand.
- Includes access to structured, comprehensive leadership development programs.

4.2 Consumer and Carer Engagement

Organisations that provide mental health services have an important role to play in providing the foundations for an effective Lived Experience workforce across their service. Today, the Lived Experience workforce is not an optional addition to service delivery; it is not an add-on – it is a part of. A willingness to invest in developing this workforce is essential. Research clearly links improved outcomes for people who use mental health services and their families in organisations which have a well-supported Lived Experience workforce.

“In today’s model of care lived experience practice is a unique and separate discipline in mental health services. Peer support has existed within the mental health sector for decades. Its rapid growth over recent years is for good reason. Peer support specialists have a transformative effect on individuals who use these services, their families and carers and the service systems that provide them.” (National Coalition for Mental Health Recovery).²¹

Research and evaluations collected in both Australia and overseas of mental health and other sectors’ experience supports this view. Imperatives for forensic mental health services providing a well-resourced peer support specialist workforce within the mental health sector include:

- A wealth of research that a peer workforce can have a positive impact on consumer, family and carer outcomes.
- Growing interest in utilising a peer workforce as part of a contemporary model of care within mental health clinical services.
- Increased government funding.²²

“Research has showed that the inclusion of a well-supported lived experience workforce leads to increased individual agency by the consumer and/or their family/carers.” (National Coalition for Mental Health Recovery).²³

Over the course of conversations during our review, there was a lack of support described for the peer workforce, along with little training, and low recruitment priority of lived experience expertise within the service. The review found consistent perceptions within the various elements of forensic mental health services of staff having inadequate knowledge and understanding around the work the Lived Experience workforce plays in contributing to consumer recovery.

Discussions with staff pointed to a lack of Lived Experience filled positions within the service, which has led to a small number of Lived Experience staff trying to cover too many areas. Not

²¹ www.ncmhr.org

²² Belmore, Sue, 2018, Peer Support Specialists – A framework

²³ www.ncmhr.org

having an effective workforce has led to missed opportunities for collaboration between consumers, peer workers and treatment teams around reducing restrictive practices.

“In 2005, all Australian Governments agreed to act to reduce and where possible, to eliminate the use of seclusion and restraint. The National Mental Health Commission states ‘there is strong agreement that seclusion and restraint is a human rights issue, that it has no therapeutic value, that it has resulted in emotional and physical harm for consumers and staff, and that it can be a sign of a system under stress. In addition, there is a lack of evidence internationally to support seclusion and restraint use in mental health services.’ (National Coalition for Mental Health Recovery).²⁴

Employing a Lived Experience workforce has been shown to contribute to a more recovery oriented practice and reduce the need for restrictive practices in acute inpatient settings where restrictive practices are prevalent.^{25 26}

Planning for development of a Lived Experience workforce requires the same resource practices as any other development practices of professional groups. It is important that these practices are implemented from a foundation of understanding of the Lived Experience workforce, their scope of practice and values.

This specialist workforce within the forensic service currently lacks a structure in FMHS that incorporates supervision by a Lived Experience lead. Currently, supervision is being provided by a senior Social Worker. This arrangement could be compared to a nurse being supervised by a doctor.

Strategy to support Recommendation 2

Provide investment and leadership to expand and integrate the Lived Experience workforce, both consumer and carer, into teams across the FMHS.

- Develop a consumer and carer driven and directed framework that creates genuine collaboration, that will guide service improvement and provide an opportunity for the organisation to examine the alignment between existing services and the priorities and preferences of the people who use them.
- Review the Lived Experience workforce support strategy document created in 2021 which aligned to NALHN’s Six Strategic Imperatives; a set of Lived Experience professional values and guiding principles; a workforce leadership structure; and the review and creation of related role descriptions and job and person specifications in a Structural Framework.
- Lived Experience workforce to be incorporated into the FMHS governance structures.

²⁴ www.ncmhr.org

²⁵ South Australian Mental Health Commission, 2017, South Australian Mental Health Strategic Plan 2017–2022

²⁶ Australian Commission on Safety and Quality in Health Care, 2021, National Safety and Quality Health Service (NSQHS) Standards

- Lived Experience workforce supports to include trained Lived Experience supervisors.
- Create career pathways and specific training opportunities for Lived Experience workforce to increase skill base.
- Educate and train all disciplines in how to integrate the Lived Experience workforce into MDT teams and throughout all levels of the service.
- Strengthen Indigenous partnership and ensure a culturally safe and evidence-based approach to support of the forensic Indigenous population.
- Connect with statewide consumer and carer-led organisations working together to exchange information on what a contemporary forensic service looks like from the consumer and carer perspective (Consumer and Carer Organisations).
- Feedback from consumers and carers can help in personalising treatments, improving the communication between consumers/carers and treatment teams thereby enhancing the outcomes of treatment. When the effects of a treatment plan are quantified and supported by data, it provides a service with a stronger case for where and how much-needed resources can be allocated to the ('best') mental health treatments and program development.

Well- formulated data collection can also be used by services to:

- Compare consumer and carer satisfaction with other forensic mental health providers.
- Monitor impact of service changes on consumers, carers and staff.
- Collect data drive improvement and optimum design of services.
- Reflect on healthcare professionals' behaviours.
- Comply with Standards.
- Increase staff understanding of the consumers' real-life experience while in their service.

It was reported that families spoke of poor communication around lack of engagement during all phases of care, which included admissions and consumer/family involvement to treatment and discharge planning. Further investment in carer peer workers and clear measurable care expectations of family and carer involvement is needed to support best practice.

As discussed in an earlier part of the report in relation to culture, a recovery culture within the service is missing. There are challenges to provide culturally sensitive or gender specific design and dedicated spaces for Indigenous people and other linguistically and gender diverse cultures.

Example pathways to integrate this recommendation:

- Align the consumer and carer feedback with service and governance goals (broad headings).
- Have multiple pathways for consumers and carers to give feedback linked to service development and goals.

- Ensure feedback loops back to consumers, carers and staff, which include what action has been taken and have a further review process to see what has changed from the action that was taken.
- Consumer/carer feedback to be incorporated into the governance/operational and clinical governance structures.
- Connect with statewide consumer and carer-led organisations, working together to exchange information on what a contemporary forensic service looks like from the consumer and carer perspective. (Consumer and Carer Organisations).^{27,28, 29, 30}

4.3 Clinical Governance and Practice

The NSQHS 1 Clinical Governance standard recognises the importance of governance, leadership, culture, patient safety systems, clinical performance and the care environment in delivering high quality care. Leadership, culture and patient safety systems are addressed in other sections of this report. This section will focus on clinical governance structures, clinical performance, complaints systems, diversity and partnering with consumers.

NAHLN underwent a NSQHS in depth review in 2021. Standard 1 actions were all met with two actions provided as recommendations:

- A review of overlaps in agenda items for clinical governance meetings and consider amalgamation of committees.
- Establish appropriate performance dashboards for directorates and departments throughout the organisation that include KPIs regarding final due dates for policies, procedures and guidelines.

4.2.1 Governance Arrangements SA Forensic MHS

External Regulatory and Monitoring Framework

The Department for Health and Wellbeing assists the Minister for Health and Wellbeing to set the policy framework and strategic directions for SA Health. In 2019, the SA Government reformed the governance of the ten local health networks (LHN) across SA, devolving decision making in the public health system to LHN governing boards. In 2020, a Wellbeing SA and the Commission on Excellence and Innovation in Health were established.

²⁷ Sue Belmore, 2018, Peer Support Specialists, A framework

²⁸[https://www.mentalhealthcommission.gov.au/Lived-Experience/Lived-Experience-Workforces/Peer-experience-Workforce-Guidelines/National-Lived-Experience-\(Peer\)-Workforce-Develop/From-commitment-to-co-production-Employing-the-Liv/Chapter-6-Intensive-and-involuntary-service-setting](https://www.mentalhealthcommission.gov.au/Lived-Experience/Lived-Experience-Workforces/Peer-experience-Workforce-Guidelines/National-Lived-Experience-(Peer)-Workforce-Develop/From-commitment-to-co-production-Employing-the-Liv/Chapter-6-Intensive-and-involuntary-service-setting)

²⁹ Weich, S, Fenton, S.-J., Staniszewska, S. et al. (2020), Using patient experience data to support improvements in inpatient mental health care: the EURIPIDES multimethod study. *Health Services and Delivery Research*, 8 (21)

³⁰ Short R, Woods-Nyce K, Cross SL, et al, 2012, The impact of forensic peer support specialists on risk reduction and discharge readiness in a psychiatric facility: a five-year perspective.

The FMHS sits within the North Adelaide Health Network (NAHLN), with a governing board which is responsible for the overall governance and oversight of local service delivery by NAHLN, including governance of performance and budget, clinical governance and fulfilment of the governing board functions and responsibilities. The NAHLN Boards are responsible and accountable to the Minister for Health and Wellbeing.

The Office of the Chief Psychiatrist is a statutory role with powers and functions relating to the administration of the Mental Health Act 2009 and the standard of mental health care in SA. The Review Team noted the OCP completed inspections of Aldgate Ward JNH March 2022, Tarnanthi July 2019, and to the community forensic service in March 2023.

The Office of the Public Advocate SA promotes the rights of people who need assistance with decision making. The community visitors scheme provides oversight and advocacy for consumers within the FMHS.

The Office of the Health and Community Services Complaints Commissioner is an independent statutory office established by the Health and Community Services Complaints Act 2004.

4.2.2 Clinical Governance Framework SA Forensic MHS

Forensic Mental Health Services (FMHS) for South Australia are provided by the Northern Adelaide Local Health Network (NALHN) which delivers specialist mental health services for forensic consumers and prisoners as well as forensic disability services. FMHS have several streams including inpatient services, prison-based services, community-based forensic services for individuals under court supervision, and specialist services to support the activities of the court such as the Forensic Court Assessment and Diversion Service and a Fixated Threat Service and a Sex Offender Rehabilitation Service. Primary healthcare services in custodial settings are delivered by Prison Health, a division of the Central Adelaide Local Health Network (CALHN) providing services to Department of Correctional Services (DCS) facilities; by Serco at the Adelaide Remand Centre and by G4S at Mount Gambier Prison (contracted by DCS). Whilst FMHS and Prison Health services are delivered as separate services with their own clinical governance, they work together to provide health, mental health and wellbeing services. Once an individual is designated a forensic patient, accountability for their care resides with the FMHS.

A memorandum of administrative arrangement is in place between the Department of the Attorney General and NAHLN for the Forensic Victims Register. Funding for 2023/24 is \$134,649. CFMHS staff conveyed a view that this service would sit better outside of the FMHS given conflicts that exist with the same service treating perpetrators of crime and victims. We note that this was a recommendation in the 2015 review that was unsupported by NAHLN, given the Criminal Law Consolidation Act 1935 (CLCA) changes required to enact this change.

The Clinical Director of the FMHS is a statutory position to exercise the powers of an authorised person under Part 8A – Mental impairment of the Criminal Law Consolidation Act 1935 (the

CLCA). The CLCA provides the powers and functions relating to forensic mental health patients and forensic mental health orders. All consumers placed on Supervision Orders are the responsibility of the Minister for Health and Wellbeing through their delegate, the Clinical Director, FMHS.

The FMHS Nursing Director reports into the NAHLN Division of Mental Health executive leadership, which consists of three divisional directors, namely Medical, Allied Health and Nursing. The FMHS Clinical Director reporting line to the COO sits outside of standard reporting through NAHLN MH Executive. This arrangement is in place at the request of the Clinical Director.

Leadership alignment towards a common plan and purpose was not evident as discussed in earlier parts of the report on leadership and culture. This a key ingredient to good governance.

The delivery of health care is a complex endeavour. Contemporary Models of Care are sophisticated and rapidly changing, as are the expectations of consumers, carers, staff, and the community. The forensic mental health system is no exception. There was much discussion about the effectiveness of governance arrangements for FMHS during the review, including commentary within the anonymous complaint, and within the written submissions. Alternatives to the current arrangement provided included FMHS to sit within CAHLN with prison health services or FMHS to stand alone as a statewide service like Ambulance services in SA. The widely held view was that the existing governance structure hindered rather than facilitated the provision of safe, high-quality care within the FMHS.

The review team concluded the current challenges were less related to the governance structure but more about the leadership and functioning within the structure. The anonymous complaint makes the comment “we note when the FMHS was governed by CAHLN it operated with better working conditions and was a much more supportive network”. The fractured interface between NAHLN and the FMHS is a focus in earlier recommendations in the leadership and culture section of this report.

Internal FMH Governance Committees

- **FMHS Inpatient Operations Meeting.** Chair: FMHS Clinical Director. Agenda includes general business and team and discipline reports, papers for noting. No operational KPI's around flow, finance, or audits presented.
- **FMHS Safety Quality and Risk Meeting.** Chair: FMHS Nursing Director. Agenda includes education/mandatory training, consumer, safety and quality, policies, procedure and guidelines for review, WH&S, EMR, papers for noting, and reports include discipline and team.
- **FMHS Governance Meeting.** Chair: FMHS Clinical Director. Agenda includes clinical governance, unit team meeting performance, KPI's/Audits, clinical procedures, human resources, finance, clinical improvement projects. Reports tabled include FMHS

Management Report (occupancy, outcome measurement completion, ALOS, separations, risk assessments, discharge to, post discharge follow-up).

- **NAHLN Oversight meeting.** A NAHLN Oversight meeting – Forensic patients in DCS Custody, is chaired by the Clinical Director and membership includes the Chief Psychiatrist, COO NAHLN, the public advocate, NDIA director, DHS senior practitioner, OCP manager legislation and policy unit Mental Health Strategy, and Principal advisor offender services.

Governing Committees establish strategic policy frameworks, lead organisational culture, oversee management performance and ensure organisational accountability. A lack of strategy for the FMHS impacts on governance committee function and direction. It was unclear what strategy or plan was driving these committees. There did not appear to be an established link between the Governance Meeting and the Safety Quality and Risk Meeting. Neither Committee embeds papers from the other Committee in its agenda. Both Committees had operational and clinical oversight with duplication and lack of clarity around responsibility. It was not clear where the NSQHS fits into these local governance committees. The Governance Meeting appeared to cover FMHS clinical and operational issues, and the Safety Quality and Risk meeting covered both patient and staff safety, training, policies and procedures.

A FMHS Operations Committee covering finance/patient flow/workforce wellbeing and safety, training & education, security/contracts, admin; and a FMHS Clinical Governance Committee focused on NSQHS and Forensic MHS standards with linked KPI and audit schedule could be considered to enable a clearer distinction between clinical and operational functions. The Inpatient Operations Committee was able to link as a sub-committee to the FMHS Operations Committee.

Clinical governance challenges for the FMHS are summarised below:

- A significant lack of Lived Experience workforce representation at all levels of the organisation is a problem. Good governance includes consumer and carer experience at every level of decision making and service planning.
- Management has an operational focus whereas governance has a strategic, clinical focus. The Review Team noted an apparent lack of investment in strategy and planning to address the varied needs of forensic consumers/families, staff and the broader community. The review noted work had begun to develop a statewide FMHS plan. This is an important step for future state requirements.
- A lack of strong strategic and cultural leadership of clinical services has adversely impacted on effective Clinical Governance. Clinicians are not purposefully engaged in the design, monitoring and development of the FMHS. The Reviewers heard of a disconnect between NAHLN leadership and the Forensic MHS. For example, the contentious matter of consumer flow targets was, in the Review Team's opinion, less of an issue around structure but more about leadership and culture.

- The community team move to a new site is an example of the disconnect between NAHLN leadership and FMHS staff around workplace safety. It suggested broader relational challenges between the NAHLN and FMHS leadership groups.
- The management/oversight of people and culture matters within the FMHS was a prominent problem area in the feedback we received from staff. Oversight of manager escalation and resolution of staff complaints requires immediate, transparent and decisive review. Whilst policies exist to describe dispute resolution and complaints management processes, many staff resorted to industrial body support to represent them in these matters. Staff indicated that there were low levels of confidence in local FMHS and NAHLN processes overall.
- Whilst NSQHS committees across NAHLN provide oversight of the NSQHS standards of care, they are not specific enough to address forensic mental health service quality of care. The FMHS needs guidance to articulate a clinical governance management system map that includes a strategic commitment to defining what high quality forensic mental health care looks like, and how to achieve it. This should be determined through conversations at all levels of the organisation. It should describe high quality care in such a way that everyone can understand and play their part in achieving it every day for each consumer. Measurement and reporting are then designed to assist the broader mental health system understand the key functionality the FMHS has in this system and invest accordingly to enable high quality of care outcomes.
- Allied Health and Lived experience reporting and career structures are outdated and lean. A Forensic MHS Allied Health Lead and a Lived Experience Lead position to provide leadership with the Nursing Director and Clinical Director FMHS would strengthen MDT leadership across FMHS.
- A lack of reporting and interface with the community and external stakeholders. An annual FMHS quality of care report should be published and shared with stakeholders.

Governance Arrangements Forensic MHS in other Jurisdictions

Forensicare in Victoria is an incorporated public statutory authority under part 14 of the Mental Health and Wellbeing Act 2023. Forensicare is governed by an Independent Board, reporting to the Minister for Mental Health. It operates within a broader public sector accountability framework. In this framework, the Minister for Mental Health is accountable to Parliament and the Community for the performance of Forensicare and the Board is accountable to the Minister. The membership of the Board is set out in the Mental Health and Wellbeing Act 2023.

NSW Forensic MHS sit within a Justice Health and Forensic MHS Network. This is a statutory health corporation established under the Health Services Act NSW 1997. This forms part of the broader health system reporting to the Minister for Health through the Board and the Secretary for NSW Health.

Queensland and Western Australian Forensic services sit within a health LHN's with a reporting relationship to the OCP as in SA. Whilst structures vary across jurisdictions, it was not the view that structure was, as previously stated, a primary issue. The issue of effective leadership and culture is more relevant to FMHS SA as an area for improvement to strengthen clinical governance.

4.2.3 Measurement and Quality Improvement

External Regulatory and Monitoring Framework

NSQHS Accreditation forms part of a regulatory framework that informs Government and the Community that systems are present in health services to assure the provision of safe and high-quality services, with a focus on continual improvement. A National Standards Committee structure within NAHLN provides oversight of the NSQHS standards across the health service including the forensic mental health service.

The most recent NSQHS Organisation-wide assessment was in 2021. All actions within Standard 1 Clinical Governance were met, with one action being met with recommendation that applies to James Nash House.

NSQHS 2021 Survey Recommendation: Provide Mandatory Training across the Organisation to ensure a high level of compliance for all staff, and that this is sustained

Action 1.20 the health service organisation uses its training systems to assess competency and training needs of the workforce, implement a mandatory training program, provide access to training to meet its safety and quality training needs, monitor workforce participation in training.

43.28% of FMHS staff had completed safety intervention training back in 2021 during the last in-depth review. The August 2023 rate for FMHS is now 56%. This sits in a context of increasing rates of challenging behaviours and Code Blacks for 2023 compared to 2022. This rate remains well below the organisational target of 80%.

Introduction to risk management and fire warden training compliance rates are below 50% completion rates. Training compliance reports are tabled at the FMHS Quality, Safety and Risk Committee.

Clinical Performance measurement systems/variability in clinical practice and health outcomes

Forensic MHS performance against the NSQHS was understood with clear monthly reporting.

There is a local forensic clinical governance committee chaired by the Clinical Director. The Review Team attended the August 2023 meeting during the site visit. The agenda included a broad range of items including operational matters, finance, people and culture matters, and any local performance measures for committee review.

A Forensic Mental Health Safety and Quality Risk Meeting is chaired by the Nursing Director FMHS. The review noted the membership does not include the Clinical Director FMHS or Lived Experience representation. Health quality, safety and risk are integral parts of Clinical Governance. This meeting would be strengthened with Clinical Director and Lived Experience leadership in this committee.

A NAHLN Oversight meeting – Forensic patients in DCS Custody is chaired by the Clinical Director and membership includes the Chief Psychiatrist, COO NAHLN, the Public Advocate, NDIA Director, DHS Senior Practitioner, OCP Manager Legislation and Policy Unit Mental Health Strategy, and Principal Advisor Offender Services.

4.2.5 Feedback and complaints management

The NSQHS survey in 2021 noted all actions were met in relation to NSQHS 1.14 complaints management system.

The Review Team noted a total of 15 complaints and 20 compliments received from July 2022 to June 2023. 12 of the complaints were from the CFMHS and 3 from the inpatient service. 13 compliments were received from the CFMHS and 7 for the inpatient service.

[Consumer Complaints and Compliments.](#)

Mechanisms are in place for consumers to provide feedback both internally and to external advocacy bodies such as the community visitors. Local complaints are entered within the incident management system SLS and followed up by managers. A feedback box was located within units at JNH. Local ward community meetings and the Statewide consumer experience of care surveys YES/CES are in place.

Response rates are low to many surveys across the organisation and further investment is needed to engage consumers and staff in providing feedback meaningfully.

A quarterly report summarising themes arising/actions taken from Community Visitor patient feedback is not routinely tabled at governance meetings within the FMHS.

A member of the Review Team met with a group of seven consumers on KOBRU. Issues of sexual safety, access to food and restrictions on items that could be purchased, and requests for change in menus were identified as areas for improvement. Consumers were aware of ways to provide feedback and escalate concerns to the Community Visitor program.

The Review Team could not locate evidence that minutes were taken at the community meetings at JNH. The agenda is set by staff and not consumers. This is a missed opportunity to capture consumer feedback, report on it through local governance committees and then provide feedback to consumers regarding actions taken.

Whilst basic feedback systems are in place, the FMHS will struggle to understand the experience of consumers and improve and redesign services without a Lived Experience workforce of note, or governance to oversee action is taken on patient experience to improve services. This gap is addressed earlier in the report.

Staff Complaints

There is a policy framework that describes Respectful Behaviour (including bullying and harassment) dated 2021. It is linked to a Guideline addressing disrespectful behaviour in the workplace (including bullying and harassment). A grievance procedure forms part of the SA health Human Resources Manual. There is a Public Sector Employment Guideline that speaks to the process to raise a complaint in relation to a recruitment outcome or process.

Despite systems being in place, a complaint from staff was sent externally to the organisation triggering this review. An external and anonymous process was established as part of the Independent Review to capture staff experience and feedback via an external Gmail email account. The Review Team noted substantial workforce engagement and interpreted this as a staff group that cares deeply for the service it provides to patients and families and hopefulness in future improvements.

Summary of themes raised by staff in confidential submissions and interviews

While the personal face-to-face meetings with the panel have not been subject to the same degree of analysis, the themes that emerged reflect the analysis of the written submissions received. Submissions impressed as being considered and honest. Many offered a service wide appraisal, and some offered possible solutions. Some expressed concern at the confidentiality of the process. Nursing staff comprise much of the workforce. They provided 42% of the written submission received. Contact was received from across a range of clinical and non-clinical staff, past and present. When reviewing any submission with multiple signatories, the panel needed to be alert to the risks of undue influence and considered the content and context of the submission carefully. Of those who referred to the anonymous letter, the majority expressed agreement with the concerns raised around organisational culture, a few wishing to distance themselves from it.

As identified in the graph presented on page 46 of the report the detailing the summary of concerns raised by staff in the written submissions and interviews, concerns about management culture and practice within FMHS generated the most concerns. These were almost exclusively focused on the nursing management culture and the adverse impacts of this were experienced across all professional groups. Descriptions by staff of feeling “unsupported”, “ignored”, “marginalized”, and of their concerns being “minimized” were repeated; as were experiences of bullying and harassment. Nursing staff reported being fearful of “reprisal” through unfavourable rostering, leave requests being declined and career progression being adversely impacted for speaking out. Other staff described experiences of

personal and professional disrespectful behaviours and professional alienation. Observations of it being “them [nursing] and us” were repeated. There were singular reports of workplace relationship difficulties that were not related to the nursing management culture, but these were the minority.

Reported confusion around the responsibility for operational matters, standards of professional practice and the clinical oversight of the delivery of care, compounded the level of distress. As most operational line-management responsibility was held by nursing, some staff turned to other avenues of support, both inside and outside the organization, including Human Resources. They reported being met with varying degrees of assistance. There were several reports of stress. Some expressed feeling both mentally and physically unsafe.

Concerningly, a few described “gaslighting” and suicidal ideation. Some staff resigned.

Escalation through NALHN was not perceived as helpful. Many FMHS staff experienced the NALHN leadership as having little knowledge or regard for the particular expertise required at all levels and across all disciplines, to work at the interface of mental health and the criminal justice system. Staff perception was of the marginalization of FMHS Senior Clinical Leadership in the NALHN governance process. The delivery of governance was experienced as “bullying” and risky “interference”, with a particular focus on patient flow and bed management that was considered unhelpful when applied to forensic populations. There were individual reports of issues with payroll and incremental banding, that were personally stressful.

Several submissions spoke to the impact of these challenges on the delivery of consumer care. Staff wanted to deliver contemporary, evidence-based treatments, and care which was trauma-informed and culturally safe. They wanted to deliver more group therapies. Institutional, restrictive practices were recognized, and they were working to overcome these, but many reported feeling challenged by the physical environment to do this safely. While the overall management culture and relationship challenges were of greater concern to staff, there was widespread agreement that the infrastructure of James Nash House in particular, was counter-therapeutic for all aspects of care.

While some submissions feared a loss of hope if the review failed to deliver “real change” for “this place”, many expressed their gratitude for the confidential opportunity and the review process.

A previous recommendation to establish an independent safe place where staff can be supported with workplace matters and complaints is urgently needed.

4.2.7 Performance Management

Performance Development Plan completion rates and framework are in place, with improvements noted in completion rates for the FMHS. Whilst formal systems are in place,

the experience of staff reflected problems with this system. The Review Team heard of many conflicts within, and between, professional groups across the FMHS.

Typical 360-degree manager feedback processes were in place within NAHLN.

4.2.9 Evidenced Based Care

The RCP Standards state:

Patients are offered evidence based psychological interventions to promote mental health recovery and offending risk behaviour. Patients will have clear personalised outcomes identified in key recovery areas and understand which outcomes are pathway critical, what they must achieve to progress to the next level of care. (RCP Forensic mental health service standards 2019).

Staff describe many barriers to delivering evidenced based care, with the physical custodial environment at James Nash House and a dominant medical model being primary contributors to the issue. Staff reported their contributions were not valued at the MDT and operational leadership level.

The review team noted a commitment by staff to improve services but a sense of powerlessness within the system to effect change. The following were some examples of good practice we came across during the review.

- The KOBRU concreting project demonstrated partnering with consumers to improve vocational activity and outcomes.
- The reduction of restrictive practices over the past 3 years was a significant achievement given the environment challenges of JNH.
- Initiation of the North team huddles with further linkage between the tiered huddles planned.
- The ANUM initiated Petting Zoo initiative and animal assisted therapy initiative resulted in improved clinical care.
- The Aboriginal telehealth initiative allows patients from JNH to access culturally responsive GP and allied health services.
- New televisions were installed in consumer bedrooms on the Aldgate Unit.
- The recent publication from JNH staff in relation to restrictive practices: Does ending night confinement reduce use of seclusion and prevalence of violence in a forensic psychiatric hospital? A retrospective observational study.³¹
- Impressive Pharmacological audit by the NAHLN pharmacy department.

Areas where practice improvement resource is needed to deliver evidenced based FMHS models of care:

³¹ Williams et al 2023

- Restrictive practices appeared to compensate for environmental and resource constraints. Examples included lockdown of patients in seclusion in Birdwood Unit overnight. This a breach of the MHA 2009 and needs to cease.
- The lack of creative arts therapists (music and art therapy), dieticians, exercise physiologists, speech therapists to address the complex needs of patients within the FMHS.
- Challenges filling psychologist/allied health staff to deliver offence-specific psychological and psychosocial interventions to support both personal and clinical recovery.
- Lack of lived experience staff at point of care.

4.3 Patient Safety

As per the articulated methodology, the Review Team utilised the NSQHS Standards framework (excluding the Blood Management Standard) to consider patient safety at FMHS. For a list of the documents considered, in addition to verbal feedback provided by staff and patients, please refer to Appendix 2.

It is a limitation of the report that, due to time constraints, we were unable to undertake a comprehensive audit of the FMHS medical record.

Findings from the hybrid methodology described earlier, yielded a combination of positive and negative observations in the patient safety domain.

The Review Team took specific note that the ‘Accreditation report: NSQHS Standards Second Edition Organisation-Wide Assessment Final Report Northern Adelaide Local Health Network, Elizabeth Vale, SA – assessment date 21-26 November 2021’ did not identify actions for the FMHS in patient safety domains.

The Review Team viewed the below examples of safe patient care as positive and commend NAHLN and FMHS for them.

NSQHS Standard	Evidence of contemporary practice
Clinical Governance Standard	<p>The FMHS Governance and Quality Safety & Risk Meetings reviewed performance and safety metrics on a routine basis.</p> <p>The Forensic Management Report included several Key Performance Indicators (KPIs), such as 7-day post discharge follow up rates, care plan completion rates, extended Length of Stay (LOS) and barriers to discharge rates.</p>
Partnering with Consumers Standard	<p>The Community Visitors Forum provided written feedback on a regular basis to the FMHS Executive Team.</p> <p>Presence of a Cultural Healing Team.</p>
Medication Safety Standard	<p>Medication prescribing practices, based on the Audit Report of Senior Pharmacist and anecdotal prescriber accounts, reflected prescriber practice typically observed in forensic mental health</p>

	treatment settings. No actions were noted for standard 4 in the medication safety domain of the Accreditation Report dated 31/05/2021 by Samantha Cole, NAHLN Senior Pharmacist.
Comprehensive Care Standard	<p>Clinicians expressed a commitment to the provision of safe, evidenced care for their consumer cohorts, irrespective of the point-of-care destination.</p> <p>Within James Nash House, the Kenneth O'Brien Rehabilitation Units (East and West) and Ashton Units demonstrated concordance with recovery-focused and contemporary models of care delivery.</p> <p>Tarnanthi House managed marked clinical co-morbidity and complexity in a sub-optimal building design.</p>
Communicating for Safety Standard	Contemporary clinical handover processes operated within all points of FMHS care destinations

The Review Team took specific note of the following Key Performance Indicators (KPIs) and FMHS trended data between August 2022 and July 2023 as evidence of safe consumer care:

- low rates of serious adverse patient safety events with one ISR 1 (suspected or proven suicide) of a consumer reviewed several months prior to the incident at the Adelaide Remand Centre.
- 15 incidents of self-harm.
- low rates of restrictive practices, including seclusion (YTD total 452), physical restraint (YTD total 46), and efforts to engage in routine de-escalation practices prior to resorting to restrictive ones. The Review Team specifically noted the reduction in restrictive practices since 2018 linked with trauma-informed care training for staff.
- low rates of medication incidents, totalling 92.
- 35 incidents of chemical restraint.
- low consumer falls rates (YTD total 26).
- 452 incidents of challenging behaviours, including consumer to consumer incidents which totalled 41 for the YTD reporting period.
- The majority of challenging behavioural incidents consisted of restraints to enable safe assessment and treatment, totalling at 374 for the YTD.

However, there were consumer safety domains of concern that the Review Team noted, these included:

1. Unsafe and unfit for purpose clinical care areas to ensure gender safety within the mixed gender units of James Nash House and Tarnanthi. The aetiology of the problem is a structural one because of out-dated, non-contemporary building design and layout, as well as limited clarity regarding the provision of safe care for groups other than male consumers. While teams endeavoured to create gender-safe environmental spaces, they were challenged to do so and were reliant on providing additional relational security in communal areas. We were advised that women were placed on 15-minute observations. Staff expressed concern at their lack of ability to maintain gender-safety

during procedures such as Code Black. The panel was advised that a recent event had been the subject of an SLS. Although staff described utilizing trauma-informed approaches to care, some staff lacked awareness of gender-informed practice, expressing views such as “any consumer is vulnerable – not just the women” and that often female consumers “can stand up for themselves”. Apart from a weekly women’s group, the Review Team was unaware of any gender-specific therapeutic interventions for women. Staff expressed a wish to see a gender-specific unit.

2. Consistent with the Office of the Chief Psychiatrist’s Announced Inspection James Nash House Aldgate Report, dated 24/03/2022, and the Mental Health Community Visitor Service’s Scheduled Visit and Inspection Reports for the 2022/2023 calendar years, the absence of high care areas, visitor areas and sensory modulation rooms inadvertently compromises consumer safety by virtue of perpetuating care provision in noncontemporary facilities.
3. Overnight seclusion practice on one of the acute care units at James Nash House.
4. Limited availability of spaces within the acute units at James Nash House. Sensory rooms, contemporary treatment rooms, dining areas, gender separated spaces and visitor spaces.
5. Limited diversional and structured activities to promote de-escalation and/or offense specific recovery-based tasks for consumers. As an example, and despite some routine activities occurring in the James Nash House woodwork room, this treatment space was functionally non- operational. Additionally, consumers did not appear to be able to access campus grounds inside the secure perimeter fence at James Nash House on a consistent basis for health-related, therapeutic, or recreational activities. These practices limited recovery focused care provision and disallowed staff the opportunity to utilise other spaces for the purpose of consumer de-escalation and sensory modulation. Ultimately, the practice maintained a high-risk milieu and exposed consumers to risk of unnecessary restrictive interventions or harm from acutely unwell co-consumers.
6. Tarnanthi House’s single seclusion room was shared with the adjacent adult general acute psychiatric inpatient unit. Practically speaking, this meant that consumers deemed to require seclusion, necessitated transfer from another service area into the single, shared seclusion room, thereby introducing substantial consumer and staff safety concerns en route to the seclusion room.
7. Limited contemporary and pro-active consumer feedback mechanisms.
8. Absence of a consumer advisory group or council.
9. Absence of an established process, other than through direct engagement with treatment teams, for consumers and families to escalate concerns about their care.
10. Limited number of forensic specific procedures to guide FMHS in the delivery of contemporary, recovery-focused, offence-specific, trauma-informed care.
11. Absence of First Nations’ consumer specific procedures and performance metrics.
12. Absence of timely access to specialist services such as speech pathology, dieticians, exercise physiologist, and general medical practitioners for patients. A written

submission expressing concern for a patient with Jacobs Syndrome and Intellectual Disability citing unnecessary use of restrictive practices, weight gain and diabetes, lack of access to his dog, poor access to speech therapy of concern in relation to patient safety.

The safety related concerns the Review Team developed centred on NSQHS Standards 1 and 2. Critical activities commonly accepted to meet the expected standard of care in these two domains required remediation:

- a. The current format of the FMHS Governance and Quality Safety & Risk Meetings provided partial governance with regards to consumer safety. The agendas were comprehensive, however the meeting forums in themselves did not appear to consistently translate the performance metrics they tracked into a singular Governance or Quality Safety & Risk Action Plan.
- b. There was no dedicated time in the FMHS Governance and Quality Safety & Risk Meetings to meaningfully review patient safety-related incidents or compliments/complaints, or oversight recommendations and actions from incident reviews. The establishment of a Serious Incident Review Committee might assist in addressing both these areas of development in a focused manner.
- c. Safety in care and care escalation pathways could be strengthened through proactive and contemporary partnerships with the lived experience workforce.

Strategies to address Recommendation 4

The reviewed FMHS Model of Care must incorporate specific guidance and principles to address the clinical care needs of consumer cohorts other than males, including women, younger adults, older persons, gender diverse persons and those with neurocognitive disorder/impairments. It is a priority that care provided for female consumers at James Nash House and Tarnanthi is delivered in a safe, equitable way.

- Undertake a feasibility review of converting the shared bedrooms at JNH to single suites with en-suites. These could be used for patients with bariatric or other special needs.
- Develop a woman's forensic MH clinical pathway that addresses the needs of woman in consultation with consumers, families and staff.
- Sexual safety plans addressing sexual safety risk to form part of the model of care inclusions and risk assessment and care planning processes.
- **Appoint a dedicated FMHS Aboriginal Mental health consultant as part of the Cultural Healing Team.**
- Develop a process of service co-design to develop performance metrics for these consumers. It must be evident in the reviewed Model of Care that specific consideration is afforded to the provision of culturally sensitive care.
- Ensure the position has capacity to support the transition of aboriginal patients back to their communities, as appropriate/desired.

4.4 Staff Safety

Staff safety was conveyed as a concern by staff at James Nash House in the anonymous correspondence triggering this review. These concerns had been escalated within NAHLN on 16 May 2023, where the CEO called a meeting with FMHS staff to address them. This resulted in correspondence to FMHS staff outlining some key actions in response to the feedback raised. This included a commitment to a full worksite inspection of FMHS workplaces commencing May 2023, implementation of a MH Division Work Health and Safety Consultative Committee, Implementation of a Culture Improvement Program to support a respectful workplace and development of a communication and engagement plan using NAHLN's team North framework.

4.4.1 Systems to support staff health safety and wellbeing

Induction and Orientation

Induction and orientation to a health service should include staff familiarisation with the systems that support safety. Policy and processes that support induction and orientation for FMHS staff are provided below.

- NAHLN has an Induction and Orientation policy directive 2017, which describes roles and responsibilities, policy requirements, implementing and monitoring. This is now 6 years old and requires updating to reflect changes in health policy and directions.
- NAHLN Corporate orientation is a full day.
- NAHLN Allied Health Induction checklist and evaluation form.
- NAHLN Induction checklist for employees.
- The FMHS has a new staff full week orientation calendar which includes a welcome information pack, site walk around, orientation to security procedures and personal safety awareness, speaking up for safety, trauma-informed care, risk and patient safety and cultural considerations.
- There is a full day included in the FMHS week orientation devoted to Management and Prevention of Aggression training.

There were no NSQHS 2021 survey recommendations in relation to this NSQHS action.

4.3 Training, Supervision and Professional Development

4.3.1 Training

NAHLN identifies training that is mandatory for staff and monitors attendance rates. Mandatory training content includes hand hygiene, fire safety evacuation, manual handling, basic life support, responding to suspected harm or risk of harm, understanding and responding to risk factors, and child safe environments. There were no domains of training that had higher completion rates of 62%. It is noted that an organisational target is set at 80%.

The Review Team also noted a Mental Health Division mandatory training report dated 23 June 2023 but was not able to see Forensic MHS completion rates in this report.

It is noted that the Management of Actual and Potential Aggression training (MAPA) is a targeted training that is delivered face to face and required every two years. It is applicable only to mental health staff. Many staff throughout the review spoke of the inadequacy of the MAPA training. The Review Team notes that following the assault of three staff on 1 May 2023, a serious incident review was undertaken and one of the findings was that the MAPA training was not adequate to support staff in managing high risk situations within a forensic setting. A recommendation was made to evaluate and implement contemporary evidenced based framework for acute mental health settings.

The Review Team noted that plans were in place to look at a new training approach for the prevention and management of aggression training. A representative from the provider Safe Approach Training had visited JNH with a view to tailor a bespoke training program for forensic staff. The Review Team would encourage benchmarking training with other MHS and FMHS across Australia considering the Restraint reduction Network Standards before engaging a provider.

A review of the Crisis Prevention Institute modules of the one-day MAPA training was conducted as part of the review given the frequency of feedback from staff that it was inadequate. The Review Team notes from its experience and benchmarking with other forensic mental health settings that:

- The duration of training one day is not enough to meet the needs of staff in a forensic mental health setting. NSW, QLD, VIC, NT, and Tasmania all have a 2-day minimum aggression management training. Typically, a full day is devoted to early intervention and prevention of aggression content and day two is devoted to physical intervention skills training.
- Content of the MAPA is too generic and does not include the use of evidenced based predictive tools such as dynamic appraisal of situational aggression (DASA) patient safety plans, trauma informed care, interactional styles, and de-escalation.
- There is limited content on restraint/restrictive practice reduction approaches/techniques. The Restraint Reduction Network (RRN) has worked with the NHS England to produce a set of ethical training standards that protect human rights and support the minimisation of restrictive practices. The Restraint Reduction Network Training Standards apply to all training that has a restrictive intervention component and will provide a national and international benchmark for training in supporting people who are distressed in education, health and social care settings. These are applicable in the Australian forensic MH context.³²

³² James Ridley and Sarah Leitch, 2019, Restraint Reduction Network Standards

Recommendation 7 with strategies to address:

That NAHLN benchmarks current MAPA training against other MH and Forensic settings

- Undertake a benchmarking project to review national and statewide training using the RRN standards as a guide to measure training quality. The duration of training, resources allocated to support training delivery and the extent to which consumers have been part of the design and content, to be considered.

4.3.2 Clinical Supervision

A NAHLN Clinical Supervision Procedure is in place. Compliance, evaluation and audit forms part of the policy which requires the health service to measure staff satisfaction with clinical supervision programs, monitor the uptake of clinical supervision and implement improvements and resources to support improvements to the program.

SA Health has an Allied Health Clinical Supervision Framework that was dated March 2014. This links to a NAHLN Allied Health Clinical Supervision procedure that was in date.

Some staff, throughout the review and via written submissions, spoke of inadequate supervision arrangements. In the absence of any evaluation data, compliance rates for FMHS staff or other evidence of clinical supervision systems working it is an area for priority attention. Effective supervision is associated with lower burnout and greater staff retention. It is also believed clinical supervision can mitigate the risk of burnout, facilitate staff retention, and improve the work environment, while inadequate supervision can lead to stress and burnout. Implementation and uptake of clinical supervision can be completed by building a positive organisational culture that supports engagement and uptake of clinical supervision.³³ A previous recommendation has been made to further invest in CS.

4.3.3 Professional Development

Basic professional development opportunities for staff are in place across NAHLN. Mandatory training is provided but attendance rates are low. Improving attendance at mandatory training was a NSQHS survey recommendation in 2021.

Investment in clinical leadership and leadership development generally, appears to be absent. Change management and project management training in large health networks is typically available and investment is made to develop leaders and build leadership capability. Conference attendance outside of that for medical staff seems low.

³³ Martin, P, Lizarondo, L, Kumar, S, Snowdon, D. (2021) Impact of clinical supervision on health care organisational outcomes: A mixed methods systematic review.

12-hour nursing shifts are a well-documented barrier to staff attendance at training. Core skills training days where staff are rostered off to complete training might assist with improving training attendance.³⁴

The 2015 SA review of FMHS made a recommendation to enhance staff training, leadership development, professional development and research opportunity.

4.3.4 Occupational Health, Safety and Wellbeing

SA health has a policy framework in place for worker health, wellbeing and fitness for work. This speaks to the Work Health and Safety Act 2012 (SA) obligations to develop strategies, programs, and initiatives for worker health, wellbeing and fitness for work. It also speaks to allocation of resources to support worker health, wellbeing and fitness for work strategies.

NAHLN also has a draft unsigned statement of commitment to mentally healthy workplaces where leaders commit to collectively building a culture of care. This includes supporting and promoting our people's mental health, creating a positive organisational culture for our people, recognising and responding to mental health risks with an aim of preventing harm, and encouraging our people to seek help early for mental illness.

The Review Team noted a NAHLN 'health and wellbeing of trainee medical officers' policy.

NAHLN had limited recent data that directly measures staff health, safety and wellbeing of the staff at the FMHS. The NAHLN Pulse Survey Mental Health Division 2022 response rate was 22, which is 1.3% of the total EFT for the MH division, which sits at 1629 EFT (Forensic 424).

The NAHLN 'Your Voice' survey for 2021 surveyed all NAHLN staff and achieved a 30% response rate equalling 1518 staff responses. James Nash House included 17 responses from staff. This survey has a series of questions in relation to staff wellbeing. Of note, the top theme for SA Health and NAHLN was Wellbeing in response to the question 'what is the most important issue that needs to be addressed across SA public sector'.

Other more indirect indicators of workforce health wellbeing include rates of absenteeism and staff turnover and are referred to earlier in the report.

4.3.5 Vicarious Trauma

Forensic mental health professionals are at particular risk of occupational PTSD. This includes administrative staff working in forensic services.

Forensic staff reported more direct and repeated exposure to a wide range of traumatic incidents and chronic stressors – 74% compared to 66% in non-forensic settings. Clinical staff,

³⁴ Dall'Ora et al 2020, 12 hour nursing shifts: do they remove unproductive time and information loss or do they reduce education and discussion opportunities for nurses? A cross sectional study in 12 European countries.

particularly nursing in forensic units, face a more stressful work environment than staff in non-forensic units.³⁵ For staff working with sexual offenders, vicarious trauma is higher. The Owenia House program staff may be at particular risk of vicarious trauma that warrants review. Support from leaders is considered more important than general support from family and friends and is correlated with lower levels of psychological distress.³⁶

4.3.2 Staff Injury Rate

The incidents with injury from 1 July 2021 to 30 June 2023 data report shows an injury frequency rate of 153/1000 FTE. A total of 63 incidents with injury were reported for the FMHS over the past two years, with full time equivalent staff of 424.

Aldgate House reported the highest number of incidents (n =21) with challenging behaviour accounting for 16/21 of the incidents with injury. This rate had been benchmarked with NAHLN and MHS. The rate for FMHS was lowest compared to NAHLN and the MH Division.

The rate of return-to-work claims per 1000 FTE for the FMHS was 37.04. This was higher than the NAHLN MHS at 27.6 and Northern MH which was 40.6 per 1000 FTE.

Work cover rates/claims from July 2021 to June 2023 were provided. Nine work cover claims were received by FMHS staff in that time. As discussed in an earlier section of the report, the Review Team felt without formal benchmarking that, in their collective experience, these rates are low for a two-year period, considering the high numbers of staff that spoke of psychological distress to the Review Team and via written submissions. This might suggest a culture of under reporting or lack of confidence in escalating concerns for their wellbeing.

4.3.3 Workforce Wellbeing

The Review Team experienced high levels of engagement with staff throughout the review. In both the written accounts and face to face interviews, emotional distress in relation to their experience at work was common. The types of experiences were summarised in earlier parts of the report. The 2021 staff survey findings found only 36% of staff across NAHLN believe the LHN cares about their health and wellbeing. This aligned with the feedback received as part of this review.

There was an absence of any strategic investment in workforce wellbeing initiatives across FMHS. The NAHLN wellbeing register suggests limited activities and no clear link that they arise from priorities identified by staff. This is surprising given low rates of wellbeing ratings in the statewide Pulse survey. Small things can go a long way. We heard from staff at JNH that a coffee van enabling staff to get outside with colleagues and grab a coffee would be welcomed.

³⁵ Bradford JMW, de Amorim Levin GV, 2020, Psychiatric Law, Vicarious Trauma and PTSD in forensic mental health professionals.

³⁶ Slack, DP. 2020, Forensic Science International Synergy, Trauma and coping mechanisms exhibited by forensic science practitioners: a literature review

Having days when coffees are free for staff would be a consideration to recognise front line staff. FMHS need mechanisms to hear more about staff wellbeing and systems to respond to match that feedback.

Pulse Survey 2021 Summary of the Wellbeing questions across FMHS.

[James Nash House](#)

JNH included 52 responses from staff. 57% rated positively on the four wellbeing questions. KOB employee wellbeing ratings in the Pulse survey 2021 were significantly higher than all other parts of the service. 71% of staff rated positive wellbeing, a 24% improvement since the last survey in 2018.

[The Community Forensic Service](#)

Pulse survey only had a 12% response rate (n=13). The employee wellbeing rating was 43% rated positive scores, across the four questions on average. This was 14% lower than forensics total.

Wellbeing data collected by NAHLN is insufficient alone, given there is no recent data and response rates are low.

4.3.4 Fatigue Management

The NAHLN 2018 Workforce Wellbeing and Fitness for Work Policy Directive provided a link to a draft document 'prevention of fatigue: educational guide'. This policy directive is now 5 years old and requires review.

Fatigue can adversely affect safety in the workplace. Health care workers working shifts are at high risk of fatigue. Systems should be in place that monitor workforce fatigue and, in particular monitor overtime and sick leave. Manager oversight of data and monitoring for fatigue are key to workforce wellbeing monitoring.

The Review Team noted high overtime in Birdwood, Aldgate and Tarnanthi Units. Given 12hour shifts are in place for the FMHS fatigue is a risk that requires close monitoring. Safe Work Australia recommends in its shift design guidelines that no overtime is worked for staff working 12-hour shifts.³⁷

³⁷ Safe work Australia 2013: Guide for managing risk of fatigue at work

4.3.5 Psychological Safety

Team psychological safety is a shared belief held by members of a team that's its ok to take risks, to express their ideas and concerns, to speak up with questions, and to admit mistakes all without fear of negative consequences. ³⁸

“Creating psychological safety – the confidence that candour and vulnerability are welcome – in a workplace is truly challenging and takes an unusual degree of commitment and skill” (HBR June 2021).

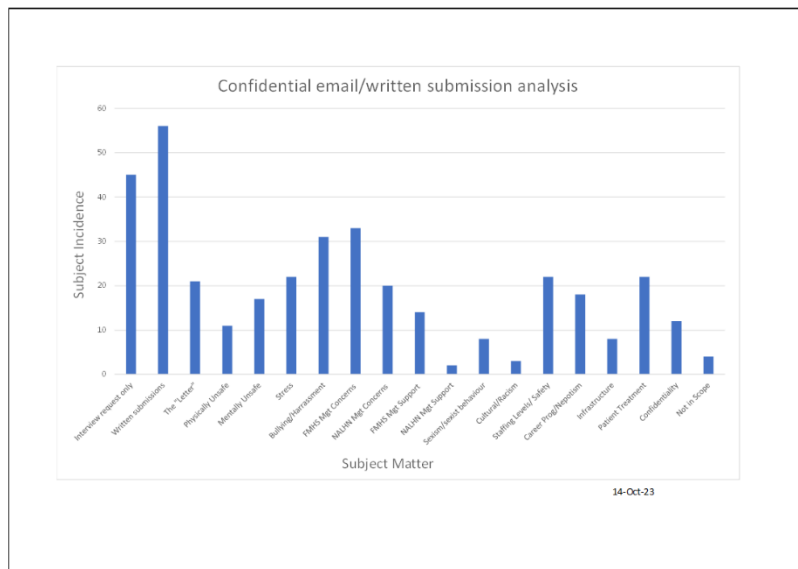
Staff Survey Questions in relation psychological safety.

- Bullying and Harassment n=46 responses. 48% of staff have witnessed harassment or bullying in the FMHS.
- Bullying and Harassment n=45 responses to the question “have you been subjected to bullying or harassment?”. Response was 31%.
- 27% of respondents n=43 reported experiencing discrimination in the workplace.
- 13% of respondents n=31 said they had lodged a complaint.

Whilst this survey is now 2 years old, and did show overall improvement in responses since 2018, this review suggests concerning levels of bullying and harassment remain at the FMHS.

Of note are the differences in ratings across JNH and community. Kenneth O’Brien Unit had a 41% response rate and had significantly higher ratings across all domains compared to other areas of forensics. Industrial bodies, as part of the Independent Review provided the review team with contemporaneous staff surveys which align in outcome with other surveys suggesting members experienced bullying and harassment and lacked trust in the leadership.

The below graph describes the range of issues staff raised with the reviewers during the 2023 Independent Review.



³⁸ HBR 2023

Staff turnover rates, as an indicator of workforce satisfaction, sit high in comparison to NAHLN and MHS. The FMHS turnover rate 2020/21 is 10%, 2021/22 is 12.55% and 2022/3 is 10.5%.

The above suggests strategic investment is needed to improve workplace psychological safety. A previous recommendation to have an independent safe place for staff to be guided through complaints and workplace conflicts and receive support will be an important start to address significant unresolved distress within the FMHS workforce. Investment in training managers in building and maintaining psychologically safe teams is also required, as leadership capability training is absent.

4.4. Risk Management

There are policies and procedures that support staff safety and risk management across SA Health.

- SA Health Policy Directive: Compliance is Mandatory, Hazard Identification and Risk Management. This speaks to responsibilities of all in relation to identification and management of workplace hazards. This links to a SA Health directive around Risk Management.
- A Preventing and Responding to Challenging Behaviour Policy Directive 2020 and linked Challenging Behaviour Safety Management WHS Policy Guideline is in place. This speaks to the importance of a Governance structure that includes Work Health Safety, Security and Safety, and Quality Expertise.
- There is a risk register for FMHS that identifies 10 specific FMHS risks.
- NAHLN Risk Management staff information guide.

External oversight and monitoring of risks forms part of the OCP site visit schedule and identified staff safety issues at JNH. Dual egress in interview rooms and swipe card access was recommended but had not been actioned.

Data is collected from incident management reports that identifies risks to staff safety. The SLS report low rates of staff injury compared to other parts of NAHLN for Forensic MHS. The Review Team contemplated whether a poor reporting culture existed as the safety concerns and distress expressed by staff during the review suggested under reporting of harms to wellbeing and safety. Staff may instead engage industrial bodies if concerned for their safety rather than use local reporting mechanisms.

Staff confidence in safe systems of working was low. This was evident in the written submissions and face to face interviews with staff. A striking example of this was the recent CFMHS site move with disagreement between FMHS staff and NAHLN over what constituted a safe working environment. The concern was conveyed by staff in the NAHLN Your Voice survey and results with only 28% of staff believing action would be taken on the results of the survey and 36% believing the LHN cared about their health and wellbeing.

A Divisional MH workplace health and safety consultative committee was committed to by the CEO in May 2023. It appears staff safety and wellbeing issues are absorbed into local unit and FMHS governance committee agendas, and opportunities for direct engagement with staff are limited. With a culture of under reporting in SLS and lack of trust between staff and the executive, more attention is needed to mechanisms to engage and build trust around staff safety.

A FMHS risk register identifying 10 FMHS risks is in place. These pick up on risks associated with aging infrastructure, seclusion and restraint, comprehensive care of patients, ICT ageing infrastructure, completion of court reports, prison in reach service, patient transition blocks, information exchange and management of medical records. The document provided to the Review Team was dated May 2020. Risk 6718 in relation to seclusion identifies MHA 2009 breaches in relation to locking patients in seclusion overnight at JNH. The document suggests a staffing review has resolved this issue (December 2020). It is the Review Team's understanding that this issue has not been fully addressed, with lockdown of patients overnight in seclusion continuing at time of the review. A recommendation has been made in an earlier part of the report to address this.

Restrictive practices are monitored through reporting structures. In January 2019, a less restrictive policy called Minimising Restrictive Practices was implemented in the acute units at JNH. This saw the end of night seclusion for the 8-bed unit representing a less restrictive approach to care. It is the Review Team's understanding that overnight seclusion continues within the Birdwood Units. A recently published retrospective observational study carried out at JNH suggested that policies ending overnight seclusion did not lead to an increase in seclusion.³⁹

The Review Team notes the seclusion rate per 1000 bed days in 2018 was 100.3 and was reduced to 29.1 in 2019. Given the environmental constraints at JNH previously discussed, the team encourages the unit to extend this great work to all units including Birdwood, that continue overnight lockdown of patients. The practice of "night confinement" constitutes seclusion under the MHA and is a breach of the MHA, which sits on the NAHLN' risk register.

The review team concluded that this work could be strengthened by adopting the six core strategies to reducing seclusion and restraint as a framework for ongoing improvements. These include:

- Leadership in organisational culture change.
- Using data to inform practice.
- Workforce development.

³⁹ Williams, R., & Haeney, O. (2022). Does ending night-confinement reduce use of seclusion and prevalence of violence in a forensic psychiatric hospital? A retrospective observational study. *Psychiatry, psychology, and law : an interdisciplinary journal of the Australian and New Zealand Association of Psychiatry, Psychology and Law*, 30(2), 123–132. <https://doi.org/10.1080/13218719.2021.2003265>

- Inclusion of families and peers.
- Post incident debriefing support
- Specific reduction interventions (using risk assessment, trauma assessment, crisis planning, sensory modulation and customer services).⁴⁰

The structured approach would identify gaps noted in post-restrictive intervention support for consumers, as well as consumer and carer involvement in the strategy. The Safe in Care Safe at Work framework uses the six core strategies and includes an audit tool for health services to benchmark their activities against.⁴¹ The Review Team recommends an audit to test alignment with this evidence-based approach to reducing restrictive practices,

4.5 Infrastructure

The South Australian Forensic Mental Health Service consists of four major inpatient units, a community based supported accommodation service and a community based clinical service. The inpatient services include James Nash House, Ashton House and the Ken O’Brian Centre located at Oakden. The Tarnanthi Rehabilitation Unit is located on the Glenside Campus at Fullerton. A Forensic Transitional Accommodation Service is located at Gilles Plains. The Forensic Community Mental Health Team, Owenia House, FTAC and the Prison Mental Health teams are located at Modbury.

The Review Team were made aware of the considerable amount of work which has been undertaken to highlight problems associated with the infrastructure provided at James Nash House and the Tarnanthi Unit. Further, the risks associated with ageing infrastructure are captured in the FMHS risk register (Risk 4582). The need to replace these services with new purpose-built units has been identified as a priority by SA Health. The Review Team inspected all inpatient services and supports this view. Staff interviewed detailed numerous concerns.

The SA Health Mental Health Services Plan 2020-2025 highlights the need for action. The plan confirms that James Nash House is ‘not conducive to contemporary care and needs to be demolished and replaced’.⁴² Previous reviews undertaken in 2015 and 2021 have discussed and highlighted the problems.^{43 44} Responses to these reviews including a planning study undertaken by SA Health 2021 and evidence of a continuing budget bids provided by NALHN indicate action has been undertaken to respond to their findings.⁴⁵ Despite these actions, there does not appear to be any clear commitment to remedy the problems. It is understood

⁴⁰ Huckshorn.2006

⁴¹ ACMHN (2019) *Safe in Care, Safe at Work (SICSAW): ensuring safety in care and safety for staff in Australian mental health services*. ACMHN. Canberra, ACT.

⁴²Office of the Chief Psychiatrist and The Mental Health Commission, SA Health, Government of South Australia, 2020 Mental Health Service Plan 2020-2025

⁴³ Heffernan, Clugston, Patchett, 2015, Review of the South Australian Forensic Mental Health Service

⁴⁴ David McGrath Consulting, 2021, Tarnanthi Forensic Inpatient Rehabilitation Service: A post occupancy review on behalf of the South Australian Government, Final Report

⁴⁵ Government of South Australia, 2021, Forensic Mental Health, Department of Health and Wellbeing, Infrastructure, Planning Study, 31 January 2021

that the matter was considered as part of the 2023-2024 State Budget process although an outcome is unclear. The deficiencies are obvious as are the impacts on staff, consumers and their families. The capacity of the service to deliver safe, effective treatments and rehabilitation are significantly impaired. Services provided in these units do not meet contemporary standards. It is likely that the recurrent costs of continuing to deliver services in these facilities would be significant. A preliminary overview indicates high staff turnover rates, high rates of absenteeism and associated prohibitive overtime costs. High staff turnover rates and absenteeism rates do not only have significant impacts on recurrent budgets but also on continuity of care. A number of those interviewed highlighted the impact that poor continuity of care was having on staff safety and clinical outcomes for patients. Compliance with human rights requirements for least restrictive practices and the maintenance of a safe working environment is challenging when there are environmental design deficiencies and inadequate staffing resource.

It is not the intention to restate the infrastructure deficiencies which appear to be well understood at all levels of SA Health. A post occupancy evaluation of the Tarnanthi unit at Glenside provides a detailed profile of the deficiencies associated with that Unit.⁴⁶ The recommendations provided in that report are supported by the Review Team. There seems to be little point restating them here. The recommendations were supported in a response provided by the Office of the Chief Psychiatrist in September 2021.⁴⁷ This report details those deficiencies which do not appear to have been addressed consistently previously. They include:

- Failure to provide dedicated spaces for women means women often have restricted access to services and are not safe when able to access the service. Sexual safety cannot be assured.
- Failure to provide dedicated spaces for young people who may be subject to abuse and further trauma.
- Failure to provide culturally sensitive design and dedicated spaces for people from indigenous and culturally and linguistically diverse cultures.
- Adequate and accessible spaces for patients and their families.
- Spaces for clinical reviews to enable consumers to participate.

It is concerning that accommodation in shared rooms continues at James Nash House even though this arrangement is inconsistent with coronial recommendations made following the death of a patient in a SA Health mental health facility in 2014.

While the facilities generally do not meet contemporary standards, it was also reported that there are significant problems having maintenance and repairs undertaken in a timely manner.

⁴⁶ David McGrath Consulting, 2021, Tarnanthi Forensic Inpatient Rehabilitation Service: A post occupancy review on behalf of the South Australian Government, Final Report

⁴⁷ Office of the Chief Psychiatrist, 2021, Tarnanthi Post Occupancy Review Recommendations & SA Health Response, SA Health

Reports that the security services can no longer be maintained safely are concerning. Staff demonstrated failed emergency response and closed-circuit TV security systems which they report are unable to be effectively and reliably repaired.

Overall, James Nash House does not present or operate as a contemporary health care environment due to the outdated infrastructure. This in turn does not allow for flexible, adaptive, consumer-centred, culturally appropriate and safe care delivery. The outward appearance of the facility on arrival suggested a lack of investment and care. The drive into the facility did not have boom gate security typical in forensic settings, saw overflowing industrial bins, and gardens poorly maintained. The secure sallyport which is designed to safely manage patient transfers now doubles as a storage area for a variety of items, some dangerous. Wards are institutional, drab, noisy and cramped in keeping with service delivery from a long past era. The woodwork activity unit has not operated for a long time even though it is still fully equipped. During the week we were in the facility we seldom saw any patients engaged in any outdoor activity.

Strategies to accompany Recommendation 7

It is recommended that work is undertaken to provide estimates of the additional recurrent staffing and operating costs of continuing to deliver services in the current facilities (James Nash House and Tarnanthi). It should be possible to model the costs for a contemporary, efficient service and to provide comparisons with the costs associated with the current service.

- It is recommended that work is undertaken to estimate the impact of restrictions on treatment and rehabilitation associated with the current model of service in the current facilities. The cost should be described in terms of defining the numbers and impacts on those in prisons with mental health problems who are unable to access timely treatment, and those treated in mainstream mental health services who are unable to access specialist forensic services. It should be possible to estimate through-put rates for a contemporary, efficient service and to provide comparisons with the activity associated with the current service.
- Findings from these recommendations should be used to demonstrate the impact of continuing failure to address the need to replace the current facilities.
- It is recommended that replacement services are provided as soon as is practically possible.

5.0 References

- ACMHN (2019) Safe in Care, Safe at Work (SICSAW): ensuring safety in care and safety for staff in Australian mental health services. ACMHN. Canberra, ACT.
- Australian Institute of Health and Welfare, 1992-93 to 2020-21, Mental Health Services in Australia: Expenditure on mental health services, Table EXP.7: Recurrent expenditure per patient day (\$) on specialised mental health public hospital services, constant prices, by hospital type, states and territories.
- Australian Commission on Safety and Quality in Health Care, 2021, National Safety and Quality Health Service (NSQHS) Standards.
- Bellamy C, Kimmel J, Costa MN, et al: Peer support on the “inside and outside”: building lives and reducing recidivism for people with mental illness returning from jail. *J Public Mental Health* 2019; 18:188–198.
- Belmore, Sue, 2018, Peer Support Specialists – A framework
- Bradford JMW, de Amorim Levin GV. Vicarious Trauma and PTSD in forensic mental health professionals. *J Am Acad Psychiatric Law*. 2020 Sept;48(3):315-318.
- Dall’Ora et al 2020, 12 hour nursing shifts: do they remove unproductive time and information loss or do they reduce education and discussion opportunities for nurses? A cross sectional study in 12 European countries.
- David McGrath Consulting, 2021, Tarnanthi Forensic Inpatient Rehabilitation Service: A post occupancy review on behalf of the South Australian Government, Final Report
- Government of South Australia, 2021, Forensic Mental Health, Department of Health and Wellbeing, Infrastructure, Planning Study, 31 January 2021.
- Government of South Australia, 2021, Reports for Forensic Services, James Nash House, Forensics Community and the Ken O’Brian Unit, I Work for SA, Your Voice Survey
- Harvard Business Review 2023
- Heffernan, Clugston, Patchett, 2015, Review of the South Australian Forensic Mental Health Service.
- Huckshorn, K.A. 2006, ‘Six core strategies for reducing seclusion and restraint use©’, National Association of 32 References, State Mental Health Program Directors, Alexandria, Virginia, viewed 20 February 2019.
- James Ridley and Sarah Leitch, 2019, Restraint Reduction Network Standards
- Maguire, Ryan, Fullam, McKenna, 2022, Safewards Secure: A Delphi study to develop an addition to the Safewards model for forensic mental health services. *Journal of Psychiatric and Mental health Nursing*, Volume 29: Issue 3.
- Martin, P, Lizarondo, L, Kumar, S, Snowdon, D. (2021) Impact of clinical supervision on health care organisational outcomes: A mixed methods systematic review. *Plosone* 16(11): e0260156.
- NALHN, 2022-2023, HR Report, Absenteeism Summary
- NALHN, 2023, HR Report, Staff Turnover Rates, Reports for Forensics, NALHN Mental Health, and NALHN 2020/21 – 2022/23
- NALHN, 2023, Mental Health Division., Forensic Mental Health, Sick Leave, Covid Leave and Overtime Monthly Reports, 11 February 2023 to 28 July 2023.
- NALHN, 2021-2023, Misconduct Matters, HR Report.
- NALHN, 2023, Reported Staff Incidents with Injury, Injury Frequency Rate, 01/07/2021-30/06/2023.
- NALHN, 2023, New RTW Claims, New Claims Frequency Rate, 01/07/2021-30/06/2023.
- Nursing Times [online] January 2023, Vol 119 Issue 1.
- www.ncmhr.org

- Office of the Chief Psychiatrist and The Mental Health Commission, SA Health, Government of South Australia, 2020 Mental Health Service Plan 2020-2025.
- Office of the Chief Psychiatrist, 2021, Tarnanthi Post Occupancy Review Recommendations & SA Health Response, SA Health
- Peer Support Specialists – A framework – Belmore, S (2018)
- [https://www.mentalhealthcommission.gov.au/Lived-Experience/Lived-Experience-Workforces/Peer-experience-Workforce-Guidelines/National-Lived-Experience-\(Peer\)-Workforce-Develop/From-commitment-to-co-production-Employing-the-Liv/Chapter-6-Intensive-and-involuntary-service-setting](https://www.mentalhealthcommission.gov.au/Lived-Experience/Lived-Experience-Workforces/Peer-experience-Workforce-Guidelines/National-Lived-Experience-(Peer)-Workforce-Develop/From-commitment-to-co-production-Employing-the-Liv/Chapter-6-Intensive-and-involuntary-service-setting)
- Royal College of Psychiatrists Forensic Quality Network for Forensic Mental Health Services. 2021. Townsend et al. Standards for Forensic Mental Health Services – Fourth Edition.
- Safe work Australia 2013: Guide for managing risk of fatigue at work
- Short R, Woods-Nyce K, Cross SL, et al: The impact of forensic peer support specialists on risk reduction and discharge readiness in a psychiatric facility: a five-year perspective. *Int J Psychosoc Rehabil* 2012; 16:3–10.
- Slack, DP. 2020. Trauma and coping mechanisms exhibited by forensic science practitioners: a literature review. *Forensic Science International Synergy*. v2, 310-316.
- South Australia Health, Government of South Australia, 2017, South Australian Forensic Mental Health Service Model of Care 2017-2019
- South Australian Mental Health Commission, 2017, South Australian Mental Health Strategic Plan 2017–2022
- Townsend et al. Standards for Forensic Mental Health Services – Fourth Edition
- Weich, S. orcid.org/0000-0002-7552-7697, Fenton, S.-J., Staniszewska, S. et al. (2020) Using patient experience data to support improvements in inpatient mental health care: the EURIPIDES multimethod study. *Health Services and Delivery Research*, 8 (21). pp. 1-338. ISSN 2050-4349.
- Williams, R., & Haeney, O. (2022). Does ending night-confinement reduce use of seclusion and prevalence of violence in a forensic psychiatric hospital? A retrospective observational study. *Psychiatry, psychology, and law : an interdisciplinary journal of the Australian and New Zealand Association of Psychiatry, Psychology and Law*, 30(2), 123–132. <https://doi.org/10.1080/13218719.2021.2003265>.

6.0 Appendix 1



NORTHERN ADELAIDE LOCAL HEALTH NETWORK

TERMS OF REFERENCE

Independent review of staff and consumer safety, leadership and culture, and clinical practice in James Nash House / Northern Adelaide Local Health Network (NALHN) Forensic Mental Health Service

In March 2023 an anonymous letter claiming to be from staff members of James Nash House/NALHN Forensic Mental Health Service was broadly distributed to key political, operational, and industrial body leaders in South Australia. The letter outlined concerns about the delivery of safe care and the provision of a safe working environment at James Nash House/NALHN Forensic Mental Health Service.

In response, the NALHN Chief Executive Officer immediately commissioned an independent review of James Nash House/NALHN Forensic Mental Health Service to investigate and address the issues and concerns raised. Any other specific complaints that have been or are raised will also be investigated and addressed.

The independent review will assess and make recommendations regarding:

1. Staff Safety

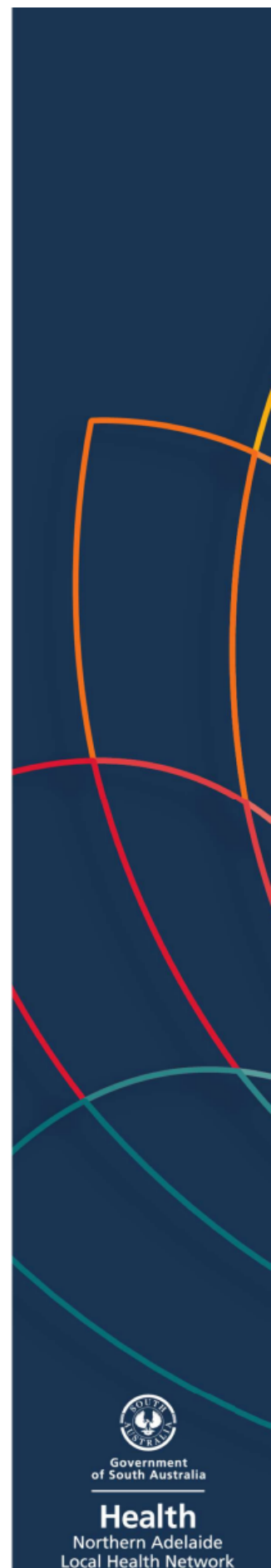
The effectiveness of the systems and processes that are in place to support the physical and psychological safety of staff working in James Nash House/NALHN Forensic Mental Health Service including (but not limited to):

- a. leadership and management
- b. overall staff safety culture
- c. operational procedures
- d. professional standards and respectful behaviour
- e. communication
- f. training; and
- g. management of incidents including escalation and reporting.

2. Patient/Consumer Safety

The effectiveness of the systems and processes that are in place in James Nash House/NALHN Forensic Mental Health Service to support the safety of consumers including (but not limited to):

- a. leadership and management
- b. overall consumer safety culture
- c. operational procedures
- d. role clarity and teamwork
- e. communication
- f. mortality and morbidity reviews and actions
- g. consumer/clinical outcomes
- h. training and;
- i. management of incidents including escalation and reporting.





3. Leadership and Culture

The leadership and culture of James Nash House/NALHN Forensic Mental Health Service including (but not limited to):

- a. Communication and engagement
- b. Risk, issue, and complaint management
- c. Management of change
- d. Level of trust and confidence in leadership
- e. Role clarity and teamwork
- f. Decision-making and accountability.

4. Clinical Practice

The effectiveness of current policies, procedures, guidelines, and practices in supporting the delivery of safe and contemporary clinical practice in James Nash House/NALHN Forensic Mental Health Service.

Safety Escalations

Any specific patient safety matters discovered during the review that are considered to breach accepted standards will be immediately referred to the relevant NALHN Professional Lead/s and/or the Interim Executive Director, Clinical Governance for action.

Any specific staff safety matters, including staff at imminent risk of physical or psychological harm must be managed in accordance with the Work Health and Safety Act 2012 (SA) will be immediately referred to the Executive Director, People and Culture for action.

FINAL APPROVED VERSION 28/07/2023

7.0 Appendix 2

A full list of all data and associated documents supplied prior to and during the site visit are included.

FMH Independent Review Data Request						
Item	Consultation Activity	Contacts regarding documents or requesting further information	Policies and Data	Further information supplied via email by contacts	Emails out / Correspondence / Decisions	MS Document Link
	Staff Safety Data requested prior to review					
1	Service plan and process for staff engagement and review i.e. Models of Care and other related documents (i.e. business rules and operational guidelines)	Dr Narain Nambiar Clinical Dir- 8266 9600 (Netta Harding EA) narain.nambiar@sa.gov.au ATTH 1 -5 Anna Laval - Nursing Dir - 0466 560 762 anna.laval@sa.gov.au Madeleine Bing-Fish - 0412 580 229 madeleine.bing-fish@sa.gov.au (1a - 1f)	1a MODEL OF CARE - South Australian Forensic Mental Health Service 1b DRAFT Forensic Clare Ward Forensic Mental Health Service - Model of Care.docx 1c DRAFT Forensic Ken O'Brien Ward DRAFT Model of Care KOB 2 06.06.23.docx 1d DRAFT Forensic Ashton House Model of Care (PDF).pdf 1e DRAFT Forensic Transitional Housing Program\FMHTAS Discharge Model FMHS endorsed 122022.pdf 1f DRAFT Forensic Owenia House MOC Div Gov 261122 Added 9/8 in response to data request (Narian): ATTCH 1 email Policy Challenges and Opportunities - Forensic Mental Health Services ATTCH 2 email Model of Care Draft 2 (1) ATTCH 3 email Ashton Model of Care 2016 ATTCH 4 email Attachment 2 - A1317339 Glenside Forensic Beds Tarnanthi and Sub-Acute Model of Care V4 March 2019 ATTCH 5 email Owenia House - Model of Care 2017 (this doc sent is outdated see document 'lf.' 2022 version)		8/8 Email sent to Narian cc Jess & fwd to Anna 9/8/23-- Email from Narian - Have to wait till Netta and Anna comes back from leave for data requests	01. Service plan and process for staff engagement and review
2	Clinical supervision and mentoring, procedures and documentation	Dr Narain Nambiar Clinical Dir- 8266 9600 (Netta Harding EA) narain.nambiar@sa.gov.au Anna Laval - Nursing Dir - 0466 560 762 anna.laval@sa.gov.au	2a. NALHN-SSI01254 Allied Health Supervision 30/03/2021 2b. NALHN-OWI01260 NALHN Clinical Supervision Procedure 15/06/2021 2c. NALHN-TMP02635 SA Health Allied Health Clinical Supervision Framework 27/09/2016 XX NALHN-TMP02636 SA Health Clinical Supervision Policy – Mental Health Nurses Policy Guideline 16/06/2022 - LINK not working on PPG website Added 9/8 other relevant policies in response to data request (Occupational Therapy adhere to): 2d. NALHN-OWI04725 - NALHN PR and D Procedure 2e. NALHN – TMP01605 – SA Health Performance, Review and Development Policy Directive	AH Principal - Documents listed (2a-2c) current (sort of). Clinical Supervision Framework - Allied Health currently being revised & ASHO indicated out for consultation August. Possibly significant changes. AH discipline has unique supervision requirements that are set by relevant registering body/board. i.e. , in psychology , stringent requirements that must be adhered to for clinicians to maintain registration. There are guidelines for how to become a supervisor, what additional qualifications are needed at different stages of their career, who you can supervise, the requirements for maintaining supervisor status. Link https://www.psychologyboard.gov.au/Standards-and-Guidelines/Codes-Guidelines-Policies.aspx Social Work is not registered profession our professional body (AASW) but also has supervision standards as part of our newly released Practice Standards.	8/8 Email sent to Narian cc Jess & fwd to Anna 8/8 Email sent to FMH OPS Group AHP Principals only 9/8/23-- Email from Narian - Have to wait till Netta and Anna comes back from leave for data requests 9/8/23 Email to Jess Whyte - no further information	02. Clinical supervision MS teams Link

3	Recruitment and Induction planning and procedure	<p>Vicky Nagy A/Dir Org Capability & Learning- vicki.nagy@sa.gov.au 0403 149 261 - 3a</p> <p>Shelagh Latham - Nursing - Nurse Manager shelagh.latham@sa.gov.au 7425 4425 3f-3h</p> <p>Lisa Sebastian - Nurse Unit Manage JN House lisa.sebastian@sa.gov.au 3j - 3n -8266 9613</p>	<p>3a. OWO102009 Recruitment and vacancy Management procedure(most recent not on PPG yet)</p> <p>3b. NALHN-SSIO1551 NALHN Allied Health Induction Procedure 13/06/2023</p> <p>3c. NALHN-TMP01587 SA Health Induction and Orientation Policy Directive 21/04/2022</p> <p>3d. NALHN-FOR02513 NALHN Allied Health Induction Checklist for Employees 13/07/2016</p> <p>3e. NALHN-FOR02512 NALHN Allied Health Induction Evaluation Form 13/07/2016</p> <p>3f. Forensic MHS NEW STAFF ORIENTATION 16022022</p> <p>3g. ANMF (SA Branch) WHS Act (2012) S117 Entry James Nash House 3rd May 2023</p> <p>3h. Welcome to FMHS Fact Sheets</p> <p>3i. NALHN-OWI02009 Recruitment and Vacancy Management 06/12/2019 on PPG but out of date</p> <p>3j. SSI01551.Allied health induction procedure</p> <p>3k.SA health Directive_Induction+and+Orientation_v2.0_01112017</p> <p>3l. Induction sheet 1 FOR02513 from SA Health. template</p> <p>3m. Induction FOR02513 CHECKLIST from SA Health template</p> <p>3n. Induction Eval Form FOR02512 from SA Health template</p>	<p>Vicky Nagy A/Dir Org Capability & Learning- 0403 149 261</p> <p>3a. Recruitment procedure from HR provided however not on PPG website yet</p> <p>Shelagh - Nursing - With reference to 3f- 3h</p> <p>Some information /emails on orientation that FMH nursing staff are provided. The week long program is for our Post Graduate rotation program all other nursing staff have 2 days in classroom then 1 day supernumerary as per pg. 33 of the ANMF response attached</p> <p>3b - 3e - NALHN induction on PPG website</p> <p>3j -3n Lisa - also included OW012009 already listed here - main induction doc and also 3 x induction forms that appear to look like SA health template however duplicated them just in case content altered for FORENSICS</p>	<p>2/8 Viky Nagy via Sandra Wilknsn - recruitment Procedure</p> <p>8/8 Email from Div. Dr. Di C - regarding FMH inductions and orientation including documents</p> <p>8/8 Email sent to Narian cc Jess & fwd to Anna</p> <p>8/8 Email sent to FMH OPS Group</p> <p>9/8/23-- Email from Narian - Have to wait till Netta and Anna comes back from leave for data requests</p> <p>9/8/23 Email to Jess Whyte - nothing provided or mentioned</p> <p>11/8 - Lisa Sebastian - James Nash House - responded to this item</p>	<p>03. Recruitment and induction MS teams Link</p>
4	Mandatory training planning and completion reports	<p>Dr Narain Nambiar Clinical Dir- 8266 9600 (Netta Harding EA) narain.nambiar@sa.gov.au (4a)</p> <p>Anna Laval - Nursing Dir - 0466 560 762 anna.laval@sa.gov.au (4a)</p> <p>HR - Sandra Wilkinson (4b) 0467 742 636 sandra.wilkinson@sa.gov.au</p>	<p>4a. Junior Doctors spreadsheet MDP - Mandatory Training</p> <p>4b.Northern Mental Health Mandatory Training EXCEL Spreadsheet 2023 06 13</p>	<p>4a. refer to email from Sandra Wilkinson to MBF</p>	<p>2/8 - Email via Sandra Wilkinson from Vicky Nagy - report provided</p> <p>9/8/23 Email to Jess Whyte - Jess will confirm is she can or cannot complete</p> <p>10/8/23 Email from Jess - Mandatory training spread sheet for juniors including a report and 'roster' that was sent out to staff and HOU's to ensure the completion of mandatory trainings</p>	<p>04. Mandatory Training MS teams link</p>
5	Post-grad training support and uptake	<p>Nursing only – Nursing - Nurse Manager shelagh.latham@sa.gov.au 7425 4425 0434852428</p>	<p>5a. NALHN-OWI01703 Post Graduate Nursing and Midwifery Clinical Observership Placement Requests 28/01/2021</p> <p>5b. NALHN-OWI00847 Clinical placement of undergraduate and postgraduate students of Nursing and Midwifery, including re-entry placements 01/11/2022</p> <p>5c. V3 Grad Dip Positions 2023</p> <p>5d. PGDMH REPORT 2022</p> <p>5e. NALHN NMH PGDMH ROTATION HANDBOOK 2022- 2023</p> <p>5f. 2023 TPPP Mental Health Forensics _1</p> <p>5g. 2023 TPPP Mental Health Forensics _2</p> <p>5h. TPPP Guide FAQs V2</p>	<p>Nursing (Shelagh)- Information regarding PGDMH rotation - attached the handbook provided to students and the latest evaluation report for previous group.</p> <p>5c EXCEL spreadsheet shows current allocation across NMH including Forensics (also in the handbook – but updated).</p> <p>POD information discussed previously irrelevant as does not include Forensics and is an employment strategy rather than support program.</p> <p>5f - 5h. TPPP program is a 12 month program run through the education department and is a statewide program for employment of new graduate RN.</p>	<p>8/8 Email sent to Shelagh/Sara</p> <p>8/8 Shelagh sort clarification - detailed email sent - • informal processes with one being a rotation of 18 grads per year and the other being a 'Pod' overseen by a Nurse Consultant as a mentor to new staff. There is not a formal process. Sheryn/Shelagh agreed to send what information is existing</p> <p>9/8/23 Email to Jess Whyte -no further info provided</p>	<p>05. Post Grad Training MS teams Link</p>
6	Staff classification/qualifications by unit	<p>HR - Sandra Wilkinson 0467 742 636 sandra.wilkinson@sa.gov.au (6a)</p> <p>Anna Laval - Nursing Dir - 0466</p>	<p>6a. Forensics MH staff with classification by RI code FMH Workforce Report 11.08.23</p> <p>6b. Junior Doctors only - Staff Estab 2023 including Classifications</p>	<p>Received 6a. from HR</p>	<p>8/8 Email sent to Shelagh/Sara</p> <p>8/8 Shelagh sort clarification - detailed email sent - Staff quals Shelagh could possibly do however a lengthy manual process in a spreadsheet.</p>	<p>06. Staff Classification/qual by unit MS teams Link</p>

		560 762 anna.laval@sa.gov.au			Sheryn/Shelagh agreed that Sheryn would follow this up with Martin and have a report that includes Name, Classification, Qualifications – all by each Unit. 8/8 Email sent to Martin and cc Caron Nicholson in Martin's absence outlining above 9/8 CORR IN from Caron stating Martin will do on return 9/8/23 Email to Jess Whyte - Jess will confirm if she can or cannot complete 10/8/23 Email from Jess - Staff establishment of MH doctors which includes classification of junior doctors 10/8 Martin HR confirmed clarity required for reporting 11/8 Emailed HR confirming reporting requirements and received report	
7	Processes for, and documentation of, critical incidents and follow up	Mark Taylor mark.taylor@sa.gov.au 0409 321984 7a and 7b.	7a. FMH Code Black Management and Debrief 7b. Directive++Employee+Assistance+Program++Oct2016 7c. NALHN-OWI05493 Guide to reporting, reviewing and management of Patient Incidents – Mental Health 8/8/23 UPDATED	Note- Mark Taylor email includes critical incident into 7a and 7b.	updated version distributed to staff 8 Aug 23	07. Critical Incidents MS Teams link
8	Risk assessment and management guidelines	Mark Taylor mark.taylor@sa.gov.au 0409 321984 Dir WHS, IM Wellbeing 8b and 8c.	8a. NALHN-SSIO1016 Assessment and Review of Mental Health Consumers 25/11/2022 8b. CPR015_V2_+Mechanisms+for+Hazard+identification+and+risk+management+Procedure 8c. Directive++Hazard+Identification+&+Risk Management++Policy	Policy saved & overarching SA Health guidelines on Risk assessment	no further information requested/required however Mark Taylor provided further docs 1/8/23 - 8B and 8c	08. Risk Assessment and Management MS teams link
9	Benchmarked staff injury rates by unit	Mark Taylor mark.taylor@sa.gov.au 0409 321984 Dir WHS, IM Wellbeing	9a Staff injury rates	Refer to Mark Taylor email to Sheryn	Provided by Mark 1/08/2023 8/8 Email sent regarding workcover rates 9/8/23 - Email CORR IN & OUT - Mark clarifying 2 items and what was already sent - responded - should cover what review team are after	09. Benchmarking staff injury rates MS teams link
10	Benchmarked absenteeism rates by unit	10.00 HR - Sandra Wilkinson 0467 742 636 sandra.wilkinson@sa.gov.au Shelagh Latham Nurse Manager shelagh.latham@sa.gov.au 7425 4425 0434852428 7425 4425 10d - 10j	10.00 NALHN PCL, SL & Workers Comp Taken 01.07.21 - 30.06.22 10.00 NALHN PCL, SL & Workers Comp Taken 01.07.22 - 30.06.23 10a. Personal Carers Leave Brochure (PDF) 10b. Guideline_Attendance+Management_V2_Cover+&+Policy_Oct2012 10c CODE ACTIVITY NMH AHP - AHP Proact only 10d. NMH Nursing FORENSICS SL COVID OT REPORT 11 02 2023 - 10 03 2023 10e. NMH Nursing FORENSICS SL COVID OT REPORT 11 03 2023 - 07 04 2023 10f. NMH Nursing FORENSICS SL COVID OT REPORT 08 04 2023 - 05.05.2023	IMPORTANT: 10.00 x 2 reports (21-22 & 22-23) Absenteeism from HR - Forensics - The leave taken data is from CHRIS21 and includes: • Sick Leave – Paid & Unpaid • Personal Carers Leave – Paid & Unpaid • Workers Compensation In the absenteeism summary tab, there is the percentage comparison between Forensics Mental Health, Mental Health and NALHN	8/8 Email sent to Shelagh/Sara 9/8/23 - Email regarding links for personal care leave guide and attendance policy from Div. Dr. Di C 9/8/23 - Email to Martin regarding Absenteeism report overall as units have some on Proact and some on Autopay 8/8 Shelagh sort clarification -	10. Benchmarking absenteeism MS team link

		<p>Sara Mercuri sara.mercuri@sa.gov.au Allied Health Facilitator 7425 7309 - AH 10c</p>	<p>10g. NMH Nursing FORENSICS SL COVID OT REPORT 06 05 2023 - 02 06 2023 10h. NMH Nursing FORENSICS SL COVID OT REPORT 03 06 2023 - 30 06 2023 10i. NMH Nursing FORENSICS SL COVID OT REPORT 01 07 2023 - 28 07 2023 10j. OWI Medical Officers Sick Leave Notification Procedure</p>	<p>Subsequent reports (10c-10j) are from AH and Nursing staff directly and are existing reports utilised</p> <p>Links provided by Di C regarding personal care leave and attendance policy and documents uploaded in MS teams</p> <p>10a. PCL Policy https://sagov.sharepoint.com/sites/NALHN/Files/Forms/AllItems.aspx?id=%2Fsites%2FNALHN%2FFiles%2FPersonal%20Carers%20Leave%20Brochure%20%28PDF%29%2Epdf&parent=%2Fsites%2FNALHN%2FFiles</p> <p>10b. Attendance Policy http://inside.sahealth.sa.gov.au/wps/wcm/connect/13aef2804d5ef2678455a5d08366040b/Guideline_Attendance+Management_V2_Cover+%26+Policy_Oct2012.pdf?MOD=AJPERES&CACHEID=ROO-TWORKSPACE-13aef2804d5ef2678455a5d08366040b-otJPSQh</p>	<p>detailed email sent. Agreed to do PCL and this will be on the same report as Overtime (Item 11) as this is what is currently done (currently Monthly from Proact). At this stage unsure of duration so please supply existing reports.</p> <p>9/8/23- Sara responded with Absenteeism report 10a. - have proact and autopay - HR to do - sent email 9/8 to HR</p> <p>9/8 CORR IN from Caron stating Martin will do on return</p> <p>9/8/23 Email to Jess Whyte - Jess will confirm if she can or cannot complete</p> <p>10/8/23 - Email from Jess including sick leave procedure - added to this item as it is relevant.</p> <p>11/8/23 - Email to HR to have a report 1-2 years with RIs - RIs sent to HR</p> <p>13/08/23 - Email from HR regarding reports - submitted</p>	
11	Staffing continuity - overtime and casual staffing rates	<p>Darran Lang - Bus Consultant 0466 348 819 darran.lang@sa.gov.au</p>	<p>11a. Overtime and Casual rates</p>	<p>Tina & Darren supplied high level proportion of workforce with staffing rates for Forensics overall- 22-23 FY</p> <p>** Overtime information for Nursing included in existing reports supplied by Shelagh - see Item 10. 10b-10g</p>	<p>8/8 Email sent to Shelagh/Sara</p> <p>8/8 Shelagh sort clarification - detailed email sent. Overtime will be included in Item 10 and casual staffing rates will be in separate report - team will supply</p> <p>9/8/23 - Shelagh - Nursing - provided 10b-10g overtime combined with personal leave - see item.</p> <p>9/8/23 Email to Jess Whyte - Jess will confirm if she can or cannot complete</p> <p>10/8/23- Email from Darran lang - numerous ways this information can be presented, but hopefully this provides sufficient information for an initial submission - if something different is required please let Darran know.</p>	<p>11 Staffing continuity - overtime & casual rates</p>
12	Workcover rates by unit	<p>Mark Taylor mark.taylor@sa.gov.au 0409 321984 Dir WHS, IM Wellbeing</p>	<p>12a. Benchmark new RTW claims by Unit</p>	<p>Mark Taylor sent info 1/8/23</p>	<p>1/8/23 - Mark Taylor sent several docs - RTW rates included in this time</p> <p>8/8 Email sent regarding workcover rates</p>	<p>12 Workcover rates MS Teams link</p>

					9/8/23 - Email CORR IN & OUT - Mark clarifying 2 items and what was already sent - responded - should cover what review team are after
13	Staff turnover rates by unit HR - Sandra Wilkinson 0467 742 636 sandra.wilkinson@sa.gov.au Anna Laval - Nursing Dir - 0466 560 762 anna.laval@sa.gov.au - further info	13a. Turnover Rates NMH Forensic - July 2020 to June 2023	Received from HR 11/8 Lisa - JN House comment For staff wellbeing, debrief, utilise EAP service, some projects are running at the moment like animal assisted therapy(Rainbow farm animals) visiting our service once a month. We also take part in fun scrub day once a month.		8/8 Email sent to Shelagh/Sara 8/8 Shelagh sort clarification - detailed email sent. Staff turnover – discussion regarding a report – Terminations from Martin. 8/8 Email sent to Martin and cc Caron Nicholson in Martin's absence 9/8 CORR IN from Caron stating Martin will do on return 9/8/23 Email to Jess Whyte - Jess did not provide information 10/8 Martin HR confirmed clarity required for reporting 11/8/23 - Email to HR to have a report 1-2 years with RIs - RIs sent to HR - received 11/8
14	Staff wellbeing/burn out measures or improvement initiatives Mark Taylor mark.taylor@sa.gov.au 0409 321984 Dir WHS, IM Wellbeing Lisa Sebastian - Nurse Unit Manager JN House lisa.sebastian@sa.gov.au 8266 9613	14a.V1 draft Wellbeing and Resilience Statement of Commitment 2023 14b. NALHN PULSE 2022 What Makes a Good Day 20230228 14c. Wellbeing Activities Register all members 14d. Directive Worker Health Wellbeing and Fitness for Work 14e. WI Medical Officer Workplace Flexibility Agreements V5 collated June 2020 14f. OWI00726 Health and Wellbeing of Medical officers	refer to Mark Taylor email - direct from HR 14a- 14c 14d-14f - Direct from Jess (Medical)		1/9/23 - Mark Taylor Email 9/8/23 Email to Jess Whyte - Jess will confirm if she can or cannot complete 10/8/23 Email from Jess - Workplace flexibility agreement for Doctors and Policy attached OWI00726 11/8 - Lisa from JN responded to this item via email
15	Benchmarked staff satisfaction surveys and follow up Mark Taylor mark.taylor@sa.gov.au 0409 321984 Dir WHS, IM Wellbeing Kate Harris - kate.harris@sa.gov.au Workfit Services Consultant 0466 477 287 Vicky Nagy A/Dir Org Capability & Learning- vicki.nagy@sa.gov.au - 0403 149 261	15a. v2 Mental Health Pulse survey results20230321 15b. NALHN results Your voice 21	Employment Survey - email from Sandra/Vicky as follows: A PULSE survey was undertaken in December 2022 and targeted towards staff who had an interest in safety and wellbeing (not an all-staff survey). We had 239 responses and used these to inform the Wellbeing and Resilience Framework 2023-2025. This has resulted in the creation of more staff friendly spaces to access. There were 4 main themes that emerged from the results: -‘Being Listened to’ -‘Environments for rest and concentration’ -‘Staff shortage / skill mix support’ -‘Efficiency in process and flow’ The People Experience Strategy and Road Map is aligned to the results of the PULSE Survey 2019 and the NALHN 2022 survey and will provide a road map that will address the issues raised. It will follow our employees and empowered them to be their best selves at work, as individuals and as teams in a workplace; one where everyone matters, everyone’s story is acknowledged and respected and where everyone is supported to contribute and grow in their roles and careers.		2/8/23 Email from Vicky Nagy with outline of current status - see further info in column E 15a. v2 Mental Health Pulse survey results20230321 - (supplied by Mark Taylor 3/8/23 and embedded in email to Madeleine 4/8/23) 17/8/23 - Email from Kate Harris regarding 15b -The PULSE 2022 was a targeted survey undertaken through People and Culture. It was not an all-staff survey like the Your Voice one which was last undertaken in 2021. The results of the all-staff Your-

				A further public sector pulse survey will be undertaken in Oct/Nov 2023	Voice surveys can be found on our NALHN intranet. Staff Survey Results (sharepoint.com) I note however that there does not seem to be a Mental Health specific report here. - added this document (15b). The next Your Voice is planned for October this year, with results expected by Feb 2024 (survey name will be changed).	
16	Staff communication and engagement processes	Madeleine Bing-Fish - 0412 580 229 madeleine.bing-fish@sa.gov.au	16a. FMH newsletter_Edn 1 16b. FMH newsletter_Edn 2 16c. FMH newsletter_Edn 3 16d. FMH newsletter_Edn 4 16e. FMH newsletter_Edn 5 16f. Friday n forensics - Edition 6 16g. Friday In forensics - Edition 7 16h. Team North Fact Sheet	Several platforms of information dissemination: - In forensic newsletters - North 3 and 4 Board meetings - Staff Forums	8/8 Email sent to Narian cc Jess & fwd to Anna 9/8/23-- Email from Narian - Have to wait till Netta and Anna comes back from leave for data requests 9/8/23 Email to Jess Whyte - Jess will confirm if she can or cannot complete	16. Communication and engagement process
17	Processes for considering complaints and conflict resolution.	Martin Bollingbroke - Principal HR Bus Partner 0434 835 767 martin.bollingbroke@sa.gov.au	17a Guideline-Review-of-employment-decisions 17b. HR Manual 3-1-2 Promotional Grievance 12-22 17c. HR Manual Section 3-1-3 Administrative Grievance 12-22 17d. Addressing disrespectful behaviour including management of bullying and harassment Guideline 17e. Respectful Behaviour (including management of bullying and harassment) Policy	http://inside.sahealth.sa.gov.au/wps/wcm/connect/Public%20Content/SA%20Health%20Internet/About%20Us/Governance/Policy%20governance/Policies/Addressing%20disrespectful%20behaviour%20including%20bullying%20and%20harassment%20Guideline NOTE: INTRANET WEBPAGE PROVIDED HOWEVER ALL DOCS in FILE that are relevant - REVIEW TEAM CANNOT VIEW WEBPAGE	8/8 Email sent to Martin and cc Caron Nicholson in Martin's absence 9/8 CORR IN from Caron stating Martin will do on return 9/8/23-- Email from Narian - Have to wait till Netta and Anna comes back from leave for data requests 9/8/23 Email to Jess Whyte - Jess will confirm if she can - responded she cannot answer this 10/8 - Martin from HR provided correct documents as the original docs from PPC incorrect	17 Complaints process and conflict resolution MS teams Link
Patient Safety Data requested prior to review						
18	Suicide and self-harm incident data	Kirsty Delguste & Antonietta De Niro (0466 524 741) antonietta.diniro@sa.gov.au	FMH-Data power point refers	refer to email from KD	31/7 & 9/8 Email sent to KD	18-24 Patient data MS teams link
19	Seclusion and restraint rates or reports	Kirsty Delguste & Antonietta De Niro (0466 524 741) antonietta.diniro@sa.gov.au	FMH-Data power point refers	refer to email from KD	31/7 & 9/8 Email sent to KD	
20	Patient injury rates by unit (Pt to Pt aggression, falls, clinical deterioration ISR2 transfers	Kirsty Delguste & Antonietta De Niro (0466 524 741) antonietta.diniro@sa.gov.au	FMH-Data power point refers	refer to email from KD	31/7 & 9/8 Email sent to KD	

	out to higher care setting)				
21	NSQHS 5 Medication safety audits incident rates by unit	Kirsty Delguste & Antonietta De Niro (0466 524 741) antonietta.diniro@sa.gov.au	FMH-Data power point refers	refer to remail from KD	31/7 & 9/8 Email sent to KD
22	NSQHS 6 communicating for safety audits.	Kirsty Delguste & Antonietta De Niro (0466 524 741) antonietta.diniro@sa.gov.au	FMH-Data power point refers	refer to remail from KD	31/7 & 9/8 Email sent to KD
23	NSQHS Comprehensive Care 5 Audits	Kirsty Delguste & Antonietta De Niro (0466 524 741) antonietta.diniro@sa.gov.au	FMH-Data power point refers	refer to remail from KD	31/7 & 9/8 Email sent to KD
24	Incidents occurring on leave	Kirsty Delguste & Antonietta De Niro (0466 524 741) antonietta.diniro@sa.gov.au	FMH-Data power point refers	refer to remail from KD	31/7 & 9/8 Email sent to KD
Background information - OCP and CVS reports					
25	OCP and CVS inspection Reports		Several reports in MS teams to view		OCP and CVS inspection reports
Other information					
26			Forensic Mental Health Meeting Information (2023)		Forensic Mental Health meeting Information (2023)
27			New Data Requests (Misc Documents) - (Read with draft MOU) SSI05356 - Adults with an Apparent Mental Health Presentation to ED - Challenging Behaviour Policy 20082.4+Policy+Directive_V6 - Directive_Minimising+Restrictive+Practices+in+Health+Care+Policy_v1.1_No v2015 - OCP Restraint-and-Seclusion-Standard-28-May21_FINAL-5 - SSI1447 - FMHS - Strong Clothing and Bedding or Canvas - Update in Progress post Clinical Governance mtg 16-8-23 - SSI01031- Minimisation of Restraint & Seclusion of MH Consumers		New data requests (MISC)
28			Accreditation Report		28. Accreditation Report
29	Kym Shreeve		360 Feedback Reports (Waiting on Data)		29. 360 Feedback Reports (Waiting on Data)

8.0 Appendix 3

All Forensic Mental Health Service sites were included and a timetable and record of activity during the site visit is provided see (Appendix 3).

FMH Independent Review Schedule				
Date	Time	Review Domain / Issue Focus	Consultation Activity	Review Team Members
	18/08/2023	Friday		
18/08/2023	09:00 - 10:00	Meeting with NALHN CEO <ul style="list-style-type: none"> ▪ Project Initiation ▪ Introductions ▪ Executive leadership ▪ Governance ▪ Culture. 	CEO and Review Team <ul style="list-style-type: none"> - Finalise project details and Project initiation. 	Ms Fiona Whitecross / Mr Kevin Fjeldsoe / Dr Jacques Claassen / Dr Jackie Short
18/08/2023	10:00 - 11:00	Meeting with Industrial Bodies <ul style="list-style-type: none"> ▪ Project Initiation ▪ Introductions ▪ Feedback from Unions 	Unions and Review Team (Fiona and Kevin) <ul style="list-style-type: none"> - Discuss Review 	Ms Fiona Whitecross / Mr Kevin Fjeldsoe
	21/08/2023	Monday AM		

21/08/2023	09:00 - 09:30	Governance and Leadership (NSQHS 1.1-1.6) Project Initiation <ul style="list-style-type: none"> ▪ Introductions ▪ Site Visits ▪ Executive leadership Governance ▪ Clinical leadership ▪ Culture. 	Mental Health Divisional Directors and Review Team <ul style="list-style-type: none"> - Project initiation - Introduction to MH Executive 	Dr Jacques Claassen / Dr Jackie Short / Ms Sue Belmore (MS Teams) / Ms Fiona Whitecross / Mr Kevin Fjeldsoe
21/08/2023	09:30 - 10:00	Governance and Leadership (NSQHS 1.1-1.6) <ul style="list-style-type: none"> ▪ Project Initiation ▪ Introductions ▪ Site Visits ▪ Executive leadership ▪ Governance ▪ Clinical leadership ▪ Culture. 	Mental Health Divisional Directors, Forensic leads and Review Team <ul style="list-style-type: none"> - Project initiation - Introduction to Forensic Executive 	Dr Jacques Claassen / Dr Jackie Short / Ms Sue Belmore (MS Teams) / Ms Fiona Whitecross / Mr Kevin Fjeldsoe
21/08/2023	10:00-11:00	Governance and Leadership (NSQHS 1.1-1.6) <ul style="list-style-type: none"> ▪ Project Initiation ▪ Introductions ▪ Site Visits ▪ Executive leadership ▪ Governance ▪ Clinical leadership ▪ Culture. 	Forensic service leadership team. <ul style="list-style-type: none"> - Strategic Planning and communication - Overview of clinical governance framework - Safety culture and quality improvement activity - Leadership to ensure partnering with consumers and carers. - Addressing the specific needs of indigenous people and other groups with special needs 	Dr Jacques Claassen / Dr Jackie Short / Ms Sue Belmore (MS Teams) / Ms Fiona Whitecross / Mr Kevin Fjeldsoe

21/08/2023	11:00 - 12:30	Governance and Leadership (NSQHS 1.1-1.6) <ul style="list-style-type: none"> ▪ Project Initiation ▪ Introductions ▪ Site Visits ▪ Executive leadership ▪ Governance ▪ Clinical leadership <p>Culture.</p>	NUMs, Team Leaders and Review Team <ul style="list-style-type: none"> - Site tours and information introduction to staff at: James Nash House, Kenneth O'Brien and Ashton House <p>Aldgate and Birdwood Clare and KOB Ashton</p>	Ms Fiona Whitecross / Mr Kevin Fjeldsoe / Dr Jacques Claassen / Dr Jackie Short
21/08/2023		Monday PM		
21/08/2023	12:30 - 13:00	Break		
21/08/2023	13:00 - 14:30	Clinical Performance and Effectiveness (NSQHS Actions 1.19-1.28 and 5.33) <ul style="list-style-type: none"> ▪ Training ▪ Performance Management ▪ Credentialling ▪ Supervision ▪ Evidence based care. ▪ Minimising Harm 	Discipline leads Medicine, Nursing, Allied Health, Psychology, Lived Experience <ul style="list-style-type: none"> ▪ Introduction to review ▪ Orientation and Induction ▪ Performance management policy and activity ▪ Training (internal and external) ▪ Supporting evidence-based care ▪ Recruitment and retention ▪ Preventing and managing aggression and violence ▪ Credentialling 	Ms Fiona Whitecross / Mr Kevin Fjeldsoe / Dr Jacques Claassen / Dr Jackie Short
21/08/2023	14:00-14:30	Concurrent Interviews with named staff and Dr Jacques Claassen and Dr Jackie Short		Dr Jacques Claassen / Dr Jackie Short

21/08/2023	13:30-14:00	Staff Interviews	Interviews with individuals (By appointment with team directly)	Ms Sue Belmore (MS Teams)
21/08/2023	13:45 - 14:30	<p>Clinical Performance and Effectiveness</p> <ul style="list-style-type: none"> ▪ Training ▪ Performance Management ▪ Credentialling ▪ Supervision ▪ Evidence based care. ▪ Minimising Harm <p>(NSQHS Actions 1.19-1.28 and 5.33)</p>	<p>Meet with in-service trainers and lead Curriculum.</p> <ul style="list-style-type: none"> ▪ Planning and evaluation ▪ Aggression management training program ▪ Links with the higher education sector ▪ Attendance rates 	Ms Fiona Whitecross / Mr Kevin Fjeldsoe
21/08/2023	14:00 -14:30	Staff Interviews	Interviews with individuals (By appointment with team directly)	Ms Sue Belmore (MS Teams)
21/08/2023	14:30 - 15:30	<p>Patient Safety and Quality Systems</p> <ul style="list-style-type: none"> ▪ Policy and procedures ▪ Measurement and quality improvement ▪ Risk management ▪ Incident management ▪ Communicating for safety <p>(NSQHS Actions 1.7-1.11)</p> <p>(NSQHS 6 and 5.1)</p>	<p>Quality improvement committee</p> <ul style="list-style-type: none"> ▪ Quality improvement planning ▪ Systems and resourcing ▪ Accreditation activity, recommendations, and actions. ▪ High risk policy and procedure review ▪ Clinical incident management systems ▪ Serious incident review process and learnings. ▪ Clinical risk screening and assessment processes audits. ▪ Handovers ▪ Partnering with consumers and carers to improve communication. 	Ms Fiona Whitecross / Mr Kevin Fjeldsoe / Dr Jacques Claassen / Dr Jackie Short
21/08/2023	14:30 - 15:00	Staff Interviews	Interviews with individuals (By appointment with team directly)	Ms Sue Belmore (MS Teams)

21/08/2023	15:30 -16:30	Open Forums for Staff	Open forum for staff	Ms Fiona Whitecross / Mr Kevin Fjeldsoe / Dr Jacques Claassen / Dr Jackie Short
			<ul style="list-style-type: none"> ▪ Team to introduce themselves and the review. ▪ Open discussion, opportunity to identify the strengths of the service, express concerns and suggest areas for improvement. 	
21/08/2023	16:15-17:00	Concurrent Interviews with named/requested staff and Review Team		Ms Fiona Whitecross / Mr Kevin Fjeldsoe / Dr Jacques Claassen / Dr Jackie Short
21/08/2023	16:30 - 17:00	Day 1 Debrief	Day 1 Debrief	
	22/08/2023	Tuesday AM		
22/08/2023	08:30 - 09:00	Tour of Ashton	Site tour of Ashton House	Dr Jacques Claassen / Dr Jackie Short / Mr Kevin Fjeldsoe
22/08/2023	08:30 - 09:00	Morning Update	Morning Update	Ms Fiona Whitecross
22/08/2023	09:00 - 09:30	Staff communication and engagement	North 4 (Project Team to obtain link from Netta Harding Monday 21/8/23 usually occurs daily in JNH Conference Room)	Ms Fiona Whitecross / Mr Kevin Fjeldsoe / Dr Jacques Claassen / Dr Jackie Short
22/08/2023	09:00 - 09:30	Staff Interviews	Interviews with individuals (By appointment with team directly)	Ms Sue Belmore (MS Teams)
22/08/2023	09:30 - 10:00	Staff Interviews	Interviews with individuals (By appointment with team directly)	Ms Sue Belmore (MS Teams)/ Mr Kevin Fjeldsoe

22/08/2023	09:30 - 10:30	Patient and Staff Safety - Patient safety focus (JC and JS) <ul style="list-style-type: none"> ▪ Minimising harm ▪ Partnering with consumers (NSQHS 5.21-5.36) (NSQHS 2)	Patient safety focus (JC and JS) Lived experience leads, clinical governance committee chair and other selected members. <ul style="list-style-type: none"> ▪ Partnerships with consumers in governance ▪ Sharing information and decisions with consumers ▪ Clinical risk register ▪ Clinical incident data, trends, and improvements. ▪ Predicting and preventing self-harm ▪ Minimising restrictive practices (seclusion and restraint) ▪ Consumer satisfaction survey 	Dr Jacques Claassen / Dr Jackie Short
22/08/2023	09:30 - 10:30	Patient and Staff Safety - Staff Safety focus <ul style="list-style-type: none"> ▪ Minimising harm ▪ Partnering with consumers (NSQHS 5.21-5.36) (NSQHS 2)	Staff Safety focus Meeting with occupational health and safety manager, nursing, medical and allied health managers or leads. <ul style="list-style-type: none"> ▪ Workforce planning ▪ Staffing Profiles ▪ Staff injury rates ▪ Workers' compensation rates ▪ Absenteeism rates ▪ Vacancy rates ▪ Overtime rates ▪ Culture surveys and feedback 	Ms Fiona Whitecross
	10:30 - 11:00	Dr Jacques Claassen & Fiona Whitecross - Travel to NE Community site		
22/08/2023	11:00 - 12:00	Staff Interviews - named in letter	Interview with named staff	Dr Jackie Short / Mr Kevin Fjeldsoe

22/08/2023	11.00 -11:45	Safe Environment for the Delivery of Care (NSQHS 1.29-1.32)	Interviews related to complaint (2)	Ms Fiona Whitecross / Dr Jacques Claassen
	22/08/2023	Tuesday PM		
22/08/2023	11:45 -12.30	Staff Interviews - named in letter	Interviews with named staff	Ms Fiona Whitecross / Dr Jacques Claassen
	12:00 - 12:30	Dr Jackie Short & Mr Kevin Fjeldsoe - Travel to NE Community site		
22/08/2023	12:30 -13:30	Open Forums for Staff	Open forum for staff <ul style="list-style-type: none"> Team to introduce themselves and the review. Open discussion, opportunity to identify the strengths of the service, express concerns and suggest areas for improvement. 	Ms Fiona Whitecross / Mr Kevin Fjeldsoe / Dr Jacques Claassen / Dr Jackie Short
0:00	13:30 - 14:00	Break		
22/08/2023	14:00 - 14:30	Site tour of NE Community and informal meetings of staff	Site tours and information introduction to staff at: Northeast Community	Ms Fiona Whitecross / Mr Kevin Fjeldsoe / Dr Jacques Claassen / Dr Jackie Short
22/08/2023	14.30 - 15.30	Meeting with FMH Community Team	Meeting with Forensic Community Team	Ms Fiona Whitecross / Dr Jacques Claassen / Sue Belmore (MS Teams) (MS Team)
22/08/2023	14.30 - 15.30	Meeting with FMH Community Team	Meeting with Owenia House, PACT, FTAC teams (Forensic Community Teams combined)	Mr Kevin Fjeldsoe / Dr Jackie Short

22/08/2023	15:30 -16:30	Staff Interviews	Interviews with individuals (By appointment with team directly)	Dr Jacques Claassen / Dr Jackie Short / Ms Sue Belmore (MS Teams) / Ms Fiona Whitecross / Mr Kevin Fjeldsoe
22/08/2023	16:30 - 17:30	Meeting with FMH Community Team	Meeting with Forensic Court Services Teams (all Court Services for NALHN)	Dr Jackie Short / Mr Kevin Fjeldsoe
22/08/2023	16:30 - 17:00	Ms Fiona Whitecross, Dr Jacques Claassen to travel to JNH		
22/08/2023	17:00 - 17:30	Staff Interviews	Interviews with individuals (By appointment with team directly)	Dr Jacques Claassen / Ms Fiona Whitecross
22/08/2023	17:30 -17:45	Day 2 - Debrief	Day 2 - Debrief	
22/08/2023	17:30 - 18:00	Staff Interview	Interviews with individuals (By appointment with team directly)	Ms Fiona Whitecross / Dr Jacques Claassen
22/08/2023	18:00 - 18:15	Staff Interview	Interviews with individuals (By appointment with team directly)	Ms Fiona Whitecross / Dr Jacques Claassen
22/08/2023	18:15 - 19:00	Staff Interview	Interviews with individuals (By appointment with team directly)	Dr Jacques Claassen / Ms Fiona Whitecross
23/08/2023		Wednesday AM		
23/08/2023	8:30 - 9:30	Visit Tarnanthi and meet with team	Visit Tarnanthi and meet with team	Dr Jacques Claassen / Dr Jackie Short
23/08/2023	9:30 - 10:00	Dr Jacques Claassen / Dr Jackie Short - To travel to JNH		

23/08/2023	09:00 - 09:45	External Stakeholders Meetings				Meeting with South Australian Community Visitor Scheme Representatives	Ms Fiona Whitecross / Mr Kevin Fjeldsoe / Sue Belmore (MS Teams)
23/08/2023	10:00 - 11:30	Staff Interviews				Interview with named staff	Dr Jacques Claassen / Dr Jackie Short / Ms Sue Belmore (MS Teams) / Ms Fiona Whitecross / Mr Kevin Fjeldsoe
23/08/2023	11:30 - 12:00	Staff Interviews				Interview with staff	Ms Fiona Whitecross / Dr Jacques Claassen
23/08/2023	11:30 - 12:00	Staff Interviews				Interview with staff	Mr Kevin Fjeldsoe / Dr Jackie Short
	23/08/2023	Wednesday PM					
23/08/2023	12:00 - 13:00	Lunch & Review Team Catch Up					
23/08/2023	13:00 - 13:45	Comprehensive (NSQHS 5.1-5.20)	Care:	Care	Planning	Meet with Quality Committee Chair and other nominated relevant staff. (Review Team)	Ms Fiona Whitecross / Mr Kevin Fjeldsoe / Sue Belmore (MS Teams)
						<ul style="list-style-type: none"> ▪ Care planning policies and protocols ▪ Clinical assessment ▪ Risk screening ▪ Documentation and review ▪ File audits and actions 	
23/08/2023	13:00 -13:45	Meeting with FMH Team				Meeting with Aldgate team	Dr Jacques Claassen / Dr Jackie Short

23/08/2023	13:45 - 14:30	Meeting with FMH Team	Meeting with KOB West team	Dr Jackie Short / Mr Kevin Fjeldsoe
23/08/2023	13:45 - 14:30	Meeting with FMH Team	Meeting with Birdwood team	Dr Jacques Claassen / Ms Fiona Whitecross
23/08/2023	14:30 - 15:00	Meeting with FMH Team	Meeting with KOB East team	Dr Jackie Short / Mr Kevin Fjeldsoe
23/08/2023	14:30 - 15:00	Meeting with FMH Team	Meeting with Clare team	Dr Jackie Short / Mr Kevin Fjeldsoe
23/08/2023	15:00 - 15:30	Meeting with OCEO		Dr Jacques Claassen / Dr Jackie Short / Ms Fiona Whitecross / Mr Kevin Fjeldsoe
23/08/2023	15:30 - 16:00	Staff Interviews	Interviews with individuals (By appointment with team directly)	Dr Jackie Short / Dr Jacques Claassen
23/08/2023	15:30 - 16:00	Staff Interviews	Interviews with individuals (By appointment with team directly)	Ms Fiona Whitecross / Mr Kevin Fjeldsoe

23/08/2023	16:00 - 16:45	Recognising and responding to Acute Deterioration (NSQHS 8.1-8.13) Medication Safety NSQHS (4.1-4.15)	Acute Deterioration <ul style="list-style-type: none"> ▪ Nursing and medical directors ▪ Risk assessment protocols ▪ Levels of observation ▪ Protocols for escalation ▪ After-hours support systems ▪ Referrals systems for acute medical deterioration 	Dr Jacques Claassen / Dr Jackie Short / Ms Fiona Whitecross / Mr Kevin Fjeldsoe
		Recognising and responding to Acute Deterioration (NSQHS 8.1-8.13) Medication Safety NSQHS (4.1-4.15)	Medication Safety Chair medication Safety Committee and Pharmacist <ul style="list-style-type: none"> ▪ Risk management initiatives ▪ Prescribing patterns ▪ Medication review ▪ Information for patients ▪ Decision support tools ▪ Safe storage and distribution ▪ Acute sedation protocols 	
	16:45 -17:00	Staff Interviews	Interviews with individuals (By appointment with team directly)	Dr Jackie Short / Dr Jacques Claassen
23/08/2023	16:45 -17:15	Staff Interviews	Review team members to be available for interviews with individuals (By appointment with team directly)	Ms Fiona Whitecross / Mr Kevin Fjeldsoe
23/08/2023	17:00 -17:30	Staff Interviews	Review team members to be available for interviews with individuals (By appointment with team directly)	Dr Jackie Short / Dr Jacques Claassen
23/08/2023	17:15 -17:45	Staff Interviews	Review team members to be available for interviews with individuals (By appointment with team directly)	Ms Fiona Whitecross / Mr Kevin Fjeldsoe

24/08/2023		Thursday AM		
24/08/2023	8:00 - 9:00	Staff Interviews	Interviews with individuals (By appointment with team directly)	Dr Jacques Claassen / Dr Jackie Short / Ms Sue Belmore (MS Teams) / Ms Fiona Whitecross / Mr Kevin Fjeldsoe
24/08/2023	9:00 - 9:30	Staff Interviews	Interviews with individuals (By appointment with team directly) The JNH Social Work team would like to provide feedback via MS Teams (as team members work across sites and a SW T/L is on A/L but will attend via teams)	Ms Sue Belmore (MS Teams) / Mr Kevin Fjeldsoe / Dr Jackie Short
24/08/2023	9:00 - 9:30	Staff Interviews	Interviews with individuals (By appointment with team directly)	Dr Jacques Claassen / Ms Fiona Whitecross
24/08/2023	09:30 - 10.00	Staff Interviews	Review team members to be available for interviews with individuals (By appointment with team directly)	Dr Jacques Claassen / Dr Jackie Short / Ms Fiona Whitecross / Mr Kevin Fjeldsoe
24/08/2023	10:15-10:45	Staff Interviews	Review team members to be available for interviews with individuals (By appointment with team directly)	Mr Kevin Fjeldsoe / Dr Jackie Short
24/08/2023	10:45-11:45	Professional discipline specific issues.	Nursing	Mr Kevin Fjeldsoe / Dr Jackie Short
24/08/2023	10:30 -11:00	Professional discipline specific issues.	Psychology	Dr Jacques Claassen / Ms Fiona Whitecross
24/08/2023	11:00 - 11:45	Professional discipline specific issues.	Allied Health (Occupational Therapy & Social Work)	Dr Jacques Claassen / Ms Fiona Whitecross

24/08/2023	11:45 - 13:00	Professional discipline specific issues.	Medical staff	Dr Jackie Short / Dr Jacques Claassen
24/08/2023	11:45 - 12:30	Professional discipline specific issues.	Indigenous peoples' representatives / Cultural Healing Team	Mr Kevin Fjeldsoe / Ms Fiona Whitecross
24/08/2023 Thursday PM				
24/08/2023	12:30 - 13:00	Staff Interviews	Review team members to be available for interviews with individuals (By appointment with team directly) DID NOT PROCEED	Dr Jackie Short / Dr Jacques Claassen
24/08/2023	12:30 - 13:00	Staff Interviews	Review team members to be available for interviews with individuals (By appointment with team directly)	Mr Kevin Fjeldsoe / Ms Fiona Whitecross
24/08/2023	13:00 - 13:30	Break		
24/08/2023	13:30 - 14:15	Professional discipline specific issues.	Lived experience workforce, Consumer and carer representatives	Ms Fiona Whitecross / Mr Kevin Fjeldsoe / Ms Sue Belmore (MS Teams)
24/08/2023	13:30 - 14:15	Staff Interview	Review team members to be available for interviews with individuals (By appointment with team directly)	Dr Jackie Short / Dr Jacques Claassen
24/08/2023	14:30 - 15:00	Staff Interviews	Review team members to be available for interviews with individuals (By appointment with team directly)	Mr Kevin Fjeldsoe / Ms Fiona Whitecross
24/08/2023	14:30 - 15:00	Staff Interviews	Review team members to be available for interviews with individuals (By appointment with team directly)	Dr Jackie Short / Dr Jacques Claassen

24/08/2023	15:00 - 16:00	FMH Governance Meeting	Observe Monthly Governance Meeting	Dr Jackie Short / Dr Jacques Claassen / Ms Fiona Whitecross
24/08/2023	15:00 - 15:30	Staff Interviews	Two team members to be available for interviews with individuals (By appointment with team directly)	Mr Kevin Fjeldsoe
24/08/2023	16:00 - 16:45	Staff Interviews	Two team members to be available for interviews with individuals (By appointment with team directly)	Dr Jackie Short / Dr Jacques Claassen
24/08/2023	16:00 - 17:00	Staff Interviews	Two team members to be available for interviews with individuals (By appointment with team directly)	Dr Jacques Claassen / Dr Jackie Short / Ms Fiona Whitecross / Mr Kevin Fjeldsoe
24/08/2023	17:00 - 17:30	Staff Interviews	Two team members to be available for interviews with individuals (By appointment with team directly)	Ms Fiona Whitecross / Dr Jacques Claassen
24/08/2023	17:00 - 17:30	Staff Interviews	Two team members to be available for interviews with individuals (By appointment with team directly)	Dr Jackie Short / Mr Kevin Fjeldsoe
25/08/2023		Friday AM		
25/08/2023	08:30 - 09:00	External Stakeholders Meetings	Office of the Chief Psychiatrist (OCP)	Dr Jacques Claassen / Dr Jackie Short / Ms Sue Belmore (MS Teams) / Ms Fiona Whitecross / Mr Kevin Fjeldsoe
25/08/2023	09:00 - 09:30	Staff Interviews	Two team members to be available for interviews with individuals (By appointment with team directly)	Ms Fiona Whitecross / Dr Jacques Claassen

25/08/2023	09:00 - 09:30	Staff Interviews	Two team members to be available for interviews with individuals (By appointment with team directly)	Dr Jackie Short / Mr Kevin Fjeldsoe / Sue Belmore (MS Teams)
25/08/2023	09:30 -10:00	Staff Interviews - Administration	Two team members to be available for interviews with individuals (By appointment with team directly)	Dr Jackie Short / Mr Kevin Fjeldsoe
25/08/2023	09:30 -10:00	Staff Interviews - Security	Two team members to be available for interviews with individuals (By appointment with team directly)	Ms Fiona Whitecross / Dr Jacques Claassen
25/08/2023	10:00 - 11:00	Briefing with Executive	10:00 - 11:00 Executive Briefing (Review Team)	Dr Jacques Claassen / Dr Jackie Short / Ms Sue Belmore (MS Teams) / Ms Fiona Whitecross / Mr Kevin Fjeldsoe
25/08/2023	11:10 - 11:35	Staff Interviews	Two team members to be available for interviews with individuals (By appointment with team directly)	Dr Jackie Short / Mr Kevin Fjeldsoe
25/08/2023	11:00-11:35	Staff Interviews	Two team members to be available for interviews with individuals (By appointment with team directly)	Ms Fiona Whitecross / Dr Jacques Claassen
25/08/2023	11:40 - 12:10	Staff Interviews	Two team members to be available for interviews with individuals (By appointment with team directly)	Ms Fiona Whitecross / Dr Jacques Claassen / Sue Belmore (MS Teams)
25/08/2023	11:40 - 12:10	Staff Interviews	Two team members to be available for interviews with individuals (By appointment with team directly)	Dr Jackie Short / Mr Kevin Fjeldsoe
	25/08/2023	Friday PM		

25/08/2023	12:00 - 13:00	Review Case Notes and Break		
25/08/2023	13:00 - 13:30	Leadership and culture focus Forensic Executive and NALHN People and Culture (NSQHS 1 and 6) (Review Team)	<ul style="list-style-type: none"> · Values · Communication and engagement activities · Change management approach · Workforce culture surveys · Exit interview information · Performance review information · Complaints processing and action · Leadership feedback activity · Benchmarking activity 	Dr Jacques Claassen / Dr Jackie Short / Ms Sue Belmore (MS Teams) / Ms Fiona Whitecross / Mr Kevin Fjeldsoe
25/08/2023	13:30 - 14:00	Staff Interview	Two Team Members available to attend staff interviews	Dr Jackie Short / Mr Kevin Fjeldsoe
25/08/2023	14:00 - 15:00	Staff Interviews	Two team members to be available for interviews with individuals (By appointment with team directly)	Dr Jacques Claassen / Dr Jackie Short / Ms Sue Belmore (MS Teams) / Ms Fiona Whitecross / Mr Kevin Fjeldsoe
25/08/2023	15:00 - 15:30	Staff Interviews	Two team members to be available for interviews with individuals (By appointment with team directly)	Dr Jackie Short / Mr Kevin Fjeldsoe
25/08/2023	15:00 - 15:30	Project Team / Review Team Catch Up	Two team members to be available for interviews with individuals (By appointment with team directly)	Ms Fiona Whitecross
25/08/2023	15:30 - 16:00	Visit with consumers	One team members to visit consumers in KOB	Ms Fiona Whitecross

25/08/2023	15:30 - 16:00	Staff Interviews	Two Team Members to be available for interviews with individuals	Dr Jackie Short / Mr Kevin Fjeldsoe
25/08/2023	16:00 - 16:30	Visit with consumers	One team member to visit consumers in Birdwood ward	Ms Fiona Whitecross
25/08/2023	16:00 - 16:30	Staff Interviews	Staff Interview	Dr Jackie Short / Mr Kevin Fjeldsoe
25/08/2023	16:30 - 17:00	Executive Update - CEO		Dr Jackie Short / Mr Kevin Fjeldsoe / Ms Fiona Whitecross

NALHN INDEPENDENT REVIEW TEAM

FIONA WHITECROSS | DR J SHORT, DR J CLAASSEN, MS SUE BELMORE, MR KEVIN FJELDSOE