

**South Australian Government Response to the  
Independent Commissioner Against  
Corruption's Report**

***'Oakden: A Shameful Chapter  
in South Australia's History'***



**Hon Jay Weatherill MP**  
Premier of South Australia

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## Contents

<b>Introduction</b> .....	3
<b>Overview</b> .....	4
<b>Response to ICAC Recommendations</b> .....	5
<b>Recommendation One</b> .....	5
<b>Recommendation Two</b> .....	5
<b>Recommendation Three</b> .....	5
<b>Recommendation Four</b> .....	6
<b>Recommendation Five</b> .....	6
<b>Recommendation Six</b> .....	6
<b>Recommendation Seven</b> .....	7
<b>Recommendation Eight</b> .....	7
<b>Recommendation Nine</b> .....	7
<b>Recommendation Ten</b> .....	8
<b>Recommendation Eleven</b> .....	8
<b>Recommendation Twelve</b> .....	9
<b>Recommendation Thirteen</b> .....	9
<b>Response to other matters</b> .....	10
<b>Simplification of legislation</b> .....	10
<b>S42 ICAC Act Issue</b> .....	10
<b>Public Hearings</b> .....	10
<b>Consideration of the report by other public officers</b> .....	10
<b>Named Parties</b> .....	10
<b>Coroner</b> .....	10
<b>Other Issues raised by past Oakden Families</b> .....	11
<b>CCTV in aged care</b> .....	11
<b>Induction of families regarding complaints</b> .....	11
<b>Elder Abuse</b> .....	11
<b>Compensation</b> .....	11
<b>Other Staff</b> .....	12
<b>Progress on Chief Psychiatrist's Report</b> .....	13

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## Introduction

The Independent Commissioner Against Corruption (ICAC), The Hon. Bruce Lander QC, handed down his report into the Oakden Aged Care Facility on 28 February 2018. As the Commissioner states, the failings at Oakden were shameful. What happened at Oakden must never be repeated.

These patients were some of the most vulnerable members of the South Australian community, and the abuse they suffered at the hands of the workers that were meant to care for them, was abhorrent. The inability of the agency to detect and prevent that abuse is unacceptable.

To anyone who suffered abuse at the hands of workers at Oakden – on behalf of my Government, I am deeply sorry. To their families, I am deeply sorry.

The State Government accepts full responsibility for the failings at Oakden. We are accepting responsibility by committing to fix it.

The Commissioner's report makes maladministration findings against five public servants. The report makes 13 recommendations, one of which is to implement the six recommendations of the Chief Psychiatrist Report.

I commit the Government to implementing all 13 of Commissioner Lander's recommendations.

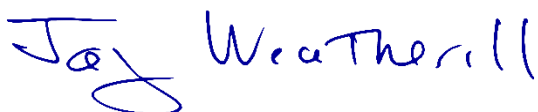
The State Government is already implementing the six recommendations from the Chief Psychiatrist's review, handed down last year. We have closed Oakden, and the new facilities at Northgate are under new leadership.

Site selection and design processes to build a new specialist facility for older people with extreme dementia and enduring mental illness are underway and \$14.7 million has already been committed for this.

In developing the State Government's response, I have met with the families of Oakden residents. I owe them thanks for their tenacity, strength and advice throughout this deeply distressing time.

I will continue to update Parliament regularly on progress on implementing the recommendations made by ICAC and the Chief Psychiatrist.

This document lays out the Government's response to Commissioner Lander's report.



Jay Weatherill  
Premier of South Australia

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## Overview

The State Government accepts in full and will implement all 13 recommendations contained in the Independent Commissioner Against Corruption's report on the Oakden Older Persons Mental Health Service.

What occurred at Oakden marks a shameful chapter in our state's history and the government is working to put in place the protections and standards that prevent this from happening again. The State Government takes seriously the findings of the ICAC, in conjunction with the findings made by other inquiries, including the external independent review conducted by the Chief Psychiatrist.

The ICAC report makes maladministration findings against five public servants and makes 13 recommendations, including:

- a review into the governance arrangements in Local Health Networks;
- reviews into the statutory powers conferred on community visitors and the Chief Psychiatrist, in relation to facility inspections;
- changes to facility management structures;
- additional training for mental health service staff; and
- a review into the Community Visitor Scheme.

Oakden was shut in the wake of the significant and concerning allegations made about the care of residents in the facility, and immediate action was taken by SA Health to ensure the safety and quality of services meets contemporary standards.

The government acknowledges that there is still further work to be undertaken in the short, medium and longer term to ensure that the care of older persons with mental health conditions meets best practice standards.

Since the Chief Psychiatrist delivered his report into Oakden, the government has made significant progress on all six recommendations, the detail of which is outlined in the section *Progress on Chief Psychiatrist's Report*.

The State Government will now work to implement the 13 recommendations by the ICAC. In addition to the response to the formal recommendations provided in the ICAC, and the Chief Psychiatrist's reports, a response to a series of other matters from the ICAC report, and responses to a range of suggestions from the families of Oakden residents have also been addressed in this report.

Whilst we have already made some progress, much more must and will be done. Many issues have been addressed in the past twelve months since the Chief Psychiatrist work to investigate Oakden, we remain committed and vigilant to providing the best possible care.

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## Response to ICAC Recommendations

### Recommendation One

The Chief Executive of the Department of Health and Ageing (Chief Executive) review the clinical governance and management of mental health services within the overall clinical governance of each Local Health Network (LHN) to determine whether the management requirements of the *Mental Health Act 2009* (MHA) fit within the overall health governance structures.

#### **The South Australian Government accepts this recommendation.**

Following the Chief Psychiatrist's Report, SA Health has established a statewide Mental Health Leadership Group. This group will include representation from the heads of mental health from all LHNs.

The government will further interrogate the overall governance structure and a review into clinical leadership will take place immediately.

### Recommendation Two

The Chief Executive should, with the Chief Psychiatrist and the Chief Executive Officers (CEOs) of the LHNs, consider adopting management structures for the administration of the MHA to match those of overall mental health clinical governance structures, such that:

- the officer responsible for the clinical mental health care of a facility within a LHN is also responsible for the administration of the MHA at that facility; and
- the officer responsible for overseeing all clinical mental health care within a LHN has the responsibility for the administration of the MHA in that LHN.

#### **The South Australian Government accepts this recommendation.**

A review of mental health services management structure will be undertaken.

The Chief Executive, SA Health will conduct this review. It would be expected that a report will be given to the Minister within six weeks. A document outlining the clear governance structure of mental health services in will be made publicly available.

### Recommendation Three

The Chief Executive and the CEOs implement a structure to routinely remind staff working at a treatment centre of the management structure in place at the centre; the assignment of responsibilities at the centre; and the expectations and responsibilities imposed upon each member of staff at the centre.

#### **The South Australian Government accepts this recommendation.**

The Chief Executive, SA Health will implement a structure of regular audits of the level of understanding of structure responsibilities and governance. The Chief Executive will provide a report to the Minister every 6 months.

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#### Recommendation Four

The Chief Executive direct all staff at facilities in a LHN where mental health services are being delivered to undergo training, as may be agreed by the Chief Executive, Chief Psychiatrist and CEOs, in the use of the Safety Learning System; the reporting obligations for staff under Commonwealth and State legislation and the relevant SA Health and LHN policies and procedures.

#### **The South Australian Government accepts this recommendation.**

The Chief Executive, SA Health will implement a structure of regular audits of the level of understanding of structure responsibilities and governance at each facility.

The Chief Executive will provide a report to the Minister every 6 months.

#### Recommendation Five

The Chief Psychiatrist review the use of the statutory power conferred on the Chief Psychiatrist under s 90(4) of the MHA to conduct inspections of an incorporated hospital, with a view to the Chief Psychiatrist exercising the power to conduct unannounced visits to facilities within LHNs more frequently than in the past.

#### **The South Australian Government accepts this recommendation.**

The Chief Psychiatrist will provide to the Minister quarterly reports of both announced and unannounced site visits.

The Office of the Chief Psychiatrist will undertake an analysis of the capacity to carry out a robust schedule of announced and unannounced visits. The Chief Psychiatrist will report to the Minister on this analysis and any further action required.

Visits by the Chief Psychiatrist will complement visits that are undertaken by Community Visitors by focussing on clinical practice and compliance with legislative requirements under the *Mental Health Act 2009*.

#### Recommendation Six

The Principal Community Visitor review the use of the statutory power conferred on community visitors under ss 51(3) and 52 of the MHA to conduct unannounced inspections and visits of facilities within LHNs and treatment centres, with a view to community visitors exercising the power to conduct unannounced inspections and visits more frequently than in the past.

#### **The South Australian Government accepts this recommendation.**

This recommendation will be included in the review process into the Community Visitor Scheme as per recommendation seven, and review of the *Mental Health Act 2009* as per recommendation eight.

The review will be concluded by June 2018.

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### Recommendation Seven

The Minister for Mental Health and Substance Abuse (the Minister) cause a review to be conducted of the community visitor scheme (CVS) to determine whether the CVS should be amended to:

- require community visitors be trained in mental health care;
- require community visitors to possess certain qualifications in mental health care; and
- provide that some of the community visitors' current functions be discharged by persons with specialist qualifications in mental health.

#### **The South Australian Government accepts this recommendation.**

An independent review into the role of the Community Visitor Scheme will be conducted to ensure that Community Visitors have the right mix of qualifications and skills. The South Australian Government will also review how mental health services communicate with statutory appointments such as the Community Visitors. This will ensure the service is a rigorous checking mechanism and that feedback loops are in place so that all recommendations or concerns are fully followed up.

### Recommendation Eight

The Minister cause a review to be conducted to determine whether the MHA should be amended to impose positive obligations on the Chief Psychiatrist to ensure:

- that public officers within the LHNs delivering mental health services comply with their obligations under the MHA; and
- as far as practicable that an adequate standard of care is provided to persons with a mental illness who receive such care from a LHN;

and whether in that case the resources of the Office of the Chief Psychiatrist need to be increased; and

- if so to what extent; and
- whether the Chief Psychiatrist should be provided with further statutory powers to enable the Chief Psychiatrist to perform any such additional functions.

#### **The South Australian Government accepts this recommendation.**

A review process of the *Mental Health Act 2009* was started in 2014, which led to the passing of amendments in Parliament in 2016. The amendments became operational in June 2017.

Whilst the next review is due to be completed on or before May 2022, a full legislative review of the operation of the Act and the powers of the Chief Psychiatrist will commence prior to June 2018.

### Recommendation Nine

The Minister cause a review to be conducted for the purpose of reporting publicly on the physical condition of all facilities at which mental health services are delivered in a LHN:

- 
- for the purpose of determining whether the physical condition of those facilities are fit for the purpose for which they are being used; and
  - if not in what respects the physical condition of any facility is not fit for purpose.

**The South Australian Government accepts this recommendation.**

A full independent audit will be undertaken and will be made publicly available.

Following the audit the Government will develop a state-wide Strategic Asset Management Framework for SA Health. The Strategic Asset Management Framework will require LHNs to develop Strategic Asset Management Plans to monitor where facilities are not fit for purpose and under- or over-utilised.

**Recommendation Ten**

The six recommendations contained in the Oakden Report be implemented, to the extent that they have not already been implemented.

**The South Australian Government accepts this recommendation.**

The SA Health Oakden Response Plan Oversight Committee was established in June 2017 to provide oversight and guidance in implementing the six recommendations in the Oakden Report. Six distinct but interrelated expert working groups were established to implement each of the recommendations.

Work has been progressing against the recommendations and a detailed summary of progress is provided later in this report.

It is anticipated that the Committee will review its work against all recommendations in May 2018 and provide any further recommendations to the Chief Executive, SA Health.

**Recommendation Eleven**

The Chief Executive review the role of Consumer Advisor to determine whether:

- the duties and responsibilities of Consumer Advisors, so far as they relate to facilities at which mental health services are provided, are appropriate;
- Consumer Advisors require further training to assess the significance of complaints made about those facilities or services;
- Consumer Advisors should be required to report complaints in respect of facilities to particular persons or committees; and
- steps can be taken to ensure Consumer Advisors are independent of particular facilities.

**The South Australian Government accepts this recommendation.**

The government will review the role of consumer advisors within the LHNs. This review will have a focus on the role and responsibilities of consumer advisors to ensure a person centric service, the review will begin in April 2018.



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The SA Health Consumer Feedback Management Policy Directive sets the mandatory requirements to establish a uniform approach to consumer feedback management across the public health care sector. It is the responsibility of each LHN to implement the Policy Directive within the local context.

LHNs in the process of developing, LHN-wide consumer engagement strategies that include a focus on the roles and responsibilities of consumer advisors and the consumer feedback process.

#### Recommendation Twelve

The Chief Psychiatrist and the Chief Executive review the use of restrictive practices within each LHN with a view to the Chief Psychiatrist exercising power under s 90 of the MHA to issue new standards in relation to the use of restrictive practices and making the observance of those standards mandatory.

#### **The South Australian Government accepts this recommendation.**

The Office of the Chief Psychiatrist has responsibility for developing statewide policy on the use of restrictive practices in mental health. The Chief Psychiatrist will immediately conduct a review into the use of restraint and seclusion and report to the Minister in June 2018.

Since the release of the Chief Psychiatrist report into Oakden, we have seen a dramatic decrease in the use of restraints. There have been four incidents relating to the use of restrictive practice at Northgate from July to December 2017 compared with 1,683 incidents reported in the same period at Oakden in 2016. Weekly data reports are now on display for staff and, families and carers to ensure the service is accountable.

The Chief Psychiatrist will continue to monitor and reduce the use of restrictive practices in South Australia.

#### Recommendation Thirteen

The Chief Executive, in conjunction with the CEOs, review the level and nature of allied health staff support at facilities at which mental health services are provided by a LHN for the purpose of determining whether there are adequate allied health staff to provide the necessary support at such facilities.

#### **The South Australian Government accepts this recommendation.**

Following the transition of residents from Oakden to Northgate House, increased allied health coverage was implemented with additional allied health positions, including a Social Worker, Occupational Therapist and Physiotherapist, as well as Pharmacist support.

SA Health will conduct a review into the level and nature of allied health staff in mental health services to inform the development of the appropriate models of care. A report will be provided to the Minister in June 2018

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## Response to other matters

### Simplification of legislation

The Commissioner has identified that it would be helpful to review the legislation so that all of the ICAC's investigative powers are clearly spelled out in the ICAC Act itself, rather than the ICAC incorporating by reference the powers granted in the Ombudsman Act 1972 and the Royal Commissions Act 1917. The government accepts that simplification of legislation is desirable and will discuss further with the Commissioner the details of any changes that might usefully be made.

### S42 ICAC Act Issue

The Commissioner noted in his report that there was a legal ambiguity arising by virtue of s42 ICAC Act as to whether he was entitled to make his findings public. Although the issue was satisfactorily resolved in this matter, the government is willing to look at amendments which would make it clear that the ICAC is entitled to publish details regarding identified individuals in maladministration investigations.

### Public Hearings

The government considers that the existing legislation strikes an appropriate balance between transparency, maintaining the integrity of an investigative process, and the protection of reputations until such time as maladministration or misconduct is found proven. It does not consider that public hearings in misconduct or maladministration investigations are appropriate. Transparency is provided through the publication of ICAC's findings at the conclusion of its investigation. Currently the ICAC may publish its findings if the ICAC considers it in the public interest to do so. The government would be amenable to a strengthening of the requirement for publication of findings by appropriate amendments, such as an amendment which would require the ICAC to publish its findings unless the Commissioner determined exceptional circumstances to do otherwise existed.

### Consideration of the report by other public officers

The Commissioner proposed that his report be considered by all public officers in positions of authority, irrespective of the agency within which they are employed. The Government proposes to issue a memorandum to all Chief Executives with instruction to consider the issues raised in the report and the applicability of any elements to their department.

### Named Parties

The Commissioner made findings of maladministration against five people. The State Government is currently seeking legal advice regarding any further steps in relation to the employment of the named parties in the ICAC report.

### Coroner

The coroner will be provided a copy of the report to consider any action he may need to take. The Government will support him to conduct any inquiry he may determine as appropriate.

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## Other Issues raised by past Oakden Families

### CCTV in aged care

We recognise that the use of surveillance devices such as CCTV can help to safeguard against elder abuse.

The Government supports the use of optical surveillance devices in common and public areas of aged care facilities. Under current state law there is also no barrier to these devices being used to protect an individual's lawful interests. To the extent that federal privacy rules may be a barrier to families protecting their loved ones, we will advocate for change.

Optical surveillance devices are used in common and public areas at Northgate.

### Induction of families regarding complaints

As a result of the Chief Psychiatrist's Review into Oakden, Northern Adelaide Local Health Network (NALHN) has strengthened its complaint and consumer engagement mechanisms including at Northgate. This includes the implementation for multiple methods for family members and carers to submit complaints, as well as the establishment of a carer consultant position, which brings vital lived experience to the consumer engagement team.

All new families entering Northgate will be given a full orientation package on how to report complaints or care concerns to staff or external agencies. Mechanisms for ongoing communication to family members about available complaint avenues will be implemented.

### Elder Abuse

In 2014 the Government launched the Strategy to Safeguard the Rights of Older South Australians and in 2015 set out a six-year action plan towards 2021.

We will:

- Review and improve the way in which people who are trusted with the care of older South Australians are employed, screened and trained.
- Improve measures for safeguarding 'at-risk adults', who have care and support needs, are being abused or neglected, and unable to protect themselves.
- We will establish a unit to deal exclusively with issues of elder abuse. Elder abuse can be prevented when the community, through positive government leadership, works together to uphold the right of older people to safety, dignity, autonomy, freedom from harm and respect for their rights and values.

### Compensation

In regard to any claim for compensation due to Oakden families experience arising from their interface with the facility, the State Government will act as a model litigant and act expeditiously to make reasonable offers of settlement.

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## Other Staff

The SA government will instruct the Chief Executive of Department of Premier and Cabinet to have primary oversight and responsibility to ensure that all former Oakden staff who have had allegations of abuse against them are held accountable by:

- establishing a dedicated special investigations unit;
- re-investigating unresolved allegations;
- ensuring relevant reporters of such abuse are kept informed, where legally permitted, of any progress with regards to any action taken against the relevant former staff member, including any criminal prosecution or industrial relation matter;
- being the relevant reporter's primary liaison with government for all matters arising from the Oakden incident;
- liaising with other relevant professional and investigative bodies and government agencies to ensure the timely and appropriate resolution of all matters arising from the Oakden incident; and
- where appropriate, referring matters to SAPOL or the Director of Public Prosecution.

## Progress on Chief Psychiatrist's Report

1	<p>Development of a specialised contemporary model of care for people over 65 years of age who live with the most severe forms of disabling mental illness and/or extreme behavioural and psychological manifestations of Dementia.</p>	<p>Since the Chief Psychiatrist's Report was completed, SA Health has focussed on the safe transitioning of residents and closing all facilities at Oakden.</p> <p>The transition of 14 Makk and McLeay residents to Northgate House and 15 residents to a number of mainstream residential aged care facilities in June 2017 marked the closure of Makk and McLeay Nursing Home. Clinical services ceased at Clements House following the transition of the final two residents to alternative residential care facilities on 22 September 2017. A dedicated transition team worked with residents' families throughout the relocation process to ensure the move had minimal impact on residents.</p> <p>The Oakden Campus has now been decommissioned.</p> <p>An indicative comparison of Northgate House is as follows:</p> <table border="1" data-bbox="779 815 2136 1361"> <thead> <tr> <th data-bbox="779 815 1048 890">(as of 12/02/18)</th> <th data-bbox="1048 815 1552 890">Makk and McLeay Nursing Home</th> <th data-bbox="1552 815 2136 890">Northgate House</th> </tr> </thead> <tbody> <tr> <td data-bbox="779 890 1048 1361">FTE</td> <td data-bbox="1048 890 1552 1361"> <u>Nursing Staff:</u>  Makk 15.68FTE  McLeay 17.34 FTE </td> <td data-bbox="1552 890 2136 1361"> <u>Nursing Staff:</u>  27.41FTE (including RN3 After Hours Coordinator)  1 x RN3 After Hours Coordinator rostered to work each weekend (Saturday and Sunday), and one rostered on overnight 1800hrs – 0400hrs  Nurse Unit Manager and Nurse Consultant (not included in direct care hours)   <u>Medical Staff</u>  1 x 0.43FTE Senior Medical Practitioner </td> </tr> </tbody> </table>	(as of 12/02/18)	Makk and McLeay Nursing Home	Northgate House	FTE	<u>Nursing Staff:</u> Makk 15.68FTE McLeay 17.34 FTE	<u>Nursing Staff:</u> 27.41FTE (including RN3 After Hours Coordinator) 1 x RN3 After Hours Coordinator rostered to work each weekend (Saturday and Sunday), and one rostered on overnight 1800hrs – 0400hrs Nurse Unit Manager and Nurse Consultant (not included in direct care hours)  <u>Medical Staff</u> 1 x 0.43FTE Senior Medical Practitioner
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		<p>1 x 0.20 FTE Head of Unit – Consultant Psychiatrist</p> <p><u>Administration Staff</u> 1 x 1.0FTE Administration Assistant (ASO2)</p> <p><u>Hotel Services</u> WHA – 16FTE OPS3 – 0.77FTE</p> <p><u>Lifestyle Staff</u> WHA – 2.0FTE</p> <p>Number of beds 36 16</p> <p>Number of beds N/A 13 (including one patient currently in filled Ward 1H, LMH)</p> <p>The current staffing levels at Northgate are established by interim Model of Care, noting they will change following the introduction of Models of Care developed by the Model of Care Expert Working Group and endorsed by the Oakden Response Plan Oversight Committee and Chief Executive, SA Health.</p> <p>The government has committed \$13.7 million for the construction of a new Older Persons’ Mental Health facility. A further \$1 million has been committed to support the development of a specialised contemporary model of care and longer-term service planning for older public patients who suffer from severe forms of disabling mental illness and those with extreme behavioural and psychological manifestations of dementia.</p> <p>The Model of Care EWG conducted gallery walks with consumers, family members, advocacy groups, SA Health staff and industry partners, collecting valuable feedback and data to inform the development of a Model of Care.</p>
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		<p>The <i>Oakden Response Models of Care Project: Phase 1</i> (the MOC) document presents a comprehensive model of care for people with very severe and extreme BPSD. Key recommendations are:</p> <ul style="list-style-type: none"> <li>• Streamed models of care for people with very severe and extreme BPSD and for people with severe and enduring mental illness.</li> <li>• Development of a 24-bed single site Neuro-Behavioural Unit (NBU) as a Centre of Excellence for sub-acute care of very severe to extreme BPSD.</li> <li>• Development of Specialist Residential Units (SRUs) through a partnership model between SA Health, the Australian Government and approved non-government aged care providers, for non-acute accommodation and care of severe to very severe BPSD.</li> <li>• Development of the Rapid Access Service (RAS) model of specialist and responsive in-reach to mainstream residential aged care facilities from community Older Persons Mental Health Service. This is an important capacity building strategy for both future service needs and with immediate implications in the interim period while NBU and SRU services are under development.</li> </ul> <p>The <i>Oakden Response Models of Care Project: Phase 1</i> was endorsed and approved by the Oakden Response Plan Oversight Committee in November 2017 and subsequently endorsed by the Chief Executive, SA Health.</p> <p>The <i>Oakden Response Models of Care Project: Phase 2</i> document, produced by the Model of Care EWG, incorporates:</p> <ul style="list-style-type: none"> <li>• Residential Services for older people with severe and enduring mental illness</li> <li>• Services for regional communities.</li> </ul> <p>On 9 February 2018, the Oversight Committee approved the <i>Oakden Response Models of Care Project: Phase 2</i> document and this will now be provided to the Chief Executive, SA Health for endorsement.</p>
2	The provision of appropriate infrastructure to implement the model of care.	SA Health obtained agreement from the Department of Communities and Social Inclusion to utilise two Houses at the Northgate Aged Care Centre. Minor internal and external upgrade works were carried out on the two houses from late May to early June to provide a suitable and safe facility for these residents. The new facilities now provide a 'home like' environment, with each resident having their own individual

		<p>bedroom. Lounge, dining and activity spaces have been improved to meet current aged care facility standards. In addition, significant work was undertaken to improve the outdoor areas, including pathways and landscaping. The feedback from residents who have moved to Northgate and their families has been positive.</p> <p>The government has committed \$14.7 million for the construction of a new Older Persons' Mental Health facility. \$1 million has been committed to support the development of a specialised contemporary model of care and longer term service planning for older public patients who suffer from severe forms of disabling mental illness and those with extreme behavioural and psychological manifestations of dementia.</p> <p>The recently developed Model of Care recommends that a new Facility for people with very severe and extreme behavioral and psychological symptoms of dementia be:</p> <ul style="list-style-type: none"> <li>• A single facility.</li> <li>• Be located at a site that supports recovery, geriatrician partnerships and potential palliative Care and rehabilitation, and is as centrally located as possible.</li> <li>• A 24 bed facility, configured into four pods of six beds each.</li> <li>• Design that support the active involvement of consumers carers and family members</li> <li>• The importance of good internal and outdoor space.</li> </ul> <p>Key facility requirements were developed by the New Facility EWG in line with the model of care, and a Schedule of Accommodation was completed in December 2017. Several site options are being considered to house the facility, including greenfield sites.</p>
3	Development of a staffing model that utilises the full range of members of a multidisciplinary service.	<p>To date a number of staffing changes have been made to support an immediate improvement in service provision at Oakden. Key appointments have included:</p> <ul style="list-style-type: none"> <li>• Appointment of Head of Unit Dr Duncan McKellar, with BPSD experience</li> <li>• Appointment of experienced, skilled CSC and CPC with aged care and dementia care/memory support and BPSD management experience.</li> </ul>



		<p>A review of training requirements has been undertaken and gap areas identified. A number of key areas of training have been provided to staff:</p> <ul style="list-style-type: none"> <li>• Medication management training for all permanent and regular casual Registered Nurses and Enrolled Nurses including a component on Quality, the Aged Care Standards, incident reporting, and residents rights (delivered by ARAS)</li> <li>• Information management, e.g. progress notes and SLS incident reporting requirements and professional expectation and obligation.</li> <li>• Continuous improvement processes</li> <li>• Work health safety, and a full half day on medication regulation, management, PPG, best practice, incident and exception reporting and professional expectation and obligation.</li> </ul> <p>A Nurse Educator has been appointed to assist with the delivery of further training and education on dementia and BPSD management. Dementia Services Australia and the Nightingale Nurses are also working with staff to role-model best practice in aged care and dementia services. Regular training audits will be undertaken to ensure staff training remains in line with continuous improvement schedules.</p> <p>Several meetings of the Staffing EWG have occurred since the finalisation of the Model of Care in early November 2017. A draft recommended staffing profile for the state-wide Neuro-behavioral Unit has been completed. The Staffing EWG will recommend in March 2018 a staffing profile for the proposed Specialist Residential Units and community based Rapid Access Service contained within the draft Volume 2 of the Oakden Response Models of Care Project document.</p>
4	Development of a new and appropriate clinical governance system.	<p>A number of immediate measures were put in place to improve accountability and reporting and staff awareness, including:</p> <ul style="list-style-type: none"> <li>• The Oakden OPMHS Governance Structure has been reviewed and a strengthened framework has been implemented to ensure the Oakden OPMHS is accountable to the NALHN Governance Structure. This includes the Mental Health Directors having greater transparency at the service and team level.</li> <li>• Monthly meetings across all mental health teams will have a consistent agenda with key standing</li> </ul>

		<p>items around quality of care, incident reporting and restrictive practice.</p> <ul style="list-style-type: none"> <li>• Consistency in the Care Plan Review meetings with Representative/Guardians has been incorporated to ensure key discussions occur regularly about the client’s care and treatment.</li> <li>• increased access to senior clinical expertise at the Oakden OPMHS including the commencement of positive role modelling by these Senior Clinical Staff as care.</li> </ul> <p>As noted above, significant staff training has been rolled out including on continuous improvement processes. Falls and restraint champions have been identified and supported to maintain momentum from staff training in managing BPSD. CPC and CSC, along with Executive Lead at Northgate maintain a high presence modelling behaviour, intervening, teaching and supporting BPSD care.</p> <p>The Quality and Safety EWG undertook an extensive research exercise, analysing relevant documentation and information from Local Health Networks and the Department for Health and Ageing relating to clinical governance reporting and accountability structures. A comprehensive consultation and engagement process with each Local Health Network’s clinical governance leaders, Mental Health Directors and Older Persons’ Mental Health Services leads was also undertaken.</p> <p>Following that work, a draft Clinical Governance was developed in consultation with Consultant Dr David McGrath and provided to the Oakden Response Plan Oversight Committee on 15 December 2017 for consideration and feedback. The draft Clinical Governance Framework for Older Persons Mental Health Services in South Australia was endorsed by the Committee on 9 February 2018.</p>
5	<p>Ensuring there are people in senior leadership positions that can create a culture that values dignity, respect, care and kindness for both consumers and staff.</p>	<p>NALHN have been working with the Australian Nursing and Midwifery Federation (ANMF) to address the culture across the service and commissioned the SA Health Employee Assistance Program (EAP) provider to undertake individual interviews with staff in late 2016.</p> <p>SA Health will continue to work to adopt the Dignity in Care principles and ensure this is, and an understanding of the expectations for safeguarding against Elder Abuse, are imbedded within the new MOC for the OPMHS across all LHNs who provide services across the continuum of care.</p>

		<p>A number of staff training modules have been highlighted above. In addition to this an Organisational psychologist has been providing support and resilience coaching to staff.</p> <p>A Nurse Educator has been appointed to assist with the delivery of further training and education on dementia and BPSD management. Dementia Services Australia and the Nightingale Nurses are also working with staff to role-model best practice in aged care and dementia services.</p> <p>Following a comprehensive literature review of best practice cultural change documentation, the Culture EWG conducted a series of gallery walks in November 2017 to guide the development of a culture framework that will address and promote respectful behaviours, team building and effective team work, values-based leadership, providing and receiving constructive feedback, effective problem solving and positive communication.</p> <p>Key themes, ideas and visions were developed and tested at well attended Focus Groups held on 23 January 2018. The Culture EWG is analysing the feedback collected during the Focus Groups to guide the development of a Cultural Framework for Older Persons Mental Health Services.</p> <p>It should be noted that “Oakden Culture” no longer exists. Northgate House is providing respectful person-centered care, the environment promotes and values the reporting of Medication errors, restraint, falls, resident to resident and staff to resident incidences.</p>
6	Development of an action plan based on Trauma Informed Principles and the six core strategies developed by the National Centre for Trauma Informed Care.	<p>The transition to an interim model of care at Northgate has included the introduction of mechanical restraint-free care provision. There has been four incidents reported relating to the use of restrictive practices at Oakden/Northgate from July to December 2017, compared with 1,683 incidents reported for the same period in 2016.</p> <p>All required staff have undertaken training in the Best Practice Spotlight Organisation Program through the ANMF aimed at managing behaviours to minimise the need for restraint and to minimise falls. Following this, Restraint Minimisation Champions were identified to assist all staff in improving practice.</p> <p>Open Disclosure expectations for staff remain in line with the SA Health Incident Management and Open</p>

Disclosure Policy Directive.

As noted previously a Nurse Educator has been appointed to assist with the delivery of further training and education on dementia and BPSD management. Dementia Services Australia and the Nightingale Nurses are also working with staff to role-model best practice in aged care and dementia services.

CPC and CSC, along with Executive Lead at Northgate maintain a high presence modelling behaviour, intervening, teaching and supporting BPSD care.

The Restrictive Practices Expert Working Group, whose members comprise a broad range of specialist clinicians, stakeholders, industry partners and lived experience consumers, has made significant progress against their remit, including:

- The development of the Reducing Restrictive Practices Implementation Plan, which uses six core strategies for reducing seclusion and restraint. It will include an education program for all staff, transparent use of data to inform practice and development of new roles for lived experience representatives to enhance service accountabilities. The Reducing Restrictive Practices Implementation Plan was considered and approved by the Oakden Response Plan Oversight Committee on 17 November 2017 and provided to the Chief Executive, SA Health for endorsement.
- The development and distribution to Older Persons' Mental Health staff of two surveys: Workforce Readiness for Change and Knowledge on Restraint and Seclusion.
- The Western Australia and New South Wales Older Persons' Services have agreed to explore peer benchmarking with South Australia.
- Weekly reports showing past week and trending data being displayed and visible to staff, consumers, carers and visitors to Ward 1H Lyell McEwin Hospital, and Beachside and Woodlands Wards at Northgate House. This enables transparency and engages families and staff in meaningful monitoring of performance, management of challenges, and celebration of successes on a weekly basis.
- Fifty-four Northgate House and 1H staff have completed Managing Aggressive and Potential Aggressive (MAPA) training. This has included nursing, medical and allied health staff. The two Older Persons Mental Health Services (OPMHS) MAPA trainers will develop a training schedule to

		deliver training to staff who haven't yet received it and provide capacity throughout 2018 for training of new OPMHS staff and refresher training for staff, including Trauma Informed Care and Medication Competencies.
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