

23 November 2020

Her Honour, Caitlin English, Deputy State Coroner
Coroner's Court of Victoria
65 Kavanagh Street
Southbank 3006

Dear Coroner English

Response to Coroner's Recommendations in the matter of Mr Harley Robert Larking. COR: 2016 / 2137

Please see NorthWestern Mental Health's (NWMH) response to recommendations delivered in the Finding into death with inquest in the matter of Mr Harley Robert Larking. This Finding was delivered on 18th September 2020.

No.	Recommendation	Actions
1	That policy and procedures for the monitoring of involuntary patients are reviewed to be in line with the Department of Health 2013 Nursing observation through engagement in psychiatric inpatient care, with particular focus on any predictability of the frequency, timing and duration of nursing observations and the requirements for contemporaneous documentation of the observations.	<p>NorthWestern Mental Health (NWMH) is in the process of reviewing the Adult and Youth Acute Clinical Risk Assessment and Management (CRAAM) procedure to align it with the Department of Health 2013 <i>Nursing observation through engagement in psychiatric inpatient care</i>. This process will be completed by February 2021 and includes a review of documentation relating to sentinel events, information arising from Coronial findings.</p> <p>Accordingly, PRO-CRAAM training will be updated to reflect any significant changes. A key change will be the clarification of frequency of engagement to reflect time intervals as a maximum rather than a set time to encourage greater randomisation.</p> <p>NWMH has incorporated into the Inpatient Unit Suicide Prevention Training Package a reminder about the requirement for contemporaneous documentation of engagement interactions with consumers in the medical record.</p> <p>Inpatient Unit (IPU) champions across nursing and allied health staff have been identified and training dates have been set for December 2020, for the first round of 'train the trainer' training.</p> <p>NWMH has considered engagement with consumers may be enhanced via facility design. This is an area of intense focus at the present time because we have hundreds of staff, including the Lived Experience Workforce (consumer and carer) involved in a co-design process for the development of 124 new acute inpatient beds at the Royal Melbourne Hospital, Sunshine and Northern Hospitals. Design can assist engagement / observation of consumers in a number of ways;</p> <ul style="list-style-type: none"> ▪ Ward layout, including 'line of sight' observation. ▪ Social spaces including courtyards, lounges, meeting spaces, visitation spaces ▪ Electronic solutions such as sensors and alarms ▪ Night lights activated by motion sensors ▪ Design of bedrooms and ensuite bathrooms. This has been approached from a novel perspective. A prototype bedroom and ensuite bathroom has been constructed by the designers of

		<p>the new inpatient beds and is on display in a builders warehouse at Brooklyn. Hundreds of staff, including representatives of the Lived Experience Workforce have visited the prototype and have provided robust feedback to the designers and in particular how they have addressed the four quadrants of privacy / amenity / dignity / safety</p>
2	<p>That a secure electronic transmission process be implemented to replace the facsimile system (which existed at the time of Mr Larking's death) so that North Western Mental Health Service can initiate and complete a missing patient notification to Epping Police Station by telephone and contemporaneously in writing.</p>	<p>In 2019 NWMH implemented the ability to enable the secure electronic transmission of missing person's information. Encrypted emails with missing person's information can be sent to the intended recipient where they agree to receive correspondence to their email inbox.</p> <p>Currently, Victorian police stations do not have a set up for NWMH staff members to email a missing person's report to a police station generic email address. Work is underway with Victoria Police to establish a process whereby a NWMH staff member contacts the police, reports a missing person and then sends an encrypted email to the receiving officers email address. This process also allows for delivery and read receipts.</p> <p>Work is underway to benchmark systems currently in place across all NWMH IPUs with a view to developing a standardised process for missing patient notification. This will include a quick reference checklist for staff / and the Shift Leader or Associate Nurse Unit Manager (ANUM) for instance:</p> <p>Absent without leave (AWOL) checklist</p> <ul style="list-style-type: none"> ✓ Search the premises for the client ✓ Attempt to make phone contact with the consumer ✓ Attempt to make phone contact with NOK ✓ Advise the ANUM ✓ Advise the treating Psychiatrist and seek guidance. If they are a voluntary client consider risk profile and if they meet requirements for a welfare check. ✓ Notify the police (within 15 mins of person not returning) (Insert for area – Contact number). Document following information in medical record - police member you spoke to (name and ID number), date / time ✓ For compulsory patients - document incident in Riskman ✓ Fill in MH 124 and email to (insert name of police station) using secure / encrypted email ✓ Complete a Riskman for the AWOL ✓ Discuss with the ANUM if the client should be placed on Triage Alert and advise Triage accordingly ✓ Document all information in the clinical file and ensure handover to the appropriate person(s) <p>This process will be discussed and confirmed with Victoria Police to ensure they are aware of and agree to the standardised process for reporting.</p>
3	<p>That North Western Mental Health Service enter both actual and attempted absconding instances in Riskman and reconcile instances of absconding with the records of Victoria Police to determine areas for clarification including when to record incidents of absconding by compulsory patients in Riskman.</p>	<p>The Victorian Health Incident Management System (VHIMS - Riskman) is a standardised dataset for the collection and classification of clinical, occupational health and safety (OH&S) incidents, near misses, hazards and consumer feedback. At NWMH, incident and feedback reports are reported through well-established clinical governance systems and reports are used to support continuous / quality improvement processes.</p>

		<p>To date it has not been common practice to record an incidence of absconding or attempted absconding from an IPU for a compulsory patient unless harm eventuated. In order to implement this change several actions are required including (1) review and integration of the RMH Missing Patient procedure(s) and undertake the necessary staff education to support the procedure change, (2) Develop a Quick Reference Guide for IPU staff (3) Undertake liaison with Victoria police to establish if report(s) can be made available to NWMH to reconcile data.</p> <p>1) A working group has been established, consisting of both RMH and NWMH representatives to look at the Missing patient / Absconded patient procedures and other related documents that are currently in <i>iPolicy</i>. There are 12 documents (procedures, forms, action cards) in total currently which the group will look to integrate into one procedure. The review to include that information is to be recorded in Riskman when a compulsory patient absconds and is more than 15 minutes late returning to the unit.</p> <p>The first working group meeting is scheduled to occur late November 2020, and the work should be completed by May 31, 2021.</p> <p>2 & 3) See response to recommendation 2</p> <p>Refer to item 4</p>
4	<p>That North Western Mental Health Service specify that in circumstances where a compulsory inpatient absconds for more than 15 minutes (and in the absence of the treating psychiatrist's contemporaneously documented rationale otherwise), that Victoria Police are notified, and the instance and its outcome are recorded in Riskman.</p>	<p>See response to recommendation 3</p>
5	<p>That the policies at Melbourne Health as they relate to missing persons be reviewed and rationalised so that they are written in plain English, are consistent across facilities and clear regarding steps required to be followed and in what timeframes.</p>	<p>See response to recommendation 3</p>
6	<p>That staff be regularly trained about those policies (such as the missing/absconded person policy) and regular-audits are undertaken to ensure North Western Mental Health Service is confident their staff are taking the required and appropriate action in reporting to external agencies to minimise risk to the patient.</p>	<p>NWMH has amended the orientation and induction program for new employees to include an orientation to policies and procedures and in particular how policies are viewed / searched for on the <i>iPolicy</i> platform.</p>

		<p>NWMH is implementing the following initiatives to improve staff familiarity with relevant policies and procedures:</p> <ul style="list-style-type: none"> ▪ Identify ten high risk policies for NWMH and feature one per month on the intranet homepage ▪ Look to produce a desktop icon on IPU computer desktops with the top 5 policies relevant to inpatient staff around risk located therein ▪ Produce a 'Simple guide' for staff about how to find policies in on the iPolicy platform <p>Work is also currently underway at a RMH level to review the policy and procedure system more broadly. NWMH is represented in this review. The key objectives of the group are to:</p> <ol style="list-style-type: none"> 1. <i>Establish a standardised organisational process for policy and procedure development and review with evidence of application of key elements (including simplifying both language and presentation)</i> 2. <i>Reduction in duplicated procedures targeting those that are higher risk procedures (including Missing Patients)</i> 3. <i>Improved user experience. Users as defined by those accessing, authoring, consulting, and approving policies and procedures.</i> <p>NWMH is incorporating information about the missing person/absconded person policy into the Inpatient Unit Suicide Safety Initiative including the associated training and practice development program which will be rolled out over the coming months. The training element of the initiative has been adapted from the evidence based training package provided to 850 NWMH community clinicians during 2018. The training addresses knowledge and skills in prevention-oriented risk formulation in the context of dynamic risk. The Suicide Safety Practice Leads will undertake this training and subsequently lead unit based practice development work focusing on suicide risk and including risk of absconding.</p> <p>An online training module will be developed by the NWMH Mental Health Training and Development Unit (MHTDU) that reinforces the procedure and the missing person/absconding quick reference checklist for staff. The training will be accessible via Learning Hub and will be mandatory for all clinical staff of bed-based services on commencement of employment and every two years. Governance for the package sits with NWMH Clinical Risk Management Committee.</p>
7	<p>That North Western Mental Health Service implement Aboriginal cultural competency training for all inpatient psychiatric staff that includes a focus on working with Koori workers, how to facilitate their role within the unit, develops an understanding of the benefits to the Aboriginal patient and their family from involving Koori Workers, and promotes culturally informed treatment planning.</p>	<p>The Royal Melbourne Hospital has acquired the license to use an Aboriginal Cultural Awareness e-Learning package developed by the Royal Children's Hospital, Monash Health and co-designed with Aboriginal Community Health services / individuals. This was launched on Monday 9th November 2020 to coincide with NAIDOC Week, 8-15 November 2020.</p> <p>The training, which is mandatory for clinical staff, requires completion of 3 x online learning modules. There is also an additional online module for managers to support recruiting Aboriginal and Torres Strait islander staff. The package was launched to all 1,900 NWMH staff via the 'NWMH Everyone' email address with the following message...'<i>Developing an appreciation and respect for Aboriginal and Torres Strait Islander culture, and understanding how this relates to the workplace and healthcare is fundamental to improving patient and consumer outcomes, and helping</i></p>

close the gap. This learning supports RMH's commitment to the Reconciliation Action Plan and our vision of creating a great place to work and receive care. These modules are designed to build your knowledge of Aboriginal and Torres Strait Islander culture in Victoria, as well as culturally respectful ways of working with, caring for and walking alongside, Aboriginal and Torres Strait Islander people, families and communities'.

The Team leader and the IWAMHS Aboriginal Health Liaison Officer have also co presented the package across all NWMH manger meetings (Community Managers, Team Leaders, IPU Managers and Residential care Managers). Presentations included the requirement for staff to undertake the training as well as supporting the requirement to have team based discussions facilitated by an Aboriginal person and a non-indigenous ally in 2021, post staff having watched each of the modules.

The four modules plus substantial pre-reading materials are designed to build staff knowledge of Aboriginal and Torres Strait Islander culture in Victoria, as well as culturally respectful ways of working with, caring for and walking alongside, Aboriginal and Torres Strait Islander peoples, families and communities:

1. Overview and history
2. Our Health Service
3. Supporting and celebrating our Aboriginal Workforce
4. Building an Aboriginal Workforce (Managers only)

On the 9th November 2020, again to coincide with NAIDOC Week, The Royal Melbourne Hospital Chief Executive Professor Christine Kilpatrick launched The Royal Melbourne Hospital Reconciliation Action Plan (RAP). The RAP provides a strategic pathway – in collaboration with our Aboriginal and Torres Strait Islander staff, communities and Reconciliation Australia – to build stronger relationships and improve health care outcomes together with Aboriginal and Torres Strait Islander peoples.

The NWMH Aboriginal and Torres Strait Islander subcommittee made a significant contribution to this and the Aboriginal and Torres Strait Islander Health Needs Plan. This subcommittee which meets monthly now includes 4 staff members who identify as Aboriginal and 1 Aboriginal community representative who works with *Caraniche* (providing support to Indigenous peoples in correctional facilities) and who also identifies as a carer of family members with mental health issues.

In addition to this, NWMH is seeking:

- Increased representation from Aboriginal employees on key Executive committees and these endeavours will continue over the coming months.
- Funding opportunities with DHHS for cadetships or traineeships for Aboriginal staff and in particular for undergraduate training roles in the fields of nursing, social work and occupational therapy.



Yours sincerely

Peter Kelly, Director Operations NWMH

Attachments

1. Memo from Peter Kelly. Aboriginal Cultural Awareness Memo. Dated Monday 9th November 2020 (circulation +/- 1,900 staff)
2. Group Email from Professor Christine Kilpatrick. Dated Tuesday 10th November 2020. (circulation +/- 9,000 staff)