

Mental Health Safety and Quality in NSW:

**A plan to implement recommendations of the Review of
seclusion, restraint and observation of consumers with a
mental illness in NSW Health facilities**

Implementation Update
January 2019



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January Highlights

Increased Peer Workers

10.2 There is an increase in the number of peer worker FTEs employed at all districts and networks as at 31 January.

Data Collection

14.1 Due June 2019, the collection of data from all local health districts' declared emergency departments has commenced.

Sensory modulation package in South Western Sydney LHD emergency departments

Emergency departments in SWSLHD are commencing training and education with the sensory modulation package. This training builds on the distribution of sensory modulation packages in mental health units.

DVD production of consumer's lived experience in Western NSW LHD

A DVD has been produced with a consumer speaking about their experience with seclusion and restraint. This is being used for education and training purposes and allows staff to see a consumer perspective of seclusion, restraint and receive input on how it can be better managed.

Least Restrictive Practices in South Eastern Sydney LHD

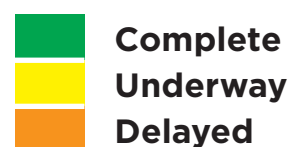
Least Restrictive Practices is one of five work streams in the SESLHD Mental Health Patient Safety Program. This work stream aims to minimise harm to consumers resulting from restraint, seclusion and other restrictive practices. Strategies include prevention and early intervention approaches, promotion of least restrictive practices, addressing workforce training gaps, and developing infrastructure and culture to support reduction initiatives. SESLHD Mental Health Mandatory Training is aligned to these goals, with theory and practice taught in Safety 4 All, Trauma-Informed Care and Introduction to Strengths and Recovery mandatory courses.

Recognition for Northern Sydney LHD unit at acute child and adolescent mental health inpatient benchmarking

The adolescent unit has the lowest incidence of seclusion and restraint when benchmarked with other adolescent units. They have implemented the 'Box of Tricks' sensory modulation initiative which assists adolescents to self-regulate and enables adolescents to de-escalate potential acute behavioural disturbance and agitation. The adolescents like being able to add their own personal items to their sensory kit as well as learn about more sensory strategies and tools.

Macquarie Hospital has been running 'Safewards' in six of its nine units over the last 4 years, which has significantly reduced incidents relating to seclusion and restraint. Macquarie Hospital also has a Sensory Modulation project underway as an evidence based approach that enables consumers to self-regulate.

ACTIONS NSW HEALTH IS TAKING (as at 31 January 2019)



RECOMMENDATION	ACTION	MILESTONE	TRACKING	WHAT WE ARE DOING
Culture and leadership				
NSW Health must establish and adopt an integrated leadership development framework applicable to all staff at all stages of their career	1.1 Embed the NSW Health Leadership Framework for all NSW Health mental health staff at all stages of their career (with mental health staff as the initial priority)	Oct-18	Delayed	<p>The Health Education and Training Institute has audited NSW mental health staff participation in leadership programs to establish a baseline for building participation.</p> <p>As of 31 January 2019, <u>sixteen</u> local health districts/networks have embedded the NSW Health Leadership Framework for all mental health staff.</p> <p>Two local health districts/networks are in the process of implementing this action:</p> <ul style="list-style-type: none"> St Vincent's is developing an enhanced Mental Health Nurse Development Program in collaboration with the University of Sydney. This program will incorporate the NSW Health Leadership Framework. Sydney is compiling an audit to establish a baseline of activity.
Patient safety				
NSW Health must adopt a mental health patient safety program, informed by contemporary improvement science	2.1 Implement a statewide mental health patient safety program	Jun-19	Underway	As at 31 January 2019, the mental health patient safety program team has been recruited.
Accountability and governance				
The Director of Mental Health should be a member of the district or network senior executive and report to the Chief Executive	3.1 Review senior executive structures and include Directors of Mental Health as members of the senior executive and report to Chief Executive	Jul-18	Complete	This action ensures strong, visible and engaged mental health leadership at the highest levels of health services. This action has been fully implemented by all local health districts/specialty health networks in NSW.
District and network clinical governance processes should include emergency department and mental health seclusion and restraint performance together	4.1 Review existing seclusion and restraint clinical governance processes and include accountability for both emergency departments and mental health units	Jan-19	Delayed	<p>Existing district and network clinical governance processes have been reviewed to improve integration of emergency department and mental health unit seclusion and restraint performance.</p> <p>As of 31 January 2019, two local health districts were yet to fully implement this action:</p> <ul style="list-style-type: none"> Hunter New England South Eastern Sydney <p>The Ministry of Health is working closely with these local health districts to ensure completion.</p>
All mental health inpatient services must have 24-hour, everyday on-site supervision from accountable management representatives. This supervision must include in-person rounding on every shift	5.1 Review after-hours management practices and ensure all mental health inpatient services have 24/7 on-site supervision from accountable managerial staff, including in-person supervision visits to units on every shift	Jun-18	Complete	<p>Proactive in-person rounding with frontline staff safeguards good practice, assists in complex decision-making and ensures all staff are both supported and accountable.</p> <p>As at 31 January 2019, this action is completed in all districts and networks.</p>

RECOMMENDATION	ACTION	MILESTONE	TRACKING	WHAT WE ARE DOING
NSW Health should have a single, simplified, principles-based policy that works towards the elimination of seclusion and restraint	6.1 Develop a single, culturally appropriate NSW Health policy towards the elimination of seclusion and restraint that recognises human rights and trauma-informed care principles	Apr-19		<p>The Mental Health Branch, Ministry of Health is leading the review of existing seclusion and restraint policy and guidelines to inform a single new policy. An expert consultant has been engaged to support this work.</p> <p>As at 31 January 2019, a draft policy, informed by focus groups, was presented to an Expert Reference Group for review. The draft policy is being prepared for broad consultation.</p>
There should be an immediate reinvigoration of the implementation of the NSW Health Smoke-free Health Care Policy (PD2015_003), which includes increasing the knowledge and use of nicotine replacement therapy	7.1 Use the new Smoking Cessation Framework for NSW Health Services to overcome barriers to the delivery of effective smoking cessation interventions for mental health consumers in declared emergency departments and mental health facilities	Oct-18		<p>The Cancer Institute NSW presented the Smoking Cessation Framework to mental health clinical directors in May 2018 to support local implementation.</p> <p>Districts and networks are responsible for implementing a range of nicotine replacement therapies (NRT). They will report on a monthly basis that they make available a range of NRT products and interventions to manage nicotine dependence in declared emergency departments and mental health facilities.</p> <p>As at 31 January 2019, this action has been fully implemented at <u>seventeen</u> local health districts/ speciality health networks in NSW.</p> <p>This action has not been fully implemented at Hunter New England Local Health District. The Ministry of Health is working closely with the local health district to ensure completion.</p>
Workforce				
NSW Health should develop and implement minimum standards and skill requirements for all staff working in mental health	8.1 Finalise and implement the NSW Strategic Framework for Mental Health and Workforce Plan 2018-2022	Jul-18		<p>Extensive consultation during the development of the Framework has prepared the way for implementation. The Framework has been finalised and was released on 27 September 2018. It is publicly available on the NSW Health website.</p> <p>Work has commenced on the Psychiatry Workforce Plan and the Mental Health Training Needs Analysis</p>
	8.2 Include culturally appropriate, recovery-oriented, trauma-informed care principles training for all mental health staff	Feb-19		As at 31 January 2019, <u>thirteen</u> local health districts and networks have included culturally appropriate, recovery-oriented, trauma-informed care principles training for all mental health staff.
	8.3 Provide ongoing clinical supervision to all mental health staff to ensure learning is transferred to practice	Apr-19		<p>The NSW Strategic Framework for Mental Health and Workforce Plan 2018-2022 supports local health districts and specialty networks to provide clinical supervision and mentoring according to professional guidelines and registration requirements.</p> <p>As at 31 January 2019 <u>six</u> local health districts and networks have completed this action.</p>

RECOMMENDATION	ACTION	MILESTONE	TRACKING	WHAT WE ARE DOING
NSW Health should ensure that recruitment and performance review processes include appraisal of values and attitudes of all staff working with people with a mental illness	9.1 Ensure statewide systems and training in recruitment and performance development support the appraisal of NSW Health CORE values of Collaboration, Openness, Respect and Empowerment	Mar-19		Health Training and Education Institute (HETI) has reviewed and confirmed all relevant training includes the CORE values.
	9.2 Performance appraisals for all staff working with people with a mental illness include culturally sensitive, recovery-oriented and trauma-informed care principles	Apr-19		As at 31 January 2019 two local health districts and networks have embedded culturally sensitive trauma-informed practice and recovery oriented care into workforce capabilities.
The peer workforce should be developed and professionalised, with the same supports and accountabilities as other disciplines. The number of positions should be increased, however only after the supports and accountabilities are in place	10.1 Develop a NSW Peer Workforce Framework to guide development and support the professionalisation of the peer workforce	Jul-19		The NSW Peer Workforce Framework will guide development of and support for the emerging peer workforce in NSW.
	10.2 Recruit and train new peer worker roles under the Mental Health Reform	Jul-18		As of 31 January 2019, all local health districts and networks have increased their recruitment of peer workers.
Consumer and carer participation				
Meaningful engagement with consumers and their families should occur in assessment and care planning, particularly in developing personal plans to prevent the use of restrictive practices	11.1 Strengthen consumer and family engagement in assessment and care planning, informed by the Mental Health Commission of NSW's Lived Experience Framework	Apr-19		<p>The Framework provides guidance on how people with lived experience of mental health issues, their families and carers, can work with service providers as equal partners in service design, delivery and evaluation.</p> <p>To guide work in this area, the Commission has established separate Consumer and Carer Lived Experience Advisory Groups to identify and progress priority projects in the area of consumer and carer participation, influence and leadership.</p> <p>The Agency for Clinical Innovation is continuing to develop practical solutions and key principles to strengthen consumer and family engagement.</p> <p>For example as at 31 January 2019, three local health districts and networks have competed this action.</p>
	12.1 Develop resources to support successful mental health co-design processes, informed by the Mental Health Commission of NSW's Lived Experience Framework (in development)	Apr-19		The Agency for Clinical Innovation is developing a strategy and resources to support the use of co-design methods with consumers, families and staff in all NSW mental health services.
Consumer and carer co-design and systematic engagement should occur at all levels of the health service	12.2 Routinely include consumers and families in key committees, projects and workgroups	Jun-19		All districts and networks will use the expertise of consumers and families in local quality improvement. Services will report back on their local protocols by June 2019. The electronic version of the Your Experience of Service (YES) consumer survey is being rolled out across NSW public mental health services. This will make it easier for consumers to provide feedback. The new Carer Experience Survey will follow.

RECOMMENDATION	ACTION	MILESTONE	TRACKING	WHAT WE ARE DOING
Data				
NSW Health should improve the transparency, detail, and frequency of publication of seclusion and restraint data at the state and local level	13.1 Use local data to inform quality improvement to reduce seclusion and restraint	Apr-19		As at 31 January, seven local health districts and networks are using local data to reduce seclusion and restraint.
	13.2 Further develop state level reporting of seclusion and restraint data	May-19		Approaches to improve public reporting of seclusion and restraint will be covered in the Bureau of Health Information Data Matters 2018 Report.
The NSW seclusion and restraint data collection and reporting should include declared emergency departments	14.1 Collect and report seclusion and restraint data from declared emergency departments	Jun-19		The collection of data from all local health districts' declared emergency departments has commenced.
The built and therapeutic environment				
All emergency departments should have clinical pathways for people presenting with mental health issues that are reflective of their needs. There needs to be a pathway that does not include the use of safe assessment rooms	15.1 Ensure clinical pathways in emergency departments reflect the needs of people with mental illness, including alternatives to the use of safe assessment rooms	Jul-19		All districts and networks are expected to involve consumers, carers and families in reviewing local clinical pathways for people with mental health problems in emergency departments. All services will have options that reflect people's needs by July 2019.
There should be an immediate review of the design and use of safe assessment rooms using a co-design methodology	16.1 Review the use and design of safe assessment rooms in emergency departments using a co-design and redesign methodology	Feb-19		Statewide Safe Assessment Room Guidelines are being finalised. The consultation on the draft guidelines included Being, Mental Health Carers NSW, the Official Visitors Program and the NSW Consumer Peer Worker Committee.
All future capital planning of mental health facilities should include consumer co-design and be informed by evidence on preventing seclusion and restraint	17.1 All capital planning of mental health facilities is informed by evidence based principles and clearly demonstrates consumer co-design	Aug-18		Health Infrastructure has confirmed that all current and future capital planning projects for mental health facilities will include consumer representatives. Representatives from Health Infrastructure participated in a training workshop in June 2018 on using co-design to improve mental health units.
All acute mental health units and declared emergency departments should conduct a review of their facilities and implement minor capital works and equipment purchases to improve the therapeutic potential	18.1 Using a co-design approach, coordinate the implementation of minor capital works and equipment purchases to improve the therapeutic environment in LHD/ SHN mental health facilities	Dec-18		All successful proposals for buying furniture, fixtures and equipment have been approved to commence procurement. All successful proposals for minor capital works are under assessment with Health Infrastructure to confirm costings and adherence to NSW procurement guidelines. Out of the 57 proposals for minor capital works, 27 proposals are under assessment. Health Infrastructure is working closely with the relevant local health districts to ensure completion.
All mental health units should have a multidisciplinary team with the skills to deliver a therapeutic program and environment on an extended-hours basis	19.1 Ensure multidisciplinary teams deliver therapeutic programs on extended hours basis	Apr-19		All NSW Health organisations are expected to review their existing mental health therapeutic programs and take action to provide programs on an extended hours basis by April 2019.

RECOMMENDATION	ACTION	MILESTONE	TRACKING	WHAT WE ARE DOING
ADDITIONAL SUPPORTING ACTIONS				
Local leadership				
LHD and SHN seclusion and restraint prevention action plans	Each LHD and SHN will co-design a culturally appropriate seclusion and restraint prevention action plan for their service	Sep-18		<p>All NSW Health organisations have been asked to develop, in partnership with consumers and carers, a local seclusion and restraint prevention action plan for their service.</p> <p>The local plans will guide further quality and safety improvements that support the reduction of restrictive practices.</p> <p>As of 31 January 2019, <u>fourteen</u> local health districts/networks have completed their local action plans.</p> <ul style="list-style-type: none"> • Central Coast has commenced their action plan • Illawarra Shoalhaven, Sydney Children's Hospitals Network and South Eastern Sydney are in the process of finalising their local action plan <p>The Ministry of Health is working closely with the remaining districts/network to ensure completion.</p>
Supporting positive cultures of care				
Community of practice to prevent seclusion and restraint	NSW Health will establish a state-wide seclusion and restraint prevention community of practice to share knowledge and refine improvements. Communities of practice are groups of people who interact together to address a common concern or area of shared interest.	Jul-18		<p>Community of practice established. All health districts and networks have nominated a minimum of three representatives to support implementation and participate in a network to support improvement. This includes a senior manager, peer worker and consumer representative. The community of practice members have been actively sharing ideas and resources to improve services.</p>



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