

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
June 2018



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June Highlights

Community of practice established

All 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. MHB initiated the online community of practice in June 2018.

Review of mental health governance in progress

Recommendation 3 of the review report is 'The Director of Mental Health should be a member of the district or network senior executive and report to the Chief Executive'. All districts and networks have been asked to confirm that the Director of Mental Health is a member of the senior executive of the district or network.

Applications to improve therapeutic environments are now being assessed

Letters were issued to the districts and networks on 15 June 2018, advising of the process and assessment criteria for the Therapeutic Environments Minor Capital Works Program. This program aligns with action 18.1 of the implementation plan.

Being, Mental Health Carers NSW, the Mental Health Commission of NSW and the Official Visitors Program are partners with the Ministry of Health and Health Infrastructure in this action.

Applications closed on 31 July 2018. All proposals must provide evidence of co-design with consumers and carers. Details of all proposals received will be provided to the Minister for Mental Health.

Co-design training workshop held with all local health districts

On 27 June 2018, all health districts and networks participated in a briefing about improving therapeutic environments. The briefing included presentations from the Ministry of Health, Mental Health Commission of NSW, Official Visitors Program and Being. A workshop using co-design to support improvements in mental health environments was also delivered.

Local safe assessment room guidelines collected

All districts and networks have been asked to provide a copy of local guidance about the use of safe assessment rooms. This information is being collated and will inform the development of statewide safe assessment room guidelines, using co-design.

Mental health patient safety program priorities identified

The Ministry of Health and Clinical Excellence Commission are finalising the priorities for a mental health patient safety program. Earlier mental health quality and safety consultation with consumers, carers and staff across the state has informed the initial areas for action.

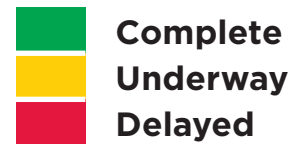
NSW mental health workforce plan is being finalised

The draft *NSW Strategic Framework for Mental Health and Workforce Plan 2018-2022* was sent to stakeholders for feedback in June 2018. The Framework and Workforce Plan will establish a structure for NSW Health action in mental health across the next five years in line with Reform directions.

Performance indicator for seclusion and restraint updated

The implementation plan works towards the goal of elimination of seclusion and restraint. The performance indicator range for the acute seclusion rate has been reduced to fewer than 5.1 episodes per 1000 bed days through the *NSW Health Performance Framework* from 2018-19. This represents a 25 per cent reduction from the previous indicator range.

ACTIONS NSW HEALTH IS TAKING



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		The Health Education and Training Institute is auditing NSW mental health staff participation in leadership programs.
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		The Ministry of Health and Clinical Excellence Commission are finalising the priorities for a mental health patient safety program. Earlier mental health quality and safety consultation with consumers, carers and staff across the state has informed the initial areas for action.
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		All districts and networks have been asked to provide advice on whether the Director of Mental Health is a member of the senior executive.
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		Existing district and network clinical governance processes are being reviewed to improve integration of emergency departments and mental health unit seclusion and restraint performance.

RECOMMENDATION	ACTION	MILESTONE	TRACKING	WHAT WE ARE DOING
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 afterhours 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		All districts and networks will report progress against this action in their quarterly July 2018 report.
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		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.
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		The Cancer Institute NSW presented the Smoking Cessation Framework to mental health clinical directors in May 2018 to support local implementation.

RECOMMENDATION	ACTION	MILESTONE	TRACKING	WHAT WE ARE DOING
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		Final consultation on the NSW Strategic Framework for Mental Health and Workforce Plan 2018-2022 has been completed.
	8.2 Include culturally appropriate, recovery-oriented, trauma-informed care principles training for all mental health staff	Feb-19		The NSW Strategic Framework for Mental Health and Workforce Plan 2018-2022 is being finalised. It will guide mental health workforce development initiatives to support the delivery of trauma-informed care.
	8.3 Provide ongoing clinical supervision to all mental health staff to ensure learning is transferred to practice	Mar-19		The NSW Strategic Framework for Mental Health and Workforce Plan 2018-2022 is being finalised. It will support local health districts and specialty networks to provide clinical supervision and mentoring according to professional guidelines and registration requirements.
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		NSW Health will align statewide recruitment and performance development systems to better support appraisal of NSW Health CORE values in all districts and networks by March 2019.
	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		The NSW Strategic Framework for Mental Health and Workforce Plan 2018-2022 is being finalised. It is anticipated that culturally sensitive trauma-informed practice and recovery oriented care will be embedded into workforce capabilities.

RECOMMENDATION	ACTION	MILESTONE	TRACKING	WHAT WE ARE DOING
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 Strategic Framework for Mental Health and Workforce Plan 2018-2022 is being finalised. It is anticipated it will provide support to develop a NSW Peer Workforce Framework to 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		Most districts and networks have employed new peer workers. It is anticipated that a total of 36 new positions will be delivered under the Tranche 2 mental health reform by December 2018.
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 (in development)	Apr-19		The Commission is progressing the development of a Lived Experience Framework to further understand the range of activities where consumer and carer influence, leadership and participation would be beneficial to mental health reform. 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.
Consumer and carer co-design and systematic engagement should occur at all levels of the health service	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 to support the use of co-design methods with consumers, families and staff in all NSW mental health services by April 2019.
	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.

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		NSW Health is reviewing existing processes and formats for collection and reporting of local data. Information will be more user-friendly for staff, consumers and families to share and understand in quality improvement activities.
	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		NSW Health partner organisations are being engaged to develop data collection and reporting in emergency departments.
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		All districts and networks have been asked to provide a copy of local guidance about the use of safe assessment rooms. This information is being collated and will inform the development of statewide safe assessment room guidelines, using co-design with consumers, carers, families and staff.

RECOMMENDATION	ACTION	MILESTONE	TRACKING	WHAT WE ARE DOING
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 codesign approach, coordinate the implementation of minor capital works and equipment purchases to improve the therapeutic environment in LHD/SHN mental health facilities	Dec-18		Local health district and specialty health network proposals to improve the therapeutic environment in their acute mental health units are now being assessed. All proposals must provide evidence of co-design with consumers and carers. Being, Mental Health Carers NSW, the Mental Health Commission of NSW and the Official Visitors Program are partners with the Ministry of Health and Health Infrastructure in this action. These joined in a workshop for districts and networks on co-design.
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.

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		All NSW Health organisations have been asked to develop a local seclusion and restraint prevention action plan for their service.

RECOMMENDATION	ACTION	MILESTONE	TRACKING	WHAT WE ARE DOING
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		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 Ministry of Health initiated the online community of practice in June 2018.

