

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
March 2019



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June 2019



March Highlights

Co-design capability guide

The *Review of seclusion, restraint and observation of consumers with a mental illness in NSW Health facilities* (the Review) found that mental health services must do more to meaningfully partner with consumers, carers and staff.

The Review recommended that consumer and carer co-design and systematic engagement should occur at all levels of the health service.

To meet this recommendation, the Agency for Clinical Innovation is developing a co-design capability guide.

Three Agency for Clinical Innovation led workshops occurred from December 2018 to March 2019. The workshops were held to seek expertise and advice from representatives from NSW Ministry of Health, Being, Mental Health Carers NSW, Mental Health Commission of NSW, Clinical Excellence Commission, Health Infrastructure, Official Visitors Program and clinicians, managers and peer workers from various local health districts.

The guide is now being finalised for publication. It will complement the vision put forward in the Mental Health Commission of NSW's *Lived Experience Framework*, to embed lived experience across mental health and social services systems in NSW.

Consumer, family and carer escalation

REACH is a system that helps consumers, their family and carers escalate their concerns with staff about worrying changes in a consumer's condition. It stands for Recognise, Engage, Act, Call, Help is on its way. REACH was developed by the Clinical Excellence Commission in collaboration with local health districts and consumers.

This program actively promotes partnership between consumers, their family and carers, and the treating team, in recognising and escalating deterioration.

In March, REACH was promoted to mental health leaders in all local health districts and networks. It supports the Review's recommendation to build collaborative cultures between consumers, carers and staff by developing effective partnerships based on respectful inclusion.

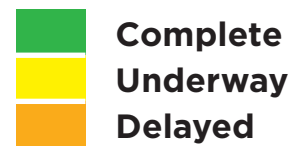
Values based recruitment and performance appraisal

The Review identified a need for health districts and networks to strengthen a common values base in mental health services and emergency departments. Values based recruiting is one component to support high-quality, safe and compassionate care.

The NSW Health CORE Values of Collaboration, Openness, Respect and Empowerment are embedded in the recruitment and performance appraisal process. CORE Chat is a workshop that assists NSW Health staff to understand how the NSW Health CORE values can be used as an everyday tool to improve culture and service delivery.

ACTIONS NSW HEALTH IS TAKING

(as at 31 March 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 March 2019, 17 local health districts and specialty health networks (districts/networks) have embedded the NSW Health Leadership Framework for all mental health staff.</p> <p>This action is still being implemented in one service:</p> <ul style="list-style-type: none"> St Vincent's Health Network 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. <p>The Ministry of Health is working closely with St Vincent's Health Network to ensure completion.</p>
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	Complete	<p>The Clinical Excellence Commission has commenced implementation of the NSW Mental Health Patient Safety Program. As at 31 March 2019, the mental health patient safety program team has been recruited. Initial work has included site visits and interviews with pilot local health districts.</p>
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	<p>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.</p>
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 March 2019, 17 districts/networks have implemented this action.</p> <p>Hunter New England Local Health District is still reviewing its clinical governance processes. The Ministry of Health is working closely with the local health district 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 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	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>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.</p> <p>As of 31 March 2019, a draft policy informed by focus groups and an Expert Reference Group was 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 therapy (NRT) products and interventions in declared emergency departments and mental health facilities.</p> <p>As of 31 March 2019, this action has been fully implemented in all districts/networks.</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 prepared the way for implementation. The Framework was released on 27 September 2018 and is being implemented. It is publicly available on the NSW Health website.</p> <p>The Mental Health Training Needs Analysis has been completed. Work has commenced on the Psychiatry Workforce Plan.</p>
	8.2 Include culturally appropriate, recovery-oriented, trauma-informed care principles training for all mental health staff	Feb-19		As of 31 March 2019, all 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 of 31 March 2019, thirteen district/networks have completed this action.</p>
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. HETI works closely with local health districts and specialty health networks to ensure delivery of health education and training across the NSW Health system is aligned to the NSW Health 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 of 31 March 2019, eight districts/networks have embedded culturally sensitive trauma-informed practice and recovery oriented care 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 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		All districts/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 Lived Experience 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>The Agency for Clinical Innovation is continuing to develop practical solutions and key principles to strengthen consumer and family engagement, informed by the Framework.</p> <p>As of 31 March 2019, five districts/networks have completed this action to strengthen care planning with consumers and families.</p>
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 and resources to support the use of co-design methods with consumers, families and staff in all NSW mental health services. Three workshops have been held with clinical, consumer and carer experts to guide the development of the resources. A web-based resource will be made available to help services make use of co-design methods.
	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.
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		<p>Access to user-friendly information is necessary for safety and quality improvement and helps staff monitor progress towards the elimination of seclusion and restraint.</p> <p>As at 31 March 2019, ten districts/networks are using local data to inform safety and quality improvement initiatives to reduce the rate of seclusion and restraint.</p>
	13.2 Further develop state level reporting of seclusion and restraint data	May-19		<p>The Bureau of Health Information's annual Healthcare in Focus report in mid-2019 will focus on mental health, including seclusion and restraint data.</p> <p>In addition, approaches to improve public reporting of seclusion and restraint will be covered in the Bureau of Health Information's Measurement Matters report to be published in 2019. This will support new quarterly public reporting on seclusion and restraint.</p>

RECOMMENDATION	ACTION	MILESTONE	TRACKING	WHAT WE ARE DOING
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		he collection of data from all districts'/ networks' 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/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		As of 31 March 2019, state-wide Safe Assessment Room Guidelines are being finalised for publication. 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 involve 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		As of 31 March 2019, all successful proposals for buying furniture, fixtures and equipment have been approved to commence procurement. Fifty-four out of 57 successful proposals for minor capital works have been approved after confirmation of costings and adherence to NSW procurement guidelines. Health Infrastructure is working closely with the relevant districts/networks 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 districts/networks are expected to review their existing mental health therapeutic programs and take action to provide programs on an extended-hours basis by April 2019. As of 31 March 2019, seven districts/networks have reviewed their therapeutic programs and are now providing programs on an extended-hours basis.

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 safety and quality improvements that support the reduction of restrictive practices.</p> <p>As of 31 March 2019, 17 districts/networks have completed their local action plans.</p> <p>Two districts have not completed this action.</p> <ul style="list-style-type: none"> Central Coast Local Health District is finalising work in partnership with consumers and carers. <p>The Ministry of Health is working closely with this districts 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>A community of practice has been 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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