

# 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  
May 2019



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September 2019



## May Highlights

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### Learning from consumer and carer experience of service

NSW Mental health services value the input and experience of consumers and carers. Two nationally-developed experience surveys are used to gather information about experiences of care.

The Your Experience of Service (YES) survey is designed to gather information from consumers. In 2018, NSW Health launched an electronic version of the Your Experience of Service (eYES). This allows consumers to provide feedback about their experiences via their computer, smart phone or tablet.

The Carer Experience of Service (CES) asks about carers' experiences of mental health services. It was designed in collaboration with carers and mental health staff. Like YES, CES is designed to assist services and carers to work together to build better mental health services by understanding the carer experience. The CES was rolled out across NSW mental health services in 2018. An electronic version is in development.

### Improving collaboration and patient centred care

A greater focus on collaboration and co-design is helping mental health services across NSW to identify opportunities to work with consumers and carers.

St Vincent's Hospital Network (SVHN) has reported working with consumers to review 'one size fits all', blanket approaches to care. For example, ward policies that prevented consumers from accessing their mobile phones were reviewed and removed in favour of individual, case by case decisions.

SVHN's peer workers and professor of mental health nursing have collaborated in the development of a 'reducing restrictive practices' study day. This is co-delivered with peer workers and the mental health education team. All SVHN mental staff are required to complete this module. Staff from the emergency department and older persons' health have also attended.

South Western Sydney Local Health District has installed YES boards in all mental health inpatient units to help communicate survey results and actions.

Northern Sydney Local Health District also shares their YES results via Facebook to help improve transparency and engagement.

### Strengthening leadership for mental health quality improvement

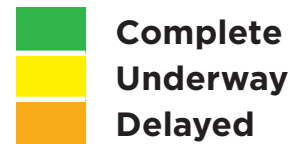
The *Review of seclusion, restraint and observation of consumers with a mental illness in NSW Health facilities* recommended that NSW Health must adopt a mental health patient safety program, informed by contemporary improvement science.

To meet this recommendation, the Clinical Excellence Commission is leading the delivery of the Mental Health Patient Safety Program to build capacity and capability for safety and quality improvement across NSW.

In May 2019, leaders collaborated in a forum to help create the conditions for a culture of improvement. Peer workers, managers and senior executives collaborated to contribute to the design of the NSW Mental Health Patient Safety Program. The forum was informed by consumer experience and international expertise in safety and quality improvement.

# ACTIONS NSW HEALTH IS TAKING

(as at 31 May 2019)



RECOMMENDATION	ACTION	MILESTONE	TRACKING	WHAT WE ARE DOING
<b>Culture and leadership</b>				
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		<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 May 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"> <li>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.</li> </ul> <p>The Ministry of Health is working closely with St Vincent's Health Network to ensure completion.</p>
<b>Patient safety</b>				
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		<p>The Clinical Excellence Commission has commenced implementation of the NSW Mental Health Patient Safety Program. As at 31 May 2019, the mental health patient safety program team has been recruited. Initial work has included site visits and interviews with pilot local health districts. As at the end of May 2019, over 50 mental health staff had received training to coach clinical teams undertaking quality improvement work and a statewide leadership forum helped to create the conditions for a culture of improvement.</p>
<b>Accountability and governance</b>				
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		<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		<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 May 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>

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		<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>
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 May 2019, a draft policy and guidelines informed by focus groups and an Expert Reference Group had been shared with stakeholders for their feedback. Over sixty responses were received from individuals and organisations.</p> <p>The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability and the Royal Commission into Aged Care Quality and Safety have highlighted the use of restrictive practices in those settings. In this context, the Mental Health Branch is using the policy review as an opportunity to align requirements across care settings. This is requiring additional consultation and revision.</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 May 2019, this action has been fully implemented in all districts/networks.</p>

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		<p>Extensive consultation during the development of the Framework prepared the way for implementation. The Framework was released on 27 September 2018 and an implementation plan was released on 1 January 2019. Both documents are publicly available on the NSW Health website.</p> <p>The Mental Health Training Needs Analysis has been completed. Work is underway 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 May 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 May 2019, all 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 Education and Training 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		<p>As of 31 May 2019, fourteen districts and networks have embedded culturally sensitive trauma-informed practice and recovery oriented care into workforce capabilities.</p> <p>The remaining districts are reviewing local performance appraisal procedures to incorporate these capabilities and principles.</p>
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		<p>Supporting the growth and recognition of the peer workforce as an emerging profession is crucial in helping people live contributing lives and in building a stronger and more resilient mental health system.</p> <p>All districts/networks have increased their recruitment of peer workers.</p>

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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 May 2019, fourteen districts and 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	Apr-19		<p>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 resource to help services use co-design methods is being finalised for online publication.</p>
	12.2 Routinely include consumers and families in key committees, projects and workgroups	Jun-19		<p>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.</p> <p>The electronic version of the Your Experience of Service consumer survey (eYES) has been launched. This allows consumers to provide feedback about their experiences via their computer, smart phone or tablet. eYES makes it easier for consumers to provide feedback.</p> <p>The Carer Experience of Service (CES) asks about carers' experiences of mental health services. The CES was rolled out across NSW mental health services in 2018. An electronic version is in development.</p>
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 May 2019, all districts/networks are using local data to inform safety and quality improvement initiatives in partnership with consumers and carers.</p>
	13.2 Further develop state level reporting of seclusion and restraint data	May-19		<p>The Bureau of Health Information's annual <i>Healthcare in Focus</i> 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 <i>Measurement Matters</i> 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		The 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 May 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.  The draft guidelines are informing partnership work for the review of safe assessment rooms.  The review commenced with an audit to identify the number and location of safe assessment rooms in NSW.
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 May 2019, all successful proposals for buying furniture, fixtures and equipment have been approved to commence procurement.  All successful proposals for minor capital works have also 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		As of 31 May 2019, sixteen districts/networks have reviewed their existing mental health therapeutic programs are now providing these on an extended-hours basis.  The remaining districts/networks have been exploring options to increase availability of therapeutic programs.



RECOMMENDATION	ACTION	MILESTONE	TRACKING	WHAT WE ARE DOING
<b>ADDITIONAL SUPPORTING ACTIONS</b>				
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 May 2019, all districts/networks have completed their local action plans.</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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