

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
September 2019



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September Highlights

Safe in Care, Safe at Work

The Australian College of Mental Health Nurses recently launched the 'Safe in Care, Safe at Work' toolkit - to further support safety in care and safety for staff in Australian mental health services.

The 'Safe in Care, Safe at Work' toolkit has been designed to complement and support existing national and state guidelines and frameworks, and to support the overall strategy to create safer therapeutic environments for consumers and to eliminate seclusion and restraint in mental health services.

The document provides guidance and a systemic approach to creating safer environments for nurses in Australian mental health settings. By enhancing the safety of frontline staff, services will better enable the use of least restrictive practices.

The toolkit is underpinned by the Six Core Strategies[©] to Reduce Seclusion and Restraint.

Guidance is provided for mental health nurses and mental health services to examine their organisation's policies and processes, staff education, workplace culture, physical environment, use of data and relationships with consumers and other stakeholders, in the context of eliminating the use of seclusion and restraint in Australian mental health services.

The project was funded and supported by the National Mental Health Commission. Experts from NSW Health contributed to the development of the toolkit.

The resources are available here - <http://www.acmhn.org/about-us/projects/safe-in-care>

ACTIONS NSW HEALTH IS TAKING

(as at 30 September 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		<p>The Health Education and Training Institute (HETI) has audited NSW mental health staff participation in leadership programs to establish a baseline for building participation.</p> <p>The five domains of the Leadership Framework are: achieving outcomes; developing and leading self; engaging people and building relationships; partnering and collaborating across boundaries; and transforming the system.</p> <p>All districts and networks have embedded the NSW Health Leadership Framework for all mental health staff.</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		<p>The Clinical Excellence Commission has commenced implementation of the NSW Mental Health Patient Safety Program. The mental health patient safety program team has been recruited. Initial work has included site visits and interviews with pilot local health districts.</p> <p>Over 50 mental health staff have received training to coach clinical teams undertaking quality improvement work. A statewide leadership forum has also helped to create the conditions for a culture of quality improvement. A medical leadership forum was held on 16 August 2019 to strengthen capability for quality improvement.</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		<p>This action ensures strong, visible and engaged mental health leadership at the highest levels of health services. It has been fully implemented by all districts and 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>All districts and networks have implemented this action.</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		<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>

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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 30 September 2019, a draft policy and procedures informed by focus groups and an Expert Reference Group had been shared with stakeholders for their feedback. A second round of consultation is underway.</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>All NSW health professionals have a role in providing effective, evidence-based treatments for consumers who are nicotine-dependent.</p> <p>The Cancer Institute NSW presented the Smoking Cessation Framework to mental health clinical directors in May 2018 to support local implementation.</p> <p>The Framework supports districts and networks to manage nicotine dependence among people accessing services and also to implement smoking cessation interventions. 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. This may include lozenges, inhalers and gum.</p> <p>All districts and networks have reported that these arrangements are in place in their services.</p>

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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>Implementation of the plan has now commenced. The Mental Health Training Needs Analysis has been completed. Work is underway on the Psychiatry Workforce Plan.</p> <p>The <i>NSW Strategic Framework and Workforce Plan for Mental Health 2018 - 2022: Implementation Plan</i> guides the delivery of implementation actions over the next four years.</p>
	8.2 Include culturally appropriate, recovery-oriented, trauma-informed care principles training for all mental health staff	Feb-19		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 <i>NSW Strategic Framework for Mental Health and Workforce Plan 2018-2022</i> supports local health districts and specialty networks to provide clinical supervision and mentoring according to professional guidelines and registration requirements. HETI provides clinical supervision guides for allied health and nursing professionals. Clinical supervision is an important component of providing safe and quality care.</p> <p>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		<p>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.</p> <p>HETI also provides CORE Chat workshops to assist NSW Health staff to identify solutions and bring about positive change to improve workplace culture.</p>
	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 30 September 2019, seventeen districts and networks have embedded culturally sensitive trauma-informed practice and recovery oriented care into workforce capabilities.</p> <p>South Western Sydney Local Health District is developing a supplement to their existing performance appraisal tool to cover these domains.</p>

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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		<p>The NSW Peer Workforce Framework will guide development of and support for the emerging peer workforce in NSW.</p> <p>The Mental Health Branch is leading this work, which will continue into 2020, in partnership with peer workers, local health districts and specialty health networks, community managed organisations and peak bodies in the NSW mental health sector.</p>
	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 and networks have increased their recruitment of peer workers.</p>
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 has also developed practical solutions and key principles to strengthen consumer and family engagement, informed by the Framework.</p> <p>All 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 launched two resources to strengthen collaborative practices between consumers, carers and service providers on 9 August 2019. <i>A Guide to Build Co-design Capability</i> is designed to support partnerships to make healthcare improvements using co-design methodology. <i>Building Collaborative Cultures of Care</i> is an online toolkit to support implementation of strategies, ideas and tools to increase the involvement of people with lived experience in the design, delivery and evaluation of mental health services. Both resources are available on the Agency for Clinical Innovation website.</p>
	12.2 Routinely include consumers and families in key committees, projects and workgroups	Jun-19		<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> <p>All districts and networks use the expertise of consumers and families in local quality improvement.</p>

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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>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 was released on 21 August 2019. The report focused on people's use and experience of mental health care in NSW. It included a section on 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> and <i>Healthcare Quarterly</i> reports to be published in September 2019. This will support new quarterly public reporting on seclusion and restraint.</p>
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		<p>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.</p> <p>As of 30 September 2019, twelve districts and networks have these pathways in place.</p> <p>Seven districts and networks have yet to complete this action in all emergency departments:</p> <ul style="list-style-type: none"> • Illawarra Shoalhaven • Mid North Coast • Murrumbidgee • Northern Sydney • South Western Sydney • Southern NSW <p>The Ministry of Health is working with these districts to finalise completion.</p>
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		<p>As of 30 September 2019, the Agency for Clinical Innovation is finalising the state-wide Safe Assessment Room Guidelines for publication.</p> <p>The consultation on the draft guidelines included Being, Mental Health Carers NSW, the Official Visitors Program and the NSW Consumer Peer Worker Committee.</p> <p>The draft guidelines are informing partnership work for the review of safe assessment rooms.</p> <p>The review commenced with an audit to identify the number and location of safe assessment rooms in NSW.</p>

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		future capital planning projects for mental health facilities will involve consumer representatives. Representatives from Health Infrastructure participated in a training workshop in July 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 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 30 September 2019, seventeen districts/ networks are now providing therapeutic programs in mental health units on an extended-hours basis. In Far West Local Health District, the Consumer Engagement Coordinator has been working with the Nursing Unit Manager in the Broken Hill Mental Health Inpatient Unit to develop a therapeutic program.
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, in partnership with consumers and carers, a local seclusion and restraint prevention action plan for their service. The local plans will guide further safety and quality improvements that support the reduction of restrictive practices. All districts/networks have completed their local action plans.
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		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.



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