

# 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  
November 2018



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## November Highlights

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### **Seclusion and restraint a focus at November quarterly performance meetings**

Quarterly performance meetings provide an opportunity for executive leadership teams in local health districts/specialty health networks and the Ministry of Health to review progress on priority issues.

Seclusion and restraint was a focus of discussion with all districts and networks at the quarterly performance meetings held over November and December 2018.

This focus aligned with the governance arrangements in *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*.

### **Progress on NSW Health policy towards the elimination of seclusion and restraint**

An Expert Reference Group has been convened to oversee the development of the NSW Health policy towards the elimination of seclusion and restraint. The new policy is being co-designed with consumers and carers. Being and Mental Health Carers NSW are represented on the Expert Reference Group.

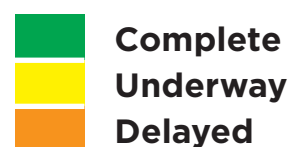
The new policy will recognise human rights and trauma informed care principles. The policy is not restricted to mental health consumers and services. It will have a broad focus across NSW Health settings. In November 2018, with the support of Carers NSW, Mental Health Carers NSW, Health Consumers NSW and Being, the Ministry of Health held the first focus group discussions with carers and with consumers. These were followed by focus groups with emergency care and ambulance staff and mental health managers and clinicians.

Further focus groups will be held in December 2018.

### **Strengthening Director of Mental Health roles**

Having the Director of Mental Health as a member of the district or network senior executive and reporting to the Chief Executive ensures strong, visible and engaged mental health leadership at the highest levels of health services. As at 30 November 2018, this arrangement had been fully implemented in all districts and networks.

## ACTIONS NSW HEALTH IS TAKING (as at 30 November 2018)



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	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 30 November, fifteen local health districts/networks have embedded the NSW Health Leadership Framework for all mental health staff.</p> <p>Three local health districts/networks are in the process of implementing this action:</p> <ul style="list-style-type: none"> <li>• Nepean Blue Mountains</li> <li>• St Vincent's</li> <li>• Sydney</li> </ul>
<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	Underway	As at 30 November 2018, recruitment of the mental health patient safety program team is underway.
<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	Complete	This action ensures strong, visible and engaged mental health leadership at the highest levels of health services. As at 30 November 2018, 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	Underway	Existing district and network clinical governance processes are being reviewed to improve integration of emergency department and mental health unit seclusion and restraint performance.

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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>Fourteen districts and networks have implemented this action.</p> <p>As of 30 November, four local health districts were yet to fully implement this action across all services:</p> <ul style="list-style-type: none"> <li>• Hunter New England</li> <li>• Northern NSW</li> <li>• Murrumbidgee</li> <li>• South Eastern Sydney</li> </ul> <p><b>As at 1 February 2019, this action is completed in all districts and networks.</b></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. An expert consultant has been engaged to support this work.</p> <p>As of 30 November, focus groups had been held with:</p> <ul style="list-style-type: none"> <li>• Carers</li> <li>• Consumers</li> <li>• Emergency care and ambulance staff</li> <li>• Mental health managers and clinicians</li> </ul>
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 intervention to manage nicotine dependence in declared emergency departments and mental health facilities.</p> <p>As at 30 November 2018, this action has been fully implemented at seventeen local health districts/ specialty health networks in NSW.</p> <p>This action has not been fully implemented at Hunter New England Local Health District.</p> <p>The Ministry of Health is working closely with Hunter New England Local Health District to ensure completion.</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 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 already commenced on the Psychiatry Workforce Plan and the Mental Health Training Needs Analysis.</p> <p>Several districts and networks have reported on preparation for local implementation.</p> <ul style="list-style-type: none"> <li>Justice and Forensic Mental Health Network has identified the Director of Nursing and Services as responsible for implementation.</li> <li>Mid North Coast Local Health District reported that their district committee to oversee implementation will be chaired by the District Director of Clinical Governance.</li> <li>Nepean Blue Mountains Local Health District reported that their implementation team has also been identified.</li> <li>Northern NSW Local Health District reported that a draft local workforce plan has been developed and progress will be monitored by their Clinical Governance Committee.</li> <li>St Vincent's Health Network is developing a Mental Health Services Plan which will support implementation of the statewide workforce plan.</li> <li>Informed by the draft framework, Sydney Local Health District is working on related strategies and workforce issues.</li> <li>Western Sydney Local Health District reported that their mental health program has commenced implementation of the draft framework.</li> </ul>
	8.2 Include culturally appropriate, recovery-oriented, trauma-informed care principles training for all mental health staff	Feb-19		<p>Extensive consultation in the development of the Framework has prepared the way for implementation. Work has already commenced on the Mental Health Training Needs Analysis. The Framework has been finalised and was released on 27 September 2018. It is publicly available on the NSW Health website.</p>
	8.3 Provide ongoing clinical supervision to all mental health staff to ensure learning is transferred to practice	Mar-19		<p>Extensive consultation during the development of the Framework has prepared the way for implementation. It will support local health districts and specialty networks to provide clinical supervision and mentoring according to professional guidelines and registration requirements. The Framework has been finalised and was released on 27 September 2018. It is publicly available on the NSW Health website.</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		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 and Workforce Plan for Mental Health 2018-2022 has been finalised and was released on 27 September 2018. It is publicly available on the NSW Health website.  Culturally sensitive trauma-informed practice and recovery oriented care will be embedded 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 Strategic Framework and Workforce Plan for Mental Health 2018-2022 has been finalised and was released on 27 September 2018. It is publicly available on the NSW Health website.  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		Under the NSW Mental Health Reform, NSW Health is investing in the Mental Health Peer Workforce Initiative to create new Peer Worker roles. There are now more than 70 FTE peer workers employed in NSW Health. It is anticipated that a total of 30 new peer worker FTE will be delivered under tranche 2 of the Mental Health Reform by December 2018. Recruitment is currently underway at Justice Health and Forensic Mental Health Network and Sydney Children's Hospitals Network.
<b>Consumer and carer participation</b>				
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		As at 30 November, the Mental Health Commission is finalising 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.  The Agency for Clinical Innovation is continuing to develop practical solutions and key principles to strengthen consumer and family engagement.

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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.
	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.
<b>Data</b>				
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.
<b>The built and therapeutic environment</b>				
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		Local guidance about the use of safe assessment rooms has been collected to inform the development of statewide safe assessment room guidelines. The Consultation on the draft guidelines has 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.



RECOMMENDATION	ACTION	MILESTONE	TRACKING	WHAT WE ARE DOING
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		Being, Mental Health Carers NSW, the Mental Health Commission of NSW and the Official Visitors Program partnered with the Ministry of Health and Health Infrastructure in developing criteria and the selection process.  A briefing and workshop on co-design in June 2018 supported districts and networks to prepare proposals. As at 30 November, successful proposals have been identified. Proposals for buying furniture, fixtures and equipment have been approved. Infrastructure proposals for minor capital works are being reviewed for compliance with NSW procurement policy.
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, in partnership with consumers and carers, a local seclusion and restraint prevention action plan for their service.  The local plans will guide further quality and safety improvements that support the reduction of restrictive practices.  As of 30 November 2018, eleven local health districts/networks have completed their local action plans.  Two local health districts are in the process of consulting with consumers and carers on their final draft plans: <ul style="list-style-type: none"> <li>• Illawarra Shoalhaven</li> <li>• Western NSW</li> </ul> Five districts or networks are in the process of developing their local plans: <ul style="list-style-type: none"> <li>• Central Coast</li> <li>• Far West</li> <li>• South Eastern Sydney</li> <li>• Sydney</li> <li>• Sydney Children's Hospitals Network</li> </ul> Local seclusion and restraint prevention action plans were a focus for discussion with all districts and networks at the quarterly performance review meetings with the Ministry of Health, scheduled in November and December 2018.

**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 community of practice members have been actively sharing ideas and resources to improve services.
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