

**EXAMINATION OF THE AUDITOR-GENERAL'S
PERFORMANCE AUDIT REPORTS JULY 2015 –
JANUARY 2016**

Organisation: NSW Health
Name: Ms Elizabeth Koff
Position: Secretary
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Health

Ref: S17/26

Mr Bruce Neville Notley-Smith MP
Chair, Legislative Assembly Public Accounts Committee
Parliament House
Macquarie Street
SYDNEY NSW 2000

Dear Mr Notley-Smith

Re: NSW Health response to Auditor-General's report on Mental Health Post-discharge Care tabled in Parliament on 17 December 2015

I refer to your letter of 18 January 2017 seeking a submission from the Ministry of Health on the implementation of recommendations of the Auditor-General's Report on *Mental Health Post-discharge Care*.

I am pleased to inform you that the Auditor-General concluded that overall, mental health consumers receive good follow-up in the first seven days after their discharge from mental health units.

The four recommendations have been actioned by the Ministry of Health through advice provided in the July 2016 letter to Chief Executives of Local Health Districts and Directors responsible for Mental Health. The attachment to the letter outlines each of the four recommendations and indicates follow up response (refer to Tab A Submission to PAC and the attached letter from Mental health Branch).

The Mental Health Branch in the Ministry has commenced the review of the Policy Directive on *Transfer of Care for Mental Health Inpatient Services* which is due for completion by November 2017. The matters raised by the Auditor-General will be considered in the context of the review.

If you have any further queries on the attached response, please contact Mr Paul Giunta, Director, Corporate Governance and Risk Management on 9391 9654.

Yours sincerely

Elizabeth Koff
Secretary, NSW Health

14/2/16

NSW Ministry of Health

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**IMPLEMENTATION OF RECOMMENDATIONS
(SUBMISSION TO PUBLIC ACCOUNTS COMMITTEE)**

NSW Health

Performance Audit – Mental Health Post-Discharge Care

RECOMMENDATION		ACCEPTED OR REJECTED	ACTIONS TO BE TAKEN	DUE DATE	STATUS (completed, on track, delayed) and COMMENT	RESPONSIBILITY (Section of agency responsible for implementation)
	The NSW Ministry of Health should:		The recommendations will be progressed in the context of NSW Health's role in implementing the Government's mental health reforms which are directed to providing effective care and support in the community.		<p>The recommendations to the Ministry have been actioned in the context of the district responsibilities of the Local Health Districts and the Ministry of Health.</p> <p>The Mental Health Branch of the Ministry initially informed Mental Health Directors of the Auditor-General's performance audit findings and recommendations in March 2016. This advice was followed by formal letter to the Chief Executives of Local Health Districts and the Sydney Children's Hospital Network and Mental Health Directors on 7 July 2016. (See copy attached).</p> <p>The letter highlighted the relevant policy requirements stipulated in the Policy Directive PD2012_060 Transfer of Care from Mental Health Inpatient Services. This policy directive was used as a reference in the conduct of the performance audit. (The Policy Directive was subsequently reissued as PD 2016-056 to improve patient safety).</p> <p>The letter also outlined the components of the four recommendations and indicated follow up action in response to them.</p>	Mental Health Branch, Ministry of Health
1	Reinforce to Local Health Districts that the policy directive on the transfer of care from mental health units to the community	Accepted			<p>Status: Complete</p> <p>The letter of July 2016 identified the need for enhanced compliance with the Policy Directive PD2012_060 in regard to evidence that consumer and their carers or guardians are partners in the discharge planning process.</p>	Mental Health Branch, Ministry of Health

RECOMMENDATION		ACCEPTED OR REJECTED	ACTIONS TO BE TAKEN	DUE DATE	STATUS (completed, on track, delayed) and COMMENT	RESPONSIBILITY (Section of agency responsible for implementation)
1.1	Is intended to ensure that the consumer and their family, carer or guardian are at the centre of care and are partners in care.	Accepted			<p>Status: Complete</p> <p>The letter of 7 July 2016 identified the need for enhanced compliance with Policy Directive PD2012_060 in regard to evidence that the consumer and their carers or guardians are partners in the discharge planning process.</p> <p>The letter emphasised the importance of comprehensive, clearly written, targeted and timely discharge communication for families and health providers, together with responsive and appropriate follow-up by community based health providers. It also noted that the findings of Root Cause Analysis (RCA) investigations and Coronial inquests reinforced this area for improvement.</p>	Mental Health Branch, Ministry of Health
1.2	Requires that Transfer of Care plans be developed, the components of which should be tailored to the recipient's needs.	Accepted			<p>Status: Complete</p> <p>The performance audit identified opportunities for enhanced compliance with the Policy Directive (PD2012_060) requirement for the provision of comprehensive discharge advice targeted to the specific information needs of: the consumer and their family; the health professionals and NGOs who are providing ongoing community care and support. This targeted advice package is referred to as 'transfer of care plan' in the Policy Directive.</p> <p>The Policy Directive requirement for the development of individualised transfer of care plans was identified in the letter to Chief Executives and Directors of Mental Health for local attention and action as necessary.</p> <p>The July 2016 letter emphasised the importance of comprehensive, targeted advice to suit the information needs of different audiences to promote the patient's safe and effective transfer to the community.</p>	Mental Health Branch, Ministry of Health

RECOMMENDATION		ACCEPTED OR REJECTED	ACTIONS TO BE TAKEN	DUE DATE	STATUS (completed, on track, delayed) and COMMENT	RESPONSIBILITY (Section of agency responsible for implementation)
1.3	Requires that estimated discharge dates be allocated within 72 hours of admission	Accepted			<p>Status: Complete</p> <p>This requirement was identified in the letter of July 2016 for local attention and action.</p> <p>Note also that the need to identify an estimated discharge date within 72 hours for mental health patients will be reconsidered when the Policy Directive is comprehensively reviewed in 2017.</p>	Mental Health Branch, Ministry of Health
1.4	Requires the education of existing staff about the principles and procedures for transfer of care planning	Accepted			<p>Status: Complete</p> <p>Chief Executives and Directors of the Local Health Districts were reminded of this training requirement which is stipulated in the Policy Directive.</p>	Mental Health Branch, Ministry of Health
1.5	Requires that the principles and procedures for transfer of care planning are incorporated into orientation programs for new clinical staff.	Accepted			<p>Status: Complete</p> <p>Chief Executives and Directors of the Local Health Districts were reminded of this training requirement which is stipulated in the Policy Directive.</p>	Mental Health Branch, Ministry of Health
2	Include in its review of the policy directive due for completion by 14 November 2017 consideration of the following matters:	Accepted			<p>Status: Currently in progress</p> <p>The three components of this recommendation will be considered during the comprehensive review of the Policy Directive in 2017. This policy review project has commenced and Chief Executives have been informed that it is due for completion in November 2017.</p>	Mental Health Branch, Ministry of Health

RECOMMENDATION		ACCEPTED OR REJECTED	ACTIONS TO BE TAKEN	DUE DATE	STATUS (completed, on track, delayed) and COMMENT	RESPONSIBILITY (Section of agency responsible for implementation)
2.1	Whether there are circumstances where an estimated discharge date need not be allocated within 72 hours of admission.	Accepted			As above	Mental Health Branch, Ministry of Health
2.2	Whether there are circumstances where the consumer need not always be present for follow-up contact to be valid for measuring its performance	Accepted			As above	Mental Health Branch, Ministry of Health
2.3	Whether the policy directive adequately addresses possible role for other parties, in particular peer support workers and NGOs that provide services as part of a consumer's transition from inpatient care.	Accepted			As above	Mental Health Branch, Ministry of Health
3	Clarify with Local Health Districts the scope of the policy directive, particularly with reference to consumers who are transferred to public community mental health services out of the area.	Accepted			<p>Status: Complete</p> <p>The audit found a poor rate of follow-up when the consumer's ongoing care is being transferred to a community mental health service that is outside the district's boundaries or the hospital's catchment area. The July 2016 letter from Mental Health Branch clearly stated that despite additional complexity in these situations, the Policy Directive requirements still apply and that assertive action must be taken by the inpatient service to ensure that the correct health providers in the community receive, and acknowledge transfer of the consumer's care even across local boundaries.</p>	Mental Health Branch, Ministry of Health

RECOMMENDATION		ACCEPTED OR REJECTED	ACTIONS TO BE TAKEN	DUE DATE	STATUS (completed, on track, delayed) and COMMENT	RESPONSIBILITY (Section of agency responsible for implementation)
4	Facilitate Local Health Districts to:					
4.1	Review processes around the handling of discharge summaries to ensure that they are a timely component of the transfer of care process	Accepted			<p>Status: Complete</p> <p>This is a Local Health District operational responsibility, and has been implemented from the Ministry's perspective through the letter of July 2016 which highlighted this recommendation. The mental health services are well aware of this situation and have improved the timeliness of discharge summaries, or are attempting to do so through various means including enhancements to mental health electronic records.</p>	Mental Health Branch, Ministry of Health
4.2	Implement mechanisms to share information and experiences about models of post-discharge follow-up	Accepted			<p>Status: In progress</p> <p>As noted in the letter of July 2016, the NSW Mental Health Reforms provide for a significant expansion of community care options requiring the Ministry to work closely with LHD/SHNs in the redesign process. As a first step, Mental Health Branch funded four LHDs in 2015/16 to explore priorities for the redesign of adult assertive community care. The four Local Health Districts involved were South Eastern Sydney, Western Sydney, South Western Sydney and Hunter/New England.</p> <p>The project reports were submitted to the Mental Health Branch in late 2016.</p> <p>To promote the project's learnings the Ministry of Health, in association with the Agency for Clinical Innovation (ACI) are hosting a forum for all Local Health Districts on 24 March 2017 to::</p> <ul style="list-style-type: none"> • Showcase examples of the redesign process and encourage innovation • Share good ideas, reflections and practical lessons learnt so far • Build networks and connections across NSW 	Mental Health Branch, Ministry of Health

RECOMMENDATION		ACCEPTED OR REJECTED	ACTIONS TO BE TAKEN	DUE DATE	STATUS (completed, on track, delayed) and COMMENT	RESPONSIBILITY (Section of agency responsible for implementation)
					<ul style="list-style-type: none"> • Provide updates on data collection • Discuss support options for the redesign process and the first steps. 	
4.3	Review the quality of communication that occurs between mental health inpatient unit staff and community mental health staff, and develop action plans to address any deficiencies	Accepted			<p>Status: Complete</p> <p>The review of the quality of communication between inpatient and community mental health staff is a LHD/SHN operational requirement. This recommendation has been implemented from the Ministry's perspective.</p> <p>The letter of July 2016 pointed to this recommendation as an area for local review/improvement.</p>	Mental Health Branch, Ministry of Health
4.4	Review how community mental health services interact with admitted inpatients, particularly with regard to discharge planning, and compare to good practice models across NSW.	Accepted			<p>Status: On track</p> <p>This recommendation highlights an aspect of community care that has been articulated in at least one of the projects noted above in response to Recommendation 4.2.</p> <p>The Mental Health Branch will consider whether additional action is required to address this recommendation following the showcase and discussion at the 24 March 2017 forum.</p>	Mental Health Branch, Ministry of Health