Supplementary Submission No 13a

INQUIRY INTO THE MANAGEMENT OF HEALTH CARE DELIVERY IN NSW

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NSW HEALTH ADDENDUM TO SUBMISSION No 13

June 2017

1. Executive Summary

1.1 This is an addendum to Submission No 13 to the Public Accounts Committee (PAC) Inquiry into the Management of Healthcare Delivery in NSW. The Ministry of Health (the Ministry) provides this addendum in response to the PAC extending the submission deadline, based on recent media reports highlighting management issues in mental health care delivery.

1.2 NSW Health is committed to providing a safe, high quality mental health care system that continually learns from experiences and operates according to best practice standards.

1.3 The safety and wellbeing of patients and staff working in mental health facilities is a key priority for the Ministry.

1.4 There are national and state-based governance models that support the delivery of effective and efficient mental health services in NSW.

1.5 The NSW Health Performance Management Framework process is utilised to monitor effectiveness and efficiency of mental health service provision. Local health districts are held to account to perform against nine key performance indicators and six monitoring measures specific to mental health.

1.6 Performance monitoring of mental health services, through the NSW Health Performance Framework cycle and mandatory Policy Directives, is supported by clinical benchmarking, local quality improvement and continual staff training. This approach is especially important in complex areas of service delivery such as seclusion and restraint.

1.7 As a key aspect of improving mental health service delivery, the Ministry resources evidenced based training for senior clinical staff about reducing seclusion and restraint practices. The Ministry has implemented the Six Core Strategies for the Reduction of Seclusion and Restraint© (the Six Core Strategies) with LHDs since 2011.

1.8 The Ministry is currently undertaking a review of seclusion, restraint and observation of mental health consumers in NSW Health facilities and services. This review is being carried out by an independent expert panel supported by the NSW Chief Psychiatrist.

2. Introduction

2.1 This is an addendum to Submission No. 13 to the PAC Inquiry into the Management of Healthcare Delivery in NSW. The Ministry provides this addendum in response to the PAC extending the submission deadline, based on recent media reports highlighting management issues in mental health care delivery.

2.2 The Ministry notes the existing terms of reference for the PAC Inquiry. This addendum focuses on how NSW Health uses its Performance Framework (2009 to present) and its NSW Health Purchasing Framework (2012 to present) to drive efficiency and effectiveness in mental health service delivery. This includes examining seclusion, restraint and observation practices of patients with a mental illness in NSW Health facilities.

3. Context

3.1 This section provides context to the NSW mental health system. It provides an overview and interaction of the mental health services that NSW Health provides. It also describes the NSW Health's mental health reform process.

The public mental health system in NSW

3.2 Across Australia, the prevalence of mental health problems is widespread. Mental illnesses are the single largest cause of disability in Australia and account for 24% of the total non-fatal disease burden.

3.3 One in five adults in Australia will experience a mental disorder each year (for people aged 16-24 the rate is one in four). Severe disorders, such as schizophrenia, severe depression and severe anxiety disorders, account for about 80% of mental health expenditure in Australia. They require intensive specialist care and support, and may be both episodic and enduring.

3.4 For the great majority of people with a mental illness or disorder, treatment is most appropriately provided in the community. For those whose problems are more severe and complex, treatment in a hospital inpatient unit may be indicated for a limited period of time. This is more likely where more intensive treatment is required to keep the person and those around them safe.

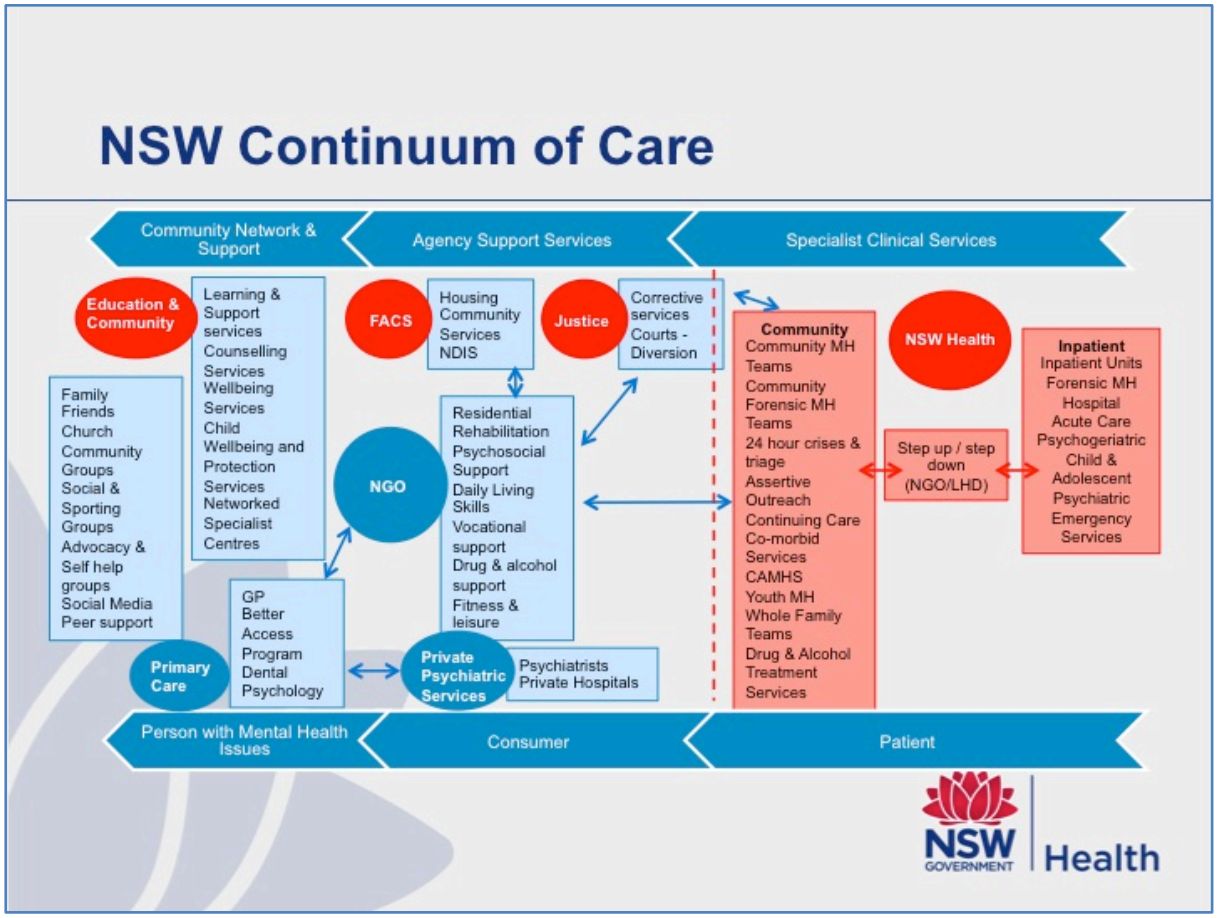
3.5 NSW Health provides specialist mental health services through its 15 LHDs, and three SHNs (Justice Health and Forensic Mental Health Network, Sydney Children's Hospital Network and St Vincent's Health Network), and through grants to the non-government sector.

3.6 Core specialist clinical services provided by NSW Health include acute assessment and treatment services, and continuing care and rehabilitation services, all of which are provided in both hospital and community settings. There are also specialist clinical services in inpatient and community settings for children and young people, older people and forensic patients.

3.7 Within the health sector there are strong linkages with a range of partners including general hospital services (e.g. emergency departments), primary health care providers (especially General Practitioners), Aboriginal community controlled organisations, and drug and alcohol services. Services are also delivered through collaboration with a range of other government agencies responsible for housing, education, family services, and the criminal justice system.

3.8 This complex range of services and linkages is shown at figure 1 below.

Figure 1. NSW mental health services across the continuum of care.



3.9 There are approximately 60 inpatient facilities providing 2,817 acute, non-acute and sub-acute beds and 282 community/mental health centres that provide public mental health services.

3.10 Increasing mental health activity in NSW public hospitals continues year-on-year:

- In 2016-17, the NSW Ministry purchased 2.4 per cent more mental health activity across local health districts.
- There has been a 95 per cent increase in ambulatory contacts, a 26.5 per cent increase in acute overnight separations, and an eight per cent increase in non-acute inpatient care since 2011/12.
- the number of average available beds has increased by 8.3 per cent, from 2,601 in 2011/12 to 2,817 in 2015/16.

NSW mental health reform

3.11 The Ministry, pillars and statewide services are committed to coordinating and partnering with Local Health Districts (LHDs) and Specialty Health Networks (SHNs) in delivering the NSW Health Key System Priorities for 2016/17. Delivery against NSW Health strategic priorities is the responsibility of all entities within the organisation. Item 3.2 of these priorities is implementing plans to deliver mental health reform across the system.

3.12 *Living Well: A Strategic Plan for Mental Health in NSW 2014-2024*[1] is a strategy for mental health in NSW. It outlines the NSW Mental Health Commission's vision for a mental health system focused on community-based mental health support. The Commission monitors and reports on the implementation of this strategic plan.

3.13 In response to Living Well, the NSW Government is undertaking a decade-long whole-of-government enhancement of mental health care. To strengthen mental health care in NSW, the Government identified five strategic directions:

- A greater focus on community-based care
- Strengthening prevention and early intervention
- Developing a more responsive system
- Working together to deliver person-centred care
- Building a better system

3.14 In December 2014, the NSW Government announced its response to Living Well and committed $115 million to commence the first stage of reform.

3.15 The NSW Mental Health Reform Monitoring Reports chart the progress of the implementation to date, and are provided to the NSW Government's Social Policy Cabinet Committee.

[1] http://nswmentalhealthcommission.com.au/our-work/living-well-reforms

3.16 The Ministry is also currently developing a NSW Mental Health Strategic Framework. This will align with the National Mental Health Strategy, the Fifth National Mental Health Plan and outlines the NSW Ministry's Mental Health priorities.

4. NSW Health 'System Manager' governance - driving efficient., effective and sustainable mental health service delivery

4.1 This section expands on section 5 from the Submission No 13 to the PAC Inquiry into the Management of Healthcare Delivery in NSW. It describes the national and state governance structures for mental health service delivery. It then explains the cycle of performance reporting for monitoring mental health care service delivery, achieved through the NSW Health Performance Monitoring Framework.

National mental health governance structure

4.2 There is a strong national governance structure for mental health services, which allows monitoring of effectiveness and efficiency over the entire Australian health system. Mental Health and Drug and Alcohol Principal Committee (MHDAPC) provides advice to the Australian Health Ministers' Advisory Council (AHMAC). The MHDAPC's role is to support integration and provide an opportunity to progress the work of the mental health and drug & alcohol sectors, as well as enabling development and implementation of specific and related national initiatives and projects.

4.3 MHDAPC-led initiatives are supported by NSW Health in driving effectiveness and efficiency in mental health care service delivery.

- The National Mental Health Strategy[2] has been reaffirmed by the health ministers a number of times since its original development in 1992. The *Fourth National Mental Health Plan* was released in November 2009. MHDAPC is now responsible for the development of the *Fifth National Mental Health and Suicide Prevention Plan*. The consultation draft released in October 2016 focuses on achievable and measurable improvements across seven targeted priority areas, with progress to be monitored by the National Mental Health Commission. A completed plan is due for submission to COAG Health Council to consider at its August 2017 meeting.

[2] http://www.health.gov.au/internet/main/publishing.nsf/content/mental-strat

- Health Ministers endorsed the *National safety priorities in mental health: a national plan for reducing harm*[3], Australia's first national statement about safety improvement in mental health in 2005. Since then, Australian public mental health services have been progressing several initiatives to improve the safety and quality of mental health care. This includes ongoing work through the MHDAPC's Safety and Quality Partnership Standing Committee (SQPSC)[4]. There has been a particular focus on reducing the use of seclusion and restraint through the SQPSC's Restrictive Practice Working Group.

4.4 The Mental Health Information Strategy Standing Committee (MHISSC)[5] of the MHDAPC leads the development of national key performance indicators and benchmarking in mental health services.

4.5 The National Mental Health Commission[6] was established in 2012 and is part of the Minister for Health's portfolio. This body supports the Australian Government to deliver an efficient, integrated and sustainable mental health system to improve mental health outcomes for Australians and help prevent suicide.

4.6 Under the *National Health Reform Act 2011*, two key bodies have responsibilities for effective and efficient mental health care service delivery:

- The Australian Commission on Safety and Quality in Health Care[7] leads and coordinates national improvements in safety and quality in health care. Their portfolio includes national standards and accreditation in mental health services.
- The Independent Hospital Pricing Authority (IHPA)[8] delivers an annual National Efficient Price and National Efficient Cost. These are major determinants of the level of Commonwealth Government funding for public hospital services and provide a price signal or benchmark for the efficient cost of providing public hospital services, including mental health services.

4.7 NSW Health also leverages Commonwealth investment to drive future efficiencies in mental health. This includes the implementation of the National Disability Insurance Scheme (NDIS), and 2017-18 federal budget announcements around psychosocial

[3] http://www.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-n-safety-toc
[4] http://mentalhealthcommission.gov.au/media-centre/news/definitions-for-mechanical-and-physical-restraint-in-mental-health-services.aspx
[5] https://mhsa.aihw.gov.au/committees/mhissc/
[6] http://mentalhealthcommission.gov.au
[7] www.safetyandquality.gov.au
[8] www.ihpa.gov.au

supports, rural telehealth psychological services, priority mental health research and addressing suicide hotspots.[9]

NSW mental health key governance bodies

4.8 The Health Secretary is the system manager of the NSW public health system. As previously described by Submission No. 13 to the PAC Inquiry, NSW Health operates under a devolved model of health system governance.

4.9 There are a number of key state-based governance bodies which also monitor the mental health system in NSW.

4.10 The *NSW Mental Health Act 2007* is an Act of Parliament that governs the care, treatment and control of people in NSW who experience a mental illness or mental disorder. Under the Act:

- Official Visitors are appointed under s129 of the *Mental Health Act 2007* to visit all mental health inpatient facilities. The Principal Official Visitor undertakes a range of functions including to advise and assist official visitors in the exercise of functions conferred or imposed on them by or under this Act.
- The Mental Health Review Tribunal is a quasi-judicial body constituted under s140. The Tribunal's principal functions are to review the situations of persons involuntarily admitted to hospitals, persons on community treatment orders, and forensic patients.

4.11 The *Mental Health (Forensic Provisions) Act 1990* applies to forensic patients, correctional patients and people on forensic community treatment orders. Such patients have been found not guilty by reason of mental illness or unfit to be tried for offences, or require mental health treatment while in custody.

4.12 The Minister for Mental Health has initiated a review in relation to the operation of the Mental Health Review Tribunal in respect of forensic patients. A key focus of the Review will be consideration to whether current law and current operational processes and procedures appropriately balance community safety, the interests of victims and the families of such victims, and the care and treatment needs of forensic patients.

4.13 The Mental Health Commission of New South Wales was established in July 2012 under the *Mental Health Commission Act 2012* for the purpose of monitoring, reviewing and improving the NSW mental health system. The Mental Health Commission of NSW is an independent body which helps drive reform that benefits

[9] http://budget.gov.au/2017-18/content/glossies/essentials/html/essentials-01.htm

people who experience mental illness and their families and carers. It works with the community towards sustained improvement in the support offered to people who experience mental illness and in their access to employment, education, housing, justice and general healthcare.

NSW performance and purchasing frameworks for mental health

4.14 The NSW Health Performance and Purchasing Frameworks support the delivery of effective, efficient and sustainable mental healthcare delivery. The mechanisms for this include the Service Agreements, quarterly LHD/SHN performance reviews, and mental health specific data systems and reporting.

4.15 The NSW Health Performance Framework[10] sets out how the Ministry monitors and assesses the performance of public sector health services, including mental health services, in NSW. Application of the Framework is relevant to clinical networks, units and health service teams within each service or organisation.

4.16 Each Service Agreement[11] between the LHD/SHN with the Secretary comprises negotiated targets to provide transparency and consistency around specific mental health activity, funding, service levels, and required performance levels.

4.17 The 2016-17 Service Agreements with LHDs and SHNs include nine mental health specific Key Performance Indicators (KPIs) which are monitored by the Ministry and within the districts. One is in the domain of service access and patient flow, three monitor and facilitate improvements in safety and quality and two enable monitoring of progress of current mental health reform initiatives. Three KPIs are activity targets based on the National Weighted Activity Unit (NWAU). Four KPIs come directly from the set of KPIs for Australian mental health services, governed by MHISSC. These indicators monitor service delivery and performance within NSW and across the country. In addition, the Service Agreements contain six mental health service measures.

[10] http://www.health.nsw.gov.au/Performance/Documents/performance-framework.pdf
[11] http://www.health.nsw.gov.au/Performance/Documents/service-agreement-generic.pdf

Table 1. NSW Health 2016/17 Key Performance Indicators and Monitoring Measures for Mental Health.

NSW Health 2016/17 Key Performance Indicators – Mental Health
Service access and patient flow
o Number of mental health patients in the Emergency Department (ED) longer than 24 hours
Safety and quality
o Mental health: Percentage of acute patients readmitted within 28 days of separation
o Mental health: Acute post-discharge community-care - follow-up within seven days (%)
o Mental health: Rate of seclusion in acute units (episodes per 1,000 bed days)
Mental health reform
o Number of patients comprehensively assessed in Pathways to Community Living Initiative (PCLI)
o Number of peer workers
Activity
o Mental Health Inpatient Activity Acute Inpatients (NWAU)
o Mental Health Inpatient Activity Non Acute Inpatients (NWAU)
o Mental Health Non-Admitted services (NWAU)
NSW 2016/17 Service Monitoring Measures – Mental Health
o Involuntary patients absconded from an inpatient MH unit (number)
o Mental health patients admitted to a ward from ED - % completed within 4 hrs
o Average duration of seclusion - (Hours)
o Frequency of seclusion - (% of acute mental-health admitted care episodes with seclusion)
o Mental health outcomes readiness (HoNoS completion rates) – completed by clinician (% of episodes)
o YES completion rate (Your Experience Survey) – completed by consumer (% of episodes)

4.18 There are performance targets for individual KPIs and LHDs/SHNs are assessed in whether they are meeting these targets.

4.19 The monitoring of performance against these activity targets is ongoing through the NSW Health Performance Framework process, as described in section 5 of Submission No. 13 to the PAC Inquiry.

4.20 Further, compliance with Policy Directives is mandatory for NSW Health and is a condition of funding for LHDs/SHNs. Various policy directives related to mental health are described in section 6.

4.21 If performance concerns are identified, these are addressed with the local health district or specialty health network executive teams through structured processes as stipulated in the NSW Health Performance Framework:

- KPIs are reported monthly by the Ministry to LHDs/SHNs by the health system performance reports process.

- Significant variation from target will trigger performance discussions between the Ministry and the relevant LHD/SHN. The Mental Health Branch participates in the quarterly performance meetings between the Ministry and the Chief Executive of LHD/SHNs to discuss: performance issues including reviewing performance on indicators and service measures from the Service Agreements; priority statewide issues and system changes; challenges being faced by the LHD impacting on performance and service delivery.
- The performance expectations of LHDs/SHNs in relation to seclusion rates, frequency and duration is a current priority for the performance meetings.

Strategic commissioning with non-government organisations delivering mental health care in NSW

4.22 A strong, sustainable and effective health system will include a mix of government, not-for-profit, and for-profit providers working individually and together to ensure the best health outcomes for the people of NSW. NSW Health has a long history of partnering with Non Government Organisations (NGOs), and the NGO sector is an integral part of the NSW health system.

4.23 Grants to the NGO sector deliver a significant amount of mental health services in addition to the NSW Health provides specialist mental health services provided through the 15 LHDs, and three speciality networks.

4.24 Under Partnerships for Health[12], NSW Health is reforming NGO grants programs to ensure future funding delivers effective health care, and complements services provided by local health districts.

4.25 The Mental Health Branch is undertaking a phased approached to implementing these reforms over the next three years, and will transition to more coordinated purchasing arrangements for NGOs delivering mental health services to ensure better alignment of programs to NSW Health's strategic priorities.

5. Provision of timely, accurate and transparent mental health performance information

5.1 There are a number of ways that NSW mental health information is provided to the system to monitor and gauge effectiveness and efficiency of service delivery. Improvements are driven through both public and internal reporting of mental health data collected by services.

[12] http://www.health.nsw.gov.au/business/partners/Publications/gmip-taskforce-report-response.pdf

Public reporting

5.2 As aforementioned, the Australian Institute of Health & Welfare (AIHW) *Mental Health Services in Australia* website[13] publishes key performance indicators (KPIs) for state and territory mental health services annually. These KPIs have been developed to improve accountability and transparency at the mental health service organisation level. The 15 indicators aim to address the Health System Performance tier of the *National Health Performance Framework*[14] by monitoring performance within public mental health service organisations.

5.3 The Report on Government Services (RoGS), produced by the Productivity Commission also publicly shows performance information about mental health, sourced from AIHW data. The RoGS mental health performance indicator framework provides information on equity, efficiency and effectiveness, and distinguishes the outputs and outcomes of mental health services[15].

5.4 The NSW Health Annual Report[16] describes the performance and operation of NSW Health. It contains information on key achievements in mental health service performance, including data on public hospital and ambulatory service activity levels, and seclusion.

5.5 HealthStats NSW[17] is a NSW Government website resource that provides data and information on a range of health-related topics. The data aims to support policy and planning and can indicate some aspects of performance of mental health services. Current mental health topics include suicide, psychological distress, hospitalisations for intentional self-harm, attention deficit hyperactivity disorder.

Reporting back to service providers

5.6 The Ministry's Activity Based Management (ABM) Portal is a useful internal resource for LHDs to benchmark of activity and costs for publicly funded mental health services. The IHPA National Benchmarking Portal is another national activity and costing tool which health services can utilise.

5.7 On a quarterly basis, local health districts and specialty health networks are provided with information regarding performance against specific mental health performance indicators through a Mental Health Quarterly Performance Report.

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[13] https://mhsa.aihw.gov.au/home/
[14] http://meteor.aihw.gov.au/content/index.phtml/itemId/392569
[15] http://www.pc.gov.au/research/ongoing/report-on-government-services/2017/health/mental-health-management
[16] http://www.health.nsw.gov.au/annualreport/Publications/annual-report-2016.pdf
[17] http://www.healthstats.nsw.gov.au

5.8 A clinical benchmarking tool, the Clinical Information Benchmarking Reporting Engine (CIBRE), is made available within NSW Health to support improvements in mental health care and engagement with clinicians. CIBRE is distributed within the Ministry and to senior clinical leaders in the LHDs (for example, mental health directors and clinical directors, team leaders, senior clinicians and quality managers). It is also shared with key accountability bodies including the NSW Mental Health Commission, Official Visitors and Minister's Office.

5.9 CIBRE provides summary and time series in six month blocks. It provides this data at a detailed level, for individual wards, and allows comparison of each ward with other wards in the same peer group. CIBRE data includes more granular reporting about the national KPIs, restraint data, service processes including activity, occupancy, length of stay, admission pathways, consumer and casemix characteristics and data quality statements.

5.10 The Your Experience of Service (YES) survey[18] gathers information from consumers about their experiences of care. NSW Health has implemented YES, and return rates are a service measure in performance agreements between the Ministry and LHDs/SNHs. The publishing of this data is directed to service improvement by consumers and mental health services working together to interpret YES results, and plan and monitor change.

6. Seclusion, restraint and observation of mental health consumers in NSW Health facilities

6.1 Mental health services in NSW deal with some of the most vulnerable people in the community and managing their needs in a time of crisis is extremely challenging. The Ministry is committed to continuous improvement in the safety and quality of the specialist services needed in these challenging situations.

6.2 It is the position of NSW Health that clinical and non-clinical staff working in mental health facilities in NSW will undertake all possible measures to prevent and minimise disturbed or aggressive behaviour and reduce the use of restrictive practices such as seclusion and restraint. When making decisions about strategies to manage disturbed behaviour, it is important that health workers do not put themselves, their colleagues or mental health consumers at unnecessary risk.

6.3 Performance monitoring of mental health services in areas such as seclusion and restraint need to be carefully supported with local strategies and skills development to ensure it occurs safely.

[18] https://mhsa.aihw.gov.au/committees/mhissc/YES-survey/

Defining seclusion and restraint

6.4 Seclusion, restraint and observation of mental health consumers are issues of human rights, and patient and staff safety.

6.5 Seclusion is defined as the confinement of the consumer at any time of the day or night alone in a room or area from which free exit is prevented. Key elements are:

- 1. The consumer is alone
- 2. The seclusion applies at any time of the day or night
- 3. Duration is not relevant in determining what is or is not seclusion
- 4. The consumer cannot leave of their own accord.

6.6 Restraint is defined as the restriction of an individual's freedom of movement by physical or mechanical means. This applies to consumers receiving specialist mental health care regardless of the setting. Key elements are:

- 1. The safety of the consumer and others is paramount.
- 2.The restraint is used for urgent intervention only where all other interventions have been tried, or considered and excluded.
- 3. Restraint is used for the shortest period necessary.
- 4. Minimal amount of force necessary is used.

6.7 There are a number of policy levers described in this section which aim to drive performance improvements in seclusion, restraint and observation practices.

NSW Health policy on seclusion, restraint and observation

6.8 The *NSW Mental Health Act 2007* requires that NSW Health staff undertake all possible measures to prevent and minimise disturbed or aggressive behaviour, and reduce the use of restrictive practices such as seclusion and restraint.

6.9 The Act requires that (s68):

- people with a mental illness or mental disorder receive the best possible care and treatment in the least restrictive environment enabling the care and treatment to be effectively given, and that
- any restriction on the liberty of patients and other people with a mental illness or mental disorder and any interference with their rights, dignity and self-respect is to be kept to the minimum necessary in the circumstances.

6.10 As described in section 4, compliance with Policy Directives is mandatory for NSW Health and is a condition of funding for public health organisations. The NSW Health policy directive Aggression, Seclusion and Restraint in Mental Health Facilities in

NSW[19] emphasises the role of prevention and the use of a range of therapeutic interventions in reducing seclusion and restraint. It requires that:

- Staff are provided appropriate training in safe response to aggression, safe restraint practices and that they understand their obligations for seclusion monitoring
- Staff need to focus on prevention and de-escalation
- Review processes are in place so lessons can be learned and practices changed where necessary.

6.11 This policy has been active since 2012 and is currently being updated by the Ministry.

6.12 The NSW Health guideline *Aggression, Seclusion & Restraint in Mental Health Facilities - Guideline Focused Upon Older People*[20] provides further guidance about caring for older people whose behaviour can potentially cause harm.

6.13 The Ministry also supports the Safety and Quality Partnership Standing Committee of MHDAPC's *Principles for Minimising Mechanical and Physical Restraint in Mental Health Services*[21].

6.14 NSW Health utilises the *Australian Health Facility Guidelines,* driven by the Australasian Health Infrastructure Alliance, in its facility planning. These guidelines describe the physical attributes of a seclusion room to support that when seclusion is necessary, it occurs safely.

NSW health policy around engagement and observation in mental health inpatient units

6.15 Practice and culture differences exist between physical health and mental health staff across the system in relation to nursing observation practices. Policy directives support an integrated approach between mental health and physical health. Systems for improving the recognition, response to and management of patients who are clinically deteriorating are contained in the NSW Health policy directive *Recognition and Management of Patients who are Clinically Deteriorating*[22]. Standard variations to observation requirements are outlined for patients in specialist services such as acute mental health facilities.

[19] http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2012_035.pdf
[20] http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2012_005.pdf
[21] http://mentalhealthcommission.gov.au/media-centre/news/definitions-for-mechanical-and-physical-restraint-in-mental-health-services.aspx
[22] http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2013_049.pdf

6.16 As an additional safety and quality improvement system, NSW Health has a system for Root Cause Analysis (RCA) review which is utilised by mental health services. Under the *NSW Health Incident Management Policy*[23] , LHDs/SHNs undertake RCAs for events which lead to unintended adverse outcomes severity assessment code 1 events. Issues are themed and escalated through the local health Mental Health Root Cause Analysis Review Committee[24].

Seclusion and restraint rates are trending down in NSW

6.17 NSW Health is committed to transparency in providing the public with seclusion and restraint information. NSW seclusion statistics are currently publicly accessible from two primary sources of data. The sources include the Australian Institute of Health and Welfare (AIHW) website and the NSW Health Annual Report.

6.18 The AIHW provides seclusion data for all Australian jurisdictions. This data spans seven years (2009/10 to 2015/16), is limited to seclusion data for public sector acute mental health hospital services, and includes rate of seclusion, average duration of events (hours), frequency of seclusion (per admitted care episode) and average seclusion events per episode.

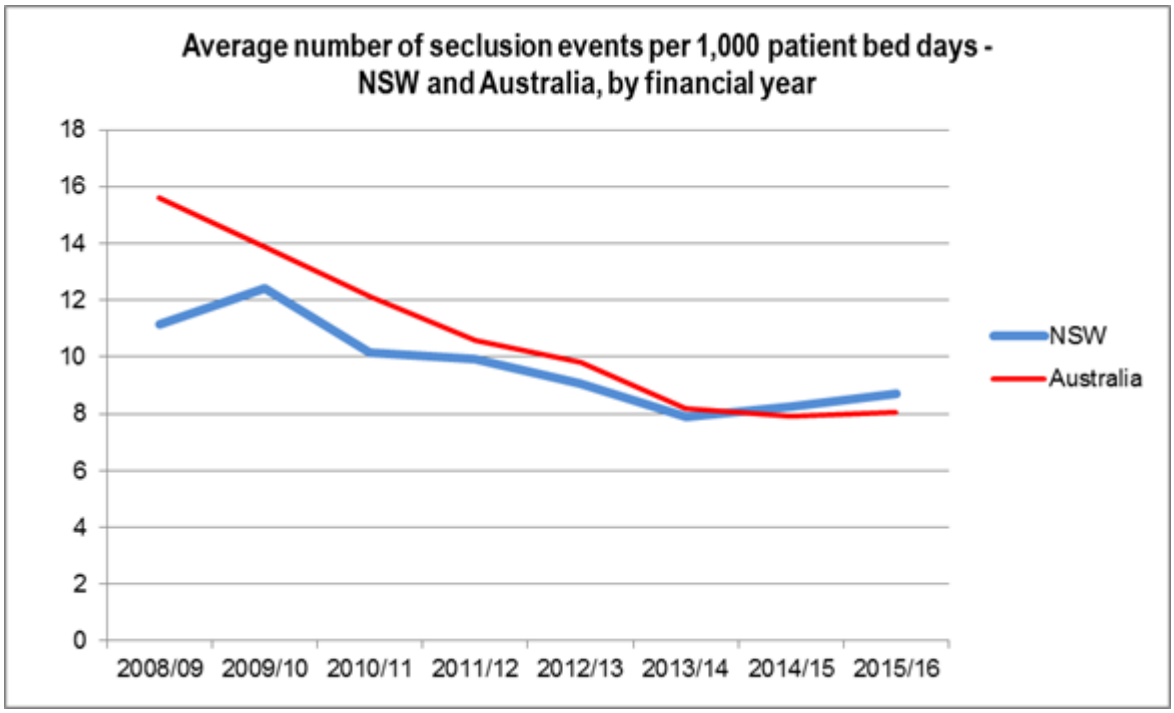
6.19 The NSW seclusion rate is trending down[25] having reduced 30% across the state since 2009/10.

6.20 The latest data in NSW shows[26]:

- The NSW rate of seclusion was 8.7 events per 1000 bed days in 2015/16, compared to 12.4 episodes per 1000 bed days in 2009/2010, a reduction of 30 per cent. From 2013/14 to 2015/16, the NSW seclusion rate increased slightly from 7.9 to 8.7 episodes per 1000 bed days. In the same period, the national total seclusion rate reduced slightly from 8.2 to 8.1 episodes per 1000 bed days. This is shown in Figure 1 below. The Ministry remains committed to ongoing reduction of the NSW seclusion rate.
- The rate of use of physical restraint practices in NSW is 8.8 events per 1000 bed days, better than the national average of 9.2.
- NSW has 0.6 events per 1000 bed days in mechanical restraint practices, compared with the national average of 1.7.

[23] http://www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=PD2014_004
[24] http://www.cec.health.nsw.gov.au/incident-management/root-cause-analysis
[25] https://mhsa.aihw.gov.au/services/admitted-patient/restrictive-practices/
[26] https://mhsa.aihw.gov.au/services/admitted-patient/restrictive-practices/

Figure 2. Comparative seclusion rates, NSW and Australia (source: AIHW 2017).



6.21 NSW Health also provides seclusion data within its annual report[27]. The acute mental health facility seclusion rate for NSW over a four year span (2012/13 to 2016/17), divided by age groups and forensic psychiatric care components. Additional table data provides NSW seclusion identified by rate, average duration and frequency for a three year period, at facility level.

6.22 Restraint data has been made available by AIHW for the first time at a national level this year. The data is available by jurisdiction, including NSW. The data includes reporting on restraint type, including mechanical, physical and unspecified restraint. Data is for the financial year 2015/16 only.

6.23 As described in section 5 above, a variety of tools exist to provide access to data and information in order to engage the system in performance improvement work, specifically around seclusion and restraint.

[27] http://www.health.nsw.gov.au/annualreport/Publications/annual-report-2016.pdf

Cultural change and leadership drives improvements

6.24 NSW Health is committed to continually reducing rates of seclusion and restraint practices for patients.

6.25 Mental health clinicians have a range of strategies available to prevent and minimise aggression and the need for seclusion and restraint practices.

6.26 NSW Health staff working in mental health are trained in safe responses to aggression and in understanding their obligations for safety, with a focus on prevention and de-escalation. These strategies include the early identification of risks, safety plans to identify triggers of distress and adapting the psychical and sensory environment to prevent aggression

6.27 As a key aspect of improving mental health service delivery, the Ministry resources evidenced based training for senior clinical staff about reducing seclusion and restraint practices. The Ministry has implemented the Six Core Strategies for the Reduction of Seclusion and Restraint© (the Six Core Strategies) with LHDs since 2011.

6.28 The Six Core Strategies are:

i. Leadership toward organisational change
ii. Use of data to inform practice
iii. Workforce development
iv. Use of seclusion and restraint prevention tools
v. Actively engaging consumers (and carers and advocates) in the care setting
vi. Debriefing after events.

6.29 The Ministry is committed to continuously supporting LHDs and SNs in the use of the Six Core Strategies. This year 'Creating Positive Cultures of Care' training has been commissioned, which is founded on the Six Core Strategies. This is being provided by international leaders to adult mental health units and all acute child and adolescent mental health service inpatient units in 2017.

Clinical quality improvement activities drive safe high quality mental health care

6.30 Routinely collecting, analysing and reporting local clinical quality information assists in monitoring performance in mental health services.

6.31 As described in section 5 above, there are a number of public and internal reporting mechanisms by which mental health services can utilise data to drive improvements in case. In particular, CIBRE provides a more detailed and localised supplement to

the NSW Health Performance Framework to support mental health service managers in understanding variation and improving care.

6.32 Several mental health facilities across NSW are also undertaking quality improvement activities using methodologies including Safe Wards[28] and the Productive Mental Health Ward[29].

6.33 Clinical benchmarking forums provide NSW mental health clinicians, consumer workers and managers with an opportunity to gain insights from data, clinical improvement practice, lived experience and appropriate experts.

6.34 The Ministry also visits clinicians and managers of mental health inpatient facilities across the state to drive local improvements in seclusion and restraint rates.

Review of seclusion, restraint and observation of mental health consumers in NSW Health facilities

6.35 The Ministry is currently undertaking a review of seclusion, restraint and observation of mental health consumers in NSW Health facilities and services. This review is being carried out by an expert panel led by the NSW Chief Psychiatrist. Further information on the Review methodology can be found on the NSW website.[30]

6.36 The terms of reference for this review[31] will:

i. Consider whether existing legislation, policy, clinical governance and oversight, principles and practice standards are consistent with national standards, leading evidence and international best practice principles, and the expectations of patients and the community

ii. Examine the application of existing mental health legislation, policy, clinical governance and oversight, principles and practices, and the extent to which these have been adhered to across NSW Health facilities with acute mental health units, mental health intensive care units and declared emergency departments.

iii. Taking into consideration the findings at (i) and (ii), make recommendations for amendment to legislation, policy, reporting, clinical governance and oversight practice standards; and

iv. Make recommendations for any system capability building required to support clinical and non-clinical staff to implement any proposed legislation, policy or practice changes

[28] http://www.safewards.net/
[29] http://www.health.nsw.gov.au/nursing/Pages/releasing-time-to-care.aspx
[30] http://www.health.nsw.gov.au/patients/mentalhealth/Pages/default.aspx
[31] http://www.health.nsw.gov.au/patients/mentalhealth/Pages/terms-of-reference.aspx

6.37 The review will report to the Minister for Mental Health and the Minister for Health by Friday 8 December 2017. NSW Health is ready to respond to any recommendations made following the review.