Private Mental Health
Consumer Carer Network (Australia)
engage, empower, enable choice in private mental health

Adjunct Professor Debora Picone, AM
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Australian Commission on Safety and Quality in Health Care
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Dear Professor Picone,

National Safety and Quality Health service Standards
Version 2: Consultation Draft

Thank you for the opportunity of providing information into the consultation process of the Commission's National Safety and Quality Standards Version 2. We are very supportive of most of the proposed items and required actions.

We support particularly *Standard CC: Comprehensive care*. In terms of CC5.4 (b) we would like to see some additional dot points which relates to clinician assessments. These are reference to psychological distress, or mental state, or vulnerability. The Network believes these are common and not specific to mental health, with their applicability and inclusion across all settings.

We also note that in all probability the *National Standards for Mental Health Services (NSMHS)* will become obsolete or mental health organisations will choose not to be accredited against them as we are seeing currently. This is a choice, for example in New South Wales and most of the private hospitals with psychiatric beds are increasingly deciding that their organisation will not be additionally accredited against the NSMHS.

The Network is concerned mostly about the references contained in Standard 7: Carers. We have mapped most of the criterion/actions within this Standard and for the most part are happy that most of our concerns have been addressed within Version 2. We particularly support Standard CC: Comprehensive Care which details in a number of places the need to obtain information from carers and to work in partnership with family and carers. However, in the NSMHS there is specific mention of the special needs of children and aged persons as carers and the requirement for the organisation to make appropriate arrangements for their support. We also believe this is relevant across all settings and would therefore need to be specifically articulated somewhere.

We also note that workbooks will be produced which guide organisations however we believe these are important enough and applicable across health care organisation to be included within the Standards themselves.

Standard RH: Reducing Harm particular in relation to challenging or aggressive behaviours and self-harm, restraint and seclusion, we are very supportive of these inclusions.

Standard CS: Communicating for safety: CS6.1. We would ask that consideration be given to including families or carers ability to escalate concerns. This may have been picked up elsewhere.

Further, we would like to make the following comments:

Standard GS: Governance for safety and quality

GS1 Governance and strategic leadership
GS1.1 c. 'provides leadership on partnering with consumers'

Within the current NSQS this criterion appears to be quite stronger and more descriptive. The Network has some concerns as to what this criterion actually means in practice with an emphasis on the words 'provides leadership'.

We do however note the criterion in Standard PC: Partnering with Consumers which would support the standard above. These are:

PC3.1 the health service organisation involves consumers in partnerships to plan, design, deliver, measure and evaluate health care.

PC3.2 The health service organisation provides orientation, support and/or education to enable consumers to fully participate as partners with the organisation

PC4.2 Where information for consumers about health and health care is developed internally, the health service organisation involves consumers in its development and review

In the current NSQS the following are noted and the Network wonders if these are addressed sufficiently by the new criterion. These include the above together with:

GS5.1 (c) involve consumers and the workforce in the review of safety and quality systems, and their performance

GS5.2 the health service organisation reports on safety and quality performance to:
(c) consumers

Following these queries, the current NSQS appear to have stronger indicators for the Governance concerns. These are:

2.1.1: Consumers and/or carers are involved in the governance of the health service organisation

Reflective Questions for Organisations: *How do we involve consumers and carers in our clinical and organisational governance processes?*

Examples of evidence:

- ☐ Policies, procedures and protocols related to engaging consumers and carers in the governance of the health service organisation
- ☐ Relevant documentation from committees and meetings that shows consumer representation or consumer involvement in governance activities
- ☐ Documented mechanisms for engaging consumer representatives of the local community are included in policy documents, committee terms of reference and position descriptions (where relevant)
- ☐ A range of formal and informal mechanisms are available for the ongoing and short-term engagement of consumers

- ☐ Financial and physical resources are available to support consumer participation and input at the governance level
- ☐ Feedback from consumers and evaluation reports regarding the processes of engagement and support provided

2.2.1: The health service organisation establishes mechanisms for engaging consumers and/or carers in the strategic and/or operational planning for the organisation

How are consumers and carers involved in strategic and or operational planning?

Examples of evidence:

- ☐ Policies or processes in place that articulate the role of consumers and carers in strategic, operational and service planning
- ☐ Committee terms of reference, membership, selection criteria, papers and minutes that demonstrate consumer engagement in strategic and operational planning
- ☐ Critical friends group established and meetings facilitated with clear objectives and consumer feedback recorded
- ☐ Planning day or forum with consumers and carers is held with agenda, attendees and feedback documented. Input is incorporated into strategic and operational planning process
- ☐ Consultation process held with consumers and feedback documented. Input is incorporated into strategic and operational planning

2.2.2 Consumers and/or carers are actively involved in decision making about safety and quality

Reflective Question*: How do consumers and carers participate in decision making for safety and quality?*

Example of evidence:

- ☐ Policies or processes in place that describe the level of consumer engagement in safety and quality decision making and quality improvement initiatives
- ☐ Committee terms of reference, membership, selection criteria, papers and minutes reflect the involvement of consumers and carers in decision making about safety and quality
- ☐ Critical friends group established and meetings facilitated with clear objectives and consumer feedback recorded

As a peak national consumer and carer organisation, we are pleased to provide our input herewith. The Network is pleased that I have been appointed to the Mental Health Advisory Group and the Standards Steering Committee. This provides the opportunity to have direct input into the review process from the members of the Network.

Yours faithfully,

Ms Janne McMahon OAM
Chair and Executive Officer
29 October, 2015