

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

CENTRE FOR CLINICAL PRACTICE

QUALITY STANDARDS PROGRAMME

Quality standard topic: Service user experience in adult mental health

Output: Draft quality standard

Scope

NICE quality standards are developed in accordance with a scope that defines what the standard will and will not cover. The scope of this quality standard is available from the NICE website (www.nice.org.uk).

This quality standard outlines the level of service that people using the NHS mental health services should expect to receive. It covers improving the experience of care for people using adult NHS mental health services. It does not cover mental health service users using NHS services for physical health problems or the experiences of families or carers of people using NHS services.

Evidence sources

The evidence sources used to develop this quality standard are listed in appendix 1.

Overview of statements

A total of 32 recommendations from the draft guidance 'Service user experience in adult mental health' were developed into 22 draft quality statements by the Guidance Development Group.

Quality measures

The quality measures accompanying the quality standard aim to improve the structure, process and outcomes of health and social care. They are not a new set of targets or mandatory indicators for performance management.

Quality measures are high-level quality indicators. They may be supplemented with indicators developed by the NHS Information Centre through their [Indicators for Quality Improvement Programme](http://www.ic.nhs.uk) (available from www.ic.nhs.uk). For topics where these quality indicators do not exist, the quality measures should form the basis for audit criteria developed and be

used locally to improve the quality of health care.

At present there are limited health outcome measures that can be used as quality measures. Therefore, the focus of the quality measures is on improving the processes of care that are considered to be linked to health outcomes.

Where appropriate, measures are specified in the form of a numerator and a denominator which define a proportion (numerator/denominator). It is assumed that the numerator is a subset of the denominator population.

Diversity, equality and language

Good communication between health and social care professionals and service users is essential. Treatment and care, and the information given about it, should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. Service users should have access to an interpreter or advocate if needed.

Consultation and feedback

Consultation will be held between 21 June 2011 and 19 July 2011, in order to obtain comments on the content of the draft standard. These comments will be used by the Guidance Development Group to further refine the quality statements and measures.

Explanatory note on relevant existing indicators

'Relevant existing indicators' identifies any existing national quality indicators that can be used to measure the draft quality statement for service user experience in adult mental health. Indicators from the NHS Information Centre's Indicators for Quality Improvement will be given preference.

'Other possible national data sources' identifies other national sources of data that could be used to form an indicator for the draft quality statement.

Draft quality standard for service user experience in adult mental health

The quality standard for service user experience in adult mental health requires that services should be commissioned from and coordinated across all relevant agencies encompassing the whole care pathway.

No.	Draft quality statements
1	People using mental health services and their families or carers are supported to feel optimistic about their care by mental health and social care professionals who are empathetic and non-judgemental.
2	People using mental health services are supported by mental health and social care professionals who have received cultural awareness training from a programme that has input from local voluntary organisations who work with the black and minority ethnic communities.
3	People using mental health services are actively involved in treatment decisions and shared decision-making, and engaged in self-management.
4	People using mental health services are supported by staff from a single, multidisciplinary team, who they know and with whom they have a continuous relationship.
5	People using mental health services can be assured that the views of service users are used to help monitor the performance of services.
6	People have timely and efficient access to mental health services.
7	People using mental health services are given explanations and information about the assessment process, their diagnosis and treatment options, and receive emotional support for any sensitive issues.
8	People working in mental health services are trained in person-centred care and/or customer care by service users.
9	People using mental health services are given a written copy of a care plan that includes details of activities to promote social inclusion such as education, employment, volunteering and other specified occupations, such as leisure activities and caring for dependants.
10	People using mental health services who are at risk of hospitalisation have a crisis plan that includes preferences for admission and treatment; treatment refusals; possible early warning signs; and the practical needs of the service user.
11	People in crisis have an assessment undertaken by a competent professional that includes their relationships, their social and living circumstances and level of functioning, their symptoms, behaviour, diagnosis and current treatment.
12	People admitted to hospital for mental health treatment and care are addressed using the name and title they prefer and have their psychological

	and emotional needs and preferences taken into account.
13	People admitted to hospital for mental health treatment and care are formally assessed within 2 hours of arrival.
14	People admitted to hospital for mental health treatment and care are introduced to the health and social care team as soon as possible.
15	People in hospital for mental health treatment and care, including service users subject to the Mental Health Act, are routinely involved in shared decision-making with healthcare professionals.
16	People in hospital for mental health treatment and care see, on a one-to-one basis, their named healthcare professional every day for at least 1 hour and their consultant at least once a week for at least 20 minutes.
17	People in hospital for mental health treatment and care have access to meaningful activities, including creative and leisure activities, exercise and self-care, 7 days a week during and outside normal working hours.
18	People in hospital for mental health treatment and care are involved in their discharge planning and have at least 2 days' notice of their discharge date.
19	Professionals using control and restraint, and compulsory treatment including rapid tranquillisation, are trained and competent to undertake them safely and use them as a last resort with minimum force.
20	People using mental health services who are subject to control and restraint or compulsory treatment including rapid tranquillisation have the reasons for it explained immediately afterwards and at discharge, and are given the opportunity to document their experience of it in their care record.
21	People using mental health services are asked if and how they want their family and/or carers to be involved in their care.
22	People using mental health services can be assured that services are working with other local organisations to combat the stigma associated with mental health problems, mental illness and mental health services in the local community and the NHS.

Draft quality statement 1: Working in partnership

Draft quality statement	People using mental health services and their families or carers are supported to feel optimistic about their care by mental health and social care professionals who are empathetic and non-judgemental.
Draft quality measure	Outcome: Evidence from experience surveys and feedback that service users felt optimistic about their care and supported by mental health and social care professionals who were empathetic and non-judgemental.
Description of what the quality statement means for each audience	<p>Service providers ensure systems are in place to collect feedback and survey data on the experience of care from service users on whether staff were empathetic and non-judgemental.</p> <p>Health and social care professionals ensure they support service users to feel optimistic about their care and are empathetic and non-judgemental.</p> <p>Commissioners ensure they commission services that can demonstrate how people using mental health services can feel optimistic about their care and are supported by mental health and social care professionals who are empathetic and non-judgemental.</p> <p>People using mental health services are supported to feel optimistic about their care by mental health and social care professionals who are understanding and non-judgemental.</p>
Relevant existing indicators	Questions on discussions of support, respect and dignity are contained within the NHS mental health inpatient survey (Q1, 18 and 22) and NHS community mental health survey (Q7).
Other possible national data sources	None identified.
Source guidance references	Service user experience in adult mental health guidance (consultation version) recommendation 1.1.1.

Draft quality statement 2: Cultural awareness training

Draft quality statement	People using mental health services are supported by mental health and social care professionals who have received cultural awareness training from a programme that has input from local voluntary organisations who work with black and minority ethnic communities.
Draft quality measure	<p>Structure:</p> <p>a) Evidence of local arrangements to ensure that staff supporting people using mental health services are trained in cultural awareness by a programme with input from local voluntary organisations who work with the black and minority ethnic community.</p> <p>b) Evidence of local arrangements to ensure people from black and minority ethnic groups receive equal access to mental health services.</p> <p>c) Proportion of staff supporting people using mental health services who are trained in cultural awareness by a programme with input from local voluntary organisations who work with the black and minority ethnic community.</p> <p>Numerator – the number of people in the denominator trained in cultural awareness by a programme with input from local voluntary organisations who work with the black and minority ethnic community.</p> <p>Denominator – the number of staff supporting people using mental health services.</p>
Description of what the quality statement means for each audience	<p>Service providers ensure systems are in place for all staff to be trained in cultural awareness by a programme with input from local voluntary organisations who work with the black and minority ethnic community.</p> <p>Health and social care professionals ensure they are trained in cultural awareness by a programme with input from local voluntary organisations who work with the black and minority ethnic community.</p> <p>Commissioners ensure they commission services that provide a cultural awareness training programme with input from local voluntary organisations who work with the black and minority ethnic community.</p> <p>People using mental health services are supported by mental health and social care professionals who have received training in working with people from different cultures.</p>
Relevant existing indicators	Questions on training in equality and diversity are contained within NHS staff survey for mental health trusts (Q5).
Other possible national data	None identified.

sources	
Source guidance references	Service user experience in adult mental health guidance (consultation version) recommendations 1.1.5, 1.1.6, 1.1.7 and 1.2.4.

Draft quality statement 3: Autonomy and active involvement

Draft quality statement	People using mental health services are actively involved in treatment decisions and shared decision-making, and engaged in self-management.
Draft quality measure	<p>Structure: Evidence of local arrangements to ensure that people using mental health services are actively involved in treatment decisions and shared decision-making, and engaged in self-management.</p> <p>Outcome: Evidence from experience surveys and feedback that service users felt actively involved in treatment decisions and shared decision-making, and engaged in self-management.</p>
Description of what the quality statement means for each audience	<p>Service providers ensure systems are in place for actively involving service users in treatment decisions, shared decision-making and self-management.</p> <p>Health and social care professionals ensure service users are actively involved in treatment decisions, shared decision-making and self-management.</p> <p>Commissioners ensure they commission services in which service users are actively involved in treatment decisions, shared decision-making and self-management.</p> <p>People using mental health services are actively involved in making decisions about their care, with the support of healthcare professionals and managing their mental health problem(s).</p>
Relevant existing indicators	Questions on involvement in care and decisions are contained within the NHS mental health inpatient survey (Q27) and NHS community mental health survey (Q5, 10 and 32).
Other possible national data sources	None identified.
Source guidance references	Service user experience in adult mental health guidance (consultation version) recommendation 1.1.2.

Draft quality statement 4: Continuity of care

Draft quality statement	People using mental health services are supported by staff from a single, multidisciplinary team, who they know and with whom they have a continuous relationship.
Draft quality measure	<p>Structure: Evidence of local arrangements to ensure that people using mental health services are supported by staff from a single, multidisciplinary team, who they know and with whom they have a continuous relationship.</p> <p>Outcome: Evidence from experience surveys and feedback that service users felt supported by staff from a single, multidisciplinary team, who they know and with whom they have a continuous relationship.</p>
Description of what the quality statement means for each audience	<p>Service providers ensure systems are in place for people using mental health services to be supported by a single, multidisciplinary team who they know and with whom they have a continuous relationship.</p> <p>Health and social care professionals ensure that they maintain continuous relationships with service users.</p> <p>Commissioners ensure they commission services that maintain continuous relationship with service users.</p> <p>People using mental health services are supported by a team of staff, who they know and who remain the same throughout their care.</p>
Relevant existing indicators	None identified.
Other possible national data sources	None identified.
Source guidance references	Service user experience in adult mental health guidance (consultation version) recommendation 1.4.7.

Draft quality statement 5: Engaging service users in monitoring

Draft quality statement	People using mental health services can be assured that the views of service users are used to help monitor the performance of services.
Draft quality measure	<p>Structure:</p> <p>a) Evidence of local arrangements to have service user monitoring of services throughout the trust, for example using exit interviews undertaken by service users trained to do this.</p> <p>b) Evidence of local arrangements to provide trust boards with reports on acute and non-acute care pathways, with a breakdown of the experience of care by gender, ethnicity and other minority groups using trust services.</p> <p>Process: Proportion of people discharged from hospital following an admission for mental health services who are given an exit interview undertaken by a service user trained to do so.</p> <p>Numerator – the number of people in the denominator who were given an exit interview undertaken by a service user trained to do so.</p> <p>Denominator – the number of people discharged from hospital following an admission for mental health services.</p>
Description of what the quality statement means for each audience	<p>Service providers ensure systems are in place to collect and use the views of service users to monitor the performance of services.</p> <p>Health and social care professionals ensure service users are provided with opportunities to give feedback on their experience.</p> <p>Commissioners ensure they commission services that use the views of service users to help monitor performance.</p> <p>People using mental health services are asked about their experience of care and this is used to help monitor the performance of the service.</p>
Relevant existing indicators	None identified.
Other possible national data sources	None identified.
Source guidance references	Service user experience in adult mental health guidance (consultation version) recommendations 1.1.18, 1.1.19 and 1.1.20.

Draft quality statement 6: Timely access to services

Draft quality statement	People have timely and efficient access to mental health services.
Draft quality measure	<p>Structure:</p> <p>a) Evidence of local arrangements to ensure agreed referral methods are in place between primary and secondary care.</p> <p>b) Evidence of local arrangements to ensure that people with a non-acute referral to mental health services have an appointment date within 2 weeks of referral (and within 2 weeks of any service user cancellation).</p> <p>c) Evidence of local arrangements to ensure people using mental health services are seen within 10 minutes of the agreed appointment time.</p> <p>d) Evidence of local arrangements to ensure that people in crisis referred to mental health secondary care services are seen within 4 hours.</p> <p>e) Evidence of local arrangements to ensure people have access to a 24-hour helpline staffed by trained health and social care professionals.</p> <p>f) Evidence of local arrangements to ensure all GP practices are aware of the 24-hour helpline number.</p> <p>g) Evidence of local arrangements to ensure crisis resolution and home treatment teams are accessible 24-hours a day, 7 days a week, regardless of diagnosis.</p> <p>h) Evidence of local arrangements to ensure that people admitted to a 'place of safety' are assessed under the Mental Health Act within 4 hours.</p> <p>Process:</p> <p>a) Proportion of people with a non-acute referral for mental health services who had an appointment within 2 weeks of referral (or within 2 weeks of a service user cancellation).</p> <p>Numerator – the number of people in the denominator who had an appointment within 2 weeks of referral (or within 2 weeks of a service user cancellation).</p> <p>Denominator – the number of people with a non-acute referral to mental health services.</p> <p>b) Proportion of people using mental health services who were seen within 10 minutes of the agreed appointment time.</p> <p>Numerator – the number of people in the denominator who were seen within 10 minutes of the agreed appointment time.</p> <p>Denominator – the number of people using mental health services with an agreed appointment time.</p> <p>c) Proportion of people in crisis referred to specialist mental health</p>

	<p>services who were seen within 4 hours.</p> <p>Numerator – the number of people in the denominator who were seen within 4 hours.</p> <p>Denominator – the number of people in crisis referred to specialist mental health services.</p> <p>d) Proportion of people admitted to a ‘place of safety’ who were assessed under the Mental Health Act within 4 hours.</p> <p>Numerator – the number of people in the denominator who were assessed within 4 hours</p> <p>Denominator – the number of people admitted to a ‘place of safety’.</p> <p>Outcome:</p> <p>a) Evidence from experience surveys and feedback that service users with a routine referral were given an appointment within 2 weeks.</p> <p>b) Evidence from experience surveys and feedback that service users with an agreed appointment time were seen within 10 minutes of that time.</p> <p>c) Evidence from experience surveys and feedback that people in crisis referred to specialist mental health services were seen within 4 hours.</p> <p>d) Evidence from experience surveys and feedback that people in admitted to a ‘place of safety’ were assessed under the Mental Health Act within 4 hours.</p>
Description of what the quality statement means for each audience	<p>Service providers ensure systems are in place to provide timely and efficient access to mental health services.</p> <p>Health and social care professionals ensure services users can access mental health services in a timely and efficient manner.</p> <p>Commissioners ensure they commission services that provide timely and efficient access to mental health services.</p> <p>People using mental health services can access mental health services quickly and easily when needed.</p>
Relevant existing indicators	<p>Questions on out-of-hours phone contacts are contained within the NHS mental health inpatient survey (Q43) and NHS community mental health survey (Q43).</p>
Other possible national data sources	<p>The outpatient commissioning dataset contains the data needed for calculating waiting times for non-acute appointments. More information available at HES Online.</p>
Source guidance references	<p>Service user experience in adult mental health guidance (consultation version) recommendations 1.2.1, 1.2.3, 1.3.6, 1.5.5, 1.5.6, 1.5.7 and 1.8.8.</p>
Definitions	<p>The Mental Health Act 1983 (amended 1995 and 2007).</p>

Draft quality statement 7: Assessment

Draft quality statement	People using mental health services are given explanations and information about the assessment process, their diagnosis and treatment options, and receive emotional support for any sensitive issues.
Draft quality measure	<p>Structure: Evidence of local arrangements to ensure that people assessed by mental health services are provided with explanations and information so they can understand the assessment process, diagnosis and treatment options, and receive emotional support for any sensitive issues.</p> <p>Outcome: Evidence from experience surveys and feedback that people assessed by mental health services were provided with explanations and information so they felt able to understand the assessment process, their diagnosis and treatment options, and received emotional support for any sensitive issues.</p>
Description of what the quality statement means for each audience	<p>Service providers ensure systems are in place to provide information so service users can understand the assessment process, their diagnosis and treatment options.</p> <p>Health and social care professionals ensure they provide service users with explanations and information so they can understand the assessment process, their diagnosis and treatment options, and emotionally support them with any sensitive issues.</p> <p>Commissioners ensure they commission services that provide explanations and information so service users can understand the assessment process, their diagnosis, their treatment options and are emotionally supported with any sensitive issues.</p> <p>People using mental health services are given information and have the assessment process, their diagnosis and treatment options explained to them, and receive emotional support for any sensitive issues.</p>
Relevant existing indicators	Questions on explanations of medication are contained within the NHS mental health inpatient survey (Q24 and 25) and NHS community mental health survey (Q12, 13 and 14).
Other possible national data sources	None identified.
Source guidance references	Service user experience in adult mental health guidance (consultation version) recommendation 1.3.3.

Draft quality statement 8: Person-centred and customer care

Draft quality statement	People working in mental health services are trained in person-centred care and/or customer care by service users.
Draft quality measure	<p>Structure:</p> <p>a) Evidence of local arrangements to ensure that people working in mental health services are trained in person-centred care and/or customer care by service users.</p> <p>b) Proportion of people working in mental health services who are trained in person-centred care and/or customer care by service users.</p> <p>Numerator – the number of people in the denominator trained in person-centred care and/or customer care by service users.</p> <p>Denominator – the number of people working in mental health services.</p>
Description of what the quality statement means for each audience	<p>Service providers ensure systems are in place for all staff to be trained in person-centred care and/or customer care by service users.</p> <p>Health and social care professionals ensure they are trained in person centred care and/or customer care by service users.</p> <p>Commissioners ensure they commission services in which all staff are trained in person-centred care and/or customer care by service users.</p> <p>People using mental health services are supported by staff trained by service users in providing personalised care.</p>
Relevant existing indicators	Questions on training to delivering good service user experience are contained within NHS staff survey for mental health trusts (Q5).
Other possible national data sources	None identified.
Source guidance references	Service user experience in adult mental health guidance (consultation version) recommendation 1.1.18 and 1.6.11.
Definitions	People working in mental health services includes, but is not limited to, health and social care professionals, administrators, secretaries, receptionists and housekeeping staff.

Draft quality statement 9: Care planning

<p>Draft quality statement</p>	<p>People using mental health services are given a written copy of a care plan that includes details of activities to promote social inclusion such as education, employment, volunteering and other specified occupations, such as leisure activities and caring for dependants.</p>
<p>Draft quality measure</p>	<p>Structure: Evidence of local arrangements to ensure that people using mental health services have written copies of care plans that include details of activities to promote social inclusion such as education, employment, volunteering and other specified occupations such as leisure activities and caring for dependants, .</p> <p>Process:</p> <p>a) Proportion of people using mental health services given a written copy of their care plan.</p> <p>Numerator – the number of people in the denominator given a written copy of their care plan.</p> <p>Denominator – the number of using mental health services.</p> <p>b) Proportion of people using mental health services who have a care plan that includes details of activities to promote social inclusion such as education, employment, volunteering and other specified occupations, such as leisure activities and caring for dependants.</p> <p>Numerator – the number of people in the denominator who have a care plan that includes details of activities to promote social inclusion such as education, employment, volunteering and other specified occupations, such as leisure activities and caring for dependants.</p> <p>Denominator – the number of using mental health services.</p> <p>Outcome: Evidence from experience surveys and feedback that service users were given a care plan that included details of activities to promote social inclusion such as education, employment, volunteering and other specified occupations, such as leisure activities and caring for dependants.</p>
<p>Description of what the quality statement means for each audience</p>	<p>Service providers ensure systems are in place to provide all service users with a written copy of a care plan that includes activities to promote social inclusion.</p> <p>Health and social care professionals ensure all service users are provided with a written copy of a care plan that includes activities to promote social inclusion.</p> <p>Commissioners ensure they commission services that provide all services users with a written copy of a care plan that includes activities to promote social inclusion.</p> <p>People using mental health services are given a written copy of their care plan that includes details of activities to help improve their contact with other people, such as education, work,</p>

	volunteering, caring for dependants and other social or leisure activities.
Relevant existing indicators	Questions on provision and involvement in care plans are contained within NHS community mental health survey (Q23, 24, 25 and 26).
Other possible national data sources	None identified.
Source guidance references	Service user experience in adult mental health guidance (consultation version) recommendation 1.4.2.

Draft quality statement 10: Crisis planning

Draft quality statement	People using mental health services who are at risk of hospitalisation have a crisis plan that includes preferences for admission and treatment; treatment refusals; possible early warning signs; and the practical needs of the service user.
Draft quality measure	<p>Structure: Evidence of local arrangements to ensure that people using mental health services at risk of hospitalisation have a crisis plan that includes preferences for admission and treatment; treatment refusals; possible early warning signs; and the practical needs of the service user.</p> <p>Process: Proportion of people using mental health services at risk of hospitalisation who have a crisis plan that includes preferences for admission and treatment; treatment refusals; possible early warning signs; and the practical needs of the service user.</p> <p>Numerator – the number of people in the denominator who have a crisis plan that includes preferences for admission and treatment; treatment refusals; possible early warning signs; and the practical needs of the service user.</p> <p>Denominator – the number of people using mental health services at risk of hospitalisation.</p> <p>Outcome: Evidence from experience surveys and feedback that service users at risk of hospitalisation had a crisis plan that included their preferences for admission and treatment; treatment refusals; possible early warning signs; and their practical needs.</p>
Description of what the quality statement means for each audience	<p>Service providers ensure systems are in place to provide service users at risk of hospitalisation with a crisis plan that includes preferences for admission and treatment; treatment refusals; possible early warning signs; and the practical needs of the service user.</p> <p>Healthcare professionals ensure service users at risk of hospitalisation have a crisis plan that includes preferences for admission and treatment; treatment refusals; possible early warning signs; and the practical needs of the service user.</p> <p>Commissioners ensure they commission services that provide service users at risk of hospitalisation with a crisis plan that includes preferences for admission and treatment; treatment refusals; possible early warning signs; and the practical needs of the service user.</p> <p>People using mental health services at risk of hospitalisation are given a crisis plan that includes their wishes for admission and treatment; treatment refusals; possible early warning signs to look out for; and any practical needs that they have, such as care of children and other relatives or pets.</p>
Relevant existing	A question on crisis planning is contained within NHS community mental health survey (Q28).

indicators	
Other possible national data sources	The mental health minimum dataset contains data on creation of crisis plans. More information available at HES Online .
Source guidance references	Service user experience in adult mental health guidance (consultation version) recommendation 1.1.10, 1.1.11, 1.4.5.

Draft quality statement 11: Assessment in a crisis

Draft quality statement	People in crisis have an assessment undertaken by a competent professional that includes their relationships, their social and living circumstances, and level of functioning, their symptoms, behaviour, diagnosis and current treatment.
Draft quality measure	<p>Structure: Evidence of local arrangements to ensure that people in crisis have an assessment undertaken by a competent professional that includes their relationships, their social and living circumstances and level of functioning, their symptoms, behaviour, diagnosis and current treatment.</p> <p>Process: Proportion of people in crisis who have an assessment undertaken by competent professionals that includes their relationships, their social and living circumstances and level of functioning, their symptoms, behaviour, diagnosis and current treatment.</p> <p>Numerator – the number of people in the denominator who had an assessment undertaken by competent professionals that includes their relationships, their social and living circumstances and level of functioning, their symptoms, behaviour, diagnosis and current treatment.</p> <p>Denominator – the number of people in crisis.</p> <p>Outcome: Evidence from experience surveys and feedback that service users in crisis had an assessment undertaken by competent professionals that includes their relationships, their social and living circumstances and level of functioning, their symptoms, behaviour, diagnosis and current treatment.</p>
Description of what the quality statement means for each audience	<p>Service providers ensure systems are in place to provide people in crisis with an assessment undertaken by a competent professional that includes their relationships, their social and living circumstances and level of functioning, their symptoms, behaviour, diagnosis and current treatment.</p> <p>Health and social care professionals ensure people in crisis have an assessment by a competent professional that includes their relationships, their social and living circumstances and level of functioning, their symptoms, behaviour, diagnosis and current treatment.</p> <p>Commissioners ensure they commission services that have competent professionals assessing people in crisis and that include in the assessment the person's relationships, their social and living circumstances and level of functioning, their symptoms, behaviour, diagnosis and current treatment in assessments.</p> <p>People in crisis have an assessment in which a competent professional asks about their social and living circumstances and how well they are managing in their daily life, their relationships, symptoms, behaviour, diagnosis and current treatment.</p>
Relevant	None identified.

existing indicators	
Other possible national data sources	None identified.
Source guidance references	Service user experience in adult mental health guidance (consultation version) recommendation 1.5.3.

Draft quality statement 12: Admission to hospital

Draft quality statement	People admitted to hospital for mental health treatment and care are addressed using the name and title they prefer and have their psychological and emotional needs and preferences taken into account.
Draft quality measure	<p>Structure: Evidence of local arrangements to ensure that people admitted to hospital for mental health treatment and care are addressed personally and have their preferences and immediate psychological needs taken into account.</p> <p>Outcome: Evidence from experience surveys and feedback that service users admitted to hospital for mental health services were addressed personally and had their psychological and emotional needs and preferences taken into account.</p>
Description of what the quality statement means for each audience	<p>Service providers ensure systems are in place so that people admitted to hospital for mental health treatment and care are addressed personally and have their preferences and immediate psychological needs taken into account.</p> <p>Health and social care professionals ensure people admitted to hospital for mental health treatment and care are addressed personally and have their preferences and immediate psychological needs taken into account.</p> <p>Commissioners ensure they commission services that personally address people admitted to a hospital for mental health services and take their preferences and immediate psychological needs into account.</p> <p>People admitted to a hospital for mental health treatment and care are addressed by the name and title they prefer, asked about their wishes and given support for their immediate psychological and emotional needs.</p>
Relevant existing indicators	None identified.
Other possible national data sources	None identified.
Source guidance references	Service user experience in adult mental health guidance (consultation version) recommendation 1.6.1.

Draft quality statement 13: Assessment when admitted to hospital

Draft quality statement	People admitted to hospital for mental health treatment and care are formally assessed within 2 hours of arrival.
Draft quality measure	<p>Structure: Evidence of local arrangements to ensure that people admitted to hospital for mental health treatment and care are formally assessed within 2 hours of arrival.</p> <p>Process: Proportion of people admitted to hospital for mental health treatment and care who were formally assessed within 2 hours of arrival.</p> <p>Numerator – the number of people in the denominator who were formally assessed within 2 hours of arrival.</p> <p>Denominator – the number of people admitted to hospital for mental health treatment and care.</p> <p>Outcome: Evidence from experience surveys and feedback that people admitted to hospital for mental health treatment and care were formally assessed within 2 hours of arrival.</p>
Description of what the quality statement means for each audience	<p>Service providers ensure systems are in place to formally assess all people admitted to hospital for mental health treatment and care within 2 hours of arrival.</p> <p>Health and social care professionals ensure people admitted to hospital for mental health treatment and care are formally assessed within 2 hours of arrival.</p> <p>Commissioners ensure they commission services that formally assess all people admitted to hospital for mental health treatment and care within 2 hours of arrival.</p> <p>People admitted to hospital for mental health treatment and care receive an assessment within 2 hours of arrival.</p>
Relevant existing indicators	None identified.
Other possible national data sources	None identified.
Source guidance references	Service user experience in adult mental health guidance (consultation version) recommendation 1.6.4.

Draft quality statement 14: Introduction to the ward staff

Draft quality statement	People admitted to hospital for mental health treatment and care are introduced to the health and social care team as soon as possible.
Draft quality measure	<p>Structure: Evidence of local arrangements to ensure that people admitted to hospital for mental health treatment and care are introduced to the health and social care team as soon as possible.</p> <p>Outcome: Evidence from experience surveys and feedback that service users admitted to hospital for mental health services were introduced to the health and social care as soon as possible</p>
Description of what the quality statement means for each audience	<p>Service providers ensure systems are in place to introduce people admitted to hospital for mental health treatment and care to the health and social care team as soon as possible.</p> <p>Health and social care professionals ensure they introduce people admitted to hospital for mental health treatment and care to the health and social care team as soon as possible.</p> <p>Commissioners ensure they commission services that have systems in place to introduce people admitted to hospital for mental health treatment and care to the team of health and social care professionals as soon as possible.</p> <p>People admitted to hospital for specialist mental health care are introduced to the care team as soon as possible after arrival on the ward.</p>
Relevant existing indicators	None identified.
Other possible national data sources	None identified.
Source guidance references	Service user experience in adult mental health guidance (consultation version) recommendation 1.6.5.
Definitions	Recommendation 1.6.5 states that if the admission occurs at night then the introduction to the team of health and social care professionals should occur within at least the first 12 hours of admission.

Draft quality statement 15: Inpatient shared decision-making

Draft quality statement	People in hospital for mental health treatment and care, including service users subject to the Mental Health Act, are routinely involved in shared decision-making with healthcare professionals.
Draft quality measure	<p>Structure: Evidence of local arrangements to ensure that people in hospital for mental health treatment and care, including service users subject to the Mental Health Act, are routinely involved in shared decision-making with healthcare professionals.</p> <p>Outcome: Evidence from experience surveys and feedback that people in hospital for mental health treatment and care, including service users subject to the Mental Health Act, were routinely involved in shared decision-making with healthcare professionals.</p>
Description of what the quality statement means for each audience	<p>Service providers ensure systems are in place to routinely involve people in hospital for mental health treatment and care, including service users subject to the Mental Health Act, in shared decision-making with healthcare professionals.</p> <p>Health and social care professionals ensure they involve people in hospital for mental health treatment and care, including service users subject to the Mental Health Act, in shared decision-making with healthcare professionals.</p> <p>Commissioners ensure they commission services that routinely involve people in hospital for mental health treatment and care, including service users subject to the Mental Health Act, in shared decision-making with healthcare professionals.</p> <p>People in hospital for mental health treatment and care are involved in making decisions about their care jointly with healthcare professionals, even when they are subject to the Mental Health Act.</p>
Relevant existing indicators	A question on involvement in decisions is contained within the NHS mental health inpatient survey (Q27).
Other possible national data sources	None identified.
Source guidance references	Service user experience in adult mental health guidance (consultation version) recommendation 1.6.3.
Definitions	The Mental Health Act 1983 (amended 1995 and 2007).

Draft quality statement 16: Contact with staff on wards

<p>Draft quality statement</p>	<p>People in hospital for mental health treatment and care see, on a one-to-one basis, their named healthcare professional every day for at least 1 hour and their consultant at least once a week for at least 20 minutes.</p>
<p>Draft quality measure</p>	<p>Structure: Evidence of local arrangements to ensure that people in hospital for mental health treatment and care see, on a one-to-one basis, their named healthcare professional every day for at least 1 hour and their consultant at least once a week for at least 20 minutes.</p> <p>Process:</p> <p>a) Proportion of people in hospital for mental health treatment and care who saw their named healthcare professional on a one-to-one basis every day for at least 1 hour.</p> <p>Numerator – the number of people in the denominator who saw their named healthcare professional on a one-to-one basis every day for at least 1 hour.</p> <p>Denominator – the number of people in hospital for mental health treatment and care.</p> <p>b) Proportion of people in hospital for mental health treatment and care who saw their consultant on a one-to-one basis at least once a week for at least 20 minutes.</p> <p>Numerator – the number of people in the denominator who saw their consultant on a one-to-one basis at least once a week for at least 20 minutes.</p> <p>Denominator – the number of people in hospital for mental health treatment and care.</p> <p>Outcome: Evidence from experience surveys and feedback that people in hospital for mental health treatment and care saw, on a one-to-one basis, their named healthcare professional every day for at least 1 hour and their consultant at least once a week for at least 20 minutes.</p>
<p>Description of what the quality statement means for each audience</p>	<p>Service providers ensure systems are in place for people in hospital for mental health treatment and care to see, on a one-to-one basis, their named healthcare professional every day for at least 1 hour and their consultant at least once a week for at least 20 minutes.</p> <p>Healthcare professionals ensure people in hospital for mental health treatment and care are seen on a one-to-one basis every day for at least 1 hour by their named healthcare professional and at least once a week for at least 20 minutes by their consultant.</p> <p>Commissioners ensure they commission services that give people in hospital for mental health treatment and care access to their named healthcare professional every day for at least 1 hour and their consultant at least once a week for at least 20 minutes,</p>

	<p>on a one-to-one basis.</p> <p>People in hospital for mental health treatment and care see, on a one-to-one basis, their named healthcare professional every day for at least 1 hour and their consultant at least once a week for at least 20 minutes.</p>
Relevant existing indicators	Questions on time spent with healthcare professionals are contained within the NHS mental health inpatient survey (Q16 and 20).
Other possible national data sources	The mental health minimum dataset contains data on contact with healthcare professionals. More information available at HES Online .
Source guidance references	Service user experience in adult mental health guidance (consultation version) recommendation 1.6.6 and 1.6.7.
Definitions	One-to-one meetings should not be undertaken as part of the multidisciplinary ward meetings which are for the clinical administration of the ward.

Draft quality statement 17: Meaningful activities on the ward

Draft quality statement	People in hospital for mental health treatment and care have access to meaningful activities, including creative and leisure activities, exercise and self-care, 7 days a week during and outside normal working hours.
Draft quality measure	<p>Structure: Evidence of local arrangements to ensure that people in hospital for mental health treatment and care have access to meaningful activities, including creative and leisure activities, exercise and self-care, 7 days a week and during and outside normal working hours.</p> <p>Outcome: Evidence from experience surveys and feedback that people in hospital for mental health treatment and care have access to meaningful activities, including creative and leisure activities, exercise and self-care throughout the week, and during and outside normal working hours.</p>
Description of what the quality statement means for each audience	<p>Service providers ensure systems are in place for people in hospital for mental health treatment and care to access meaningful activities, including creative and leisure activities, exercise and self-care 7 days a week, and during and outside normal working hours.</p> <p>Healthcare professionals ensure people in hospital for mental health treatment and care have access to meaningful activities, including creative and leisure activities, exercise, and self-care 7 days a week, and during and outside normal working hours.</p> <p>Commissioners ensure they commission service that engage people in hospital for mental health treatment and care in meaningful activities, including creative and leisure activities, exercise and self care throughout the week, and outside normal working hours.</p> <p>People in hospital for mental health treatment and care can participate in activities (such as exercise, creative and leisure activities, and self-care) 7 days a week and throughout the day, including outside normal working hours.</p>
Relevant existing indicators	Questions on activities on the ward are contained within the NHS mental health inpatient survey (Q31 and 32).
Other possible national data sources	None identified.
Source guidance references	Service user experience in adult mental health guidance (consultation version) recommendation 1.6.9.

Draft quality statement 18: Discharge from hospital

Draft quality statement	People in hospital for mental health treatment and care are involved in their discharge planning and have at least 2 days' notice of their discharge date.
Draft quality measure	<p>Structure: Evidence of local arrangements to ensure that people in hospital for mental health treatment and care are involved in their discharge planning and have at least 2 days' notice of their discharge date.</p> <p>Process: Proportion of people in hospital for mental health treatment and care who are involved in their discharge planning and have at least 2 days' notice of their discharge date.</p> <p>Numerator – the number of people in the denominator who are involved in their discharge planning and have at least 2 days' notice of their discharge date.</p> <p>Denominator – the number of people in hospital for mental health treatment and care.</p> <p>Outcome: Evidence from experience surveys and feedback that people in hospital for mental health treatment and care felt involved in their discharge planning and had at least 2 days' notice of their discharge date.</p>
Description of what the quality statement means for each audience	<p>Service providers ensure systems are in place to involve people in hospital for mental health treatment and care in discharge planning and give them at least 2 days' notice of discharge dates.</p> <p>Healthcare professionals ensure they involve people in hospital for mental health treatment and care in discharge planning and give them at least 2 days' notice of discharge dates.</p> <p>Commissioners ensure they commission services that involve people in hospital for mental health treatment and care in discharge planning and give them at least 2 days' notice of discharge dates.</p> <p>People in hospital for mental health treatment and care are involved in their own discharge planning and are given at least 2 days' notice of their discharge date.</p>
Relevant existing indicators	A question on notice of discharge date is contained within the NHS mental health inpatient survey (Q39).
Other possible national data sources	None identified.
Source guidance references	Service user experience in adult mental health guidance (consultation version) recommendations 1.7.2 and 1.7.6.

Draft quality statement 19: Using control and restraint, and compulsory treatment

Draft quality statement	Professionals using control and restraint, and compulsory treatment including rapid tranquillisation, are trained and competent to undertake them safely and use them as a last resort with minimum force.
Draft quality measure	<p>Structure: Evidence of local arrangements to ensure that professionals using control and restraint, and compulsory treatment including rapid tranquillisation, are trained and competent to undertake them safely and use them as a last resort with minimum force.</p> <p>Outcome: Evidence from experience surveys and feedback that people using mental health services felt control and restraint, and compulsory treatment including rapid tranquillisation, were used as a last resort with minimum force.</p>
Description of what the quality statement means for each audience	<p>Service providers ensure systems are in place to train professionals in the safe use of control and restraint, and compulsory treatment including rapid tranquillisation.</p> <p>Healthcare professionals using control and restraint, and compulsory treatment including rapid tranquillisation, ensure they are trained in its safe use.</p> <p>Commissioners ensure they commission services that train staff in the safe use of control and restraint, and compulsory treatment including rapid tranquillisation.</p> <p>Service users needing control and restraint and/or treatment without their agreement, including medication given to rapidly calm or sedate them, receive them only from professionals who are trained and competent to undertake them safely. They are only used as a last resort, using minimum force.</p>
Relevant existing indicators	The NSLA risk management standards contain requirements on the processes in place in mental health and learning disability organisations for managing risks associated with rapid tranquilisations (Standard 4, criterion 8).
Other possible national data sources	None identified.
Source guidance references	Service user experience in adult mental health guidance (consultation version) recommendation 1.8.10.

Draft quality statement 20: Explaining control and restraint, and compulsory treatment

Draft quality statement	People using mental health services who are subject to control and restraint or compulsory treatment including rapid tranquillisation have the reasons for it explained immediately afterwards and at discharge, and are given the opportunity to document their experience of it in their care record.
Draft quality measure	<p>Structure: Evidence of local arrangements to ensure people using mental health services who are subject to control and restraint or compulsory treatment including rapid tranquillisation have the reasons for it explained immediately afterwards and at discharge, and are given the opportunity to document their experience of it in their care record.</p> <p>Outcome: Evidence from experience surveys and feedback that people using mental health services who were subject to control and restraint or compulsory treatment including rapid tranquillisation had the reasons for it explained immediately afterwards and at discharge, and were given the opportunity to document their experience of it in their care record.</p>
Description of what the quality statement means for each audience	<p>Service providers ensure systems are in place to explain reasons for control and restraint or compulsory treatment including rapid tranquillisation and provide service users with the opportunity to document their experience of it in their care record.</p> <p>Healthcare professionals ensure they explain reasons for control and restraint or compulsory treatment including rapid tranquillisation to service users and provide service users with the opportunity to document their experience of it in their care record.</p> <p>Commissioners ensure they commission services that explain reasons for control and restraint or compulsory treatment including rapid tranquillisation and provide service users with the opportunity to document their experience of it in their care record.</p> <p>People using mental health services who are subject to control and restraint including rapid tranquillisation or are given treatment without their agreement have the reasons for it explained immediately afterwards and at discharge, and are given the opportunity to document their experience of their treatment in their care record.</p>
Relevant existing indicators	None identified.
Other possible national data sources	None identified.
Source guidance	Service user experience in adult mental health guidance (consultation version) recommendations 1.8.11 and 1.8.12.

references	
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Draft quality statement 21: Involving families and/or carers

Draft quality statement	People using mental health services are asked if and how they want their family and/or carers to be involved in their care.
Draft quality measure	<p>Structure: Evidence of local arrangements to ensure people using mental health services are asked if and how they want their family and/or carers to be involved in their care.</p> <p>Outcome: Evidence from experience surveys and feedback that people using mental health services were asked if and how they want their family and/or carers to be involved in their care.</p>
Description of what the quality statement means for each audience	<p>Service providers ensure systems are in place to ask if and how service users want their family and/or carers to be involved in their care.</p> <p>Health and social care professionals ensure they ask if and how service users want their family and/or carers to be involved in their care.</p> <p>Commissioners ensure they commission services that ask if and how service users want their family and/or carers to be involved in their care.</p> <p>People using mental health services are asked if they want their family and/or carers to be involved in their care, and if so, how they would like them be involved.</p>
Relevant existing indicators	Questions on involvement of carers are contained within the NHS mental health inpatient survey (Q12) and NHS community mental health survey (Q48).
Other possible national data sources	None identified.
Source guidance references	Service user experience in adult mental health guidance (consultation version) recommendation 1.1.12.

Draft quality statement 22: Combating stigma

Draft quality statement	People using mental health services can be assured that services are working with other local organisations to combat the stigma associated with mental health problems, mental illness and mental health services in the local community and the NHS.
Draft quality measure	<p>Structure: Evidence of local arrangements to ensure that a strategy is developed with all other local organisations with an interest in mental health, including social services, other hospitals, voluntary organisations, local press and media, to locally combat the stigma associated with mental health problems, mental illness and using mental health services.</p> <p>Outcome: Evidence from experience surveys and feedback that people using mental health services felt services were combating stigma.</p>
Description of what the quality statement means for each audience	<p>Service providers ensure systems are in place to combat the stigma associated with mental health problems, mental illness and mental health services.</p> <p>Health and social care professionals ensure they combat the stigma associated with mental health problems, mental illness and mental health services.</p> <p>Commissioners ensure they commission services that combat the stigma associated with mental health problems, mental illness and mental health services</p> <p>People using mental health services are cared for by professionals who are working to reduce the stigma associated with mental health problems, mental illness and mental health services in their local community and within their service.</p>
Relevant existing indicators	None identified.
Other possible national data sources	None identified.
Source guidance references	Service user experience in adult mental health guidance (consultation version) recommendation 1.1.5, 1.1.6,1.1.7.

Appendix 1: Evidence sources

Policy context

- Darzi, A. (2008) High Quality Care for all: NHS Next Stage Review Final Report. Department of Health, London. Available from http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085825
- Department of Health (2010) The NHS Constitution for England. London: Department of Health. Available from http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113613
- HMSO (2009) *The Health Act 2009*. London: The Stationery Office. Available from <http://www.legislation.gov.uk/ukpga/2009/21/contents>
- Goodrich, J., & Cornwell, J. (2008) Seeing the person in the patient. The Point of Care review paper. London: Kings Fund, 6-17.
- Department of Health (2005) Delivering race equality in mental health care: an action plan for reform inside and outside services and the government's response to the independent inquiry into the death of David Bennett. London: Department of Health. Available from http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4100773
- Department of Health (2011) Equity and excellence: Liberating the NHS. London: Department of Health. Available from <http://www.dh.gov.uk/en/Healthcare/LiberatingtheNHS/index.htm>

Key development sources

- Service user experience in adult mental health. NICE clinical guidance. Publication expected October 2011.
- NCCMH. Service user experience in adult mental health: Improving the experience of care for people using adult NHS mental health services. (in preparation) [full guideline]

Definitions, relevant existing indicators and other possible national data sources

Commissioning dataset definitions available from www.datadictionary.nhs.uk

Mental health minimum dataset definitions available from www.datadictionary.nhs.uk

Hospital episode statistics. Available from www.hesonline.nhs.uk

NHS mental health inpatient survey. Available from www.cqc.org.uk

NHS mental health community survey. Available from www.cqc.org.uk

NHS staff survey. Available from www.cqc.org.uk