

To: Chief executives of all mental health provider trusts

Gateway ref: ROCR-Lite/07/008/FT6

Dear colleague

**Re: Acute inpatient mental health service review 2006/2007**

Please find attached information about the Healthcare Commission's acute inpatient mental health service review, which starts in June 2007. The scope of the review covers all mental health provider trusts, including health and social care trusts, foundation mental health trusts and primary care trusts that provide specialist mental health services.

This letter contains immediate requests for action in preparing for the start of the review. It is particularly important that trusts take note of the requests in the Next steps' section.

**Introduction**

Mental health care has increasingly shifted towards treatment in the community. While this may have led to more appropriate care for service users, it has also meant that standards in acute inpatient services have not always kept pace with the change. The Department of Health's 2002 publication, *The Mental health policy implementation guide for adult acute inpatient care provision*, sought to encourage improvement in inpatient services. This was supported in Professor Louis Appleby's five-year review in 2004, *The national service framework for mental health – five years on*. Since then, more guidance has been published on how care should be provided in inpatient settings. The Healthcare Commission will review how well trusts have responded to this changing agenda, by assessing whether admissions to acute inpatient mental health services are appropriate, purposeful, therapeutic and safe.

We have developed an assessment framework, which will help services to benchmark their current performance and also identify areas for improvement. Following consultation with users of services, carers and other key stakeholders, the framework has been designed to assess important aspects of the care and treatment provided by acute inpatient wards and psychiatric intensive care units. Trusts that provide mental health care will be given a score for the acute inpatient service review, which will form part of our health check for 2006/2007.

We are asking all relevant trusts to nominate review leads to take responsibility for coordinating the review. It is particularly important that the review leads understand the following requirements:

**The assessment framework and associated data collection**

Our assessment framework for acute inpatient mental health services uses criteria based on a series of questions and supporting indicators. The structure and content of the assessment framework has been developed after extensive consultation and piloting.

The criteria we have developed to assess performance are:

- there is an effective care pathway that ensures admission to hospital is appropriate and that discharge from hospital is timely
- inpatient services provide individualised whole person care that promotes recovery and inclusion
- service users and carers are involved in care planning, in how the ward is run and in operational and strategic planning, evaluation and development
- the ward has systems, processes and facilities in place to ensure the safety of service users, staff and visitors

The unit of assessment for the review has been defined as providers of acute inpatient mental health services. The scope of the review includes the following services for adults aged 18 to 64:

- acute inpatient wards
- psychiatric intensive care wards
- high dependency units/areas

The framework uses as much existing national data as possible, but there is some important information that cannot be obtained using nationally reported data, and this will need to be directly collected using a bespoke tool for data collection. We have explored alternative national data sources for various indicators but these often lack specificity in relation to the focus of the questions, or the service setting for this review. Our pilot with 10 development sites across England has suggested that the bespoke data collection has been fairly straightforward for trusts to administer and complete, and that the indicators based on the bespoke data have worked well.

The data collection questionnaires have been developed in consultation with The Information Centre for Health and Social Care who consider the data collection to be useful and reasonable. There are four tools for trusts to complete: a questionnaire for acute trust inpatient leads, a questionnaire for ward managers, a questionnaire for service user groups and an audit of care records, for which trusts are asked to complete an audit of a sample of 50 service users. The ward manager questionnaire and service user group questionnaire need to be completed for each acute inpatient ward and psychiatric intensive care unit within a trust.

### **The timetable of work**

The assessment process consists of three phases:

- collection of bespoke data
- analysis of data and assessment against the framework
- improvement planning, undertaken by a limited number of selected mental health provider trusts

The six-week data collection period will start on June 21<sup>st</sup>, and mental health provider trusts have to return data for the bespoke collection through a web-based submission process. The assessment framework and sample forms for the collection of bespoke data will be made available in PDF format on our website when the review is launched to give you advance notice of the data required. The address for the review webpage is:

**[www.healthcarecommission.org.uk/acuteinpatientmentalhealthservicereview](http://www.healthcarecommission.org.uk/acuteinpatientmentalhealthservicereview)**

We will analyse all of the data returned, combine this with existing national data and provide anonymised results to each organisation in the autumn of 2007.

Following the data analysis and provision of an overall assessment score for all mental health provider trusts, a limited number of trusts will be selected for further work, which we anticipate will start after the anonymised results are published.

We will be providing more detailed information on the review process for each registered data coordinator when the registration process is complete.

### **Next steps**

The data collection and assessment phases of the review consist of the following stages:

1. registration of nominated data coordinator
2. distribution of the web-based data collection tools
3. period for collection of bespoke data
4. analysis of the full assessment framework data
5. provision of assessment results for all mental health provider trusts
6. selection of mental health provider trusts for further work

To prepare for this, the relevant organisations should complete the tasks outlined below.

1. The executive team of the trust should familiarise themselves with this letter, and other information about the review, which will be available on our website. They may find it helpful to look at the sample PDF forms for the collection of bespoke data when they are released, in order to highlight any gaps in local information.

2. Each trust should nominate a data coordinator. Their role is, in the first instance, to ensure that all relevant wards within the trust and all relevant service user groups are aware of the review. They will coordinate the bespoke data collection at trust and ward level, and they will be the main point of contact for the review as it progresses.

3. Trusts should register their data coordinator. This will include confirming and providing information about the relevant adult acute inpatient wards and psychiatric intensive care units within the trust and the main primary care trusts which commission services from the trust. **To register, please go to the review web page (on page 2 of this letter) and follow the registration link.** It is important that registration is complete by June 11<sup>th</sup> 2007 to ensure that your data coordinator receives all relevant communications.

4. Starting from June 19<sup>th</sup>, the data coordinator should set up the questionnaires, after which web based tools for the collection of data will be made available. They will receive clear instructions from us about what to do, and they will need to identify who will complete the individual questionnaires. They may simply distribute paper copies of the PDF versions of the sample data forms to other colleagues involved in the data collection process, and retain responsibility for entering data online themselves, or they may nominate colleagues to act as data completers to enter data online. Data coordinators are advised to consider how they wish to manage this process and identify nominated data completers as early as possible. Trusts are encouraged to complete the set up stage by June 21<sup>st</sup> in order to have full access to the web-based tools at the start of the data collection period.

5. The data coordinator is advised to view the sample PDF forms for the data collection when available, to highlight information needs and gaps across the trust. In particular, they are requested to ensure that arrangements are in hand to collect the data required from their trust.

6. The data coordinator should contact local service user groups to identify individuals who will complete the service user group questionnaires for each ward. Further information and guidance on the service user group questionnaire will be provided, and this will be available on our website when the review is launched.

7. Most of the data being collected will relate to retrospective data. However, there are three indicators on the provision of activities and support to access activities for which trusts are asked to collect data during the data collection period. The data coordinator should ensure that ward managers have established systems to record and collect the relevant data.

If you have any questions or require assistance regarding any of the above, please submit a query by clicking the Query link on the review webpage.

We look forward to working with you on this assessment.

Yours faithfully



**Anthony Deery**  
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Healthcare Commission