

Service User Involvement Policy

Inmind Reference:	CLN02
Category:	Clinical Policies
Version Number:	1.2
Reviewed on:	June 2018
Next review date:	June 2020
Lead Officer:	Director of Nursing
Equality Impact Assessment completed:	Yes

Applicable Legislation/Regulations:
The Care Act 2014/The Health and Social Care Act 2008
Codes of Practice:
The Mental Health Act Code of Practice (2015)
Purpose:
To outline InMind’s philosophy of maximising service user involvement within its services, and to outline to all stakeholders how this is achieved.

Version Control Table		
Date Ratified	Version Number	Status
	1.2	Live

Date	Key Revision
18/06/18	Format update. Legislation and guidance updated. Minor rewording.

Please check to ensure this is the most current electronic copy of this document as it is updated and published in electronic format only (hard copies may become out of date).

1.0 The Policy

- a) InMind Healthcare is committed to building partnerships with our service users and carers. This policy describes how they will be involved in local and corporate service quality development initiatives.
- b) Locally all units have a Quality Improvement Plan (QIP) in place; these will be discussed and will include local service user involvement plans as these develop.
- c) InMind recognises that service users' expertise is unique. Service users and carers should therefore be involved wherever possible in:
 - Planning and improving service quality
 - Staff recruitment and training
 - Providing feedback and completing surveys.
- d) InMind Healthcare has a clear direction for developing ways of increasing service user involvement and ensuring their valuable perspectives are not lost when service improvements are considered.
- e) Wherever possible Registered Managers will ensure that:
 - Prior to admission, clear and meaningful information will be provided to all planned admissions. Staff will ask service users to identify whether we have got this right and suggestions on how information can be improved will be welcomed and encouraged.
 - Through a variety of methods, and in accordance with the principles contained in the CQC's Fundamental Standards and Key Lines of Enquiry, service users will be given the opportunity to share their views about the standard of treatment and care they receive at the unit.
- f) On admission to hospital all service users will be given a handbook and agreement which make clear how they can expect to be treated and how they are expected to behave. There are clear guidelines on the expectations of service users. For some service users, prior to admission and after risk assessment, very specific contracts are collaboratively drawn up and agreed on an individual basis. This is carried out in conjunction with the multi-disciplinary team members involved.
- g) In order to provide a therapeutic environment, it is important that each service user understands what is expected of them in terms of their own presentation and respecting the rights of others. Within this it is also important that they understand that they have the right to be treated with respect by the staff. They need to be aware of the consequences of unacceptable behaviours and the importance of trying to live with others in as harmonious an environment as possible. We will therefore take steps to ensure:
 - Prior to admission all service users are given an agreement to read, understand and sign.

- That the admitting nurse ensures that the individual understands the conditions stated and ensures the service user has a copy.
- Each service user is given a copy of the handbook and agreement. The original will be placed on the service user's file.

2.0 The Procedure

2.1 Annual Satisfaction Survey

- a) An annual 'Satisfaction Survey' is distributed to each service user. This survey will reflect the services provided. Those Service Users requiring assistance to partake in the survey, perhaps due to poor literacy and communication skills, will be offered support, either from a member of staff, or from an advocate.
- b) Information from the survey is collected, collated and analysed annually, and any matters highlighted for concern will be actioned through the quality improvement plan.
- c) A summary report of the outcome of the survey be will be available to the Care Quality Commission and will also be included in the Service Users' Guide. The Service User Survey canvasses the opinions of service users and the findings enable local services to learn lessons and improve service delivery.
- d) Service users will be actively encouraged to participate in their care, reviewing and signing their care plans and become involved in the recovery approach at all levels.
- e) Staff will consult and encourage service users in making decisions about environmental changes should the service make changes or improvements.
- f) Senior Managers and the Board will amend policies when indicated and ensure these reflect service users' views and the recovery model.
- g) Senior Managers will work towards ways of developing and involving service users in staff recruitment.
- h) Senior Managers will ensure that service users who complain or make comments are given the opportunity to meet with a senior staff member to discuss their concern, as well as keep service users informed of any changes made as a result of their complaints or comments.
- i) Senior Managers will continue to endorse the advocacy input, working closely with local advocates to ensure that our service users voices are heard.
- j) Senior Managers will provide reports of any themes that arise from service user feedback. These will be reviewed at local monthly quality governance meetings, and discussed at the Corporate Quality Governance Committee.
- k) Nurses will continue to audit the signing of all service users' care plans. They will develop ways of evidencing service user involvement in planning and reviewing care through their recovery journey.

2.2 Information for Service Users

- a) Every service user, both informal and detained, will receive correct information about their care, treatment and their rights, explained to them on a regular basis. This is usually at a frequency of at least monthly, as well as weekly 1:1 with their named nurse.
- b) On admission to the service each service user will be given information regarding their care plan, risk assessment (unless advised otherwise by the RC), a handbook of how the unit is organised, the rules and regulations, a Service User contract agreement and a Care Quality Commission information leaflet applicable to the Section under which they are detained.
- c) The information given will be correct, appropriate and will be given by a trained member of staff and a record will be kept in with their MHA file of the information given including how, when, where and by whom. The information will be audited and will be given to each Service User at least at six-monthly intervals.
- d) The RC will assess each service user's ability to consent to treatment and whether a service user's agreement to medication is readily given or given with reservation. This will be documented by the RC in the multi-disciplinary notes. For detained service users, a decision will be made by the RC whether or not to place the service user on Section 58.3(a) or 58.3(b). Informal service users are also assessed, and it is our philosophy to negotiate a regime of medication which minimises risk factors but ensures the service user's mental well-being.
- e) It is our policy to offer up-to-date treatment which has been approved by NICE through their guidelines using the lowest number of medications and minimum dosages. For the majority of service users, the use of the newer anti-psychotics such as Clozapine, Risperidone and Olanzapine will be encouraged.
- f) As part of the rehabilitation process, service users are encouraged to be actively involved in their care plan and future plans. Any differences in views are recorded in the multi-disciplinary notes.

2.3 Building Successful Partnerships with Service Users and Carers

- a) Service users and carers should be involved as equal partners with professionals in planning and reviewing the mental health services they receive. It is a prerequisite to effective and meaningful involvement that:
 - Meetings are held in places and at times convenient to service users
 - Service users are given advance notice of meetings; told who will be attending and what areas will be discussed.
 - Service users and carers are trained or briefed so they may make an effective contribution to proceedings.
 - Time to consult is offered before meetings to enable initial discussions of proposals.
 - Enable users to seek clarification from a mentor.
 - Circulate papers in a timely manner using a means which is easy for users to access e.g. hard paper copy.
 - Any expenses incurred by service users/carers are reimbursed promptly.

2.4 20 CPA Standards – Key Outcome Measures

- a) It is important that we have mechanisms in place to ensure user involvement at both corporate and local levels. At the corporate level the following will be in place:
 - A service user survey is agreed and undertaken annually, with actions put in place for quality improvement.
 - Sharing of experiences and challenges amongst members of the Quality Governance committee members is encouraged.
- b) At local unit level registered managers will ensure that the following are in place:
 - A standing item to cover user/carer and family feedback is on all local Quality Governance meetings agenda's.
 - Regular service user community meetings and monthly service user forums.
 - Service User representation at the local Quality Governance forum.
- c) As an underpinning principle, we believe in the importance of service users engaging constructively with services on a local and corporate level. Changes service users suggest have the potential to impact positively on their lives and the lives of others. Therefore, involving service users in their care and actively listening to what they say is important.

2.5 Successful Service User Involvement

- a) Service users are individuals currently receiving, or who have previously received, a service from an Inmind Healthcare service. Others may be those receiving, or having previously received, services from other mental health services.
- b) The following should be considered when involving service users:
 - Their mental state and whether they are able to perform their role.
 - Clarity of purpose and information stating to users that the decision to participate is a personal choice and that declining will not affect their care in any way.
 - Consideration will be given to matching service users with the role being undertaken.
 - Consideration of how representative a service user is if they are giving feedback on behalf of groups. Where opinions are expressed on behalf of wider groups, efforts must be made to gather a representative sample of opinions, or for an individual's views to be demonstrated as representative.

2.6 Defining the Service User Involvement Role

- a) There are various factors that are essential in ensuring service user involvement are meaningful and successful:
 - A clear written role description will be provided, stating clearly what is expected, and detailing any practical elements of the role, including time commitments, meetings to be attended, etc.
 - An induction will be provided including: all relevant aspects of the role; health and safety information; fire procedures; issues of appropriate conduct; issues of confidentiality; and the company complaints procedure.

- Support for the individual service user will be given as necessary, including time for debriefing, opportunities to contact a named person if needed, and the provision of supervision if appropriate.
- Resources for the service user will be provided as and when needed, including: training; administrative support; financial support.
- Information will be provided, whether written or verbal, in clear plain English and the use of jargon/terminology will be explained and kept to a minimum.
- The service user's involvement will be monitored in relation to the stated role description.

2.7 Data Confidentiality and Service User Involvement

a) Considerations linked to confidentiality are very important when involving users:

- Service users must not have access to sensitive or personal information about staff or other service users (for example, from CVs or application forms). In line with the General Data Protection Regulations, personal information will only be shared on a need to know basis, with the individual concerned granting their permission.
- Service users will be asked to sign a confidentiality agreement prior to participation in staff interviews etc.
- Service users becoming involved will be required to have an up-to-date individual clinical risk assessment focused on the risks associated with them being in contact with service users from other units or with any other information which is covered by the General Data Protection Regulations.
- Staff will provide service users with support and supervision to enable them to maximise their potential to contribute and become involved.

2.8 Challenges to Service User Involvement

It is important to recognise some of the potential challenges of involving service users once they have agreed to participate:

- A possible conflict is the pressure on service users to agree to the proposals made by staff or other members of the organisation.
- The service user may have fragile self-esteem or simply lack experience in speaking in professional forums. In this case support will be offered in the form of training and supervision.
- Symptoms or side effects of medication experienced by the service user may affect his/her ability to concentrate or remember. In such cases, flexibility in timings of meetings or different mechanisms and formats for involvement will be considered.
- It will be important to avoid or at least effectively manage conflicts of interests, such as where a staff member and service user are effectively colleagues one day and then in a therapist/service user relationship the next. This can be achieved by using supervision mechanisms

Appendix 1

Equality Impact Assessment for this policy

Protected Characteristic (domain)	Area of conflict	Resolution
Age	Nil	N/A
Disability	Nil	N/A
Gender Reassignment	Nil	N/A
Pregnancy & Maternity	Nil	N/A
Race	Nil	N/A
Religion or Belief	Nil	N/A
Sex	Nil	N/A
Sexual Orientation	Nil	N/A
Marriage and Civil Partnership	Nil	N/A

All relevant persons are required to comply with this policy and must demonstrate sensitivity and competence in relation to diversity in race, faith, age, gender, disability and sexual orientation. If you feel you are disadvantaged by this policy, please contact the Registered Manager and the service will actively respond to the enquiry.