

QUALITY NETWORK FOR
OLDER ADULTS MENTAL
HEALTH SERVICES



Quality Network for Older Adults Mental Health Services Annual Report

2017 – 2019

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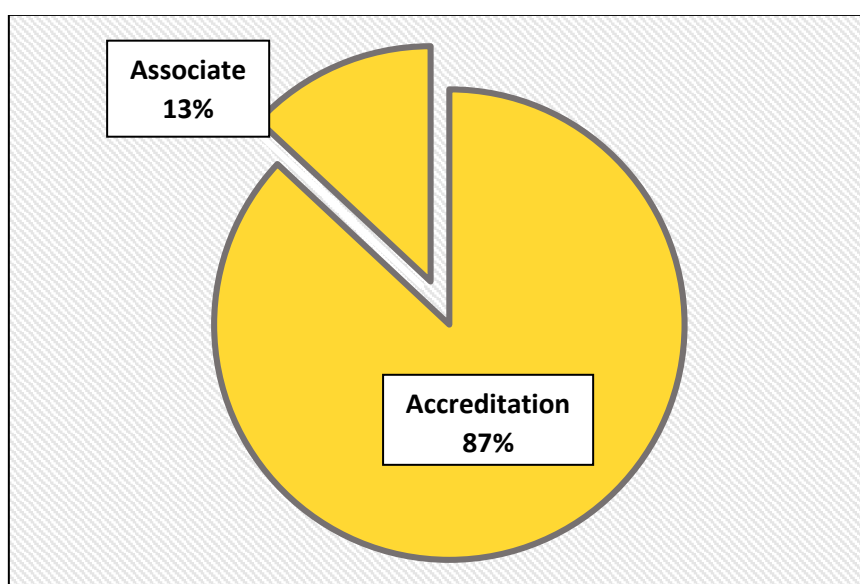
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QNOAMHS Membership

There are three types of membership offered by the network: associate, developmental, and accreditation.

Of the network's 70 members, 66 of these are participating through accreditation and eight associate.

The current absence of developmental members on the network reflects the progression of eight services that previously joined as developmental members, and following successful peer review visits, chose to continue as accreditation members. Similarly, the network will support the current associate members in their quality improvement journey either through developmental or accreditation visits, or both.



Benefits of Membership

- Membership is valued by the CQC
- Our peer review methods are evidence based
- Opportunities to attend other older adult services with a review team
- CPD certificates are available to those who take part in QNOAMHS opportunities
- Free entry to special interest days, annual forums and other workshops
- Networking with like-minded peer reviewers through events, visits, and our discussion group
- Individualised and in-depth ward-specific reports
- A demonstration of commitment to quality improvement
- The opportunity to work towards accreditation and highlight your ward's good practice

Our Members

The Quality Network for Older Adults Mental Health Services consists of 70 services from 22 different NHS Trusts and two independent organisations across the United Kingdom.



Network Activity, 2017 to 2019

5th Edition QNOAMHS Standards

Most significantly, the network has spent the past year publishing the 5th edition Quality Network for Older Adult Mental Health Standards.

Revision began in late 2018 with a working group that consisted of a combination of the current advisory group and accreditation committee. Following this, the QNOAMHS advisory group continued to meet over the course of the year to develop a specialised set of standards for older adult inpatient services. These were then combined with a set of core standards – core standards form the basis of all standards within the College Centre for Quality Improvement.

Member services of QNOAMHS were provided the opportunity to comment on the draft 5th edition set of standards. This feedback was incorporated, and the standards were then approved by the Senior Associate Director, and the Clinical Lead for Quality Improvement within the College Centre for Quality Improvement.

Our 5th Edition standards have been reduced in length by 38% in comparison to the 4th edition and are representative of the current quality improvement aspirations of older adult inpatient services.

Peer Reviewer and Lead Reviewer Training

The growth of the network has greatly benefited from five peer reviewer training sessions that were held externally at member services in Glasgow and Manchester, as well as at the Royal College of Psychiatrists in London.

Peer reviewer training equips staff of member services with the essential tools to become an effective peer reviewer on accreditation visits. They are also a great opportunity to network with other members and meet the Project Team.

As of November 2019, member services have contributed to the growth of the QNOAMHS pool of peer reviewers substantially, with 181 trained peer reviewers with experience in older adult inpatient services attending QNOAMHS review visits.

In addition to this, QNOAMHS have 14 lead reviewers who are specifically trained to lead our peer review teams and ensure that member services have a positive and insightful review visit.

Accreditation and Developmental Review Visits

Since June 2016, QNOAMHS have held a total of 71 accreditation and developmental visits to member services. Considering that review teams usually consists of between 4-5 clinical professionals, that is an average of 284 times that staff from member services have engaged with quality improvement! The introduction of developmental visits has boosted this, allowing untrained member services to also attend reviews.

Accreditation Committee

Between June 2017 and September 2019, a total of 11 accreditation committees have been held, where the panel have had the pleasure of awarding accreditation status 34 services.

Advisory Group

2018 also saw the establishment of the first QNOAMHS Advisory Group. The advisory group exists independently of the accreditation committee, with the purpose of ensuring that issues pertaining to older adult services are discussed in relation to the needs of member services.

Enhancing Communication with QNOAMHS Members

In 2018 we introduced fortnightly updates on the network to ensure that communication with our members was consistent and that member services are updated on events, reviews and other developments on the network.

QNOAMHS newsletters are now electronic. Six electronic newsletters have been published, with member services and service user/carer representatives contributing to 13 articles that have since been published. Newsletter articles are an excellent source for sharing the great work that is carried out by a member service. QNOAMHS members have benefited from reading about how services prepare for their self-review, how to enhance the activities on a ward, the experience of being a carer representative for QNOAMHS, and much more.

The QNOAMHS Discussion Forum has also been improved for accessibility and has allowed member services to connect with each other and discuss any number of queries, issues and concerns. In 2018, member services have had discussions on dementia friendly badges, managing the caseload of the community mental health team in older adult services, transferring patient notes from paper to electronic format, methods of streamlining care plans, and experiences of integrating social services into older adult mental health services.

Member services can submit a discussion to the forum by emailing opdiscussion@rcpsych.ac.uk

QNOAMHS Events

In July 2018, QNOAMHS welcomed four members of the British Psychology Society's Faculty of Older People (FPoP) to speak to network members. Members discussed the patient journey and the contribution psychology can have on this journey, how to enhance psychological wellbeing and avoid psychological harm, building a business case for psychology input on a ward and how to enhance a psychologically informed culture.

QNOAMHS members commented on how they went back to work feeling inspired and empowered, and hoped to implement what they had learned on the day at their own service.

Following this, the QNOAMHS annual forum was held. Members were lucky enough to welcome presentations from three member services, as well as Peter Carter, the former Chief Executive of the Royal College of Nursing who delivered an inspiring keynote speech. Our annual forum is a wonderful opportunity for services to display the great work they are doing and share it with other service.

Contextual Data

This section contains a summary of the performance of 42 services who received either an accreditation or developmental visit between October 2017 and October 2019. Of these services, 11 received developmental visits, and the remaining received accreditation visits.

During a service's self-review period, they are required to provide contextual information on their service, including whole time equivalent (WTE) staffing numbers, service user length of stay, and service occupancy levels. This data then informs the content of the service's final report.

Of the 42 services, 18 were functional services, whilst 13 were organic services and the remaining 11 categorised themselves as a mixed service.

Staffing Whole Time Equivalents

Staff Role	Average WTE	Minimum WTE	Maximum WTE
Consultant Psychiatrist	0.9	0.2	2.0
Health Care Assistant	14.2	1.0	34.83
Charge Nurse	2.4	1.0	5.0
Staff Nurse	7.5	0.8	15.8
Clinical Psychologist	0.3	0.0	1.0
Psychology Assistant	0.11	0.0	1.0
Occupational Therapist	1.1	0.0	2.0
Occupational Therapy Assistant	0.85	0.0	3.0
Physiotherapist	0.35	0.0	1.0
Speech and Language Therapist	0.18	0.0	1.5

The largest staffing discipline is health care assistants, followed by registered nurses (including charge and staff nurses.)

On average, Consultant Psychiatrists of members services spend up to 33.75 hours a week (based on a 37.5 hour working week) at a member service. 24 of 41 services reported having access to a full-time psychiatrist or more.

Psychology Provision

Psychology provision of member services varies considerably, the highest input being full-time, and with eight of 41 services reporting not having a Clinical Psychologist at their service, and the average input from a Clinical Psychologist amounting to 0.3 WTE.

The QNOAMHS minimum WTE requirement for psychology input is 0.5 (as per the 4th Edition Standards), meaning that 29 of 41 services required further support to satisfy this Type 2 standard. In addition, psychology assistants spend an average of 4.12 hours at a service, with 22 of the 41 receiving no access to a psychology assistant.

Psychology Provision in Older Adult services has been recognised by QNOAMHS as an unmet need.

Occupational Therapy Provision

The QNOAMHS 4th edition standard related to input from an Occupation Therapist (OT) states that *'The ward has a minimum of 0.8 WTE input from an Occupation Therapist'*. As this standard is a Type 1, services going through the accreditation process would need to meet this to become accredited.

37 of the 41 services reported receiving at least 0.8 WTE input from an OT, with 34 of these services demonstrating access to at least a full-time OT, if not more. Four services required further support to ensure that they are provided a minimum of 0.8 WTE input from an Occupation Therapist.

In instances where services do not meet this requirement, further inspection has shown that this can be because the Occupation Therapist's time is shared between wards. In other cases, services have used their self-review period to make a case for further Occupation Therapy input to satisfy the standard on the day of their accreditation visit.

Staff Turnover

The highest percentage turnover was 35% across the 42 services. Six services reported 0% turnover. Mixed wards reported the highest average

percentage turnover at 12.22%, with functional services reporting 11.39% and organic services reporting 6.81%.

Length of Stay

The mean length of stay of these services was a total of 109.4 days (approximately 3.5 months). The minimum length of stay was 30 days (1 month), and the maximum length of stay was 729 days (2 years).

Organic services had the highest mean length of stay (200 days), followed by mixed services (93.38 days). The average length of stay in the functional older adult services was 62.5 days.

Occupancy Levels

Average occupancy across the 42 services was 91.1% with the lowest at 70%. Five services reported operating at an average of 100% occupancy, and another two exceeded their occupancy levels, reporting 110% and 113%.

Organic services reported the lowest occupancy levels, at an average of 88.71%. Functional and mixed services reported average occupancy levels of 93.93% and 89.42% respectively.

Service Performance Against the Standards

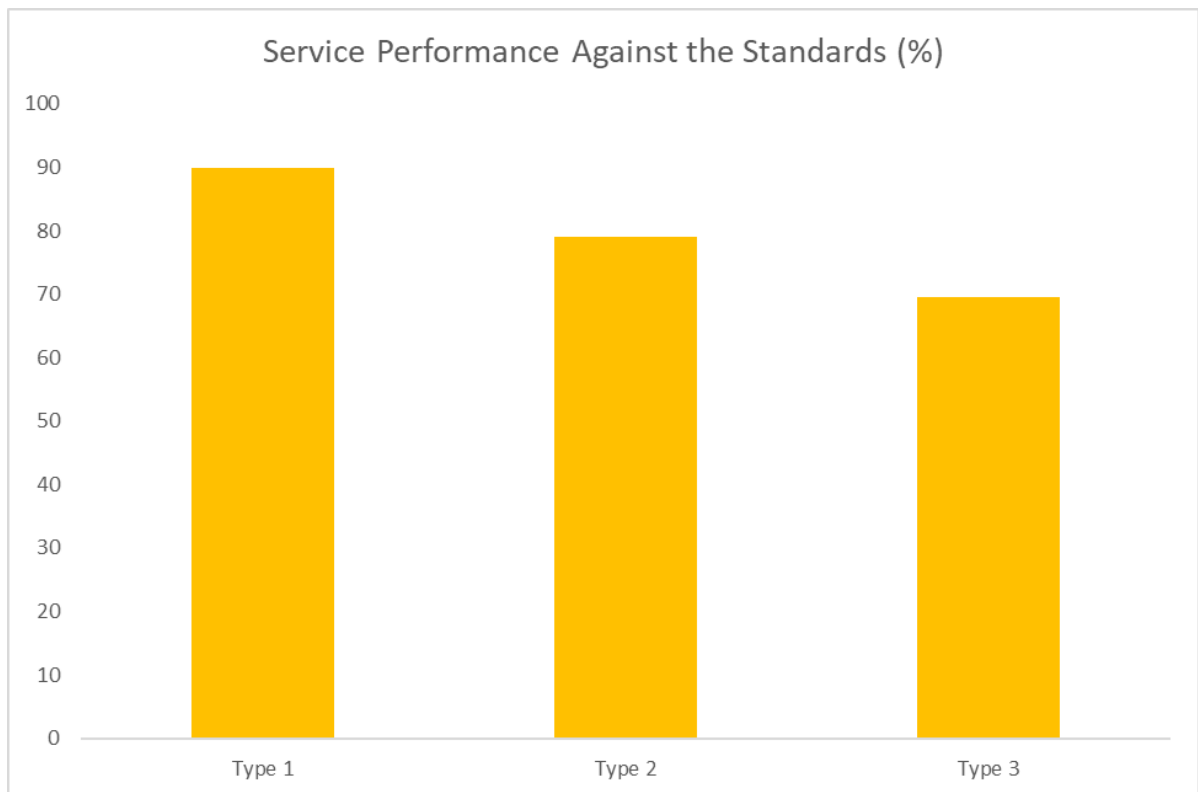
The following data pertains to services who have received an accreditation visit and a draft report from QNOAMHS.

This data does not include services who received a developmental visit from QNOAMHS.

Standards Compliance

On average, services *met* 140/156 type 1 standards, 56/72 type 2 standards and 6/9 type 3 standards. The below graph displays the percentage compliance of services against QNOAMHS Standards.

100% of Type 1 Standards, 80% of Type 2 standards, and 60% of Type 3 standards are required to be met to achieve the status of 'accredited'.



On an accreditation visit, services are measured against a total of 237 standards which are categorised by type (as above), as well as the areas of their service in which they would be expected to evidence their compliance. These areas are the ward's environment, the admission, leave and discharge processes, the care and treatment provided, and the staffing and management of the service itself.

Standard Section	Average Compliance (%)
Ward Environment	85
Admission, Leave and Discharge	89
Care and Treatment	87
Staffing	76
Service Management	85

The highest performing set of standards are evidenced through a service's admission, leave and discharge process, at 88.76%.

This is in part because these standards contain the highest percentage of Type 1 standards (83%) and therefore often pertain to patient safety, standard practice, and must be evidenced to be accredited. However, it is also a testament to older adult services on the network who are clearly demonstrating high standards of admission leave and discharge processes.

Services required the most support in evidencing standards related to staffing. Services demonstrated compliance against 76% of these standards. This is partly because, of the 25 standards in this section, 10 (40%) are related to training provision and compliance. Therefore, if a training matrix encapsulating these standards is not evidenced on a review, then these standards would most likely be scored 'not met'.

Commonly Unmet Standards

Standard Number (Type)	Standard	Not Met (%)
4.11.2.7 (2)	Staff members receive training consistent with their role, which is recorded in their personal development plan and is refreshed in accordance with local guidelines. This training includes: <ul style="list-style-type: none"> • Support for patients who are registered deaf or blind 	41%
4.11.2.3 (1)	<ul style="list-style-type: none"> • Recognising and communicating with patients with special needs, e.g. cognitive impairment or learning disabilities; 	22%
4.11.2.6 (2)	<ul style="list-style-type: none"> • Carer awareness, family inclusive practice and social systems, including carers' rights in relation to confidentiality. 	24%
4.11.2.8 (1)	<ul style="list-style-type: none"> • An overview of psychological skills and therapies 	23%
4.7.6 (2)	The ward has a minimum of 0.5 WTE input from a psychologist.	48%
4.7.5 (2)	Inpatient units demonstrate that the sessional input from psychologists and accredited psychological therapists is sufficient to support the maintenance and governance of a whole team approach to the provision of stepped psychological interventions.	34%
3.4.6 (1)	All staff members who administer medications have been assessed as competent to do so. Assessment is repeated on a yearly basis using a competency-based tool.	29%
4.2.1 (1)	All clinical staff members receive clinical supervision at least monthly, or as otherwise specified by their professional body. Guidance: Supervision should be profession-specific as per professional guidelines and provided by someone with appropriate clinical experience and qualifications.	38%
1.3.2 (2)	All patients have single bedrooms.	22%
1.3.5 (3)	Every patient has an en-suite bathroom.	38%

Psychology Provision in Older Adult Services

Standard Number (Type)	Standard	Not Met (%)
4.11.2.8 (2)	<p>Staff members receive training consistent with their role, which is recorded in their personal development plan and is refreshed in accordance with local guidelines. This training includes:</p> <p>An overview of psychological skills and therapies.</p>	23%

Standard Number (Type)	Standard	Not Met (%)
4.7.6 (2)	The ward has a minimum of 0.5 WTE input from a psychologist.	48%

Challenges

Psychology provision in older adult services is an often-recognised unmet need, as evidenced by the below percentages in relation to training, staffing WTE, and sessional psychological input. These statistics are also unsurprising in light of the fact that, on average, older adult services on the network have access to 0.3 WTE input from a psychologist.

Interestingly, accreditation visits have revealed that 48% of services do not provide adequate sessional psychology input. When staff were asked this question during their self-review, 77% of responses indicated that they felt this was not the case.

Good Practice Examples

The service introduced an assistant psychologist onto the ward and advertised for the recruitment of a psychologist. Originally, referrals from the community psychologist were replaced by four dedicated sessions per week.

Linden and Cedars wards, Dudley and Walsall Mental Health Partnership NHS Trust

The service provides sessional input from a psychologist one day per week, and a 0.5 WTE psychology assistant who provides further input, including bereavement and anxiety sessions.

Welford and Kirby wards, Leicestershire Partnership NHS Trust

The service received input from a psychologist twice a week, in addition to reflective practice sessions for staff.

Ellington Ward, Central and Northwest London NHS Foundation Trust

Clinical Supervision

Standard Number (Type)	Standard	Not Met (%)
4.9.1 (1)	All clinical staff members receive clinical supervision at least monthly, or as otherwise specified by their professional body. Guidance: Supervision should be profession-specific as per professional guidelines and provided by someone with appropriate clinical experience and qualifications.	38%

Challenges

The above statistics indicate that whilst 38.1% of services did not meet this standard, 88.5% of staff reported that they believed they received regular clinical supervision. Often, Trust guidelines indicate that supervision is required less frequently than every month, i.e., every six, eight weeks or three-monthly.

Good Practice Examples

The service holds monthly 'Star Days' as a type of appraisal process, where staff are supported externally to ensure their needs are supported. This includes training, reflective practice, and supervision.

Riverside Ward, Northamptonshire Healthcare NHS Foundation Trust

The Trust give clinical supervision passports to staff members where they can record the frequency of their supervision. An example of the clinical supervision passport can be found [here](#).

Lincolnshire Partnership NHS Foundation Trust

The service developed their own local supervision log to ensure that clinical supervision is held monthly, despite Trust policy requiring that supervisions is held 8 times a year.

Columbia Ward, East London NHS Foundation Trust

Medication Competency Assessments

Standard Number (Type)	Standard	Not Met (%)
3.4.6 (1)	All staff members who administer medications have been assessed as competent to do so. Assessment is repeated on a yearly basis using a competency-based tool.	38.1

Challenges

Often, Trust guidance indicated that medication competency assessments are completed three-yearly, or they specify other frequency requirements. In these cases, services are supported to ensure that they implement medication competency assessments on a yearly basis.

Good Practice Examples

This service introduced a matrix to ensure that medication assessments take place yearly and that these are documented.

Columbia Ward, East London NHS Foundation Trust

These services introduced annual medication competency assessments, despite Trust policy indicating that they required three-yearly. They documented this in a medication competency matrix.

Linden, Cedars and Malvern Wards, Dudley and Walsall Mental Health Partnership NHS Trust

This service devised a local medication competency framework to be used whilst an annual framework is devised by the Trust in the near future.

TOPAS, Central and Northwest London NHS Foundation Trust

Looking Forward

Increased representation of service users and carers on QNOAMHS

Recruitment of service user representatives and carer representatives has been a challenge for QNOAMHS, likely due to frailty issues. A service user and carer handbook is in development which intends to enhance the experience of QNOAMHS representatives, and there are plans to increase representation on our advisory group and accreditation committee.

Development of 5th Edition QNOAMHS Standards

The fifth edition of the QNOAMHS standards will be published in November 2019. Developed by various working groups involving the QNOAMHS advisory group and accreditation committee, as well as from input from member services, the revised standards have been reduced by 38%, and are the first set of QNOAMHS standards to introduce Sustainability Principles. They will be ready for use in the peer review process by February 2020.

Peer Reviewer Training

The growth of the network with new members means that QNOAMHS can pick from a wider pool of peer reviewers for review visits. QNOAMHS will hold two peer reviewer training sessions in 2019, and aim to train at least 60 more peer reviewers, vastly improving the experience of peer review teams and the services hosting them.

QNOAMHS also recognises the benefit in visiting member services to deliver training and will endeavour to do this with the introduction of QNOAMHS Roadshows in 2020.

Enhance the sharing of best practice

As our network continues to grow, so does the innovative means by which members demonstrate their compliance with QNOAMHS standards. We plan to collate all evidence of best practice on the newly introduced Knowledge Hub, whether it's seen on a review or in an accreditation committee and store it in a database we can share with members. Sharing best practice supports other services in their quality improvement journey, and is an opportunity to showcase the impressive ideas, processes and practices of our members.

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