QNOAMHS

QUALITY NETWORK FOR OLDER ADULT MENTAL HEALTH SERVICES

Quality Network
Older Adult
Mental Health Services

Member Information Pack
Developmental Members

Contents

Introduction

Welcome to the Quality Network for Older Adult Mental Health Services (QNOAMHS).

This pack is aimed at the person or persons within your service who will take the lead in the ward's peer review process. It should help you to understand what is expected of you and what will happen throughout the self-review process, peer review visit and other expectations of membership. If you have any questions, please do get in touch with the project team (details below).

QNOAMHS COVID-19 Update

Due to current COVID-19 restrictions, QNOAMHS are unable to conduct peer review visits to members in person. Therefore, the QNOAMHS Project Team have created a process to conduct remote peer review visits to members so they can continue their quality improvement journey. Whilst the principles of peer review will remain the same, certain aspects of the review have been adapted to ensure that we can continue to provide a robust and comprehensive accreditation review to members.

This document has been adapted for the person(s) within your service who will take the lead in the ward's remote accreditation process. Its purpose is to inform you what to expect throughout the self-review process and the adapted accreditation visit as well as what is expected of you in your role as a project lead.

As expected, the restrictions of COVID-19 have presented various challenges for all involved with the CCQI. With the Project Team working from home to support QNOAMHS members, adaptations and innovations have been made to ensure QNOAMHS members benefit from their membership as far as possible.

An increase in the reliance on video technology to communicate as a College, and with our member services, has resulted in our quarterly Accreditation Committee meetings being held remotely. Therefore, whilst the evidence submission process remains unchanged for services going through the accreditation process, the impact of COVID-19 on services means there is now College guidance in place to provide support on a case-by-case basis. It is important to contact the Project Team if you feel you are affected in this way.

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Background

The Quality Network for Older Adult Mental Health Services (QNOAMHS) works with wards and units providing services to older people to assess and improve the quality of care they provide. QNOAMHS engages staff, patients and their carers in a comprehensive process of self and peer review to enable services to identify areas of good practice and areas for development. Member services are encouraged to use peer review visits, and other member events, to share knowledge and ideas with others, thereby creating a mutually supportive environment which encourages learning, and leads to positive change. QNOAMHS also offers accreditation for those members who can demonstrate a high level of compliance with the standards.

The 5th edition standards are drawn from key documents and expert consensus, as well as from the 4th edition, and work completed within the College Centre for Quality Improvement (CCQI.) The standards have been subject to extensive consultation with multidisciplinary professionals involved in the provision of inpatient mental health services, and with experts by experience and carers who have used services in the past.

Role of the Project Lead

As project lead there are a number of tasks for you to complete throughout your involvement with the project.

- Disseminate information from QNOAMHS to your service
    - It is important that everyone who works in the service, current service users and carers are aware of the fact that you are going through the peer review process, what this means and what is expected of them.
    - As lead you will receive updates and information about the wider network (including about events) please share these with the rest of your team, as appropriate.

- Maintain contact with the network team
    - The project team will contact you throughout your membership please respond promptly.
    - If your details change or you are no longer the best person to act as the project lead please let the network team know.
    - If the ward is moving or changing please contact the network team with details.

- Arrange the date of your peer review visit
    - The project lead is responsible for arranging a date that all key staff are able to attend. You will then need to make sure that all staff and current service users are aware of the date and given the opportunity to attend.

- Ensuring that your self-review is completed on time

- Prepare for your developmental visit
    - For more information please see the Developmental Visit section of this pack.

- Nominating reviewers and ensuring that they attend reviews for other services
    - Your service is required to provide professional reviewers to attend at least two QNOAMHS reviews every year. Travel costs for attending site reviews must be covered by your service.
    - Professional reviewers are categorised as Nursing, Medical or MDT (all other qualified staff) you should have reviewers from at least two of these categories.
    - If your reviewers would like to attend accreditation visits as well as peer review visits they will need to attend training. Please contact the project team to find out when the next training dates are.
    - If a reviewer is no longer able to attend a review that they have signed up for it is your responsibility, as project lead, to find a replacement. If the review is unable to go ahead because a reviewer has cancelled at short notice your service is liable for any associated costs.

QNOAMHS Membership

In addition to the peer review process which you have signed up to there are also a number of benefits to being a member of QNOAMHS.

Being a Peer or Lead Reviewer
Acting as a Peer or Lead Reviewer is a great opportunity to learn from other services, as part of the quality improvement process.

Annual Forum
The QNOAMHS Annual Forum is held every year. It is an opportunity for services across the country to come together to discuss findings from across the network and share service development initiatives. This is also an opportunity for your service to present on a topic of your choosing. If you would be interested in presenting at the Annual Forum, please contact the network team.

Annual Report
An Annual Report is published every year, with its findings and recommendations reported at the Annual Forum. The report presents national findings identifying trends and enabling benchmarking with other services.

Special Interest Days
Special Interest Days are run by the network and dedicated to a topic identified by the members. The day is then led by members to ensure that it is truly focused to the topics that are most important for those working within mental health rehabilitation services. If you would like to suggest a topic for a special interest day or would like to know when the next one is please contact the network team.

Email Discussion Group
The email discussion group provides access to experienced and knowledgeable professionals from a range of disciplines who work in or alongside mental health rehabilitation services. The Project Lead(s) will automatically be added to the distribution list but any member of staff from the service is able to join by emailing op@rcpsych.ac.uk with their details. Please ensure that you add this email address to your 'safe senders' list so that you are able to access the emails.

Shared Learning Forums and Webinars
QNOAMHS host and produce webinars for professionals and service user and carer representatives to share good practice with the membership. Whilst COVID restricts the network's ability to visit services directly the network is also hosting Shared Learning Forums on a fortnightly basis to allow rehab professionals to remotely network and share their experiences.

Peer Reviewers

Professionals Reviewers

Staff who work in your ward are able to act as a peer reviewer and attend accreditation/ peer review visits to other wards. It is a condition of your membership that you provide at least two professional reviewers to attend visits/remote reviews every year. As well as being a vital part of the network and ensuring other services are able to have their visits, being a reviewer is a great opportunity for the reviewer and their service. Visiting other services is an opportunity to understand how they work and to pick up ideas and innovations that they are then able to bring back to their own team. This feeds back into your ward's process of quality improvement.

As you are going through the peer review process, you may find it beneficial for your reviewers to attend other peer review visits. However, you may also want them to attend accreditation visits in order to understand more about that process. If you would like your reviewers to attend accreditation visits they will need to attend a training session.

Staff are also able to use peer review visits as part of their CPD and we are able to provide a CPD certificate for every visit that they complete. Once trained reviewers have completed three accreditation visits, they are able to apply to become Lead Reviewers.

Service Users and Carers

The voices of service users and carers are vital when assessing any service, so all of our visits have a service user or carer on them. Therefore, all visits will have a service user and/or carer representative on them.

Self-Review

Overview

The first part of the developmental review process is the self-review period, which lasts 3 months. The self-review consists of:

- Completing a self-review workbook via CARS (College Accreditation and Review System), assigning a score to each standard and commenting on ward performance.
- Submitting the services most recent regulators report and information on any SUIs.

Aims, Purpose and Outcomes

Completing the self-review workbook provides a designated space for teams to reflect and acts as a useful team-building opportunity. The self-review forms the basis of the peer-review visit: the completed workbook will be sent to the visiting peer reviewers in advance of your peer review visit so that they can familiarise themselves with the key issues raised. The regulators report will provide additional context to the review team and may help them to identify areas of achievement and for improvement.

Completing a Remote Self-Review

Services undergoing a Remote Review will be required to submit a more extensive portfolio of evidence on CARS at the point of self-review. Guidance on how to submit the relevant information is included within the 'Step-by-Step Guide to the Self-Review'.

In contrast to a site visit, this evidence will be submitted in advance of the online peer-review day by the peer-review team through a pre-arranged Microsoft Teams account. The Project Team will also guide you through this setup. Submitting evidence prior to the review will enable more discussion on the peer review day.

Please refer to the following Step-by-Step Guide to Self-Review section for the additional instructions for completing a Remote Self-Review, which include:

- Additional workbook information
- Additional contextual information requirements
- Conducting a self-review of your ward/unit environment
- Guidance on submitting any evidence for a Remote Review

Step-by-Step Guide to the Self-Review

Please ensure that all staff, service users and carers are aware of the accreditation process and self-review by distributing the information sheets provided.

Completing the Workbook

In order to allow your Peer Review Team to prepare as thoroughly as possible, you will need to provide comments against the standards, which you will do online through the CARS system. For more information on how to complete your workbook on CARS, please see the CARS Handbook, Section 4: Completing the Self Review Workbook.

Please note that there are just under 250 standards so allow plenty of time to complete this. You will also be asked to select areas that you would like to focus on for the review day, however, you will still need to complete all the areas of the workbook for the self-review.

The standards are split into three types:

Type 1: failure to meet these standards would result in a significant threat to patient safety, rights or dignity and/or would breach the law. These standards also include the fundamentals of care, including the provision of evidence based care and treatment

Type 2: standards that an accredited ward would be expected to meet.

Type 3: standards that an excellent ward should meet or standards that are not the direct responsibility of the ward.

Workbook Considerations for a Remote Review

The process described above for completing a self-review workbook remains unchanged when participating in our Remote Reviews. However, we do require that services provide responses in their CARS workbook to *all standards* as far as possible. Where a standard might elicit responses related to COVID-19, we will require details of this, and these comments will be taken into consideration by the Peer Review team.

In addition to the contextual information prompts in the workbook, you will also be asked to provide the Project Team with responses to the below information, which will then be provided to the Peer Review Team prior to your review. The purpose of requesting this information is to further inform the Project Team and Peer Review team as to how they can support your service in light of the impact of COVD-19. The additional information requested will be:

- **What has been the impact of COVID-19 on service users on your ward?**
- **What has been the impact of COVID-19 on the carers of service users on your ward?**
- **What has been the impact of COVID-19 on staff on your ward?**
- **Are there any changes to how your service provides care in response to COVID-19 which you would like to share?**

Submitting Your Regulator's Report

As part of your self-review, you will also be asked to submit your most recent regulator's (e.g. CQC, Health Improvement Scotland, The Regulation and Quality Improvement Authority, Health Inspectorate Wales) report. This will be shared with the review team to provide them with further context about the service, areas of good practice and areas that require improvement. They may ask questions about the report on the day or ask to see evidence that action has been taken.

Once you have completed your workbook you will then be asked to provide an update on previous action points. If you have previously been through the accreditation process please complete this in relation to the action points from your previous accreditation report. If you are new to QNOAMHS please complete it in relation to actions that you have worked on within the last 12 months. These could be as a result of a regulators report, your preparation for the accreditation process, your own development processes or any other sources.

Areas of Focus

When you complete your self-review on CARS you will be asked to select two areas of focus for you review day. Working with the multi-disciplinary team you should choose from the following options:

- Admission, Leave and Discharge
- Care and Treatment
- Service Management
- Ward/Service Environment
- Staffing
- Type 1 standards

If you would like to focus on Type 1 standards, please only select this one option. Selecting sections of the standards (e.g. admission and discharge) allows you to focus on these areas as a whole and will allows for better discussion on how all of the elements within them fit together. Selecting Type 1 standards will prompt discussion on a broader range of topics focusing on standards about the fundamentals of care, safety and legal obligations.

Open Discussion Topic

You will also be asked to provide a topic for the Open Discussion on the review day. This is an opportunity for you to discuss a particular challenge that you face with a range of reviewers who all have experience of older adult services. Not all members of the review team will be present during this session but your lead reviewer will ensure that those who are most relevant to the topic are able to attend. You could decide to spend the whole session discussing one standard, a cluster of standards or something outside of the standards, it's up to you!

Other Documentation

Your workbook will include a space for you to provide an update on previous action points. If you have previously been through the accreditation or peer review process, please complete this in relation to the action points from your previous accreditation or peer review report. If you are new to QNOAMHS, please complete it in relation to actions that you have worked on within the last 12 months. These could be as a result of a regulators report, your preparation for the accreditation process, your own development processes or any other sources.

You will also be asked to complete contextual information, staffing and service data via CARS. Please ensure that you complete this using information from the time periods specified.

As part of your self-review, you will also be asked to submit your most recent regulators (e.g. CQC, Health Improvement Scotland, The Regulation and Quality Improvement Authority, Health Inspectorate Wales) report. This will be shared with the review team to provide them with further context about the service, areas of good practice and areas that require improvement. They may ask questions about the report on the day.

While you do not need to submit evidence to show compliance against standards during the self-review process, you may find it beneficial to have some documentation available to the peer review team. This will help them to better understand your ways of working as well of helping them to identify areas of achievement and for improvement. You may want to start thinking about what documentation you want to have available during your self-review period. This is likely to include policies, processes and information on assessments and health records.

If at any time you feel that you will not be able to complete the self-review before the deadline, please contact the network team as soon as possible.

Key things to do:

- Read through the CARS handbook, check you are able to register and log on to the system and familiarise yourself with it
- Arrange suitable time(s) when the team can come together to work through the self-review workbook
- The team should work through the workbook together, scoring themselves against the criteria and noting down comments that will enrich the peer review process
- Identify the areas that you would like to focus on during the peer review visit
- Submit the completed online self-review at least 4 weeks before your accreditation visit is due to take place

If at any time you feel that you will not be able to complete the self-review (including securing the required number of surveys) before the deadline, please contact the network team as soon as possible.

Developmental Visit

Description

Following a completed self-review, services must prepare for the peer review day. This involves a team of 2-3 staff from other QNOAMHS services and a service user and/or carer representative visiting your team. Review days will be led by a member of the Rehab Project Team or another experienced lead reviewer.

Aims, Purpose and Outcomes

During the review visit, the visiting team will ask questions and discuss issues based on your self-review workbook. The purpose of the visit is to help you through a process of quality improvement by highlighting areas of achievement and for improvement. Where there are areas for improvement, the review team will use their knowledge and experience to help you think about how you can make these improvements.

What to expect on a Remote Developmental Visit

Introduction Meeting
Remote developmental reviews will obviously be different from a site visit to a rehabilitation service. With further evidence previously submitted prior to the review day, the remote accreditation visit reduces the need to review any evidence on the day, thus allowing more time for discussion with the service, over a shorter period. For details of timings, please review the timetables below.

Peer Review Preparation
Whilst your service is preparing your self-review materials, the Peer Review team will contact four service users and carers (with their consent) to interview them to gather their experiences of the service. These interviews will be conducted prior to your review day via video-call, and the Project Team will prompt you via email at the beginning of your self-review to provide contact details of **four service users and four carers** willing to be interviewed.

The Review Day
The review day will begin with an introductory meeting between the host service and the review team. This meeting is an opportunity for the review team to introduce themselves and the lead reviewer to explain what to expect throughout the day.

A Remote Tour of the Ward Environment
Because Remote Reviews do not include a Peer Review team visiting the host service, in order to effectively review services against the QNOAMHS 5th Edition Ward/Unit Environment standards, the host service will be required to conduct a live tour of the unit covering the key points of the environment standards.

Please refer to **Appendix 1** for checklist of the Ward/Unit Environment standards the Peer Review team will consider during this stage of the review.

Privacy Notice

Please note that this should be done via a live tour of the unit. Photo or video evidence cannot be accepted unless any recordings have an accompanied signed acknowledgement that the service is compliant with their trust policies for GDPR and safeguarding. This is to ensure that the privacy of staff, patients and carers is maintained.

Ward Manager and Senior Staff Meeting

The review team will then conduct an interview with any staff qualified to comment on the Service Management standards. This interview will last for around 60 minutes.

Open Discussion

The review team will discuss the topic the host service has chosen. This meeting will involve the host service introducing the topic and current practices on the ward/unit, the review team will then discuss and share their practices and ideas to support the service to address the topic.

Selected areas of Focus

The review team will cover the standards the host service has chosen to focus on, this will involve discussing current practice on the unit and standards which are currently partly or not met.

Staff Interview

In contrast to the service user and carer interviews, we will conduct a Staff Interview on the day of the visit, using the Staffing standards. Frontline and non-managerial staff are invited to attend this.

Review Team Feedback Session

The review team will then meet separately to discuss what they have found so far, and gather feedback to be provided to the host service.

Feedback to Host Service

The host team will then re-join the videoconference so that the review team can give them feedback about the review. The next steps will also be explained.

Preparing for a Face to Face Developmental Visit

In advance of the review day you will need to complete the following:

- Arrange the developmental visit based on the timetable in [Appendix 2](#). If you need to alter the schedule in any way, please contact the lead reviewer of your proposed timetable at least a week in advance of your review.
- Ensure that you have copies of all of the documentation that you would like to share with the review team.
- Inform all team members about the visit as soon as your peer review date is confirmed and ensure that key members of the team are available.
- Invite service users and carers to the relevant interview sessions, and to lunch if you wish. Distribute information sheets about the purpose of the day. If people are unable to attend in person but would like to contribute, ask them if they would be happy to talk to the review team over the phone. If they are, record their contact details and send to the lead reviewer as soon as possible.
- Invite a service user to lead the Tour of the Unit, alongside a member of staff.
- Ensure staff are informed which sessions throughout the day they should attend, including the morning brief and end of day feedback sessions.
- Ensure that rooms are booked for interviews.
- Book refreshments (for the morning brief and afternoon review team meeting) and lunch.

The day of the visit

The visit will follow the timetable that you have proposed which will be confirmed with the host and review teams in the morning brief. Your areas of focus will also be confirmed in this session. While you have selected your chosen areas, sometimes after seeing your self-review, the review team may have a suggestion of another area which may be of more benefit to you.

Guidance:

- Plan for the review day as far in advance as possible.
- Ensure that arrangements allow staff to fully participate.
- Liaise with service users and carers well in advance.

After the Peer Review Visit

Draft Report

Within 30 days of the visit you will receive your draft report, you then have 30 days in which to respond. Allow time to read through the report to ensure that you are happy that it is an accurate representation of your service. As a team you should develop an action plan (using the template provided within the report) to address some of the areas that have been highlighted for improvement. This should be returned to the project team before the end of your 30-day period, along with notification of any factual inaccuracies from the report.

After this you will then receive a finalised copy of your report.

Accreditation

Depending on the outcomes of the peer review process you may decide that you would like to pursue accreditation. You are able to start the accreditation process in your next membership year. If you are interested in this please talk to the network team.

Some teams may need to go through the peer review process a number of times before moving to accreditation, some teams may never feel ready. By continuing with the developmental process you are able to access all the benefits of membership and demonstrate an ongoing commitment to quality improvement.

Key things to do:

- Bring the team together for an open discussion around the areas identified for improvement in your local report.
- Make decisions on how to address these and draw up an action plan – who, how, and when by.
- Return your action plan to the QNOAMHS project team within 30 days of receiving your draft report.
- Carry out actions and monitor progress on a regular basis (this will be important for your interim review).

Guidance:

- Include the entire team in the action planning process to encourage a sense of ownership.
- Outline clear responsibilities for taking action points forward so that all staff know their obligations and level of commitment.
- Develop a clear timescale for working on action points so that progress can be monitored on a regular basis.
- Minimise the burden on staff by providing allocated time within regular job hours to work on the relevant actions.
- Ask the Rehab email discussion group for advice on planning and implementing new initiatives: op@rcpsych.ac.uk

Appendix 1: Peer Review Project Lead Checklist

	Complete
Set the dates for your peer review visit	
Inform all staff, senior management, service users and carers about the visit and ensure as many as possible are involved during the day	
Self-review opens online 4 months before the visit. Log-on to the CARS system to ensure you can access it properly	
Host group discussions and prepare a copy of the self-review workbook completing all sections with concise detailed comments	
Decide which areas you would like to focus on during the visit	
Discuss whether any changes are needed to the timetable	
Collate all supporting evidence documents	
Submit regulators report, information on SUIs to the project team at least 4 weeks before your review date	
Submit completed workbook at least 4 weeks before your review date	
Invite all managers, staff, service users and carers to the relevant parts of the review day	
Receive reviewer details from the project team and pass them on to any relevant individuals	
Ensure that there are sufficient copies of the self-review for staff members to refer to during the day	
Ensure that enough rooms are available for meetings	
Organise for a service user to be available to assist or lead the unit tour	

Appendix 2: Peer Review Day Timetable

Time	Session	
	Time	**Session**
10:00-10:15	**Introductory Meeting – Review Team** Review Team meet for introductions, timetable review and assignment of roles. **Tea and Coffee to be provided on arrival**	
10:15-10:45	**Morning Brief** Reviewers meet with the host team • Lead reviewer: a) introductions, b) aims of the day, c) check the programme • Host unit to give a brief description of their service and overview of actions since last review/ in last year.	
10:45-11:45	**Tour of the Unit** To be led by a member of the host team and a service user.	
11:45-12:30	**Frontline Staff** 1-2 reviewers will meet with non-managerial frontline staff to discuss their experiences of working in the service.	**Patients Discussion <u>or</u> Observation Tool** 1-2 reviewers will talk to patients about their experiences of using the service. <u>or</u> 1-2 reviewers will conduct an observation in a communal patient area
12:30–13:15	**Lunch** Lunch to be provided by the host team	
13:15–14:00	**Open Discussion** 1-2 reviewers will join relevant members from the host team for a discussion focused on the topic that has been provided by the host team.	**Carers, friends and family members** 1-2 reviewers will talk to carers, friends and family members about their experience of the service.
14:00-15:30	**Selected Areas of Focus** This session will focus on the areas that the host team have selected to focus on for the review day. Comfort break to be taken when appropriate. Key members of the host team should take part in this session.	
15:30-16:00	**End of Day Discussion** Peer reviewers meet separately to summarise their findings. **Tea and Coffee to be provided within this session**	
16:00-16:30	**Feedback to the host unit** Informal feedback will be given to the host team by the peer reviewers.	

Appendix 3: Remote Review Environment Checklist

Whilst it is important to remember that the QNOAMHS 5th Edition Standards have **not** changed, the QNOAMHS Project Team have reviewed standards where the possibility of them being 'Met' by services could be impeded by the impact of Covid-19 on health care services.

Below is a list of the standards which have been reviewed and now contain additional guidance for services, the review team, and the Accreditation Committee to consider.

As always, it is the Peer Review team's decision to score a standard as 'Met' or 'Not Met', however the guidance provided is intended as a supplement.

If your service is struggling to provide evidence in relation to the below standards, please make this clear when completing your workbook in CARS and this will be considered.

NUMBER	TYPE	STANDARD	GUIDANCE/SUGGESTED EVIDENCE
		Standards with COVID-19 Guidance/Evidence	
1.8	3	All patients can access a charge point for electronic devices such as mobile phones.	**Evidence:** The ward demonstrates evidence of a video calling equipment such as an iPad.
1.11	1	Patients are cared for in the least restrictive environment possible, while ensuring appropriate levels of safety.	**Evidence**: whilst appropriate restrictions apply as a result of Covid-19, the ward are actively applying the least restrictions to the environment as far as possible.
1.15	2	The ward/unit has a designated room for physical examination and minor medical procedures.	**Evidence:** any alterations to a designated room for physical examination and minor medical procedures as a result of coronavirus are explained.

1.19	2	Ward/unit-based staff members have access to a dedicated staff room.	**Evidence**: if the ward/unit does not have a staff room, a temporary designated "safe space" is available to staff instead.
1.24	1	Wards that admit patients living with dementia have a dementia-friendly environment/layout. *Guidance: Corridors and artwork should be chosen with thoughtful use of colour, lighting and regular resting points. Install contrasting coloured toilet seats and grab rails. Maximise views of nature and when possible allow safe access to gardens.*	**Guidance**: if patients with organic illnesses are moved to wards without a dementia-friendly environment as a result of Covid-19, this is taken into consideration by the Peer Review team.
2.2.4	1	Patients have an initial mental health assessment which is started within 4 hours and completed within 1 week. This involves the multi-disciplinary team, and includes patients': • mental health and medication; • psychosocial and psychological needs; • strengths and areas for development; • where clinically indicated, a diagnostic assessment of depression, dementia, and delirium.	**Evidence:** Guidance on social distancing is included in the information.
2.2.5	1	Patients have a comprehensive physical health review. This is started within 4 hours of	**Evidence:** New admissions are isolated and tested for COVID-19 in accordance local guidance.

		admission, or as soon as is practically possible. The assessment is completed within 1 week, or prior to discharge. *Guidance: Where the patient is unable to provide input into the assessment carers and/or friends and family are involved.*	
2.2.6	1	Patients have a risk assessment and management plan which is co-produced, updated regularly and shared where necessary with relevant agencies (with consideration of confidentiality.) The assessment considers risk to self, risk to others, and risk from others. The team reviews and updates care plans according to clinical need and at least every four weeks.	**Evidence:** Risk assessments include Covid-19 risk and appropriate action plans are made in line with current guidance. Any pre-assessments prior to admission are conducted by phone call (or similar) prior to entering the ward.
2.4.1	1	The team and patient jointly develop a leave plan, which is shared with the patient, that includes: • a risk assessment and risk management plan that includes an explanation of what to do if problems arise on leave; • conditions of the leave;	**Evidence:** Leave plans demonstrate consideration for Covid-19-related restrictions.

		• contact details of the ward/unit and crisis numbers.	

Appendix 4: Draft Developmental Remote Review Timetable

Time	Session	Participants	Method
Prior to Review Day			
Two weeks prior to review day	***Patient & Carer Interviews*** A member of the QNOAMHS project team (and possibly a service user/carer rep) conducts phone interviews with service users and carers two weeks prior to the review day to gather their feedback.	QNOAMHS Project Team Members	Phone Call
Day 1			
10:00 – 10:30	**Introductory Meeting** The review team come together and meet remotely via Teams. This will be an opportunity for the review team to introduce themselves and the lead reviewer to explain what to expect throughout the day.	Whole review team	Microsoft Teams
10:30 – 11:00	**Virtual Meeting with Host Service** Introductions between the team and host service are made. The lead reviewer outlines the timetable over the two days as well as what to expect from a remote review.	Whole review team Host Service	Microsoft Teams
11:30 – 13:00	**Live Ward/Unit Environment Tour** Review team focus on standards in relation to the ward/unit environment and review the service's evidence of their physical environment. This could be done by the lead reviewer sharing their screen and going through each standard and the evidence submitted. Whilst host service and team discuss.	Selected Members of the peer review team Host Service	Microsoft Teams
13:00 – 14:00	**Break/Lunch**		
14:00-15:30	**Staff Interviews** Review team interview frontline/non-managerial staff about standards in relation to staffing. This could be done via a group interview on Teams though staff working remotely and from home would be welcome to join.	Selected Members of the peer review team & Minimum 4	Microsoft Teams

			Frontline/non-managerial staff	
15:30 – 16:00	**Review Team Feedback Session** The review team discuss what they have found so far and begin drafting a list of areas of achievements and improvements as well as potential discussion topics for the next days' session		Peer Review Team	Microsoft Team
	Day 2			
10:00 – 10:15	**Introduction Meeting** As with the first day the review team come together and prepare for the day.		Peer Review Team	Microsoft Teams
10:15 – 12:30	**Selected Areas of Focus** The review team focus on standards which the host service has chosen as selected areas of focus. Again, this could be done by the lead sharing their screen and going through the workbook with the host service and peer review team. If the service wish to provide any evidence for the relevant standards they can do and it can be shared on the screen by the host service or lead reviewer.		Peer Review Team Relevant Staff from Host Service	Microsoft Teams
12:30 – 13:00	**Review Team Writing Session** Review team discuss the selected areas of focus and write their notes and add to the list of areas of achievement and improvement created at the end of the first day		Peer Review Team	Microsoft Teams
13:00 – 14:00	**Break/Lunch**			
14:00 – 15:00	**Open Discussion** The review team and service discuss a topic of the host team's choosing. All staff/service users the service deem relevant to the discussion are welcome to join the session. Session will be done via teams' meetings.		Peer Review Team Relevant Staff/Service Users from Host Service	Microsoft Teams
15:00 – 15:30	**Review Team Feedback Session** The review team discuss the day and create a final list of areas of achievement and improvement.		Peer Review Team	Microsoft Teams
15:30 – 16:00	**Feedback to Host Service** The review team provide feedback to the host service. The lead review explains the next steps regarding action plans etc.		Peer Review Team Relevant Staff/Service Users from Host Service	Microsoft Teams