



Quality Mark for Elder Friendly Hospital Wards

Award Advisory Committee (AC)

Role Description and Terms of Reference

Job Role

Job Purpose

- To review reports completed by wards aiming for award of the Quality Mark. Ward reports are presented to the AC when the ward achieves a pre-determined level at Stage II of the Assessment and Award process.
- To attend meetings to make recommendations on award of the Quality Mark in collaboration with other members of the committee based on the relevant criteria specified in the Assessment and Award Process.
- To consider as necessary any feedback received indicating areas of concern regarding the quality of care delivered in a ward which holds the Quality Mark.

Key Responsibilities

- Keep up-to-date with QM measurements and the Assessment and Award process.
- Be available at least four-five times a year to meet with other members of the AC at a face-to-face meeting. AC Membership may be terminated for regular non-attendance.
- Be aware of confidentiality and the provisions of the General Data Protection Regulation 2016.

Membership

The AC forms part of the Combined Committee for Accreditation of the Royal College of Psychiatrists. This Committee has an overall Chair who assures governance and consistency across those projects measuring the quality of services which are managed by the College.

AC sessions are held (either face to face or as a teleconference) as separate sessions of the Combined Committee in the presence of the overall Chair.

The AC will be quorate when the following members are present: 1 nurse, 1 physician, 1 patient or carer representative, 1 member of another related profession (e.g. old age psychiatry, occupational therapy) the Programme Manager or deputy, and the Chair.

The Chair of the AC will be a patient/ carer representative or a professional, either from one of the above professions or from an associated organisation working with patients and carers, e.g. Age UK, Alzheimer's Society.

Attendance and special conditions

In some circumstances, including

- a) the absence of one or more of the above members, or
- b) in the case of matters arising from a report, whose significance in relation to making an award are unclear

recommendations made by the AC may be held over for approval by the Chair of the Combined Committee for Accreditation when the evidence or input required has been received.

Accountability and Responsibility

AC decisions and the award process are subject to scrutiny and ongoing monitoring by the Chair of the Combined Committee, which in doing so retains the right to question and/or overturn these decisions. The CC as the regulator for all participating committees holds the accountability and responsibility for award and accreditation. AC members will be expected to make fair, unbiased recommendations based solely on data collected from the services' reports.

It is each member's responsibility to declare potential conflicts of interest. This will include declaring any relationship with a service participating in the process that may affect or may be perceived by others to affect the advice given and/or recommendation made by the AC member. If this is the case, the AC member will leave the room while the recommendation decision about that service is being considered or may be asked to not attend the meeting.

Person Specification

Members of the AC will be:

- Supportive of the aims of the project
- Able to demonstrate relevant up to date experience in relation to their role; e.g. as a healthcare professional, service user (patient) or carer
- Able to demonstrate experience relevant to participating as a member of the AC, e.g. experience or knowledge of assessment processes or healthcare quality improvement work or other quality frameworks involving measurement.

Terms of Reference

Confidentiality

All AC members are required to sign a confidentiality statement. The report and any additional documentation submitted as part of the award process are confidential.

The AC will be presented with ward reports which will be anonymised, and will only be informed of the name of the ward and the Trust concerned when a recommendation of award has been made.

Role of the Committee

The AC has powers deriving from its status as a participatory body in the Combined Committee.

The AC recommends award status based on the evidence gathered during the stages of assessment, and in particular looks closely at feedback from patients and patient comments. The role will include:

- considering ward reports and recommending award or further assessment period;
- advising the QM team about the quality of the reports and information that forms the basis of the AC's recommendations.

Frequency and Location of Meetings

The AC meets approximately four-five times per year. Meetings take place by teleconference if necessary and feasible. Any face-to-face meetings normally take place at the Royal College of Psychiatrists, 21 Prescot Street, London E1 8BB.

Decision-Making Powers

Decisions are based on the ward's report and achievement according to the specified criteria. If the committee feels that the report shows cause to withhold the award, they have the power to require further documentary evidence, or that the ward engages in further assessment. The committee has the final decision, which may be decided by vote if necessary, with the chair having the casting vote.

Decision-Making Scope

Whilst guided by the Stage II report results, the AC has the authority to decide if award is recommended within the parameters set out below:

1. **Award** – if a decision is taken that the ward has fulfilled all requirements and demonstrated a good and consistent quality of care, a recommendation of award will be made.

Any exceptions to the above will be on the basis of documentary evidence and at the discretion of the Chair.

2. **Further Stage II assessment** – if it appears that requirements for Stage II have not been fulfilled, the committee may recommend further assessment. Depending on the issues outstanding, this may either be further follow up feedback collected from patients and/ or staff, repeat of the environmental assessment, or a repeat of the full data collection stage.
3. **Further Stage I assessment** – in the case of a ward failing to fulfil the majority of requirements, the committee will recommend that the ward returns to the baseline stage of assessment.

Terms of office

Members of the AC will serve initial terms of 12 months. Terms are renewable up to a maximum of 3 years. Renewal for members is by agreement with the chair.

Award

The AC can make recommendation as set out above according to the criteria specified in the Assessment and Award process.

In the event that any feedback received indicates an area of grave concern that may endanger the safety, rights or dignity of patients, the Trust (or other organisation) will be informed, in writing, and is expected to take appropriate action. If the Royal College of Psychiatrists is not satisfied that appropriate action has been taken, it reserves the right to inform those with responsibility for the management of the service and/or the relevant regulatory body.

The Process

- The QM team compiles a full ward report which is received by the service prior to the AC. The ward is informed at this stage whether they have met the conditions for consideration of the award.
- Ward reports and an extract summarising the scores and any additional patient feedback are prepared and presented to the AC.
- The AC will consider the criteria in full including scores and comments, and determine whether further assessment is necessary. .
- The Chair of the Combine Committee confirms the decisions of the AC
- Organisations are notified of the Committee's decision. Until this point all awards and other recommendations remain strictly confidential.