

Quality Mark for Elder Friendly Hospital Wards

Assessment and Award Process

Background

What is the Quality Mark?

The Quality Mark for Elder-Friendly Hospital Wards is a subscription-based quality-improvement programme for individual hospital wards. Participation in this process will ensure a continuous focus on the care provided for people over the age of 65 and will demonstrate the commitment made by the hospital, the ward and the staff to identify and carry out improvements and achieve a consistent quality of care for older people.

Aims and Objectives

The Quality Mark process aims to support wards to focus on delivery of good-quality, essential care for older people by:

- awarding and recognising the achievement of elder-friendly wards
- supporting and encouraging wards to improve the quality of care provided
- encouraging focus on a continuous improvement cycle through publicising both membership of the scheme and feedback from patients and staff.

The Quality Mark will collect information from patients, ward staff, ward management, lead clinicians, hospital management, governors, and from observations of care on the ward. This information will be reported back to the ward in a summary format, which can be shared with visitors, patients, staff, regulators and commissioners.

As the process requires involvement from a range of ward and hospital staff, the accomplishment of the elder-friendly Quality Mark will not only be an achievement for the ward but a mark of recognition for all staff involved in delivering good-quality, essential care.

Measurement in the Quality Mark

Measurements in the Quality Mark derive from broad indicators relating to patient experience of care. These are

- Autonomy
- Practical Assistance/ Personal Care
- Nutrition
- Pain recognition
- Personal Hygiene
- Environment
- Social Inclusion
- Privacy
- Communication Management

Questions/ criteria based on these indicators are divided between tools (questionnaires and checklists) measuring

- The experience of older patients
- Observation and reflection on the quality of care interactions
- The experience of ward staff
- The experience of ward leaders
- Feedback from the multidisciplinary team
- Staffing on the ward
- The quality of the physical environment as it relates to older people
- The perspective of visitors to the ward (hospital governors, recognised patient representatives or equivalent)
- The wider organisational context

Responses and ratings from each tool are fed back to the ward as:

- Overall weighted scores, representing positive responses from each group or tool (e.g. patients, staff, environmental checklist)
- Section scores within tools (e.g. comfort on the ward, food on the ward)
- Detailed breakdown of responses within each tool
- Compilations of responses from each tool by domain, for overview and action planning

Measurement in the Quality Mark will be regularly reviewed and amended to ensure that the information collected is consistent, measurable and of good quality. Any amendments to the Statement of Measurement will be agreed by the Project Advisory Group.

The full Statement of Measurement in the Quality Mark can be found here:

Assessment and Award in the Quality Mark

The Quality Mark is a **2 stage process**. Each stage can take 9 months to 1 year+ to complete, depending on the time required to progress with action plans and the timing of data collection cycles.

Process Summary

Stage 1- Assessing Quality

At the point of sign up the ward submits contextual data and starts working towards achievement of the Quality Mark by completing a full set of assessment tools, over a three month period. A minimum number of patient questionnaires and staff questionnaires is specified. Feedback in the form of a detailed local report collating and summarising the ward's results is produced by month 5 highlighting areas for action planning. The ward then develops and submits an action plan identifying its top priority actions. The ward has up to 12 months from completing Stage I to begin implementing their action plan and to initiate a second round of assessment. If the report suggests that the ward is not performing at the level required to achieve the Quality Mark, wards will repeat Stage I. If results from Stage I suggest that the ward can achieve the criteria for award of the Quality Mark, the ward will be asked to confirm that they wish to proceed to Stage II.

Stage II - Achieving the Quality Mark

Stage II repeats the assessments used for Stage I, requiring a higher level of patient questionnaire return. In addition, feedback confirming a consistent high standard of care delivery is sought from patients discharged from the ward and ward staff. Within two months of completion, the ward receives a report detailing their performance and comparing their summary results with those from the previous round of data collection and the information obtained from additional feedback.

Award

After Stage II assessment, ward reports are considered by the Awards and Advisory Committee (AC. For a full description of the makeup and function of the AC please see below).

The AC will recommend award or further assessment based on the ward report. The award process is subject to scrutiny and ongoing monitoring by the Royal College of Psychiatrists' Special Committee on Professional Practice and Ethics (SCPPE). This committee has a special function of assuring governance and consistency across those projects measuring the quality of services which are managed by the College.

If the ward is unsuccessful, they will be able to complete another action plan and continue to make improvements before attempting Stage II again.

If successful, the ward will hold the Quality Mark for up to three years, subject to terms and conditions including data sharing, interim review and further patient feedback, before being required to repeat Stage II (see below for details).

Full process and requirements

Requirements for Stage 1 (Assessing Quality)

Ward sign up

The process requires a minimum of **2** wards to sign up to the process in any one cycle of data collection. This is necessary to permit inter-ward observations to be carried out (PIE module), but is also important for peer support and joint project planning.

At sign up, each ward returns contextual data giving:

- the number of older patients discharged after two or more nights in the previous four week period
- the number of staff (nursing establishment)
- the details of the ward manager and lead consultant who are the main points of contact throughout data collection and action planning and jointly lead the process.

Data collection

Patient Questionnaire	Wards must return a minimum of 25 Patient Questionnaires, but are set a recommended target of achieving 40% of the predicted total number of patients aged over the age of 65. This target is based on the actual number of patients over the age of 65 discharged from the ward over a 4 week period immediately preceding data collection.
Staff Questionnaire	Wards must return a number equivalent to at least 50% of the ward's nursing establishment (this may include feedback from doctors, nurses, healthcare assistants and members of the multidisciplinary team).
Multidisciplinary Team Questionnaire	This questionnaire is completed collectively by members of the multidisciplinary team working on the ward. In order to achieve a quorum, this meeting includes at least two Registered Nurses, two Healthcare Assistants/ Clinical Support Workers, two Doctors (including a consultant), and one member of any other discipline working on this ward.
Ward Management Toolkit	This comprises: <ul style="list-style-type: none"> • 1 Ward Manager's Questionnaire • 1 Lead Consultant's Questionnaire • 1 Off-Duty Staffing Matrix , covering a four week period • 1 Ward Leaders' Environmental Checklist, completed by the Ward Manager and Lead Consultant together
Governors' Toolkit	This comprises: <ul style="list-style-type: none"> • 1 Governors' Environment Checklist, completed collectively by at least 2 Governors • Governors' Ward Rating, completed by 2-3 Governors individually
PIE observations	1 feedback form based on two 2-hour observations carried out on a neighbouring ward. The ward will also have observations carried out on their ward by two members of staff from a neighbouring ward. This module requires two members of staff from each ward to attend a one day training workshop.
Hospital Management Questionnaire	This is completed by a member of the senior management team for the hospital (applicable to all wards from the hospital participating at that time)

Action plan

This is a requirement of the process and must be submitted following the receipt of the local ward report showing the results of data return. The ward has then completed Stage I (Assessing Quality).

Statement of Progress at Stage I – Assessing Quality

On completion of Stage I, the ward's progress will be noted on the website and the ward will be entitled to use and make reference to the following statement. (Please note that the statement will have reference only to the wards which have reached this stage, and will not be transferable to other wards, or to the hospital or Trust as a whole).

Quality Mark for Elder Friendly Hospital Wards - Statement of Progress at Stage I

[Name] Ward has shown commitment to assessing and improving the quality of care for older patients. We have carried out a detailed three month self assessment of the quality of our care. The experiences of older patients and the staff caring for them have helped us to identify where we do well and any areas where we need to improve. We will be carrying out further assessment to show our progress and continued commitment.

Progression between Stages

Wards wishing to remain within the Quality Mark must proceed to a second round of data collection within 12-14 months of submitting their Action Plan (allowing for data collection cycle start dates). Depending on baseline (Stage I) results this will be:

- A repeat of Stage I (data collection and action planning), demonstrating continued commitment
- Progression to Stage II (data collection and evaluation), aiming to achieve the full Quality Mark

NB: Wards who do not achieve at least 75% in their overall patient feedback score and at least 70% in staff, ward management, environment and governor feedback score, will be encouraged to repeat Stage I following an action planning phase, as it is unlikely that they will be able to meet the data requirements for Stage II.

Stage II - Achieving the Quality Mark

Data collection requirements will be as for Stage I (see above), with the addition of:

- **Increased minimum Patient Questionnaire target** – a minimum of 30 Patient Questionnaires must be returned per ward (as opposed to 25 in Stage I).
- **Post-discharge feedback** – telephone interviews with volunteers from patients recently discharged patients will be conducted by the Project Team.
- **Additional questions relating to listening and responding to feedback and complaints** – questions related to this will be included in the patient, staff, ward manager and MDT questionnaire.

Qualitative feedback gathered from interviews will be presented to the Award and Advisory Committee (AC) for consideration along with the collated results of the main data collection phase.

How the award is determined

All ratings and feedback will be considered within the framework of the total information submitted by the ward, including feedback from observations and information about minimum staffing levels.

Pre requisites for consideration

The ward must receive a pre-determined level of positive feedback, demonstrated by the overall ward level scores or ratings before their report is presented for consideration to the AC. Patient, staff, ward manager, lead consultant, multi disciplinary team, governor and environmental ratings should achieve an overall score of 75% or above.

Making a recommendation of award

The AC will consider and take into account the following:

Overall scores

- Whether the pre-requisites for consideration have been met (see above).

Questionnaire statement breakdown by domain

- Areas of achievement should total at least 75% in each domain.
- Any remaining areas of concern or for action should not relate directly to patient feedback.

Personal recommendations

- 75% or more of patients and staff surveyed must agree with the statement that they would be happy for a friend or relative to be treated on the ward.

Patients post discharge feedback

- Any feedback collected from patients post discharge should be broadly consistent with the feedback collected from patients on the ward during main data collection phase.

Patient comments

- Comments made by patients should be broadly consistent with the overall positive rating (patient questionnaire score).

NB. The AC is unlikely to recommend award if:

- The majority of comments made by patients are negative and highlight an area of concern.
- There is any comment indicative of an issue of sufficient gravity that it can be considered that a breakdown in care has taken place. This will be decided on a case by case basis within the context of each ward report.

Recommendations of award

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

Period of award

An Award of the Quality Mark will normally be for a 3 year period, dating from the closing date of the main phase of the data collection period.

During the period of award the ward agrees to meet the following conditions:

Interim review

This is a short form review at the midpoint of the award period to confirm that the ward continues to meet award requirements. Interim review includes:

- A short form interim review questionnaire regarding any significant changes in ward leadership and environment, to be completed by the Ward Manager and Lead Consultant
- A repeat of patient questionnaire data collection over 6-8 weeks with a target of 15 questionnaires.

Self reporting

The ward agrees to alert the Project Team to significant changes in the ward, including changes to ward leadership input, ward designation or the environment, closure or merge of the ward.

Maintenance of membership

The ward maintains its membership through payment of the yearly subscription fee of £1200 and in agreeing to share summary information about its level of achievement at Stage II assessment.

Further assessment during period of award

Other than interim review, there will normally be no further assessment during this period. If the Award and Advisory Committee considers that it is necessary to the maintenance of the award due to feedback received at interim review or via other reporting channels, the ward agrees to undertake further assessment as advised.

If areas for action or of concern are highlighted by feedback or review, the AC will consider further assessment before withdrawal of the award, unless in exceptional circumstances.

Award and Advisory Committee (AC)

Membership of the Award and Advisory Committee

To consider the evidence submitted at Stage II, a multi disciplinary committee is convened with the expertise/ experience to identify achievements or outstanding issues and make recommendations. The committee includes representation from nursing staff, physicians, service users/ carers and allied healthcare professionals

Membership of the wider committee will include

- 3 nurses, Band 7 or above
- 3 physicians including at least 2 geriatricians
- 3 patient and/ or carer representatives. Representatives may carry out work in LINKs (Health watch) or similar bodies, or be patient/public governors of an acute healthcare trust
- 3 members of other related professions working regularly on older people's wards – psychiatrist, MH nurse, OT, SALT, dietician, Health Care Assistant
- The Programme Manager and members of the Project Team

Quorum

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, 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.

Individual membership and conflict of interest

Ward reports will be anonymised at the point of consideration by the AC. Where this is not possible due to organisational factors, members of the AC will withdraw from consideration of the report of any ward belonging to an organisation in which they work or have a representative role.

Frequency

The AC will meet up to 4 times a year to consider the reports of wards that have carried out requirements for Stage II.

Remit

Award of the Quality Mark

The AC will consider the reports of wards completing Stage II according to set criteria (see above) taking into account qualitative feedback (comments) returned by patients.

Maintenance of the award

The AC will also consider any feedback and comments indicating areas of concern or for action. These may arise from

- Interim review (see above)

- Self reporting of changes by the ward
- Feedback to the project team by patients outside of the normal data collection period. Such feedback will be collated and forwarded to the ward for response.

Depending on how the issues highlighted are addressed, the AC may decide that further evidence is required to maintain the award. In exceptional circumstances, the award may be withdrawn.

Note: *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.*

Governance of the assessment and award process

Actions and recommendations of the AC will be subject to scrutiny by the Royal College of Psychiatrists' Special Committee for Professional Practice and Ethics. This is the body within the organisation managing the project which oversees all decisions of accreditation and award, ensuring that they are in line with agreed process.

Award of the Quality Mark will be made from the date of the ward's final submission of data in the main phase, (not including any additional data required by the AC). Ratification of award will be on the basis that, at that time, the ward's submission described fulfilment of the requirements of the Quality Mark, according to the criteria described.

Statement of Award at Stage II

On confirmation of the achievement of the Quality Mark, the ward's progress will be noted on the website and the ward will be entitled to use and make reference to the following statement. (Please note that the statement will have reference only to the wards which have reached this stage, and will not be transferable to other wards, or to the hospital or Trust as a whole).

Madeup Ward has been awarded the Quality Mark for Elder Friendly Hospital Wards. This is based on the positive feedback of older patients and staff, and a commitment demonstrated over a 2 stage assessment to maintaining and improving the quality of care. The award period is [dates]. *If you have any feedback or want to find out more about the Quality Mark see [link].*

Appeals

Please note that the data submitted by the ward and by individual patients and staff is accepted in good faith for consideration. In particular, comments and reflections on instances of care quality made by patients cannot become the basis of later challenge by the ward or their Trust.

There will be grounds for an appeal where it is evident that due process has not been followed:

- The decision has been made on the basis of a report that contains demonstrably inaccurate content (for example, data pertaining to another ward).
- The decision is not consistent with stated criteria that determine an award (for example, an award is not made despite fulfilment of stated requirements and there are no areas of concern highlighted by comments or other feedback).

- There is evidence of a conflict of interest in determining the award (for example, members of the AC involved in considering the ward work on the ward or in the organisation in question).

Lodging an appeal

An appeal must be lodged within eight weeks of the decision on award having been communicated to the local ward leaders. Appellants are asked to provide documentary evidence to support claims of inaccuracy and/or a clear statement of in what way(s) they consider the decision to be inconsistent with the stated criteria for award.

Membership and confidentiality

A list of all participating wards is available on the website and updated regularly. This will include the achievement stage the ward has reached, and whether they are in assessment phase. Local ward data is only made available once the ward has progressed beyond initial participation and assessment. Wards entering Stage II agree that summary data on feedback received (overall scores and recommendations) and summary of comments returned during this phase of assessment are made generally available via the website. This forms part of the Terms and Conditions (see below).

QM reserves the right to contact regulatory and professional bodies if issues affecting patient safety, rights and dignity are identified.

Collated data from the process may be published in research papers and in the National Report.

Costs

The subscription fee for the Quality Mark is £1200 per ward per year. Subscription is on an annual basis regardless of the phase of assessment or achievement at that time.

Activities and support during period of award

Revision of measurement

Measurements will be monitored by the Project Advisory Group and periodically updated to ensure that the most up to date guidance and methodology is taken into account. These will be publicised via the website.

Interim self review

During the 3 year period for which they hold the Quality Mark Award, wards will be expected to carry out an interim self review at the mid way point. This is to ensure that criteria for achieving the award are still in place and to review progress. Any significant changes on the ward, for example to staffing, leadership or environment, can be flagged up at any time.

Further review

No further assessment will take place during the period for which the ward holds the Quality Mark award, unless in circumstances where significant change has taken place, as outlined above.

Email discussion group

Throughout the period of award, ward staff will have access to advice and support from the Project Team and their peers through newsletters and the email discussion group.

Summary of terms and conditions (memorandum of understanding) – Stage I – Assessing Quality

The following represents the expectations that the Quality Mark Project Team and the participating wards in your Trust will have of each other during the data collection and reporting for the Quality Mark.

The Project Team will ensure that it offers an efficient and effective service by:

- Providing the tools and guidance to all ward leads
- Providing guidance and support on the completion of the questionnaires and checklists and submission of data online via written guidance, email and telephone support and updates
- Updating ward leads at least fortnightly on the progress of data collection and data outstanding
- Organising provision of PIE observation workshops and informing leads of dates and requirements
- Returning the ward report within 8 weeks once all data has been received
- Acknowledging the receipt of ward action plans as final submission for Stage I – Assessing Quality
- Collating feedback from participants about the process

The Ward Leads and Trust will support this process by:

- Project managing the process locally and feeding back any concerns to the Project Team as identified
- Ensuring that staff returning data are allocated time to devote to the programme activities, including supporting patient questionnaire distribution, returning staff questionnaires, and one day's training for 2 members of staff for the observation module
- Ensuring that staff returning data are allocated resources to carry out programme activities (e.g. access to computers, meeting rooms)
- Providing PIE observations and feedback to a neighbouring participant ward (**N.B.** PIE observations should not be carried out by staff working on your own ward)
- Monitoring the progress of data collection (e.g. liaison with colleagues, and with ward nominated leads where applicable)
- Responding to the Project Team regarding progress
- Submitting data as per deadlines below. **N.B.** if data is not submitted by the deadlines, we will be unable to produce your report
- Ensuring that all information submitted is provided in good faith, and is complete and accurate and not misleading in any respect. **N.B.** this does not apply to the questionnaires for staff, patients/carers, which are anonymously submitted and represent the views of individuals.
- Reviewing reports and developing local action planning

Data return requirements

Unless variance is agreed, the start date for data collection will be [] and the completion date [] for all data except PIE observations. All data requested must be returned by the agreed deadline in order for a report to be produced. Data return requirements include all QM tools, PIE observations and confirmation of the number of patient questionnaires distributed on each ward. **For a full statement of data return requirements, please refer to the full Process document or the QM website.**

Wards participating in QM agree both to **provide** PIE observations to another participating ward within the same Trust and **receive** observations from another ward. PIE observations require

that 2 members of staff from each ward have received appropriate training. The training workshop is included in the subscription fee and the workshop date for wards from your Trust is notified in the covering letter. PIE observations should be carried out within 2 months of attending the workshop and data returned within 4 weeks of observations.

Participation and Transparency

Participating wards will be listed on the Quality Mark webpages at www.qualitymark.org.uk. This will be updated with information about completion of each Stage

At initial participation, your Stage I report will be shared only with your organisation and members of the Quality Mark Project Team and committees. Any information that will identify your ward will not be otherwise shared. Anonymous aggregated data will be used in reporting, evaluation and journal articles.

Completion of Stage I

Stage I is not complete until an action plan based on the report has been submitted to the Project Team. At this stage the ward will be listed as completing Stage I and entitled to refer to the Statement of Progress (see full Process Document).

Wards progressing to Stage II agree that they will share Stage II summary data based on the ward overall scores and feedback.

Summary of terms and conditions (memorandum of understanding) – Stage II – Achieving the Quality Mark

The following represents the expectations that the Quality Mark Project Team and the participating wards in your Trust will have of each other during the data collection and reporting for the Quality Mark.

The Project Team will ensure that it offers an efficient and effective service by:

- Providing the tools and guidance to all ward leads
- Providing guidance and support on the completion of the questionnaires and checklists and submission of data online via written guidance, email and telephone support and updates
- Updating ward leads at least fortnightly on the progress of data collection and data outstanding
- Organising provision of PIE observation workshops and informing leads of dates and requirements
- Returning the ward report within 8 weeks once all data has been received
- Acknowledging the receipt of ward action plans as final submission for Stage I – Assessing Quality
- Collating feedback from participants about the process

The Ward Leads and Trust will support this process by:

- Project managing the process locally and feeding back any concerns to the Project Team as identified
- Ensuring that staff returning data are allocated time to devote to the programme activities, including supporting patient questionnaire distribution, returning staff questionnaires, and one day's training for 2 members of staff for the observation module
- Ensuring that staff returning data are allocated resources to carry out programme activities (e.g. access to computers, meeting rooms)
- Providing PIE observations and feedback to a neighbouring participant ward (**N.B.** PIE observations should not be carried out by staff working on your own ward)
- Monitoring the progress of data collection (e.g. liaison with colleagues, and with ward nominated leads where applicable)
- Responding to the Project Team regarding progress

- Submitting data as per deadlines below. **N.B.** if data is not submitted by the deadlines, we will be unable to produce your report
- Ensuring that all information submitted is provided in good faith, and is complete and accurate and not misleading in any respect. **N.B.** this does not apply to the questionnaires for staff, patients/carers, which are anonymously submitted and represent the views of individuals.
- Highlighting to patients that they may return further feedback to the Project Team if they wish (e.g. through distribution and display of information as provided)
- Reviewing reports and developing local action planning

Data return requirements

Unless variance is agreed, the start date for data collection will be [] and the completion date [] for all data except PIE observations. All data requested must be returned by the agreed deadline in order for a report to be produced. Data return requirements include all QM tools, PIE observations and confirmation of the number of patient questionnaires distributed on each ward. **For a full statement of data return requirements at Stage II, please refer to the full Process document or the QM website.**

Wards participating in QM agree both to **provide** PIE observations to another participating ward within the same Trust and **receive** observations from another ward. PIE observations require that 2 members of staff from each ward have received appropriate training. The training workshop is included in the subscription fee and the workshop date for wards from your Trust is notified in the covering letter. PIE observations should be carried out within 2 months of attending the workshop and data returned within 4 weeks of observations.

Participation and Transparency

Participating wards will be listed on the Quality Mark webpages at www.qualitymark.org.uk. This will be updated with information about completion of each Stage.

Summary data from Stage II will also be shown when data collection is complete. Anonymous aggregated data will be used in reporting, evaluation and journal articles.

Award at Stage II

Wards meeting the required level of achievement at Stage II will be considered for award by the Award and Advisory Committee (AC). Criteria for consideration of award are set out in full in the Process Document. If conditions are met, an award will be made for a period of up to three years. This is subject to continuing to meet the requirements of QM as assessed by interim review and other feedback received by the Project Team.

Note: *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.*