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# WELCOME

Welcome to the Accreditation for Community Mental Health Teams (ACOMHS) e-bulletin, Autumn edition. In this issue, we will be looking back over the last months of work within the project and future developments and plans, as well as hearing from some of our member services about their experience of ACOMHS and the positive impact it has had on their team. Thank you to all of our contributors!

ACOMHS is continuing to grow from strength to strength, with membership numbers and engagement and interest from services across the UK increasing. Last month, we held a joint special interest day with our CAMHS colleagues discussing the complex topic on how we can improve people's experience of transitioning between CAMHS and AMHS services.

We are currently busy planning a specialist event on Obsessive Compulsive Disorder and our next annual forum. Hear more about these upcoming events on page 5.

There have been some changes to the ACOMHS team in recent months, we are a small but enthusiastic team and we used our team away day this summer to discuss our big plans for the coming year. Get to know us on page 2!

Finally, thank you to all of our members for your ongoing participation and support. We look forward to working with you in the future.

**Amy Colwill,  
Programme Manager**

## Meet the ACOMHS Project Team...

### **Amy Colwill, Programme Manager**



Some of you may remember me as the Project Officer who worked on ACOMHS back in 2016/17 developing the pilot programme and launching the first edition standards. After a two year hiatus, I have returned to the College in the new role of Programme Manager and am really excited to be back. I spent the last two years building on my career in mental health in a variety of settings, gaining experience in the third sector and with commissioners, as well as spending some time in a refugee camp in Greece raising awareness of mental health with volunteers, as well as residents. I'm thrilled to see so many more teams engaged in ACOMHS and many more accredited. We are a keen new team with lots of ideas for the future to ensure that ACOMHS continues to work collaboratively to push standards up in community teams across the UK .

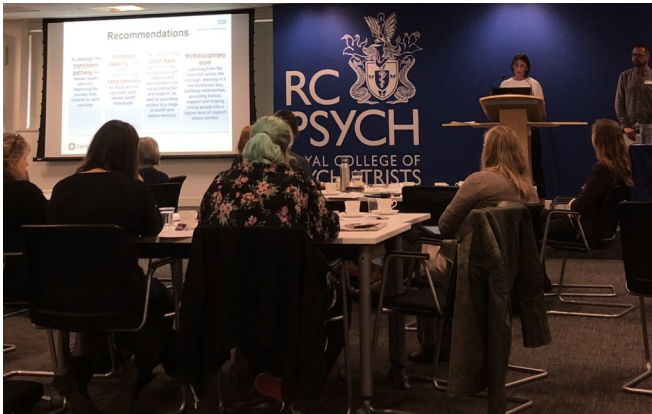
### **Leyla Golparvar, Project Officer**

I am the newly appointed project officer for ACOMHS, with a keen interest in improving quality within mental health services. I am no stranger to the CCQI and was previously a project officer for the forensic, prison and PICU networks.

There are a lot of changes happening across the country in regards to community mental health and I am looking forward to working with and supporting member services in recognising their achievements and contributing to a network dedicated to working towards improving their care.



# What's been happening?

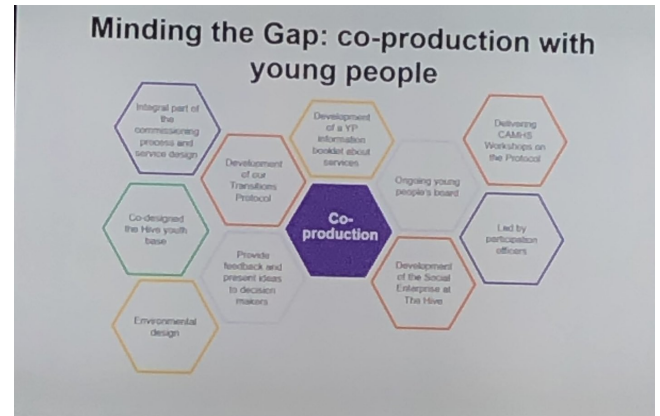


We recently hosted a joint special interest event with the Quality Network for Community CAMHS (QNCC) on the theme of transition from child to adult services.

There was a range of insightful presentations exploring transition pathways and how to better support individuals and avoid disengagement with services.

Topics included an overview of transition work for children and young people, improving engagement with mental health services, CQUIN overviews and an expert by experience presentation.

We want to give a huge thank you to all speakers and attendees—the event received the following positive feedback:



“Very relevant to current service developments. Useful to network and learn from each other.”

“Excellent topic with great agenda. Nothing not relevant and delivered in a captivating way. Well done”

“Useful to get into range of approaches, lots of things to think about and take back.”

“Very good mix of political, clinical and personal perspectives.”

## General Adult Psychiatry Conference 2019



The ACOMHS and AIMS-WA team attended the General Adult Psychiatry Conference in Manchester on 10 & 11 October to represent the CCQI department and to promote the networks.

The programme offered exciting presentations and discussions surrounding community mental health, including the new and anticipated community mental health model recently published by NHS England.

It was great to see such an interest in the ACOMHS network and other accreditation projects across the CCQI!

## North East Hampshire CMHRS: Moving from Quality Assurance to Improvement

Like all teams in the NHS we have faced many changes and challenges including team merging, change of location, staffing vacancies and most recently a de-integration of health and social care services. We are also recognising the pressures for yet more transformation at an incredible pace to manage more demand with less money.

In this context our award winning Service Manager, Carol Frost, deserves much credit for recognising early on the importance of developing and supporting a multi-disciplinary senior leadership approach through a weekly seniors meeting. This regular dialogue and building of trust allowed the conversations and created the momentum that helped us decide we should embark on the accreditation process for North East Hampshire CMHRS.

We recognised that in order for this process to be meaningful a whole team approach and buy in was required. Fantastic contributions from people such as award winning administrator Sandra Willis helped organise and galvanise the team to develop and attend educational workshops on Human Factors training and Quality Improvement. An example of this was a session we created entitled "From Cockpit to CMHRS" in which as a team we thought about the relevance and applicability of lessons from safety culture in the aviation industry to our community recovery service.

As a result of these initiatives a range of quality improvements projects have been driven forward. These have included using surveys to demonstrate improved staff satisfaction with Clinical Team Meetings and the development of a standardised Assessment Clinic template and checklist pack that helps apply human factors thinking to a key team function and acts as "blue print" for both clinicians and administrators. To reduce the risk of our prescribed medications we also developed the "Safer Lithium Systems" project, in which through tests of change ideas such as a database, standardised letters and automated reminders, we have managed to ensure consistent monitoring compliance.

The accreditation assessment process itself was extremely helpful for us as a team in both celebrating good practice and helping us identify where we need to focus our efforts in order to improve and meet the required standards. One key insight was that whilst we had put a great deal of effort into our assessment processes we had a less standardised and robust discharge process with pockets of good practice that we could spread. We came to think about this as a team as "our front door is smarter than the backdoor" and it helped us to lead to a much more systematic approach using our Clinical Team Meeting to identify planned discharges and the creation of an agreed team template.

Achieving accreditation has been a great achievement for us. Most importantly, it has helped us accelerate our learning around the need to focus on the "Berwick challenges" - to own our data, embed Quality Improvement into day to day work, make the most of our talent and put Experts by Experience at the heart of all of our improvement efforts.

**Dr Charlie Shuttleworth**  
**Consultant Psychiatrist**  
**North East Hampshire CMHRS**  
**Surrey & Borders Partnership NHS**  
**Foundation Trust**

Join the **email discussion group** to network with colleagues within other community mental health teams.

**Email 'join' to:**

**[acomhs@rcpsych.ac.uk](mailto:acomhs@rcpsych.ac.uk)**



## Upcoming ACOMHS events

**ACOMHS Obsessive Compulsive Disorder Event**  
**19 November 2019— 09:30 to 16:00**  
**21 Prescott Street, E1 8BB**

ACOMHS is proud to host a special interest event around Obsessive Compulsive Disorder. This will be an informative event dedicated to the treatment of obsessive compulsive disorder in mental health services across a variety of areas. This event is free and open to all networks and services.

**ACOMHS 3rd Annual Forum**  
**27 January 2020—10:00 to 16:15**  
**21 Prescott Street, E1 8BB**

The third annual forum will include a range of insightful presentations and workshops covering the area of co-production within community mental health services. Full programme will be available closer to the time. Please fill out information below in order to confirm your place.

**ACOMHS Peer-reviewer Training**  
**28 April 2020—13:30 to 16:30**  
**21 Prescott Street, E1 8BB**

The training is free and open to all staff working in ACOMHS services, including consultants and specialist registrars (SpR), registered mental health nurses, ward managers and matrons, support workers and the wider MDT.

Once trained you will have to opportunity to visit Community Mental Health Teams (CMHTs) around the UK as part of peer review teams. This is an excellent opportunity for professional development, to contribute to the peer review process and to facilitate networking and the sharing of best practice.

**For further information and booking enquiries, please visit:**  
**[www.rcpsych.ac.uk/ACOMHS](http://www.rcpsych.ac.uk/ACOMHS)**  
**or email us at:**  
**[ACOMHS@rcpsych.ac.uk](mailto:ACOMHS@rcpsych.ac.uk)**

## ACOMHS: A Leadership Journey

### Are we ready?

As we acquainted ourselves with the 31 criteria (with sub-criteria), we wondered if we needed to “get our houses in order” before embarking upon this- a familiar ‘perfectionistic’ trait for many healthcare professionals. We decided to view ACOMHS as a continuous learning and improving experience so that the ‘houses would get in order’ as we made the process work for us rather than working towards it as a tick box exercise.

### 6 teams – the power of groupwork

There were standard practice areas applying to all 6 teams in the East & North Strategic business unit of our trust. For e.g. Policies – information governance, risk assessment and management, physical health etc. that we could all benefit from whilst then concentrating on our local strengths and weaknesses.

### The Format

We identified 2 leads for each team, an operational (service manager) and a clinical lead (consultant psychiatrist). We were very lucky to have an expert by experience and a carer who added invaluable knowledge (designed the new leaflet and website information) and helped the group to keep the service users and carers at the heart of the matter. I held the overall lead/chair responsibility supported strongly by a project manager who absorbed the tasks of setting agendas, minutes, action plans, invitations and liaising with the college. She has been pivotal in this process. Our clinical director and medical lead attended most of the meetings to emphasise their support and value for the process.

### The task

We divided the 31 criteria amongst the 6 teams and allocated a slot at the monthly meetings for each team to ‘present’ their evidence. This involved inviting guests from communications (for updating leaflets etc.), Information Governance (GDPR updates and training), Equality, Diversity and Inclusion team (EDS updates, WRES data), Audit and clinical effectiveness team (national and local audits), the medicines management and the Mental Health Act team to name a few. We built new relationships with people from these teams and have been able to call upon their help in matters other than ACOMHS. This has brought about a positive

organisational change in culture and working together as one (as is one of our trust mottos). We were heartened by the willingness of these teams to help us.

### The right time

As the clocks started for each team, we started to meet fortnightly. This coincided with our CQC inspection and there were many occasions when teams questioned if this was the ideal time? My skills of ‘holding hope’ and ‘containing the anxiety for the group’ were put to test. Teams began to resent the pressure. At times our project manager and I found ourselves in a ‘punitive parent’ position but absorbing the projections was part of the leadership task and it made the group feel safer, heard and lighter. When the work done for the CQC started to come together and slot into the work required for ACOMHS, we realised how the coinciding of the 2 processes had been a blessing in disguise.

### Tick box exercise vs narrative based continuous improvement

It is difficult for an accreditation to not have a tick box element. We understand that all aspects of the service user journey has to be captured as well as staff development and organisational systems and measures. There were times when we talked in numbers – “what have you got for 29.1?” As much as we would have liked the process to be reflective and developmental, the 3-month self-review period did not lend itself to this. We had been working for 1 year prior to starting our self-review period, hence could afford to enjoy the monthly experiential meetings with various departments in our trust. The balance between the tick box and the narrative was difficult to maintain.

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### On the day of the peer review

We had 10 folders of colour coded evidence which the review team described as their dream. But what felt rewarding was the feedback from the SU, carer and staff focus groups. We were described as 'diamonds' but 'overstretched'. The reception staff were especially praised for their compassionate manner. The staff focus group revealed cohesiveness, their voice being equally important and being heard and the team being a fun place to work.

As we await our peer review report, I have reflected upon this exercise as an important lesson in leadership, holding contradictions in balance and understanding that ACOMHS is a means of continuous learning and improving. It adds the more granular clinical piece of the jigsaw to CQC work and together forms a comprehensive way of keeping our services work well for service users and staff.

**Dr Tulika Jha, Consultant Psychiatrist,  
Clinical Audit Lead, Cygnet House  
CMHT, Hertfordshire Partnership  
Foundation Trust**

## Useful Links

**Care Quality Commission**  
[www.cqc.org.uk](http://www.cqc.org.uk)

**Centre for Mental Health**  
[www.centreformentalhealth.org.uk](http://www.centreformentalhealth.org.uk)

**Department of Health**  
[www.doh.gov.uk](http://www.doh.gov.uk)

**Health and Social Care Advisory  
Service**  
[www.hascas.org.uk](http://www.hascas.org.uk)

**Institute of Psychiatry**  
[www.iop.kcl.ac.uk](http://www.iop.kcl.ac.uk)

**National Institute for Health and Care  
Excellence**  
[www.nice.org.uk](http://www.nice.org.uk)

**NHS England**  
[www.england.nhs.uk](http://www.england.nhs.uk)

**Revolving Doors**  
[www.revolving-doors.org.uk](http://www.revolving-doors.org.uk)

**College Centre for Quality  
Improvement**  
[www.rcpsych.ac.uk/quality.aspx](http://www.rcpsych.ac.uk/quality.aspx)

**Royal College of Psychiatrists' Training**  
[www.rcpsych.ac.uk/traininpsychiatry.aspx](http://www.rcpsych.ac.uk/traininpsychiatry.aspx)

## Contact the Network

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**Royal College of Psychiatrists'  
College Centre for Quality  
Improvement  
ACOMHS**

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