



Home Treatment Accreditation Scheme (HTAS)

Accreditation Committee Constitution

Roles of the bodies involved in accrediting home treatment teams (see appendix 1)

The Royal College of Psychiatrists' Centre for Quality Improvement (CCQI) manages the HTAS process (see appendix 2 for an overview of the process). The Accreditation Committee (AC) considers the evidence gathered about a home treatment team by the CCQI and makes a recommendation about accreditation status to the Combined Committee for Accreditation, of which it forms a part. 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.

Although the AC is not responsible for the management of HTAS, it is expected to give feedback about the quality of the reports it receives from the HTAS team about local home treatment teams and to make suggestions about how the accreditation process can be improved.

Composition of the AC

HTAS is a professionally led accreditation process. It will be supported by the key professions that staff and provide clinical leadership to local home treatment teams:

- Nursing (including team leaders, Community Psychiatric Nurses and Registered Mental Health Nurses)
- Psychiatry
- Occupational Therapy
- Psychology

There will also be at least one service user representative and at least one carer representative on the panel.

Appendix 4 is the role specification for members of the AC.

Chair

The first Chair of the AC will be nominated by the Royal College of Psychiatrists. Subsequently, the chair will be elected from among the members on a simple majority of votes cast by all members of the AC. In the event of a tie, the outgoing chair will have a casting vote.

Terms of office

Members of the AC will serve initial terms of three years. Terms are renewable up to a maximum of 9 years. Renewal for members is by agreement with the chair. The tenure for the chair is three years with potential to stand for re-election for a further term of three years (subject to not exceeding the total maximum tenure of 9 years as a member of the AC).

Frequency of meetings

The AC will meet no more than five times each year. Some AC meetings may be conducted by telephone conferencing. Meetings will be up to four hours long.

Quorum

The AC will be quorate when at least one member from each key profession is present and at least one service user and/or carer representative. If members from one or more key professions are unable to attend the meeting, the minutes will be sent by email after the meeting for their review and approval.

How decisions are made

If a vote is required, decisions will be made on a simple majority of members who represent the key professions, and service users and carers. The chair will have a casting vote in the case of a tie. In the event that an AC member thinks that the organisation that they represent could not endorse a recommendation made in this way, he/she can exercise a veto. If this happens, the chair of the AC and the Director of the College Centre for Quality Improvement will work with the organisation to find a resolution to the problem.

See appendix 3 for an overview of the role of the Accreditation Committee.

Liability

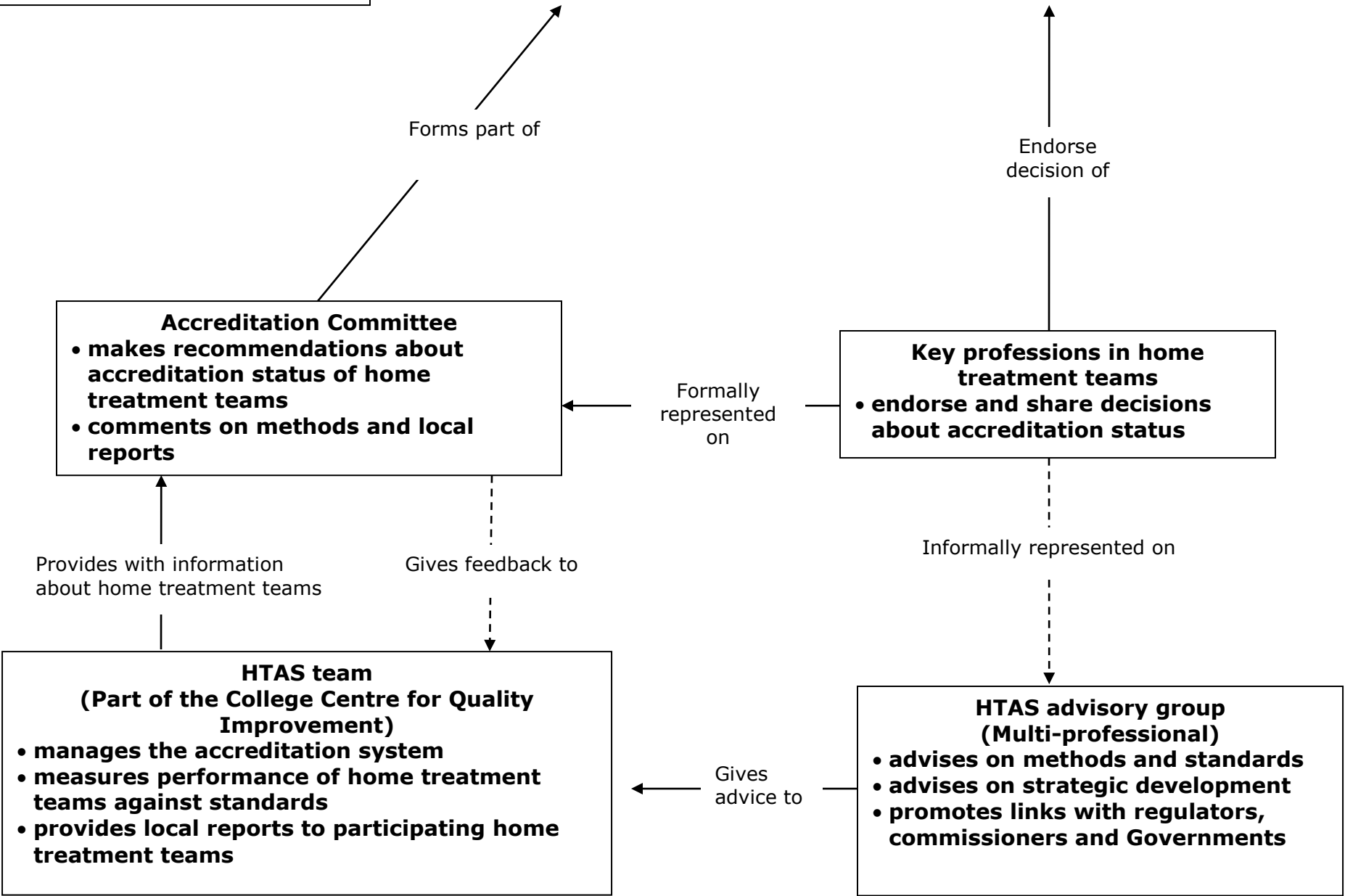
The Royal College of Psychiatrists manages the HTAS process and is the accrediting body. The Royal College of Psychiatrists liability insurance will cover any decisions made to accredit.

Expenses

Travel and subsistence expenses will be reimbursed in accordance with the policy of the Royal College of Psychiatrists. Service users and carers are entitled to claim a session fee of £50 per half day or £100 per full day.

Appendix 1: Roles of, and relationships between, the bodies involved in accrediting home treatment teams

Combined Committee for Accreditation
 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.



Home Treatment Accreditation Scheme (HTAS): Overview of the Programme



The purpose of HTAS

The Royal College of Psychiatrists' Centre for Quality Improvement (CCQI) has developed an approach to supporting local service improvement that has proved successful in a range of settings (see www.rcpsych.ac.uk/ccqi). HTAS applies this approach to home treatment teams. The purpose of HTAS is to:

- help home treatment teams to evaluate themselves against agreed standards;
- award accreditation to teams that meet the required level of performance;
- support local clinical and service improvement in line with the standards;
- produce a local report that highlights achievements and areas for improvement;
- produce a national report which allows a local service to compare its performance with other participating services.

Development of the programme

The Home Treatment Accreditation Scheme (HTAS) and the standards and criteria that underpin it, were developed during 2011 and are being piloted in 2012 with 18 home treatment teams around the UK. The accreditation standards were revised following a feedback event in late 2012 and the nationwide programme launched in 2013.

The HTAS standards are revised regularly to ensure that they are kept up to date. The second edition standards were published in March 2015.

The HTAS standards and associated criteria

Home treatment teams differ widely in their organisation, funding, staffing and levels of service; even within the same Trust. The standards therefore focus on 'functions', rather than any particular model of service delivery (see HTAS Standards for Home Treatment Teams). The criteria are of three types depending on their importance for accreditation:

- **Type 1 criteria:** failure to meet these standards would result in a significant threat to patient safety, rights or dignity and/or would breach the law;
- **Type 2 criteria:** standards that an accredited team would be expected to meet;
- **Type 3 criteria:** standards that an excellent team should meet or standards that are not the direct responsibility of the team.

The review process

The HTAS team assists participating home treatment teams to evaluate themselves against the standards and associated criteria using a range of methods and supported by a number of measurement tools. Following this 'self review', the HTAS team organises a one day 'peer review' visit to the local home treatment team by a small external team. Following this, the HTAS team compiles a report that summarises the number of criteria met.

Home Treatment Accreditation Scheme (HTAS): The Accreditation Committee



Accountability and Responsibility

AC members will be expected to make fair, unbiased recommendations based solely on data collected from the teams' self- and peer-review reports.

It is each member's responsibility to declare potential conflicts of interest. This will include declaring any relationship with a team participating in the accreditation 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 team is being considered.

Role of the Committee

The AC recommends accreditation status based on the evidence gathered during the team's self- and peer-review period, and in particular looks closely at any instances of non-compliance with Type 1 Standards. Specifically, this will include:

- considering team reports and recommending to which accreditation category each team should be assigned;
- advising the HTAS team about the quality of the reports and information that forms the basis of the AC's recommendations;
- contributing to the accreditation process by attending at least one peer review visit per year.

Decision-Making Powers

Certain rules guide the accreditation committee's decision-making. Also, the accreditation committee will develop a memory based on 'case-law' and precedent that ensures that it makes decisions in a consistent manner.

Decisions are based solely on the self- and peer-review report. If the committee feels that the evidence therein is insufficient to make a robust recommendation of accreditation status, they have the power to require further documentary evidence, a full or partial re-audit or a focused re-visit to the team. The committee has the final decision, which may be decided by vote if necessary, with the chair having the casting vote.

Exceptions and the exercise of judgement

No exceptions can be made for how type 1 standards are treated. However, the accreditation committee can use its discretion in relation to Type 2 and Type 3 standards. Thus, the accreditation committee will decide how many, and which combination of, type 2 and type 3 standards must be met for each of the above accreditation categories. A permanent record will be kept of these decisions which, over time, become a set of precedents that ensure that decision-making is consistent and fair.

Appeals

The team has a right of appeal against decisions made by the Combined Committee for Accreditation.

Dealing with serious concerns

The review process occasionally identifies a problem or potential problem in a team that is too serious to deal with through the accreditation process. This might be a practice that endangers service users or a report from a service user about some adverse event of which the team is unaware. The CCQI has a procedure for dealing with these serious concerns (appendix 5). If such a concern is identified by the accreditation committee, the chair should notify the programme manager who will invoke the CCQI procedure.

Decision-Making Scope

Whilst guided by the self- and peer-review results, the AC has the authority to decide if accreditation is recommended within the parameters set out below:

- When a team has demonstrated that it has met the criteria outlined below, the committee will recommend that accreditation is awarded for three years from the date of Accreditation Committee meeting. This is subject to HTAS Terms and Conditions, and satisfactory completion of interim self-review.
- If any Type 1 Standards are Not Met, a significant number of Type 2 Standards are Not Met, or if a group of Type 2 Standards in a critical area are outstanding, the AC cannot recommend accreditation. In this instance the team would be deferred for a specified timescale. The team will then have the opportunity to submit further documentary evidence to the HTAS Programme Manager. The team will then be resubmitted to the earliest AC after the expiry of the deferral period. The AC can then request a further self- and/or peer-review to ratify the evidence provided (usually only in extreme cases, where safety is an issue or a substantial number of standards are missed). If the above opportunity is refused, the recommendation of accreditation will not be made.

The AC can recommend the following categories:

Level 1: "accredited". The team would at the point of peer review:

- meet all Type 1 Standards;
- meet 80% - 95% of Type 2 Standards;
- meet many Type 3 Standards.

Level 2: "accreditation deferred". The team would at the point of peer review:

- fail to meet one or more Type 1 Standards but demonstrate the capacity to meet these within a short time;
- fail to meet a substantial number of Type 2 Standards or fail to meet a group of Type 2 Standards in a critical area, but demonstrate the capacity to meet the majority within a short time.

Level 3: "not accredited". The team would at the point of peer review:

- fail to meet one or more Type 1 Standards and not demonstrate the capacity to meet these within a short time;
- fail to meet a substantial number of Type 2 Standards or fail to meet a group of Type 2 Standards in a critical area, and not demonstrate the capacity to meet these within a short time.

Teams which fail to submit adequate self-review data may also be considered for Category 4.

The Process

- The HTAS team compiles a report summary from the peer-review report. It summarises the number of standards met in each section of the report by standard type.
- The AC will consider the number and type of outstanding type 1 criteria and determine whether further assessment, via documentation forwarded to the AC or a further self-and/or peer-review, is necessary. All action outstanding needs to be completed by the team within 12 months of the original peer-review date.
- The Combined Committee for Accreditation decides an appropriate level of accreditation for the team.
- Organisations are notified of the Committee's decision within 14 working days of the Committee meeting. No results are given over the telephone.
- For all services, regardless of the recommendation made about accreditation status, the AC lists strengths and areas that the home treatment team might develop before the next review cycle. For clinics that the AC has recommended be deferred, the AC makes a clear statement of which criteria have to be met, a deadline for meeting them – usually within 6 months, and what evidence of them having been met the AC requires to see for accreditation to be awarded.
- Home treatment teams that are members of HTAS will be listed on the website of the Royal College of Psychiatrists together with a statement of their accreditation status.

Home Treatment Accreditation Scheme (HTAS):

Accreditation Committee Role specification for members

Job Purpose

- To examine reports and other documents that describe the performance of home treatment teams that have undertaken self- and peer-review as part of the HTAS accreditation programme.
- Based on this evidence, and in collaboration with other members of the AC and the Combined Committee for Accreditation, to recommend the category of accreditation that should be awarded.

Key Responsibilities

- To be available approximately five times a year to meet with other members of the AC. This will include both face-to-face meetings and telephone conference meetings. Meetings will be up to four hours long.
- For members to ensure that at least one representative of their profession is present at each meeting.
- For members to act as the principal link between their profession and the HTAS project team.
- To keep up-to-date with HTAS standards as they are revised.
- To participate actively in discussions that lead to decisions about the recommendations made by the AC about the accreditation status of home treatment teams participating in HTAS.
- To declare potential conflicts of interest. This will include declaring any relationship with a home treatment team participating in the accreditation process that may affect or may be perceived by others to affect the advice given by the AC member. If this is the case, the AC member will leave the room while the recommendation decision about that team is being considered.
- To treat as confidential all information that is provided to the AC by the HTAS project team. All group members are required to sign a confidentiality statement.

Person Specification

- A clinician or staff member who has extensive knowledge of working in, or with, home treatment teams **and** who has an interest in the accreditation of home treatment teams

and/or

- A service user who has experience of home treatment teams **and** who has an interest in the accreditation of home treatment teams

and/or

- A carer with experience of caring for someone during the time that they were receiving care from a home treatment team **and** who has an interest in the accreditation of home treatment team

and

- The ability to work as part of a multi-disciplinary group.

Role Specification for Chairperson

The accreditation committee is a key component of HTAS. Its purpose and way of working is described in the committee's constitution. The chairperson's role is to ensure that the accreditation committee works in a fair, impartial and consistent way.

The chairperson's specific responsibilities are to:

- Chair the HTAS accreditation committee in a manner that ensures that it abides by its constitution.
- Advise and support the HTAS team to recruit to and maintain an accreditation committee that represents key stakeholder interests.
- Maintain consistent contact with the HTAS team and respond in a timely manner to communications from the HTAS team.
- Act as a spokesperson to represent the interests of the teams that are members of HTAS and to encourage other teams to join the scheme.
- Communicate information about HTAS to individuals, Faculties and departments within the Colleges and within other partner organisations and externally, for example to other professional associations and to the Department of Health.
- Advocate developments in local services.
- Prepare and/or review papers for publication in peer-reviewed journals and more popular media and for presentation at conferences.
- Undertake any other duties related to the role purpose and constitution or as may reasonably be assigned.

Person specification

Essential

- Experience of chairing committees at the national or regional level.
- An existing member of the HTAS AC.
- National expert on home treatment teams, e.g. publications and conference papers.
- Excellent interpersonal skills.
- Excellent written and spoken communication skills.
- Positive manner and ability to enable the forming of consensus about decisions.
- Understanding of the principles of accreditation.

Desirable

- Experience in an academic or similar environment.
- Experience of service accreditation and clinical audit.
- Experience of working with senior civil servants, health service staff and policy makers.
- Experience of working with service users or their representatives.

Role specification for Deputy Chairperson

To undertake the role of the Chairperson (as above) if:

- The Chairperson is unable to attend a meeting.
- The Chairperson has a conflict of interest with a service discussed and must step out of the meeting temporarily.

Person specification

As Chairperson role.

Procedure for managing concerns about services which participate in CCQI projects

Types of incident

- Type 1:** An issue raised by a third party during self review process
- Type 2:** Failure to meet key standards that become apparent during the routine course of the review process.
- Type 3:** Observation by peer-review team members of an issue that is outside or beyond the standards.

Levels of severity

- Level 1:** An issue that causes more concern than would normally arise during the course of review but not level 2.
- Level 2:** An issue that suggests that the service might be unsafe for service users or for staff and/or that staff might be acting illegally or against accepted practice and/or that there might be breaches of service users' human rights and that the potential impact is serious (to the extent that it would likely result in an investigation).

In some cases, a group of level 1-type issues for a single team might raise the problem to level 2.

Examples of types and levels of incident

	Level 1	Level 2
Type 1	AIMS - patients comment that staff always insist on being present when patients use the phone.	AIMS – when completing a questionnaire, a patient alleges that they were sexually assaulted by another patient on the ward. QNFMHS – a member of staff alleges that seclusion is used frequently by staff as a form of punishment and that its use is not recorded.
Type 2	ECTAS – the casenote audit shows a substantial number of patients had not had physical health checks before ECT	QNFMHS – the peer-review team discovers that all patients are routinely locked in their bedrooms from 8pm to 8am regardless of the risk that they pose.
Type 3	Community of Communities –training was focused on helping staff to acquire skills that were non-essential at the expense of essential training	QNIC – a member of the peer-review team believes that a member of staff in the host unit is a person they worked with previously who left after being accused of sexual assault.

General principles about how to manage incidents

1. Make a "file note" about these issues that has been dated. Record briefly what the issue is, how it was raised and what you have done.

2. Discuss with the programme manager before raising with or feeding back to the local team. Level 2 incidents should also be discussed with the head of the CCQI and, if necessary, with the director of the CCQI.
3. Consider involving the lead reviewer and/or the chair of the advisory group and/or the accreditation committee when formulating how to act; especially for level 2 incidents.
4. For level 1 incidents, the general approach is to flag the issue up with the local lead directly either by phone (making a written record of the conversation) or in a written communication, or by highlighting the issue in the local report. The expectation is that the local lead will receive the information in a positive way, i.e. will not be defensive, and will explain what action he/she will take.
5. Level 2 incidents should be communicated to the local team in writing. A decision should be taken, in consultation with the head of the CCQI, and if necessary the director of the CCQI, about to whom the communication should be addressed and who should receive copies. We should also expect a more formal response that includes a clear statement about what action the team intends to take to investigate the issue or remedy the problem.

**THE ROYAL COLLEGE OF PSYCHIATRISTS
Centre for Quality Improvement**

APPEALS PROCEDURE

Appellant services that wish to make appeals with regard to a decision of the Combined Committee for Accreditation must submit the appeal to the Head of the College Centre for Quality Improvement within eight weeks of the accreditation decision by the Combined Committee for Accreditation. Representations will then be dealt with according to this policy agreed by the Combined Committee for Accreditation. Under no circumstances are such representations to be made to reviewers or any other project staff.

Definitions

“Accreditation level”	A judgement made on the basis of a service’s performance against the standards set and measured by an accreditation programme. There are four levels of accreditation. The Combined Committee for Accreditation decides an accreditation level for each service that it considers.
“Appeals Panel”	A panel of three members of College Council determined by the President.
“Appellant service”	A service undergoing the accreditation process that appeals against an accreditation decision of the Combined Committee for Accreditation.
“Application”	An appeal submitted for consideration under these rules before acceptance.
“Council of the College”	The committee of the College, chaired by the President, whose remit includes education, policy, professional practice, professional standards, public engagement, quality, research and training in psychiatry.
“Deferral”	Period of time within which a service not meeting standards must show that it meets the recommendations of the Combined Committee for Accreditation.
“Combined Committee for Accreditation”	The committee of the Royal College of Psychiatrists with responsibility for all matters regarding the accreditation of services.
“Head of the College Centre for Quality Improvement”	The head administrator for the College Centre for Quality Improvement
“Review team”	The multi-disciplinary team which carries out peer-review visits to member services to ascertain whether standards

for accreditation have been met

1. GROUNDS FOR APPEAL

One or more of the following shall constitute grounds for an appeal under the appeal procedure:

- 1.1 The Combined Committee for Accreditation has awarded an inappropriate level of accreditation to the appellant service or has inappropriately deferred the appellant service because:
 - 1.1.1 The appellant service in fact meets a standard, or standards, which the Combined Committee for Accreditation has decided is, or are, unmet.
 - 1.1.2 The decision of the Combined Committee for Accreditation is manifestly incorrect, for example, being due to an error of addition.
 - 1.1.3 There has been an administrative irregularity or procedural failure, e.g. poor conduct of project methods or poor following of an administrative procedure.

2. WRITTEN APPLICATION

- 2.1 The Application must be submitted to the Head of the College Centre for Quality Improvement in writing and include the following information:
 - 2.1.1 the appellant service's name, address and telephone number,
 - 2.1.2 the grounds on which the appeal is made in accordance with paragraph 1 above, and
 - 2.1.3 appropriate supporting documentation such as evidence of service audits, local policies and protocols/information leaflets.
- 2.2 The Head of the College Centre for Quality Improvement may request in writing within 28 days of receipt of the appeal further information from the appellant service. The appellant service must supply such further information within 28 days of the date on which the request for such further information was sent by the Head of the College Centre for Quality Improvement. In the event of it not being supplied within the 28 day period the application will automatically stand dismissed.
- 2.3 Providing that the application complies with the preceding provisions of paragraphs 2.1 and 2.2, then not later than 28 days after receipt by the Head of the College Centre for Quality Improvement of the application, the Head of the College Centre for Quality Improvement will send to the appellant service notice in writing that the application for the appeal has been accepted and to whom it has been referred for consideration.
- 2.4 If, having submitted a formal appeal, an appellant service currently under deferral fulfils recommendations of the Combined Committee for Accreditation

and resubmits itself to the committee with proof that a higher level of accreditation is now merited, the attainment of the higher level of accreditation will be deemed to supersede the appeal, which will then automatically be treated as having been terminated.

3. CONSIDERATION OF APPEALS

- 3.1 Grounds for appeal under paragraph 1.1.1 will be considered only by the Chair of the Combined Committee for Accreditation who will review the service's peer review documentation and give some feedback regarding reasons for the appellant service's accreditation level.
- 3.2 Grounds for appeal under paragraph 1.1.2 only will be considered by the Chair of the Combined Committee for Accreditation in consultation with the Head of the College Centre for Quality Improvement. The Chair of the Combined Committee for Accreditation will inform the appellant service of any administrative error which has occurred, and any consequent change to the appellant service's accreditation level.
- 3.3 A decision on an appeal under paragraph 1.1.1 or 1.1.2 would normally be expected within 3 months of receipt.
- 3.4 If the appellant service is still dissatisfied following adjudication provided under paragraph 3.1 or 3.2, a further appeal may be submitted which will be considered by an appeals panel (see definitions).
- 3.5 Grounds for appeal under paragraph 1.1.3 or on more than one ground under section 1 will be considered by the appeals panel. All supporting documentation submitted by the appellant service, together with comments from the review team, will be considered by the appeals panel.
- 3.6 The appeals panel will determine if it can reach a decision on the basis of the documents presented to it. If this is not possible the appeals panel will take evidence from relevant parties, such as the appellant service, the review team, the project team, and the Chair of the Combined Committee for Accreditation.
- 3.7 The appeal can be determined in the following ways:
 - 3.7.1 the original decision of the Combined Committee for Accreditation is upheld, or
 - 3.7.2 the accreditation level of the service is altered. This can be either up or down, or
 - 3.7.3 a revisit is required.
- 3.8 The appeals panel will present its determination in writing to the Head of the College Centre for Quality Improvement who will send the determination to the appellant service forthwith. A report on the outcome of the appeal will be presented to the Combined Committee for Accreditation.

- 3.9 Under normal circumstances, the appeals panel will not call on the bodies that have representation on the Combined Committee for Accreditation.
- 3.10 The Royal College of Psychiatrists reserves the right to charge an administrative fee in respect of a final appeal under section 3.4 to cover the expenses of convening the appeals panel. The amount will be determined from time to time by the Council of the College. If the appellant's appeal is successful the administrative fee will be refunded in full.