



Quality Network for Inpatient Learning Disability Services (QNLD)

Review Process Document QNLD Year I

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Introduction

What is the Quality Network for Inpatient Learning Disability Services (QNLDS)?

QNLDS is a standards-based quality network that facilitates the sharing of good practice, through a process of standards-based self- and peer-review and provides accreditation. It engages staff and service users in a comprehensive process of review, through which good practice and high quality care are recognised. Services are supported to identify areas for improvement and set achievable targets for change.

Accreditation is offered to services that are fully prepared. It is recommended that a minimum of one year's membership is completed on the Quality Network before services transfer to accreditation.

Our aims

- Enable inpatient learning disability services to engage in service evaluation and quality improvement using standards and methods that are agreeable to service users, carers, frontline staff and clinical and trust management.
- Provide a strong network of supportive relationships.
- Accredite LD wards/units which offer a timely and purposeful admission in a safe and therapeutic environment against a set of standards.
- Promote best practice through shared learning and networking.

What we do

- Develop specialist service standards in consultation with members incorporating requirements and recommendations set out nationally.
- Manage the self- and peer-review cycles with an emphasis on quality improvement.
- Provide detailed local reports which identify action points and areas of achievement.
- Publish an aggregated report which presents an overview of collective performance, identifies common themes and allows for benchmarking.
- Host a number of events and opportunities for members to share their experiences, learn from others and gain support.
- Create a national network to support staff to engage in quality improvement.

The QLD standards

The third edition of the standards for the Quality Network for Inpatient Learning Disability Services (QLD) was developed from key documents and expert consensus as well as drawing from previous editions of the standards and the Standards for Inpatient Mental Health Services¹.

The full set of standards are aspirational and it is unlikely that any ward would meet all of them. To support their use in the accreditation process, standards have been categorised as follows:

- **Type 1:** criteria relating to patient safety, rights, dignity, the law and fundamentals of care, including the provision of evidence-based care and treatment.
- **Type 2:** criteria that a service would be expected to meet.

Note: In the event that QLD finds evidence that the unit being reviewed threatens 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 the relevant regulatory body.

The standards are divided into six sections:

1. Admission and assessment
2. Care planning and treatment
3. Safety, discharge, capacity and consent
4. Patient and carer experience
5. Environment and facilities
6. Leadership, workforce and governance

The College website

LD wards/units which are members of the network and accreditation scheme will be listed on the Royal College of Psychiatrists' website: www.rcpsych.ac.uk/qlnd.

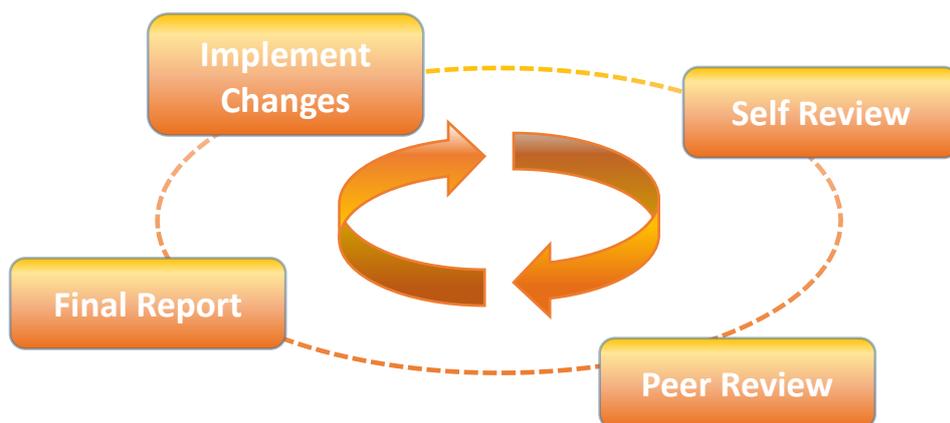
¹ <http://www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement/ccgiprojects/corestandardsproject.aspx>

Membership pathway

QNLD members initially sign up for a two-year membership which incorporates two annual cycles of review (QNLD Year I and QNLD Year II). Members who joined the accreditation scheme initially but aren't performing up to the accreditation standards are encouraged to join the quality network to familiarise themselves with the standards and review process before attempting accreditation. Units who feel confident that they can meet the data collection and standard requirements can skip the quality network process and join accreditation directly. Members are encouraged to speak to the Project Team first if they feel this is the route they would like to take.

This document includes information about the review processes for QNLD Year I.

The Quality Network Review Cycle



QNLD Year I

In year one, members complete a limited self-review, and the peer-review visit is focused on quality improvement, rather than a rigorous assessment of performance against the standards. The peer-review team meets with the members of the host team to discuss practice covered in the 'Patient and carer experience' section plus two sections of the standards selected by the hosts. During these meetings, good practice is shared, and the results of the self-review of these sections of the standards are validated. The day also involves a tour of the host service and an open discussion on an area of practice that the host unit would like to improve upon.

Phase I: Self-Review

The first part of the review process is the self-review. The unit will complete a workbook measuring themselves against all areas of the standards. Units have a three-month period to carry out self-review and the process is designed to provide a framework for the unit team to holistically assess the quality of the service they provide, and to identify its strengths and weaknesses. It is also an opportunity for the service to prepare for the external peer-review and become familiar with the standards. It provides a space to reflect on service provision and acts as a useful team building opportunity.

Members will complete a workbook to measure themselves against standards based on:

1. Admission and assessment
2. Care planning and treatment
3. Safety, discharge, capacity and consent
4. Patient and carer experience
5. Environment and facilities
6. Leadership, workforce and governance

The self-review forms the basis of the peer-review; a workbook presenting the ward's self-review data will be sent to the visiting peer-reviewers in advance of the visit so that they can familiarise themselves with the key issues raised. In order to get the most out of the self-review, it is recommended that data collection tools are completed collectively with a representative sample of staff. Once all self-review data has been completed, the project team will compile the peer review workbook and send it to both the host team and the peer reviewers in advance of the review day.

Key things to do at self-review:

- Arrange suitable time for your team to come together to work through the self-review workbook, scoring your environment and procedures against the criteria.
- If you decide that a standard is partly met, not met, or not applicable please note why.
- As a team, select the two sections (in addition to the 'Patient and carer experience' and 'Environment and facilities' sections) you would like your review day to focus on and choose a discussion topic.
- Ensure you complete all data collection tools by the agreed deadline. This allows the project team sufficient time to collate the information into the peer review workbook and distribute it before the review day.
- Where applicable, members may want to refer to any previous peer-review report, focusing any areas of achievement, action points and Peer-Review Team comments, as this may be useful to inform discussions in the introductory session of the review day.

Phase II: Peer-Review

The peer-review is a crucial part of the cycle. It allows the ward team the space to have honest discussions about their strengths, as well as the difficulties they have identified, and explore potential solutions through the sharing of best practice.

The peer review takes place six to eight weeks after the self-review has been completed. The host unit is visited by a team of two to three MDT staff from other similar services, led by a member of the QLD project team or another experienced lead reviewer. The visit will focus on:

1. Two compulsory sections: Patient and Carer Experience and Environment and Facilities
2. Two other sections of your choice, out of the four remaining areas;
3. A discussion on a topic of your choice.

It is important to note that the peer-review is not an inspection of the service. Whilst the review team's role certainly involves collecting evidence on the day in order to be able to validate the scores in the self-review, it is intended that this takes place as part of a supportive and reflective process of engagement. The review day gives services a chance to celebrate their achievements, in addition to providing a space for the host team to identify areas requiring development and to start thinking about what specific actions they would like to take to improve. This is further supported by the ideas and experiences of the review team.

In the first review cycle, regardless of whether a unit has previously been a QNLD member or not, the peer-review day will only involve unit staff. This is to allow space for the team to focus on the standards and areas they wish to work towards. In future cycles, to further enrich the review process, units will be required invite service users, family/carers, and non-unit-based staff members to the peer-review day in order to obtain their views about the service but during this initial visit the focus is on the ward and staff.

Before your peer-review day:

- Choose a review date that enables maximum participation from as many staff members as possible.
- Inform your staff team about the visit as soon as your peer-review date is confirmed by QNLD. Let them know its purpose and how they can contribute. Make any necessary arrangements to ensure members of your team can attend as much of the review day as possible, including making arrangements to cover for frontline staff for where necessary.
- Inform service users that the visit is taking place, as the day will involve a tour of the ward and the review team wish to minimise any disturbance this may cause.
- Familiarise yourself with the review day timetable (see Appendix 1). If there are any problems with the proposed order of the day, please let the project team know before the day of the review to discuss any potential changes that can be made.
- Identify the two sections of your choice and open discussion topic(s) that you would like to discuss on the day.
- Arrange suitable rooms, facilities, food and refreshments for the review day.

After the Peer-Review Visit

Following the peer-review visit, a local report will be compiled by the QNLD project team and returned to your ward within 4-6 weeks. It will be sent first as a consultation draft, and the host and review teams will have two weeks to make any desired amendments. A finalised printed report will then be sent to the unit within two weeks of the end of the consultation period.

The report is a compilation of the data collected at self- and peer-review. It highlights the team's achievements and challenges, and makes recommendations for addressing areas identified for improvement. The report acts as a useful tool for the team to inform action planning. Services can also use local reports to demonstrate compliance with national standards.

Key things to do

- Read through the consultation draft upon receiving it from QNLD and disseminate amongst team members as appropriate.
- Notify the report editor of any changes or amendments that may be necessary before the end of the consultation period.
- Disseminate the final report amongst team members, service managers and commissioners (as appropriate).
- Use the comments and recommendations within the report to formulate concrete action plans for the team to work on, with the aim of achieving improvements and developments within the service and meeting a higher number of standards in future cycles.

Attending a Peer-Review Visit

Three members of staff (MDT representatives) from each participating service are required to attend the peer-review of another member of the QNLD network. Dates of peer-review visits will be disseminated by the project team and staff will be able to choose the units they would like to visit, subject to availability.

Visiting another service on their peer-review day allows individuals to share ideas about how their own service operates and assist the host team in problem solving. Crucially, it also allows staff to gain insight into how other services function and how aspects of this may be applied to their own team's operations. This is one of the most important aspects of the review process, where valuable lessons are learned from hearing about good practice elsewhere.

The review team will be accompanied by an experienced lead reviewer from the QNLD project team/network.

The role of the peer-reviewer is to:

- a) Validate the results of the host team's self-review.
- b) Engage with the host service in reflective discussions about their practice against the standards in the workbook, highlight areas of achievement and support them to think about areas for improvement.
- c) Contribute to the written record of the visit.
- d) Review and comment on the accuracy and clarity of the draft local report during the consultation stage.

Before the visit the peer-review team should:

- a) Receive a Peer-review Pack containing:
 - a copy of the host service's peer-review workbook;
 - a copy of their previous report (if applicable);
 - the timetable for the day.
- b) Receive an email containing:
 - an electronic copy of the peer-review workbook and previous report (if applicable);
 - confirmation of the sections of the standards to be discussed, and theme for the open discussion;
 - Contact details for the lead reviewer.
- c) Receive an email from the lead reviewer who will introduce themselves and answer any questions you might have about the day.
- d) Note that the peer-review workbook and previous reports are confidential and should not be shared.
- e) Look through the workbook and make notes on issues you want to explore or clarify further, e.g. do the scores match the comments next to them?
- f) Read the previous year's report (if applicable) paying particular attention to action points identified at last review.

- g) Prepare a brief outline of your service to share with the host team during the introduction to the day.
- h) Be familiar with the structure of the day.
- i) Organise for their own travel and accommodation.**

In the briefing session the lead reviewer will outline the process, introduce you to the rest of the team and what to expect for the day.

In the introduction to the day the peer-review team should:

- a) Give an overview of their own service and explain their role. It may help the service being visited if you share any challenges that you are facing at the moment in order to help them relax and understand the supportive nature of the peer-review process.
- b) Support the host service to share information by asking questions.
- c) Spend some time exploring progress the service has made since the last cycle (if applicable).

In the standards-based meetings the peer-review team should:

- a) Check the self-review scores agree with your observation and discussion through exploration and reflection.
- b) Pay special attention to scores that are not fully met and support the service to think about how these standards could be met in future and identify action points to help them do so.
- c) Spend some time exploring progress the service has made since the last cycle (if applicable).
- d) Take notes of conversations and action points to discuss later.

In the open discussion meeting the peer-review team should:

- a) Ask questions of the host team to help them explain the challenges they have been facing, and what they have tried to do to overcome them so far.
- b) If possible, try and provide the host team with examples of ways they might try to overcome these challenges based on your experiences.
- c) Remember that you are not invited to contribute as an 'expert' or 'consultant', but as peers.
- d) Take notes of conversations and action points to discuss later.

In the final review team meeting the peer-review team meet in private to:

- a) Discuss their observations and the points to be raised in the feedback session.
- b) Assist the lead reviewer to complete the workbook which means scoring the standards and ensuring that there are relevant comments to justify the scores.

- c) Identify areas of particular achievement and areas for improvement, suggesting SMART action points where possible.
- d) Produce a final summary to present to the host team.

In the feedback session the peer review team should:

- a) Thank the host team for their hospitality.
- b) Give brief feedback, noting aspects of the unit's practice against the standards that are areas of particular achievement, and offer suggestions for actions that the unit could take in order to improve their performance against the standards next year.
- c) Use this time to reflect on the experience of the day with the host service.

After the review the QNLD project team will draft the report based on all the comments and scores from the day with the peer-review comments clearly identified. You will also be sent a feedback form or link to a feedback form online. Please complete this as your feedback is valuable in ensuring that the process remains alive and relevant for everyone.

Troubleshooting

Most peer-reviews run smoothly and are an enjoyable and stimulating experience, but if any problems arise on the peer-review day it is the lead reviewer's responsibility to try and resolve them. If you have any concerns about anything you see or are told on the review, please highlight these to the lead reviewer.

How can you become more involved?

Standards revision

QNLD undertakes a regular revision and update of standards to take account of new developments and to encourage continual quality improvement. Once the updated standards have been published, all member services will be informed via email. Services are assessed against the set of standards that were in place when they commenced their self-review until the point of accreditation. Subsequent reviews are based on whichever set of standards is currently in place.

Join the LD email discussion group and Royal College of Psychiatrists social media platforms.

Staff from member units will have access to advice and support from the Royal College of Psychiatrists, and their peers through our email discussion group. Members will also receive relevant updates from other CCQI projects such as upcoming events and special interest days. Any member of staff from a member unit can join the group by emailing LD@rcpsych.ac.uk with the word 'Join' in the subject line.

Join a peer-review team

It is expected that staff from participating services will visit other services as members of review teams. This will normally involve spending a day at a unit and possibly commenting on a draft of the unit's report. Please see Appendix 2 for information about travel and expenses to review visits.

In order to attend an accreditation visit as a reviewer, staff, service users and carers must attend a reviewer training day. These take place at least twice a year, with dates advertised via the email discussion group. Reviewer training is not compulsory for reviewers attending quality network visits (QNL Year I and II).

Appendices

Appendix 1: QNLD Year I review day timetable

9:15	Peer-review team to meet <ul style="list-style-type: none"> Review team meet in private for briefing from lead reviewer.
9:30	Introductory meeting with host team 10 mins: Introductions, timetable review and preliminary questions. 10 mins: Host team gives a brief description of the service. 10 mins: Host team gives an overview of the main challenges and achievements over the past year.
10:00	Tour of the unit – ‘Environment and facilities’ section <ul style="list-style-type: none"> A member of the host team takes the review team on a tour of the unit and answers questions (a service-user to lead this if possible).
10:45	Standard section review (minimum 6-8 members of ward staff present) <ul style="list-style-type: none"> Discussion around the ‘Patient and carer experience’ section.
11:15	Coffee Break
11:25	Standard section review (minimum 6-8 members of ward staff present) <ul style="list-style-type: none"> Discussion around one of the chosen sections of the standards.
12:10	Review Team Meeting The Review Team meets in private to consider recommendations after Unit tour and Standards Section review.
12:45	Lunch
13:20	Standard section review (minimum 6-8 members of ward staff present) <ul style="list-style-type: none"> Discussion around one of the chosen sections of the standards.
14:10	Open discussion (Please see guidance notes for what this session will entail)
14:50	Peer-review team meeting <ul style="list-style-type: none"> The review team meet in private to summarise the data and outline strengths and challenges. The review team will also discuss the final summary. <i>Refreshments should be provided for this meeting.</i>
15:45	Final meeting <ul style="list-style-type: none"> The review team and host team will meet to discuss the areas of achievement and action points. The host team will feed back to the review team.
16:10	Close

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