

**Quality Network
Older Adult
Mental Health Services**

**Member Information Pack
Associate Members**

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Introduction

Welcome to QNOAMHS: Quality Network for Older Adult Mental Health Services.

This pack is aimed at the person or persons within your service who will take the lead in the ward's self-review process. It should help you to understand what is expected of you and what will happen throughout the self-review process and other expectations of membership. If you have any questions please do get in touch with the project team (details below).

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Background

The Quality Network for Older Adult Mental Health Services (QNOAMHS) works with wards and units providing services to older people to assess and improve the quality of care they provide. QNOAMHS engages staff, patients and their carers in a comprehensive process of self and peer review to enable services to identify areas of good practice and areas for development. Member services are encouraged to use peer review visits, and other member events, to share knowledge and ideas with others, thereby creating a mutually supportive environment which encourages learning, and leads to positive change. QNOAMHS also offers accreditation for those members who can demonstrate a high level of compliance with the standards.

The 5th edition standards are drawn from key documents and expert consensus, as well as from the 4th edition, and work completed within the College Centre for Quality Improvement (CCQI.) The standards have been subject to extensive consultation with multidisciplinary professionals involved in the provision of inpatient mental health services, and with experts by experience and carers who have used services in the past.

Sustainability Principles

This edition of QNOAMHS standards have also been mapped against sustainability principles developed by the Royal College of Psychiatrists Sustainability Committee.

www.rcpsych.ac.uk/workinpsychiatry/sustainability.aspx

The Royal College of Psychiatrists is striving to improve the sustainability of mental health care, by designing and delivering services with the sustainability principles at the core. The aim of this process is to raise awareness around sustainability in mental health services and to work towards making psychiatric services sustainable in the long run. In recent years the mounting economic, social and environmental constraints have put the mental healthcare system under enormous pressure and it is vital to ensure that high-value services continue despite these constraints. Developing a sustainable approach to clinical practice is a crucial step in ensuring that mental health services will continue to provide high-quality care in the 21st century in the face of these constraints.

Sustainability in health services involves improving quality, cost and best practice, with a focus on reducing the impact on the environment and the resources used in delivering health interventions. A Sustainable mental health service is patient-centred, focused on recovery, self-monitoring and independent living, and actively reduces the need for intervention.

Sustainability is written into the NHS constitution (Department of Health, 2013) In Principle 6, it states that the 'NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources.'

It is vital for professionals involved in designing mental health services to have a good understanding of sustainability, i.e., the resources needed for each

intervention, and to have an awareness of the effects of these interventions across economic, environmental and social domains. Adoption of these principles across mental healthcare would lead to a less resource intensive and more sustainable service.

The five Sustainability Principles are listed below:

1. **Prioritise prevention** – preventing poor mental health can reduce mental health need and therefore ultimately reduce the burden on health services (prevention involves tackling the social and environmental determinants alongside the biological determinants of health.)
2. **Empower individuals and communities** – this involves improving awareness of mental health problems, promoting opportunities for self-management and independent living, and ensuring patients and carers are at the centre of decision-making. It also requires supporting community projects that improve social networks, build new skills, support employment (where appropriate) and ensure appropriate housing.
3. **Improve value** – this involves delivering interventions that provide the maximum patient benefit for the least cost by getting the right intervention at the right time, to the right person, while minimising waste.
4. **Consider carbon** – this requires working with providers to reduce the carbon impacts of interventions and models of care, e.g., emails instead of letters, tele-health clinics instead of face-to-face contacts. Reducing over-medication, adopting a recovery approach, exploiting the therapeutic value of natural settings and nurturing support networks are examples that can improve patient care while reducing economic and environmental costs.
5. **Staff sustainability** – this requires actively supporting employees to maintain their health and well-being. Contributions to the service should be recognised and effective team working facilitated. Employees should be encouraged to develop their skills and supported to access training, mentorship and supervision.

Role of the Project Lead

As project lead there are a number of tasks for you to complete throughout your involvement with the project.

- Disseminating information from the network to your service
 - It is important that everyone who works in the service, patients and carers are aware of the fact that you are going through the self-review process, what this means and what is expected of them.
 - As lead you will receive updates and information about the wider network (including about events) please share these with the rest of your team, as appropriate.
- Maintaining contact with the network team
 - The project team will contact you throughout your membership please respond promptly.
 - If your details change or you are no longer the best person to act as the project lead please let the network team know.
 - If the ward is moving or changing please contact the network team with details.
- Ensuring that your self-review is completed on time
- Nominating reviewers and ensuring that they attend reviews for other services
 - Services are required to arrange and fund travel and expenses for reviewers to attend visits as part of their membership. Being a peer reviewer contributes to the quality improvement of your ward through shared learning. It also acts as continuous professional development and CPD certificates are available.
 - Professional reviewers are categorised as Nursing, Medical or MDT (all other qualified staff) you should have reviewers from at least two of these categories.
 - Reviewers are required to attend training before they can go on a visit. Please contact the project team to find out when the next training dates are.
 - If a reviewer is no longer able to attend a review that they have signed up for it is your responsibility, as project lead, to find a replacement. If the review is unable to go ahead because a reviewer has cancelled at short notice your service is liable for any associated costs.

QNOAMHS Membership

In addition to the peer review process which you have signed up to there are also a number of benefits to being a member of QNOAMHS.

Being a Peer or Lead Reviewer

Acting as a Peer or Lead Reviewer is a great opportunity to learn from other services, as part of the quality improvement process. See the next page for more information.

Annual Forum

The QNOAMHS Annual Forum is held in the Summer of every year. It is an opportunity for services across the country to come together to discuss findings from across the network and share service development initiatives. This is also an opportunity for your service to present on a topic of your choosing. If you would be interested in presenting at the Annual Forum, please contact the network team.

Annual Report

An Annual Report is published every year, with its findings and recommendations reported at the Annual Forum. The report presents national findings identifying trends and enabling benchmarking with other services.

Special Interest Days

Special Interest Days are run by the network and dedicated to a topic identified by the members. The day is then led by members to ensure that it is truly focused to the topics that are most important for those working within older adult mental health services. If you would like to suggest a topic for a special interest day or would like to know when the next one is please contact the network team.

Peer Reviewers

Professionals Reviewers

Staff who work in your ward are able to act as peer reviewers and attend accreditation/ peer review visits to other wards. It is a condition of your membership that you provide at least two professional reviewers to attend visits at other services every year.

As well as being a vital part of the network and ensuring other services are able to have their visits, being a reviewer is a great opportunity for the reviewer and their service. Visiting other services is an opportunity to understand how they work and to pick up ideas and innovations that they are then able to bring back to their own team. This feeds back into your ward's process of quality improvement. Reviewers will need to attend a training session before they can go on a visit.

Staff are also able to use peer review visits as part of their CPD and we are able to provide a CPD certificate for every visit that they complete. Once trained reviewers have completed three accreditation visits, they are able to apply to become Lead Reviewers.

Patients and Carers

The voices of patients and carers are vital when assessing any service, so all of our visits have a patient or carer representative on them. These representatives have personal experience of mental health services or care for a loved one who has. They receive training and support from the quality network.

If you know a patient or carer who you think would be suitable for this role please contact the project team, or pass on our contact details to them, for more information about the role and application process. We are only able to accept applications from patients once they have been discharged from an inpatient setting.

Self-Review

Aims, Purpose and Outcomes

Completing the self-review workbook provides a designated space for teams to reflect on service provision and acts as a useful team-building opportunity. It allows the team to identify areas where they're performing well, areas where improvement is needed and to plan how to make those improvements. The process also acts as a basis to make improvements before moving on to Developmental Membership, which includes a peer review visit.

Step-by-Step Guide to the Self-Review

Please ensure that all staff, patients and carers are aware of your membership and self-review.

Contextual Information

The first section of the self-review is to provide contextual, service and staffing information about the ward. This will allow us to benchmark this data against other services, within the annual report, and against your own data in future years. It will also provide context for others who read your report.

Update on Previous Action Points

The update on previous action points is particularly useful for wards who have completed a previous self-review. You should review the action plan in your previous report and comment on progress. This will help you to monitor improvements and highlight any ongoing barriers.

If you have not completed a self-review before you can complete this section based on actions that you have completed over the previous 12 months. You only need to do this if you would find it useful as part of your self-review, it isn't mandatory. You will have the opportunity to plan actions based on the finding of your self-review later.

Standards Self-Assessment

Gathering viewpoints for your self-assessment

It's important that your self-assessment reflects the views of senior staff, frontline staff, patients, carers and other stakeholders. This can be achieved through focus groups generally based on people's views on the service. You could also arrange for a smaller group, representative of these groups, to review the standards in more detail.

Scoring Standards

Once you have a range of views on how the service is performing you need to provide a score and commentary for each standard. Please allow plenty of time to complete this.

The standards are split into three types:

Type 1: failure to meet these standards would result in a significant threat to patient safety, rights or dignity and/or would breach the law. These standards also include the fundamentals of care, including the provision of evidence-based care and treatment

Type 2: standards that an accredited ward would be expected to meet.

Type 3: standards that an excellent ward should meet or standards that are not the direct responsibility of the ward.

There are four possible scores for each standard:

Met: You are confident that you are meeting the requirements of the standard and would be able to produce evidence to demonstrate it.

e.g. 2.6.1 [Type 2] *Discharge planning is initiated at the first multi-disciplinary team review and a provisional discharge date is set.* There is a prompt in the MDT review template to discuss discharge planning, this means that staff are reminded to plan for discharge from the first meeting and set a discharge date is set on admission. This is documented in patient's health records, which is how you would evidence it.

Partly Met: You are meeting and able to evidence most of the requirements within the standard or you are meeting all the requirements of the standard but wouldn't be able to evidence it.

e.g. 3.5.3 [Type 1] *The team gives targeted lifestyle advice and provides health promotion activities for patients. This includes:*

- *Smoking cessation advice;*
- *Healthy eating advice;*
- *Physical exercise advice and opportunities to exercise.*

There is a dedicated healthy lifestyles champion on the ward, who works with patients individually on diet and exercise including supporting them to access opportunities to exercise. This is documented in the health records. Patients also feedback that the champion helped to motivate them to eat better and exercise more. However no members of staff are trained to give smoking cessation advice.

Not met: You are not meeting the majority of the requirements within the standard.

e.g. 5.11.1 [Type 1] *The team follows a protocol for responding to carers when the patient does not consent to their involvement.* The ward does not have a specific protocol for how to respond to carers when the patient has not consented to their involvement. Staff reported being unsure how to respond and carers gave feedback that they received different information from different members of staff.

Not Applicable: There is a specific reason why standard is not relevant to your service.

e.g. 1.3.28 [Type 2] *Where smoking is permitted, there is a safe allocated area for this purpose.* The ward is designated as being non-smoking.

Providing Commentary

You should also provide commentary against each of the standards to explain why you have assigned that score. This should include the different parties that gave feedback on the standard and if there were any differences of opinion. If you have scored the standard as 'Partly Met' or 'Not Met', you should also include any thoughts that you or your stakeholders have had about how to make improvements.

Action Plan

This is the space for you plan how to make the improvements identified within your self-assessment. You should include all standards scored as 'Partly Met' or 'Not Met' but you may have also thought about improvements to make on standards that you've scored as 'Met'. Please see the Action Planning Guide on the following page for more information on how to complete your action plan.

Finishing your Self-Assessment

If at any time you feel that you will not be able to complete the self-review before the deadline please contact the network team as soon as possible.

When you have completed the review please email it to your project team contact.

Action Planning Guide

On the following page you will find an action planning form for you to make plans in relation to any action points that you have identified in your self-review. You will then be asked to update on your progress against this action plan in your next self-review as part of any membership.

Identify area for improvement	Who needs to be involved/ informed and how?	Sources of support/ information to develop plan	Human, financial and time resources you may need	Who will lead on this?	Deadline
<i>Identify and record the area for improvement</i>	<i>Think about all those who may be affected by the action taken and how you aim to communicate with those involved</i>	<i>This can include details of any existing initiatives that you could tap into</i>		<i>Identify someone who will monitor and implement this action</i>	<i>When, realistically, could this be completed by?</i>
Before naming the area for improvement you may wish to consult:	Who needs to be actively involved in this and what do they need to do?		How many hours a week will be required from staff in order to implement the action plan?	Record the name and role of the person responsible.	
<ul style="list-style-type: none"> • This report • The staff team • Patients and carers • Other relevant agencies, if appropriate 	Who do you simply need to keep informed? How will you maintain communication? At what time points do you need to communicate?		What funds will be required?		

After the Self-Review

Report

Within 30 days of submitting the Self-Review you will receive your report, you then have 30 days in which to notify us of any errors.

Developmental Membership

After you have completed the Self-Review and received your report you will feel more ready to proceed with a more in-depth membership option. We suggest that after a maximum of two years you move on to Developmental Membership.

What is the benefit?

- This membership enables services to complete quality improvement work within the structure of the QNOAMHS Standards. The process enables services to focus on areas that will benefit them the most.
- There is no expectation that the service meets a required number of standards.
- Services can use this process as preparation for the accreditation process or can continue as developmental members for as long as they wish.

What is involved?

- During the self-review services will assess themselves against the standards and identify specific areas of focus for the review day.
- A peer review team, formed of professionals with experience of older adult mental health services and a patient or carer representative, will conduct a one day visit. The team will identify areas of achievement and for improvement, as well as helping the service plan how to implement identified improvements.
- The service receives a peer review report of findings from the day and an action planning template.

Appendix 1: Associate Project Lead Checklist

	Complete
Set the timescales for your Self-Review	
Inform all staff, senior management, patients and carers about the network and self-review	
Host group discussions to understand what staff, managers, patients, carers and other stakeholders feel about the service	
Complete the Self-Review document and return to the Project Team	
Keep a copy of your Action Plan, return to it regularly to ensure actions are progressing	
Send at least two members of your team to Reviewer Training	
Check that your trained reviewers attend at least one visit each every year. Make sure they feedback what they learnt from the day.	
Identify any individuals who might want to apply for the Patient or Carer Representative role in QNOAMHS	
Attend the Annual Forum and Special Interest Days with some of your team. Share your learning with the whole ward.	

QNOAMHS

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