

Accreditation Programme for Psychological Therapies Services

Accreditation Committee Terms of Reference

The purpose of the accreditation committee

The Accreditation Programme for Psychological Therapies Services (APPTS) is run by a central team at the Royal College of Psychiatrists' Centre for Quality Improvement (CCQI), in partnership with the British Psychological Society. (A brief description of APPTS is provided in Appendix 1).

The purpose of the accreditation committee is to examine the evidence gathered during the review of a psychological therapies service, and to make a recommendation about accreditation status.

The accreditation committee also contributes to improving the quality of the work of the CCQI by giving feedback on the quality of the reports it receives from the APPTS team about local psychological therapies services, and by making suggestions about how the accreditation process can be improved.

How the accreditation committee works

The APPTS project team compiles a report that summarises the findings of the self- and peer-review of a service. This states the number of standards met in each section of the report by standard type.

The accreditation committee considers those standards that appear not to have been met and decides:

- whether any further evaluation or assessment should be undertaken to clarify whether standards have been met;
- what accreditation status should be awarded, and any action that the service must take to meet the requirement for accreditation. All such actions must be completed within a set period of time, agreed by the accreditation committee.

Certain rules guide the accreditation committee's decision-making (see appendix 2). Also, the accreditation committee will develop a memory based on 'case-law', which ensures that it makes decisions in a consistent manner.

Membership of the accreditation committee

The accreditation committee comprises professional and service user representatives. The composition is designed to reflect the diverse

nature of the psychological therapies workforce and the range of services that are eligible for APPTS.

A written role specification describes the requirement from the chair and members of the accreditation committee (appendix 3).

Chair

The appointment of the chair of the accreditation committee will be agreed by the British Psychological Society and the Royal College of Psychiatrists.

Deputy Chair

The appointment of the chair of the accreditation committee will be agreed by the British Psychological Society and the Royal College of Psychiatrists. The deputy chair will chair meetings when the Chair is not available.

Terms of office

Members of the accreditation committee will serve initial terms of three years. Terms are renewable up to a maximum of 6 years.

Quoracy

Meetings of the accreditation committee are quorate when there is at least 60% attendance. If the meeting is not quorate, recommendations made by the accreditation committee will not be ratified until one or more representatives have given written confirmation that they agree with the recommendations.

Phone call to Service leads

From October 2017, services have the option to have a service lead available via phone call during the Accreditation committee proceedings. Should the service choose to be on stand-by, the committee may contact them should they wish to clarify anything.

Decision-making

If a vote is required, decisions will be made on a simple majority vote. The chair will have a casting vote in the case of a tie.

Dealing with serious concerns

The review process occasionally identifies a problem or potential problem in a service that is too serious to deal with through the accreditation process. This might be a practice that endangers patients or a report from a patient about some adverse event of which the service is unaware. The CCQI has a procedure for dealing with these serious concerns (appendix 4). If such a concern is identified by the accreditation committee, the chair should notify the programme manager who will invoke the CCQI procedure.

Frequency of meetings

The accreditation committee will normally meet 4 times each year. Some accreditation committee meetings may be conducted by telephone conferencing. Meetings will be up to four hours long.

Confidentiality and security of information.

All information presented to or received by the accreditation committee about services participating in the scheme is confidential. Members of the accreditation committee must not divulge it, or the results of discussions, to any third party. Members of the accreditation committee should also take all reasonable precautions to keep material relating to the work of the accreditation committee secure, whether this is in paper or electronic form.

Conflicts of interest

It is each member's responsibility to declare potential conflicts of interest. This will include declaring any relationship with a service participating in the accreditation programme that may affect or be perceived by others to affect the advice given and/or recommendation made by the accreditation committee member. In the event of a potential conflict of interest, the accreditation committee member should leave the room while the recommendation decision about that service is being considered.

Liability

The Royal College of Psychiatrists' liability insurance will cover any decisions made to accredit.

Expenses

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

Appendix 1: A brief description of APPTS

The Accreditation Programme for Psychological Therapies Services (APPTS) is an accreditation programme that works with psychological therapies services in the UK to assure and improve their quality. For the purpose of APPTS, 'psychological therapies services' are defined as services whose primary function is to provide psychological therapies, to improve the psychological wellbeing of adults in the community.

The standards against which services are measured have been developed with reference to the literature, current guidance on best practice and in consultation with key stakeholders including service users, practising therapists, service leads, professional organisations that therapists belong to and national charities. The core standards for all psychological therapies services that participate in the accreditation programme are organised according to the Care Quality Commission (2013) requirements that services are safe, effective, caring, responsive to people's needs and well-led. There are some additional requirements for services that are part of the English IAPT programme.

APPTS is run by a central team at the Centre for Quality Improvement (CCQI) at the Royal College of Psychiatrists, in partnership with the British Psychological Society. As well as identifying and acknowledging services that have high standards, an accreditation programme shares best practice to facilitate service improvement. The APPTS project team provides year-round support to help accreditation members maximise opportunities for learning and development.

Appendix 2: How decisions about accreditation status are made

Types of standard

To support their use in the accreditation process, each standard has been categorised as follows:

- **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. All of these need to be met in order for the service to be accredited.
- **Type 2:** standards that an accredited service would be expected to meet. Services will need to meet at least 80% to achieve accreditation.

Rules governing decision-making

The accreditation committee assigns a service to one of the following categories:

Accredited. At the time of peer-review, the psychological therapies service:

- meets all Type 1 standards; **and**
- meets at least 80% Type 2 standards;

Accreditation deferred. At the time of peer-review, the psychological therapies service:

- does not meet one or more Type 1 standards but demonstrates the capacity to do so within a short time; **and/or**
- does not meet a substantial number of Type 2 standards but demonstrates the capacity to meet the majority within a short time; **and/or**
- does not meet a group of Type 2 standards in a critical area, but demonstrates the capacity to meet the majority within a short time.

Not Accredited. At the time of peer-review, the psychological therapies service:

- does not meet one or more Type 1 standard and does not demonstrate the capacity to meet them within a short time; **and/or**
- does not meet a substantial number of Type 2 standards and does not demonstrate the capacity to meet the majority within a short time; **and/or**
- does not meet a group of Type 2 standards in a critical area, and does not demonstrate the capacity to meet the majority within a short time.

Accreditation is awarded for 3 years from the date of the accreditation committee meeting. This is subject to certain conditions, and satisfactory completion of annual self-review.

When accreditation is deferred, the deferral is for a specified time; normally for either three and six months. The service has this amount of time in which to submit further documentary evidence to the accreditation committee via the CCQI project team. If thought necessary, the accreditation committee can request a

further self- and/or peer-review to ratify the evidence provided.

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 standards. 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.

Suspension/withdrawal of accreditation

For a service to remain accredited it must demonstrate that it continues to meet the standards relating to the level of accreditation awarded. Accreditation will be suspended if information submitted to the project team through self-report or during an interim review shows that the service no longer meets type 1 standards. The service will be given three months to submit evidence that demonstrates that the problem has been rectified. Accreditation will be withdrawn if the service is unable to provide this evidence. The accreditation committee will be informed of all such decisions and will be the body that recommends withdrawal of accreditation.

Accreditation may be suspended temporarily if there are other grounds for suspecting a service may no longer meet type 1 standards. Examples of this would be the major restructuring of a service resulting in change of location or substantial changes in staffing.

Appeals

The unit has a right of appeal against decisions made by the Accreditation Committee (see annex).

Annex to Appendix 2

THE ROYAL COLLEGE OF PSYCHIATRISTS Centre for Quality Improvement

APPEALS PROCEDURE FOR APPTS

Appellant services that wish to make representations with regard to their accreditation must initially submit them to the Head of the College Centre for Quality Improvement within eight weeks of receipt 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 three levels of accreditation; “accredited”; “accreditation deferred”; “not accredited”. The Combined Committee for Accreditation decides an accreditation level for each service that it considers.
“Appeals Panel”	A panel of three members of the Special Committee for Professional Practice and Ethics, a sub-committee of the College Council.
“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 senior committee of the College, chaired by the President, whose remit includes the full management and control of the work of the College in the area of quality.

“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 There is evidence of an administrative irregularity or procedural failure and the service believes that, were it not for that irregularity or failure, the accreditation decision would have been different
- 1.2 The service believes it is meeting standards which the accreditation committee has judged to be not met and which, if they were deemed to be met, would affect the level of accreditation

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 compliance with criteria (e.g. local policies, audits and

protocols, information leaflets) or details of an administrative error.

- 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 be automatically 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 accreditation committee and resubmits itself to the accreditation 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 only will be considered by the chair of the Combined Committee for Accreditation in consultation with the Head of College Centre for Quality Improvement who will review the service's peer review documentation and inform the appellant service of any administrative or procedural error which has occurred, and any consequent change to the appellant service's accreditation level.
- 3.2 A decision on an appeal under paragraph 1.1 would normally be expected within 3 months of receipt.

- 3.3 If the appellant service is still dissatisfied following adjudication provided under paragraph 3.1, a further appeal may be submitted which will be considered by an appeals panel (see definitions).
- 3.4 Grounds for appeal under paragraph 1.2 will be considered by the appeals panel. All supporting documentation submitted by the appellant service, together with comments from the review team and the minutes of the meeting of the Combined Committee for Accreditation at which the service was originally discussed, will be considered by the appeals panel.
- 3.5 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 reconvene at a later date to 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.
- 3.6 The appeal can be determined in the following ways:
- 3.6.1 the original decision of the Combined Committee for Accreditation is upheld, or
 - 3.6.2 the accreditation level of the service is altered. This can be either up or down, or
 - 3.6.3 a revisit is required.
- 3.7 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 within 28 days of the date of the appeals panel's meeting. A report on the outcome of the appeal will be presented to the Combined Committee for Accreditation.
- 3.8 Under normal circumstances, the appeals panel will not call on the bodies that have representation on the Combined Committee for Accreditation.
- 3.9 The Royal College of Psychiatrists reserves the right to charge an administrative fee in respect of a final appeal under section 3.3 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.

Appendix 3: Role specifications of chair and members of the accreditation committee

Chairperson of the APPTS accreditation committee

ROLE SPECIFICATION AND KEY RESPONSIBILITIES

The accreditation committee is a key component of APPTS. 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:

1. Chair the APPTS accreditation committee in a manner that ensures that it abides by its constitution.
2. Advise and support the APPTS team to recruit to and maintain an accreditation committee that represents key stakeholder interests.
3. Provide occasional advice and input to the APPTS team using assured channels of communication, for example brief catch up calls or emails, where needed.
4. Act as a spokesperson to represent the interests of the services that are members of APPTS and to encourage other services to join the scheme.
5. Work with the CCQI team and APPTS Project Board to produce papers for publication in peer-reviewed journals and more popular media and for presentation at conferences
6. 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.
- National expert on psychological therapies services, 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.
- Experience of working with service users or their representatives

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.

Member of the APPTS accreditation committee

Role specification and key responsibilities

The accreditation committee is a key component of APPTS. Its purpose and way of working is described in the committee's constitution. A member's role is to participate actively and collaboratively in the process of making recommendations about accreditation status of services that participate in APPTS.

The member's specific responsibilities are to:

1. Attend a minimum of 3 meetings of the accreditation committee each year.
2. Before meetings, to review the information provided about the performance of services.
3. Contribute to the decision about a service's accreditation status in collaboration with other members of the multi-disciplinary committee, based on the relevant standards.
4. Keep up-to-date with revisions of the accreditation standards used by APPTS and with new developments in the methods used to monitor compliance with these.
5. Provide feedback to the APPTS team about the quality of the reports and information that form the recommendations about accreditation and about the accreditation process.
6. Comply with the accreditation committee's policy on:
 - confidentiality and security of information;
 - conflicts of interest.
7. Advise and support the APPTS team to recruit to and maintain an accreditation committee that represents key stakeholder interests.
8. Provide occasional advice and input to the APPTS team using assured channels of communication.
9. Undertake any other duties related to the role purpose and constitution or as may reasonably be assigned.

PERSON SPECIFICATION

Essential

- Broad knowledge and experience relevant to psychological therapies services
- Ability to read and assimilate complex information about the performance of services.
- Active involvement in relevant clinical work and accredited practitioner (for professional representatives only).
- Good interpersonal skills.
- Good 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 service users or their representatives.

Appendix 4: Procedure for managing concerns about services which participate in CCQI projects

Introduction

During the natural course of our CCQI work, we will regularly encounter examples of weak performance against the standards – to not do so would likely mean that we were missing something. CCQI projects have various mechanisms for helping our member services identify and tackle poor performance, including providing services with a list of unmet standards; providing benchmarking data, and sharing direct feedback from auditors, reviewers and Accreditation Committees. In addition to this, accreditation projects will request that poor-performing services make further improvements in order to be accredited.

This paper is not designed to describe our general, every-day processes for dealing with the type of poor performance that typically arises during the course of our work; this paper provides guidance on what to do when an issue raises more significant concerns than we normally encounter.

Below are examples of the type of issues that might cause such concern and the recommended approach for dealing with them. This list is not exhaustive and if you are ever in doubt about whether to escalate a concern, you should discuss it with your line manager.

Levels of severity

Moderate severity: Level 2

An issue that causes more concern than would normally arise during the course of our work and which warrants prompt discussion, but is less severe than a level 1 issue.

High severity: Level 1

A serious issue that suggests that patients or staff might face imminent danger, or that there might be breaches of human rights such that the potential impact is serious, to the extent that it would likely result in an investigation. An issue that warrants a more immediate response than a level 2 issue.

Multiple level 2-type issues in a single service might raise the problem to level 1.

Level 2: Examples of moderate severity issues

Issues	Examples
Signs of poor practice.	The casenote audit appears to suggest that a number of patients had not received physical health checks before ECT.
Signs that patients' rights are being breached.	The peer-review team discovers that patients are routinely locked in their bedrooms from 8p.m to 8a.m regardless of the risk that they pose.
Signs that staff rights are being breached.	Staff have fed back that some team members are being bullied.
There is not one stand-out issue, but there are concerns about the overall safety of the service due to an <u>unusually large number</u> of standards being met.	The service is meeting significantly fewer standards compared to other members.
Signs that a group of unmet standards are leading to potentially unsafe practice.	An inpatient CAMHS service has poor lines of sight, staff do not carry alarms, nor have they all received training in the management of violence. Whilst it might be relatively common for one of these standards to be unmet, collectively, these unmet standards cause particular concern.

Action required for Level 2 concerns

CCQI Deputy Programme Managers/Programme Managers or their Senior Programme Manager should raise the issue promptly with the local team lead, asking for an explanation and (if needed) the action they propose to take. It may be necessary to check facts with the lead reviewer or otherwise first. Care will be needed in deciding who to contact if the local team lead is implicated in the concern. Advice from the Project's Clinical Lead can be sought if needed.

The response from the local lead will then be recorded and considered. If the response received is sufficient, the matter can be logged and closed.

If concerns remain, these can be highlighted in the local report or report for an Accreditation Committee. Please note, even if a service meets the overall number of standards required for accreditation, the Accreditation Committee reserves the right to defer a team or ask for further evidence if they have concerns about the nature of the unmet standards.

Non-accreditation networks and projects should also ask for further information if they have concerns about a service.

The issue should be logged on the CCQI 'Concerns and Complaints' log on the shared drive.

Advice from the Project's Clinical Lead can be sought if needed.

If the CCQI manager is unsure whether the response from the local lead is sufficient, this should be discussed with the CCQI Head. If no response or an inadequate response is received, the issue should then be managed as a level 1 issue.

Level 1 Concerns: Examples of high severity issues

Issues	Examples
An allegation of assault, false imprisonment or abuse	A patient alleges that they were sexually assaulted by another patient on the ward. A member of staff alleges that seclusion is used by staff as a form of punishment and that its use is not recorded.
Serious concerns about a member of staff's fitness to practise	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.
Concerns about the <u>imminent</u> safety of an individual	A patient wrote in a patient questionnaire that they plan to take their own life.

Action required for Level 1 concerns

The Head of Centre, CCQI Director or Clinical Lead for Accreditation or Senior Programme Manager should be contacted as soon as the concern comes to light. They will decide what action to take and to whom communication should be addressed. This may be any combination of the following: the local team lead, the Clinical or Medical Director, Senior Executive, Child Protection Officer, Statutory Regulator, the General Medical Council, Social Services or the Police.

All lead reviewers should be made aware of the need to contact a senior member of the CCQI if they have level 1 concerns.

The issue should be logged on the CCQI 'Concerns and Complaints' log on the shared drive.

If a patient is deemed to be at immediate risk (e.g. the example where the patient stated that they plan to take their own life), contact should be made with a senior member of the host service as soon as possible and within one working day. If it is possible to identify the patient, the local service will be asked to follow this up promptly, following their local risk protocols.

Frequently asked questions

1. We have our own policy in audit for dealing with poor outliers (i.e. services performing much lower than the average) and in research for dealing with situations where participants are found to be at risk – should we just stick to our own policy?

Yes, unless you feel the issue cannot wait, for example if you have concerns about serious imminent risk to someone that are not addressed adequately by existing policy. If you work in the audit and research cluster, please discuss your concerns with Alan Quirk or Mike Crawford to clarify this before taking any action.

2. What if the concern seems implausible, i.e. I strongly suspect there has been a false allegation, a misinterpretation of the question or an error made during data entry?

You should err on the side of caution and investigate anyway. The service in question will have the chance to put forward an explanation and their response will be considered. If there are no grounds to the concern, the matter will be closed.

3. What about the confidentiality we promise to the patients and staff who complete our questionnaires and take part in our interviews?

If you have serious concerns about the imminent safety of someone, it is expected that you will breach confidentiality if needed. All CCQI questionnaires should contain a disclaimer that explains the limits of confidentiality, so that respondents are aware of this.

Other useful resources

The paper *Dealing with the media*.

The paper *Dealing with complaints from members of the public*.

The CCQI 'Concerns and complaints log'.