CCQI Quality Networks: Why should I take part?

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14.01.21
Doctor revalidation & appraisal

Continuous Quality Improvement Cycle
Develop
Improve
Evaluate
Implement

1x360 multi source feedback i.e. colleagues

AUDIT
Once upon a time......the Travelling Circus
The Perinatal Quality Network is born........first reviews 2007

Dr Margaret Oates, OBE
PQN: Why it has made a huge difference.
Perinatal Quality Network

• One of 27 UK-wide CCQI networks
• Working with mother and baby units since 2007 and community services since 2013
• Promotes MDT working and understanding different roles
• Service reports can be levers to improving environments and staffing
• Members engage in activities that promote learning, innovation and provide opportunities for networking
Inpatient network 2020

• **21** current members (all units in the UK)

• Cycle pushed back from Spring 2020 due to uncertainty of the pandemic

• **15** reviews in Cycle 13 (October – December 2020)
  – **11** accreditation reviews
  – **4** peer reviews

• **1** unit awarded accreditation in 2020
Inpatient Standards

• Access and Admission
• Environment and Facilities
• Staffing
• Care and Treatment
• Information and Confidentiality
• Rights and Consent
• Audit and Policy
• Discharge
Compliance: Cycle 9 vs. Cycle 10 (2017)

Domains

- Access and Admission
- Environment and Facilities
- Staffing
- Care and Treatment
- Information and Confidentiality
- Rights and Consent
- Audit and Policy
- Discharge

Cycle 9
Cycle 10
## Lowest scoring criteria

<table>
<thead>
<tr>
<th>Criteria</th>
<th>% of units met</th>
<th>% change compared with cycle 9</th>
</tr>
</thead>
<tbody>
<tr>
<td>A typical unit with six beds includes at least 0.5 WTE social work input</td>
<td>24%</td>
<td>0%</td>
</tr>
<tr>
<td>There is one specialist nursery nurse covering the unit 24 hours a day</td>
<td>29%</td>
<td>+10%</td>
</tr>
<tr>
<td>Every patient has an en-suite bathroom</td>
<td>35%</td>
<td>-6%</td>
</tr>
<tr>
<td>Criteria</td>
<td>% of units met</td>
<td>% change compared with cycle 9</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>----------------</td>
<td>------------------------------</td>
</tr>
<tr>
<td>A typical unit with six beds includes at least 0.5 WTE clinical psychologist</td>
<td>41%</td>
<td>- 6%</td>
</tr>
<tr>
<td>When the occupancy levels on the mother and baby unit are low, staff are used to provide care in the community where possible</td>
<td>41%</td>
<td>- 7%</td>
</tr>
<tr>
<td>Patients, carers and staff members are involved in devising and delivering training face-to-face</td>
<td>53%</td>
<td>- 6%</td>
</tr>
</tbody>
</table>
Revised Inpatient Standards

<table>
<thead>
<tr>
<th>Nº</th>
<th>Type</th>
<th>Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.3.4</td>
<td>1</td>
<td>A typical unit with six beds includes at least 0.5 WTE clinical psychologist and there should be clear evidence of formal representations to achieve this by Oct 2020.</td>
</tr>
<tr>
<td>3.3.5</td>
<td>1</td>
<td>A typical unit with six beds includes at least 0.5 WTE occupational therapist and there should be clear evidence of formal representations to achieve this by Oct 2020.</td>
</tr>
</tbody>
</table>

Guidance: These standards should be in place by October 2020 and annual evidenced progress reports will be required to maintain accreditation.
Community Standards

- Access and Referral
- Assessment
- Discharge
- Care and Treatment
- Infant Welfare and Safeguarding
- Staffing and Training
- Recording and Audit
Community members
2017

27 teams participating from:

- Birmingham and Solihull
- Bristol
- Cardiff
- City and Hackney
- Derbyshire*
- Devon
- Dorset
- Glasgow and Clyde
- Hampshire
- Hertfordshire
- Kent & Medway
- Leeds
- Leicester
- Lincoln
- Livingston
- Newcastle and North Tyneside
- Newport
- North East London*
- Nottingham*
- Sheffield
- South London and Maudsley
- South West Yorkshire
- Sussex
- Tees
- Tower Hamlets
- West London
- Worcestershire

*Signed up for accreditation
## Lowest scoring criteria (2017)

<table>
<thead>
<tr>
<th>Criteria</th>
<th>% of services met</th>
<th>% change compared with cycle 9</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.5 WTE non-consultant psychiatrist input per 5000 births</td>
<td>11%</td>
<td>+4%</td>
</tr>
<tr>
<td>Dedicated sessions of a social worker</td>
<td>22%</td>
<td>+5%</td>
</tr>
<tr>
<td>0.5 WTE occupational therapist per 5000 births</td>
<td>22%</td>
<td>+9%</td>
</tr>
<tr>
<td>If a patient and infant or older children are seen in an outpatient clinic or other psychiatric facility, the waiting area is exclusively for the use of the perinatal and/or maternity services during that session</td>
<td>33%</td>
<td>+13%</td>
</tr>
</tbody>
</table>
## Lowest scoring criteria

<table>
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<tr>
<th>Criteria</th>
<th>% of services met</th>
<th>% change compared with cycle 9</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.25 WTE social worker per 5000 births</td>
<td>33%</td>
<td>+13%</td>
</tr>
<tr>
<td>1.25 WTE nursery nurses per 5000 births</td>
<td>33%</td>
<td>+33%</td>
</tr>
<tr>
<td>The team sends a letter detailing the outcomes of the assessment to the referrer, the GP and other relevant services within a week of the assessment</td>
<td>44%</td>
<td>-9%</td>
</tr>
<tr>
<td>Non-consultant medical input</td>
<td>44%</td>
<td>+11%</td>
</tr>
<tr>
<td>0.5 WTE clinical psychologist per 5000 births</td>
<td>44%</td>
<td>+24%</td>
</tr>
</tbody>
</table>
Community network 2020

- **63** current members (9 new in 2020)
- **45** reviews in Cycle 8 (October 2019 – March 2020)
  - **6** accreditation reviews
  - **34** peer reviews
  - **5** cancelled due to Covid-19
- **3** services awarded accreditation in 2020
- Upcoming cycle delayed from autumn 2020 to spring 2021 to accommodate inpatient cycle 13
2020... What a year!
PQN Highlights:
Community Standards (5th Ed.) key points

• Significant reduction in number of standards (around 25%)
• Staffing specification has generally remained unchanged, with just two new standards:
  • 1 WTE additional clinical or counselling psychologist (type 2)
  • 1 WTE parent-infant therapist (type 3)
• Increased involvement of mums and partners/family members in all aspects of care (including coproduction of resources, training and service development)
• Enhanced focus on peer support and having structures in place to train, supervise and support PSWs
PQN Highlights:
Remote reviews

• Many positives!
  • Flexibility in collecting feedback (phone/Teams/Forms)
  • Document review process more streamlined
  • Accessibility for reviewers
  • Self-review discussion incorporates interview feedback

• Some challenges...
  • No ‘corridor conversations’ and fewer chances to network
  • Complications with not seeing the physical environment in person (GDPR considerations; may miss issues of temperature/smell)
  • Technology – not always predictable!
PQN Highlights: Patient Representatives

- Involvement of patients and carers is central to the work of the CCQI and the College more broadly
- New model of working rolled out in early 2020
  - Formalised contracts for workers
  - Standardised inductions, training and programme of support
  - Improved benefits (e.g. holiday pay)
- Smaller pool of six representatives recruited in June/July
- Involvement in all aspects of network activity
  - Peer and accreditation reviews
  - Advisory Group / Accreditation Committee
  - Standards development
  - Events and training
PQN Highlights:
Artwork competition

Winner:

Emma, 'Babies do well, with well Mums', Wakefield, SWYT
PQN Highlights:
Artwork competition

Runner up:
Naomi, 'Voices of Recovery', Beadnell
MBU
PQN Highlights:
Artwork competition

Highly commended:

Staff and patients, 'Mother and Child', Brockington MBU
The networks need you!
Thank you to CCQI Team!

Any questions?