

## **Accreditation Committee Terms of Reference**

### **Purpose of the Accreditation Committee**

The Accreditation Committee comprises professionals who represent key interests and areas of expertise in the field of Crisis Resolution and Home Treatment services, and patients and carers who have experience of using these services. The Accreditation Committee (AC) considers the evidence gathered about QNCRHTT member services and makes a recommendation about accreditation status to the Combined Committee for Accreditation, of which it forms a part.

Members will be expected to make fair, unbiased decisions. The committee may question or challenge the findings of review teams and CCQI project staff. Committee decisions should be based solely on data collected from the participating services' self- and peer review reports. However, committee members should be prepared to check facts when their decisions appear to contradict those of the statutory regulator or similar agency.

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 QNCRHTT teams about local services, and by making suggestions about how the accreditation process can be improved.

### **How the Accreditation Committee works**

The QNCRHTT project team compiles a report on behalf of the Accreditation Committee 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.

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.

The Accreditation Committee is overseen by the Combined Committee for Accreditation, comprising a Chair and Deputy Chair. Their role is to ensure robust, consistent and fair decision making across all projects. As part of this, they attend a portion of each Accreditation Committee meeting that takes place and are able to approve or challenge any decisions that have been made if deemed not to be fair or consistent. They are also able to make the final decision on any contentious accreditation case. The Chair and Deputy Chair meet monthly with the Director of

the CCQI and Heads of Quality and Accreditation to communicate any points of learning.

Organisations are notified in writing of the decision within 14 working days of the Accreditation Committee meeting.

### **Membership**

The Accreditation Committee seeks to draw expertise and knowledge from a range of specialties. Ultimately, the membership will aim to reflect the range of disciplines working in Crisis Resolution and Home Treatment

Full members of the Accreditation Committee are appointed by the programme manager following advertisement of the position.

The Accreditation Committee also includes patients and carers who are recruited to this role by the project team through a process of advertisement and interview. They are full members of the Accreditation Committee.

Members normally serve for a period of three years. They may stand for reappointment for a further period of three years.

Members of the committee should attend at least 2 peer review visit(s) per year in order to maintain their understanding of the whole process.

Appendix 1 is the role specification for members of the Accreditation Committee and appendix 2 for the Chair/co-Chairs.

### **Meetings**

Meetings take place four times per year. At least three of these meetings will be held virtually with the potential for one meeting per year to be held in person at the RCPsych office in London.

Meeting papers will be shared at least one week prior to the meeting. These papers need to be read by all committee members prior to the meeting itself.

Meetings of the Accreditation Committee are quorate when at least one representative from each discipline is present. If the meeting is not quorate, recommendations made by the Accreditation Committee will need to be reviewed by a nominated representative from the absent specialism. Minutes can only be finalised once they have given written confirmation that they agree with the recommendations.

If members miss more than two meetings in a row, their membership of the committee will be reviewed by the chair.

### **RCPsych Values**

The RCPsych values underpin all the work of QNCRHTT. These values are Courage, Innovation, Respect, Collaboration, Learning and Excellence. It is

expected that all members of the advisory group demonstrate these values while undertaking their role.

## **Key Information**

### **Decision-Making Powers**

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.

### **Appeals**

The team has a right of appeal against decisions made by the Combined Committee for Accreditation. The appeal process will be described to the committee in each eventuality of an appeal.

### **Confidentiality**

All members of the Combined Committee are required to sign a confidentiality statement. The self-review data, peer review report and any additional documentation submitted as part of the accreditation process are confidential. All additional evidence will be anonymised and should contain no personally identifiable information. Members of the committee should also take all reasonable precautions to keep material relating to the committee secure.

### **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 committee. In the event of a significant conflict of interest, the committee member should leave the meeting while the recommendation decision about that service is being considered. The Chair will decide in each case whether this is necessary.

### **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 patients or a report from a patient about some adverse event of which the team is unaware. The CCQI has a safeguarding policy for dealing with these serious concerns and this will be exercised in these cases. Specific details will not be provided to the committee, but this may impact on compliance with standards.

### **Accreditation Categories**

The AC can recommend the following categories:

**Category 1: "accredited"**. The team would:

- meet 100% of type 1 standards
- meet 80% of type 2 standards
- meet 60% of type 3 standards

**Category 2: “accreditation deferred”.** The team would:

- fail to meet one or more type 1 standards but demonstrate the capacity to meet these within a short time; and/or
- fail to meet 80% of type 2 standards but demonstrate the capacity to meet the majority within a short time; and/or
- fail to meet 60% of type 3 standards but demonstrate the capacity to meet the required amount within a short time,

**Category 3: “not accredited”.** The team would:

- fail to meet one or more type 1 standards and not demonstrate the capacity to meet these within a short time; and/or
- fail to meet a substantial number of type 2 standards and not demonstrate the capacity to meet these within a short time.

Accreditation is awarded from the date of the meeting of the Combined Accreditation Committee at which the decision is ratified until up to three years from the date the service was first presented to the Accreditation Committee. This is subject to certain conditions, and satisfactory completion of interim self-review at 18 months after their first presentation.

When accreditation is deferred, the deferral is for a specified time dependent on the number of remaining standards and the length of time it should take to make any necessary changes. The service has this amount of time in which to submit further documentary evidence to the Accreditation Committee via the QNCRHTT project team. A service can only be deferred for up to six months from their first presentation at the committee, or a maximum of two deferrals. If the service is deferred for six months, they can only be deferred once. 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. A permanent record will be kept of all decisions which, over time, become a set of precedents that ensure that decision-making is consistent and fair.

The Accreditation Committee will occasionally exercise discretion. For example, accreditation might be awarded to an inpatient unit whose age and fabric precluded it from meeting a number of type 2 environmental standards, but which performed well in other respects, if it demonstrates that the problems are being addressed to the best of their ability and there is a clear plan for a new build.

### **Appeals**

The service receives a 30-day period of consultation once the report has been written by the review team. This is an opportunity for services to comment on or to clarify factual inaccuracies, and provide any outstanding evidence.

Services may appeal decisions about their accreditation if they believe an incorrect decision has been made. Services must send applications to the Director of the CCQI within six weeks of receipt of the accreditation decision.

Services can appeal a decision if they believe one of the following has taken place:

- 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 or standard rating would have been different.
- 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.

Appeals will then be dealt with according to CCQI Appeals Policy agreed by the Combined Committee for Accreditation. Appeals should not be made directly to reviewers or any other project staff.

### **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 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 involved in 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 all type 1 standards. Examples of this would be the major restructuring of a service resulting in change of location or substantial changes in staffing.

## Appendix 1

### **Member of the QN-CRHTT Accreditation Committee Roles and Responsibilities**

A member's role is to participate actively and collaboratively in the process of making accreditation decisions. The member's specific responsibilities are to:

1. To be available up to four times a year to meet with other members of the AC. This will include both face-to-face meetings and virtual meetings.
2. To adequately prepare for each AC meeting by reading reports and reviewing evidence sent by the team prior to meetings.
3. For members to act as the principal link between their profession and the QN-CRHTT project team.
4. To keep up-to-date with standards for Crisis Resolution and Home Treatment services as they are revised.
5. To act in the best interests of the project, communicating findings of interest or potential conflict with the programme of work and rigour of accreditation.
6. To participate actively in discussions that lead to decisions about the recommendations made by the AC about the accreditation status of services participating in QNCRHTT.
7. To declare potential conflicts of interest. This will include declaring any relationship with a service 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.
8. To treat as confidential all information that is provided to the AC by the project team. All members are required to sign a confidentiality annually statement.

### **Person Specification**

#### **Essential**

- A clinician/staff member or patient or carer who has (extensive) knowledge of working in, or engaging with, services for Crisis Resolution and Home Treatment services and who has an interest in the accreditation of these services.
- Broad knowledge and experience relevant to Crisis Resolution and Home Treatment services.
- Good interpersonal skills.
- Good communication skills.
- Positive manner and ability to enable the forming of consensus and fair decision making.
- Committee members services are accredited by QNCRHTT, or currently working towards accreditation.

#### **Desirable**

- Practical experience of quality improvement work.
- Experience of working with patients or their representatives.
- The ability to work as part of a multi-disciplinary group.

## Appendix 2

### Chair of the QNCRHTT Accreditation Committee Roles and Responsibilities

The Accreditation Committee is a key component of QNCRHTT. 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.

- Chair the QNCRHTT Accreditation Committee in a manner that ensures that it abides by its constitution.
- Advise and support the QNCRHTT team to recruit to and maintain an Accreditation Committee that represents key stakeholder interests.
- Maintain consistent contact with the QNCRHTT team and respond in a timely manner to communications.
- Act as a spokesperson to represent the interests of the teams that are members of QNCRHTT and to encourage other teams to join the scheme.
- Communicate information about QNCRHTT 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 QNCRHTT AC.
- National expert on Crisis Resolution and Home Treatment 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.

#### 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 patients or their friends and family.