Quality Network for Forensic Mental Health Services

Welcome Pack

Date: June 2015
The Quality Network ran a competition to find patient artwork to use on Quality Network material for Cycle 10-4. The piece of art work used on the cover of this booklet was painted by AC, a patient from Alpha Hospital Bury. The team would like to thank all of the patients who submitted entries.
Introduction

The project team is delighted to welcome your services to the tenth annual Cycle of the Quality Network for Medium Secure Forensic Mental Health Services and the fourth annual Cycle of the Quality Network for Low Secure Forensic Mental Health Services. This booklet aims to provide you with an outline of the review process planned for the forthcoming year and the role of the main contact.

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The College Centre for Quality Improvement

The College Centre for Quality Improvement (CCQI) is a Department of the Royal College of Psychiatrists. The centre runs a variety of quality improvement and accreditation services, with sign up from over 90% of the mental health services in the country.

The Aims of the Project

The Quality Network for Forensic Mental Health Services is one of the many projects at the CCQI. The main aim of this network is to promote quality improvement through the self and peer-review processes of member services. The Quality Network supports services to complete their self-review documents and provide the materials required. We also organise peer-review visits where a review team, made up of staff from two other forensic units, visit another unit to meet with frontline staff, senior managers and patients. The self-review narrative provided by the service is reviewed and the team work with the unit to identify achievements and trouble shoot areas of challenge, helping staff plan improvements for the future.

Confidentiality

After the review visit the Project Team collate the commentary and data from the self and peer-reviews to compile a local report. All comments are treated confidentially and the names of staff and patients are not included.

The draft report is sent to the host team and peer-review team for comment and feedback. The final report is sent to the host unit only. The report is the property of the host unit, to share with stakeholders as they wish.

Information for Host Teams Regarding DBS Checks

The CCQI Human Resources Department ensures all CCQI project staff who attend peer-reviews have valid DBS checks. The Quality Network assumes that staff from member units forming the peer-review team have valid DBS checks by virtue of being employed in forensic mental health settings. Review members’ employment details are provided in peer-review packs. The Quality Network assumes that Patient Representatives and Family and Friends Representatives who may form part of the peer-review team do not necessarily have valid DBS checks. Those members of the peer-review team who do not have valid DBS checks will be accompanied by a local member of staff or a checked visiting team member when in proximity with patients or other vulnerable people.
Further Support
Should your unit have any queries or feel that further support is needed, please contact the project team. Contact details of which are provided at the end of this document.
The diagram above outlines the peer-review cycle undertaken by the Quality Network for Forensic Mental Health Services.

The following pages provide a brief outline of the coming Cycle, including information on setting review dates and peer-review teams, the action your unit will need to take, as well as a timeline for the review Cycle.
## Timetable for the Quality Network for Forensic Mental Health Services 10th and 4th Review Cycle

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Overview
It is important for the Quality Network project team to maintain contact with one named contact at the host unit to ensure the smooth running of the review process and other activities of the Quality Network.

The named ‘Unit Main Contact’ may choose to delegate the key tasks of the peer-review process within the organisation so long as they remain the main channel for communicating all information about the unit to the Quality Network project team, and vice versa.

The Unit Main Contact has a number of key tasks and areas of responsibility prior to, during and after the peer-review visit. This section of the document will cover the most important aspects of the role:

1. Arranging the date of your unit’s peer-review visit
2. Disseminating information about the Quality Network
3. Organising staff to visit other services
4. Organising the completion and submission of the self-review document via the College Accreditation Review System (CARS) online system
5. Preparing for the peer-review visit, including the organisation of staff and patients, as well as a lunch for the peer-review team
6. Coordinating the peer-review visit and ensuring the timetable is accurately followed
7. Organising commentary and feedback on the draft review summary from a wide range of staff and patients
8. Overseeing and submitting the action plan following the review

Arranging the date of your unit’s peer-review visit
At the beginning of June the Project Team will email you with a choice of possible dates for you to host your peer-review visit. This will include a form for you to complete detailing your first and second choice for host dates. Once the project team has collected this information from all member units your host date will be allocated and confirmed, this will be either one, two or two and a half days depending on the size of your service.

Disseminating information about the Network
The main contact acts as the conduit for disseminating information across your service (for example, to senior managers, members of the multidisciplinary team, front-line staff and patients).

Information to disseminate may include:
   a) Information about the self and peer-review process
   b) Information about visiting other services
   c) Newsletters
   d) Access to the e-mail discussion group
   e) Access to the policy library
f) Advertisements for Quality Network training, workshops and conferences

Finally, you may wish to add a link to the Quality Network’s website (www.QNFMHS.co.uk) to your service website.

Organising staff to visit other units

In **June** the Project Team will email you again inviting staff from your service to visit other services as members of peer-review teams. In this email you will receive a document detailing all the units available to review and the dates that these reviews are taking place. You will also receive a form with space to record who from your service will be undertaking reviews, if those who have put themselves forward have completed Lead Reviewer Training and their first and second choice of where they would like to visit.

We require one member of staff from each set put forward to have completed Lead Reviewer Training. You may need to organise for a number of staff to attend the Lead Reviewer Training events facilitated by the Quality Network. Please contact the team for details.

**Those who volunteer to take part in the peer-review of another service must be able to commit to the full review timetable.**

If staff are no longer able to attend the review they have committed to please arrange for an appropriate replacement to be found within your service and inform the Quality Network of the new name.
Organising the self-review

The College Accreditation and Review System (CARS) is an electronic system where member services can submit, upload and edit data online as part of their self-review workbook. This system will send an automated email the day your self-review workbook opens (approximately 4 months prior to the date of your review) and is available to start inputting data via CARS. Once you have been sent an email you will need to log onto CARS and begin your self-review. In order to complete your self-review workbook you will need to go to Dashboards and select Review Visits. Select View to begin entering scores and commentary into your workbook. You need to complete the Response drop down box for each standard by determining whether a standard is Met/Partly Met/Unmet or N/A. The system requires you to add a comment to each standard outlining why you have given the response you have, providing appropriate evidence and examples for met standards. For each comment you must Save Comment if you wish to continue to edit or Save & Close if you have entered adequate information and want to return to viewing your workbook.

Documents can be uploaded to support your service’s response. This will include policies, training documents, activity timetables and perimeter checks. Click on the icon Upload Evidence. In order to upload a new document, you need to select the Upload New tab. Click Browse to search your computer for the document. Please include the service name at the beginning of the document title (e.g. <Service Name> Safeguarding Policy). Click Assign and Upload to register the document, you can then close the box. Please note: If you wish to upload the same document twice, please chose the document from your service’s ‘Evidence Bank’. The system will not allow you to upload the same document onto the system twice, however it will allow you to allocate the same document multiple times to different standards.

NOTE: CARS is set up to require both an indication of how your service has met, partly met or not met the standards as well as commentary to support this Guidance for answering a standard will be displayed in italics under the standard statement. Every standard requires a score and commentary and the system will not allow you to move on or sign off until you have provided this information.

The responses, evidence and comments can be amended as many times as you like before you submit the workbook to the project team. Once you are happy with your responses, you can Complete and Signoff your workbook which will automatically send it to the Project Team at the CCQI. After this point you will no longer be able to amend your responses.

If you don’t submit your workbook by the deadline, the workbook will automatically close and you will no longer be able to make any changes. If you have any difficulties meeting your deadline, please inform the Project Team at your earliest opportunity.
To get the most out of this process, we suggest that the self-review workbook is completed by a **representative group** of staff and patients consisting of:

- Senior managers
- Members of the multidisciplinary team
- A range of ward based staff
- Patients

The self-review workbook and associated guidance found on CARS will contain clear, simple instructions for how to complete it.

Please **plan meetings for completion of the self-review workbook** well in advance to ensure it is returned to us **one month before** your peer-review visit. You will also need to send the Project Team the supporting documentation detailed under ‘Preparing for your peer-review visit’.

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Please note that supporting commentary must be provided for each criteria.

Please ensure that all documentation required is supplied to the project team **electronically** at the same time as the completed workbook is submitted.

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As part of your self review process, the Project Team would like you to disseminate a questionnaire to all staff, patients and family and friends of patients at the service, asking them to provide feedback about their views and experiences of the service. These are available on CARS. All staff questionnaires must be completed through the online link. Where possible, questionnaires for patients and family and friends should be completed online. Where this is not possible, you will need to contact the Project team who will provide you with paper copies of the questionnaire and pre-paid addressed envelopes to return the questionnaire to us.

The expectation is that at least:

- 75% of all staff complete an individual survey
- 75% of patients complete an individual survey
- 50% of Friends and Family complete an individual survey

**NB:** At present our Family and Friends survey is titled 'Quality Network for Forensic Mental Health Services Medium Secure Services' but is relevant to all family and friends involved in your service and is not specific to medium secure services.

(We will only ask questions about the service. We will not ask for any personal information and all answer to questions will remain anonymous. All comments will be treated confidentially).
Preparing for your peer-review visit

Prior to your peer-review visit, it is important to ensure that all staff and patients are aware of the visit and of its purpose as a supportive peer-review. Involvement in completing the self-review documentation can help raise awareness across the unit.

There are a number of tasks that will need to be prepared in advance of the peer-review visit. The Project Team will advise you of the associated deadlines for each task.

a. You will need to return various pieces of information to us **one month prior** to the visit including:
   i. A completed timetable for the review visit, based on a template we provide
   ii. Information leaflets about your unit
   iii. Directions to your unit
   iv. Accommodation near to your unit
   v. Security procedures for visitors
   vi. Your service’s most recent CQC report

(Please provide electronic versions of the above information via email to the Project Worker managing your review visit.)

b. You will need to recruit staff to participate in the peer-review well in advance and to ensure that staff are aware which meeting they should attend according to their job role. Please see the timetable for suggestions.

c. You need to clearly detail who will be present at each meeting on the timetable for the visit.

d. Patients need to be informed about the peer-review process and to ensure they are aware and prepared for the patient meeting well in advance. We would prefer to meet with patients without staff present, where appropriate. The timetable will indicate how many patient meetings will take place depending on the size of the unit being reviewed. This is an essential part of the day, if the timing of this meeting clashes with important patient activities please inform the Project Team so that the timetable for the visit can be reviewed and amended where possible.

e. We recommend that prior to the review the role of ‘Patient Tour Guide’ is allocated or a patient guide is available on each ward at the time of the unit tours.

f. You need to disseminate the timetable for the peer-review visit widely in advance of the visit so that all present on the day are knowledgeable of timings.
On the day of the review visit

On the day of the peer-review, there are a few things that will need to be organised to ensure the smooth running of the day.

a. You will need to provide staff to escort the peer-review team on the tour and perimeter check and to and from meeting rooms throughout the day. We also recommend that a patient is available on each ward to show the peer-review team around or a patient is allocated as a guide for the whole tour.

b. You will need to organise lunch for the peer-review team (the Project Team ask that patients and staff join the peer-review team for lunch, where possible, as this is a good networking opportunity and a great space to share ideas).

Feedback on the draft review summary

The project team aims to provide a written draft summary of your review findings within 4 weeks of the date of your peer-review. You will need to organise key members of your unit to read this consultation draft and return any comments or questions within an agreed deadline, usually two weeks.

The project team aims to return the final written review summary within 8 weeks of the date of your peer-review.

Action planning following the peer-review visit

Along with areas of achievement your review summary will usually contain a number of action points and areas identified for improvement. It is important that these action points are fed in to the relevant clinical governance structures of your organisation so that meaningful action planning takes place after the review.

Two months after you have received your final report we will expect to receive a copy of your action plan. This action plan should be based on the areas for improvement highlighted within your report, as well as any suggested actions provided by the peer-review team. The action plan will then be provided to your visiting team during the next Cycle of reviews.

It is important for quality improvement that the final report is shared throughout the unit as real change takes place when all disciplines at the unit are involved in implementing the suggested actions.

We strongly encourage the main contact to ensure that all of those involved in the peer-review day are provided with access to a copy of the report (or particular sections where appropriate) through patient and carer forums, managers meetings, ward meetings and clinical governance structures.
Your Unit’s Peer-Review - How can patients get involved?

- We ask that patients complete questionnaires asking them about their views of the service. These will be available on CARS and can either be completed electronically using CARS or printed out and sent to the Project Team via post. (We will only ask questions about the service. We will not ask for any personal information and all answers to questions will remain anonymous. All comments will be treated confidentially).

- Act as a guide along with staff during the tour of the unit.

- Take part in a meeting with the visiting review team during the peer review visit. Patients will be asked for their opinion about the service (e.g. the environment, food and patient involvement) during this meeting. Patients need to be informed about the peer-review process and to ensure they are aware and prepared for the patient meeting well in advance. The timetable will indicate how many patient meetings will take place depending on the size of the unit. We would prefer to meet with patients without staff present where appropriate. Prior to the meeting, please support patients in going through the standards they will be asked in the meeting as a group, so the patients who meet with the peer-review team can act as representatives and feedback on behalf of the whole patient group.

- Attend Quality Network workshops, standards consultations and the Annual Forum where staff and patients from across the UK and Ireland get together to talk about the work of the Quality Network and the findings of the current cycle.

Patient Involvement in the Network

The Quality Network employs a number of Patient Reviewers, who are involved in a range of the Network’s work. For example: peer-review visits; writing articles for the newsletter; presenting at conferences and attending the quarterly Advisory Group meetings.
Family and Friends Involvement

The Quality Network Advisory Group has representation from the family and friends of patients in medium and low secure services. This role includes attending the quarterly Advisory Group meetings, contributing to the newsletter and attending and presenting at events and conferences, including the Annual Forums.

Family and Friends Questionnaires

This year, we are rolling out family and friends questionnaires for all member services during the review period asking them to provide feedback about their views and experiences of the service. These questionnaires will be available to access via CARS. Where possible, questionnaires for family and friends should be completed online. Please ensure you distribute the link to these questionnaires widely to all family and friends of patients at your service. Where this is not possible, you will need to contact the Project team who will provide you with paper copies of the questionnaire and pre-paid addressed envelopes to return the completed questionnaires to us. (We will only ask questions about the service. We will not ask for any personal information and all answer to questions will remain anonymous. All comments will be treated confidentially).

Further Details

If you would like further information, please contact a member of the Project Team below.
The email discussion group provides an opportunity for staff to post queries to other member services and to enable the sharing of best practice and lessons learnt. In addition to this, the Network hosts a members’ access only policy library to facilitate further sharing within the forensic community.

Please sign up as many members of staff who would like to join by sending ‘join’ to MSU@rcpsych.ac.uk or LSU@rcpsych.ac.uk.

Some ground rules, expectations and things you should know about the MSU and LSU email discussion group:

- All contributions will be read by a moderator prior to distribution. Inappropriate contributions will be returned to sender with an explanation as to why they cannot be shared and will not be made available to other members.
- Messages should be limited by accepted standards of confidentiality, ethics and professional practice.
- Your email address or other personal details will not be visible to others in the group receiving your contributions.
- Should you wish to correspond directly with the author of a particular contribution, please contact the moderator who will forward your request to the other party, who can then choose to respond to you personally if they wish.
- Unless stated otherwise, any policies/documents that are uploaded onto the discussion forum will be automatically be uploaded onto our membership resources page on our website.
- At the end of the Cycle, a discussion forum summary will be produced and sent out to all members of the discussion forum as well as uploaded onto our website.

Instructions for using the MSU and LSU discussion group:

- To respond to an email simply reply to the email from MSU/LSU. The moderator then forwards the email to the entire group, to allow discussion amongst members.

- To ask a question on any topic, from research to filling a vacant post, simply email it to the MSU/LSU address. The moderator will forward the email to the group and responses can then be made as above.
Project Contact Details

- Renata Souza, Programme Manager
  RSouza@rcpsych.ac.uk, 020 3701 2684

- Sam Holder, Deputy Programme Manager
  SHolder@rcpsych.ac.uk, 020 3701 2669

- Tiffany Rafferty, Project Worker – MSU
  TRaffery@rcpsych.ac.uk, 020 3701 2673

- Emily Lesnik, Project Worker - MSU
  ELesnik@rcpsych.ac.uk, 020 3701 2671

- Megan Georgiou, Project Worker - LSU
  MGeorgiou@rcpsych.ac.uk, 020 3701 2701

- Amy Lawson, Project Worker – LSU
  ALawson@rcpsych.ac.uk, 020 3701 2670

- Francesca Coll, Project Worker – LSU
  FColl@rcpsych.ac.uk, 020 3701 2672

Address:
The Quality Network for Forensic Mental Health Services
Royal College of Psychiatrists
2nd Floor, 21 Prescot Street
London, E1 8BB

Website: www.QNMHS.co.uk