Service User-Led Accreditation Programme

Accreditation Guidance Handbook for

Clinical Teams and Assessors

Quality Assurance Team & People Participation Team

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FOREWORD

East London NHS Foundation Trust has a passion for listening to our service users and carers. It is this approach that has contributed to our 'Outstanding' CQC rating. We want to take this further. For nearly nine years we have utilised our service user led standards to drive up quality and experience. We are now taking the next natural step, as we have developed our new accreditation process, led by our service users and carers alongside our staff.

This programme uses standards designed by our service users which are applicable to all services across the trust including specialist services such as older adults, forensic settings, people with intellectual disabilities, addictions. Our standards are based on nine domains which form the framework 'Our Care Is' and endeavours to reflect exemplary practice in the health care we provide here at ELFT.

This innovation will lead the way to better quality and experience. We are convinced that this exciting new system is going to have a significant impact on the services we provide and the experience of our service users and carers. We are incredibly grateful for the input, enthusiasm and support of all the service users, carers and staff have given to the programme and its development to date. You are at the heart of everything we do.

Paul Binfield,
Associate Director of People Participation,
On behalf of Service User Led Accreditation Programme Team

February 2019

AKNOWLEGEMENT

The Service User-Led Accreditation Programme team would like to thank the following people for their input and support in compiling the standards and developing the process:

Asia Chowdhury	Service User	**Lyn Bliss**	Carer
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Peter Bliss	Service User	**Jane Kelly**	Trust Clinical Lead for Recovery
Anna Bartlett	Service User	**Sarah Stilwell**	Quality Assurance Team
Craig Donohoe	Service User	**Selina Hossain**	Quality Assurance Team
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Debbie Brathwaite	Service User	**Duncan Gilbert**	Head of Quality Assurance
Felicity Stocker	Service User	**Carole Green**	People Participation Lead
Fiona Croney	Service User	**Jon Southam**	People Participation Lead
Hilda Mango	Service User	**Kamila Naseova**	People Participation Lead
James Hunt	Service User	**Su Goulding**	People Participation Lead
Jane Fernandes	Service User	**Paul Binfield**	Associate Director of People Participation
Jasvincer Kaur	Service User	**Polly Bowler**	Occupational Therapist
Jim Patrick	Service User	**Emily Clemson**	Occupational Therapist
Kamran Shafiq	Service User	**Tracey Morrison**	Life Skills Recovery Worker
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Michael Kyrou	Service User	**Joanna Raphael**	Community Health Newham (CHN)
Naheen Ali	Service User	**Julia Calus**	Community Health Newham (CHN)
Niki Constantado	Service User	**Timi Ogunlowo**	Community Health Newham (CHN)
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Satwinder Kaur	Service User	**Amar Shah**	Chief Quality Officer
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Nicholas Jackson	Service User		

The project team would like to thank Directorate Management Teams from across the Trust who were involved in the standards consultation. We would also like to say a special thank you to those clinical teams which put themselves forward to help us with the initial test of this programme:

- Path to Recovery (P2R)
- Coral Ward
- Poplar Ward
- Specialist Healthcare Team
- Crisis Team for Luton and South Beds
- Continence Team, Tower Hamlets CHS
- South West Locality Tower Hamlets CHS
- CAMHS Bedfordshire

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East London NHS Foundation Trust   Claim for Individual User Expenses and Rewards

Name (PRINT):- _____

National Insurance No: _____ (this is required because of statutory services accounting regulations)

Home Address: _____

_____Postcode: _____

Meeting / Event Attended: _____

Date: _____ Venue: _____

Travel Expenses (tickets or receipts must be attached where possible)

- Rail Fare (Standard Class)   £_____(A)

- Bus Fare   £_____(B)

- _____ miles @ 56p per mile   £_____(C)

- Taxi Fare   £_____(D)

  State reason taxi required E.g. Mobility problems, transport problems, late night/early morning travel

➤ Other Necessary out-of-pocket Expenses: _____   £_____(E)

  (Only paid for by prior arrangement receipts must be attached when possible)

- Meals / Snacks / Refreshments (Please state date, which meal e.g. Lunch etc)

Date	Type of Meal	Cost £

Total cost of meal   £_____ (F)

Fee for Participation
Please read the Advice Summary before claiming a fee   £_____ (G)

TOTAL CLAIM   (A)+(B)+(C)+(D)+(E)+(F)+(G)   £_____

The above is a true record of my out-of-pocket expenses and fee entitlement for participation in this meeting/event. I understand that accepting the payment of a fee may affect my Benefits and/or Income Tax status

I'M FULLY AWARE THAT IT IS MY SOLE RESPONSIBILITY TO INFORM THE BENEFIT AGENCY OF ANY MONEY RECIEVED FROM THE TRUST AND NOT THE TRUST

Signed:-_____   Date:-_____

Internal use only

Budget code: _____

Name of Budget: _____

Signature of a budget holder: _____

Please scan and send to elft.suc-payments@nhs.net

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INTRODUCTION

This new accreditation programme is a Quality Assurance and People Participation initiative. It is aimed at focusing on standards created by our service users that would be stretching for services to meet and become a marker of true excellence as defined by our service users.

Each of our clinical services is invited to go through a self-assessment stage followed by a visit from our assessors. The accreditation framework is composed of 23 standards (see Appendix 1) that were developed by service users and staff.

This accreditation handbook has been produced for:

- Services planning to go through accreditation process
- The assessors
- Wider stakeholders

The handbook covers the overall process as well as the accreditation levels that will be awarded within ELFT.

THE ACCREDITATION PROCESS EXPLAINED
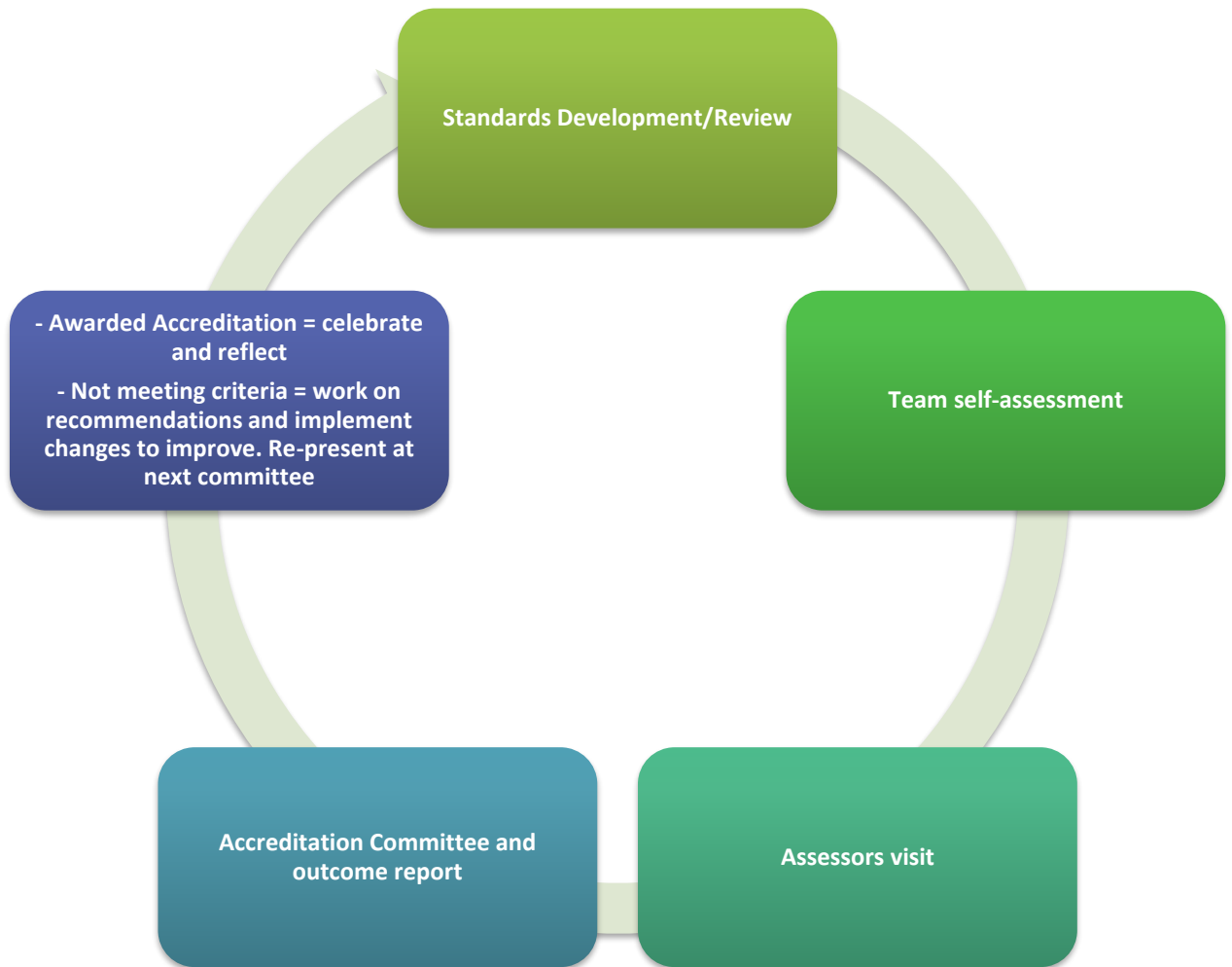
Figure 1 Accreditation model

STANDARDS

Our standards were developed by service users, carers and staff from across the Trust. Workshops were held in London during October 2018 and January 2019, followed by consultation with clinical services to ensure the standards are balanced and applicable to all types of services provided by the Trust.

Accreditation is based on the meeting of 23 standards, including 6 mandatory standards and one optional standard. The framework known as 'OUR CARE IS' was used to develop the set standards and it contains 9 themes, outlined below.

Please see appendix 1 for more details on the standards and how they will be measured.
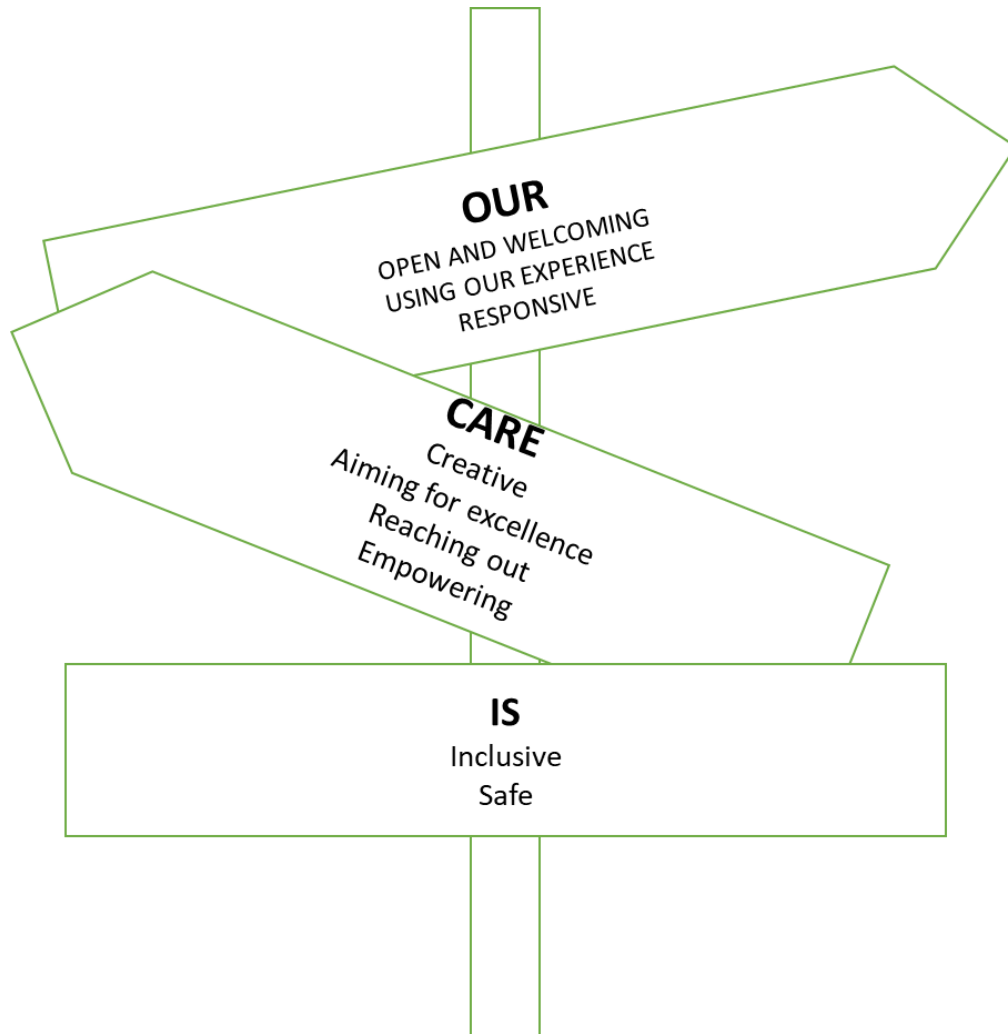
Picture 1 Accreditation Standards framework

SELF-ASSESSMENT

This is the preliminary stage for the service to review its processes and practices against the standards and, where necessary, to make the improvements required to achieve accreditation.

A self-assessment tool, in a form of an online survey, has been developed for the teams to record their own assessment of adherence to the standards.

The team will be sent an electronic link to submit their data. The scoring protocol is simple, with three options when considering if a standard has been met by the service:

- **Met**: very strong, sustained performance and practice of standard
- **Partially Met**: strengths outweigh weaknesses but improvements are required
- **Not Met**: important weaknesses outweigh strengths and significant improvements are required

*MUST MEET STANDARD – indicates that the service must meet the standard to be considered for accreditation award.

Teams will have 1 month to complete the self-assessment.

A summary of the submitted results from the self-review, will inform the Assessors' review visit and initiate discussions.

VIRTUAL VISIT

The visit will take place approximately 1 month after the self-assessment deadline.

The service will be required to invite 4 – 6 staff members, service users and carers to speak on the day of the visit. Teams can share the webex link provided with staff members, service users and carers so they can join the virtual visit. The Quality Assurance Team will share a Contact form with services ahead of the virtual visit, this can be used if service users or carers can't attend the virtual visit but have agreed to be contacted by an assessor via phone.

ASSESSORS' TEAM VISIT

The assessing team, composed of trained service users and carers, will spend half a day virtually meeting with the service to review, challenge and validate the team's self-assessment. It will also provide an opportunity for discussion, and for the assessors' team to share ideas, suggestions, offer advice and give support. This would allow teams to identify priorities for improvement.

The assessing team will consist of 3 to 4 assessors (service users and carers) who have undergone specific training by the Quality Assurance and People Participation teams as well as Safeguarding training.

Only one assessment visit will typically be made to the service during the three-year cycle. Following the visit, service teams can expect to receive their draft report within 2 weeks. Thereafter, teams will have 2 weeks to comment on the report before it is submitted to the accreditation panel for an accreditation decision.

ACCREDITATION PANEL AND OUTCOME REPORT

The Accreditation Committee is a multidisciplinary group of Service Users and Carers, People participation Leads, senior clinicians and programme team. The Committee will meet quarterly to review the results of the self-assessment and assessors visit and decide on the accreditation status for each participating service.

The Accreditation Committee's role is to assure governance and consistency of measuring quality of the services that go through the accreditation cycle.

A report summarising results from the self-assessment and assessing team visit will be presented to the Accreditation Committee, outlining the service's level of adherence to the accreditation standards, highlighting areas of strength and for improvement. The

Committee will then consider the data received and select an accreditation status (see Table 2).

Award	Requirement	Definition of Award
Gold	Must score minimum of o 68 points for 24 standards o 62 points for 23 standards	Services that meet 100% of standards are deemed excellent
Silver	Must score minimum of o 58 points for 24 standard o 55 points for 23 standards	Condition: Clear plan and evidence of improvement
Bronze	Must score minimum of o 50 points for 24 standards o 48 points for 23 standards	Condition: clear plan and evidence of improvement
Not Accredited	o Less than 70% of standards met	Accreditation committee will write recommendations for service's consideration. The service will be given time to implement changes to enable them to reach the required 70%. They will be given the opportunity to present to the next committee. If they meet the requirements they will be awarded accordingly.

o Standards (developed by service users and carers)
   o Service will be required to meet all standards if applicable
   o Scoring : Met (carries 3 points), Partially Met (carries 1 point), Not Met, Not Applicable
   o Every chosen rating must be complemented by comments and relevant evidence.		

Table 1 The categories of accreditation status

Picture 3 Award statuses will have three rating categories: Gold, Silver and Bronze

The Quality Assurance team will be responsible for producing a final outcome report with the assigned accreditation that is clear to a lay audience and helpful to the service evaluated. Reports will be produced within 4 weeks following the meeting of the Accreditation Committee which takes place quarterly. In addition, an Improvement tracker (see Appendix 4) and accreditation certificate will be issued to the accredited service of the Trust.

The report will include strengths of the service and recommendations for improvement. The recommendations should give the service a clear and specific indication of areas for improvement that matter most to service users.

In the event the accreditation committee is notified that the service has, in relation to the standards, received a serious complaint, had a serious incident or is believed to have fallen short of minimum standards of care in some way, the committee may suspend the awarded status of accreditation until such events have been reviewed and their impact on standards of accreditation assessed.

AFTER THE ACCREDITAION PANEL – TEAMS THAT ARE MEETING >70% OF STANDARDS

Once teams have been awarded the relevant status, they will be encouraged to reflect on their achievements and celebrate what went well.

Teams are then expected to closely look at their final accreditation report and recommendations for improvement. Teams should demonstrate a commitment to continuous improvement and excellence, and where relevant work towards the next level of accreditation.

AFTER THE ACCREDITAION PANEL – TEAMS THAT DO NOT MEET THE REQUIRED 70% OF STANDARDS

The process is slightly different for teams that do not meet the required 70% of standards. Following the Accreditation panel, these teams will be able to attend a meeting where recommendations will be discussed.

They will be given a timeframe within which to implement changes and re-present at the next Accreditation panel. If recommendations have been successfully implemented and the team now meet the required minimum of 70% they will be awarded accreditation. The level of award will be based on the same criteria, specified above. In order to see the process in more detail, please see our process map in Appendix 2.

INTERIM REVIEW

Once accreditation certificates are issued, they are valid for a period of three years on the condition that a satisfactory interim questionnaire has been submitted. The questionnaire will be sent to the service team and results will be reviewed by Quality Assurance team and Accreditation Committee. Failure to submit the interim questionnaire may lead to the revoking of the accreditation awarded.

PROCESS GUIDE FOR SERVICES SEEKING ACCREDITATION
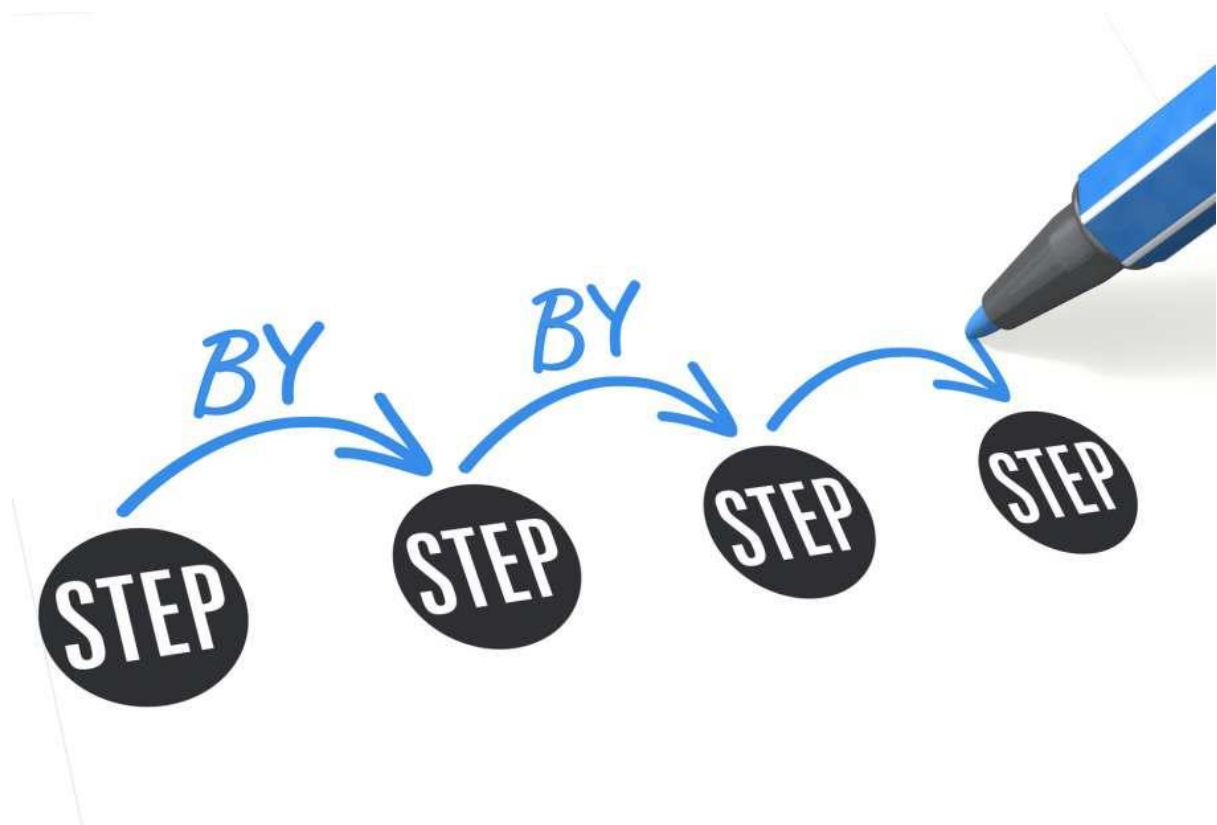
PROCESS GUIDE FOR THE SERVICE TEAM

The following section of the handbook will guide the service team seeking accreditation

There are four key phases in the process, as shown below:

- ➢ **Phase one**: Registration
- ➢ **Phase two**: Self-assessment
- ➢ **Phase three**: Assessors' team virtual visit
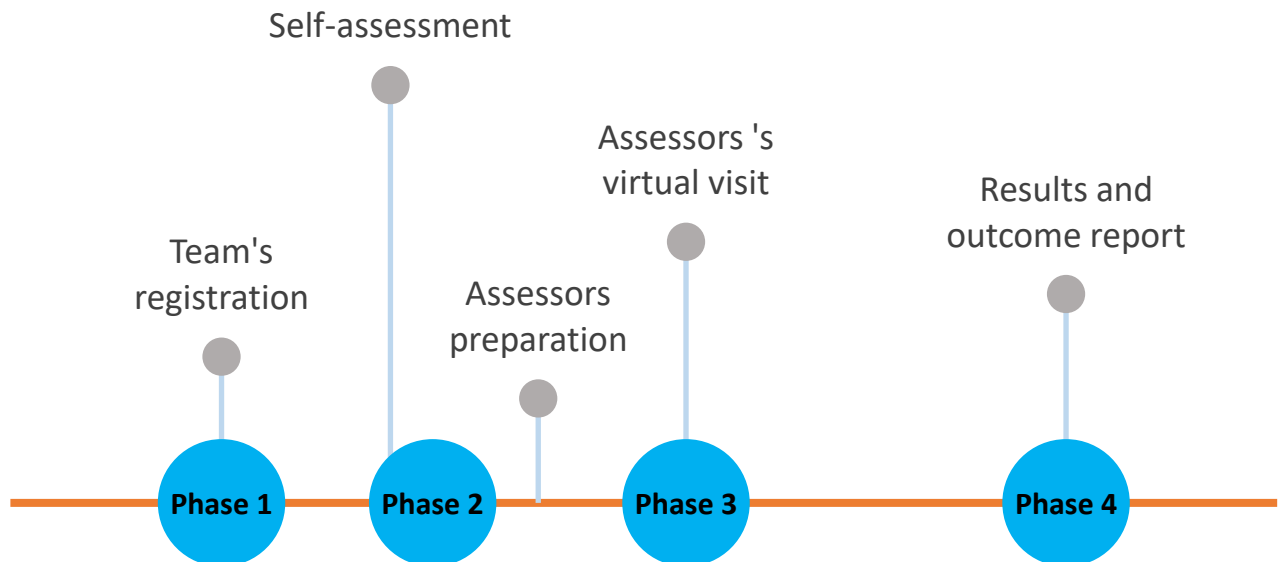- ➢ **Phase four**: Decision about accreditation status.

Figure 2 Four key phases of the accreditation process

Phase one: Registration

Teams from across the Trust are invited to participate in the accreditation programme.

Teams wishing to register their interest in being accredited must complete the registration form available on the QA intranet page and return it to elft.qa@nhs.net

Once the completed registration form is received by the Quality Assurance team an email will be sent with information about the process. QA will arrange a phone call with the team to set expectations and talk through the process in more detail.

All teams going through the process will be allocated a QA contact person who will provide extra support, ensuring teams are ready for the visit and make the appropriate preparations.

EXPECTATIONS OF SERVICE TEAM

In order for the accreditation process to be constructive and beneficial, it is important that assessors and services establish and maintain a professional working environment based on mutual courtesy, respect and professional behaviour. The service team are expected to:

- Be courteous and professional
- Enable assessors to conduct their assessment in an open, honest way and provide support when necessary
- Allow assessors to evaluate the service objectively against the framework
- Provide evidence that will enable assessors to report honestly, fairly and reliably about the service
- Maintain a purposeful dialogue with the assessor team
- Recognise that assessors need to observe practice and talk to staff and other stakeholders without the presence of a leader
- Take any concerns about the assessment to the attention of the assessing team in a timely and suitable manner through the lead assessor.
- Take any safeguarding concerns to the Quality Assurance Team
- Work with assessors to minimise disruption and stress throughout the assessment
- Recognise that assessors need to observe practice and talk to staff and other

At the point of the assessment notification, services should review the composition of the assessment team. It is the responsibility of the services to highlight any perceived or actual conflicts of interest prior to the start of their assessment.

ROLES AND RESPONIBILITIES OF LIAISON TEAM MEMBER

The accreditation process is likely to have more potential for meaningful improvement if the service understands the findings that led to the feedback. Each team is invited to nominate a member of staff to act as the service's main liaison with the assessing team. The liaison team member can take part in discussions about evidence collected during the assessment, can ensure that all appropriate evidence is taken into account, and report back to the service staff on the progress of the assessment. The liaison team member does **NOT** contribute to the decisions on the accreditation rating. The liaison team member will:

- Use the handbook to guide the preparation of the visit

- Have a detailed understanding of the service and its operations

- Be sufficiently senior to ensure cooperation of staff on all levels before, during and after the inspection

- Provide information and support to the lead assessor to enable them to plan the assessment

- Briefing the service staff about the process of accreditation and assessment arrangements

- Informing all appropriate stakeholders about the assessment

- Coordinate feedback arrangements after assessment

- Ensuring that staff are available for meetings as scheduled and that the necessary documents are available for assessors

Phase two: Self-assessment

Once a registration form has been completed and returned to the Quality Assurance Team, the information will be reviewed and entry to the process confirmed. A link to the self-assessment document will be emailed to the team, and the team is required to complete this within 1 month.

The information provided during self-assessment contributes to the awarding of an accreditation status. Results of the self-assessment will be sent back to the team and assessors team prior the virtual visit.

It is important to note that the **self-assessment is to be completed as a team** rather than one individual, to ensure a fair, accurate, and comprehensive picture is captured. Once self-assessment results have been received, the service team should:

- Disseminate to all relevant members of staff.

- Highlight areas that will need to be discussed on the review day.

- Take the opportunity to improve on standards prior to the assessment visit.

The service is expected to gather up-to-date information and evidence that demonstrate they meet the standards. They are also expected to ensure they are prepared for a smooth assessment on the day.

A list of suggested items is outlined below (see also Appendix 1). Not all are applicable to all services.

• Given the assessors cannot attend in person, photos of: - reception area; 'You said We did' board; activities-timetable on display; information boards/displays; areas such as sensory room; prayer room; games room; gym; garden. (if applicable) • Duty rota • Recorded complaint/compliments/feedback from service users • Activities timetable • Clinical supervision guidelines • Safeguarding protocols • Welcome pack	• Risk assessments • Policy and procedure documents • Information about how carers/next of kins are kept informed about service user's progress • Any information that shows how the service makes good use of links with the community • Any reports on external evaluation • Any other documentation that the service wishes to be considered • Rights information for formal and/or informal patients • Care plans (anonymised)

If there are any queries, the Quality Assurance Team are available to help and can be contacted during any stage of the process eflt.qa@nhs.net .

Phase three: Assessors visit

Once a date has been agreed for the assessors visit, the service team should begin preparations for the day. The following checklist should be completed:

Checklist in preparation for the assessors visit	Completed?
Once the date is confirmed, inform staff, service users and carers. Consider who to invite to the staff, service user and carer focus groups and invite them and send them the relevant link to the meeting. For inpatient wards consider displaying a poster on the ward	
Designate staff members to facilitate the various aspects of the assessment	
Complete Virtual Visit Attendees List template and return to the QA team	
Complete Contact Form if necessary	
Make sure you have a charged laptop/computer with a camera and suitable internet connection. If you are onsite, ensure you have a suitable room to call from where you won't be disturbed.	
If there is evidence you want to share with the assessors on the virtual visit (via screen share) have this saved in a folder so it is easy to find.	

Table 2 Checklist in preparation for the assessors visit

An example of the timetable to be used on the virtual assessment visit is below. The virtual assessment visit will be a full day e.g. 9am - 4.10pm, services also have the option to opt for a two-day virtual visit. Example schedules can be seen on the next pages.

	Timetable 1	
09:00-09:15	Log onto technology & test	SU Assessors
9:15-9:30 15 mins	Introductions (SU Assessors only) Virtual preparation · Review timetable · Assign roles and responsibilities within team	SU Assessors
9:30 -10:00 30 mins	· Assessors to discuss self assessment and evidence & identify any specific areas of focus	SU Assessors
10:00-10:45 45 mins	Part 1: Service calls in & Introductory meeting with staff · Assessors and service leads meet for introductions, timetable review and preliminary questions · Opportunity for assessors to ask for specific evidence that they would like to see later in the day	SU Assessors Liaison Team Member
10:45-11:45 1 hour	Part 2: Virtual staff meeting, discussion with service staff	SU Assessors & Service Staff
11:45-12:00 15 mins	BREAK	
12:00-12:45 45 mins	Part 3: Focus group with service users -assessors team to meet service users virtually	SU Assessors & Service Users
12:45-13:30 45 mins	Part 4: Focus group with carers - assessors team to meet service users' carers virtually	SU Assessors & carers
13:30-14:30 1 hour	BREAK	
14:30-15:15 45 mins	Part 5: Virtual walk around/Review of environment - member of service team and a service user (where possible) take the Assessors team on a tour of the service and answer questions (Opportunity to follow up questions and staff can give assessors evidence if previously requested)	SU Assessors Liaison Team Member
15:15-15:45 30mins	Write up - consider all information collated and put into a final report	SU Assessors
15:45 – 15:55 10 mins	BREAK	
15:55-16:10 15mins	Part 6: Closing remarks with available managers and staff & closure	SU Assessors Liaison Team Member

	Timetable 2	
	Day 1	
09:00-09:15	Log onto technology & test	SU Assessors
09:15-09:30 15 mins	Log onto technology & introductions (SU Assessors only) Virtual preparation · Review timetable · Assign roles and responsibilities within team	SU Assessors
09:30-10:00 30 mins	· Assessors to discuss self-assessment and evidence & identify any specific areas of focus	SU Assessors
10:00-10:30 30 mins	Part 1: Service calls in & Introductory meeting with staff · Assessors and service leads meet for introductions, timetable review and preliminary questions · Opportunity for assessors to ask for specific evidence that they would like to see later in the day	SU Assessors Liaison Team Member
10:30-10:45 15mins	**BREAK**	
10:45-11:45 1 hour	Part 2: Focus group with service users -assessors team to meet service users virtually	SU Assessors & Service Staff
11:45 – 12:15 30 mins	**BREAK**	
12:15-13:15 1 hour	Part 3: Focus group with carers - assessors team to meet service users' carers virtually	SU Assessors & Service Users

	Day 2	
09:00-09:15	Log onto technology & test	SU Assessors
09:15-09:45 30 mins	Log onto technology & introductions (SU Assessors only) Virtual preparation · Review timetable · Assign roles and responsibilities within team	SU Assessors
09:45-10:45 1 hour	Part 4: Virtual staff meeting, discussion with service staff	SU Assessors & Service Staff
10:45-11:15 30 mins	**BREAK**	
11:15 – 12:00 45 mins	Part 5: Virtual walk around/Review of environment - member of service team and a service user (where possible) take the Assessors team on a tour of the service and answer questions (Opportunity to follow up questions and staff can give assessors evidence if previously requested)	SU Assessors Liaison Team Member
12:00 - 12:45 45mins	Write up - consider all information collated and put into a final report	SU Assessors
12:45 - 13:00 15mins	**BREAK**	
13:00 - 13:15 15 mins	Part 6: Closing remarks with available managers and staff & closure	SU Assessors Liaison Team Member

During the virtual visit, assessors will make observations, speak to staff and service users and any other individuals linked to the service during arranged focus group meetings. Evidence of standards may be requested. Throughout, the assessors may give suggestions and advice, these could be noted down for future action points. However, all will be noted in the final report.

Time will be spent speaking with people who use the service as well as staff who care for them. Staff should continue to work as they usually would and feel comfortable to do so.

Some documentation, for example regarding service user pathway or service operations, may be reviewed. Any documentation provided must ensure there is no person identifiable information at any point.

TECHNOLOGY

The visits will take place using the Webex platform. The Quality Assurance team will set up the virtual visit invite in advance and share the link needed to access with service user assessors and the service. It will be the service's responsibility to share this link further with any other staff, service users or carers who will join the visit. A member of the Quality Assurance team will be present on the virtual visits to help support with any technical issues that may arise. They will not contribute to the discussion or scoring on the day.

CONFIDENTIALITY

Service user assessors will keep notes of verbal feedback or comments during interviews. These written comments will be used to make up the final report.

When conducting reviews, assessors will explain and make clear they will protect the origin of individual comments if using them for the final report or suggestions.

Assessors have a duty to pass on disclosures that either raise safeguarding issues, and/or in circumstances where serious misconduct or potential criminal activity is involved.

AFTER THE ASSESSMENT

The assessors will spend time at the end of the virtual assessment drafting the report. A draft of the report will be sent to the team which will be expected to respond constructively and promptly within 7 days.

An improvement tracker sheet will need to be completed once the final report has been received by the clinical team. Please see Appendix 4. The tracker will assist the clinical teams to identify areas for improvement and assure the accreditation committee that the service is working towards improving their service based on the feedback from the service user-led accreditation.

CANCELLATIONS/POSTPONEMENTS

Service user assessors dedicate time to participate in Accreditation assessments, and our goal is for you and them to have an enjoyable experience. We aim to advertise opportunities to attend visits 2-3 months in advance to ensure we have a full team available. We ask that services also start their preparation in advance to ensure relevant staff, service users and carers are available.

Cancellations, especially at short notice, can make our assessors feel that the time they put in to prepare for assessments is not valued. Please be aware of our policies regarding cancelling and/postponing scheduled visits.
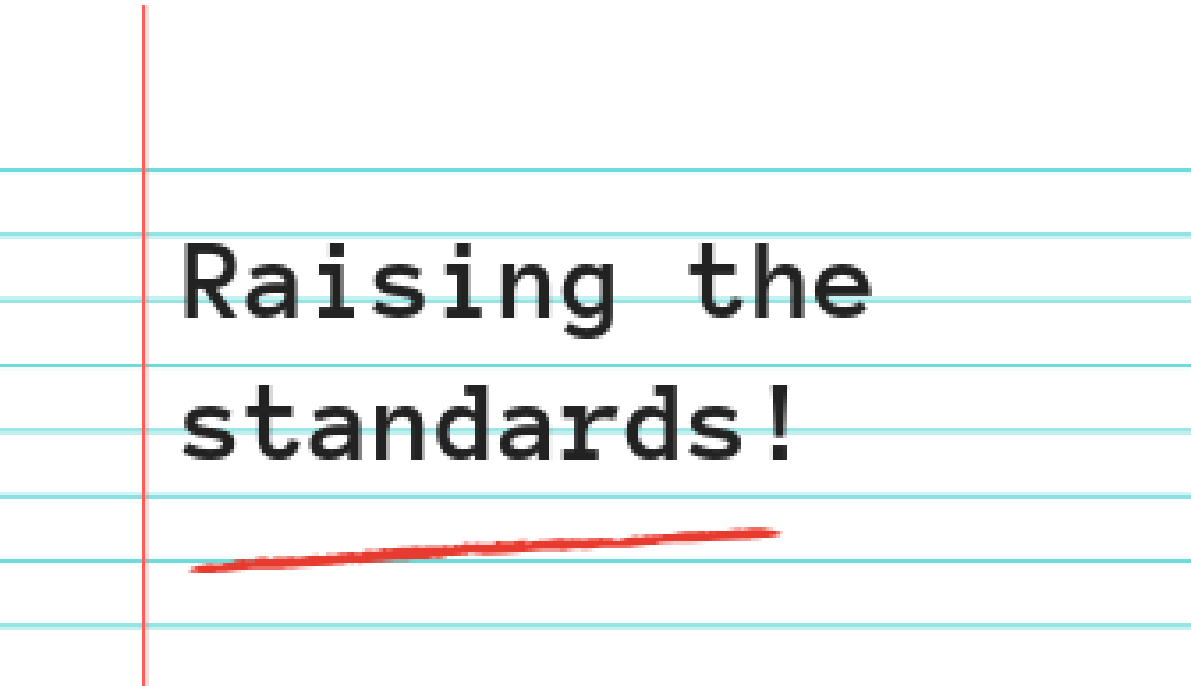
Visit Cancellation/Postponement

If you do need to postpone or cancel your visit, we ask that you do this **as far in advance** as possible and no later than 2 weeks before your visit. If you cancel within 2 weeks of your scheduled visit you will be asked to pay the Reward & Recognition payments for the service user assessing team.

Rescheduling Visits

If you postpone your visit, please note that we are likely to reschedule for at least 1 months time. For example, if your visit date is 14th September we cannot reschedule for 23rd September but will reschedule to October. This is so we have time to find assessors with availability to attend. Please note this will lengthen the amount of time it takes your service to go through the process, and may mean you need to wait longer to attend an Accreditation panel.

Raising the standards!

Assessors will be contacted about visits taking place in the coming months through regular communication from the QA team. Signing up for visits will be on a 'First Come – First Serve' basis. However, there will be a limit on the number of visits one person can sign up to in one go, and measures in place to ensure visits are equally distributed. The Assessor team will be composed of 3-4 assessors.

For the full cycle timetable see Appendix 2. There are four key phases in the assessor's involvement during the cycle:

➢ **Phase one**: Training
➢ **Phase two**: Preparing for the visit
➢ **Phase three**: Assessment visit
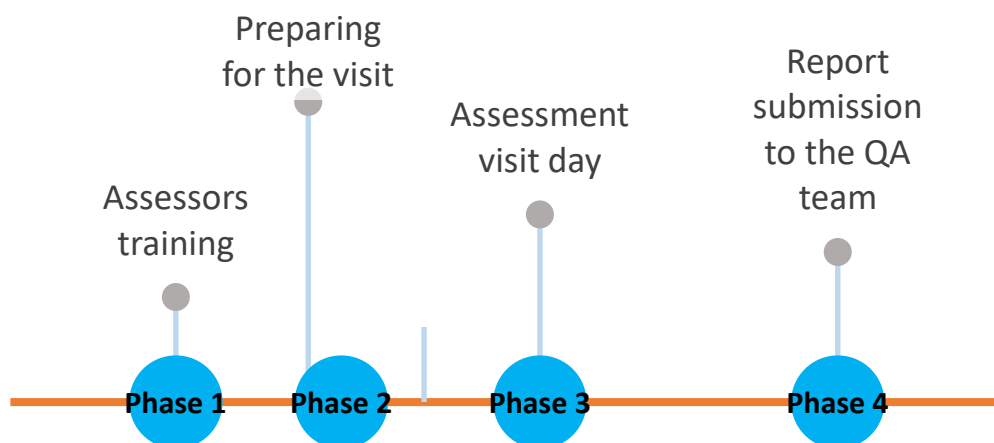➢ **Phase four**: Report submission.

Figure 3 Four key phases in assessor's involvement during the cycle

EXPECTATIONS AND RESPONSIBILITIES OF ASSESSORS

In order for the accreditation process to be constructive and beneficial, it is important that assessors and services establish and maintain a professional working environment based on mutual courtesy, respect and professional behaviour. All assessors should:

EXPECTATIONS	RESPONSIBILITIES
• Have completed online Safeguarding training before attending Assessors Training • Have completed half a day Assessors training delivered the Quality Assurance Team • Carry out their work with integrity, courtesy and sensitivity • Evaluate the service team against the standards objectively • Report honestly, fairly and impartially • Communicate clearly and openly • Act in the best interests of service users • Respect the confidentiality of all information received during the course of their work. • Work collaboratively as a team • Report any significant safeguarding concerns to the Quality Assurance team • Take any concerns about the assessment to the attention of the lead assessor in a timely and suitable manner	• To familiarise themselves with the self-assessment reports • To validate the self-assessment data • To provide the service being assessed with opportunities for discussion • To share ideas and suggestions with the service being reviewed • To give advice and support • To feedback comments or suggestions regarding the review process to the project team • To help promote the Service User Accreditation Programme to existing and potential members It is important to note that the Assessors Visit is **NOT** an inspection: • It is an opportunity for staff to demonstrate the quality of their service; • It opens a space for dialogue to share information and advice • It is one of two contributions to the service's accreditation rating

It is important that assessors judge the effectiveness and leadership of the service on their contribution to outcomes and not on the basis of any preferences for particular processes (for example: following a specific care pathway).

The key to scoring against the standards is to identify whether or not there is evidence that a service is actively meeting the standards set.

- Liaising with liaison team member in preparing for assessment date

- Introducing the Assessors team to the service and outlining the objective of the visit

- Assigning separate role and responsibilities of assessors

- Finalising the timetable for the day and making decisions to modify in the face of any issues

- Leading on the write up of the final report.

Travel costs for the assessors will be paid by ELFT. An expense form is available in Appendix 5.

TRAINING

Training

Anyone wishing to get involved in the programme will be required to undergo the assessors training enabling them to conduct the assessment for the accreditation programme in a confident and competent fashion. The training is led by the ELFT Quality Assurance and People Participation teams.

In addition to the assessors training, individuals will be required to complete online safeguarding training. These are 'must have' requirements and no service user or carer will be allowed to join assessor's team without having undertaken this training (regardless of other forms of involvement in other Service User/Carer activities in the trust).

Training will be provided regularly in London, Bedfordshire and Luton. Currently training is held virtually Trust wide.

Assessors will require to have DBS check done by People Participation team.

Additional developmental training will be delivered in response to assessors' needs

ARING FOR THE VISIT

Preparing for the visit

In addition to completing the formal training by the Quality Assurance team, the assessors team will need to familiarise themselves with the results of the self-assessments. They will also be expected to look through feedback collected in advance from staff, service users and carers. Time should be set aside to do this to understand the service, its needs, and areas to be supported or celebrated. Assessors are encouraged to take notes on what they would like to ask or observe during the assessment.

Before the visit, Assessors will also need to check they have the URL link required for the virtual assessment. The visits will take place using the Webex platform. The Quality Assurance team will set up the virtual visit invite in advance and share the link with assessors and the service. It will be the service's responsibility to share this link further with additional staff, service users and carers who are joining the visit.

Assessors Document

2. Using our experience	Visit Score: Met/Not Met/Partially Met/Not Applicable	STAFF MEETING	SERVICE USER MEETING	CARERS MEETING
2.1 **THIS IS 'A MUST MEET' STANDARD** <u>Q for service</u> – how do you include service users in decision making about their care <u>Q for SUs</u> - Can you tell us how you are involved in your care? *Guidance for evidence, e.g:* *> Care plan + Dialog Plus* *> Community Health Services: "What matters to you"* *> Forensics: "Service user experience questionnaire"* *> Assessors observations and meetings with service users and carers*	Choose an item.			

During the day of the visit

Assessors will meet and follow the timetable for the virtual visit.

The following is a guide of the code of conduct expected from assessors:

Assessors should	Assessors should not:
Appoint a scribe for each session of the day for accurate and comprehensive data recording	Suggest accreditation rating on the day
Provide constructive criticism as well as positive feedback to service staff	Discuss own service or subjective experiences
Keep on-time and focused	Let one person dominate discussions- allow fair time and space for all
Ensure assessments are supportive to service staff	To only judge the data and not people met during the visit
Ensure team work	Service user and/or carer assessors should not conduct any portion of the assessment visit alone- there must always be at least two members
Ensure an open-minded approach to the assessment visit day	

A member of the Quality Assurance team will be present on the virtual visits to help support with any technical issues that may arise. They will not contribute to the discussion or scoring on the day.

At the end of the visit there should be a formal team debrief at a scheduled time. This time can be used to address any aspects of the assessment that were difficult either practically, physically or emotionally. If there are serious concerns, assessors should contact:

The Quality assurance team at elft.qa@nhs.net or Local People Participation leads

Directorate	PPL name	Email	Mobile
Bedford Borough	Kamila Naseova	kamila.naseova@nhs.net	07768854991
Central Beds	Sheila Menzies	s.menzies@nhs.net	07721237177
Luton	Upma Monga	upma.monga@nhs.net	

Bedfordshire CHS	Carole Green	carole.green7@nhs.net	07741 703 879
Newham CHS	John Kauzeni	john.kauzeni@nhs.net	07939931650
City & Hackney	Helena Maine	helena.maine@nhs.net	07824560211
Newham	Rose Muchoki	rose.muchoki@nhs.net	07384249386
Tower Hamlets	Leigh Bell	leigh.bell1@nhs.net	07960880002
CAMHS (London)	Alan Strachan	alan.strachan@nhs.net	07769136010
CAMHS (Bedfordshire)	Niki Scott	nicola.scott24@nhs.net	07896 303294
IAPT	Eva Psychrani	eva.psychrani@nhs.net	07823900337
Perinatal London	Lara Roberts	lara.roberts5@nhs.net	07584477691
Transformation CMHT London	Becky Derham	becky.derham@nhs.net	
Forensics	Sophie Akehurst	sophie.akehurst@nhs.net	07908194553

CONFIDENTIALITY AND HOW TO RAISE CONCERNS

Any verbal feedback or comments given by staff, service users and carers will be treated as confidential. All information will solely be used for the purpose of the assessment and contribute to the write up of the final report. When conducting the assessment, assessors will explain and make clear they will protect the origin of an individual's comments if using them for the final report or suggestions.

Assessors must pass on disclosures that either raise safeguarding issues, and/or in circumstances where serious misconduct or is involved.

Writing up the report

At the end of the assessors visit, the lead assessor will work with the rest of the team to come to an agreement whether standards are met, partially met or not met. The final report should be sent to the Quality Assurance team within 1 week following the visit.

The report will take a narrative form and focus on evaluation - strengths and weaknesses or issues to be addressed - rather than description. It will be evidence-based and where appropriate will offer examples of good practice. The report should be factually correct, clear, concise, fair and balanced. The conclusions should match the reasoning in the main text.

Steps of the report submission:

1. The lead assessor will prepare the first draft after the assessment and send it to the QA team within 1 week.
2. The QA team will review the report and liaise with the lead assessor and the assessing team.
3. The QA team will send the report to the service for review 2 weeks after the visit.
4. The Service will have up to 2 weeks to respond to the report
5. Final report will be sent to the clinical team and copied to the clinical and service director following the accreditation committee meeting.
6. The Accreditation committee will meet quarterly and review all recent reports.

Service User-Led Accreditation

Standards and measures

Below are the standards against which services going through accreditation will be asked to self-assess. Each standard has guidance for recommended evidence. However, this is only guidance and services should feel free to provide other forms of evidence they believe would help demonstrate adherence to the standard. There are 6 standards marked as MUST MEET which means must meet those standards to be considered for the award.

Some evidence for the standards below will also come from the assessors visit, their observations and meetings with staff, service users and carers.

	1. Open and Welcoming
1.1	Service users report that they are satisfied that all areas are pleasant and welcoming **(Standard not applicable for Home visiting services or services being delivered virtually)** *Guidance for evidence, e.g:* *> PLACE Assessment score + action plan* *> Assessors observations and meetings with service users and carers*
1.2	THIS IS 'A MUST MEET' STANDARD Service provides information to service users and carers about the team/service/ward? *Guidance for evidence, e.g:* *> Leaflets and information board* *> Monthly newsletters to service users with patient feedback and service response, where appropriate.* *> Home Notes given to service users accessing community health services* *> Assessors observations and meetings with service users and carers*
1.3	THIS IS 'A MUST MEET' STANDARD Service ensures that every service user and carer are treated fairly and without stigma throughout the course of receiving care Note: this standard is not included in the team's self-assessment *Guidance for evidence, e.g:* *> Assessors observations and meetings with service users and carers*
	2. Using our experience

2.1	**THIS IS 'A MUST MEET' STANDARD** Service can demonstrate that they include service users in decision making about their care *Guidance for evidence, e.g:* *> Care plan + Dialog Plus* *> Community Health Services: "What matters to you"* *> Forensics: "Service user experience questionnaire"* *> Assessors observations and meetings with service users and carers*
2.2	Service responds to and acts on concerns and complaints in order to improve the service *Guidance for evidence, e.g:* *> Evidence of actively using local resolution pathways* *> Assessors observations and meetings with service users and carers*
2.3	Service can demonstrate it includes and invites service users and carers to service management level meetings. ** Management level meetings are different from QI meetings, and peer support workers are members of staff and this standard is referring to service users using the service** ****This standard is optional.***
**3. Recovery focused**
3.1	Service can demonstrate that it asks service user and carer for feedback to enhance the outcome of care *Guidance for evidence, e.g:* *> 'You said we did' board - dated (observation)* *> Community meeting minutes* *> PREM Data collection practice and responding to feedback* *> Community Health Services: Monthly newsletters to service users with patient feedback and service response, where appropriate.* *> Assessors observations and meetings with service users and carers*
3.2	Information is provided and clearly explained in ways accessible to the service user and carers about the diagnosis / difficulty and treatment plan. *Guidance for evidence, e.g:* *> Leaflets - easy read versions and different languages to be available;* *> Information on diagnosis and medications* *> Assessors observations and meetings with service users and carers*

3.3	All service users and carers are kept fully informed of their rights throughout the period of care being provided *Guidance for evidence , e.g:* *> Care plan* *> Welcome Pack* *> Service Leaflet;* *> Carers Handbook* *> Consent to proceed (for Community Health Services)* *> Assessors observations and meetings with service users and carers*
3.4	All service users and carers are fully informed of treatment options and side effects on an ongoing basis, including range of psychological therapies (for mental health services) *Guidance for evidence , e.g:* *> Care plan* *> Welcome Pack* *> Assessors observations and meetings with service users and carers*

4. Creative

4.1	Service can demonstrate they provide and/or promote creative, therapeutic and skill based activities on a regular and frequent basis/. * Standard is not applicable to Extended Primary Care Team (EPCT) *Guidance for evidence, e.g:* *> Activities timetable for inpatient settings* *> Collaboration with Recovery Colleges* *> Dialog Plus (Care Plan)* *> Signposting and supporting engagement in community resources and activities for community health services* *> Assessors observations and meetings with service users and carers*

5. Aiming for excellence

5.1	Services to demonstrate the use of Quality improvement to solve a complex problem, in order to fully meet this standard. *Guidance for evidence, e.g:* *> Poster* *> St*ory or being able to view the project on LifeQI
5.2	Service can demonstrate user involvement in quality involvement. *Guidance for evidence, e.g:* *> There was Big I involvement* *> Assessors observations and meetings with service users and carers* *> LifeQI documentation* *>S*peaking to a service user or carer who was involved in a QI project

5.3	Staff are capable and supported to deliver quality care that is evidence based and responsive to the service-user's physical and mental health needs *Guidance for evidence, e.g:* *> Assessors observations and meetings with staff, service users and carers*

6. Reaching out

6.1	Service can demonstrate smooth, clear and simple transition of care post discharge/end of life care *Guidance for evidence, e.g:* *> Discharge plan for inpatient and community* *> End of life care plan* *> Information on Recovery College and People Participation; MIND* *> Assessors observations and meetings with staff, service users and carers*
6.2	The service can demonstrate that it effectively collaborates with and sign posts to other agencies involved in a person's care. *Guidance for evidence, e.g:* *> Care Plan* *> Welcome Pack* *> Community Health Services: Monthly GP meetings and multidisciplinary working* *> Assessors observations and meetings with staff, service users and carers*

7. Empowering

7.1	Service provides service users with information to aid their recovery (For example: benefits, housing, social care, employment) *Guidance for evidence , e.g:* *> Care plan - Dialog Plus* *> Welcome Pack* *> Care Navigation input and signposting for Community Health Services (EPCT only)* *> Assessors observations and meetings with staff, service users and carers*
7.2	**THIS IS 'A MUST MEET' STANDARD** Care / treatment plans identify the skills and strengths for service users to manage their recovery *Guidance for evidence , e.g:* *> Care plan - Dialog Plus* *> Welcome Pack* *> Care Plan inclusive of self-management aspects as appropriate for Community Health Services* *> Assessors observations and meetings with staff, service users and carers*

8. Inclusive

8.1	**THIS IS 'A MUST MEET' STANDARD** The service can demonstrate they consult with service user groups. *Guidance for evidence, e.g:* *> Community meetings minutes;* *> Community Health Services: Working Together Group* *> Assessors observations and meetings with staff, service users and carers*
8.2	Service can demonstrate it is culturally inclusive (towards staff and service users and carers) and is able to meet the needs of older people, men, LGBTQ and BME communities, and people with intellectual disabilities. *Guidance for evidence, e.g:* *> Assessment records to include access, quality and outcomes* *> Assessors observations and meetings with staff, service users and carers*

9. Safe

9.1	**THIS IS 'A MUST MEET' STANDARD** Service users and carers report having opportunity and confidence to raise concerns. *Guidance for evidence, e.g:* *> Welcome Pack* *> Home notes for Community Health Services* *> Assessors observations and meetings with staff, service users and carers*
9.2	Service has safe staffing levels to deliver good quality care *Guidance for evidence, e.g:* *> Staff boards;* *>Team operational policy* *> Vacancy rates* *> Safe staffing level boards* *> Community Health Services: "Safe caseloads"* *> Assessors observations and meetings with staff, service users and carers*
9.3	Any issues concerning risk and/or safety are discussed with service user *Guidance for evidence, e.g:* *> Risk assessment for inpatient.* *> Risk assessment for community services.* *> EMIS records for Communtiy Health Services* *> Assessors observations and meetings with staff, service users and carers*

Appendix 2 – THE PROCESS IF THE TEAMS DO NOT MEET THE REQUIRED 70% OF STANDARDS

The Panel

- The service is presented to the panel after their visit.
- The panel reviews the report, the service's response, and any additional evidence provided by the service.

Recommendation

- If the panel views that not enough standards are met (>70%), a separete meeting will be arranged to make specific recommendations as to what the service needs to do to improve. Recommendations will include who may need to be involved (e.g. QAM/PPL/QI) and a timeline for completion. E.g. "*Service needs to create written information to inform service users about the service and what to expect. This should be co-produced with service users and PPLs and in use within 6 months. Evidence required would be a copy of information provided and evidence that demonstrates that this is shared with service users (e.g. recorded in notes/email etc)*"

Service Action

- The service is supported to fulfil recommendation.

Review

- The service submits evidence that they have fulfilled the Panel's recommendation and this is reviewed at the next quarterly panel.
- The panel review and consider if evidence meets required threshold.
- If the service now meets a minimum of 70% of standards, accreditation will be awarded.
- If the panel deem the recommendation hasn't been fulfilled then the service is 'not accredited'.

Suggested Timetables

	Timetable 1	
09:00-09:15	Log onto technology & test	SU Assessors
9:15-9:30 15 mins	Introductions (SU Assessors only) Virtual preparation - Review timetable - Assign roles and responsibilities within team	SU Assessors
9:30 -10:00 30 mins	- Assessors to discuss self assessment and evidence & identify any specific areas of focus	SU Assessors
10:00-10:45 45 mins	Part 1: Service calls in & Introductory meeting with staff - Assessors and service leads meet for introductions, timetable review and preliminary questions - Opportunity for assessors to ask for specific evidence that they would like to see later in the day	SU Assessors Liaison Team Member
10:45-11:45 1 hour	Part 2: Virtual staff meeting, discussion with service staff	SU Assessors & Service Staff
11:45-12:00 15 mins	BREAK	
12:00-12:45 45 mins	Part 3: Focus group with service users -assessors team to meet service users virtually	SU Assessors & Service Users
12:45-13:30 45 mins	Part 4: Focus group with carers - assessors team to meet service users' carers virtually	SU Assessors & carers
13:30-14:30 1 hour	BREAK	
14:30-15:15 45 mins	Part 5: Virtual walk around/Review of environment - member of service team and a service user (where possible) take the Assessors team on a tour of the service and answer questions (Opportunity to follow up questions and staff can give assessors evidence if previously requested)	SU Assessors Liaison Team Member
15:15-15:45 30mins	Write up - consider all information collated and put into a final report	SU Assessors
15:45 – 15:55 10 mins	BREAK	
15:55-16:10 15mins	Part 6: Closing remarks with available managers and staff & closure	SU Assessors Liaison Team Member

	Timetable 2	39
	Day 1	
09:00-09:15	Log onto technology & test	SU Assessors
09:15-09:30 15 mins	Log onto technology & introductions (SU Assessors only) Virtual preparation · Review timetable · Assign roles and responsibilities within team	SU Assessors
09:30-10:00 30 mins	· Assessors to discuss self-assessment and evidence & identify any specific areas of focus	SU Assessors
10:00-10:30 30 mins	Part 1: Service calls in & Introductory meeting with staff · Assessors and service leads meet for introductions, timetable review and preliminary questions · Opportunity for assessors to ask for specific evidence that they would like to see later in the day	SU Assessors Liaison Team Member
10:30-10:45 15mins	BREAK	
10:45-11:45 1 hour	Part 2: Focus group with service users -assessors team to meet service users virtually	SU Assessors & Service Staff
11:45 – 12:15 30 mins	BREAK	
12:15-13:15 1 hour	Part 3: Focus group with carers - assessors team to meet service users' carers virtually	SU Assessors & Service Users

Day 2		
09:00-09:15	Log onto technology & test	SU Assessors
09:15-09:45 30 mins	Log onto technology & introductions (SU Assessors only) Virtual preparation · Review timetable · Assign roles and responsibilities within team	SU Assessors
09:45-10:45 1 hour	Part 4: Virtual staff meeting, discussion with service staff	SU Assessors & Service Staff
10:45-11:15 30 mins	BREAK	
11:15 – 12:00 45 mins	Part 5: Virtual walk around/Review of environment - member of service team and a service user (where possible) take the Assessors team on a tour of the service and answer questions (Opportunity to follow up questions and staff can give assessors evidence if previously requested)	SU Assessors Liaison Team Member
12:00 - 12:45 45mins	Write up - consider all information collated and put into a final report	SU Assessors
12:45 - 13:00 15mins	BREAK	
13:00 - 13:15 15 mins	Part 6: Closing remarks with available managers and staff & closure	SU Assessors Liaison Team Member

Service's Improvement Tracker

Date raised	Framework Category	Standard Nr	What requires improvement	Action	Owner	By when	Status Not started/Started Completed

Teams are encouraged to use this tracker to set a plan for the improvements that have been recommended by the Accreditation Committee. These should inform service's or directorate's annual quality plans, and consequently, quality improvement projects and other improvement related work. For further information please contact your local Quality Improvement Sponsors or Coaches available on https://qi.elft.nhs.uk/help-support/

APPENDIX 5 – SERVICE USER EXPENSES CLAIM FORM

East London NHS Foundation Trust   **Claim for Individual User Expenses and Rewards**

Name (PRINT):-_____

National Insurance No: _____ (this is required because of statutory services accounting regulations)

Home Address: _____

_____Postcode: _____

Meeting / Event Attended: _____

Date: _____ Venue: _____

Travel Expenses (tickets or receipts must be attached where possible)

- Rail Fare (Standard Class)   £_____(A)

- Bus Fare   £_____(B)

- _____ miles @ 56p per mile   £_____(C)

- Taxi Fare   £_____(D)

    State reason taxi required E.g. Mobility problems, transport problems, late night/early morning travel

➢ **Other Necessary out-of-pocket Expenses:**_____   £_____(E)

    (Only paid for by prior arrangement receipts must be attached when possible)

- Meals / Snacks / Refreshments (Please state date, which meal e.g. Lunch etc)

Date	Type of Meal	Cost £

Total cost of meal   £_____ (F)

Fee for Participation
Please read the Advice Summary before claiming a fee   £_____ (G)

TOTAL CLAIM   (A)+(B)+(C)+(D)+(E)+(F)+(G)   £_____

The above is a true record of my out-of-pocket expenses and fee entitlement for participation in this meeting/event. I understand that accepting the payment of a fee may affect my Benefits and/or Income Tax status

I'M FULLY AWARE THAT IT IS MY SOLE RESPONSIBILITY TO INFORM THE BENEFIT AGENCY OF ANY MONEY RECIEVED FROM THE TRUST AND NOT THE TRUST

Signed:-_____   Date:-_____

Internal use only

Budget code: _____

Name of Budget: _____

Signature of a budget holder: _____

Please scan and send to elft.suc-payments@nhs.net

Service User Led Accreditation Process at ELFT

1. Registration

- Registration form on the Intranet
- Email elft.qa@nhs.net

2. Application Triage

QA will contact you with more information and set up a phone call to go through expectations and details about the process.

You will be allocated a QA contact person to provide extra support as you prepare for your visit

3. Self-Assessment and Gathering Supporting Evidence

You will be given 1 month to complete the self-assessment. This should be completed together with your team.

You should also start putting together evidence to support you meeting the standards.

4. Assessors Visit

Approximately 1 month after the self-assessment deadline. A team of 3-4 Assessors will visit your service (virtually). They will interview staff, service users and carers, as well as looking at your supporting evidence.

5. Report

The assessors' team completes the report and send it to the QA team for review. The QA team will send the completed report back to you and you will have 2 weeks to respond.

6. Accreditation Panel

The Panel will meet quarterly and review the reports to make decisions on the accreditation rewards.

* Award to be given to services that have met 70% or more of standards

90-100% Gold

80-89% Silver

70-79% Bronze

7. After the Panel

Accredited services will repeat the accreditation cycle every 3 years.

Services who do not meet the required 70% will be provided with suggestions for improvement. They will be allowed time to implement changes and brought back to the next accreditation panel.

Accreditation Withdrawal

The accreditation status is conditional

If the accreditation committee is notified of a serious incident or complaint in relation to the standards, the committee have the power to suspend award status until resolution is evidenced.