AIMS Rehab
QUALITY NETWORK FOR MENTAL HEALTH REHABILITATION SERVICES

CCQI

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ROYAL COLLEGE OF PSYCHIATRISTS

AIMS Rehab Annual Report 2016

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Foreword

Many professionals, service-users and carers in inpatient mental health services will be familiar with the well-established and respected rehabilitation branch of the CCQI's AIMS project. The AIMS Rehab branch has awarded accreditation to over fifty member services across the UK since its inception, and continues to grow its membership each year as more rehab services join and work towards achieving AIMS' hallmark accreditation status. This year, it is with great pleasure that I introduce the much welcomed addition of the specialist AIMS Rehab: a Quality Network for Mental Health Rehabilitation Services and, here is our first national report.

The AIMS Rehab Quality Network is an exciting new development that will generate further interest, shared learning and commitment to quality improvement across inpatient rehab services. As part of the network, we have also developed a new Rehabilitation Advisory Group, chaired by Professor Helen Killaspy, who brings distinguished knowledge and experience to the role, as well as a Rehab Accreditation Committee of which I am delighted to chair. Both of these groups will enhance the support we offer to our member services over the coming years. Of course, we welcome and encourage new professionals, service-users and carers to join the rehab quality network and take on a more active role which promises to be both rewarding and developmental. This is a great time to join the network and I would encourage anyone involved in rehab services to contact the network for further information.

As ever, patient safety, quality improvement and innovative learning processes remain at the heart of the CCQI and its networks. I am confident that everyone involved in the AIMS Rehab Quality Network will continue in their commitment to support our rehab members in delivering outstanding mental health services in both the NHS and the independent sector.

Dr Kristoff Bonello, Chair Rehab Accreditation Committee
May 2016

Introduction

Accreditation for Inpatient Services – Rehab (AIMS Rehab) is a quality improvement initiative managed by the Royal College of Psychiatrists' Centre for Quality Improvement (CCQI). The network was initiated in 2009, with first pilots in 2010 – 2011. The network was developed in order to improve the standard of care provided by rehabilitation services throughout the United Kingdom, and to enable the sharing of practise on a national level. AIMS Rehab achieves this by:

- **Self-review** of their service
- **Peer-review** identifying and discussing challenges with the visiting review team made up of fellow professionals and service user and carer representatives
- **A detailed team report** recognising areas of achievement and identifying areas for improvement
- **Organised visits to other services** supported by an experienced lead reviewer
- **Our Annual Forum** discussing findings from across the network and sharing service development initiatives
- **Report of national findings** identifying trends and enabling benchmarking with other services
- **Special Interest Days** dedicated to a topic identified by the network and led by members
- **Email discussion group** providing access to experienced and knowledgeable professionals from a range of disciplines.

2015 was a year of change as each branch of AIMS were separated to develop more sector specific Quality Networks with additional benefits for members and an increasing focus on quality improvement and creating an effective knowledge community for Rehabilitation Services. The first stages in our development has been to set up a Rehabilitation Services advisory group and an accreditation committee.

Moreover, this year the CCQI worked with the British Standards Institute (BSI) to develop a core set of standards that would be relevant across all types of mental health services. After many months of consultation, these were finalised in July 2015. AIMS Rehab then embarked upon a process of using these core standards as a basis for the third edition standards for inpatient mental health rehabilitation services. The third edition of the AIMS Rehab standards was published in April 2016. Standards for Inpatient Mental Health Rehabilitation Services: Third Edition is available on our website - (www.rcpsych.ac.uk/aims-rehab).

This Report

This report covers membership activity between 1st April 2015 and 31st March 2016. The report primarily focuses on 12 member services that have gone through the accreditation process in the time period mentioned. The report also highlights challenges and recommendation for standards in the first and second editions of rehab standards and an outline of our telephone interview feedback with member services.

Network Activity

Membership

As ever, the majority of work within the network consists of running accreditation processes. This year 11 new member services have joined the network, taking the total number of members across the UK to 53 members. The majority of members, 51, are based in England, one service is based in Scotland and one is based in the Isle of Wight. The NHS provide 48 of the member services, NHS and a further five are provided by a range of independent providers.

Accreditation

This year there have been 12 Accreditation Visits within the network. Around 60 reviewers attended these reviews (although some reviewers may have been on more than one). The majority of visits had five reviewers on the team. All reviews had either a service user or carer representative on the team and half had both.

There are currently 24 units accredited as excellent, 16 accredited, two have had their accreditation deferred, one not accredited and a further ten who are participating in the accreditation process. For the full list of members and their accreditation status please refer to our website (www.rcpsych.ac.uk/aims-rehab).

Changes to Accreditation Statuses

As of the 1st of January 2016, AIMS-Rehab (along with the rest of the College Centre for Quality Improvement) no longer offers member services the accreditation status of 'excellent'. Instead, services will either receive the status of 'accredited', 'accreditation deferred', or 'not accredited'. To achieve accreditation, member services must meet the majority of CCQI quality standards and satisfy an external review team that the service they provide is of the highest standard.

Between the 1st of January and the time of this report no services were awarded accreditation, therefore no services have yet been affected by this change. All services were informed of this change in advance.

As part of the accreditation process services are required to complete an interim review half way through their accreditation period. This year 13 services successfully completed their interim review, therefore continuing their accreditation status.

Reviewers

As part of the move to further focus on rehabilitation as a speciality we have been working on ensuring that the majority of reviewers who attend accreditation visits on rehab wards work in rehab services themselves. This is to ensure that the review team are able to recognise and support the unique nature of rehab services. In the last seven months of this year, over 90% of our peer reviewers have experience of working with rehab services.

In order to maintain the sustainability of this model it is important to develop a larger pool of rehab specialist reviewers from our member services. This is not only beneficial to those services receiving reviews but also those who supply reviewers. Attending an accreditation visit is an excellent opportunity to see how other services work and to learn from them and the rest of the review team. In busy schedules, it provides an opportunity to dedicate time to thinking about service delivery and quality improvement. In January 2016 we held a reviewer training where we trained 19 new rehab peer reviewers. It was also the first time that we offered the specialist lead reviewer training and we were very pleased to train five new rehab lead reviewers.

We would like to congratulate the following people who, in January 2016, successfully completed training to become Lead Reviewers:

- Donna Bradford, Service Manager - Lincolnshire Partnership NHS Foundation Trust.
- Andrea Javadian, Senior Occupational Therapist - Birmingham & Solihull Mental Health NHS Foundation Trust.
- Beverley Patton, Clinical Manager - Birmingham & Solihull Mental Health NHS Foundation Trust.
- Natalie Prosser, Practice Development Nurse - Cardiff and Vale University Health Board.
- Jayne Strong, Advanced Nurse Practitioner - Cardiff and Vale University Health Board.

They will be leading reviews throughout the next year, and hopefully for many years to come. If you are interested in becoming a Lead reviewer, please contact Hannah.rodell@rcpsych.ac.uk.

Governance

Advisory Group

This year we have developed an advisory group for AIMS Rehab. The advisory group comprises of professionals who represent key interests and areas of expertise in Rehabilitation Services including service users and carers with experience of these services. The purpose of the group is to advise and support the project team to improve the quality of services, through standards-based peer-review and accreditation, and to further the work of a network of Rehabilitation Services.

Professor Helen Killaspy has been appointed as the first chair of the advisory group. Helen is a Professor of Rehabilitation Psychiatry and has been involved in the development of AIMS Rehab including methodologies and standards since its inception in 2009. A number of key appointments to the group have also been made and recruitment is still ongoing.

Helen Killaspy is Professor and Honorary Consultant in Rehabilitation Psychiatry. Her research focuses on services and interventions for people with complex mental health problems. She specialises in studies and trials of interventions for people with complex and longer term mental health problems.

Accreditation Committee

The Accreditation Committee considers evidence gathered about services by the network (through the accreditation process) and makes decisions about the accreditation status awarded to these services. Similarly, to the advisory group the committee is comprised of professionals, service users and/or carers with experience of rehabilitation services. Previously all AIMS branches shared an accreditation committee that had representation from each branch. In line with our move to ensure that we use rehabilitation specialists wherever possible, we have developed a Rehab Accreditation Committee. Dr Kristoff Bonello, Clinical Lead Psychologist, has been appointed the Chair for this group.

Dr Kristoff Bonello is a specialist Lead Psychologist for forensic rehab services in the NHS. He has worked in both inpatient secure units and community services, and has been involved in the AIMS-Rehab branch since 2010. Kristoff has held key roles within the network and has been both a lead reviewer and a member of the AIMS Accreditation Committee for several years. He was recently appointed Chair of the Rehab Accreditation Committee and has previously consulted on the revision of rehab standards in 2013. Additionally, Kristoff has a special interest in sexualities and was involved in the British Psychological Society's (BPS) Psychology of Sexualities Section committee for a number of years. He is also Editor Emeritus of the Psychology of Sexualities Review, a publication of the BPS.

The remit of the committee has also changed slightly over the last year. Previously the committee made recommendations on accreditation, which were then ratified by the Special Committee for Professional Practice and Ethics (SCPPE). The roles of Chair and Deputy Chair of the Combined Accreditation Committee have now been created to oversee Accreditation Committees for all networks within the CCQI, they are also responsible for ratifying accreditation decisions. The current chair is Dr Margaret Oates, Elaine Clark serves as Deputy Chair. This change means that accreditation decisions are ratified, and services can be informed, within a shorter timescale.

Service Data and Performance

Contextual Data

As part of the accreditation process services complete a contextual information form prior to the commencement of their self-review process. The following figures are based on data collated from 11[1] services that went through the accreditation process from 1st March 2015 to 29th February 2016.

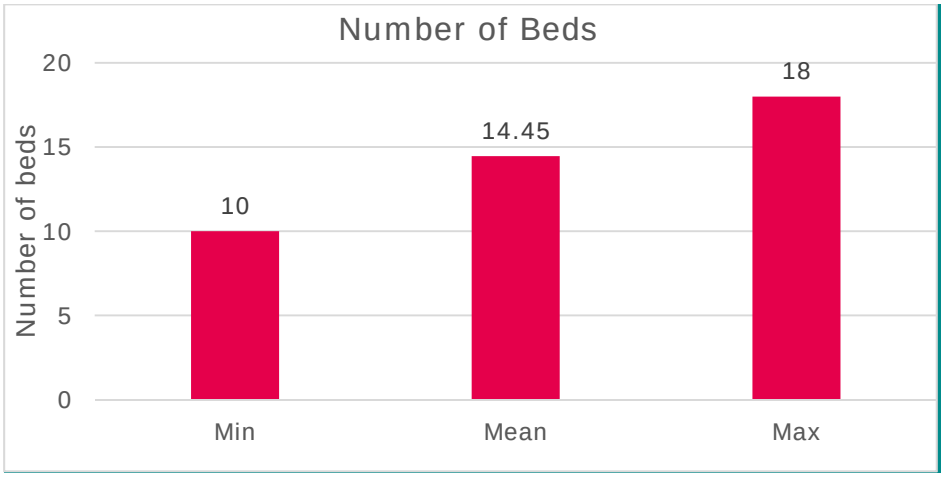


Fig.1 Averages for number of beds across 11 wards

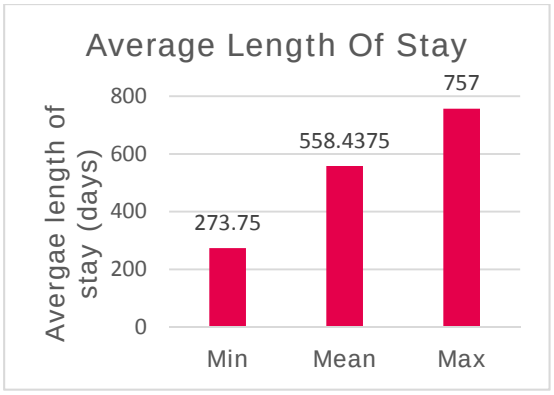


Fig.2 Averages for length of stay for patients across 11 wards

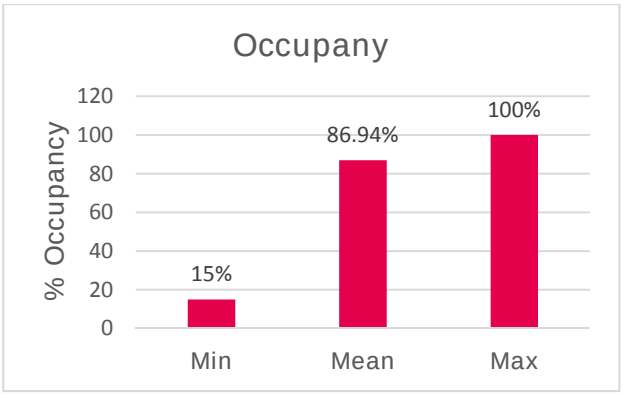


Fig.3 Averages for bed occupancy in percentage across 11 wards

Figures 1, 2 and 3 show the number of beds, average length of stay and occupancy levels across 11 rehab services.

[1] *Data from only 11 out of 12 services was included due to partially missing data for one service.*

Staffing

Figure 4 details the average number of members of staff from the professions listed, across the 11[2] Rehab services. Please note that these figures represent the number of staff members rather than the whole time equivalent (WTE).

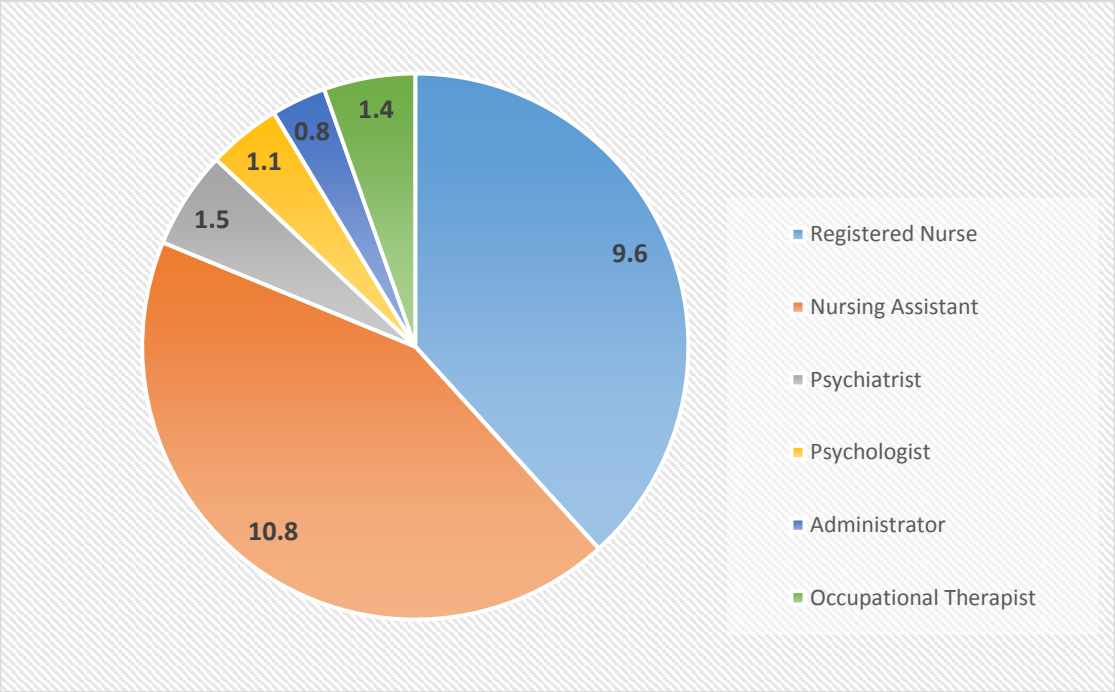


Fig. 4: Visual representation of mean staff numbers across different staff professions working in the 11 Rehab services.

[2] *Data from only 11 out of 12 services was included due to partially missing data for one service.*

Performance against standards

As previously mentioned, the 2nd edition of AIMS Rehab standards were introduced in August 2015 and so, six out of the 12 services measured against 1st edition Rehab standards while the other 6 self-reviewed against 2nd edition Rehab standards. Figures 5 and 6 show average service performance against 1st and 2nd edition Rehab standards.

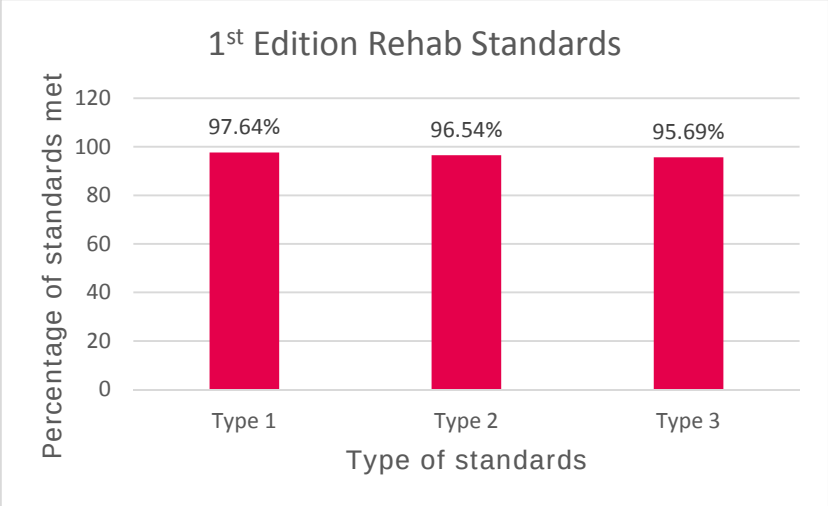


Fig.5 shows average percentage of each type of standards met by 6 services scored against 1st edition Rehab standards.

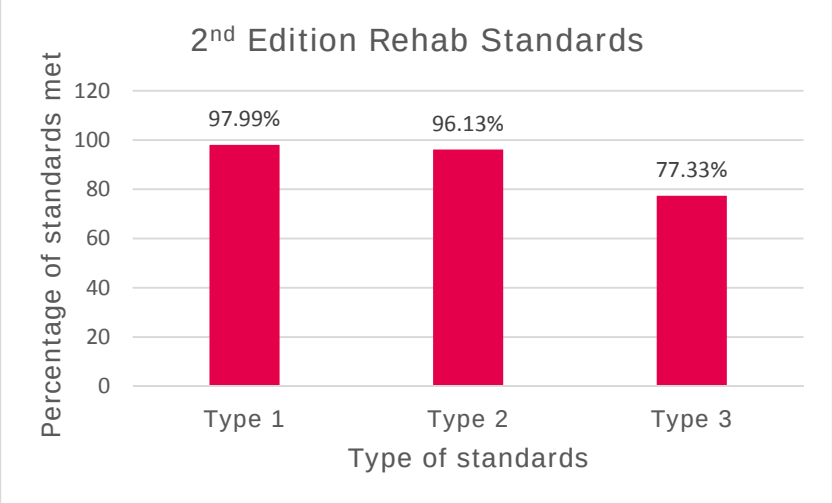


Fig 6 shows average percentage of each type of standards met by 6 services scored against 1st edition Rehab standards.

The percentage compliance for type 1 and 2 standards between the two editions of standards is similar.

Recommendations

By collating the self-review data of the 12 wards, we have been able to observe and extract a few standards that services commonly found difficult to meet or produce evidence for. We have included a selection of these below along with recommendations and guidance on how to meet and evidence them. Often, peer-reviews highlight important and useful information that is not possible to capture in the self-review data. Discussions around different issues have led us to formulate the following recommendations.

Recommendation One:

U29.1 ***[Type 1]****: At all times, a doctor is available to quickly attend an alert by staff members when interventions for the management of disturbed/violent behaviour are required within 30 minutes, in accordance with NICE CG25.*

Challenge

We have found that this type 1 standard poses as a challenge for some community units in remote locations. These services face challenges if the on call doctor is not based on site and has to travel in order to reach the ward. It can then become challenging for the doctor to attend within the 30 minute timeframe, especially in areas where heavy traffic can be a problem.

Recommendation

Where services are able to secure an appropriate arrangement within their own trust/ organisation, they should secure a service level agreement (SLA) outlining the response times that they can expect. Wards are then able to monitor response times and report in line with the SLA if there are concerns. If the ward is not able to make such arrangements within the trust they may consider working with other agencies. Some services within the network have agreements with a nearby GP service to provide out of hours emergency cover. This is particularly useful when the service does not regularly face psychiatric emergencies but would be sufficiently covered if such a need arises.

Recommendation Two:

U6.12: All staff are able to take regular allocated breaks away from patients during their shift.

Challenge

Within some services, staff report that it is sometimes difficult to take allocated breaks if there is a high level of acuity on the ward. Some staff members also say that they are able to take breaks but this is not always away from the patients.

Recommendation

There should be a space available for staff to spend breaks away from patients even if this is just a room on the ward. The nature of "break" should be that they are undisturbed.

Recommendation Three:

U6.4 ***[Type 1]****: Clinical supervision occurs at least every eight weeks, or more frequently as per professional body guidance.*

Challenge

A number of services have failed to meet this standard over the last year. In many services, clinical and managerial supervision takes place at the same time. Although this is quite a common occurrence, services don't always audit the two separately. A clear audit of the supervision is crucial when evidencing compliance for the standard. It can also be the case that clinical supervision is sought externally by the staff members and no record of this is kept.

Recommendation

For this reason, it is necessary that there is a system in place to clearly and separately audit that both clinical and managerial supervisions are being carried out regularly. If staff do not routinely share their timetable for clinical supervisions, the information can be collated before the review day to evidence compliance.

Feedback

Telephone Interview Report

Early last year, we conducted a series of telephone interviews with our member services enquiring about their experience of being part of AIMS Rehab. 34% of member services took part in this interview.

"All support and feedback has been so helpful. Everyone is very supportive from all aspects"

In terms of value for money, 31% chose excellent, 57% good and 0% indicating the value for money being poor. The responses for accessibility and clarity of information produced positive results with 43.5% choosing excellent and 43.5% good. Respondents made several constructive comments including "there was a good amount of information", "very detailed and clear", "easy to navigate" and "lots of information prior to visit and in a timely manner".

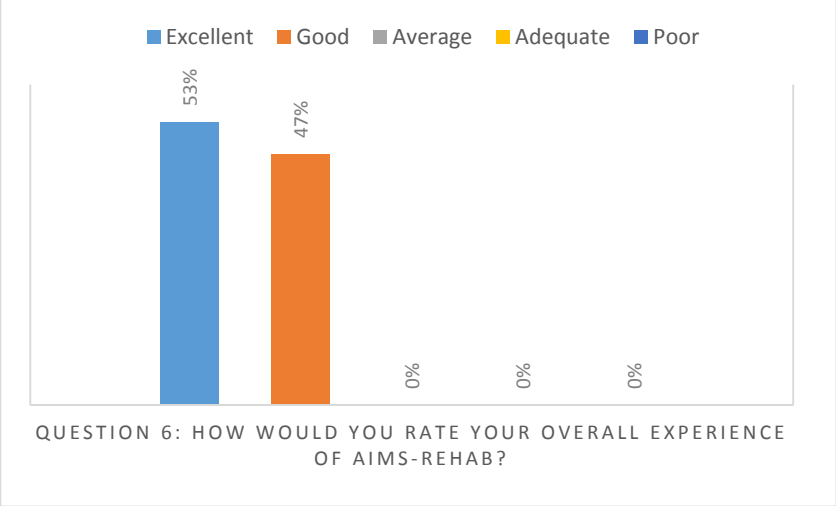
In terms of how important people considered their membership with AIMS to be, 76% said very important and 24% said important. One service said that it was "was useful when the CQC do surprise visits". Others commented that their membership was "essential", "provides a high standard of care" and is "useful to demonstrate a higher standard of care". Overall, this suggests that individuals place a lot of value and importance on their membership.

"Prestigious with CQC"

"Learnt a lot and it gave a new perspective. Put plans in place that were beneficial to the unit"

Similarly, 65% rated being accredited as being very important. In terms of improving the quality of your service, 65% indicated that this was very important and 65% believed their membership was very important in terms of meeting and learning from others.

The overall experience of AIMS Rehab was favourable. Several comments were made in what part of the service our members valued the most. Some of these included: information emails, communication and information sharing with other organisations, helpful for CQC visits, a good benchmark for what reviews should be like, sharing innovative ideas and providing the best possible practice.



Some members said that the reviews did not always have Rehab specific professionals and so they were not always able to discuss aspects of a Rehab unit. We have since held an AIMS Rehab specific peer-reviewer and lead reviewer training, details of which have been mentioned previously *(see section 'Reviewers')*

Feedback from Peer-reviews [3]

Feedback collated from reviewers during the previous year has revealed that 71.4% of reviewers found the support from AIMS project 'very useful'. 64.2% reviewers felt that the opportunity to meet people from other settings is 'very useful' whereas 35.7% found this 'mostly useful'. However, 50% of the reviewers felt that there was not adequate time during the day for discussions. Comments also suggested that reviewers found the layout of the review booklets somewhat confusing. Moving forward, we have changed the layout of the booklets and reports to a format that should be clearer and user-friendly. The nature of an accreditation visit requires thorough checking of documents. However, we will be introducing peer-reviews in the future, which would allow teams to have more time for discussions around rehab specific topics.

[3] Figures in this section are based on 14 feedback responses.

Looking Ahead

This year has seen great changes for AIMS Rehab most notably towards developing the network to become more centred on the speciality in everything that we do, from an advisory group to the makeup of review teams. The upcoming year also looks set to be a year of development as we look to broadening the range of benefits and services available to our members through the quality network. The major focus of this work will be on increasing the number of ways in which we can facilitate and support our members to improve the quality of the service that they provide.

A big step in this direction will be to pilot quality improvement peer review visits for services who do not feel able to ready to go for accreditation. Over the years we've had lots of feedback from both review teams and services being reviewed that there isn't enough space for open discussion to focus on the issues that are important for the specific service. Within this new process there will not be the same focus on gathering evidence thereby allowing a much more flexible space for discussion. This will all be supported within the structure of our standards. This will allow services to assess what they're doing well as well as identifying areas for improvement and ways to move forward with these issues. Services will find that this process will help them to overcome barriers that they currently face in achieving accreditation.

2016 will also see our first Special Interest Day, an event lead by and dedicated to our members. The day will be focused on a topic specifically designed for those working in Rehab services, which will be decided on by our members. We will also see the continued use of the specialist Rehab email discussion group.

All of this leads us towards a change in name to better reflect our new expanded remit. We will, however, continue to use the name AIMS Rehab, particularly in relation to our accreditation processes, as it is so well-known and respected. AIMS Rehab: a Quality Network for Mental Health Rehabilitation Services will launch at our first annual forum in May 2016. We are sure that this will be the first instance of what will develop into a regular event in the calendars of all those involved in mental health rehabilitation services as a place to get together, learn from each other and celebrate all the excellent work that is done.

As well as all of this work we will also see our first reviews using the new Third Edition Standards. As mentioned previously we have also been working hard to improve our methodologies, focusing on ensuring that we are collecting data in the most effective and efficient ways during both self-review and the accreditation visit.

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