Quality Framework

Bedfordshire & Luton Approved Mental Health Professional (AMHP) Service and Emergency Duty Team (EDT)

Organisations	Central Bedfordshire Council (CBC) Bedford Borough Council (BBC) Luton Borough Council (LBC) East London Foundation Trust (ELFT)		
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Right Care, Right Person Statement:

Right Care, Right Person (RCRP) (DoH, July 2023) sets out a collective national commitment from the Home Office, Department of Health & Social Care, the National Police Chiefs' Council, Association of Police and Crime Commissioners, and NHS England to work to end the inappropriate and avoidable involvement of police in responding to incidents involving people.

EDT and the AMHP Service will signpost and respond to contact's taking into consideration the RCRP principles. Meaning, where possible the right person with the rights skills, training and expertise will respond. Staff will use the escalation process in place if they feel this is required. The police have a legal duty to Keep the Kings peace, respond to imminent threat to life and respond where a crime has been committed. All documents will be reviewed and updated in 2025 to include specific details relating to RCRP.

Contents

1. Introduction

1.1 This framework has been developed to ensure local mental health services (including ELFT, EDT, Local Authorities, Police, ambulance, and acute trusts) have a clear and consistent approach for quality improvement.

1.2 Organisations are committed and will continue to obtain feedback from people who may meet services, this will include their views and the views of family, friend and carers. This feedback will be used to contribute towards quality improvement within the locality.

1.3 EDT provides an out of hours service for both Adult and Children's Services. It is hosted by Central Bedfordshire Council (CBC) and provides a service to Bedford Borough Council (BBC) and Luton Borough Council (LBC) under Service Level Agreements.

1.4 East London Foundation Trust (ELFT) is responsible for the delivery of Mental Health Adult Social Care services within Bedfordshire and Luton, including the daytime AMHP Service, as part of a section 75 agreement.

1.5 ELFT and the Local Authorities work in collaboration with partners including Police, ambulance services, acute trusts, primary services, private organisations, and voluntary partners. This framework has been developed to incorporate feedback from partners to enhance service delivery across mental health services.

1.6 It is recognised that the behaviours and attitudes of the workforce, including leaders and managers, are the most significant variable in determining quality across a service. With this in mind this Framework introduces clear pathways to ensure best practice is promoted.

1.7 All organisations are committed to supporting its workforce, this Framework intends to promote, support and enable a learning culture for practitioners to ensure excellent service standards for the people we support.

2. Approach to Quality Improvement

2.1 Organisations will take a consistent approach to quality improvement; this will enable the services to achieve better outcomes for the workforce and the people we support. We will follow the below principles to support this:

Key Principles	
Person focused	Developments will be focused on the individual, their experiences and views around service delivery. When developments are being explored consideration will remain on the person and how changes will impact or enhance their experiences.
Outcome based	Continually seek to improve performance and demonstrate the impact of services and how this improves experiences and outcomes for people. The findings from activities will drive service improvement and create better outcomes for our people and the workforce.
Participative	Quality improvement activity will be carried out in partnership with people and professionals. Measuring quality is something done with, and by, people and professionals rather than an exercise done to them. Everybody has a responsibility for quality improvement and views and feedback will be incorporated into service improvement.

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Fair and Equal	Equality and diversity will be considered when developing and undertaking quality improvement activity. Results will be used to promote equality of access.
Consultative	A consultative approach which will encourage an awareness of quality issues and ownership of the findings.
Transparent	Delivery of clear messages about the purpose of the quality improvement and how it benefits the organisations and individuals to encourage openness and willingness to participate.
Ethical	• Respect participant's privacy and confidentiality. • Extend and develop our knowledge. • Use public resources in the most effective way possible. • Use the findings to create change, which leads to improved outcomes.

3. Quality Improvement activities

3.1 Organisations have a variety of different activities which can be adopted to support quality improvements. It is acknowledged that in continuously promoting best practice, the approach to improving quality will develop and the Framework will need to be reviewed to reflect this. Organisations will use the following activities to implement and review quality improvements.

- Team meetings.

- Reflective supervisions/Success Stories (Appendix 1 - Success Stories template)

- AMHP Professional supervisions (including AMHP Competency Framework).

- Monthly AMHP Business and professional meetings.

- AMHP quarterly support sessions.

- AMHP de-brief following incidents.

- AMHP case reflections as part of monthly professionals meeting

- Reflective case de-briefs. (Appendix 2)

- Managerial, professional and peer supervisions.

- AMHP leadership meetings (Huddles), AMHP Service Manager Meetings and AMHP Operational Partnership meetings.

- Case audits.

- Audit of AMHP reports (via supervisions, leadership and partnership meetings or audit of AMHP reports led by each local authority).

- AMHP engagement and co-production with service user in all AMHP improvement work

- Shadowing experiences, EDT Officer and current AMHP or prospective AMHP candidates.

- Rolling secondment opportunities.

- Ongoing involvement in ELFT based QI projects.

Luton   BEDFORD BOROUGH COUNCIL   Central Bedfordshire   Bedfordshire & Luton mental health and wellbeing services provided by ELFT   NHS

- Central Bedfordshire Council Your Years (Annual Appraisals).
- EDT Quality Partnership Group
- Mental Health Crisis Care Quality & Assurance Group

3.2 Organisations will utilise the reflective model to support quality improvements via these activities:
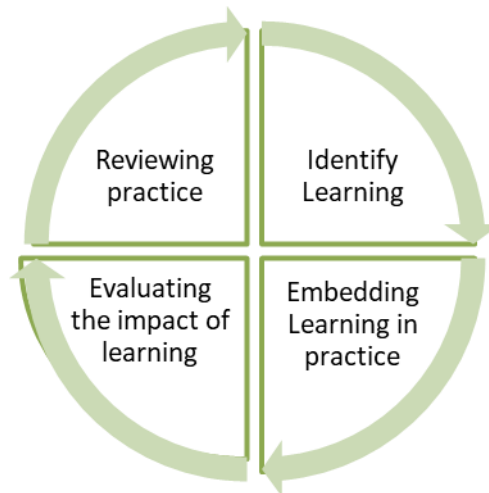
3.3 Organisations will learn from compliments, complaints, serious incidents and safeguarding Children/Adult review reports. Organisations will utilise their own procedures via Customer Relations Departments to monitor, and quality assure the operation and effectiveness of the complaint's procedure, as well as how information about complaints is being used to improve services and delivery.

3.4 Organisations view complaints to look for repeat themes that can be incorporated into case studies or learning materials. These will be shared with practitioners during Team Meetings and supervisions. Where appropriate multi agency learning events will be undertaken to ensure joint learning and reflection and to address recommendations for developments.

3.5 The EDT Quality Partnership Group and Mental Health Crisis Care Quality & Assurance Group will be the main forums to review and monitor quality within EDT and mental health services. Both chairs of the Groups attend the meetings to ensure there is effective and regular communication between both Groups. There is appropriate representation from all partners at these Groups to ensure local issues are discussed and actions are developed.

4. Case Audit

4.1 Case audit is a quality monitoring process that involves the review of the safety and effectiveness of practice against agreed standards along with implementation of change to improve experience and outcomes for people who use services and their carers.
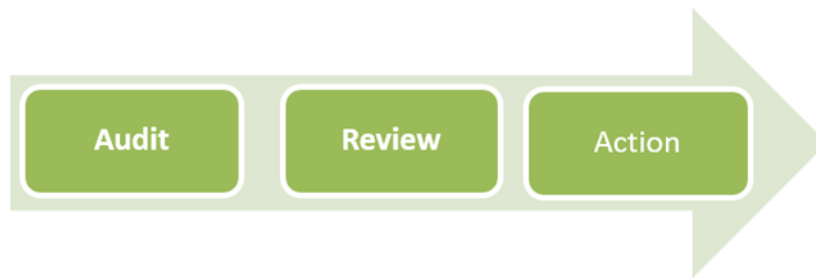
4.2 Case audits are focused on making improvements to services through evidence informed quality measurement. Practice audit is not punitive and is not about finding fault or blaming individuals. Audit and reflective practice activities support the development and maintenance of professional capabilities within a workforce.

4.3 Case audits enable the sharing of responsibility for improving the service in an open and constructive dialogue and embeds continuous practice learning.

4.4 There are a variety of reasons why audits are essential to quality improvement, this includes.

- To evidence the best, we can be in our professional practice

- To provide evidence of current practice to evidence maintenance of professional standards for regulatory bodies such as SWE/NMC

- To highlight quality issues and identify areas for improvement

- To identify and share good practice

- To develop training opportunities to support practitioners to demonstrate their competencies

- To promote professional reflection and practice development

- To encourage team working and good communication

- To support the requirements of the Knowledge and Skills Statement for Practice Supervisors in Adult Social Care (2019).

4.5 EDT and the AMHP Service have a duty to ensure high quality safe professional practice and a responsibility to work within our professional standards and those required by the employing organisation. If during the audit process there are concerns regarding the practice of an EDT Officer or AMHP, the following action should be undertaken:

- The EDT Manager or AMHP Lead will review the seriousness of the concerns and determine if any immediate action is required to safeguard people who use services, their family, members of the public or other staff.

- Concerns will be escalated to the respective line managers who will agree how the concerns will be managed.

- If concerns are related to a practitioner from another organisation the manager with concerns will liaise with the relevant team (EDT Manager or AMHP Lead). A Concerns Record will be completed and forwarded to the relevant manager.

- If during the audit process you believe an individual has been left at risk or that action/inaction may have led to a legal/statutory failing please advise the relevant team, AMHP Lead and/or EDT manager immediately.

4.6 AMHP Audits

4.6.1 To support ongoing developments within the AMHP Service, Central Bedfordshire Council, Bedford Borough Council and Luton Borough Council have committed to undertaking quarterly audits of AMHP reports and cases. The Local Authorities will rotate responsibility for the audits each quarter. A total of 20 cases will be audited, the cases will be both EDT and AMHP day services and will include a RIO database review which will be supported by ELFT. Once completed the Local Authority that undertook the audits will complete the AMHP Report Audit Tool (Appendix 3.1) and will produce an AMHP Quality Report which details the key outcomes and recommendations. This report will contribute to each organisations Quality Improvement process.

4.6.2 EDT and the AMHP Service will routinely audit two AMHP reports as part of regular AMHP Professional supervision, which takes place as a minimum three times per annum and more frequently if required (Appendix 3.2). Newly qualified AMHPs receive monthly AMHP Professional supervision.

4.6.3 EDT and the AMHP Service are committed to ongoing service developments, this includes monitoring of the referral pathway and the quality of the service provided. EDT and The AMHP Service will undertake monthly referral audits during joint "Huddle" meetings. The audit will consist of reviewing 4 randomly selected cases from both services using the Referral Audit Tool. (Appendix 4)

4.7 Audits within EDT

4.7.1 EDT Managers

Managers are required to complete a minimum of 2 audits per practitioner who's practice they supervise per annum. Where there are reasons to undertake additional audits i.e. level of experience, individual support requirements or performance management, the frequency will be determined by the line manager and will be discussed with the individual. Adherence to the necessary HR policies and procedures are required.

Managers are encouraged to create their own schedule of audits to align to supervision arrangements and the needs of their officers. All completed audits or practice feedback will be discussed with the practitioner regardless of the auditor.

These audits will contribute the EDT/AMHP Audit Cycle.

4.7.2 CBC Operational Governance.

In addition to manager level audit practices, on a quarterly basis a Service Manager will complete joint audits with the Lead for Quality and Standards Officer as an 'independent critical friend'. The Service Manager may also choose to review a randomly selected sample of the completed audits on a regular basis to ensure consistency and fairness of grading. General feedback will be given to auditor in this instance.

These audits will contribute the EDT/AMHP Audit Cycle.

4.7.3 **Senior Manager Audits.**

Senior management participate in both group and reflective audit sessions to keep them abreast of current practice and service needs. In this scenario the Senior Manager Audit Guidance will be utilised and nominated practitioners will be supported to prepare for these audits. Nominated practitioners will be supported by the Service Manager to informal session to have a case discussion with the Director, Assistant Director or Head of Service. Nominated practitioners complete Case discussion templates which will contribute to the EDT/AMHP Audit Cycle.

4.8 Audit activity within the EDT service

4.8.1 The introduction of the EDT and AMHP Escalation Practice Guidance has resulted in concerns being highlighted in a consistent manner. Escalation Records (see Escalation Practice Guidance in Joint Protocol) are utilised by EDT Officers and Concerns Records (see Escalation Practice Guidance) are completed by partners to escalate concerns or disputes. The EDT Management Team have the responsibility to respond to all concerns and/or disputes being raised, and they will ensure a resolution is reached. Clear outcomes, learning and recommendations are recorded on the documentation to support Quality Improvement. These records contribute to the EDT/AMHP Audit Cycle.

4.8.2 On occasion it may be identified Joint Case Audits (Appendix 5) with other partners are required, these are effective when learning has been identified for a number of organisations and a whole system response is required. The Joint Case Audits will be arranged as required to ensure individual cases can be discussed and learning can be obtained, outcomes will be used as part of the EDT/AMHP Audit Cycle.

4.8.3 EDT and the AMHP Service conduct monthly audits of all mental health act assessment referrals that do not progress assessment under the mental health act. The primary aim of these audits is to provide assurance that decisions made to facilitate access to least restrictive options to support people to access treatment and care are made proportionately (Appendix 6).

4.8.4 Through supervisions or compliments Success Stories may be reported. EDT capture Success Stories to review what went well within situations and determine practice developments required in EDT. EDT Officers are expected to complete the Success Stories template to share with their line manager, this contributes to the EDT/AMHP Audit Cycle.

4.8.5 Every 6 -8 weeks, an EDT Manager will facilitate a Quality Review with support from the CBC Quality Lead, this will include outcomes and learning from Escalation Records, Concerns Records, Joint Case Audits or CBC Case Audits and Supervision Audits. The main aim of this review is to identify key themes which can be used to contribute to the EDT Highlight Report, EDT Action Plan, EDT Quality Plan and SLA Reporting. Actions or improvements from this meeting will be prioritised to ensure any developments within EDT or the AMHP Service are completed in a timely and effective manner. A quarterly Quality Improvement Report that will be shared at the EDT Governance Group, will be completed by the EDT Service Manager to evidence ongoing developments within the service.

4.8.6 This process is referred to as the EDT/AMHP Audit Cycle

EDT / AMHP Audit Cycle
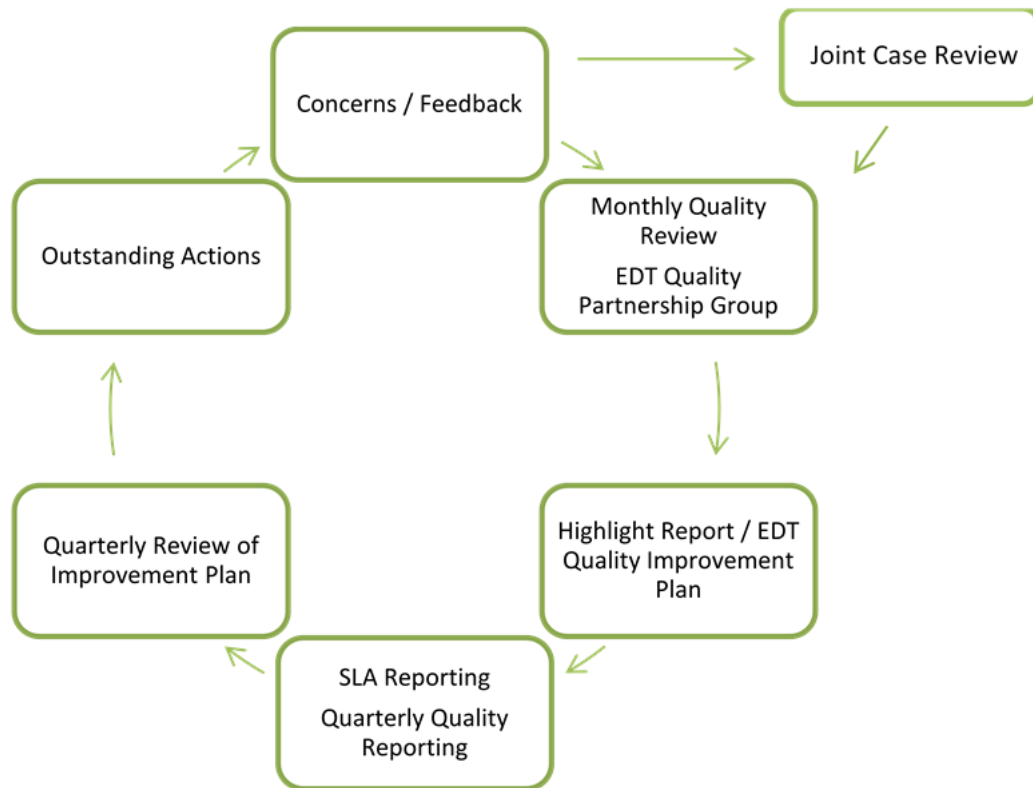
5. Central Bedfordshire Council Practice Governance Board

5.1 The purpose of the Practice Governance Board is to maintain:

- system wide and professional leadership across organisations

- strategic influence in relation to practice across Adult Social Care

- consider our approach to transformation and further developing practice across services

- emphasis on outcomes for people who use Adult Social Care services

- focus on the purpose of integrated Adult Social Care services

- high standards of practice/ delivery and their consistent application

- clarity about roles and functions within an integrated Adult Social Care

- effective management of risk and transparent decision-making

- effective engagement with key stakeholders within the Council and with partners

- clear accountability and ownership of practice/ delivery

- draw on professional experience to influence strategic decision making across the organisation

- priorities within Adult Social Care are recognised, understood, have the required impact and provide the right outcomes for practice improvement

5.2 Practice Governance Board takes place quarterly and is attended by Heads of Service across Adult Social Care and includes representation from health partners. Quality improvement priorities and work planning are coordinated between the Board, Operational Reference Group and the Practitioner Forum.

5.3 The Board interacts with other governance mechanisms in the following way:

- The EDT/AMHP Audit Cycle will feed key themes into the Practice Governance Forum and Operational Reference Group.
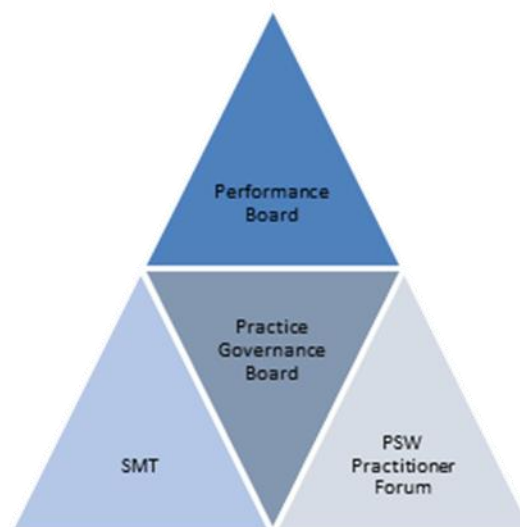
6. Central Bedfordshire Council Annual (SW) Employee Health Check Audit

6.1 The Annual Health Check started as a best practice tool for employers of social workers to ascertain working conditions, safety of practice and maintenance of standards expected by the HCPC. CBC undertakes the Health Check annually with a focus on all Integrated services staff (including non-registered practitioners).

6.2 Health check data is primarily collected via an anonymised survey to all practitioners. Survey are returned to the quality and standards lead and principal social worker who are independent of Integrated Services.

6.3 Results are reported for the service, but also social worker only results are collated and shared in the appropriate arenas by the Principal Social Worker. Highlighted areas for improvement are shared both within the business and with peers in the region as part of the Principal Social Worker network. Improvements will be incorporated into the EDT/AMHP Audit Cycle.

7. Central Bedfordshire Council Customer Surveys

7.1 Both staff and service user surveys are completed and analysed to gain to the views of people who are involved in our services about how they can be improved. It is intended that these results will be compared with the output from the Annual Health Check to establish whether there are varying priorities or areas for improvement and also to provide a holistic view of the service. Key themes or concerns will contribute to the EDT Audit Cycle.

8. Continuous Practice Development, Evidence and Research

8.1 Central Bedfordshire Council currently subscribes to several evidence and research bodies to support practice development, provide up to date knowledge, share best practice and promote opportunities to take part in evidence and research projects.

8.2 All EDT Officers and AMHP's are responsible for collating any key research, developments in practice or case law or any other relevant material. This information will be shared during Team Meetings or AMHP Professional Meetings to promote learning and development.

8.3 Membership and registration requires a CBC email address however partners can and will also be granted access and some licences with the intention of sharing practice learning and knowledge and to make best use of these resources.

9. ELFT specific processes

9.1 AMHP Services contribute to the EDT/AMHP Audit Cycle. Alongside this the AMHP Service also utilise ELFT Quality Processes (QI Life). ELFT team members receive full support in utilising their own Quality processes.

9.2 ELFT support team members to structure quality improvement (QI) projects using the Institute for Healthcare Improvement (IHI) Model for Improvement. It is essentially a method for structuring and carrying out an improvement project, guiding the team member to develop their idea and test it out using a simple framework.

9.3 The model consists of two parts. The first three questions help define what the team member wants to achieve, what ideas they think might make a difference, and what measures are needed to help understand if change is an improvement.

9.4 Pocket QI and full QI training courses are offered to all ELFT team members to support them in being familiar with QI methodology used by the trust to support in the development of QI projects. The trust also offers QI coaching and support in each directorate.

9.5 The first three questions of the Model for Improvement will effectively form the framework for the QI project:

What are we trying to accomplish? Turing the quality issue identified by the team member and turning it into an aim. Also guiding the team member to think why their improvement project matters to service users and whether there is a business case for it.

How will we know that a change is an improvement? This question focuses on one thing. Measurement. Measuring key parameters linked to the project will allow for track improvement over time and will help identify quality problems but also opportunities. For every project there is normally use between 5-8 outcome, process and balance measures.

What changes can we make that will result in improvement? To make an improvement the team member will need identify potential changes and make these changes happen. One technique for attacking this problem is using driver diagrams.

9.6 The second part is the PDSA (Plan Do Study Act) cycle – outlining the steps for the actual testing of the change ideas. The cyclical nature allows the change to be refined and improved through repeated cycles of testing and learning. This provides a vehicle for continuous improvement. This second part of the Model for Improvement is effectively your engine for developing, testing and implementing changes. This is carried out by using Plan, Do, Study, Act (PDSA) cycles.

Plan - What will happen if we try something different?

- What is our objective in this cycle?
- What questions do we want to ask and what are our predictions?
- Who will carry this out? (Who? When? How? Where?)

Do - Let's try it!

- Carry out your plan
- Document any problems
- Begin data analysis

Study - Did it work?

- Complete data analysis
- Compare results to your predictions
- Summarise your results

Act - What's Next?

- Ready to implement?
- Try something else?
- Next cycle?

9.7 PDSA cycles allow you to take change ideas you have created, try them in practice, learn what is or isn't working with them and then adjust your approach. It is rare to achieve absolute success through your first PDSA cycle. Most commonly you will need to adjust your change idea through a number of PDSA cycles before it starts to work reliably in actual practice. The important point to note is that failure is not the end and can be a useful thing! By meeting on a regular basis as a team and going through PDSA cycles you will be doing something called rapid cycle testing. This will allow you to see meaningful change within months that would otherwise take years.

9.8 Using Data for Improvement; In the early stages of ELFT QI projects team members are guided to have identified a number of measures that they will want to use to show whether their project is starting to create improvement. These small amounts of data are collected and reviewed regularly, using things called run charts or control charts to look at how improvements are being made and this varies over time. Below is an example of a run chart.
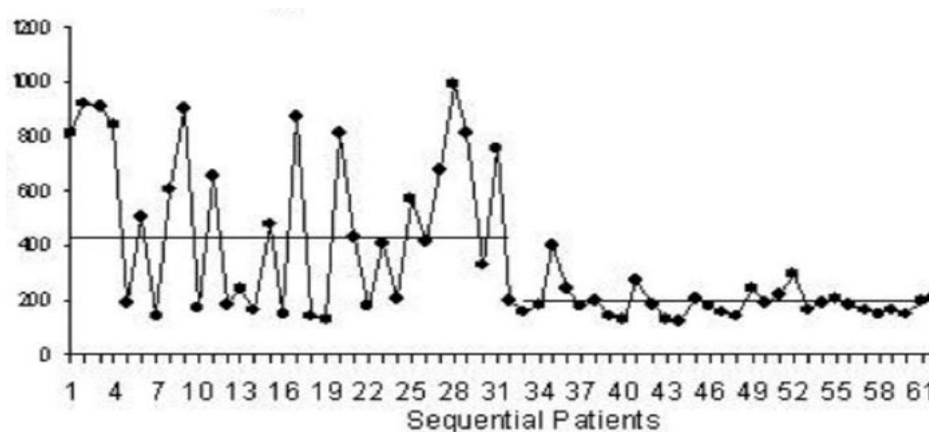
9.9 Run or control charts are particularly focused on looking at one thing. Variation. It is important to understand that everything varies over time. A run chart acts a bit like a camcorder, showing you every up and down.

9.10 These are used to show that things have improved, but also that this is not a one off. In other words, the change has been sustained. Run or control charts allow us to see if this has happened.

9.11 QI Life is an online microsite used by ELFT to allow team members to enter QI project data quickly and easily, it then automatically generates the run and control charts to identify trends, shifts and other points of significance. Other improvement tools to support QI work are also available of this microsite

10. Relating Policy / Practice Guidance.

- Senior Manager Case Presentation Guidance
- Cooperation between team practice guidance
- Recording information practice guidance
- Escalation Practice Guidance

11. Appendices

- Appendix 1 – Success Stories Template
- Appendix 2- Reflective Case De-Brief
- Appendix 3.1 – Local Authority AMHP Report Audit Tool
- Appendix 3.2 – EDT AMHP Report Audit Tool
- Appendix 4 - AMHP Referral Audit Tool
- Appendix 5 - EDT Case Audit
- Appendix 6 – No MHAA auditational Guidance on Breathing Space