mhc
coimisiún meabhair - shláinte
mental health commission

The National Quality Framework:

Implementation Guide

Promoting Quality, Safety and Human Rights in Mental Health

PURPOSE

The purpose of the National Quality Framework is to provide clear guidance for people using mental health services, their families and representatives, service providers and the public as to what to expect in terms of best practice from a mental health service in the public, voluntary and independent sectors in Ireland.

The National Quality Framework provides a mechanism for services to move beyond compliance with minimum standards, such as those described in legislation, and instead strive for continuous improvement and better outcomes for people who use services. With an emphasis on the diverse needs of people who use services, this framework promotes an empowering approach to service delivery, where services support an individual's personal journey towards recovery.

SCOPE

The National Quality Framework is applicable to all mental health services in the public, voluntary and independent sectors. It includes services for children and adolescents, adults, older persons, persons with intellectual disability and a mental illness, and forensic mental health services.

INTRODUCTION

The Mental Health Commission (MHC) collaborated with the Royal College of Surgeons in Ireland (RCSI) to ensure the document is evidence informed. This collaboration, in addition to an extensive stakeholder consultation process, has resulted in The National Quality Framework: Driving Excellence in Mental Health Services 2023 ("The National Quality Framework").

This framework sets out the themes, standards and associated criteria considered essential for delivering quality and recovery oriented mental health services in Ireland.

It is applicable to all mental health services including inpatient mental health services which are currently regulated under the Mental Health Acts 2001-2018 (the 2001 Act) and all those services which are proposed to fall under the remit of the revised 2001 Act, including community residences, and community and outpatient mental health services.

Services that are preparing to meet regulatory requirements are encouraged to use and implement the National Quality Framework as a means of embedding good practice and high standards.

An electronic self-appraisal toolkit has been designed to assist the service provider to scrutinise their services and determine if they have attained the standards and criteria set out in the National Quality Framework.

ELECTRONIC FORMAT

The MHC has collaborated with a software contractor to develop an electronic version of the toolkit. This electronic version will be available to services on an optional basis based on a contractual agreement between the service provider and software contractor. The electronic version utilises a digital dashboard system. The service provider can use this to streamline self-appraisals and assurance processes in the services they manage in ways which paper-based systems cannot accommodate.

If services choose not to sign-up to the electronic toolkit, they should still implement a paper-based system of self-appraisal. The steps outlined in this document should be followed regardless of whether a service chooses to adopt the electronic self-appraisal toolkit or their own paper-based system.

The following four areas must be addressed in order to effectively conduct self-appraisal assessments against the National Quality Framework.

1. GOVERNANCE AND REPORTING ARRANGEMENTS

There must be ownership of the National Quality Framework at the most senior level of each organisation in which it is proposed to implement it. The service provider must put a governance system in place to ensure that performance is overseen, and functions are delegated appropriately. This means that there must be clear lines of reporting, with named individuals identified who are accountable and responsible for the successful implementation of the self-appraisal programme.

The governance plan must set out how information will be used to track performance and inform decision making about how the framework is used and how findings are reviewed and responded to. The electronic toolkit supports this function, as it allows tailored performance reports to be filtered to all levels of management within an organisation.

From time-to-time self-appraisal assessments may identify urgent risk issues which could result in harm to service users. It is important that the governance arrangements identify a clear escalation pathway to address situations where urgent risk issues are identified that require timely action in order to protect service users. Conversely, where good practices and high standards are identified, there should be identified pathways for recognising and communicating these findings.

The service provider has autonomy to decide when and how often themes, set out in the National Quality Framework, are assessed and, more generally, to design the assessment in a way that best reflects their service. It is important to remember that the National Quality Framework and associated toolkit is not an "off the shelf" suite of audits which can be implemented in the absence of leadership and a clear plan for implementation.

Learning from services where things went wrong has highlighted that badly performing services often produce positive self-appraisal results which were not accurate reflections of these services. The National Quality Framework encourages a broader assessment and scrutiny of service quality which is aimed at delivering better assurance reporting and meaningful improvement.

2. MEMBERSHIP AND FORMATION OF SELF-APPRAISAL TEAM

The service provider must establish a self-appraisal team who have delegated authority and responsibility to assess compliance with the framework and who can require corrective actions to be taken. Membership of the self-appraisal team may vary relative to the service size, but a service may include care providers, leaders within the service, management, service users and their representatives. Best practice dictates that the team should be multi-disciplinary in nature.

It is the responsibility of the service provider to ensure that the appropriate people are involved, and that protected time and other resources are made available to those who will be completing the self-appraisal.

The self-appraisal team must be given clear direction from those responsible for the overall governance of the service.

A named lead person should be nominated to coordinate the self-appraisal process and facilitate the collation of the service's information. This lead person should be a senior member of staff with an understanding of quality assessment and improvement processes and strong leadership and coordination skills.

Each self-appraisal team should have a terms of reference document which address the following:

- What should the self-appraisal cycle achieve?
- What themes and standards will be assessed in any given self-appraisal cycle?
- The make-up and leadership of the self-appraisal team.
- The evidence and information available to those carrying out the self-appraisal.
- Whether the level of evidence and information is sufficient to enable decision-making?
- What is the possible impact on outcomes for people who use the service (e.g. the promotion of service user safety)?
- Who should be involved in the process?
- How is evidence being measured consistently over time, and by different people?
- How is feedback provided to service users, local teams (e.g. the ward) and to senior management?

3. DEVELOPING A SELF-APPRAISAL SCHEDULE AND PLAN

The success of any self-appraisal team depends on the development of a clear plan which reflects a schedule of self-appraisal assessments. The self-appraisal plan must set out the themes and standards which are to be assessed and the frequency at which this will occur. The frequency of self-appraisals is a matter for the service provider. For example, a service provider may decide not to assess all eight themes in any given year and may, instead, decide to focus on subset of themes which address pre-identified areas for improvement in the service.

Once the themes and standards have been identified, the principal categories of evidence to be gathered to inform the assessment should be identified and agreed in advance of commencement. For example, it would be important to identify how service users' views will be gathered to inform the process. It should also be noted that not all of the criteria set out under each standard will be applicable to each service. Again, service providers have autonomy to select which criteria are not meaningful to their service. Deselection of criteria should also be agreed with the self-appraisal team lead.

There should be clear arrangements in place related to the development, implementation and monitoring of corrective actions for improvement. The service provider must ensure that these arrangements are effective and monitored.

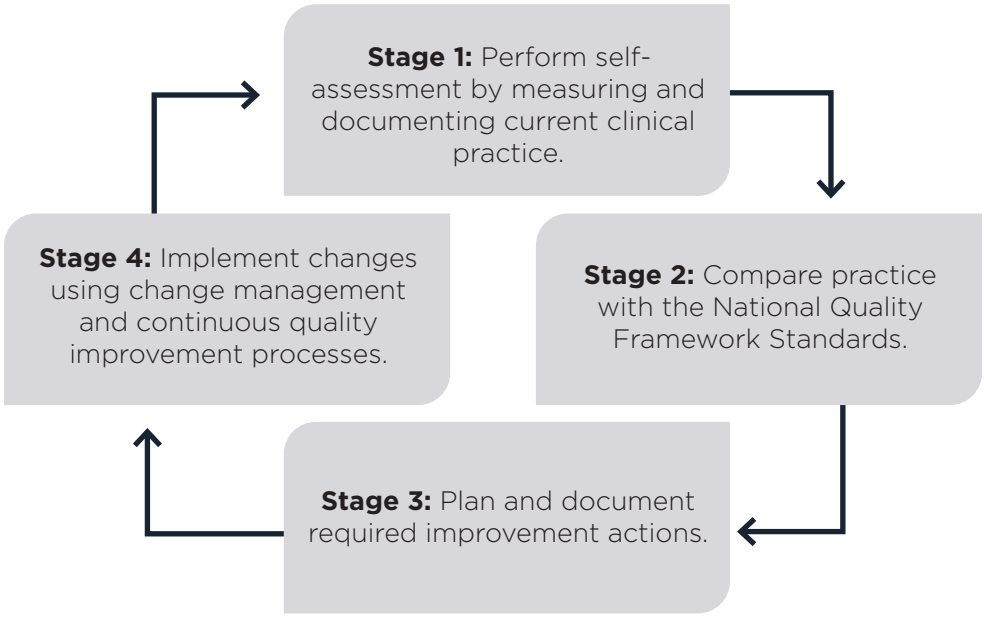
Attainment of the standards is not an end in itself, rather it should be viewed as part of a process of continuous quality improvement. Thus, even when full attainment of a standard is achieved, it is important to look at ways in which continuous quality improvement initiatives can be developed and implemented.

4. THE SELF-APPRAISAL CYCLE

Self-appraisal is a cyclical activity involving the systematic review and evaluation of current practices. It involves gathering evidence about current practices, comparing it against standards, implementing changes where required, and monitoring the outcome of changes with the overall aim of improving the quality of care and treatment provided. Where a change has been implemented in a service, a repeat assessment may be undertaken to demonstrate improvement, thus completing that self-assessment cycle.

Service providers should implement a self-appraisal cycle which is focused on continuous improvement. Self-appraisal schedules should be informed by the need for verification of the corrective actions and the need for generating continuous improvement across all eight themes.

Figure 1: *Self-Appraisal Cycle*



Regardless of the context in which the self-appraisal is performed, the key questions remain the same:

- What activities do we carry out in relation to this standard or criterion?
- Do we have supporting documentation (for example, policies, standard operating procedures)?
- Do we have evidence to support why and what we are doing?
- Who should we ask to get a clearer picture of how we are doing (for example, service users or staff)?
- How can we improve what we are doing?

There are several ways in which evidence may be gathered by services to determine whether standards and criteria are being met. In making a determination on

compliance, the self-appraisal team should collate and analyse data from multiple sources in a process known as triangulation. Triangulation relates to the use of different sources of information in combination in order to form an accurate picture of compliance or attainment of a standard. A combination of documentation, interviews and direct observation of the self-appraisal team should be utilised where possible.

ROLE OF THE MENTAL HEALTH COMMISSION (MHC)

The National Quality Framework is intended to support services in ensuring that there is continuous improvement and learning at all levels of an organisation. It is a comprehensive quality tool which will complement services in meeting their existing compliance and monitoring needs.

The MHC will not own or have direct access to the data or have any continuous oversight of the electronic system where services opt to use the electronic toolkit. Notwithstanding this, the MHC may request copies of self-appraisal assessments as part of inspection or monitoring activities. Furthermore, the results of the service's self-appraisal assessments and improvement plans can be used by the service to provide the MHC with assurances about how they are managing and delivering services.

In addition, the MHC anticipates that, in the future, specific focused or thematic inspections may be carried out based on the themes from the National Quality Framework. The National Quality Framework includes a clear focus on the experience of patients and the outcomes of their care. It reflects a move towards a patient-centred and human rights-based approach which places the individual receiving care at the core.

FURTHER INFORMATION

More information on the National Quality Framework including The National Quality Framework: Driving Excellence in Mental Health Services 2023 document, the consultation report, the evidence review and a link to the online self-appraisal tool can be found on www.mhcirl.ie.

Technical support and a step-by-step guide to the online self-appraisal tool for those who wish to opt for the electronic version can be located directly on the software developer's landing page.

APPENDIX 1: SUMMARY OF THEMES AND STANDARDS

Theme 1: Leadership and Governance
Ensuring quality through clinical and corporate leadership and governance within mental health services to deliver evidence-based care and quality improvement.
This theme focuses on the importance of having strong leadership and governance structures in place to ensure the delivery of high-quality mental health service and is broken down into five standards: **1.** Effective clinical and corporate leadership and governance. **2.** Evidence-informed policies and practices. **3.** Feedback from service users. **4.** Feedback from staff. **5.** Optimal use, leadership and governance of non-human resources.

Theme 2: Needs of the Service Users
Ensuring quality through a compassionate, holistic, non-discriminatory, and person-centred service responsive to the needs of the service user (including their families, carers, and representatives).
This theme focuses on the needs of the service users, their families and carers. It ensures that the service they receive is compassionate, holistic, non-discriminatory and person-centred. This theme is broken down into two standards: **1.** Responsiveness to the needs of the individual and social groups. **2.** Multidisciplinary holistic approach across the continuum of care from acute to continuing.

Theme 3: Holistic Service
Ensuring quality through a visible and accessible holistic mental health system and service that prioritises prevention and promotes recovery.
The focus of this theme is on ensuring equality throughout the mental health system with a focus on prioritising prevention and promoting recovery of service users. There are three standards in this theme: **1.** Provision of an integrated service. **2.** Responsiveness and accessibility to all at the point of need. **3.** Optimisation of the access, discharge, and transition through mental health services.

Theme 4: Equal, Inclusive and Diverse Service

Ensuring quality through an equal, socially inclusive and diverse mental health care service that recognises and responds to traumatic events and circumstances in people's lives.

Recognition and responsiveness to traumatic events and circumstances in people's lives are focused on in this theme. It ensures quality through an equal, socially inclusive and diverse mental health care system. It is divided into three standards:

1. Responsiveness to the diverse needs of the community.
2. Promotion of social inclusion and advocacy on the social determinants of health.
3. Trauma-informed approach to mental health care and treatment.

Theme 5: Recovery

Ensuring quality through a mental health service that understands recovery and supports the service user towards recovery.

This theme focuses on the service users' inclusion in their care and recovery planning. It is divided into two standards:

1. Promotion of autonomy and self-determination and inclusion of the service. user in their care.
2. Focus on the service user's strengths to achieve a shared vision for recovery.

Theme 6: Care Planning

Ensuring quality through co-produced care planning, which is underpinned by rights-based mental health care, confidentiality, and regard for an individual's will and preferences.

The focus of this theme is on care planning, ensuring that the service user is involved in their care which is rights-based, confidential and should take into consideration their will and preferences. This theme is divided into three standards:

1. Participation of service users.
2. Privacy and confidentiality of service users.
3. Rights-based approach.

Theme 7: Provision of Services

Ensuring quality through the provision of adequately resourced, well led, and governed mental health care services.

This theme focuses on ensuring that services provided by each mental health service should be adequately resourced, well led and governed. It is divided into four standards:

1. Appropriate staff to deliver a high quality, efficient and effective service.
2. Staff equipped with adequate knowledge and skills.
3. Professional development of staff.
4. Physical environments and facilities that are conducive to recovery-oriented care.

Theme 8: Connected Service
Ensuring quality through an internally and externally connected mental health service.
This theme focuses on the connections with all stakeholders and is divided into two standards: **1.** Connections with key internal stakeholders and partners. **2.** Connections with key external stakeholders and partners.

APPENDIX 2 - GLOSSARY OF TERMS ACROSS THE NATIONAL QUALITY FRAMEWORK AND SELF-APPRAISAL TOOLKIT

Assisted Decision-Making (Capacity) Act 2015: The 2015 Act is a significant piece of reforming human rights legislation which provides a modern statutory framework for supported decision-making. The Act reforms Ireland's capacity legislation, which has been in place since the 19th century, by establishing a modern statutory framework to support decision-making by adults who have difficulty in making decisions without help (Saunders, 2020).

Biopsychosocial: Refers to the biological, psychological and social determinants of health. Evidence suggests that understanding the social, non-social and baseline everyday life skills when combined with personalised psychosocial interventions supports independent living (Barlati et al. 2018).

Clinical governance: A system for improving the standard of clinical practice including clinical audit, education and training, research and development, risk management, clinical effectiveness and openness.

Co-production: Is the active involvement of citizens in service planning, design and delivery including the direct involvement of users in the production, at least in part, of their own services (Khine et al. 2021).

Digital artefact: A digital artefact is any type of item produced and stored digitally. It includes documents, presentations, programmes, videos and audio files and images and photographs.

Dignity: The right of an individual to privacy, bodily integrity and autonomy, and to be treated with respect as a person in their own right.

Evidence informed: Used to describe practices based on the integration of experience, judgement and expertise with the best available external evidence from systematic research (Parahoo 2014).

Person-centred: Person-centred focuses on the needs of the person; ensuring that the person's preferences, needs, and values guide clinical decisions or support; and providing care that is respectful and responsive to them.

Positive behaviour support: Positive behaviour support involves assessments that look beyond the behaviour of a person and seek to understand the causes or triggers of the behaviours. These causes may be social, environmental, cognitive, or emotional. The approach is one of behaviour change as opposed to behaviour management.

Recovery Support Team: Recovery support teams are teams which are in place to support recovery. These teams can include mental health nurses, social workers, doctors, occupational therapists and psychologists. The teams deliver individualised service to service users to help them maintain independence. Service users are involved in planning for possible relapse.

Representative: An individual chosen by the person who is in receipt of a care service (e.g. friend, family member, advocate) or a legal professional appointed by the person, statutory organisation or court to represent the person. Please note that representative does not have the same meaning as any terms within the Assisted Decision-Making (Capacity) Act 2015 and its meaning is to be viewed disjunctively to definitions within the act.

Responsiveness: A responsive mental health service ensures that persons with a mental health disability are cared for and supported by staff who are skilled, trained and experienced. These staff communicate openly and honestly with colleagues inside and outside of their service. The evidence shows that responsive staff use their professional judgement to ensure that persons receive the care and support that they need and support families to act as advocates to ensure their needs are met (Mental Health Commission 2022).

Rights-based approach: Integrating human rights norms and principles in the design, implementation, monitoring and evaluation of policies and programmes. The principles of equality and freedom from discrimination are central.

Self-appraisal tool: The self-appraisal tool makes use of information systems and specific indicators to assess whether particular aspects of service provision are achieving the established standards.

Social determinants of (mental) health: The evidence shows that these determinants are the social, non-social and baseline everyday life skills that influence mental health in a positive or negative manner (Mental Health Commission 2022).

Trauma-informed care: Trauma-informed care is an approach which acknowledges that many people who experience mental health difficulties may have experienced some form of trauma in their life. A trauma-informed approach seeks to resist traumatising or re-traumatising service users and staff. Trauma-informed service delivery means that everyone at all levels of the mental health services understands how trauma may affect families, groups, organisations and communities as well as individuals (Department of Health 2020).

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