

A FRAMEWORK FOR MENTAL HEALTH SERVICES IN SCOTLAND
SECTION 1. PROCESS ELEMENTS

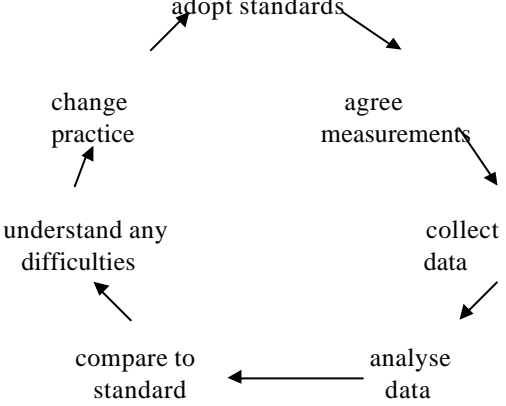
QUALITY ASSURANCE

Good quality means a predictable degree of uniformity and dependability, meeting the requirements of the person using the mental health service, at a level which is suitable for the purpose.

Service Element	Description of Needs	Ways in Which Services May Respond
An Organisational Commitment to Quality	'Top down' approaches take a long time to work through and may fail. 'Bottom up' may wither from lack of support. Both have to be combined. All levels of the organisation must be involved - managers to give authority, front-line staff to give authentic knowledge.	Explicit commitment in managers' objectives. Obvious support and personal involvement by the senior management. Credible leadership by practitioners who have first-hand knowledge of what makes good quality. Continuing importance - not the 'flavour of the month'. Organisational behaviour matching the words.
Responding to the Needs of People who Receive a Service	Projects which are based on a wide and deep understanding of social and mental health problems and the most appropriate response are many times more likely to succeed. 'Bench marking' - looking to other comparable services for ideas and standards - is particularly effective.	
Benchmarking	This is a continuous process of seeking out, understanding, implementing and sustaining best practice. It clarifies the local service and professional roles, retains the good and helps change the not so good, supports collaboration, promotes multi-agency working, involves people who receive services in service design, aids commissioning and gives impetus and purpose to the service.	Similar services in a region form 'clubs' to benchmark with each other in a particular area of the service; or sectors within a service join together for the purpose. Key steps are: <ul style="list-style-type: none"> • planning; • choosing the right people; • understanding your own performance; • defining the critical success factors; • implementation; • evaluation; • sharing with partners; • starting again, to do even better.
Research and Development	Managers and staff need to scan the available professional literature and maintain networks to be made aware of changes in practice which could improve the quality of service. The conduct of research locally encourages an open outlook to change and improves the ability of staff and managers to evaluate their own and other services.	<ul style="list-style-type: none"> • Papers and discussion clubs • Research interest groups/networks • Encouraging visiting speakers • Funding allocated to pilot initiatives.

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QUALITY ASSURANCE (continued)

Service Element	Description of Needs	Ways in Which Services May Respond
<p>Using untoward events positively</p>	<p>Untoward events such as the receipt of a complaint from a person who receives the service or the occurrence of critical incidents, such as a serious assault, suicide or attempted suicide or serious damage, can be used to assess the functioning of components of the service.</p> <p>No service is risk free but safety should be recognised as the first dimension of quality. No-one intends to make an error, but the fact that one occurred may indicate organisational factors which provided the conditions for it to happen. Critical incident reviews can complement clinical audit in enhancing a systematic approach to quality.</p>	<p>Provider organisations should set up a group chaired by a member of the executive team to review critical incidents and complaints on a regular basis, to ensure that there are the appropriate strategies in place to guide clinical teams in developing the appropriate operational policies. The responsibility for improving safety, quality and inter-personal functions also lies at senior level.</p> <p>Care teams should be aware of their responsibility to report to the Mental Welfare Commission for Scotland certain untoward events. Teams should hold critical incident reviews after serious incidents, and commit themselves to improve the standard of care wherever previous practice is shown to have fallen below the standard which is required.</p>
<p>Focus on processes</p>	<p>Front-line workers know their own area of work intimately, but not someone else's. The first step is for the team to understand how the 'bits' fit together.</p> <p>Next, standards for each 'bit' are set using national, professional or local material. The team is empowered to do this. They work collaboratively, supported by a facilitating manager, involving people who receive services. The team then takes responsibility to collect data on the extent to which the standards are met. It may require help with the analysis of the data. The empowerment continues through to responsibility and authority to make changes as required, better to meet the standards.</p> <p>Standards and inspection arrangements included in service agreements</p>	 <pre> graph TD A[adopt standards] --> B[agree measurements] B --> C[collect data] C --> D[analyse data] D --> E[compare to standard] E --> F[understand any difficulties] F --> G[change practice] G --> A </pre>
<p>Continuous Improvement</p>	<p>Once started, successful quality improvement means a continuing effort, not only to improve adherence to standards, but to raise them as long as the level is suitable for the purpose Quality improvement should be a core task for all employees. The process should be limited to important activities.</p>	<ul style="list-style-type: none"> • The key is the way something is done, and any data collected should help find that out. • What gets measured often determines how people act. • If the improvement is not taken sufficiently seriously to be measured then it is unlikely to be achieved or sustained.
<p>Partnership</p>	<p>Putting quality into partnerships - with users, carers, providers, primary care and purchasers - means listening, understanding and empowerment of workers, all focusing on improving the satisfaction</p>	<ul style="list-style-type: none"> • Implementation of the CRAG/SCOTMEG Working Group on Mental Illness Good Practice Guidelines.

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QUALITY Partnership ASSURANCE (continued)

Service Element	Description of Needs	Ways in Which Services May Respond
Partnership (continued)	of partners in the long term with the working relationship.	
Accreditation and Outside Consultants	The knowledge, commitment and skills required to improve the quality of service are in the staff. However, seeking accreditation from an outside body, or using an external consultant, may help to clarify ideas, or overcome a log jam or broker a changed way of working. A certificate may impress commissioners, but it is the continuing process of seeking improvements in quality by the staff which matters most.	<ul style="list-style-type: none"> • ISO 9000' • 'Chartermark' • 'Investors in People' • Health Service Accreditation • Scotland's Health at Work • Scottish Development Centre for Mental Health Services • Dementia Services Development Centre • King's Fund • The regular visits paid to services by the Mental Welfare Commission for Scotland, the Social Work Services Inspectorate and the Scottish Health Advisory Service give an opportunity for the service and its commissioners to have reflected back detailed assessments of its level and quality of service.
One Provider Unit - One System	Direct care and support services in a provider unit all form one system. Hotel, estates, maintenance, records and pharmacy departments all can affect the ability of direct care staff to deliver a quality service to individuals, in a clean, attractive and cared for environment, and by providing the right materials at the right time.	<ul style="list-style-type: none"> • All departments, direct care and others, work out who their customers are. • Departments commit themselves to work with clinical teams on a thorough audit of the service provided. • The service audit is used to set standards. • These standards are regularly audited, with a commitment to jointly improve practice.