

# Quest 2018 – Gplus 38

## Suffolk Exercise Referral



### Outcomes

- The scheme achieves all mandatory requirements of the standard and provides evidence of meeting criteria to an 'excellent' standard. Multiple examples of best practice and evidence that the scheme is producing consistent positive outcomes for the population.
- Elements that have 'E' in front of them are ESSENTIAL and MUST be passed to attain accreditation.

QS1 Scheme Safety	Scoring
<b>E - Scheme operated by appropriately trained professionals who hold relevant qualifications; is a member of a valid body and is covered by a valid indemnity insurance if required/necessary.</b>	Yes/ No
<b>Evidence Required</b> Overview of the staffing structure <ul style="list-style-type: none"> <li>• Staff certificates/evidence of qualifications/professional registrations</li> <li>• Insurance indemnity arrangements.</li> </ul>	
<b>E - At least one exercise professional on duty during each session of the scheme holds a current First Aid award &amp; evidence of ongoing training is available.</b>	Yes/ No
<b>Evidence Required</b> <ul style="list-style-type: none"> <li>• Evidence of current/in date First Aid certificates for nominated staff</li> <li>• Explanation as to how covered in "general sessions" if needed e.g. Risk Assessments/Emergency Action Plan's etc.</li> </ul>	
<b>The Scheme – and scheme activities – are operated within a safe and suitable environment.</b>	Yes/No
<b>Evidence Required</b> <ul style="list-style-type: none"> <li>• Visual observation of where activities take place</li> <li>• Documentation detailing assessment of risk and arrangements e.g. risk assessments, EAP, NOP etc.</li> <li>• Evidence of regular re-assessment/up-dating</li> </ul>	
<b>E - The scheme ensures the appropriateness of referral, incorporating a mechanism for referring healthcare professionals to relay relevant health information to inform the design of a safe and effective exercise scheme</b>	Yes/No
<b>Evidence Required</b> Referral form should include the space to provide relevant health information. Effective use of the Suffolk ERS referral form will demonstrate adherence to this standard  Staff should be able to demonstrate how they have dealt with occasions where there was uncertainty about the health status of the participant, and how further information is obtained.  The scheme has clear referral and exclusion criteria which are understood by ERS personnel <ul style="list-style-type: none"> <li>• Demonstrated via Case studies; staff interview; referral form.</li> </ul>	
<b>E - An appropriate pre-exercise health assessment is conducted prior to designing the exercise programme</b>	Yes/ No
<b>Evidence Required</b> <ul style="list-style-type: none"> <li>• There is evidence that the assessment is person-centered and incorporates principles of behaviour change</li> <li>• Schemes should provide an overview of their initial assessment process, including any paperwork</li> <li>• This should include evidence of appropriate assessment of health and risk and evidence that the participants goals and preferences are considered and recorded to shape the design of the exercise programme</li> </ul>	



- Schemes who can demonstrate they are effectively using the Suffolk template for initial assessment will be considered to be achieving this assessment element
- Demonstrated via Assessment documents; staff interview.

<b>The scheme demonstrates effective management of risk</b>	<b>Banding</b>
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- Evidence Required**
- Evidence of use of health commitment statement and a PAR-Q assessment to determine suitability for exercise
  - Further risk-stratification processes are in place for those who screen positively on any of the PAR-Q questions and there is evidence that extra risk mitigation is carried out for those patients who categorise as medium- or high-risk (i.e. further liaison with health professional or alteration of exercise programme/ allocation to more specialist staff/ onward referral)
  - Risk stratification documentation should be provided and examples of the appropriate use of the stratification process should be explored during the staff interview. Together these should clearly demonstrate the process of risk mitigation and associated patient pathways
  - Case studies may be prepared, or example patient notes be provided to offer examples of how the risk stratification process has been used to inform the design of the exercise programme
  - Schemes should also be able to evidence (where appropriate) that patients who are not suitable for the exercise programme are rejected from the scheme or directed for onward referral to an appropriate organisation/ back to the referrer
  - Demonstrated via Risk stratification documentation; Case studies; Staff interview.

<b>QS2 Scheme Delivery</b>	<b>Scoring</b>
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<b>E - There is a clear framework in place for the delivery of the exercise scheme with clearly defined outcomes and objectives [see page 13 of guidance document]</b>	<b>Yes/No</b>
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- Evidence Required**
- The scheme documentation clearly demonstrates the aims of the ERS and a framework is in place for delivering the scheme which shows evidence that activities directly contribute to the achievement of scheme outcomes.

<b>Scheme accessibility is supported through a range of referral pathways involving external partner organisations [additional guidance in guidance document QS1 page 8]</b>	<b>Banding</b>
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- Evidence Required**
- Referral data clearly shows engagement from a range of different referrers, with a sustainable volume of referrals coming from a few key referral sources
  - There is evidence of proactive engagement with potential referrers, and good streams of communication in terms of raising awareness of the ERS and encouraging participation
  - Demonstrated via Referral data; Staff interview.

<b>Staff are trained in motivational interviewing and understanding behaviour change [additional guidance included in guidance document QS 1 pages 7-8]</b>	<b>Banding</b>
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- Evidence Required**
- Competencies of staff are demonstrated through staff training records
  - Evidence of application of behaviour change techniques and motivational interviewing is provided (e.g. through scheme documentation/ staff interview or participant case study).

<b>Information around programme performance is shared with staff, and used to inform the ongoing development of the scheme</b>	<b>Banding</b>
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- Evidence Required**
- Evidence of communication/ information dissemination across ERS team
  - Evidence that instructor and coordinator team meetings are held to discuss programme performance and highlight areas for improvement (i.e. meeting schedule, minutes)
  - Staff are provided with opportunities to feedback on scheme development



<ul style="list-style-type: none"> <li>Evidence of forward planning and the use of data and feedback in the development of the programme.</li> </ul>	
<p><b>The exercise programme is tailored to the needs and expectations of the individual and an appropriate range of exercise opportunities are offered which encourage long-term exercise adherence</b></p>	<b>Banding</b>
<p><b>Evidence Required</b></p> <ul style="list-style-type: none"> <li>Evidence that there is a range of exercise opportunities &amp; that delivery takes into account participant needs; “offer” is comprehensive</li> <li>Documentation/data indicates good post 12-week retention</li> <li>Evidence/case studies that special arrangements to accommodate preferences and health needs are utilized and that participant needs are re-visited during the programme (and that the programme is altered accordingly)</li> <li>Evidence of partnerships with other local organisations/use of local community assets and joint working to provide seamless transition into post-scheme activity.</li> </ul>	
<p><b>The scheme involves close monitoring of patient progress, with reviews carried out at least pre-, mid- and post- programme [additional information in guidance document QS2 page 13]</b></p>	<b>Banding</b>
<p><b>Evidence Required</b></p> <ul style="list-style-type: none"> <li>There is adequate evidence that reviews are carried out at least pre-, mid- and post- programme, and there is evidence that the patient’s goals and needs are revisited to ensure the exercise programme remains suitable and effective</li> <li>Demonstrated via Case study; staff interview participant interview.</li> </ul>	
<p><b>Participants who fail to attend are identified and followed up, and where possible reasons for non-attendance are recorded</b></p>	<b>Yes/No</b>
<p><b>Evidence Required</b></p> <ul style="list-style-type: none"> <li>Review of attendance records, with evidence of follow up.</li> </ul>	
<p><b>QS3 Information sharing and the provision of information</b></p>	
<p><b>A data protection policy is in place which is GDPR compliant and staff are aware how to access it.</b></p>	<b>Yes/No</b>
<p><b>Evidence required</b></p> <ul style="list-style-type: none"> <li>Review of documentation to include process; policy</li> <li>Policy includes data disposal criteria appropriate to the monitoring and evaluation requirements of the scheme.</li> </ul>	
<p><b>Participant data is stored on a secure database and paper copies are safely and securely filed</b></p>	<b>Yes/ No</b>
<p><b>Evidence Required</b></p> <ul style="list-style-type: none"> <li>Assessment method - On-site observation.</li> </ul>	
<p><b>There is an appropriate referral form which includes a participant privacy notice that clearly outlines who information will be shared with and patient responsibilities in relation to their participation in the scheme</b></p>	<b>Yes/ No</b>
<p><b>Evidence Required</b></p> <ul style="list-style-type: none"> <li>Referral form includes a GDPR compliant participant privacy notice that clearly outlines who information will be shared with and patient responsibilities in relation to their participation in the scheme</li> <li>Consent should be obtained from all scheme participants</li> <li>Assessment method – review of referral from.</li> </ul>	
<p><b>QS4 Scheme monitoring and evaluation</b></p>	
<p><b>Participant registers are administered at each session to monitor levels of attendance</b></p>	<b>Yes/No</b>
<p><b>Evidence Required</b></p> <ul style="list-style-type: none"> <li>Scheme can demonstrate a system is in place for monitoring participant attendance</li> <li>Assessment method- Review of attendance records.</li> </ul>	



<b>Information is collected in line with the Suffolk Quality standard evaluation framework and includes participant measures for pre-, middle and post-programme</b>	<b>Yes/ No</b>
<b>Evidence Required</b> <ul style="list-style-type: none"> <li>The scheme can demonstrate that they are effectively monitoring participant progress and outcomes using the Suffolk Quality Standard evaluation framework</li> <li>Assessment method - Review of system for evaluation.</li> </ul>	
<b>An agreed mechanism is in place for patient 12-month follow up i.e. scheduled follow up time, system reminders</b>	<b>Yes/ No</b>
<b>Evidence Required</b> <ul style="list-style-type: none"> <li>Assessment method - Staff interview.</li> </ul>	
<b>Data collected is shared securely with Public Health Suffolk on an annual basis</b>	<b>Yes/No</b>
<b>Evidence Required</b> <ul style="list-style-type: none"> <li>Assessment method - Confirmation from Public Health Suffolk.</li> </ul>	
<b>The collection of participant information and evaluation data is participant-centered and used to motivate participants to change behaviour</b>	<b>Banding</b>
<b>Evidence Required</b> <ul style="list-style-type: none"> <li>The scheme can demonstrate that the process of evaluation is embedded into the delivery of the scheme, and that mechanisms are in place to feedback relevant information to participants to inform their progress through the exercise programme</li> <li>Assessment method - On-site observation / staff interview.</li> </ul>	
<b>A culture of capturing and sharing learning to drive continuous improvement is actively promoted</b>	<b>Banding</b>
<b>Evidence Required</b> <ul style="list-style-type: none"> <li>There is evidence that those delivering the scheme engage wider communication/ Information sharing forums</li> <li>The scheme can demonstrate that they are effectively capturing and sharing learning and best practice</li> <li>Assessment method - Staff interview; review evidence of sharing.</li> </ul>	

## Appendices

### Appendix A – Marking Standards

Standards highlighted in blue are obligatory and must be achieved quality standard to be awarded. Standards are achieved through a combination of ‘yes or no’, and banded scoring options. The banded scoring has been applied to standards which possess the flexibility to demonstrate progress and provide the room to accommodate locally tailored approaches to delivery.

## Introduction

This document is intended to support the implementation of the Suffolk quality standard for exercise referral. The information in this document is aimed at exercise referral scheme (ERS) leaders/ coordinators, or those involved in the oversight and management of ERS in Suffolk. The purpose is to provide detailed guidance on the application process, implementation and maintenance of the quality standards to support with continuous improvement of ERS in Suffolk.

## About the quality standard

The Suffolk Quality Standard for exercise referral has been developed in collaboration with ERS scheme leaders, health professionals, and other key stakeholders, to provide a set of locally tailored operating standards for exercise referral schemes. The implementation of these standards will ensure exercise referral schemes across the county are operating in line with the 2014 National Institute for Health and Care Excellence (NICE) guidelines for exercise referral and behaviour change, and that the pathways in place for exercise referral are aligned to evidence-based principles and best practice guidelines; as well as local health and wellbeing priorities.

The standard is intended to cover all elements of exercise referral, and is split into four key assessment areas which include:

- Scheme Safety
- Scheme delivery (including governance)
- Information sharing and the provision of information
- Scheme monitoring and evaluation

To support with the achievement of the standard, applicants are provided with a series of implementation checklists which provide an outline of the activities that should be undertaken to meet the standards for each of the assessment areas. These checklists can be found on pages 16-17 of the Suffolk Exercise Referral Quality Standard.

## Assessment process

We have appointed Right Directions to manage the assessment process and the assessment of the Suffolk quality standard for ERS will be delivered through either Quest (<https://questnbs.org/about-us/about-quest>), the Sport England recommended continuous improvement tool for leisure facilities and sports development teams or as a standalone assessment.

Leisure facilities already enrolled onto the Quest scheme will have the option to select the Suffolk Quality Standard as a Quest Assessment module at no extra cost, and assessment will be carried out as part of the ongoing Quest process.

For those leisure facilities who are not already enrolled onto the Quest scheme, there will be the option to select the Suffolk quality standard for ERS as a standalone module. If this route is selected, there will not be an expectation to enroll onto the full Quest scheme to obtain the standard. However, providers are encouraged to review the benefits of enrolling with Quest as a tool for promoting continuous improvement across the wider areas of service delivery.

Once your application is submitted, a quest representative will be in touch to arrange a date for your assessment. This is typically set for around 6-8 weeks after the receipt of your application, depending on the availability of assessors. All dates are agreed in advance to provide adequate time for preparation leading up to assessment. The Quest Assessment is carried out over 2-days and will involve a combination of both desk- and site-based observations, depending on the element of scheme delivery that is being considered. It is preferred that assessment days are scheduled during times in which exercise



referral activities are being delivered, as this will improve the quality of assessment. However, in circumstances where this cannot be achieved, allowances will be made.

For standalone assessments, these will take half a day, approximately three to four hours, ideally when an activity is taking place.

Assessment will need to be undertaken every two years to maintain the quality award. The assessment process is designed to be a constructive learning experience, and detailed feedback and key areas for improvement will always be provided to support with the ongoing development of the scheme.

## **Scheme grading**

Schemes will be scored using a combination of 'Yes or No' and scaled banding questions, from unsatisfactory, satisfactory, good, very good and excellent, depending on the nature of the element of scheme delivery being assessed. Some elements of scheme delivery are seen as essential and must be performed in order to achieve the standard. Other elements will be scored on a scale to reflect where there is room for progress and flexibility in terms of locally tailored approaches to delivery. An overview of assessment elements and scoring is provided in **Appendix A**.

There are five essential questions that schemes must achieve for organisations to achieve the quality standard (marked as **E** on criteria) and overall achieve a minimum score of 'Satisfactory' to obtain the standard.

## **Support**

For further general information on the Suffolk Quality Standard for ERS contact Public Health Suffolk at [healthandwellbeing@suffolk.gov.uk](mailto:healthandwellbeing@suffolk.gov.uk) or visit the Healthy Suffolk Website at <https://www.healthysuffolk.org.uk/advice-services/adults/exercise>

For information surrounding the assessment process contact: **Paula Kearney** - [info@righdirections.co.uk](mailto:info@righdirections.co.uk) or visit <https://questnbs.org/>