

QNIC Cycle 10 Host Unit Feedback

EVALUATION

Q3	Very Useful	Mostly Useful	Partly Useful	Total Participants
Guidance on completing the self review?	21	15	3	39
%	54%	38%	8%	

Q4	Very Useful	Mostly Useful	Partly Useful	Total Participants
Guidance on hosting a peer review day?	26	12	1	39
%	67%	31%	3%	

Q5	Very Useful	Mostly Useful	Partly Useful	Total Participants
Support from the QNIC team?	28	11	0	39
%	72%	28%	0%	

Q6	Very Useful	Mostly Useful	Partly Useful	Total Participants
How useful was it to have the opportunity to meet people ...	33	4	2	39
%	85%	10%	5%	

Q7	Yes	No		Total Participants
Do you feel that you got the most out of the opportunity ...	33	6		39
%	85%	15%		

Q8	Very Well	Quite Well	Could Have Been Better	Total Participants
How well did the lead reviewer facilitate the day?	31	6	2	39
%	79%	15%	5%	

Q9	Yes	No		Total Participants
Do you feel that you had adequate time during the day?	35	3		38
%	92%	8%		

Q10	Yes	No		Total Participants
Were there any elements that you could not achieve during...	2	37		39
%	5%	95%		

Q11: If yes, please explain:

As our services caters for Deaf young people and we have Deaf staff, most sessions involve interpreters. This means the discussion takes a little longer. At the end of the day we discussed the possibility of extending the day a little in future so that all staff and young people are able to contribute fully. Also for future visits we need to consider adapting the young people's questionnaire prior to the visit to match the needs of the client's to be interviewed as some questions are inappropriate e.g. Do you have access to a phone?

Because of the number of tasks to get through and the lead reviewer's anxiety to keep to time, there was less flexibility and opportunity to discuss some issues in detail. Because of our geographical challenges, it was not possible to get any parents here for the visit which was a loss to the process.

One reviewer was a consultant from another unit and offered helpful comparison for us and lively and useful dialogue, however the other 2 reviewers were a trainee psychologist and a dietitian both of which had limited insight into the running and ethos of their service therefore the sharing of ideas and practices were rather absent. I feel that it may be useful for QNIC to be clear to services who are nominating reviewers to consider the role of the reviewer and not to send somebody primarily as a learning experience.

The lead reviewer did as well as could be expected in the circumstances given the nature of the context - our unit will not exist in its current form in the future and so we used the opportunity to compare now and when we joined the 5th cycle. This all meant that the staff period and discussion ran into each other which was useful.

Timing issues meant that no availability to look at focus discussion in any depth

Q12	Very Useful	Mostly Useful	Partly Useful	Total Participants
How useful was the peer review process to go through?	24	14	1	39
%	62%	36%	3%	

	Yes	No		Total Participants
Q13				
Do you think you/the organisation learnt anything new?	35	4		39
%	90%	10%		

Q14: Do you have any other general comments regarding the peer review process:
Positive:
I thought the day went very well, the reviewers were particularly relevant to our service which meant that they could understand some of our issues and share their solutions to similar problems.
I was just such a helpful experience! All staff that attended and the young people have given very positive feedback. The only improvement would be just having slightly longer to discuss things, however there are only so many hours in one day!
A VERY THOROUGH AND THOUGHTFUL REVIEW. WE WERE PLEASED OUR NEW MANAGER AND COMMISSIONER JOINED AT THE END (FEEDBACK SESSION) - THIS IS A FIRST FOR US AND THE REVIEW TEAM CONTRIBUTED WELL TO DISCUSSIONS AT THIS POINT.
It was an excellent day enabling us not only to focus on our areas for improvement but also our achievements which are often forgotten throughout the year.
I would just like to say that it was a really positive experience. Although fully aware it is aimed to assist in the development of services, I did feel nervous prior to the visit as it was our first evaluation. However the 3 reviewers were very friendly and the lead reviewer carried out that role really well. The feedback was helpful in regards to thoughts for the future development but also the positives and leaving us with the sense we had made a good start at what we are trying to achieve. So a big thank you to Tim, Leroy and Sarah for their time and help.
It went very well and was very good to share ideas with the peers from the other Units and learn from their Experiences
Peer review went very well, suggestions for improvements were very useful, process overall comprehensive and specific enough for relevant changes/improvements to be made/reviewed.
The external review team were experienced and gave useful feedback. The lead reviewer managed the day superbly!
The peer review day was very useful. The reviewers were very experienced and knowledgeable.
This particular review was the most useful so far for our unit. I think this is because the review team was diverse, and they had all taken the time to prepare for the day and were therefore quickly able to tune in to the issues facing the unit. This has not always been the case in the past.
Very useful process which we found really helpful.

We are happy with the process. Although we had a period of time where membership lapsed we found that previous recommendations were acted upon in order to improve facilities

We got ideas on how to approach senior management in regards to them supporting us to make some improvements on the unit. -got useful and helpful ways of making our unit safe. -gave us the confidence to be able to challenge some old time traditions and cultures that hinders progress on the unit.

Suggestions/criticisms:

Again timing is always an issue. There is no real opportunity on the day for discussion, either about host unit issues or visiting practitioner units/ issues/ ideas. I feel the self review process in itself could prompt further action from host units themselves without needing to be gone over again on the day as the process of identifying actions has already begun, leaving more time on the day for discussion.

As we discussed on the review day, it would be useful if the Qnic standards could be linked to the CQC standards somehow so that the QNIC accreditation would be recognised by the CQC.

During the feedback session we responded to some of the comments made by the frontline staff in order to explain context - it did feel as if the report was then written without reference to this conversation and we now need to raise the same points again and make alterations to the document.

Some other method of engaging parents would be very helpful. Perhaps questionnaires in advance might be a way of engaging parents.

The only issue from us was that some of the questions the reviewers was asking were generic CAMHS based and were not applicable to an Eating Disorder only CAMHS unit Might be an idea to have questions that cover all CAMHS services regardless of speciality and then questions and review areas specifi to the sub-specialits

Both of the peer reviewers were from units in Ireland and both were from the nursing disipline. The review and our unit would benifit all the more from reviewers from services in the UK and from a range of disiplines. This is something we would seek in the future.

The peer review process depends very much on the peers that come for the visit and their level of experience and expertise. Although it is good to share ideas and areas of good practice, I think that there could be better outcomes.

The team feel that perhaps there needs to be some revision of the standards for Childrens services.

This is a unit for children and we would appreciate if one of the reviewers could possibly be from a similar unit as it can be difficult to discuss certain situations with reviewers with no child inpatient experience/knowledge

Thought should be given to the level or amount of experience of working in an inpatient unit that a peer reviewer has who does a peer review. If a peer reviewer does not have much inpatient experience, this can mean that their contribution to discussions can be limited.

Q15: What other forms of support in relation to QNIC do you th...

auditing the units in things like care planning and risk assessments. auditing staff training and support systems that are in place for staff.

Guidance and information on providing and developing inpatient services in the current financial and political climate of working in the NHS, for example, shorter treatment periods, acute or emergency admissions.

Information on current and new treatments and therapies would be useful as nursing staff don't always have a lot of time to research or liaise with other professionals.

It might be helpful to have a checklist for the organiser of the review to make sure they have got things done in time (such as prompting about getting the consent forms signed)

On line Documentation completion and also session on QNIC and its role, by QNIC personnel, information is available on the internet but a live training update sessions can be quite useful as well

on-going updates regarding tools and initiatives that are being developed in CAMHS in-patient units.

QNIC is a very helpful organisation - we would like to have further information about Accreditation and the process involved if possible please.

QNIC ROM

QNIC service standards need to be mapped against CQC essential standards as services now have to evidence meeting these.

Support has been excellent enjoyed the process fully and was greatly beneficial thank you

WE ARE INTERESTED IN FINDING OUT MORE ABOUT THE ACCREDITATION SCHEME AND WOULD WELCOME FURTHER INFORMATION/GUIDANCE ON THIS

We have had various members of staff attend the days in London which have been useful and there is on-going discussion around measurement tools - which was discussed at the review and will be for further discussion amongst the team.