**Quality Network for Inpatient CAMHS Joining Form**

**Unit Information**

|  |  |
| --- | --- |
| Organisation |  |
| Unit Name |  |
| Age Range |  |
| Number of beds |  |
| Unit Type *(Please tick*  *as appropriate)* | * General Adolescent Unit * Children’s Unit * PICU * Forensic * High Dependency Unit * LSU * MSU * Eating Disorder Service |
| If your service is **not** an ED specific unit,  does your unit take ED patients? *(Please tick*  *as appropriate)* | * Yes * No * N/A – ED Specific unit |
| Does your unit have **dedicated** ED beds?  If so, how many? |  |
| Does your unit take day patients? If yes,  please state how many day spaces you have | * Yes \_\_\_\_\_ places * No |

**Staffing Levels**

|  |  |  |
| --- | --- | --- |
| Minimum Nurse Staffing Levels | | |
|  | Qualified | Unqualified |
| Early |  |  |
| Late |  |  |
| Night |  |  |

**Dates for your QNIC review visit**

Please provide three convenient dates for your service to receive a peer review. Although you will only receive one visit, we ask you to provide us with three dates to allow for flexibility in organising the reviews. You should aim to choose a day when all key members of staff will be available for interview.

|  |  |  |
| --- | --- | --- |
| Please choose 3 convenient dates | | |
| Date 1: | Date 2: | Date 3: |

Please be specific, (e.g. Tuesday 9th November) and please choose a date, on at least two different week days within the time scale provided to you in the accompanying email. We will contact you to let you know the date of your review in due course.

|  |  |
| --- | --- |
| Please indicate which type of review (i.e **Accreditation** or **Peer Review**), that your  service would like to have.  *(See appendices for explanations of each*  *review type)* |  |

**Finding your service**

|  |  |
| --- | --- |
| Address for your service |  |
| Nearest Station(s) |  |
| Nearest Hotel (please list 3 if possible) |  |
| Local Taxi Service |  |
| Is parking available on site? |  |
| How to find your service if it’s on a large site? |  |

**QNIC Champion Information**

**The Responsibilities of the QNIC Champion**

*The lead contact for your unit will be known as your QNIC Champion and will be the main point of contact for* ***all*** *correspondence relating to your QNIC membership. QNIC Champions* ***do not*** *need to be service leads and it would be ideal to have someone who has regular access to emails. Being a QNIC Champion for your services involves:*

* *Organising the completion of your review booklet*
* *Arranging the logistics of your review day*
* *Ensuring members of your team attend at least three reviews per year*
* *Informing the QNIC project team of any staffing changes so we can update our records (e.g. if the QNIC Champion changes, or a member of staff leaves your service who may be signed up for a review)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **QNIC Champion** | | | | |
| Title: | First name: | | Surname: | |
| Job Title/Designation: | | | | |
| Address: | | | | |
| Tel: | | | | |
| Email: | | | | |
| **Secondary Contact Details (please give Ward/Unit Manager contact details, or a second suitable link person)** | | | | |
| Title: | | First name: | | Surname: |
| Job Title/Designation: | | | | |
| Address: | | | | |
| Tel: | | | | |
| Email: | | | | |

**Visiting other services**

**Please read this carefully:**

*Please supply the names and contact details of* ***at least three*** *people from your team who will act as QNIC reviewers during the upcoming QNIC cycle. We will use mobile phone numbers to contact reviewers prior to or on the day of the review only. There should be one reviewer with a medical background, one nursing (including HCAs with at least two years CAMHS experience) and another member of the MDT (e.g.: psychology or occupational therapy). The additional reviewer can be from either medical, nursing or MDT background. Two of the three reviewers should be senior members of the unit team and all reviewers must have at least 1 years’ experience in CAMHS.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Peer-Reviewers**  **Please list any reviewers from your ward/Unit that will be able to visit another service this year** | | | | |
| **Name** | **Role** | **Email** | **Mobile phone number** | **Convenient locations to visit** |
|  |  |  |  |  |
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*N.B: It is your QNIC Champion’s responsibility to ensure that at least three of your reviewers sign up to attend a review. Once signed up, if the reviewer can no longer attend the review then it will be their responsibility to find a replacement.* ***If towards the end of the cycle your team has not signed up at least three reviewers for review attendance, we will then allocate your service to reviews and you will be expected to send members of staff to attend these.***

*Please note: your trust/organisation will be expected to cover any travel expenses incurred from attending reviews.*

**Confirmation**

*By choosing three dates: I confirm that the unit team has discussed and agreed that unit staff will be available to receive a peer-review on one of the dates below. We will keep these dates blocked in our diaries until we hear from QNIC which one has been chosen. We understand that QNIC will choose one of these dates and get back to us. We realise that once agreed, the dates are non-negotiable.*

*We accept that if we choose to cancel the review on the date agreed, QNIC cannot guarantee being able to rearrange the visit (with the exception of a genuine emergency), and teams will still be required to pay the full membership fees.****If you do cancel your review and it is re-arranged for another date, there will be an £750 + VAT administration fee to cover this*.**

* **QNIC are now offering an opt-out service, so we will continue to invoice your service annually for a peer review membership until you inform us otherwise**
* **I confirm that all members of the staff team have been informed of the unit’s membership to QNIC, and all reviewers are aware of what is required from them.**

|  |  |
| --- | --- |
| **Signed Name (to be signed by the QNIC Champion):** | **Date:** |

**Appendices**

**Appendix A: Peer Review**

* Peer Reviews run on an annual cycle and within this have two phases:

1. The **self-review** phase:
   * Services must complete the standards workbook using a three-point rating scale (met, partly met, not met). This should be completed as a team so that a range of disciplines are represented.
2. The **Peer review** phase:
   * The self-review is followed by a one day visit by 3-4 professionals who work within inpatient CAMHS. This is a non-judgemental, supportive process looking at areas of practice self-rated as either partly or not met. Much of the day will focus around information sharing with peers.

* From this a report is produced which should be shared amongst the team and with senior management, hospital directors etc. Before the report is finalised, there is a chance for the service to provide feedback on the draft report and add a foreword in which the service can reflect on their peer review experience and what they have learnt during this process. This report is the property of the unit, and QNIC will not publish it in the public domain.

**Appendix B: Accreditation**

* The Accreditation process runs on a three-year cycle. Unlike the peer review phase, standards workbooks are completed using a two-point rating scale. This means that standards can only be marked as met or not met.
* The Accreditation review year has three phases:

1. The first is the **self-review** phase of the accreditation review is more comprehensive and includes questionnaires from a variety of perspectives, policy and case note audits, and the standards workbook.
2. This is followed by the **peer review** phase is a longer day with 4 – 5 reviewers attending, assessing evidence that your service is meeting the standards.
3. The data collated in the previous two stages is then assessed by the **Accreditation Committee** who recommend decide the whether a service is ready for accreditation. The outcome of this committee meeting can be one of the following:
   1. The service is accredited.
   2. The service may be deferred to another upcoming Accreditation Committee meeting due to a need to provide further evidence demonstrating that a particular standard or standards are being met.
   3. The service may not be accredited.

* When a service is accredited, this status will last for 3 years, at which point a service can apply for re-accreditation in the following cycle. Whilst your unit’s report will be confidential as above, your unit’s accreditation status will be published on the QNIC website.
* Once accredited your team will need to continue to provide data to show that you are maintaining the quality of your service for another two years. To do this, in the third year of the accreditation, services complete a self-review workbook and there is an informal peer review visit, similar to that in a peer review cycle (see appendix A).