RC PSYCH ROYAL COLLEGE OF PSYCHIATRISTS | QED QUALITY NETWORK FOR EATING DISORDERS



The beauty of support and restoration – by Nancy from the Waterlily Inpatient Prevention Programme
Winner of the 2026 Annual Forum Artwork Competition

QED Inpatient

Annual Report

2023 - 2026

Editors: Eden Breslauer-Friedman

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Foreword

Jessica Grandin

QED Patient Representative

I am pleased to introduce the Quality Network for Eating Disorders (QED) Inpatient Annual Report for 2023–2026. QED works with services to ensure high standards of care and support for people with eating disorders and their carers. Having lived experience of an eating disorder and receiving support from several services over the years, I am passionate about 'giving back' to help improve standards of care for those who are struggling. I believe patient and carer perspectives can offer invaluable insights to support the network and meet the needs of patients and their loved ones, so it is an honour to be working as a patient representative for QED and to have been asked to write the foreword to this report.

Accreditation by QED requires a service to meet specific standards, which the network supports them to achieve, and provides assurance to service users, staff, regulators and commissioners that the service is of high quality. This report reflects the culmination of the hard work of everyone working within services and QED, as well as the patients and carers who play a vital role in providing feedback to support improvements in care. As a patient representative, it has been so encouraging to see the huge effort within and between services and QED to achieve, improve and maintain high standards of care in eating disorders. This collaboration, problem solving and discussion of best practice provides continued opportunities for improvement and consistency in care.

Overall, the report demonstrates a high proportion of QED standards being met across services, with high levels of overall compliance being maintained between 2023 and 2026. Patients and carers are at the heart of these standards, with a focus on communication and collaboration to ensure they are considered, respected and informed and so those who work in services can provide safe and effective care. The report also highlights the need for further improvement in several areas; overall increases in compliance have been limited and some have declined in the last year. QED has provided a number of recommendations to support services in meeting these standards through specific and achievable measures to improve quality of care. I look forward to seeing continued progress and development both within QED and, importantly, in the services providing such vital support. I would like to thank the QED team for giving me the opportunity to be part of the network and for the knowledge that there are a huge number of people striving for better care and outcomes for those in need.

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This Report

The QED Inpatient Report provides an overview of the adherence to the QED 4th Edition Inpatient Standards from 21 reviews across 19 services in England and Wales. Overall, nine services took part in a review in the 2023 - 2024 cycle, six services took part in the 2024 - 2025 cycle, and 11 services took part in the 2025 - 2026 cycle. In the 2023 - 2024 cycle, four services were assessed on their adherence to the QED 3rd Edition Inpatient Standards and were excluded from this analysis to maintain anonymity. In the 2025 – 2026 cycle, one service was excluded from this analysis due to extenuating circumstances. The team collated the data from the remaining 21 accreditation and developmental reviews and carried out quantitative analysis to ascertain the overall compliance to the QED 4th Edition Inpatient Standards.

What to expect in this report:

This national report contains the aggregated results of the 21 reviews undertaken by 19 adult inpatient eating disorder services during the 2023 – 2024, 2024 – 2025, and 2025 - 2026 cycles. It examines contextual data obtained from all services, including average number of beds, average length of stay, average occupancy levels, all gender or single sex service, and WTE staffing numbers.

QED inpatient member services' local reports provide the team with a summary of the number of standard criteria 'met', 'partly met', 'not met', or 'N/A', which then yields an average score for each individual standard. These averages enabled us to obtain a measure of the teams' overall performance for each section of the service standards. The overall compliance for standard domains can be found on pages 6-7.

Limitations

Following an accreditation review, teams have the opportunity to submit additional evidence to the Accreditation Committee to address any unmet standards. The analysis presented in this report is based on data collected at the review stage and does not incorporate any amendments to scores arising from the accreditation process. Results should therefore be interpreted with this limitation in mind.

How to use the findings:

The main body of the report compares average met scores by standard type from the 2023 – 2024, 2024 – 2025 and 2025 – 2026 cycles and highlights key achievements and areas for development across services from each standard domain of the QED Standards. Recommendations from the QED team on how to address commonly unmet standards are then provided. Clinicians working in eating disorder services can view these and consider implementation within their own units.

Although a full summary detailing average scores for each criterion for all participating teams is not included in this report, the QED team is able to provide this data upon request.

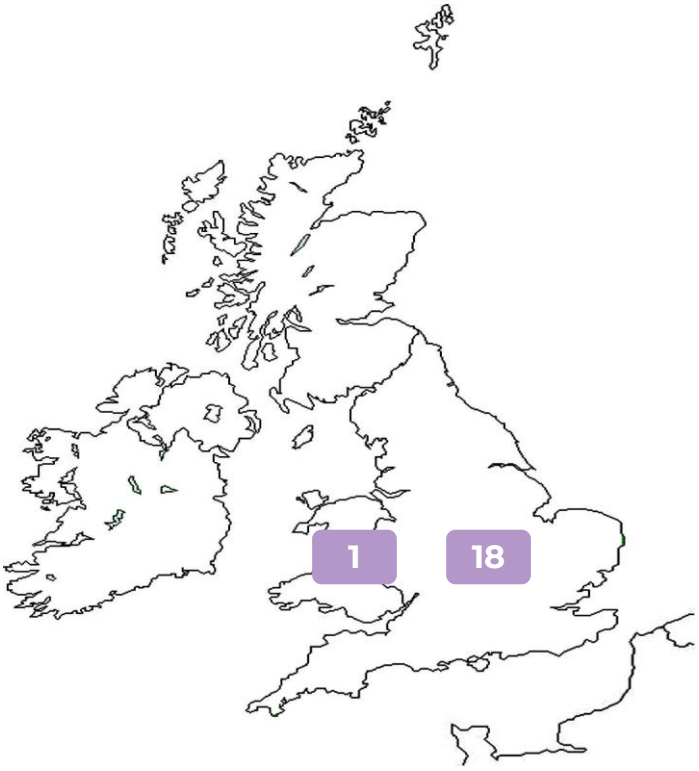
Contextual Data

52
Carers took part in interviews

73
Frontline Staff shared their experiences

19
Member services underwent an accreditation or developmental review

57
Patients took part in interviews



Location

- **19** services took part across 21 reviews in the 2023-2024 [5], 2024-2025 [6], and 2025-2026 [10] cycles.
- There were **three** developmental peer reviews.
- There were **18** accreditation reviews.
- **90%** of services received a face-to-face review attended by peer reviewers from other specialist eating disorder services.
- Out of the **19** QED services who took part, **18** members are based in England and **one** is based in Wales.

Contextual Data

All units participating in a QED review were asked to submit data on the number of beds, average length of stay, average occupancy level within the service and if they were an all-gender service. The data presented reflects responses from the 21 reviews assessed against the 4th Edition Inpatient Standards, covering three review cycles: 2023-2024 [5], 2024-2025 [6] and 2025-2026 [10].

2023 - 2024

12.80

Average number of beds, ranging from 10 to 16

138.00

Average length of stay (days), ranging from 74 to 255 days



2024 - 2025

12.17

Average number of beds, ranging from 10 to 15



146.59

Average length of stay (days), ranging from 93 to 182 days

2025 - 2026

13.50

Average number of beds, ranging from 10 to 18

147.47*

Average length of stay (days), ranging from 66 to 420 days



* One service did not provide length of stay data for the 2025-2026 cycle and therefore the average was calculated across nine services rather than 10 services.

Contextual Data

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2023 - 2024

89.65%

Average occupancy levels ranging from 71% to 100%

100%

of services reported as all gender services

2024 - 2025

74.71%*

Average occupancy levels ranging from 40% to 93%

83.33%

of services reported as all gender services

2025 - 2026

71.48%

Average occupancy levels ranging from 40% to 100%

90.00%

Of services reported as all gender services

* One service did not provide occupancy data for the 2024-2025 cycle and therefore the average was calculated across five services rather than six services.

Contextual Data

All services engaging in a QED review were also asked to provide a breakdown of their filled Whole Time Equivalent (WTE) staffing numbers to gain a national picture of staffing. For each service, Whole Time Equivalent (WTE) for each staff group was divided by the number of beds on the ward. These values were then averaged across services and multiplied by 12 to calculate the average WTE of service occupations standardised to a 12-bedded ward.

Average WTE of service occupations calculated for a 12-bedded service*

Staffing Type	2023-2024	2024-2025	2025-2026
Consultant Psychiatrist	1.15	0.77	0.78
Non-consultant Psychiatrist	0.51	0.56	0.83
Dietitian	0.85	0.90	1.07**
Psychologist	1.34	1.13	1.12
Occupational Therapist	1.43	1.15	0.98
Ward Manager	0.97	0.98	0.96
Registered Nurses	8.79	9.33	9.87
Nursing Assistants	8.35	12.18	11.92
Social Worker	0.15	0.20	0.26
Family Therapist	0.20	0.33	0.21
Administrator	0.97	2.12	1.49

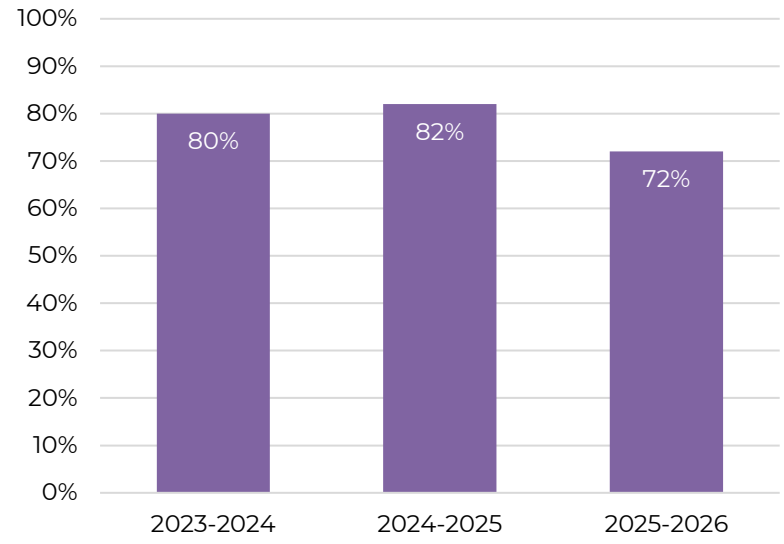
* Due to missing data, these figures were calculated based on 20 inpatient reviews rather than the full 21 reviews for the 2023-2024, 2024-2025, and 2025-2026 cycles.

** One service did not provide WTE staffing data for this profession, and the response has been excluded from the analysis.

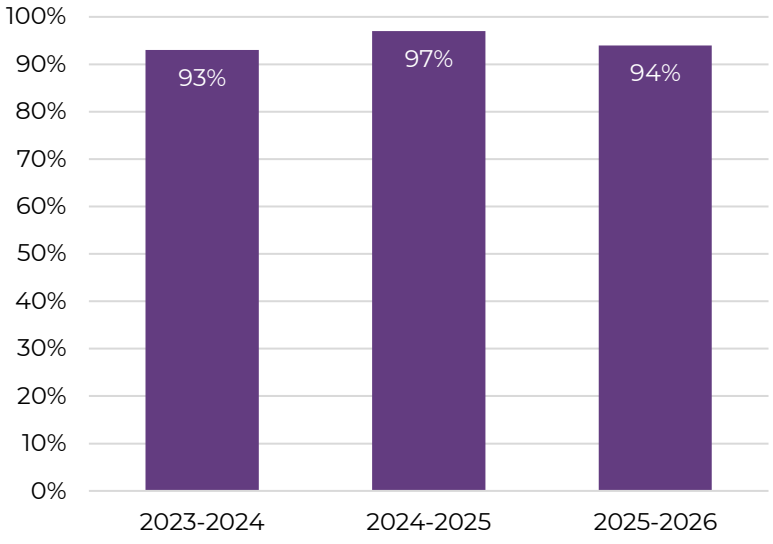
Overall Compliance with Standards

All services were assessed on their compliance with the QED 4th Edition Inpatient Standards. Below is the average total adherence to each of the subsections of these standards (counting "Partly Met", and "Not Met" as not adherent, and "Met" as adherent). Standards marked as "N/A" have been excluded from the analysis.

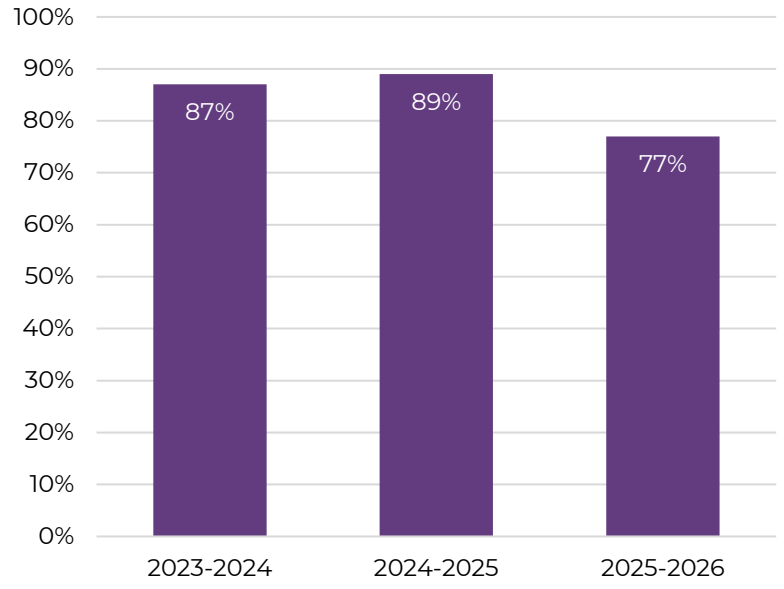
Section 1: Access and Administration



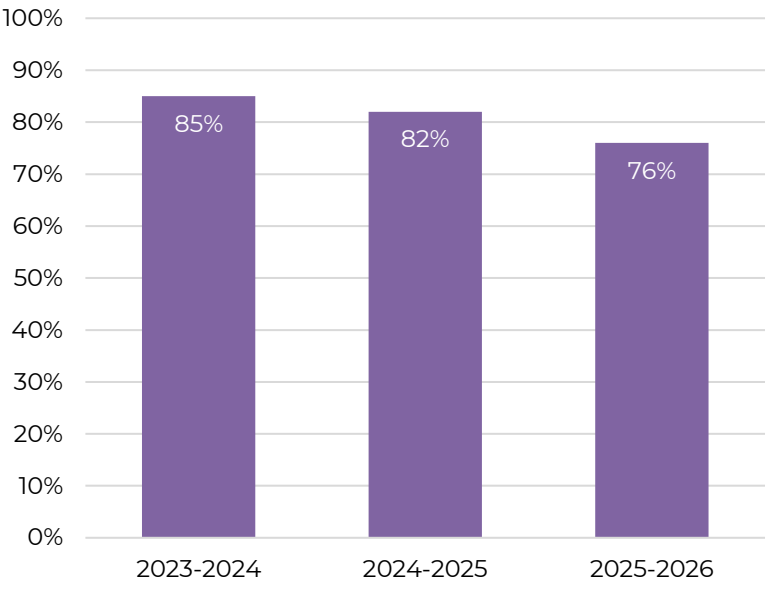
Section 2: Environment and Facilities



Section 3: Staffing and Training



Section 4: Care and Treatment

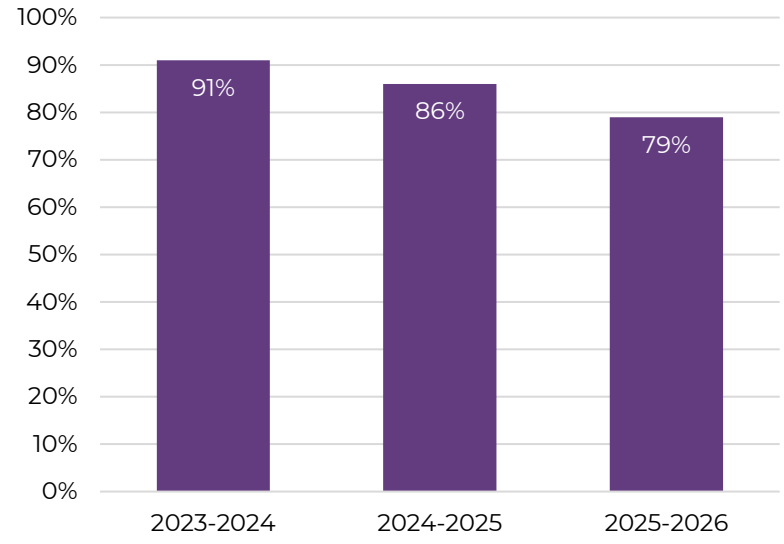


2023 - 2024 data is based on five inpatient units, 2024 - 2025 data is based on six inpatient units and 2025 - 2026 data is based on 10 inpatient units

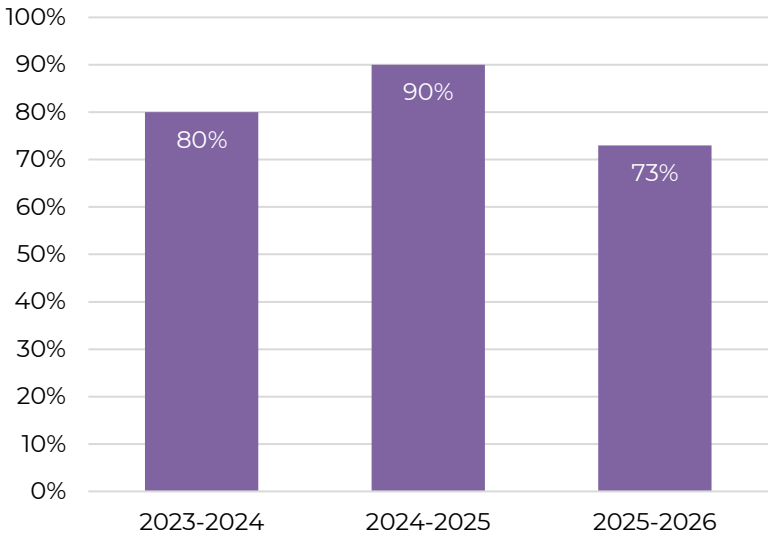
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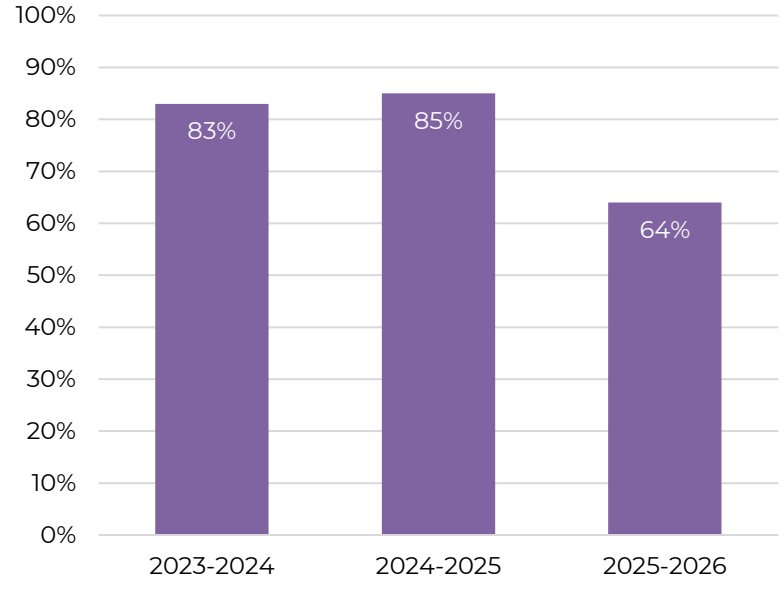
Section 5: Information, Consent and Confidentiality



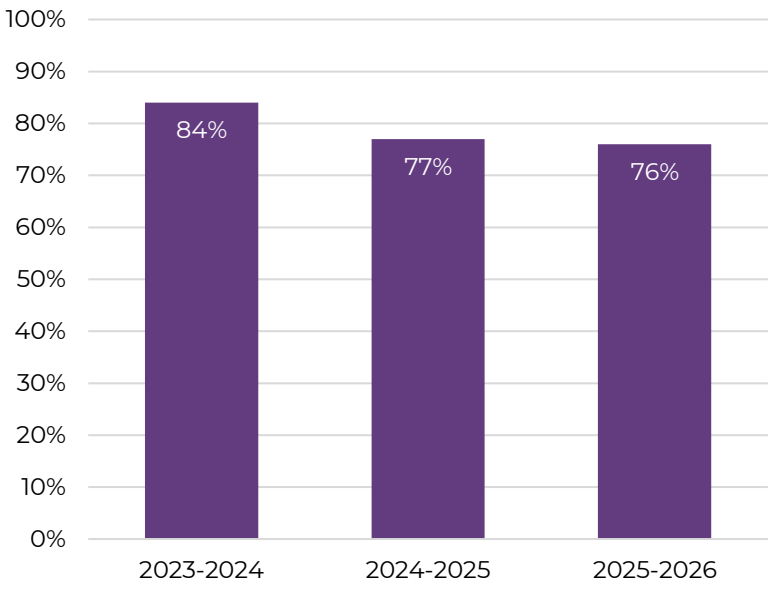
Section 6: Rights and Safeguarding



Section 7: Discharge



Section 8: Clinical Governance



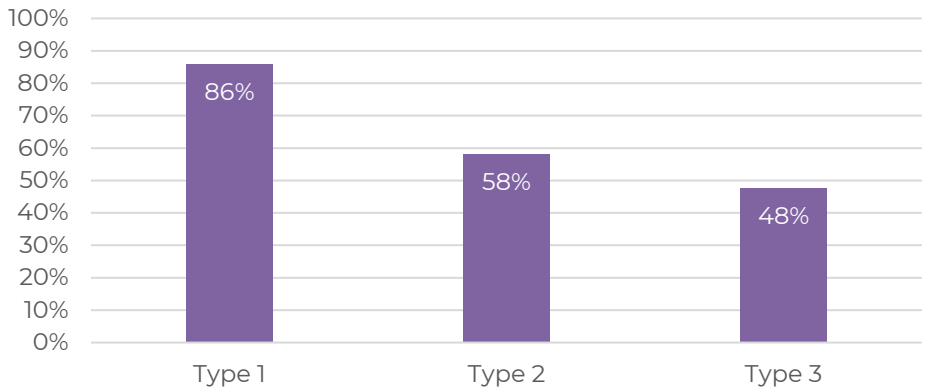
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Section 1: Access and Admission

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Total Met standards (%)

Average % Met for each standard type in this subsection across all three cycles



Achievements

- **Standard 1.2.4 [1]:** At **100%** of services assessment is made of the risk factors for refeeding syndrome as a part of the initial assessment, and appropriate action is taken if indicated, and this is recorded.
- **Standard 1.3.2 [1]:** On admission to the ward, patients feel welcomed by staff members at **95%** of services, who explain why they are in hospital.
- There was full compliance for standards **1.2.4 [1]** and **1.3.2 [1]** during the 2023 – 2024 and 2024 – 2025 cycles.

Areas of Development

- **Standard 1.1.5 [1]: 29%** of services have mechanisms to review data at least annually about the people who are admitted and compare the data to develop action plans to address any inequalities in care planning and treatment.
- **Standard 1.3.1 [2]:** Patients and their families/carers are invited to visit the ward prior to admission at **38%** of services.
- Compliance was lowest for standard **1.1.5 [1]** during the 2024-2025 cycle and for standard **1.3.1 [2]** during the 2025-2026 cycle.

Average compliance of each standard by cycle

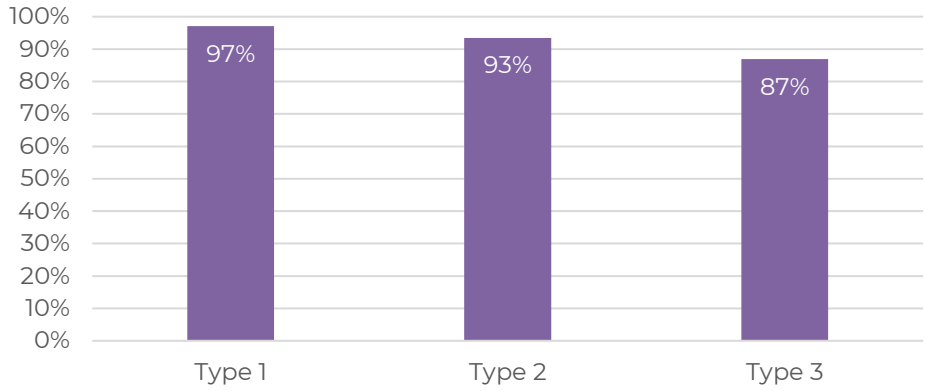
Standard	2023-2024	2024-2025	2025-2026
1.1.5 [1]	40%	17%	30%
1.2.4 [1]	100%	100%	100%
1.3.1 [2]	40%	50%	30%
1.3.2 [1]	100%	100%	90%

Section 2: Environment and Facilities

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Total Met standards (%)

Average % Met for each standard type in this subsection across all three cycles



Achievements

- **Standard 2.1.11 [1]:** At **100%** of services, patients have access to safe outdoor space every day.
- **Standard 2.2.15 [2]:** Patients are able to personalise their bedroom spaces at **100%** of services.
- There was full compliance for standards **2.1.11 [1]** and **2.2.16 [2]** during the 2023-2024, 2024-2025, and 2025-2026 cycles.

Areas of Development

- **Standard 2.2.16 [2]:** Patients are consulted about changes to the ward unit/environment at **71%** of services.
- **Standard 2.2.11 [2]:** At **67%** of services, consideration is given to reduce the impact of a noisy environment on patients.
- There was full compliance for standard **2.2.16 [2]** during the 2023-2024 cycle.

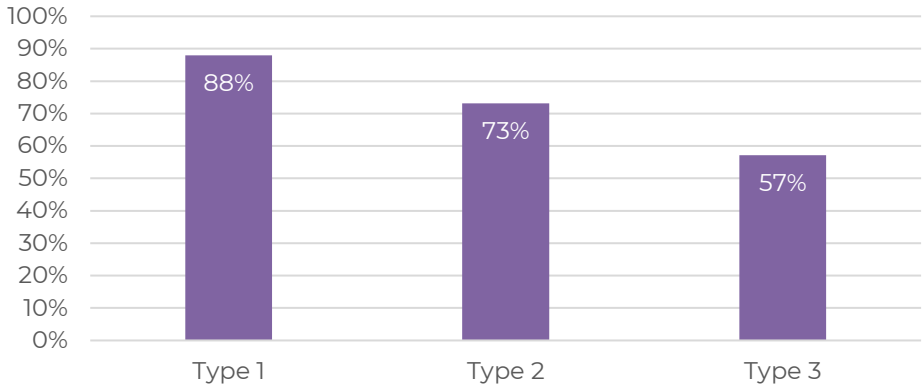
Average compliance of each standard by cycle

Standard	2023-2024	2024-2025	2025-2026
2.1.11 [1]	100%	100%	100%
2.2.11 [2]	80%	83%	50%
2.2.15 [2]	100%	100%	100%
2.2.16 [2]	100%	67%	60%

Section 3: Staffing and Training

Total Met standards (%)

Average % Met for each standard type in this subsection across all three cycles



Achievements

- **Standard 3.4.5 [2]:** Staff who are involved in supporting patients' mealtimes have been trained in meal and post-meal support at **90%** of services.
- **Standard 3.5.4 [1]:** At **100%** of services, staff members feel able to challenge decisions and to raise any concerns they may have about standards of care and are aware of the processes to follow when raising concerns or whistleblowing.
- There was full compliance for standards **3.4.5 [2]** and **3.5.4 [1]** during the 2023-2024 and 2024-2025 cycles.

Areas of Development

- **Standard 3.5.1 [1]: 57%** of services have a mechanism for responding to low/unsafe staffing levels when they fall below minimum agreed staffing levels.
- **Standard 3.1.2 [1]:** At **52%** of services, there is an identified duty doctor available at all times to attend the ward, including out of hours. The doctor can attend the ward within 30 minutes in the event of an emergency.
- There was full compliance for standard **3.5.1 [1]** during the 2023-2024 cycle.

Average compliance of each standard by cycle

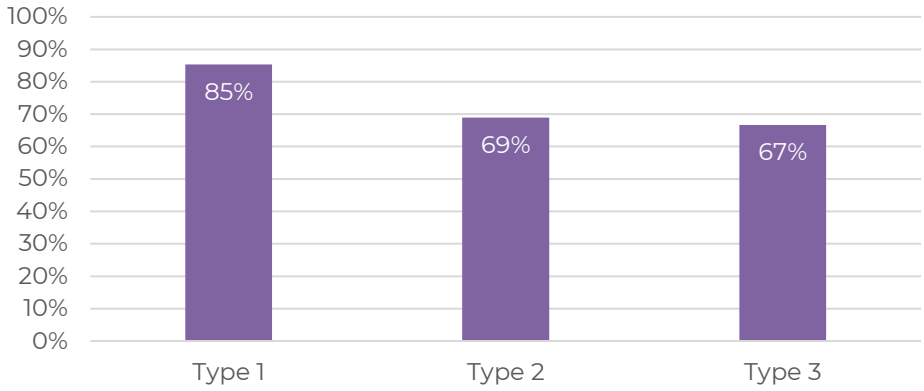
Standard	2023-2024	2024-2025	2025-2026
3.1.2 [1]	80%	67%	30%
3.4.5 [2]	100%	100%	80%
3.5.1 [1]	100%	67%%	30%
3.5.4 [1]	100%	100%	100%

Section 4: Care and Treatment

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Total Met standards (%)

Average % Met for each standard type in this subsection across all three cycles



Achievements

- **Standard 4.1.4 [1]: 95%** of services offer patients personalised healthy lifestyle interventions appropriate to an eating disorder setting, such as advice on appropriate and risk assessed physical activity and access to smoking cessation services, and this is documented in the patient's care plan.
- **Standard 4.2.3 [2]:** There is a minuted ward community meeting that is attended by patients and staff members at **95%** of services. The frequency of this meeting is weekly, unless otherwise agreed with the patient group.
- There was full compliance for standards **4.1.4 [1]** and **4.2.3 [2]** during the 2023-2024 cycle.

Areas of Development

- **Standard 4.1.3 [1]:** Patients have a risk assessment and safety plan which is co-produced (where the patient is able to participate), updated regularly and shared where necessary with relevant agencies (with consideration of confidentiality) at **38%** of services.
- **Standard 4.7.3 [2]:** At **52%** of services, patients have supported periods of home leave to develop independent eating and self-management well in advance of discharge.
- Compliance for standards **4.1.3 [1]** and **4.7.3 [2]** were lowest in the 2023-2024 and 2024-2025 cycles, respectively.

Average compliance of each standard by cycle

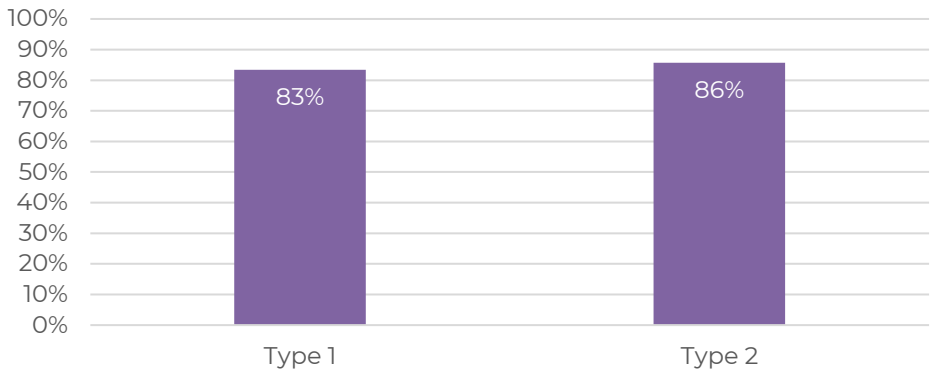
Standard	2023-2024	2024-2025	2025-2026
4.1.3 [1]	20%	67%	30%
4.1.4 [1]	100%	100%	90%
4.2.3 [2]	100%	83%	100%
4.7.3 [2]	80%	33%	50%

Section 5: Information, Consent and Confidentiality

RC PSYCH ROYAL COLLEGE OF PSYCHIATRISTS | QED QUALITY NETWORK FOR EATING DISORDERS

Total Met standards (%)

Average % Met for each standard type in this subsection across all three cycles



Achievements

- **Standard 5.1.2 [1]:** When talking to patients and their families/carers, **95%** of service's health professionals communicate clearly and avoid the use of jargon so that people understand them.
- **Standard 5.1.4 [1]: 100%** of services provide access to an advocacy service, including Independent Mental Health Advocates (IMHAs) for patients.
- There was full compliance for standards **5.1.2 [1]** and **5.1.4 [1]** during the 2023-2024 and 2024-2025 cycles.

Areas of Development

- **Standard 5.2.4 [1]: 57%** of services offer patients (and carers, with patient consent) written and verbal information about the patient's mental illness and treatment.
- **Standard 5.2.6 [1]:** At **67%** of services, carers are provided with information about how to access a statutory carers assessment.
- Compliance was highest for standards **5.2.4 [1]** and **5.2.6 [1]** in the 2023-2024 cycle.

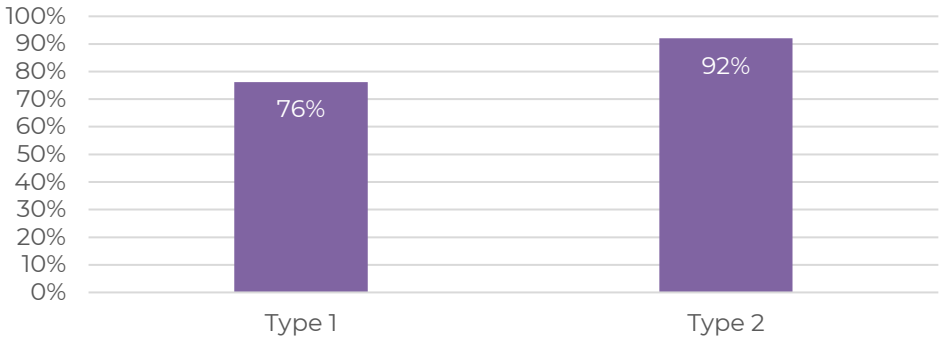
Average compliance of each standard by cycle

Standard	2023-2024	2024-2025	2025-2026
5.1.2 [1]	100%	100%	90%
5.1.4 [1]	100%	100%	100%
5.2.4 [1]	100%	33%	50%
5.2.6 [1]	80%	67%	60%

Section 6: Rights and Safeguarding

Total Met standards (%)

Average % Met for each standard type in this subsection across all three cycles



Achievements

- **Standard 6.1.4 [2]:** Patients have access to relevant faith-specific support, preferably through someone with an understanding of mental health issues at **95%** of services.
- **Standard 6.2.3 [1]:** At **90%** of services, patients are involved (where possible) in decisions about their level of therapeutic observation by staff.
- There was full compliance for standards **6.1.4 [2]** and **6.2.3 [1]** during the 2024-2025 cycle.

Areas of Development

- **Standard 6.3.5 [1]:** At **33%** of services, the multi-disciplinary team collects audit data on the use of restrictive interventions, including the ethnicity of the patients, and actively works to reduce its use year on year through the use of audit and/or quality improvement methodology.
- **Standard 6.3.7 [1]:** In order to reduce the use of restrictive interventions, patients who have been harmful to themselves or others are supported to identify triggers and early warning signs and make advance statements about the use of restrictive practices at **67%** of services.
- Compliance was lowest for standards **6.3.5 [1]** and **6.3.7 [1]** during the 2025-2026 cycle.

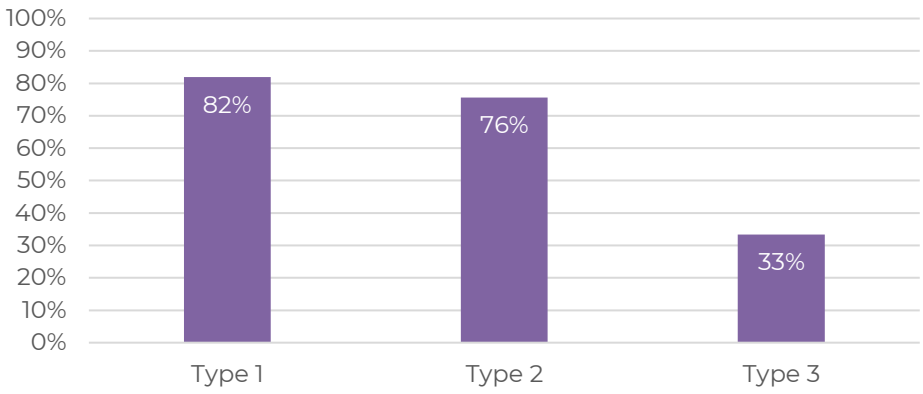
Average compliance of each standard by cycle

Standard	2023-2024	2024-2025	2025-2026
6.1.4 [2]	100%	100%	90%
6.2.3 [1]	80%	100%	90%
6.3.5 [1]	40%	33%	30%
6.3.7 [1]	80%	83%%	50%

Section 7: Discharge

Total Met standards (%)

Average % Met for each standard type in this subsection across all three cycles



Achievements

- **Standard 7.1.1 [1]:** Patients and their family/carer (with patient consent) are involved in decisions about discharge plans and are invited to a discharge meeting at **90%** of services.
- **Standard 7.1.7 [1]:** At **95%** of services, when staff members are concerned about an informal patient self-discharging against medical advice, the staff members undertake a thorough assessment of the patient, taking their wishes into account as far as possible.
- In the 2023-2024 and 2024-2025 cycles, all services had full compliance with standards **7.1.1 [1]** and **7.1.7 [1]**.

Areas of Development

- **Standard 7.1.3 [1]:** At **52%** of services, the team sends a copy of the patient's care plan or interim discharge summary to everyone identified in the plan as involved in their ongoing care within 24 hours of discharge.
- **Standard 7.1.6 [3]: 33%** of services provide specific transition support to patients when their care is being transferred to another unit, to a community mental health team, or back to the care of their GP.
- Compliance was lowest for standards **7.1.3 [1]** and **7.1.6 [3]** in the 2025-2026 cycle.

Average compliance of each standard by cycle

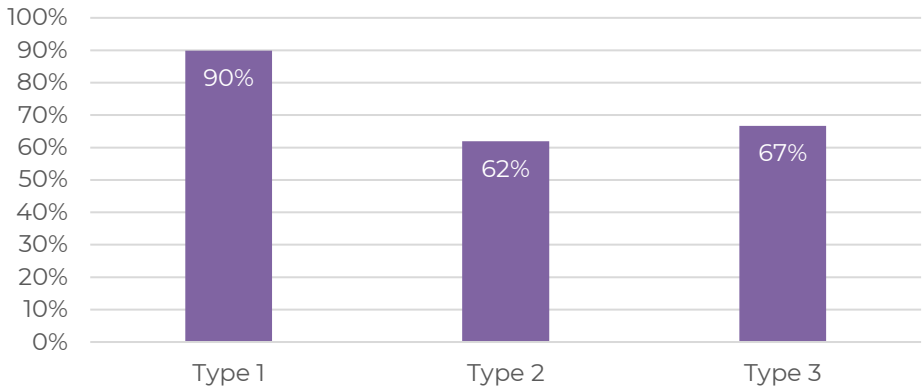
Standard	2023-2024	2024-2025	2025-2026
7.1.1 [1]	100%	100%	80%
7.1.3 [1]	60%	83%	30%
7.1.6 [3]	40%	50%	20%
7.1.7 [1]	100%	100%	90%

Section 8: Clinical Governance

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Total Met standards (%)

Average % Met for each standard type in this subsection across all three cycles



Achievements

- **Standard 8.2.1 [1]: 100%** of services have systems in place to enable staff members to report incidents quickly and effectively, and managers encourage staff members to do this.
- **Standard 8.1.5 [1]:** There is a written protocol for how to manage the nutritional components of refeeding, which is jointly overseen by a nurse and dietitian an emphasises the need to avoid under-nutrition at **95%** of services.
- There was full compliance for standards **8.1.5 [1]** and **8.2.1 [1]** during the 2023-2024 and 2024-2025 cycle.

Areas of Development

- **Standard 8.2.5 [2]:** At **24%** of services, feedback received from patients and carers is analysed and explored to identify any differences of experiences according to protected characteristics.
- **Standard 8.2.10 [2]:** The team actively encourages patients and carers to be involved in QI initiatives at **14%** of services.
- Compliance has decreased over time for both standards **8.2.5 [2]** and **8.2.10 [3].**

Average compliance of each standard by cycle

Standard	2023-2024	2024-2025	2025-2026
8.1.5 [1]	100%	100%	90%
8.2.1 [1]	100%	100%	100%
8.2.5 [2]	40%	0%	30%
8.2.10 [3]	20%	17%	10%

QED Recommendations

We now present a series of recommendations and practical suggestions to help services address commonly unmet standards. These have been drawn from insights and observations gathered during peer review days.

1.1.5

The unit has mechanisms to review data at least annually about the people who are admitted. Data are compared and action is taken to address any inequalities in care planning and treatment.
Guidance: This includes data around the use of seclusion and length of stay in the unit for different groups.

Recommendation:
Services should utilise existing data collected within their trust/organisation, including data on admission, the use of seclusion and length of stay. They should analyse the seclusion and length of stay data with reference to protected characteristics and include commentary on the findings of the analysis. The service should then outline what actions have been taken in response to any inequalities found. The report should briefly explain the impact of any actions taken so far and note any planned next steps for the coming year. Embedding this process within governance cycles and involving multidisciplinary teams in the analysis can help ensure that responses to identified inequalities are both timely and effective. Where appropriate, services could also consider involving patient representatives in interpreting the data and shaping the resulting improvements.

2.2.16

Patients are consulted about changes to the ward/unit environment.

Recommendation:
To demonstrate that patient views are valued and considered, teams should utilise community meetings and service experience questionnaires to identify relevant areas of need within the ward. In response to patient feedback, the service should communicate decisions made and explain the rationale for any suggestions that cannot be implemented.

3.1.2

There is an identified duty doctor available at all times to attend the ward/unit, including out of hours. The doctor can attend the ward/unit within 30 minutes in the event of an emergency.

Recommendation:
Services should have an agreement or formal document requiring that the duty doctor is able to attend the ward within 30 minutes in the event of an emergency. To support ongoing compliance and ensure a timely response to medical emergencies in inpatient settings, it is recommended that teams regularly review audit data relating to duty doctor response times. Where audits identify instances of non-compliance or delayed attendance, the service should develop an action plan to address these issues and consider reviewing policies with relevant staff to strengthen understanding of duty doctor requirements.

4.1.3

Patients have a risk assessment and safety plan which is co-produced (where the patient is able to participate), updated regularly and shared where necessary with relevant agencies (with consideration of confidentiality).
Guidance: This assessment considers risk to self, risk to others and risk from others.

Recommendation:
While some trust-wide risk assessment templates have limited free-text fields, services could consider developing a form for patients to complete. Support could be offered from staff where needed, and this can be fed into the final risk assessment and safety plan. Co-production can help ensure that patients feel involved and empowered in decisions relating to their care and safety, while demonstrating that their views are valued. Services may also wish to consider developing this form in an easy-read format to increase accessibility for patients.

QED Recommendations

5.2.4

Patients (and carers, with patient consent) are offered written and verbal information about the patient's mental illness and treatment.
Guidance: Verbal information could be provided through a 1:1 meeting with a staff member, a ward round or in a psychoeducation group. This should include information on the both the short- and long- term risks of eating disorders.

Recommendation:
Written information may include leaflets and posters, such as those available on the RCPsych website, which can signpost patients and carers to additional online resources. In addition to the formats for verbal information outlined in the standard, teams should ensure that patients and carers are regularly reminded that dedicated time can be arranged with a staff member to discuss the patient's mental illness and treatment throughout their admission. To support compliance with this standard, services could use a ward round checklist to record that this information has been provided to patients and carers in both verbal and written formats.

6.3.7

In order to reduce the use of restrictive interventions, patients who have been harmful to themselves or others are supported to identify triggers and early warning signs and make advance statements about the use of restrictive interventions.

Recommendation:
Services should encourage patient involvement in the development of positive behavioural support plans. These plans can facilitate collaborative discussions about how staff can help reduce the need for restrictive interventions. Teams could incorporate a RAG (Red, Amber, Green) rating system into their admission checklist to enable patients to communicate how they would like staff to interact with them. This information could be displayed on patients' doors to remind regular staff and inform less familiar staff of these preferences.

The team sends a copy of the patient's care plan or interim discharge summary to everyone identified in the plan as involved in their ongoing care within 24 hours of discharge.

Guidance: The plan includes details of:

- *Care in the community/aftercare arrangements;*
- *Crisis and contingency arrangements including details of who to contact;*
- *Medications including monitoring arrangements;*
- *Details of when, where and who will follow up with the patient.*

7.1.3

Recommendation:

Services should be able to demonstrate that interim discharge summaries are routinely sent to the patient and everyone involved in their ongoing care within 24 hours of discharge. Teams could consider developing a standardised template to ensure all necessary information is included in interim discharge summary documents, to promote consistency in discharge processes across the service and to support both continuity of care and future auditing.

The team actively encourages patients and carers to be involved in Quality Improvement (QI) initiatives.

Recommendation:

Opportunities for patients and carers to be involved in QI initiatives can be highlighted during community meetings, on ward information boards, and within any external communications with carers. Teams can also consider setting up a patient and/or carer participation group to encourage involvement in QI work. Finally, services could encourage recently discharged patients to look into any lived experience opportunities available within the trust, to get involved with service improvement at the trust level.

8.2.10

Process

Who we are

The Quality Network for Eating Disorders (QED) works with inpatient and community services to ensure and enhance the quality of care provided to patients and their carers. Established as an independent network in 2012, QED is part of a larger initiative by the Royal College of Psychiatrists Centre for Quality Improvement (CCQI), which includes approximately 30 quality networks, accreditation projects, and audit programmes. A full list of member services and their current accreditation status is available to view on our website.

What we do

Through a comprehensive process of review, we identify and acknowledge high standards of organisation and patient care and support other services to achieve these. We support and engage inpatient units and community services in a process of quality improvement through peer-led reviews against a set of specialist standards for eating disorders. The process is supportive and promotes sharing of best practice between services. Involving patients and carers in QED is a priority, and people with first-hand experience of using eating disorder services are encouraged to get involved in all stages of the review process.

The network is supported by two crucial groups: the Advisory Group is a dedicated team who provide guidance to ensure the network's continued growth and visibility. Their input is instrumental in shaping national recommendations for both inpatient and community eating disorder services. Alongside them, the Accreditation Committee also plays a pivotal role in informing key accreditation decisions and upholding consistency of the process. Comprising professionals and experts by experience, both groups represent areas of expertise within the field of eating disorder services.



The beauty of support and restoration – by Nancy from the Waterlily Inpatient Prevention Programme
Winner of the 2026 Annual Forum Artwork Competition

About QED



Annual review cycle

The review process has two phases:

1. Completion of a self-review workbook
2. External peer-review which takes place between September and June

Each year, QED services undergo their self-review, followed by an in-person review. When a team pursues accreditation, their accreditation status remains valid for three years from the date of their initial presentation to the Accreditation Committee. During this period, the team's adherence to the QED standards is continuously assessed and upheld.

The results are fed back in local and national reports. Inpatient units or community services then take action to address any development needs that have been identified. The process is ongoing rather than a single iteration.

Jargon Buster

Self-review
A service will score themselves against the QED standards and identify key areas of achievement and improvement.

Peer review
A panel of reviewers including a patient/carer representative visits a service and assesses them against the QED standards in discussion, interviews and a tour of the premises.

Accreditation
These reviews are more thorough than the usual quality improvement reviews in that they require more evidence to validate self-ratings, use more information sources and more methods of data collection.

QED 4th Edition Inpatient Standards

The QED assesses eating disorder services according to a set of standards. The network undergoes a standards revision process every two years. These standards are drawn from a variety of authoritative sources and incorporate feedback from patient and carer representatives, as well as experts from relevant professions. The 4th Edition standards were published in December 2023.

The standards are used to generate a series of data collection tools for use in the self and peer review processes. Participating teams rate themselves against the standards during their self-review. This model aims to facilitate incremental improvements in service quality.

The standards are split into eight subsections:

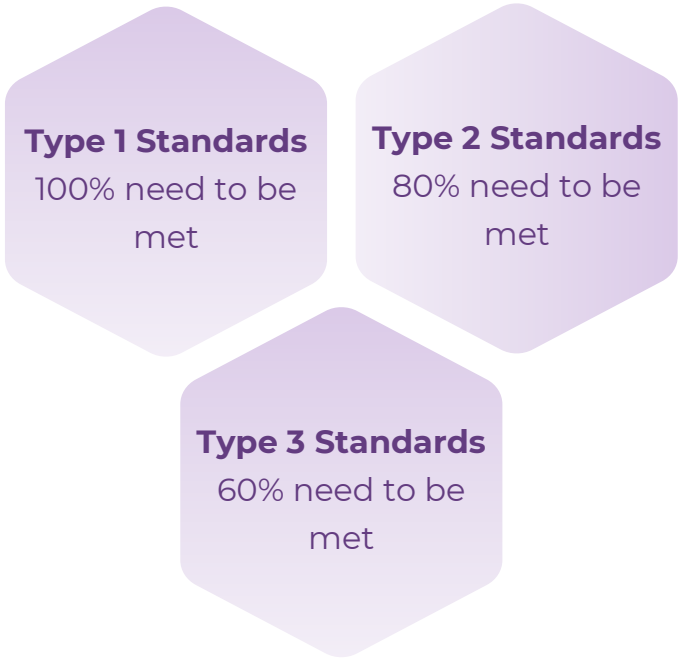
- Access and Admission
- Environment and Facilities
- Staffing and Training
- Care and Treatment
- Information, Consent and Confidentiality
- Rights and Safeguarding
- Discharge
- Clinical Governance

Standards are categorised as a type 1, 2 or 3.

Type 1: Essential standards. Failure to meet these would result in a significant threat to patient safety, rights or dignity and/or would breach the law. These standards also include the fundamentals of care, including the provision of evidence-based care and treatment. Accredited services need to meet 100% of these.

Type 2: Expected standards that most services should meet. Accredited services need to meet at least 80% of these.

Type 3: Desirable standards that high performing services should meet. Accredited services must meet at least 60% of these.



Get Involved

Do you want to learn from other Eating Disorders services and earn CPD points? If the answer is yes, sign up to be a peer reviewer for the upcoming 2026-2027 cycle!

- If you want to share knowledge, support the network and generate ideas for service improvements by attending a peer review, please complete the **sign-up form**.
- For developmental reviews, no training is required to be a peer reviewer.
- For accreditation reviews, reviewers are required to attend one of our accreditation trainings. The next accreditation training will be in January 2027.

Join the QED Accreditation Committee

WHY JOIN

- **Collaborative Work:** Engage with professionals from various disciplines.
- **Professional Growth:** Show commitment to excellence and leadership.
- **CPD Opportunities:** Enhance your portfolio through network activities.
- **Learning & Events:** Contribute to our programme, present research, or propose themes.
- **Stay Updated:** Keep up with the latest developments and implement good practices

- Review evidence/documentation and award accreditation status for services.
- Ensure gold standard care by overseeing best practices in the field.
- Collaborate with a multi-disciplinary committee on relevant standards.
- Meets six to seven times a year via Microsoft Teams. Meetings run for approximately four hours.

We are looking for...

We are open to all professional backgrounds, but are particularly interested in hearing from:

- Specialty Doctors
- Consultant Psychiatrists
- Dietitians
- Qualified Therapists

To register your interest and for more information, please email qed@rcpsych.ac.uk

Acknowledgements

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QED Inpatient Member services:

Ash Ward – Ellern Mede Barnet, Ellern Mede Group

Aspen Centre, Coventry and Warwickshire Partnership NHS Trust

Aspen Ward – Priory Cheadle Royal Russell House, The Priory Group

Avalon Ward, Springfield, South West London & St George's Mental Health NHS Trust

Bartle Unit – Priory Hospital Preston, The Priory Group

Birch Ward, Tees, Esk & Wear Valleys NHS Foundation Trust

Cedar Ward– Priory Cheadle Royal Russell House, The Priory Group

Cilantro Suite, Birmingham and Solihull Mental Health NHS Foundation Trust

Coll Ward – Priory Hospital Glasgow, The Priory Group

Cotswold House, Marlborough, Oxford Health NHS Foundation Trust

Cotswold House, Oxford, Oxford Health NHS Foundation Trust

Eating Disorder Service – Priory Hayes Grove, The Priory Group

Iris Ward, St Ann's Eating Disorder Service, North London Foundation Trust

Kimmeridge Court, Dorset HealthCare University NHS Foundation Trust

Kinver Ward, Midlands Partnership NHS Foundation Trust

Lotus Ward – Priory Hospital Bristol, The Priory Group

Middlewood Clinic, Elysium Healthcare

Newmarket House Clinic, Newmarket House

Nightingale Hospital Eating Disorders Service, Group Sinoue, Nightingale Hospital

Nova Ward – Cygnet Elowen Hospital, Cygnet Group

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QED Inpatient Member services (cont.):

Oak Ward – Priory Woodbourne Hospital, The Priory Group

Oaktrees, Cheshire & Wirral Partnership NHS Foundation Trust

Priory Marlow, The Priory Group

Regional Eating Disorder Unit (REDU), NHS Lothian

Rharian Fields, NAViGO

Richardson Eating Disorder Service – Ward 31A, Northumberland, Tyne & Wear NHS Foundation Trust

Riverdale Grange, Riverdale Grange Limited

S3 Ward, Addenbrookes Eating Disorder Service, Cambridge and Peterborough NHS Foundation Trust

Skylark Ward – Priory Hospital Southampton, The Priory Group

Springfield Ward – Priory Hospital Chelmsford, The Priory Group

STEPS Eating Disorder Unit, Acer Unit, Avon and Wiltshire Mental Health Partnership NHS Trust

Sunrise Ward – Cygnet Hospital Ealing, Cygnet Group

The Haldon, Devon Partnership NHS Foundation Trust

Tyson West 2, South London and Maudsley NHS Foundation Trust

Vincent Square, Central and North West London NHS Foundation Trust

Ward 6, Newsam Centre – Yorkshire Centre for Eating Disorders, Leeds Partnership NHS Foundation Trust

Welford Ward – Leicester Adult Eating Disorders Service, Leicestershire Partnership NHS Trust

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

QED
QUALITY NETWORK FOR EATING DISORDERS



QED

The Royal College of Psychiatrists

21 Prescot Street

London

E1 8BB

QED@rcpsych.ac.uk

www.rcpsych.ac.uk/qed