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**QED Inpatient starter form**

|  |  |
| --- | --- |
| Trust/Organisation: | Click here to add text |
| Ward/Unit name: | Click here to add text |
| Ward/Unit address: | Click here to add text |
| Ward/Unit Telephone number: | Click here to add text |
| Number of beds: | Click here to add text |

|  |  |  |  |
| --- | --- | --- | --- |
| Primary contact details  *This is the person to whom we will send* ***all*** *communications, including the final accreditation decision, unless otherwise specified)* | | | |
| Title: | Click here to add text | | |
| First name: | Click here to add text | Surname: | Click here to add text |
| Job title/designation | Click here to add text | | |
| Address: | Click here to add text | | |
| Telephone number: | Click here to add text | | |
| Email address: | Click here to add text | | |

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| --- | --- | --- | --- |
| Secondary contact details  *Please give Ward/Unit Manager contact details, or a second suitable link person* | | | |
| Title: | Click here to add text | | |
| First name: | Click here to add text | Surname: | Click here to add text |
| Job title/designation | Click here to add text | | |
| Address: | Click here to add text | | |
| Telephone number: | Click here to add text | | |
| Email address: | Click here to add text | | |

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| Peer-reviewers  *Please list any reviewers from your ward/unit who are accreditation trained and will be able to visit another service this year* | | |
| Name | Role | Email address |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Please list the names of additional staff members who would like the opportunity to train as peer-reviewers  *Please note that it is a condition of membership to provide at least two peer-reviewers from your ward – one nurse and one member of the MDT (e.g. psychologist, psychiatrist, occupational therapist)* | | |
| Name | Role | Email |
|  |  |  |
|  |  |  |
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| --- | --- |
| Peer-review date booking  *Please choose three suitable dates in at least four months’ time in order to give your team enough time to complete the self-review and data collection process.*  *Please select dates that enable maximum participation from the MDT, frontline staff and ward/unti management.* | |
| Date one : |  |
| Date two : |  |
| Date three : |  |
| * **I confirm that the ward/unit team have discussed and agreed that staff will be available to receive a peer-review visit on the dates above.** * **We understand that the QED Project Team will confirm one of these dates with us, and that once agreed, the date cannot be changed.** * **We accept that if we choose to cancel the review on the date agreed, the ward/unit may be liable to cancellation/re-scheduling charges.** | |

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| Staffing  *Please detail how many members of staff of the following professions have regular input onto the ward. Please give actual numbers of staff and whole time equivalents.* | | |
| Profession | Number | WTE |
| Administrator: |  |  |
| Dietitian: |  |  |
| Nursing assistant: |  |  |
| Occupational therapist: |  |  |
| OT support worker, assistant psychologist or student nurse: |  |  |
| Other clinical (e.g. physiotherapist): |  |  |
| Other non-clinical (e.g. social worker, chaplain): |  |  |
| Pharmacists/pharmacy technicians: |  |  |
| Psychiatrists: |  |  |
| Psychologists: |  |  |
| Registered nurses: |  |  |
| Total: |  |  |

|  |  |  |
| --- | --- | --- |
| Minimum staffing levels | | |
| Shift | Qualified | Unqualified |
| Early |  |  |
| Late |  |  |
| Night |  |  |

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| --- | --- | --- |
| Email discussion group  *Please list any staff members in your service who would like to be part of the QED mailing list and Knowledge Hub platform* | | |
| Name | Role | Email |
|  |  |  |
|  |  |  |
|  |  |  |

Please complete and return this form to Hannah Lucas ([Hannah.Lucas@rcpsych.ac.uk](mailto:Hannah.Lucas@rcpsych.ac.uk))**.**

**Please note: It is your responsibility to notify us of any changes to the information provided on this form.**