APPENDIX 1

CAMHS QUALITY NETWORK FOR COMMUNITY CAMHS

RC PSYCH ROYAL COLLEGE OF PSYCHIATRISTS

Kent and Medway All Age Eating Disorder Service

North East London NHS Foundation Trust

03 October 2019

Editor: Arun Das

Contents

Introduction

Background to QNCC

The Quality Network for Community CAMHS was established in 2005 with initial funding from the Department of Health and the Gatsby Charitable Foundation. QNCC forms part of the Royal College of Psychiatrists' Centre for Quality Improvement (CCQI).

Participating teams rate themselves against the ten sections of the QNCC Service Standards via an annual process of self and peer review. This model aims to facilitate incremental improvements in service quality.

The Peer Review – 03 October 2019

The service took part in a comprehensive review looking at all ten sections of the service standards.

A visiting team spent one day at the service speaking to staff, young people and parents/carers about the service. This followed a self-review where local staff rated themselves against the standards. The review cycle is described in Appendix 1.

The visiting team

Name	Profession	Service Name
Arun Das	Deputy Programme Manager	QNCC
Dr Shereen Haffejee	Consultant Child and Adolescent Psychiatrist	Surreywide Eating Disorder Service for Children and Young People
Joanna Holliday	Consultant Clinical Psychologist & Joint Clinical Lead	Oxfordshire and Buckinghamshire Child & Adolescent Eating Disorder Service

Information was collected through various interviews containing a combination of open and closed questions. The main purpose of the focused review was to provoke more detailed discussion on areas the service wished to target for improvements and establish some action points for the future.

Interviewees/schedules	Number
Parents/carers	2
Young people	0
Multi-disciplinary partners	2

About this report

This report summarises the review findings and highlights areas of good practice and areas for improvement. The main body of the report details the key issues arising from the self and peer-review discussions, and the numerical summary of scores achieved. The cell containing the overall score for the standard is colour-coded using a 'traffic-light system,' to allow priorities for improvement to be identified:

	Less than 65% compliance
	65 - 84% compliance
	85-100% compliance

Who should see the report?
Reports are sent to the QNCC link person for each team and should be disseminated to all team members. We recommend that teams share their QNCC report with their commissioners. Teams may also wish to share their report with their Trust's Chief Executive, service users and partner agencies.

Statement of limitations
The main value of being a member of QNCC is the taking part. This report summarises the views of the service staff, service-users and the peer-review team about the service's performance against the QNCC standards. The findings presented here should be viewed in the context of the range and number of staff interviewed and the small number of patients or parents/carers interviewed. This report is not a definitive statement of performance in any of the areas covered by the QNCC standards. Such judgements could only be made by a much more detailed process than that used by the QNCC network.

If you have any queries about any aspect of this report, please contact:

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Reviewers' Summary

This summary is intended to highlight key issues discussed on the review visit. QNCC reviews in this cycle deliberately focused on the standards that did not score very highly during the self-review, therefore the majority of this report centres on those areas that most need to be improved. A definitive list of all criteria, stating whether they were met, partly met, or unmet, can be found in Appendix 3 and any assessment of this service's quality should take this list into account. The following is a summary of the reviewers' feedback, taken after their interviews with staff, young people and parents/carers:

Overall view:

The Kent and Medway All Age Eating Disorder Service began operating in October 2018. The service is expected to cover the entire Kent area and has a number of hubs located in Tunbridge Wells, Folkstone, Canterbury, Dartford Maidstone and Ashford. The service is one of few all age eating disorder services established across England and has had to consider having a staff team that is appropriate to working with the needs of all age groups.

One strength for this service is having the generic CAMHS team in the same building as the All Age Eating Disorders Team. This has allowed for the teams to share information and support one another including joint assessments, shared resources and shared training. The generic CAMHS team suggested that the joint working arrangements could be enhanced through joint training on specific areas and sharing materials that can improve how the staff from both teams work with young people. One suggestion would be for both teams to have an away day where training can be delivered by both teams to support one another's learning and making decisions on how the two teams work together in the future i.e. defining the difference and key responsibilities in managing young people from each team.

One challenge for this service is that only some young people are managed through a care plan framework. One suggestion would be for young people to be managed through a care plan framework which allows for a better consistency across the staff team in how they work with young people and their families. This would also allow for the information from the care plan to be transferred into information to be provided to the young person and their parents/carer either through a letter or email which summarises developments in their care plan.

Feedback on the review:
We would like to thank the host team for welcoming us to Kent and Medway All Age eating Disorder Service and for their hospitality. Staff were open, honest, and keen to reflect on and develop their current practices. Staff were fully engaged in the review process and we hope the process was constructive and useful for them. We would like to thank the multi-agency partners for sharing their views in our multi-agency discussion. We would also like to thank the parents/carers who contributed to our feedback, and shared their views and experiences. Unfortunately, we were not able to speak to gather any feedback, views and experiences from young people.

Main Strengths:

<u>Referral and Access</u>

- Parents/carers reported that they received enough information prior to their first appointment. They knew what to expect and who they would be meeting with.
- Parents/carers stated that they did not have to wait too long for their first appointment.

<u>Assessment and Care planning</u>

- Parents/carers reported being able to receive their first appointment after five days from the referral.

<u>Care and Intervention</u>

- Staff provided a parent only session at the start of treatment to think about how parents/carers can support their children to look after themselves.
- Parents/carers reported that they are usually able to see the same member of staff for appointments. Having consistency with the same clinician is helpful.

<u>Information, Consent and Confidentiality</u>

- Parents/carers thought that the information received from the service was clear and easy to understand.
- Parents/carers felt that information about the right to refuse treatment is clearly explained to them.

<u>Rights and Safeguarding</u>

- Parents/carers had a good understanding of Gillick competency.
- Parents/carers felt that their complaints would be taken seriously.

<u>Staffing and Training</u>

- Parents/carers stated that the staff are approachable.
- The service has done really well to set-up a service that is fully recruited to and able to provide an all-age service.
- The team make good use of the MARSIPAN protocols.
- There is good use of outcome measures by the service.

Location, Environment and Facilities

- Having the generic CAMHS team in the same building can be very beneficial to the Eating Disorder Service (EDS) team, including joint assessments, shared resources and shared training.
- A Phlebotomist is available to the EDS and the generic CAMHS team.
- Toys are stored in a cupboard and cleaned after each use.

Main Challenges and Advice:

Referral and Access

- Some parents/carers did not recall receiving an appointment letter prior to the first appointment. It may be helpful for the parent/carer to receive an email with the information if there is not enough time before the first appointment.

Assessment and Care planning

- Parents/carers stated that they were not involved in the development of a care plan for their child.
- Care plans could be developed and shared with the parent/carers in writing or by email. It would be recommended that all young people have a written care plan which would allow for a clear framework to work with alongside parents/carer and with young people.

Care and Intervention

- Parents/carers reported that they have not been asked/ surveyed on whether they are happy with the service being received.

Information, Consent and Confidentiality

- Parents/carers would like to have more written information regarding diagnosis and treatment, and the difference between the EDS and the Generic CAMHS team and what is being offered.
- The service could think about co-producing materials with young people and parents/ carers and also to discuss what young people and parents/carers would like to receive i.e. letters about progress.
- The service would benefit from having better communication with parents/carers and young people, to ensure they are provided with

sufficient information and are happy with the service/treatment being delivered.

Rights and Safeguarding

- Parents/carers did not have good awareness of confidentiality and its limitations, ensure this is explained in the initial meeting or as part of Welcome Packs.
- Parents/carers stated that they have not been informed about advocacy services, ensure this is explained in the initial meeting or as part of Welcome Packs.

Staffing and Training

- The multi-agency partners mentioned that it can be difficult to determine the difference between disordered eating and eating disorders.
- Multi-agency partners stated there are blurred lines between the needs of a patient as to whether they should be accessing services from the eating disorder service in supporting a young person with other co-morbid difficulties.
- Multi-agency partners would like to have more training i.e. understanding ARFID, and weight-for-height calculations. Staff turnover means that staff may not all have had the training.
- The generic CAMHS team would like a joint team away day to allow for shared training and resources i.e. what patients should be expecting from each team in terms of their care.
- The staff team are currently enough for just a young person service, there is a need for increased staffing numbers to meet the demand as an all age eating disorder service.

Location, Environment and Facilities

- Parents/carers reported that the Canterbury location can be quite busy with a range of people with mental health conditions and eating disorders.
- The Maidstone location can be quite busy with a range of cases for the all age EDS and the generic CAMHS team.
- Parents/carers stated that the service relies on parents/carers to have a lot of flexibility in their working schedules to be able to attend appointments.
- The waiting area can be quite busy for both generic CAMHS and all age EDS cases.
- The clinic rooms and the waiting room and communal spaces appeared to be quite bland and quite clinical.
- A radio in the waiting room can be beneficial.
- The clinic room needs a paper sheet for the bed and a screen for privacy.

- The generic CAMHS team stated that it can often be difficult to book rooms in the building as the space is shared by both teams.
- It can be quite distressing for young people accessing the generic CAMHS service to see some severely unwell patients. However, the ED team do manage this well by using another exit path if there a patient requiring urgent medical attention.

Summary of Multi Agency Discussion:

Agency Represented: Integrated Team Manager for Generic CAMHS Team

Successes

- Having both the ED team and the Generic CAMHS teams located in the same building. This means that information/cases can be shared well between the two teams.
- The team will work jointly with the generic CAMHS team to complete assessments. This means they can filter cases to the appropriate team.
- The team have a SPA which allows for referrals to be filtered to the appropriate service.
- The EDS have provided training to the generic CAMHS team on the MARSIPAN and the weight for height monitoring.
- The team are considered to be quite good at communicating with the generic CAMHS team.
- The two teams share a phlebotomist on-site, which has really supported how both teams are able to work with the young people.
- The EDS team are able to successfully cover the demands of the large geographic area in Kent.

Challenges

- Room bookings can be quite difficult, as both teams are trying to book out the rooms for appointments.
- The difference between eating disorder and disordered eating can become quite blurred. It can be difficult to work out who is responsible for managing a case with these presentations.
- It can be quite distressing for young people accessing the generic CAMHS service to see some severely unwell patients. However, the EDS team do manage this well by using another exit path if there is a patient needing urgent medical attention.
- It is sometimes unclear about who (ED team or Generic CAMHS team) does the physical monitoring of eating disorder patients.
- There is a need for more clarity on managing patients who are losing weight in the context of an anxiety disorder.
- The service has a large geographical area to cover which can be challenging to meet the demands of the area, particularly as there are a large number of grammar schools.

Next Steps

- More training from the Eating disorder team i.e. MARISPAN, weight for height (calculating and flags), going through a meal plan as an early intervention prior to referral to Eating Disorder Service.
- More online resources for young people and parents/carers.
- More resources on the shared drive could help the generic CAMHS team to be able to refer to information for young people and their families.
- More understanding of managing cases of ARFID would be very beneficial.
- The trust does well to support weight management and staff wellbeing. Perhaps there could be something delivered by the EDS team to support staff wellbeing.

Agency Represented: Mental Health Worker (Generic CAMHS)

Successes

- EDS and the generic CAMHS teams share resources through a shared drive.
- Sharing an office is quite helpful, so the teams can have some discussions.
- The team are really friendly and easy to approach.

Challenges

- Young people and their families can get quite confused about the difference between generic CAMHS and the eating disorder service. They sometimes come in for appointments and are unsure of who they are coming in to see.
- The waiting area can get quite busy as it is shared with generic CAMHS and all age EDS patients.
- Parking can be an issue for patients. They will often need to use public transport or park off-site. They can also request parking spaces.

Next Steps

- More information on the pathway for eating disorders
- Getting a better understanding of the differences between disordered eating and eating disorders. Having a joint away day to get an overview of how the two teams work and also some training delivered to all staff.

Referral and Access

Standard	Total no. of criteria examined	Met	Partly Met	Not Met	Don't Know	N/A	% Met
1	3	3	0	0	0	0	100
2	9	9	0	0	0	0	100
3	0	0	0	0	0	0	0
Total	**12**	**12**	**0**	**0**	**0**	**0**	**100**

Areas of Achievement

- Parents/carers reported that they received enough information prior to their first appointment and knew what to expect and who they would be meeting.
- Parents/carers stated that they did not have to wait too long for their first appointment.

Areas for Improvement

- Some parents/carers felt it would be helpful to know what would happen for young people who struggle with uncertainty.

Comments from Parents – Areas of Achievement

Parents

- We received some information and a phone call about the service and what it offers. We thought this was the right amount of information.
- The information we received prior to the first appointment meant that we knew what to expect and who we would be meeting with.
- We only had to wait 5 days for our first appointment. We were told it would take 5 days.
- We felt we're able to phone the CEDS team at any time if we had any questions.
- The team were very flexible with appointment times, they helped to decrease missing school and the dietitian could offer phone appointments to reduce travel.
- We were able to see a psychiatrist and be referred to CAHMS very quickly

Comments from Parents – Areas for Improvement

Parents

- Some of us felt it would be helpful to know what would happen for patients who struggle with uncertainty.

Assessment and Care Planning

Standard	Total no. of criteria examined	Met	Partly Met	Not Met	Don't Know	N/A	% Met
1	22	16	6	0	0	0	86
2	13	10	3	0	0	0	88
3	1	1	0	0	0	0	100
Total	**36**	**27**	**9**	**0**	**0**	**0**	**88**

Areas of Achievement

- Parents/carers reported being able to receive their first appointment after 5 days from the referral.

Areas for Improvement

- Some parents/carers did not recall receiving an appointment letter prior to the first appointment. It may be helpful for the parent/carer to receive an email with the information if there is not enough time before the first appointment.
- Parents/carers stated that they were not aware of not involved in the development of a care plan for their child.

Comments from Parents/Carers – Areas of Achievement

- We didn't have to repeat the information we provided to different agencies, which was helpful.

Comments from Parents/Carers – Areas for Improvement

- We did not see or know of and were not involved in the development of a care plan.
- We would appreciate a separate appointment with and without Parents/Carers initially.

Care and Intervention

Standard	Total no. of criteria examined	Met	Partly Met	Not Met	Don't Know	N/A	% Met
1	18	13	5	0	0	0	86
2	10	9	1	0	0	0	95
3	3	2	1	0	0	0	83
Total	**31**	**24**	**7**	**0**	**0**	**0**	**89**

Areas of Achievement

- Staff provided a parent only session at the start of treatment to think about how parents/carers can they can help their children to look after themselves.
- Parents/carers reported that they are usually able to see the same member of staff for appointments. Having consistency with the same clinician was helpful.

Areas for Improvement

- Care plans could be developed and shared with the parent/carers in writing or by email.
- Parents/carers reported that they have not had a review of whether they are happy with the service being received.

Comments from Parents/Carers – Areas of Achievement

- Staff provided a parent only session early on in treatment to think about how we can help our children to look after themselves. This helped me feel like things were going to be okay.
- We are usually able to see the same member of staff for appointments. Having consistency with the same clinician was helpful.
- We are able to let staff know if we are unhappy with how things are going with the therapist or keyworker.
- Our child feels physically safe and has a clear understanding that treatment will take time

Comments from Parents/Carers – Areas for Improvement

- We did not receive any information about treatments or side effects of medication for our children and as such have not been presented with treatment options except in crisis.
- Since changing to phone appointments, the dietitians are not dealing directly with young people and as a result we feel our children are less compliant with treatment plans.

Following on from the consultation period, the service responded that:
Dietitians do offer face to face appointments.

- We do not find the staff being separated by specialties to be helpful.
- Young people can only be assigned one therapist in CAHMS or CEDS which we find concerning.

  Following on from the consultation period, the service responded that: This is not the case as young people can access multiple staff. They can only access one therapy at any one time, they can access other therapeutic interventions at the same time.

Information, Consent and Confidentiality

Standard	Total no. of criteria examined	Met	Partly Met	Not Met	Don't Know	N/A	% Met
1	13	12	1	0	0	0	96
2	7	6	1	0	0	0	93
3	5	3	2	0	0	0	80
Total	**25**	**21**	**4**	**0**	**0**	**0**	**92**

Areas of Achievement

- Parents/carers thought that the Information received from the service was clear and easy to understand.
- Parents/carers felt that information about the right to refuse treatment is clearly explained to them.

Areas for Improvement

- Parents/carers would like to receive written information regarding the treatment their child will receive.
- Parents/carers would like to have more written information regarding diagnosis and treatment, and the difference between the EDS and the Generic CAMHS team and what is being offered.
- The service could think about getting young people and parents/carers involved in designing materials and also to discuss what young people and parents/carers would like to receive i.e. letters about progress.
- The service would benefit from having better communication with parents/carers and young people.
- It would be recommended that all young people have a written care plan which would allow for a clear framework to work with alongside parents/carers and with young people.

Comments from Parents/Carers – Areas of Achievement

- We thought that the Information received from the service was clear and easy to understand. Some of our CPA reports were either late or were not found.
- We feel that information about the right to refuse treatment is clearly explained to us.
- Staff always verbally ask for our /our children's agreement to be treated.

Comments from Parents/Carers – Areas for Improvement

- A service leaflet would be useful describing the interface between CAHMS and CEDS.
- We are concerned that there was not a written treatment agreement document to sign.
- We would like to receive more information on sharing information and confidentiality to be provided.

Rights and Safeguarding

Standard	Total no. of criteria examined	Met	Partly Met	Not Met	Don't Know	N/A	% Met
1	15	15	0	0	0	0	100
2	5	5	0	0	0	0	100
3	2	2	0	0	0	0	100
Total	**22**	**22**	**0**	**0**	**0**	**0**	**100**

Areas of Achievement

- Parents/carers had a good understanding of Gillick competency.
- Parents/carers felt that their complaints would be taken seriously.

Areas for Improvement

- Parents/carers did not have good awareness of confidentiality and its limitations.
- Parents/cares stated that they have not been informed about advocacy services.

Comments from Parents/Carers – Areas of Achievement

- We feel that staff treat us and our children with dignity and respect.
- We definitely feel listened to and staff are always friendly and approachable.
- We feel that complaints would be taken seriously.

Comments from Parents/Carers – Areas for Improvement

- Staff have not explained to us about advocacy services.

Transfer of Care

Standard	Total no. of criteria examined	Met	Partly Met	Not Met	Don't Know	N/A	% Met
1	12	10	0	0	0	2	100
2	15	10	2	0	0	3	92
3	2	1	0	0	0	1	100
Total	**29**	**21**	**2**	**0**	**0**	**6**	**96**

Areas of Achievement
• None stated
Areas for Improvement
• Some parents/carers were unclear on the discharge process
Comments from Parents/Carers – Areas of Achievement
• Staff have informed of us a provisional timeframe leading up to our child leaving the service
Comments from Parents/Carers – Areas for Improvement
• We are not sure what happens once our children are discharged from the service

Multi-Agency Working

Standard	Total no. of criteria examined	Met	Partly Met	Not Met	Don't Know	N/A	% Met
1	14	13	0	1	0	0	93
2	5	5	0	0	0	0	100
3	1	1	0	0	0	0	100
Total	**20**	**19**	**0**	**1**	**0**	**0**	**95**

Areas of Achievement
• None Stated
Areas for Improvement
• None Stated
Comments from Parents/Carers – Areas of Achievement
• None Stated
Comments from Parents/Carers – Areas for Improvement
• None Stated

Staffing and Training

Standard	Total no. of criteria examined	Met	Partly Met	Not Met	Don't Know	N/A	% Met
1	27	26	1	0	0	0	98
2	33	27	6	0	0	0	91
3	8	5	3	0	0	0	81
Total	**68**	**58**	**10**	**0**	**0**	**0**	**93**

Areas of Achievement

- Parents/carers stated that the staff are approachable.
- The service has done really well to set-up a service that is fully recruited to and able to provide an all-age service.
- The team make good use of the MARSIPAN protocols.
- There is good use of outcome measures by the service.

Areas for Improvement

- Parents/carers felt that the service does not do enough joined-up working and clinicians work quite separately. Seeing different people for different aspects of the care.
  Following on from the consultation period, the service responded that: All cases are discussed in various forums e.g. MDT and supervision. We acknowledge that this could be shared better such as via care plans.
- The multi-agency partners mentioned that it can be difficult to determine the difference between disordered eating and eating disorders.
- Multi-agency partners stated there are blurred lines between the needs of a patient between eating disorder and their other mental health conditions.
- Multi-agency partners would like to have more training on understanding ARFID, weight-for-height calculations. Staff turnover means that staff may not all have had the training.
- The generic CAMHS team would like a joint team away day to allow for shared training and resources i.e. what patients should be expecting from each team in terms of their care.
- The staff team are currently enough for just a young person service, there is a need for increased staffing numbers to meet the demands for the number of referrals.

Comments from Parents/Carers – Areas of Achievement

- None Stated

Comments from Parents/Carers – Areas for Improvement
• None Stated

Location, Environment and Facilities

Standard	Total no. of criteria examined	Met	Partly Met	Not Met	Don't Know	N/A	% Met
1	9	8	1	0	0	0	94
2	12	11	1	0	0	0	96
3	5	4	1	0	0	0	90
Total	**26**	**23**	**3**	**0**	**0**	**0**	**94**

Areas of Achievement

- Having the generic CAMHS team in the same building can be very beneficial to the EDS team, including joint assessments, shared resources and shared training.
- A Phlebotomist is available to both the EDS and the generic CAMHS team.
- Toys are stored in a cupboard and cleaned after each use.

Areas for Improvement

- Parents/carers reported that the Canterbury location can be quite busy with a range of people with mental health conditions and eating disorder.
- The Maidstone location can be quite busy with a range of cases for the all age EDS and the generic CAMHS team.
- Parents/carers stated that the service relies on parents/carers to have a lot of flexibility in their working schedules to be able to attend appointments.
- The waiting area can be quite busy for both generic CAMHS and all age EDS cases.
- The clinic rooms and the waiting room and communal spaces appeared to be quite bland and quite clinical.
- A radio in the waiting room can be beneficial.
- The clinic room needs a paper sheet for the bed and a screen for privacy.
- The generic CAMHS team stated that it can often be difficult to book rooms in the building as the space is shared by both teams.
- Room bookings can be quite difficult, as both the generic and ED teams are trying to book out the rooms for appointments.
- It can be quite distressing for young people accessing the generic CAMHS service to see some severely unwell patients. However, the ED team do manage this well by using another exit path for a patient needing urgent medical attention.

Comments from Parents/Carers – Areas of Achievement

- None Stated

Comments from Parents/Carers – Areas for Improvement
• The environment is not the most pleasant place to be, however we have always been made to feel comfortable. • The unit relies on us not working or having flexible hours

Commissioning

Standard	Total no. of criteria examined	Met	Partly Met	Not Met	Don't Know	N/A	% Met
1	5	5	0	0	0	0	100
2	4	4	0	0	0	0	100
3	1	1	0	0	0	0	100
Total	**10**	**10**	**0**	**0**	**0**	**0**	**100**

Areas of Achievement
• None Stated
Areas for Improvement
• None Stated
Comments from Parents/Carers – Areas of Achievement
• None Stated
Comments from Parents/Carers – Areas for Improvement
• None Stated

Summary of Scores

Section	Total Met Scores
Referral and Access	12(100%)
Assessment and Care Planning	27(88%)
Care and Intervention	24(89%)
Information, Consent and Confidentiality	21(92%)
Rights and Safeguarding	22(100%)
Transfer of Care	21(96%)
Multi-Agency Working	19(95%)
Staffing and Training	58(93%)
Location, Environment and Facilities	23(94%)
Commissioning	10(100%)

Appendix 1: QNCC Annual Cycle

The QNCC cycle

The network combines the audit cycle with the benefits of a peer-support network. Standards are agreed each year and then applied through a process of self-review, and external peer-review where members visit each other's services. The peer-review process allows for greater discussion on aspects of the service and provides an opportunity to learn from each other in a way that might not be possible in a visit by an inspectorate. The results are fed back in local and national reports and action is taken to address any development needs that have been identified. The process is ongoing rather than a single iteration.

QNCC Annual Cycle

The review process

The review process has two phases: a) the completion of a self-review questionnaire which was sent out to all member services and b) an external peer-review

Self-review

The self-review questionnaire is essentially a checklist of QNCC standards against which services rate themselves, supplemented with more exploratory items to encourage discussion around achievements and areas for improvement. The self-review process helps staff in a service to prepare for the external peer-review and become familiar with the standards.

Appendix 2: Team Profile

The following information has been provided by the team:

CAMHS Team	
Service Name:	Kent and Medway All Age Eating Disorder Service
Team Name:	AAEDS
Contextual Information: E.g. plans to relocate, merge, threat of closure, or any other significant info reviewers should know about prior to the visit	Service was commissioned on the 1st September 2017. The service was fully operational from April 2018 after a consultation period. Most staff came from either the previous adult service or the child services. We work across a wide geographical area.
What is the total population (child and adult) served by your team? (e.g. 187,000)	1846500
What is the total number of whole time equivalent (WTE) clinical staff in your team?	20
Number of whole time equivalent (WTE) clinical staff per 100,000 total population	1.1
What is the number of whole time equivalent (WTE) professions within your team?	16
Which evidence-based interventions are the team trained in?	Family Therapy AN cognitive Behavioural Therapy ED Dialectical Behavioural Therapy MANTRA Family Therapy Multi family therapy
What is the number of whole time equivalent (WTE) administrative staff in your team?	3.3
What is the total caseload for your team? (active cases only)	550
From which sources do you receive most of your referrals? (e.g. GPs, school nurses, social services)	GP's
Proportion of referrals accepted in last 6 months	85
For your team within the last 6 months: Please state the average waiting time for routine assessments in weeks	3
For your team within the last 6 months: Please state the average waiting time for treatment in weeks (from the point of referral)	3

For your team within the last 6 months: What is the total percentage of missed appointments (Did Not Attends) in this period?	12
For your team within the last 6 months: What is the total percentage of cancelled appointments in this period?	5
For your team within the last 6 months: How many cases were closed/discharged in this period? (including transition to adult services)	512
For your team within the last 6 months: How many clients disengaged with your service in this period (i.e. before planned discharge)	0
Does your team experience difficulties accessing inpatient CAMHS beds?	Yes
Do you have an inpatient CAMH service in your locality?	Yes
For your team within the last 6 months: How many cases were referred to in-patient CAMHS in this period?	14
How many of these referrals to in-patient CAMHS were accepted (i.e. admitted)?	14
How many of these accepted referrals were out of area?	12
What are the primary reasons for referred cases not being admitted to in-patient CAMHS? (e.g. insufficient beds, cases do not meet admission criteria)	None
What happens to young people who are referred but not admitted to in-patient CAMHS? (e.g. admitted to day-patient service, managed within community CAMHS; admitted to paediatric or adult ward)	Managed within the community We also currently have 9 at the intensive day program run by CEDS at SLAM We do not have a day program locally within Kent
Are there other CAMHS teams locally who are serving the same population? E.g. A crisis team, an LD CAMHS team etc	Crisis team Locality Teams
Is your service a member of CYP IAPT?	Yes
Is your service a member of CORC?	NO
Does your team use CAPA?	No
When was your last CQC inspection?	2019
How many hours of training have you delivered to partner agencies in the past 6 months? (please give details of the training)	Approx. 15 hours We completed to paediatric wards, schools and partner agencies such as insight.
Main strengths:	Good team with a high level of expertise and skill. Team have a lot of experience. Able to recruit with minimal difficulties to most

	professions. Staff all have evidence-based training
Main challenges:	High level of referral Working across age span needs more training and expertise. No day service in area Due to the high levels of referrals and urgency we are less able to do early intervention.
ADDITIONAL INFORMATION: Please use the space opposite if you have any more information to add.	Please note that's some of the figures above relate to the whole pathway and not child/YP specific. I have requested specific under 18 data from our performance team for review. The whole time clinician is across the service not CAMHS. I have not included psychiatrists within this but can talk this through at the review.

Appendix 3: The Review Booklet

The following booklet contains complete data and comments made during the self- and peer-reviews.

Partly Met Criteria

Assessment and Care Planning

Number	Rating	Standard and Criteria	Self Review Comments	Peer Review Comments
2.3.1	2	For planned assessments the team sends letters in advance to young people that include: • The name and designation of the professional they will see; • An explanation of the assessment process; • Information on who can accompany them; How to contact the team if they have any queries, require support (e.g. an interpreter), need to change the appointment or have difficulty in getting there	We are in the process of updating standard letters, so the relevant information is included (especially information regarding assessment of basic physical checks blood pressure, weight, height and wearing suitable clothing for this).	The appointment letter does not include who the young person will be. Recommendation: Can include a brief description in the letter that the service is a multi-disciplinary team and perhaps include a brief description of the roles within the team.
2.4.1d	1	The involvement of siblings and other	We invite any members of the family	The team were not sure they routinely

		family members in assessment and treatment is considered and recorded	to attend and all views considered.	invite siblings and other family members to take part in assessments. Recommendation: A letter could be tailored to siblings so that the information is more appropriate to their age.
2.4.1e	1	If the outcome of the assessment is an offer of treatment/intervention, goals are agreed in collaboration with young people and their parents/carers and are written down and scored using appropriate goal tracking measures. For example, Goal Based Outcomes to form a baseline measure of goal progress at assessment	Standard goal tracking measures currently not used however goals are always recorded on case notes as part of NICE recommended treatment.	The team do not currently ensure goals are formally tracked. Recommendation: The team will need to consider how they can work on tracking goals more formally.
2.5.1b	2	The young person's level of functioning and communication needs	Impact of physical emotional components to ED always recorded.	The team does consider this standard in terms of the young person's neurodevelopmental needs i.e. ASD etc.
2.6.1	1	Every young person has a written care plan, reflecting their individual needs and preferences	Session progress notes would indicate that these factors have been considered as they arise in the treatment process.	The team have a care plan for each individual at assessment and then filled out on RiO. The care plan tab is then added to the letter. Recommendation: The care plan tab

				can be transferred to the letter and then young people could be asked to sign their care plan letter. This will ensure that young people and their families receive clear communication from the service on a regular basis. Administrators could flag up cases that are coming up to 5-6 months in treatment. The team can then review the case and determine the next course of action i.e. run another set of ROMS or change the treatment. A case can then be taken off the care plan if it is no longer required.
2.6.2	1	The team reviews and updates care plans according to clinical need or at a minimum frequency that complies with College Centre for Quality Improvement specialist standards Guidance: In line with the AWT standard, the care plan will be reviewed at 4 weeks and at least every 3 months thereafter	Cases are regularly discussed in supervision, MDT and RIO notes updated accordingly.	
2.7.1	1	The practitioner develops the care plan collaboratively with the young	As far as NICE recommended treatments are indicated this is	

		person and their parents/carers (depending on age and capacity)	shared as best practice with families within the spirit of participation.	
2.7.2	1	The young people and their parents/carers (with young person consent) are offered a copy of the care plan and the opportunity to review this.	Care plans are contained in the assessment letters and as treatment progresses this is updated in casenotes and shared in sessions.	
2.7.3	2	Wherever an element of intervention detailed in the care plan does not take place, reasons for this are recorded in the case notes and discussed with the young person and their parents/carers	Wherever possible this would be taken into account e.g. if FTAN contraindicated, YP would be offered CBTE or adolescent focussed psychotherapy as per NICE recommended guidelines.	The team will need to ensure this information is formally recorded that they have recorded the reasons in case notes and also discussed with the young person and their parents/carers.

Care and Intervention

Number	Rating	Standard and Criteria	Self Review Comments	Peer Review Comments
3.1.8	1	Growth, pubertal and bone density monitoring is offered to young people at risk of long term complications of their eating disorder and if action is required, there is a formalised way of following this up	Growth and bone density is monitored. No formalised follow up however we refer and follow up by referring to paediatric endocrinologist. We hope to develop this further with our newly appointed paediatrician.	The paediatrician and dietician have been asked to put together some guidance on understanding growth and bone density data. The team are planning to develop this so that it is systematically monitored and followed

				up.
3.1.10	1	The service has a protocol for review of treatment response and change in treatment approach or alternatives offered if no response	SOP has protocol for no response.	If there is not response it is a raised with the MDT.
3.2.2	2	Young people and their parents/carers are provided with information about the evidence base, risks, benefits and side effects of intervention options and of non-intervention	Staff discuss evidence base when starting treatment.	There is no formalised leaflet to include this information at present. Staff will discuss this information verbally. Recommendation: Leaflets would support the young person and their family members to be informed when they are making decisions and understand the interventions fully. A pack could be provided at assessment to ensure parents/carers have this information and also the information about being a carer/registering as a carer.
3.4.1	1	All young people have a documented diagnosis if appropriate and a clinical formulation	We are working on developing this further through staff training and our standard operating procedures.	The diagnosis is currently not made without a GP. Recommendation: The MDT meeting would help to support the young person to make a diagnosis with a psychiatrist or psychologist present. The formulation can be

				deemed as provisional if a psychiatrist or psychologist is not present. There can be tick boxes on the assessment form so that all characteristics of the condition as clearly marked.
3.4.2	1	Treatment for common comorbid problems is available within CEDS	Treatment for mild comorbid problems in available in CEDS. More severe difficulties are referred to CAMHS and we co-work.	The service is able to work closely with the CAMHS team to provide a joint assessment and provide treatment for common comorbid problems. Recommendation: If there is a pre-existing condition prior to their ED condition, this can be treated by the CAMHS team prior to being treated by the All Age ED service.
3.4.3	1	Paediatric care for both acute and chronic aspects of routine CEDS management include liaison with paediatric specialities and community services as needed	This is being developed further for chronic ill health.	The team are thinking about how they provide this for osteoporosis
3.6.2	3	Young people representatives and parents/carers attend and contribute to local and service level meetings and committees and are actively involved in service development	In development with our new assistant psychologist to assist with.	This has been offered at a basic level. The team are waiting for the assistant psychologist to develop this further so that it is more locality based. There is a participation worker who is able to

				support this further.

Information, Consent and Confidentiality

Number	Rating	Standard and Criteria	Self Review Comments	Peer Review Comments
4.1.7	2	Information designed for young people and parents/carers is written with the participation of young people and parents/carers	Moving forwards, we would like to provide this in written documentation. We do have families who have come back to the parent carer group to support other families and carers.	
4.1.8	3	CEDS facilitate initiatives in which young people receive information about the service from young people who have previously accessed the service	This is due to start in the MFT group in October 2019.	
4.1.9	3	Young people are supported to complete their CYP mental health information passport. Passport guidance can be found here: https://www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2015/10/cyp-information-passport-template.docx	We are aiming to introduce this into the service for the relevant young people.	Used when the team feel it is required i.e. with young people with ASD diagnosis.

4.5.2	1	Confidentiality and its limits are explained to the young person and parents/carers at the first assessment, both verbally and in writing	Confidentiality is explained verbally at assessments.	There is a leaflet available now which were not embedded at the time of the self-review. Staff are expected to tick a box on RIO to state that the leaflet has been handed out to the young person and their parent/carer

Transfer of Care

Number	Rating	Standard and Criteria	Self Review Comments	Peer Review Comments
6.3.2	2	Young people are referred to a unit that is as accessible as possible so that contact with home and family is maintained	Inpatient beds are managed by NHS England through the crisis team. Efforts are made to ensure the young person is placed as close to home as possible. However clinical need and availability of beds will take priority.	The service works within the limitations set out by the bed managers (NHS England / SLAM). Where possible, the team will try their best to make suggestions about the placement of a young person i.e. ease of access for parents/carers or if an admission is not working for them.
6.4.6	2	Joint reviews of young people's needs are held with adult services (e.g. using the CPA) and the young person to ensure that effective handover of care takes place	if the young person who has turned 18 requires treatment with an adult community mental health team alongside our service then joint reviews will be arranged. As an all age service we would not need to	

			handover eating disorder care as this would continue with the service past their 18th birthday.	

Staffing and Training

Number	Rating	Standard and Criteria	Self Review Comments	Peer Review Comments
8.2.1	2	There has been a review of the staff members and skill mix of the team within the past 12 months. This is to identify any gaps in the team and to develop a balanced workforce which meets the needs of the service	Current capacity and demand review taking place.	There have been some challenges to recruiting into vacant posts. There is capacity and demand review taking place. The team are trying to fill posts as much as possible. Recommendation: Preceptorship posts for nursing and psychology roles may be beneficial.
8.2.5	2	Young people are involved in and influence the recruitment of new staff	Our participation envoy is in process of organising this (AP)	There is a process conducted through NELFT. The team are able to put forward young people to be trained for interviewing. Recommendation: Young people can help to design questions.
8.4.4	3	Clinical staff appraisals include feedback from young people and		

		parents/carers		
8.6.5	3	There is a commitment and financial support to enable staff to contribute to multi-centre clinical audit or research	All staff in service Clinical audit rained.	There are efforts being made by the service's audit team to put together the data for an audit. The team's dietitian is also conduction an audit.
8.6.6	2	A range of local and multi-centre clinical audits is conducted which include the use of evidence-based treatments, as a minimum	DBT/AWT.	There are efforts being made by the service's audit team to put together the data for an audit. The team's dietitian is also conduction an audit.
8.6.7	3	The team, young people and parents/carers are involved in identifying priority audit topics in line with national and local priorities and young person feedback	As above.	There are efforts being made by the service's audit team to put together the data for an audit. The team's dietitian is also conduction an audit.
8.7.7	2	Skills to respond to special needs, including sensory impairments, learning disabilities and developmental disorders	Through core trainings.	
8.7.11	1	Recognising and communicating with young people with special needs, e.g. cognitive impairment or learning disabilities	Through core trainings.	
8.7.14	2	Carer awareness, family inclusive		The team are working on developing

		practice and social systems, including carers' rights in relation to confidentiality		this area further. Recommendation: Registering the parents/carer as a carer with the GP so they can be prioritised.
8.7.15	2	Young people, parents/carers and staff members are involved in devising and delivering training face-to-face	Recovered families attend carers group and MFT.	

Location, Environment and Facilities

Number	Rating	Standard and Criteria	Self Review Comments	Peer Review Comments
9.2.2	3	Young people and their parents/carers are able to use young person orientated waiting areas dedicated for the sole use of CEDS	Waiting rooms are shared with CAMHS and All Age ED service users.	The area is shared with CAMHS and All Age ED Service Users. This means that there can be adults in the waiting rooms waiting for their appointments. Young people and their families are escorted from reception to the meeting rooms.
9.3.2	2	CEDS centres are securely separated from adult services	Adults who use the ED service also use the waiting room.	
9.3.3	1	When consultation takes place in a	Staff generally use NELFT sites which	

		new setting, staff carry out a risk assessment regarding the safety of the environment and its suitability for meeting the needs of the consultation	have risk assessments but if not, they complete a risk assessment.	

Unmet Criteria

Multi-Agency Working

Number	Rating	Standard and Criteria	Self Review Comments	Peer Review Comments
7.2.2	1	The team follows an agreed protocol with local police, which ensures effective liaison on incidents of criminal activity/harassment/violence		The team should have an agreed protocol with local police, which ensures effective liaison on incidents of criminal activity/harassment/violence

Appendix 4 – QNCC-ED Action Planning Guide

Step 1	**Step 2**	**Step 3**	**Step 4**	**Step 5**	
Identify area for improvement	**Who needs to be involved/informed and how?**	**Sources of support/information to develop plan**	**Human, financial and time resources you may need**	**Lead for each section and Deadlines**	
Identify and record the area for improvement.	*Think about all those who may be affected by the action taken and how you aim to communicate with those involved.*	*Write in here any initiatives you can tap into – e.g. other trusts, national organisations*	*Write in the resources you think you may need*	*You can organise this section to suit the project*	
Before naming the identified area that you wish to target for change you may wish to consult with: • Local QNCC-ED report findings • the staff team • service users • other relevant agencies, if appropriate.	Who needs to be actively involved? Record name and contact details. Who do you simply need to keep informed? How do you aim to maintain communication? At what time points will you need to communicate?		What funds will be required? How many hours a week or month will be required from staff in order to implement the action plan?	Project target (describe) & name of person responsible:	Date

Appendix 5 – QNCC-ED Action Planning Form

Please photocopy and complete for each targeted improvement – then return to QNCC-ED within one month.

Step 1	**Step 2**	**Step 3**	**Step 4**	**Step 5**	
Identify area for improvement	**Who needs to be involved/informed and how?**	**Sources of support/information to develop plan**	**Human, financial and time resources you may need**	**Lead for each section and Deadlines**	

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