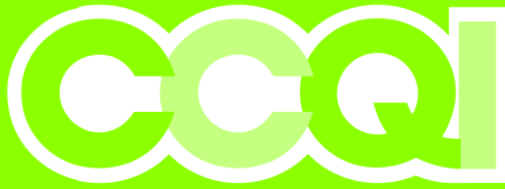


CAMHS
QUALITY NETWORK FOR
INPATIENT CAMHS



Cycle 10 Annual Report

May 2010 – April 2011

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Foreword

One of the many strengths of the QNIC network is the extent to which the network has grown. Within the UK the majority of units are members and participate in the peer review process. In addition the network has a number of international members which brings with it the possibility of learning from other political and cultural contexts. Whilst the policy context and organisation of services may vary, even within the UK all services are operating in an increasingly challenging funding context. The network with its focus on quality and participation by children, young people and parents/carers provides units with an important anchor in negotiating these challenging times. What is impressive is how well many units are doing in meeting standards.

The QNIC standards and the sister project for Community CAMHS can and are used to shape the development of individual services as well as setting out national expectations of how services can and should develop. Encouraging units and their staff to critically reflect on the service they provide is a key component and QNIC was at the forefront of developments in this area. The pooling of staff experience and expertise with that of children, young people and their families is an equally crucial component.

The peer review process, network and conferences facilitate learning from each other and QNIC has put together resources to help units to manage some common areas of difficulty. A perhaps under-utilised resource is the QNIC Routine Outcome Measures. There is increasing emphasis on the use of outcomes measures as a clinical tool and at an aggregate level to measure how well services are performing. This is a central aspect of the Children's and young People's IAPT programme which is just about to launch in community CAMHS. QNIC with the already well established network may provide a natural opportunity to develop the systematic use of outcomes for inpatient settings.

It is a pleasure to read the QNIC report and whilst I can in no way take any credit for it I do think we should be proud of the commitment and efforts of staff, who are prepared to expose themselves in supporting critical review of what they do and the time and effort of children, young people and parents in sharing their experiences to help shape service development.

Dr Margaret Murphy

Consultant Child and Adolescent Psychiatrist

Chair of the CAMHS Faculty, Royal College of Psychiatrists

Introduction

This report explores the data collected from the tenth cycle of QNIC (Quality Network for Inpatient CAMHS) which ran from May 2010 to April 2011. During this cycle we worked with 100 inpatient units across the UK, Ireland, Norway and Turkey, with 89 of these participating in the peer review process. (Of the other 11 units, 9 participated in the first phase of accreditation, and 2 units did not receive a review).

The peer review process follows the cyclical nature of clinical audit as outlined below:



During the 89 external peer reviews we spoke to 1008 staff members, 343 young people and 216 parents/carers.

Our tenth annual forum was held on 26th May 2011 and was attended by approximately 190 delegates working within inpatient CAMHS.

This report explores data against the fifth edition of the QNIC service standards, and can be used to benchmark individual unit progress against the aggregated data of the QNIC membership. The QNIC standards are due to be revised over the summer 2011.

Recommendations

Recommendation 1: Staff Training

All CAMHS professionals should receive the appropriate training to have the skills and knowledge to work with young people with mental health disorders.

QNIC Data: 55% of units report having an allocated training budget.

What is QNIC doing to help?

A free training resource was produced in 2010 for professionals working within CAMHS, and in 2011 a free online resource was developed to compliment the manual.

The manual can be obtained from QNIC: QNIC@cru.rcpsych.ac.uk

The online resource can be accessed at: <http://in-patienttraining.camhs.org.uk/>

Recommendation 2: Transitions

There should be smooth transitions between inpatient and community care.

QNIC Data: Only 76% of units have a named individual from the community CAMHS team involved in a young person's care throughout their stay on an inpatient unit.

What is QNIC doing to help?

The CCQI Closing the Gap project is working with 5 QNIC members to improve the quality of transitions and the involvement of community teams in the young people's care whilst they are resident on an inpatient unit. This is part of the Health Foundation's initiative Closing the Gap through Clinical Communities which is trying to reduce the gap being current practice and known best practice.

Further information can be found at:

http://www.health.org.uk/current_work/programmes/closing_the_gap.html

Recommendation 3: Education Provision

All young people should be able to continue with their education whilst being resident on an inpatient unit.

QNIC data: Only 60% of units are providing the national curriculum, and only 74% of units are able to provide education to those over 16 years.

What is QNIC doing to help?

QNIC holds a biennially special interest day for teaching staff working within inpatient CAMHS to discuss as a group how to improve education provision within services and share examples of best practice.

The next teacher's special interest day is on 16th September 2011. After the day has occurred a summary of what was discussed and presentations from the day will be shared with our members on our website: www.qnic.org.uk

Recommendation 4: Routine Outcome Measures

All units should collect outcome measurements and use this data to inform service delivery.

QNIC Data: 82% of units are collecting at least one outcome measure, however only 60% of these units have a dedicated person to collate this work, and 69% of units are using this information to inform service delivery, and only 57% of units are sharing the information with the staff team, service users and commissioners.

What is QNIC doing to help?

As part of a unit's membership with QNIC they are invited to take part in QNIC ROM (Routine Outcome Measurement) Service. This allows members to collect outcome data using HoNOSCA, C-GAS, and the SDQ. There is also the option of completing the CAMHS-SS, EDE-Q, and QNIC ROM have recently added further measures for LD services: DBC (Developmental Behaviour Checklist) and the NISONGER Child Behaviour Rating Form.

Further information is available at: www.qnicrom.org.uk

Recommendation 5: Food

Food provision on units should be to a high quality and meet the young people's nutritional, individual, cultural and clinical dietary needs.

QNIC Data: Only 73% of units are able to provide good quality food with sufficient choice to meet individual, cultural and clinical requirements.

What is QNIC doing to help?

QNIC is working with the Closing the Gap team on a second initiative looking at young people's satisfaction with the food provision on inpatient units. Four inpatient units will be recruited during 2011 to look at processes to increase food satisfaction, for example, through the nutritional value and choice of food provided, establishing whether the food provision is flexible to meet the young people's varying needs, and looking at ways of getting the young people further involved in the food provision within inpatient units.

For further information contact QNIC: QNIC@cru.rcpsych.ac.uk

Environment and Facilities

Key Findings

Number of Criteria:	50
Number of standards:	6
Overall percentage met for the section:	81%

Areas of Achievement:

- Educational facilities have improved with; 90% of units providing designated classroom space, an increase of 14% from cycle 9, and 94% of units providing educational materials to cover all key stages, an increase of 11% since cycle 9.
- Security and confidentiality has improved on units, with 100% of units ensuring drugs are kept in a secure place with the dispensary book, and 98% of units ensuring confidential case materials are locked in cabinets.
- Accessibility of units has improved and 76% of units have facilities to accommodate the needs of young people with physical disabilities and comply with legislation on disabled access, this is an improvement of 9% from cycle 9.

Areas of Improvement:

- Maintenance and repair of units continues to be a challenge, with only 69% of units reporting that their unit is in a good state of repair, and only 70% of units reporting that maintenance is carried out in a timely manner.
- Regulation of heating and ventilation continues to remain out of the control of the staff on the unit, with only 44% of units reporting that they meet this criterion, meaning that many units are struggling to regulate temperatures on the unit.
- There are a lack of facilities within units to enable young people to raise an alarm in an emergency, other than through shouting or staff observation. Only 48% of units are meeting this criteria.

Examples of Good Practice:

- **Leigh House:** There is a culture of respect for property with young people and staff taking excellent care of the facilities so that everything looks fresh and new .
- **Longview:** The plans for the move to a new purpose built unit in one year's time are very exciting, particularly as the Longview team have been fully involved with the design process, working with a team from the University of Cambridge Engineering Department on an innovative project risk assessing suitability for CAMHS as a dynamic process to inform planning and construction.



Comments from Young People:

- It's great that the staff ask us what we would like to spend funds on and we were able to order the paints together
- There is access to phones so we can make private phone calls – if the use of phones becomes a problem then this is managed on our care plans
- There aren't many places on the unit for us to go if we want some privacy or quiet time away from the group
- The unit is always hot, like a greenhouse. The windows don't open properly and most of the time, are locked. There's not enough fresh air.
- You can't use the garden if there's not a member of staff to take you out

Comments from Parents/Carers:

- There are good staffing levels and they are proactive in taking an interest in our child's needs – this reassures me that my child will be kept safe whilst on the unit
- We were told that staff plan to take some of the children to the local library, I think this would be great as it's a nice quiet environment for them
- It would be good if there was more space on the unit, that way the children could perhaps be grouped together in different ways and there could be less friction between them
- I am a bit concerned about the unit being locked and what would happen in an emergency if my child needed to get off the unit

Staffing and Training

Key Findings

Number of criteria:	79
Number of standards:	9
Overall percentage met for the section:	80%

Areas of Achievement:

- 95% of units are now informing all their staff that they have a responsibility to challenge decisions if it is in the best interest of the young person or their families, and the processes of how to do this.
- Training has improved within units, and there has been an increase in the percentage of units reporting that have had training within i) use of formal observations (91%, 10% increase), ii) staff dynamics (68%, 9% increase), iii) developing a therapeutic alliance (70%, 7% increase), iv) attachment therapy (66%, 13% increase), and v) managing boundaries between young people and staff (88%, 11% increase).

Areas of Improvement:

- Whilst the number of units relying on the use of bank and agency staff has decreased, there continues to be a challenge around using bank and agency staff who are familiar with the service or with CAMHS, only 59% of units report using staff who have this knowledge and experience.
- Units continue to struggle to provide the recommended MDT and staffing requirements; i) only 57% of units have the recommended psychology input, ii) only 54% of units have the recommended social work input, iii) only 56% of units have the recommended family therapy input, and iv) only 67% of units have the recommended occupational therapy input.
- Time and allocated funds to develop the staff team and service remains a challenge, with i) only 51% of services having an away day to facilitate service development and team building, and ii) only 55% of units report having an allocated training budget.

Examples of Good Practice:

- **Willow Grove Adolescent Unit:** The peer reviewers felt that staff working within the team are very knowledgeable and highly skilled to work with young people on the unit – a training needs analysis has been conducted and there is now a comprehensive training plan in place for 2011.
- **The Junction:** The recent training programme offered to the staff team on consent and capacity has been invaluable, especially as it was tailored to address related issues specific to working with young people.



Comments from Young People:

- There are enough staff on the unit, we always get someone allocated to us each day
- We all have our favourite members of staff but everyone is nice and there for us in different ways so all our needs get met – from people who remind us we need to eat and drink to people who cheer us up when we’re down.
- Access to staff is good - We get to have 1:1 time with the consultant, the therapist, the occupational therapist and we have daily groups with the dietician.
- There are not enough staff to meet everyone’s needs, especially if people are on obs. It seems like some of the staff are too busy and forget about you.
- I don’t think there are enough staff on at nights, and there are always a lot of bank and agency staff used, there are times when you can’t get hold of anyone if needed as all the nurses are taken up.

Comments from Parents/Carers:

- At first I was quite reluctant about my child going to the unit but it’s been a blessing in disguise, the doctors and key workers are all really good and listen and try and met my needs to the best of their abilities. It’s made a real difference to us.
- You can tell it is more than just a job to some of the staff, they really seem to care and are very compassionate.
- The staff are pleasant, they are very good, patient, always look alert and on the ball, are ready to talk and are in good humour.
- The staff during the day and at night are completely different, it would be useful to have some crossover so that the young people are able to form better relationships with all the staff rather than just the day staff.

Access, Admission and Discharge

Key Findings

Number of criteria:	24
Number of standards:	5
Overall percentage met for the section:	86%

Areas of Achievement:

- 81% of units are now successfully able to accommodate emergency admissions, including out of hours.
- Units continue to be able to successfully prepare and manage discharges, with 98% of young people being invited to attend discharge CPA meetings, 98% of units providing clear discharge and aftercare plans, and 97% of units undertaking joint reviews with adult services around transitions.

Areas of Improvement:

- Units continue to face barriers to accessing services for families. Only 61% of services are able to overcome barriers for those families that find it a challenge to visit the service, either due to financial or travel restrictions, and for families that have to travel a long way and have under 12s in inpatient care, only 73% of the children's units are able to offer accommodation for parents.
- Only 76% of units have a named individual from the community CAMHS team involved in a young person's care throughout their stay on an inpatient unit, and there continues to be a challenge to agree aftercare arrangements for young people before being admitted to an inpatient unit with the community team, this remains at 66%. This may be explained by the increase in emergency admissions.

Examples of Good Practice:

- **West End Children's Unit:** There is a comprehensive pre admission process in place, involving all staff members and allowing for observations in school and home visits.
- **Dokuz Eylul Adolescent Inpatient Unit, Turkey:** There is a comprehensive discharge planning process in place on the unit, and the review team were particularly impressed with the separation group that has been established. The separation group allows young people that are due to be discharged and those that have recently been discharged to meet on a weekly basis, up to 4 weeks after their discharge date. The review team thought this allowed for a supportive approach to discharge planning and provided the young people with a structured means to say goodbye to the staff and the friendships that may have made with other young people whilst being resident on the unit.
- **Longview:** The team have achieved 100% compliance with their CQUIN goal of having a tier 4 and crisis joint assessment for every referral; the attendance of referrers and care coordinators at referral meetings has also improved, meaning there is better liaison between the tiers and more consideration given to alternatives to admission.



Comments from Young People:

- We always get informed when there is a new person coming in and we hold a meeting to tell us about the new admission and so we know to keep the noise down
- Getting to know staff members first and being given our own time to settle in to the unit really helped me to feel comfortable staying there
- They used to have a buddying up system when you were admitted, it was good and I wish they still had it
- They could have explained things a bit more so I didn't have to work them out for myself about how things work on the unit like routines and things
- It would have helped me to settle in more if I was able to be shown round by other young people

Comments from Parents/Carers:

- I am confident that my child's needs will be met once they are discharged – they can move from being an inpatient to a day patient, and we are having meetings with the local community teams to look at future care
- The outpatient department is linked into the unit so there is good overlap and you can see staff from both services if needed – it's great that we don't have to travel anywhere different
- I'm not confident that my child's needs will continue to be met after discharge – I had to fight to get my child here, I'm worried he won't get his needs met
- I am unsure how much liaison there is between the unit and the community teams
- I think there should be more support and information for parents about admission – I felt excluded from the process and wasn't sure how much I was meant to be visiting my child

Care and Treatment

Key Findings

Number of criteria:	51
Number of standards:	8
Overall percentage met for the section:	84%

Areas of Achievement:

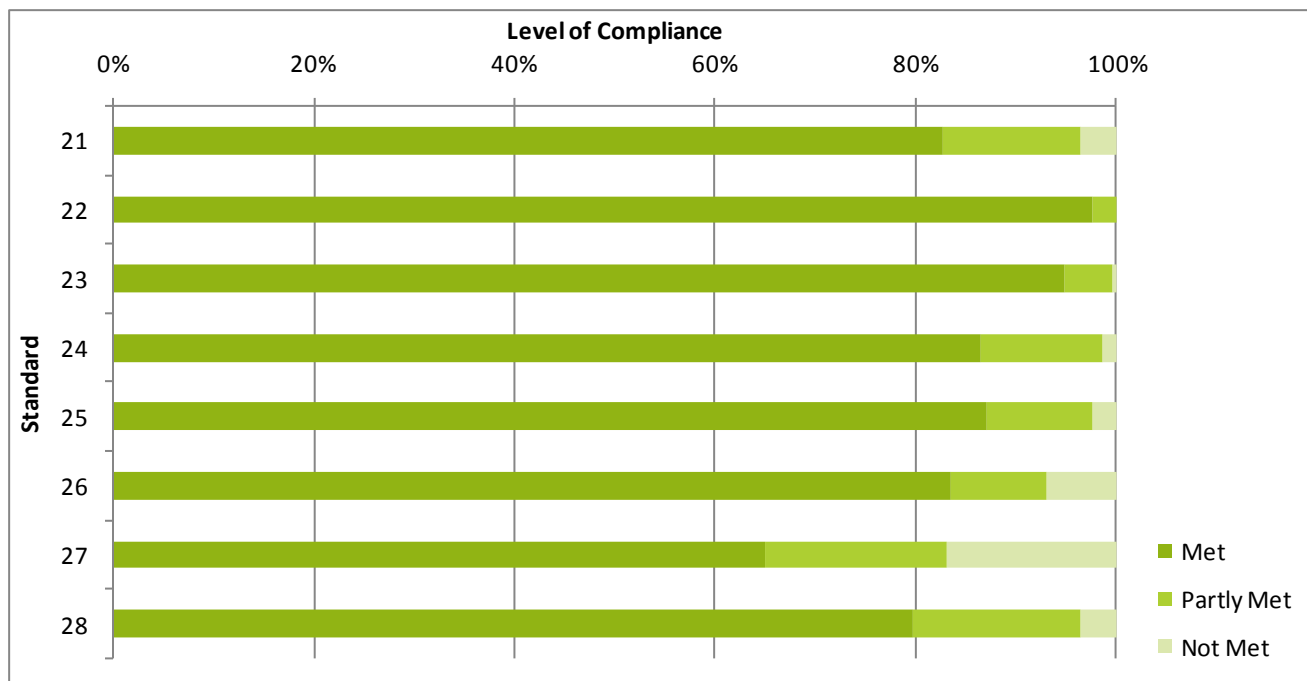
- 93% of units ensure that all young people have a multidisciplinary care plan, and 85% of units are developing these in collaboration with the young people. 88% of units are also ensuring that young people either have a copy or have easy access to a copy of their care plan.
- Education is becoming more integrated into services, and 93% of units are ensuring that teachers are joining MDT meetings.

Areas of Improvement:

- Only 58% of units are offering or undertaking a parents/carers assessment, and there is some confusion within units as to whose responsibility it is to inform parents/carers about the assessment.
- Only 60% of units are providing the national curriculum, and only 74% of units are able to provide education to those over 16 years.
- 82% of units are collecting at least one outcome measure, however only 60% of these units have a dedicated person to collate this work, and 69% of units are using this information to inform service delivery, and only 57% of units are sharing the information with the staff team, service users and commissioners.
- Only 73% of units are able to provide good quality food with sufficient choice to meet individual, cultural and clinical requirements.

Examples of Good Practice:

- **Priory Roehampton ED Service:** The parent/carers evening on the unit is well thought out and offers a good balance between educational sessions and support.
- **Lime Trees Child, Adolescent and Family Service:** The unit has begun to plan a pathway of care specifically for young people aged 16-18 who are not in education, employment or training (NEET). The team have started a group to look at life skills, accessing community resources, making links with connexions etc. to help equip this particular group of young people with the skills and links they will need after discharge.
- **Severn and Thames Units:** The review team liked the award system that both units have in place. Through this system, young people work towards individual targets which are then reviewed by the psychologist and OT Assistant during ward rounds. When young people meet their targets they receive a certificate of achievement and performance which is displayed on the unit and a £5 voucher. The reward system was also felt to have made a big difference to attendance at groups.



Comments from Young People:

- The food on the unit is nice, there's a wide range of meals and lots of fruit, there's also access to a fridge for snacks
- The user group run by the housekeeper is a space for us to ask what activities we would like to do
- A nurse will go through my reports before the CPA or ward round, if I don't agree with something that's written down, then it'll be crossed out
- The school on the unit is not a proper school, we just draw, we don't keep up with course work

Comments from Parents/Carers:

- The school on the unit is brilliant; it's got my child really excited when normally they hate school
- We get given contingency plans for when my child is on weekend leave
- My child has a written care plan and I have been able to get involved in developing it, especially around family therapy
- I would like to have a copy of my child's weekly timetable – I live really far away so it would help to make me feel like I know what my daughter is doing and how often she gets to go outside etc
- It would be nice if there was more dialogue with parents prior to CPA reviews – it is quite intimidating talking in front of lots of people
- I'd like there to be a support group for parents of children in inpatient services, as well as a siblings group

Information, Consent and Confidentiality

Key Findings

Number of criteria:	35
Number of standards:	8
Overall percentage met for the section:	91%

Areas of Achievement:

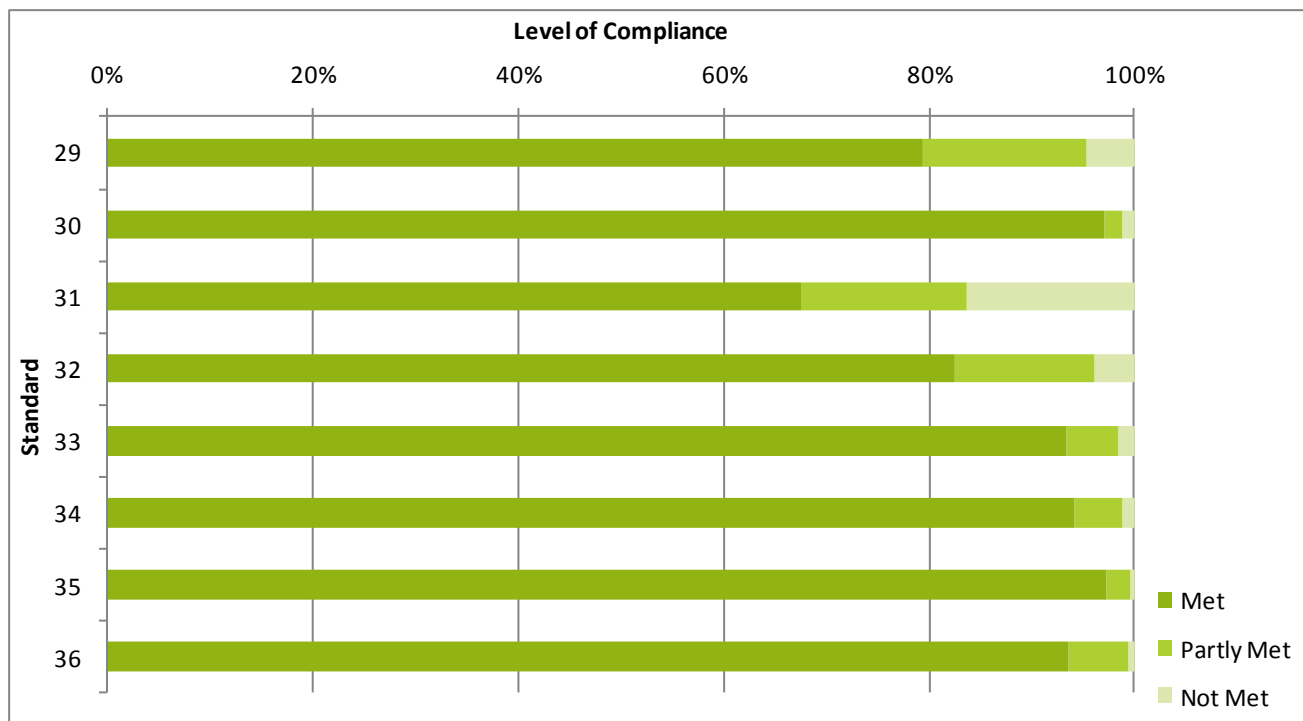
- 75% of units are now providing young people and their parents/carers with information on how to access a second opinion, which has been an increase of 9% since cycle 9.
- Staff in 91% of units are taking the time to explain benefits, limitations and side effects of medication and interventions to young people, an increase of 11% since cycle 9.
- There has been a 15% increase in the number of units explaining to young people their right to agree or refuse treatment and the limitations of this, 78% of units are now undertaking this practice.

Areas of Improvement:

- Only 74% of units are able to provide information in languages other than English and forms in which people with learning, sight or other difficulties were able to understand.
- Some units do not have a way for young people and parents to easily identify staff. Only 71% of units ensure that staff wear name badges, and only 64% of units have a staff photo board.
- Only 55% of units have a website, where referrers, parents/carers and service users are able to obtain information about the service.

Examples of Good Practice:

- **Woodlands Unit, Priory Hospital Cheadle:** The team have produced an impressive recovery pack for young people to take with them on leave, which is a very useful way for parents, carers or staff at their next placement to get to know the young people and find out what helps them when they're distressed. Recovery packs are developed by the young people in collaboration with their key worker.
- **Brooklands Adolescent Unit:** There are excellent visual cues throughout the unit for the young people, and the written information is very impressive and written in an accessible manner. The review team were particularly impressed by the written information relating to the Mental Health Act and the Welcome packs available.



Comments from Young People:

- The team are always in contact with my family, and I understand that lots of information about my care is shared with them.
- Staff don't ask me before information is passed onto others – information was passed onto my school about me and I found that upsetting.
- Sometimes I don't always understand or agree with why information is passed on or not passed on.
- I don't have sessions with my key worker. I have to explain information all over again, I'd rather staff shared the information between themselves
- I didn't receive a welcome pack, perhaps if I had information about the process of coming here it may have been less frightening.

Comments from Parents/Carers:

- Every two weeks we have meetings with the doctors to get updates on my child's progress on the unit, and for the team to receive updates from us about how they are getting on during weekend leave
- Staff always ask me before anything changes involving the treatment my child will receive
- I don't always understand the processes in the unit such as 'ward rounds', it would be good if staff talked in language we could understand more
- Could regular feedback be given in writing? You are not always in the right place when staff call, I think I would phone less if I knew I would get an update and something in writing

Young People's Rights and Safeguarding Children

Key Findings

Number of criteria:	26
Number of standards:	6
Overall percentage met for the section:	94%

Areas of Achievement:

- 100% of units are now recording the Mental Health Act Status of all young people
- 97% of units are now explaining to young people who have been detained under the MHA who their nearest relative is and why this is relevant, this is an increase of 9% since cycle 9
- There has been an increase of 11% of the number of units informing the local authority if a young person remains on the inpatient unit for longer than 3 consecutive months, as required by Section 85 of the Children's Act 1989, this is now undertaken by 92% of units.

Areas of Improvement:

- Only 79% of units are explaining young people's rights and what they can expect on the unit
- Only 80% of units have a formal link with an advocacy service
- Only 76% of units have a telephone which young people can access to make private calls to Childline etc

Examples of Good Practice:

- **Skye House:** The use of the tidal model facilitates at least 3 meetings between young people and staff each day to talk about concerns and/or worries.
- **Lime Trees Child, Adolescent and Family Service:** The team have been proactive in developing links with Young Minds to find out how they can promote user involvement in an inpatient setting. The team have already had useful sessions with young people to help develop feedback forms and encourage young people's involvement in meetings.



Comments from Young People:

- The staff have taught me how important it is to fight for your rights and if I felt anything needed to be raise I would know how to.
- We have an advocate who comes to visit the unit every week, she's really good.
- I can talk to my primary nurse or the advocate if I have a problem – the advocate comes every Monday.
- We know how to make a complaint – ask at the office or tell the advocate.
- I have made a complaint in the past which I feel has been ignored and not since addressed.

Comments from Parents/Carers:

- When I made complaint in the past it was resolved and dealt with really quickly and efficiently.
- I 100% feel listened to by the staff on the unit – the staff listened when nobody else did.
- I am aware of how to make a complaint and feel that they would be taken seriously, the staff always listen to us.
- I feel that staff listen and empathise, they give you a lot of attention.
- Staff let you speak and listen to you, they take a lot of weight off my mind.
- I find that some staff are quite rude and whether your rights and opinions are respected tends to vary depending on who you talk to.
- I did not feel listened to around the decisions made about my child's medication.

Clinical Governance

Key Findings

Number of criteria:	31
Number of standards:	4
Overall percentage met for the section:	88%

Areas of Achievement:

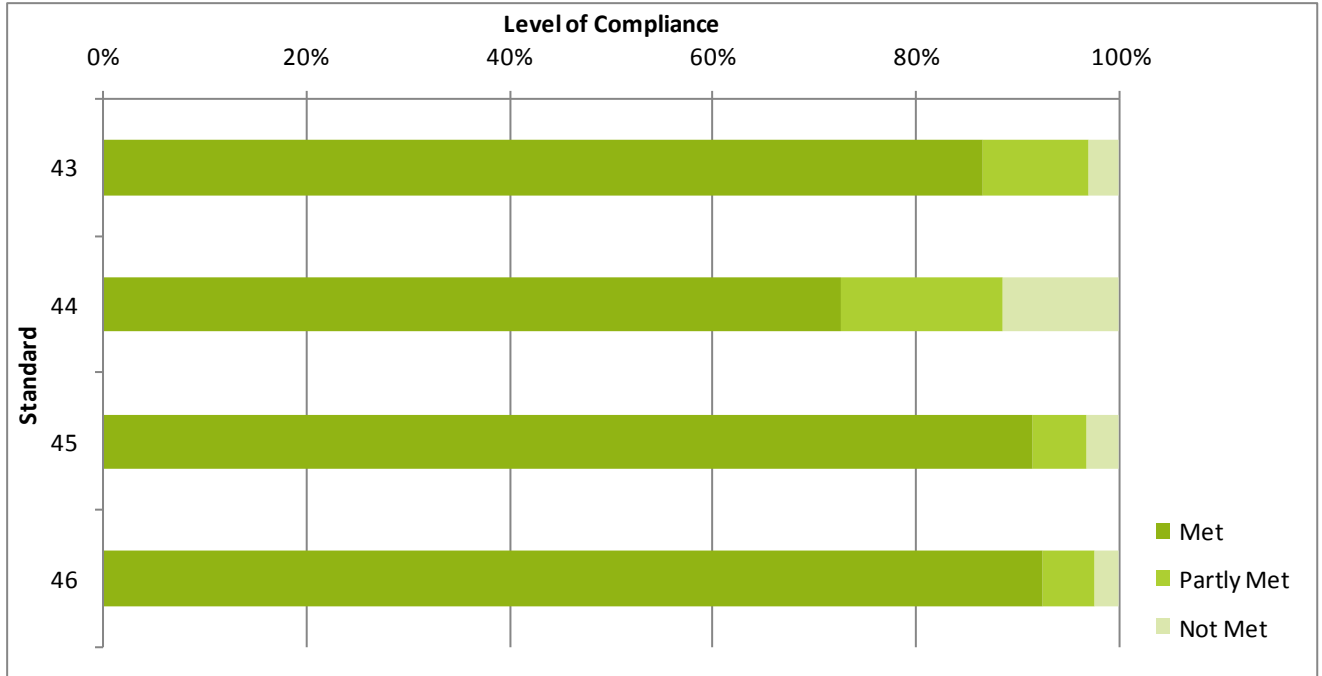
- 95% of units now have a written risk management strategy which includes how incidents are evaluated and inform practice, an increase of 12% from cycle 9.
- Service evaluations in 91% of units include key performance data such as waiting times, bed occupancy, and incident and accident rates, this is an increase of 10% since cycle 9.
- Accessibility of policies has increase by 9% since cycle 9, with 93% of units now disseminating policies to all staff members and storing them in a way that is easily accessible.

Areas of Improvement:

- Only 52% of units have dedicated resources to undertake clinical audit.
- Only 81% of units have a designated risk management lead.

Examples of Good Practice:

- **Bethlem Adolescent Unit:** The Productive Mental Health Wards initiative has been rolled out through the unit, and across the whole staff team. This has empowered staff to take charge of aspects of the initiative. The hard work put in seems to be working and the percentage of staff time spent engaged in direct clinical care has nearly doubled since this initiative was introduced. The Productive Mental Health Wards initiative also provides additional mechanisms to support staff, such as the daily monitoring of stress levels and daily shift evaluations.



Location within a Public Health Context and Commissioning

Key Findings

Number of criteria:	16
Number of standards:	5
Overall percentage met for the section:	66%

Areas of Achievement:

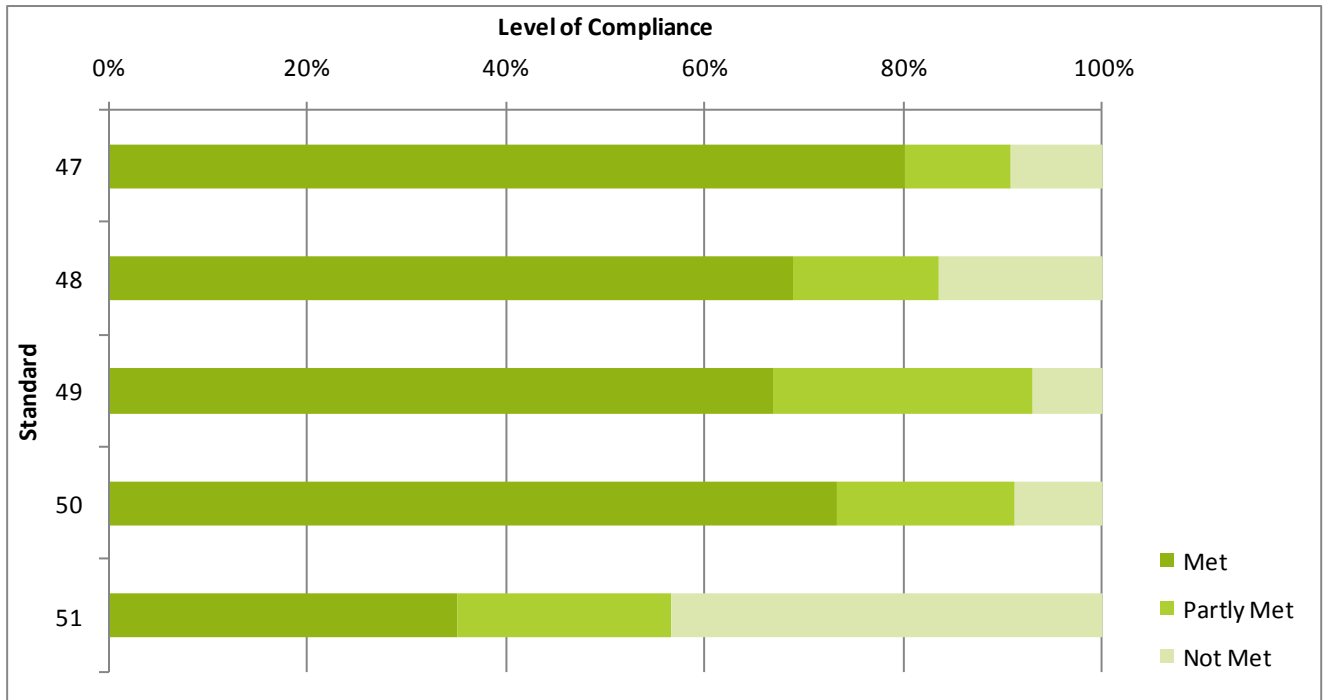
- 91% of units have built close collaborations with their local education services.
- 93% of units have clear protocols in place to ensure that services are aware of the needs of young people who require an emergency admission and that assessments are undertaken by the appropriate person.

Areas of Improvement:

- Only 75% of units are working with their commissioners to develop a strategic framework, and only 75% of units have regular meetings with their commissioners.
- Only 39% of units are having regular meetings with their local authority residential services, to offer advice, training and supervision.

Examples of Good Practice:

- **New Beginnings:** The team work closely with local adolescent assertive and intensive outreach teams to provide suitable care and treatment for young people across four London boroughs.
- **Marlborough House:** The review team were impressed by the links the unit maintains with other organisations and agencies, for example the link they have sustained with the hospital for NG feeding as well as the relationships they have developed with local police and social services, offering training around mental health awareness and self harm. Subsequent visits from police to the unit have helped reduce the incidence of violence through discussion of consequences.



Appendix A – Aggregated Findings

The table below outlines the aggregated scores for the 89 units that participated in peer review visits during Cycle 10 – highlighting the percentage met, partly met and not met for each section, standard and criterion. The percentage met for Cycle 10 is compared to the findings for Cycle 9.

	Standard		Cycle 10			Cycle 9
			% Met	% Partly Met	% Not Met	% Met
	Environment and Facilities		81%	13%	6%	81%
1	The inpatient unit is well designed and has the necessary facilities and resources		79%	16%	5%	74%
1.1	The unit provides a comfortable environment for young people	E	85%	14%	1%	83%
1.2	The unit is in a good state of repair and decoration	E	69%	29%	2%	65%
1.3	There is indoor space for recreation	E	77%	22%	1%	82%
1.3a	There is outdoor space for exercise and recreation, which is easily accessible	E	83%	17%	0%	83%
1.4	There is a designated dining area where all young people can sit together	E	97%	3%	0%	97%
1.5	The unit contains large and small rooms for individual and group meetings	E	83%	17%	0%	82%
1.6	Comfortable waiting rooms/areas are provided	E	69%	26%	5%	67%
1.7	Where seclusion is used there is a designated seclusion facility available	E	81%	9%	9%	76%
1.7a	The seclusion room meets all the following requirements	E	75%	25%	0%	50%

	Standard		Cycle 10			Cycle 9
			% Met	% Partly Met	% Not Met	% Met
	Environment and Facilities		81%	13%	6%	81%
	i. Allows clear observation		84%	8%	8%	82%
	ii. Is well insulated and ventilated		84%	16%	0%	74%
	iii. Has access to toilet/washing facilities		64%	20%	16%	68%
	iv. Is safe and secure - does not contain anything which could cause harm to the young person or others		92%	8%	0%	78%
1.8	There is a designated low-stimulus area or 'safe room', separate from any seclusion room, for the purpose of reducing arousal and/or agitation	E	60%	23%	18%	53%
1.9	There are age appropriate play or leisure materials which can be used as diagnostic and therapeutic tools	E	88%	10%	1%	86%
1.10	One computer is provided for every two pupils	D	76%	16%	8%	62%
1.11	There is designated classroom space for educational activities which can accommodate all young people in the unit	E	90%	8%	2%	76%
1.12	Each young person has the educational materials required for each Key Stage (or equivalent educational stages outside of England and Wales) e.g. textbooks, DVDs and interactive learning materials/software	E	94%	5%	1%	83%
1.13	The service entrance and key clinical areas are clearly signposted	E	76%	21%	2%	67%
1.14	There is sufficient car parking space for staff and visitors near the unit	D	71%	20%	9%	70%
1.14a	Staff and patients may access the unit using public transport	E	89%	8%	2%	84%
1.15	The unit is maintained at a high level of cleanliness	E	86%	14%	0%	84%
1.16	Staff members can regulate heating and ventilation through local controls	E	44%	32%	24%	39%

			Cycle 10			Cycle 9
	Standard		% Met	% Partly Met	% Not Met	% Met
	Environment and Facilities		81%	13%	6%	81%
1.17	Maintenance is completed in a timely manner	D	70%	27%	3%	64%
1.18	All staff have access to IT facilities to support high quality care and the monitoring and evaluation of the service	E	77%	22%	1%	74%
1.19	The unit has age-appropriate games and entertainment for young people, e.g. television, DVD, audio system, books, magazines and board games	E	97%	3%	0%	99%
1.20	There are facilities for young people to make their own hot and cold drinks and snacks where risk permits	D	74%	17%	9%	80%
2	Children's units and adolescent units are separate from adult units		90%	5%	6%	84%
2.1	There are policies and procedures to prevent unwanted visitors to the child or adolescent unit	E	91%	5%	5%	87%
2.2	When a children's unit or adolescent unit is on the same site as an adult unit, there are policies and procedures to ensure young people are not using shared facilities at the same time as other adults	E	89%	5%	7%	81%
3	Premises are designed and managed so that young people's rights, privacy and dignity are respected		77%	13%	10%	73%
3.1	All confidential case materials, e.g. notes, are kept in locked cabinets or locked offices, in accordance with Caldicott Report (1997)	E	98%	2%	0%	95%
3.2	The environment meets the needs of people with physical disabilities, and complies with current legislation on disabled access	E	76%	14%	10%	65%
3.3	All young people have the choice of having a single bedroom	E	76%	15%	8%	72%
3.4	All young people may sleep in privacy and sleeping areas are arranged into separate male and female zones	E	59%	33%	8%	57%
3.5	Separate male and female toilets and washing facilities are available in the unit and are clearly labelled male or female	E	79%	11%	10%	69%

	Standard		Cycle 10			Cycle 9
			% Met	% Partly Met	% Not Met	% Met
	Environment and Facilities		81%	13%	6%	81%
3.6	The young people do not pass through areas occupied by members of the opposite sex to reach toilets and washing facilities	D	62%	20%	19%	55%
3.7	The unit has at least one bathroom per 3 young people	E	84%	7%	9%	86%
3.8	There is a female only lounge available	D	37%	15%	48%	32%
3.9	The unit has a designated room for physical examination and minor medical procedures	E	87%	7%	6%	84%
3.10	The unit has at least one quiet room other than young people's bedrooms	D	82%	10%	8%	71%
3.11	The unit has private rooms, other than young people's bedrooms, where young people may meet relatives and friends	E	78%	17%	5%	76%
3.12	Young people have access to a telephone which can be used in a private area	E	84%	13%	3%	87%
3.13	There is a safe place for young people to keep their property	E	92%	8%	0%	84%
3.14	There is a safe place for staff to keep their property	E	83%	15%	2%	89%
4	The unit provides a safe environment for staff and young people		88%	7%	5%	85%
4.1	Drugs are kept in a secure place with the dispensary book in line with the Trust's medicine management policy	E	100%	0%	0%	99%
4.2	Internal doors may be locked if required, e.g. to secure one part of the unit	E	88%	7%	5%	81%
4.3	Entrances and exits are designed to enable staff to see who is entering or leaving and if required CCTV is used to achieve this	E	77%	14%	9%	75%
5	Young people are consulted about the unit environment and have choice when this is appropriate		93%	6%	1%	93%

			Cycle 10			Cycle 9
	Standard		% Met	% Partly Met	% Not Met	% Met
	Environment and Facilities		81%	13%	6%	81%
5.1	Staff consult with young people when decisions are made about changes to the unit's environment that may affect them	D	94%	6%	0%	92%
5.2	Unit staff encourage young people to personalise their bedroom	D	92%	7%	1%	93%
6	There is equipment and there are procedures for dealing with emergencies in the unit		80%	11%	9%	79%
6.1	There is a procedure for evacuation in case of fire which is rehearsed at regular intervals	E	83%	16%	1%	79%
6.2	The unit has resuscitation equipment and its location is clearly identified	E	89%	8%	3%	91%
6.3	Staff members can obtain quick assistance in an emergency, e.g. the unit has a staff communication system	E	84%	13%	3%	82%
6.3a	There is a way for young people to raise an alarm in an emergency other than shouting e.g. wall alarms	D	48%	16%	36%	49%
6.4	An audit of environmental risk is conducted annually and a risk management strategy is agreed e.g. possible ligature points are identified and dealt with.	E	98%	0%	2%	94%

			Cycle 10			Cycle 9
	Standard		% Met	% Partly Met	% Not Met	% Met
	Staffing and Training		80%	14%	6%	78%
7	The number of nursing staff on the unit is sufficient to safely meet the needs of the young people at all times		84%	14%	2%	84%
7.1	Where there are high dependency/high acuity cases (e.g. high levels of observation, use of seclusion, increased risk of violence or self harm), there is a minimum ward staff to patient ratio of 1:1 to 3:1 for the most highly disturbed cases	E	88%	10%	1%	84%
7.1a	Where there are medium dependency cases (10-minute checks, intensive support at meal times), there is a ward staff to patient ratio of 1:2	E	85%	10%	5%	84%
7.1b	Where there are general observations, maintenance of safety and during therapeutic programme times, there is a ward staff to patient ratio of 1:3	E	93%	6%	1%	92%
7.2	At night-time in a 10-12 bedded unit with general observations there is a minimum of two staff on duty, including one qualified member of staff and access to additional support as appropriate	E	97%	3%	0%	98%
7.3	There are sufficient staff to ensure that when young people require physical restraint, it is with the minimum force and risk of injury and in line with trust policy	E	90%	9%	1%	91%
7.4	The ward manager can arrange for additional staff to cover shifts in an emergency	E	88%	11%	1%	91%
7.5	The unit is staffed by permanent staff, and bank and agency staff are used only in exceptional circumstances e.g. in response to additional clinical need Guidance: A CAMHS inpatient unit is likely to have a problem with over-use of agency nurses if more than 15% of staff are agency staff during a week or if more than one member of staff on a shift are from an agency. Agency staff should also not be used for more than two shifts in a day.	E	74%	22%	5%	68%

			Cycle 10			Cycle 9
	Standard		% Met	% Partly Met	% Not Met	% Met
	Staffing and Training		80%	14%	6%	78%
7.6	Where bank and agency staff are used, they are familiar with the service and experienced in working with young people with mental health problems	D	59%	40%	1%	62%
8	There are nurses with a specialist qualification in the unit at all times		92%	6%	2%	88%
8.1	A typical unit with 10-12 places include a minimum of two registered nurses, that have relevant child and young people experience, per day shift and one at night	E	89%	11%	0%	84%
8.2	A typical unit with 10-12 places includes a 1 WTE Ward Manager whom is a registered nurse (Band 7+) or from another discipline with appropriate expertise	E	95%	0%	5%	91%
9	The inpatient unit comprises a core multi-disciplinary team		73%	17%	10%	70%
9.1	A typical unit with 10-12 places includes at least 1 WTE consultant child and adolescent psychiatrist (which may be provided by two clinicians in a split post)	E	82%	15%	3%	79%
9.1a	A typical unit with 10-12 places includes at least 4 hours per patient per week non-consultant Child and Adolescent Psychiatrist input e.g. staff grade or ST4+ Trainee (or equivalent)	E	69%	21%	10%	63%
9.2	A typical unit with 10-12 places includes one WTE clinical psychologist; in a typical children's unit 0.8 WTE clinical psychologist input is provided	E	57%	31%	13%	55%
9.3	A typical unit with 10-12 places includes provision of 0.5 to one WTE Social Worker	E	54%	11%	34%	49%
9.4	A typical unit with 10-12 places includes provision of 0.5 WTE occupational therapy input is provided	D	67%	14%	20%	68%
9.5	Units that treat young people with eating disorders have input from a dietician	E	85%	11%	4%	86%

			Cycle 10			Cycle 9
	Standard		% Met	% Partly Met	% Not Met	% Met
	Staffing and Training		80%	14%	6%	78%
9.6	Young people may access treatment from a range of other therapists while in the unit including Speech and Language Therapy	E	70%	26%	3%	65%
9.7	A member of the team has 0.5 WTE protected time to deliver family therapy	E	56%	24%	20%	55%
9.8	There is a minimum of one qualified teacher to 4 students per lesson	E	68%	21%	11%	57%
9.9	Young people have access to teachers of specialist subjects, e.g. language tutors and other education professionals, e.g. educational psychologists	D	68%	20%	12%	59%
9.10	There are administrative and secretarial staff to support effective running of the unit	E	82%	15%	3%	77%
9.11	Unit staff have access to input from a pharmacist	E	94%	5%	1%	93%
9.12	There is an identified duty doctor to attend the unit, including out of hours	E	95%	3%	1%	95%
10	Unit staff work effectively as a multi-disciplinary team		89%	8%	2%	86%
10.1	The unit manager maintains an up to date organisational diagram that shows line management within the unit	E	87%	10%	2%	78%
10.2	There are regular multi-disciplinary team meetings, that occur at a minimum of bi-monthly, for discussion of clinical matters, administrative work and for consulting with the team on relevant management decisions	E	97%	3%	0%	97%
10.3	Good staff morale is recognised as important and efforts to improve morale are made when necessary	E	88%	11%	1%	89%
10.3a	Unit managers monitor staff morale, e.g. through annual surveys, audits of sick leave and staff retention and appropriate action is taken when needed	E	89%	10%	1%	84%

			Cycle 10			Cycle 9
	Standard		% Met	% Partly Met	% Not Met	% Met
	Staffing and Training		80%	14%	6%	78%
10.4	There are procedures for managing complaints from staff and staff members are able to raise concerns without prejudicing their position	E	99%	1%	0%	97%
10.5	All staff are informed that they have a responsibility to critically challenge decisions that they feel may not be in the best interests of young people and families	E	95%	5%	0%	90%
10.6	Legal advice is available for practitioners when needed	E	99%	1%	0%	99%
10.7	The team has integrated patient records used by all staff	D	91%	6%	3%	85%
10.8	The roles and responsibilities of unit staff are defined, e.g. in up to date job descriptions and in operational policy	E	89%	11%	0%	84%
10.9	There is time scheduled in staff rotas to allow handover sessions between shifts	E	97%	3%	0%	97%
10.10	The ward manager ensures that a written review of the unit's staffing needs is completed periodically and when there are changes in service provision	D	87%	9%	2%	84%
10.11	The team has protected time for informal 'away days' to facilitate team building and service development. This should occur at a minimum of once a year	E	51%	30%	19%	44%
11	All staff have completed mandatory training in line with trust requirements and are able to demonstrate this.		69%	23%	8%	73%
11.1	Staff receive at least 5 days training and continuing professional development activities per year	E	84%	13%	3%	88%
11.2	The unit has a budget for staff training and development and staff know how this is allocated	E	55%	33%	13%	59%
12	Training is provided to enable staff to demonstrate the following Core Competencies for CAMHS		79%	15%	7%	75%

			Cycle 10			Cycle 9
	Standard		% Met	% Partly Met	% Not Met	% Met
	Staffing and Training		80%	14%	6%	78%
12.1	Effective communication and engagement with children, young people and their families and carers	E	74%	19%	7%	79%
12.2	Assessments including risk assessment and management	E	93%	5%	2%	88%
12.3	Safeguarding and promoting the welfare of children	E	94%	2%	3%	95%
12.4	Care co-ordination	E	79%	10%	11%	76%
12.5	Promoting health and wellbeing	E	82%	11%	7%	78%
12.6	Supporting transitions	E	63%	20%	17%	62%
12.7	Multi-agency working	E	74%	17%	9%	66%
12.8	Sharing information	E	85%	10%	5%	84%
12.9	Managing relationships and boundaries between young people and staff, including appropriate touch	E	88%	8%	5%	77%
12.10	The role of other services and the range of local services and activities	D	64%	22%	14%	60%
12.11	Attachment theory	E	66%	23%	11%	53%
12.12	Use of formal observations	E	91%	6%	3%	81%
12.13	Creating a therapeutic milieu	E	72%	17%	11%	58%

			Cycle 10			Cycle 9
	Standard		% Met	% Partly Met	% Not Met	% Met
	Staffing and Training		80%	14%	6%	78%
12.14	Developing a therapeutic alliance	E	70%	20%	9%	63%
12.15	Consent and capacity	E	81%	17%	2%	81%
12.16	Understanding of staff dynamics within inpatient treatments	E	68%	23%	9%	59%
12.17	Risk assessment and awareness of risk factors in abuse and abuse to others, indicators of abuse and procedures for dealing with abuse	E	94%	3%	2%	92%
12.18	Legal frameworks such as the Children Acts, Mental Health Act 2007, the revised Code of Practice, Disability Discrimination Act and The Mental Capacity Act 2005	E	90%	10%	0%	85%
12.19	Resuscitation (child and adult)	E	98%	2%	0%	95%
12.20	Management of imminent and actual violence, breakaway techniques and restraint measures	E	97%	2%	1%	97%
12.21	Non clinical staff have received mental health awareness training	D	57%	21%	22%	52%
12.22	Training needs are informed through the skills needed within the unit, staff appraisal and individual development plans and support and supervision systems - all have been assessed in the last year	E	100%	0%	0%	80%
12.23	Staff receive training on the evidence underpinning the range of treatments provided (i.e. NICE guidelines, 'Drawing on the Evidence' - Wolpert et. al, 2006)	E	78%	19%	2%	57%
12.24	Audit and research skills	D	56%	34%	9%	49%
13	Appropriate training methods are used to ensure staff training is effective		49%	39%	11%	75%
13.1	All staff can access the organisation's intranet via a computer in the unit	E	81%	13%	6%	89%

			Cycle 10			Cycle 9
	Standard		% Met	% Partly Met	% Not Met	% Met
	Staffing and Training		80%	14%	6%	78%
13.2	All staff have access to books and journals on site		95%	3%	1%	76%
13.3	All staff, including temporary staff, have a comprehensive induction to the service which covers key aspects of care	E	83%	13%	5%	88%
13.4	There is protected time and financial support for staff to conduct service relevant research and academic activity	D	92%	6%	2%	46%
14	All staff receive regular supervision totalling at least one hour per month from a person with appropriate experience		52%	31%	17%	79%
14.1	All members of the MDT have access to clinical supervision at a minimum of once every month, or more frequently, as per professional body guidance	E	81%	15%	5%	77%
14.1a	All supervisors receive training in clinical supervision taking into consideration profession-specific guidelines	E	77%	19%	3%	62%
14.1b	Supervision includes support about the emotional consequences of any serious untoward incidents	E	68%	30%	2%	97%
14.1c	The team meet as a group at least once a month to reflect upon the impact of working with young people	E	91%	5%	5%	69%
14.2	All junior clinical staff attend a preceptorship programme, in line with professional requirements	E	68%	23%	9%	85%
14.3	Managers appraise staff annually that report to them and ensure they have a personal development plan	E	93%	1%	6%	85%
15	There is a recruitment policy to ensure vacant posts are filled quickly with well qualified and checked candidates		86%	11%	2%	74%
15.1	Young people are involved in and influence the recruitment of unit staff	D	75%	15%	9%	39%

			Cycle 10			Cycle 9
	Standard		% Met	% Partly Met	% Not Met	% Met
	Staffing and Training		80%	14%	6%	78%
15.2	Human resources staff ensure that all unit staff, including temporary staff, undergo an Enhanced National Criminal Records Bureau (CRB) check and are checked against the Protection of Children Act (POCA) register before appointment	E	39%	29%	32%	97%
15.3	Human resources staff ensure that all staff with a professional regulatory body are checked for appropriate registration on recruitment and again at renewal date	E	100%	0%	0%	99%
15.4	When posts are vacant or in the event of long term sickness or maternity leave, prompt arrangements are made for temporary staff cover	E	98%	1%	1%	57%
15.5	Reasons for staff leaving are established, particularly where there is a high staff turnover, e.g. exit questionnaires or interviews are used	D	60%	27%	13%	86%
15.6	Staff vacancies are advertised as widely as possible	D	86%	12%	2%	73%
15.7	Units have a dedicated Human Resources contact who understands the needs of a CAMHS inpatient unit	E	67%	22%	11%	66%

			Cycle 10			Cycle 9
	Standard		% Met	% Partly Met	% Not Met	% Met
	Access, Admission & Discharge		86%	12%	2%	78%
16	Provision and procedures ensure that appropriate and timely inpatient care is available to all those who would benefit		90%	8%	2%	84%
16.1	Information and guidance about the unit, including timescales from referral to admission and written referral criteria, are readily available to referrers (written or online)	E	87%	12%	1%	82%
16.2	The inpatient unit has written criteria for admission. These consider: i. Age restrictions ii. Psychiatric condition and severity	E	94%	3%	2%	90%
16.3	Where young people are refused admission to the service, the reasons for refusal are explained to the young person, parents/carers and referrer, and they are informed about alternative options	E	100%	0%	0%	90%
16.4	The unit formally records all referrals with respect to race, gender and disability and acts to support referrals from any under-represented groups	D	79%	17%	3%	75%
17	Assessment and treatment are offered without unacceptable delay		81%	17%	2%	72%
17.1	Young people do not experience delay in assessment that leads to deterioration in health or to care being offered in inappropriate settings e.g. in adult and paediatric wards or as a day patient (2=true, 1=partly true, 0=false)	E	84%	16%	0%	80%
17.1a	Young people do not experience delay in treatment that leads to deterioration in health or to care being offered in inappropriate settings e.g. in adult and paediatric wards or as a day patient (2=true, 1=partly true, 0=false)	E	73%	27%	0%	69%
17.2	Young people at severe risk can be admitted as emergencies (i.e. within 24 hours) including out of hours	E	81%	14%	5%	64%

			Cycle 10			Cycle 9
	Standard		% Met	% Partly Met	% Not Met	% Met
	Access, Admission & Discharge		86%	12%	2%	78%
17.2a	Units that fail to meet 17.2 have a plan in place about how to meet the National Service Framework requirements i.e. there is a system of accountable handling of emergencies and staff are aware of where emergency beds can be accessed	E	85%	12%	2%	74%
18	There is equity of access to inpatient units in relation to ethnic origin, social status, disability, physical health and location of residence		82%	15%	3%	79%
18.1	Consideration is given to the special needs of young people from different ethnic, cultural or religious backgrounds, e.g. incorporating religious practice into daily living	E	97%	2%	1%	91%
18.2	The unit is able to respond to the physical needs of young people to enable admission, e.g. disabled access	E	75%	20%	6%	71%
18.3	The service is able to overcome barriers to access e.g. by paying travel costs or video conferencing	D	61%	33%	6%	61%
18.4	The unit has access to interpreters and relatives are not used in this role	E	95%	5%	0%	94%
19	Families are involved throughout assessment and treatment		84%	10%	7%	78%
19.1	Children's units have access to nearby facilities for parents/carers to stay overnight	E	73%	13%	15%	67%
19.2	The unit information leaflet states that the participation of parents/carers is expected	E	85%	10%	5%	78%
19.3	Parents/carers have access to refreshments at the unit	D	93%	6%	1%	90%
20	Before discharge, decisions are made about meeting any continuing needs		89%	10%	1%	86%

			Cycle 10			Cycle 9
	Standard		% Met	% Partly Met	% Not Met	% Met
	Access, Admission & Discharge		86%	12%	2%	78%
20.1	Care of all young people takes place within a formal Care Programme Approach framework (England only) or local equivalent to avoid protracted stays within the inpatient unit	E	95%	4%	1%	93%
20.2	Young people have a named worker from the referring agency throughout their stay in the unit, who is identified at admission and who attends all CPA reviews and discharge planning meetings	E	76%	23%	1%	71%
20.3	For all young people referred to adult services, the arrangements stipulated under the Care Programme approach are employed i.e. When a young person needs to transfer to adult services a joint review must be undertaken to ensure effective handover takes	E	97%	3%	0%	92%
20.4	A written discharge and aftercare plan is produced for each young person who leaves the unit	E	98%	1%	1%	97%
20.5	Young people and parents/carers are invited to CPA meetings and involved in decisions about care after discharge from the inpatient unit	E	98%	2%	0%	95%
20.6	Young people and parents/carers know the names of workers involved in follow-up after their discharge and have met them prior to discharge	E	90%	10%	0%	88%
20.7	Young people and parents/carers know before their discharge the dates and times of appointments with the workers involved in their care after their discharge	E	86%	13%	1%	84%
20.8	Before admission, unit staff agree aftercare pathways with referring teams	E	66%	31%	2%	60%
20.9	Where discharge is delayed the reason for the delay is documented and there are processes in place to address the situation	E	94%	6%	0%	90%

			Cycle 10			Cycle 9
	Standard		% Met	% Partly Met	% Not Met	% Met
	Care & Treatment		84%	11%	5%	82%
21	There are robust arrangements for collecting information from all agencies involved with the young person and their family		83%	14%	4%	76%
21.1	There is a clear identification of whether the young people or parent/carers are involved with or have access to other agencies	E	98%	2%	0%	90%
21.2	Individuals making an assessment have considered a range of relevant documents from the referrer (social care reports, risk assessments etc.)	E	94%	6%	0%	88%
21.3	There is evidence of assessment of social care needs	E	80%	18%	1%	75%
21.4	Parents/carers are offered a carers assessment, where they are the primary carer	E	58%	29%	13%	51%
22	All young people are assessed for their health and social care needs		98%	2%	0%	96%
22.1	Unit staff use a formal risk assessment tool for all young people. Risk is assessed on admission and regularly reviewed	E	97%	3%	0%	93%
22.2	All pre-admission clinical assessments are conducted and recorded by an appropriately experienced staff member and identify the specific risks for every child and young person	E	99%	1%	0%	97%
22.3	A physical examination is conducted within 24 hours of admission	E	98%	2%	0%	95%
22.4	If part or all of the examination has been refused, the reason why has been recorded and repeated attempts have been made to complete this process	E	98%	2%	0%	99%
23	A comprehensive range of interventions is available to the young people who are inpatients		95%	5%	0%	93%
23.1	Treatments are provided in accordance with the NICE guidelines	E	91%	9%	0%	87%
23.2	Inpatient services have a range of interventions available	E	98%	2%	0%	96%

			Cycle 10			Cycle 9
	Standard		% Met	% Partly Met	% Not Met	% Met
	Care & Treatment		84%	11%	5%	82%
	These include:					
23.2a	Medication	E	100%	0%	0%	100%
23.2b	Individual psychological therapies	E	95%	5%	0%	92%
23.2c	Group psychological therapies	E	87%	10%	2%	85%
23.2d	Family support	E	93%	7%	0%	89%
24	There is a structured programme of care and treatment		87%	12%	1%	84%
24.1	A structured therapeutic programme, comprising a mixture of group work and individual sessions, is run during weekdays	E	89%	10%	1%	93%
24.2	Activities and outings in the evening and weekends are planned, needs led and reviewed regularly	E	80%	18%	1%	81%
24.3	The therapeutic programme offers a broad range of sessions to suit the needs of the client population	E	92%	7%	1%	90%
24.4	The programme of activities offered is planned in consultation with young people	E	90%	10%	0%	85%
24.5	There are adequate resources and identified budgets to provide the structured programme of care and treatment including evening and weekend programmes	E	69%	26%	5%	62%
24.6	Young people and parents/carers have access to key clinicians and members of the MDT as needed e.g. outside of planned meetings	E	99%	1%	0%	95%
25	All young people have a written care plan as part of the Care Programme Approach		87%	11%	2%	83%

			Cycle 10			Cycle 9
	Standard		% Met	% Partly Met	% Not Met	% Met
	Care & Treatment		84%	11%	5%	82%
25.1	There is a multidisciplinary, written care plan for every young person that is kept with their records	E	93%	7%	0%	91%
25.2	Parents/carers are actively involved in the development of the young person's care plan	E	81%	19%	0%	71%
25.3	Care plans are developed collaboratively with the young person	E	85%	14%	1%	84%
25.4	Young people have a copy of their care plan or ready access to it	E	88%	10%	2%	82%
25.5	The plan is signed by the young person, or if they have been assessed as lacking the ability to make decisions about aspects of their care, the plan is signed by the parent/carer	E	70%	22%	8%	66%
25.6	parents/carers are given a copy of the care plan subject to confidentiality	E	69%	21%	10%	59%
25.7	The care plan is reviewed by unit staff at defined and agreed intervals during admission (e.g. ward rounds or CPA reviews)	E	98%	2%	0%	99%
25.8	If a Local Authority has parental responsibility as a result of a care order, the hospital should obtain the local authority's consent where necessary and consult on the young people's management or care plan	E	100%	0%	0%	97%
25.9	When a care order is in place the Local Authority is asked to confirm who should be consulted about treatment decisions and other aspects of the child's care plan	E	100%	0%	0%	99%
26	Young people can continue with their education when admitted		83%	10%	7%	83%
26.1	The unit provides the full National Curriculum including PE across all key stages within appropriate teaching facilities	E	60%	30%	10%	57%
26.2	Teaching staff complete an assessment of each young person's educational needs which is regularly reviewed	E	94%	2%	3%	92%

			Cycle 10			Cycle 9
	Standard		% Met	% Partly Met	% Not Met	% Met
	Care & Treatment		84%	11%	5%	82%
26.3	If a young person has a learning difficulty or is more than 2 years behind in their education, an individual education plan with clear targets is set with the young person and where appropriate the parent/carers. This is reviewed regularly	E	87%	6%	7%	88%
26.4	If the young person is at school, educational staff at the unit must liaise with the young person's own school in order to maintain continuity of education provision	E	94%	3%	2%	96%
26.5	Educational staff at the unit assist young people to reintegrate back to their local educational facility	D	90%	7%	3%	90%
26.6	The unit can cater for diverse educational needs, including the needs of those young people with a moderate learning disability	E	80%	13%	7%	85%
26.7	Where the unit caters for 16 to 19 year olds, the unit makes available A Level subjects or appropriate alternatives	D	74%	18%	8%	68%
26.8	Educational outings are provided, as appropriate	D	79%	9%	12%	81%
26.9	Teachers regularly join multi-disciplinary team meetings	E	93%	6%	1%	87%
26.10	The educational staff maintain communication with the young peoples' parents/carers, e.g. providing progress reports for each CPA review	E	94%	2%	3%	95%
26.11	Educational staff are sufficiently supported by the LA (Local Authority) and LSC (Learning Skills Council)	E	73%	9%	17%	76%
27	Outcome measurement is undertaken routinely using validated outcome tools (e.g. HoNOSCA, C-GAS, SDQ)		65%	18%	17%	57%
27.1	A designated person is in place to lead on outcome measurement work	E	77%	18%	5%	71%

			Cycle 10			Cycle 9
	Standard		% Met	% Partly Met	% Not Met	% Met
	Care & Treatment		84%	11%	5%	82%
27.2	Staff have protected time to collect and collate outcome information	E	60%	21%	20%	44%
27.3	Outcome is evaluated from the perspective of staff, young people and parents/carers	E	64%	24%	12%	60%
27.4	The analysis of outcome measurement data is used to inform service provision and identify areas for improvement	E	69%	18%	13%	54%
27.5	Case records include the results of measurement using at least one recognised outcome measure e.g. HoNOSCA, C-GAS, SDQ	E	82%	11%	7%	78%
27.6	Information from outcome measurement is fed back to the whole staff team, users and commissioners	E	57%	26%	16%	51%
27.7	Units contribute to a national dataset to allow for information sharing e.g. QNIC ROM	D	45%	8%	47%	45%
28	All young people at the unit are given a choice of healthy, balanced food		80%	17%	4%	81%
28.1	There is a choice of well prepared food from a menu that suits all nutritional, individual, cultural and clinical dietary needs	E	73%	26%	1%	74%
28.2	The food provided is of a good standard and young people's feedback is sought	E	70%	26%	3%	77%
28.3	Where there is a therapeutic benefit, e.g. when working with young people with eating disorders, staff eat with young people at mealtimes and the cost of the staff meal is covered by the trust/organisation	E	90%	6%	5%	93%
28.4	Where there is a therapeutic benefit, there are arrangements for families to eat with young people at mealtimes e.g. for young people with Eating Disorders prior to discharge and the cost of the family meal is covered by the trust/organisation	D	86%	9%	5%	80%

			Cycle 10			Cycle 9
	Standard		% Met	% Partly Met	% Not Met	% Met
	Information, Consent & Confidentiality		91%	7%	2%	85%
29	Information is available to young people and parents/carers		79%	16%	5%	79%
29.1	There is a range of age-appropriate leaflets and posters relevant to the services offered by the unit and other health promotion information, that is kept up to date and is readily available	E	71%	28%	1%	75%
29.2	Young people are presented with information in a way that they can understand	E	91%	9%	0%	93%
29.3	When necessary, information is available in languages other than English and in forms in which people with sight, learning and other disabilities can use	E	74%	19%	7%	70%
29.4	A welcome pack or introductory booklet is provided when people first use the service, giving specific information about the unit	E	80%	17%	2%	78%
29.5	Information for families is written with the participation of children, young people and parents/carers	D	61%	22%	17%	57%
29.6	Staff regularly update parents/carers on their child's progress subject to confidentiality	E	99%	1%	0%	99%
30	Each young person has a named nurse/key worker		97%	2%	1%	95%
30.1	The unit allocates a key worker to each young person and makes this known to the young person and parent	E	99%	0%	1%	99%
30.2	The young person's views are taken into account if they are not satisfied with their key worker and there is a process in place to deal with this	E	95%	3%	1%	92%
31	Young people know the names of the staff team looking after them		67%	16%	16%	58%
31.1	Staff wear name badges, so that young people and visitors know who they are and for reasons of security	D	71%	19%	11%	64%
31.2	There is a board on display with the names and photographs of staff	D	64%	14%	22%	51%

	Standard		Cycle 10			Cycle 9
			% Met	% Partly Met	% Not Met	% Met
	Information, Consent & Confidentiality		91%	7%	2%	85%
32	Young people and parents/carers can find out about the inpatient unit before the admission		82%	14%	4%	83%
32.1	Young people and parents can visit the unit and find out about the services offered before agreeing to admission (with the exception of emergency admissions)	E	95%	2%	2%	93%
32.2	Services provide a website giving information about the unit that young people and parents/carers can access prior to admission	D	55%	36%	9%	60%
32.3	At the referral meeting, if admission is considered appropriate, the aims of treatment are discussed (with the exception of emergency admissions where aims should be discussed upon admission)	D	98%	2%	0%	96%
33	Young people and parents/carers are involved in decisions about their treatment		93%	5%	1%	90%
33.1	Staff provide appropriate information about the young person's treatment and respond to requests for additional information	D	100%	0%	0%	97%
33.2	Young people and parents/carers are given a clear explanation of their diagnosis or the assessment programme if diagnosis has not been determined on admission	E	100%	0%	0%	97%
33.3	Staff give young people as much time to make decisions about their treatment as is possible and appropriate (i.e. without being detrimental to the young person's health or welfare)	E	99%	1%	0%	99%
33.4	Information is provided for parents/carers and young people on how to access a second opinion	E	75%	20%	6%	66%
34	Young people and parents/carers have access to their health records		94%	5%	1%	92%
34.1	Young people and parents/carers are aware of their rights to see the young person's health records	E	86%	10%	3%	82%

	Standard		Cycle 10			Cycle 9
			% Met	% Partly Met	% Not Met	% Met
	Information, Consent & Confidentiality		91%	7%	2%	85%
34.2	Where young people have requested access to their health records, they are provided with such information unless the grounds for denying access under the Data Protection Act 1998 are met	E	99%	1%	0%	99%
34.3	Where a parent requests information on behalf of a young person who is not able to understand the nature of the application for access to health records, such information is provided unless it is not considered to be in the young person's best interests	E	98%	2%	0%	94%
35	Personal information about young people is kept confidential, unless this is detrimental to their care		97%	2%	0%	97%
35.1	Young people and families are informed of their right to confidentiality	E	98%	2%	0%	96%
35.2	Consent is sought prior to the disclosure of case material to parents and carers if the young person is assessed as able to make such a decision	E	98%	2%	0%	99%
35.3	Young people are informed when confidential information about them is to be passed on to other services and agencies, and the reasons why this is important to their continuing care are explained	E	97%	2%	1%	96%
36	All examination and treatment is conducted with the appropriate consent		94%	6%	1%	89%
36.1	Consent to examination or treatment is sought by the staff member who will carry out the procedure	E	100%	0%	0%	97%
36.2	Young people and their parents or carers are provided with information about the evidence base, risks, benefits and side effects of intervention options and of non-intervention and informed about how to obtain additional information if they want it, for example staff recommended websites or reading material. This should include the use of drugs outside of their marketing authorisation	E	91%	9%	0%	80%

	Standard		Cycle 10			Cycle 9
			% Met	% Partly Met	% Not Met	% Met
	Information, Consent & Confidentiality		91%	7%	2%	85%
36.3	The ward staff can access a Trust policy or protocol that describes the legal framework for decision making on care and treatment e.g. obtaining written consent, what do do when there is a disagreement between parties <i>Guidance note: Clear information on this can be found in The Legal Aspects of the Care and Treatment of Children and Young people with Mental Disorder. A guide for Professionals</i>	E	94%	3%	2%	93%
36.4	Staff inform young people both verbally and in writing of their right to agree to or refuse treatment and the limits of this	E	78%	22%	0%	63%
36.5	Staff are proficient in assessing a young person's ability to consent	E	90%	10%	0%	86%
36.6	Young people's capacity to consent to treatment is assessed in accordance with Mental Capacity Act 2005 <i>Guidance: See the Code of Practice to the Mental Capacity Act 2005 (Chapter 12) For under 16's staff need to be assessing if the child is Gillick competent. See the Legal Guide pg 18</i>	E	97%	3%	0%	93%
36.7	The young person's consent or refusal is recorded in their notes in addition to the treating clinician's assessment of the patient's ability to consent to the treatment in question	E	94%	6%	0%	89%
36.8	Where young people are not detained and are assessed as not being able to consent, the basis for providing the treatment without the young person's consent is recorded, and the views of the young person are ascertained and taken into account	E	96%	3%	1%	96%
36.9	Staff tell young people that their consent to treatment can be withdrawn at any time and that fresh consent is required before further treatment can be given or reinstated	E	89%	8%	2%	87%
36.10	Interventions are only conducted without the consent of young people if discussion and modification of the intervention has been exhausted	E	99%	1%	0%	98%

			Cycle 10			Cycle 9
	Standard		% Met	% Partly Met	% Not Met	% Met
	Information, Consent & Confidentiality		91%	7%	2%	85%
36.11	Young people and their parents/carers are informed about the procedures for obtaining consent where parental responsibility is held by a third party. <i>Guidance: For example parental responsibility will be shared with others if the young person is subject to a care order (where the local authority has parental responsibility) or a residence order (in which case the person(s) named in the order will have parental responsibility). See the MHA Code 36.8 in relation to local authorities and parental responsibility</i>	E	98%	1%	1%	96%
36.12	Staff are clear on who has parental responsibility	E	97%	3%	0%	92%

			Cycle 10			Cycle 9
	Standard		% Met	% Partly Met	% Not Met	% Met
	Young People's Rights and Safeguarding Children		94%	5%	1%	92%
37	If a young person is formally admitted, the legal authority for admission and treatment is clear		97%	3%	0%	94%
37.1	Staff are aware of the legal status of all young people admitted and the implications of this	E	100%	0%	0%	96%
37.2	Young people are provided with information about being given treatment without their consent and the procedures that must take place before such treatment is given	E	90%	9%	1%	93%
37.3	Staff take time to explain why the young person have been detained and how the Mental Health Act applies to them	E	100%	0%	0%	98%
37.4	Young people are provided with information about their rights to access a mental health tribunal and/or managers' hearings that explains how they can apply to be discharged from detention including the role of the tribunal and the hospital manager, their rights to legal representation, and how long they should expect to wait for a hearing date	E	99%	1%	0%	95%
37.5	Staff explain to the young person who their Nearest Relative is (Mental Health Act 1983) and why this is relevant	E	97%	3%	0%	88%
38	The inpatient unit is patient-centred and respects the rights of young people and their parents/carers		91%	8%	0%	89%
38.1	Young people can ask to see a clinician on their own, e.g. without other nursing staff or family present, although this may be refused in certain circumstances, e.g. risk to staff	E	100%	0%	0%	100%
38.2	Young people can access support from a staff member of the gender of their choice	D	87%	13%	0%	83%
38.3	Young people's rights and what they can expect are explained and information is accessible and regularly reviewed, e.g. the Headspace Toolkit	E	79%	20%	1%	80%

			Cycle 10			Cycle 9
	Standard		% Met	% Partly Met	% Not Met	% Met
	Young People's Rights and Safeguarding Children		94%	5%	1%	92%
38.4	Access to media (e.g. TV, DVDs, audio and internet) is provided and is age-appropriate, based on consideration of individual young people, and monitored with safeguards in place	E	99%	1%	0%	95%
39	Young people and their parents/carers are informed about how to make complaints and seek independent advice		84%	11%	5%	85%
39.1	The method of making a complaint is well publicised to young people and parents/carers in information packs and around the unit	E	81%	16%	2%	89%
39.2	There is information available on how to get independent help and advocacy in making complaints	E	86%	10%	3%	85%
39.3	The unit has a formal link with an advocacy service for use by young people	E	80%	12%	8%	77%
39.4	Complaints may be made without the knowledge and involvement of the person complained about and with the assurance that they will not be discriminated against if they complain	E	97%	0%	3%	93%
39.5	Young people have access to a telephone helpline on which they may raise concerns without being overheard e.g. Childline	E	76%	18%	6%	81%
40	The unit operates within the appropriate legal framework in relation to the use of physical restraint		98%	2%	0%	97%
40.1	Physical restraint is used only when immediate action is needed to prevent a young person from significantly injuring themselves or others, or causing serious damage to property	E	100%	0%	0%	99%
40.2	After restraint, staff spend time with the young person reflecting on why it was necessary and their views are sought and included in post incident analysis	E	94%	6%	0%	98%
40.3	The circumstances and justification for using physical restraint are recorded immediately; the RMO is informed and a report is submitted by the nurse in charge to the Trust management in line with Trust incident reporting policy	E	98%	2%	0%	93%

			Cycle 10			Cycle 9
	Standard		% Met	% Partly Met	% Not Met	% Met
	Young People's Rights and Safeguarding Children		94%	5%	1%	92%
40.4	The unit follows policies for untoward occurrences, or critical incident reporting	E	99%	1%	0%	99%
41	The unit complies with Local Safeguarding Children Board (LSCB) procedures (or equivalent outside of England and Wales) and with the guidance contained in "What to do if you're worried a child is being abused" (2006) document		97%	1%	1%	97%
41.1	The child protection status of young people is known to staff	E	100%	0%	0%	97%
41.2	The unit has a named child protection lead	E	96%	2%	1%	93%
41.3	The unit has policies and procedures which are compatible with LSCB guidelines, including the conduct of reviews and procedures for "working together"	E	96%	0%	4%	99%
41.4	LSCB guidelines, Working Together under the Children Act, Clarification of Arrangements, Medical Responsibilities and Guidance to Senior Nurses are available and accessible to all staff members	E	94%	2%	4%	99%
41.5	Staff know what to do if a young person discloses allegations of abuse during and out of working hours	E	98%	2%	0%	97%
41.6	If a young person makes an allegation of abuse, staff inform them about what will happen	E	99%	1%	0%	99%
42	Unit staff work with the local authority to safeguard and promote the welfare of longer staying young people		93%	5%	2%	88%
42.1	The named child protection lead informs the young person's local authority if a young person remains or is likely to remain an inpatient for a period of over three months (in line with section 85 of the Children Act 2004)	E	92%	5%	3%	81%

			Cycle 10			Cycle 9
	Standard		% Met	% Partly Met	% Not Met	% Met
	Young People's Rights and Safeguarding Children		94%	5%	1%	92%
42.2	The local authority is alerted if the whereabouts of the person with parental responsibility is not known or if that person has not visited the young person for a significant period of time	E	95%	4%	1%	96%

			Cycle 10			Cycle 9
	Standard		% Met	% Partly Met	% Not Met	% Met
	Clinical Governance		88%	8%	4%	80%
43	All available information is used to evaluate the performance of the unit		87%	10%	3%	82%
43.1	Information from young people and carers is routinely collected to evaluate the unit through a number of means, e.g. suggestion boxes, surveys and user groups, to inform service development	E	77%	22%	1%	78%
43.2	Complaints and compliments are used to inform the service evaluation	D	91%	7%	2%	87%
43.3	The views of stakeholders are used in the service evaluation	D	79%	13%	8%	82%
43.4	The use of procedures for the management of violent young people is monitored	D	100%	0%	0%	97%
43.5	The service evaluation includes the views of all unit staff	D	75%	18%	7%	69%
44	Unit staff are involved in clinical audit		73%	16%	11%	64%
44.1	A range of audits is conducted and action plans are developed in response to the findings and recommendations	E	84%	13%	3%	76%
44.2	There are dedicated resources, including protected staff time to support clinical audit within the directorate or specialist areas	E	52%	33%	15%	48%
44.3	Practitioners are involved in identifying priority audit topics in line with national and local priorities	D	75%	16%	9%	61%
44.4	The quality of the implementation of the Care Programme Approach is audited, to ensure consistent and appropriate application	D	73%	5%	21%	68%
44.5	Measures are in place to record and audit refusals, terminated referrals, waiting lists and admissions to inappropriate settings	D	79%	13%	8%	70%

			Cycle 10			Cycle 9
	Standard		% Met	% Partly Met	% Not Met	% Met
	Clinical Governance		88%	8%	4%	80%
45	Unit staff learn from information collected on clinical risks		91%	5%	3%	85%
45.1	The unit has a designated clinical risk management lead	D	81%	8%	10%	80%
45.2	The service evaluation includes accident and incident records, key performance data (e.g. waiting times, number of rejected referrals, bed occupancy, non attendance), and the findings of key audits	D	91%	7%	2%	81%
45.3	Senior managers monitor every incident involving the use of physical restraint and investigate units where, for example, there is a pattern of young people absconding or where there is frequent use of physical restraint	E	98%	1%	1%	94%
45.4	The unit has a risk management strategy and there is written information about how incidents are evaluated and have informed practice	E	95%	5%	0%	83%
45.5	Critical incidents are evaluated. Staff meet to review evaluations of serious untoward incidents	E	98%	1%	1%	92%
45.6	There are protocols to guide communication with other agencies including community based CAMHS, Education, Social Services Departments, A&E departments, police in the event of actual or potential crisis	E	86%	9%	5%	80%
46	The unit has a comprehensive range of policies and procedures		92%	5%	2%	88%
46.1	New policies are disseminated and easily accessible to all staff	E	93%	6%	1%	84%
46.2	There is a written procedure for emergency referrals	E	86%	5%	9%	87%
46.3	There are written admission and discharge procedures; including action to be taken in the event of an unplanned discharge	D	81%	17%	1%	80%

	Standard		Cycle 10			Cycle 9
			% Met	% Partly Met	% Not Met	% Met
	Clinical Governance		88%	8%	4%	80%
46.4	There are policies and procedures on the management of violence and the use of physical restraint, which includes warning the young person before restraint may be needed	E	99%	1%	0%	95%
46.5	In the unit there are written guidelines for the use of rapid tranquillisation	E	94%	4%	2%	93%
46.6	There is a policy on clinical risk assessment and management	E	97%	1%	2%	93%
46.7	There are written procedures for responding to serious incidents involving children and young people i.e. self harm, accidents, absconding	E	95%	5%	0%	91%
46.8	The unit has procedures for the management of bullies and for those who have been bullied	D	79%	11%	9%	86%
46.9	There is a locked door policy	E	90%	6%	4%	88%
46.10	There are appropriate procedures where units close at weekends	E	97%	0%	3%	85%
46.11	There is a clear policy on smoking, e.g. with or without parents/carers' permission, when this is permitted, in what areas and how many cigarettes	E	93%	6%	1%	91%
46.12	There are clear policies on the use of mobile phones - including camera phones - and use of internet at the unit	E	94%	6%	0%	81%
46.13	There is a policy on the use of drugs and alcohol, and on the management of young people who may be abusing drugs and alcohol	E	96%	4%	0%	91%
46.14	There are policies on visiting	E	98%	2%	0%	90%
46.15	There are policies and procedures regarding searches of young people's rooms and of visitors	D	93%	5%	2%	88%

	Standard		Cycle 10			Cycle 9
			% Met	% Partly Met	% Not Met	% Met
	Location within a public health context and commissioning		66%	17%	17%	73%
47	Adequate levels of local inpatient services are provided for those who require it		80%	10%	9%	84%
47.1	There are clear protocols in place to ensure that the needs of the young people who require admission in an emergency are assessed by a person with appropriate expertise to determine the most appropriate place to admit the child or young person	E	93%	8%	0%	94%
47.2	There are regular meetings between unit staff and representatives from all relevant agencies responsible for commissioning the service	D	75%	11%	14%	75%
47.3	The service contributes to a local audit of elements of a comprehensive CAMHS and the mapping of existing services, according to the Department of Health four tiered model	D	73%	13%	14%	83%
48	The inpatient unit contributes to effective multi-disciplinary and multi-agency working, between health, education, and social services		69%	15%	16%	64%
48.1	Inpatient services contribute to the development of Children's Service Plans, together with all relevant agencies, youth justice, probation services and the voluntary sector	D	58%	21%	21%	67%
48.2	There is close collaboration with education services	E	91%	7%	1%	89%
48.3	There are regular meetings with local authority residential services, e.g. the unit offers advice, supervision and training	D	39%	19%	42%	21%
48.4	The unit is aware of and able to provide in-formation about other types of services available in its locality, in particular about possible sources of support for young people and families post-discharge	E	88%	11%	1%	80%
49	The inpatient unit liaises effectively within the Health Service and has a good working relationship between disciplines, departments and levels of care		67%	26%	7%	65%

	Standard		Cycle 10			Cycle 9
			% Met	% Partly Met	% Not Met	% Met
	Location within a public health context and commissioning		66%	17%	17%	73%
49.1	The inpatient team work closely with general paediatric, children's and adult psychiatry services, e.g. there are joint protocols and meet regularly where treatment is jointly provided	E	64%	32%	4%	68%
49.2	There are joint protocols between the unit and local adult mental health services to ensure collaborative working and discharge planning using CPA. Units working with young people from outside the local area have agreed protocols for discharge	E	70%	20%	10%	63%
50	Commissioner-provider relationships are collaborative and effective		73%	18%	9%	69%
50.1	Commissioners work together with inpatient providers to achieve a strategic framework that is jointly developed and owned	E	75%	19%	7%	71%
50.2	Effective commissioner provider relationships are evidenced by:	D	83%	6%	11%	71%
	i) A long term approach to service planning and development		64%	25%	11%	63%
	ii) Sustained relationships between commissioning and provider managers who meet regularly		71%	23%	6%	70%
51	There is a clear role for the service that is explicitly set in the context of a four-tier CAMHS strategy		35%	21%	43%	80%
51.1	The role of the service is made clear by the service level agreement or contract with the commissioning agencies Guidance: This should plainly state the core business of the service and the functions that it is expected to deliver	E	80%	14%	5%	80%

Appendix B – High Scoring Units

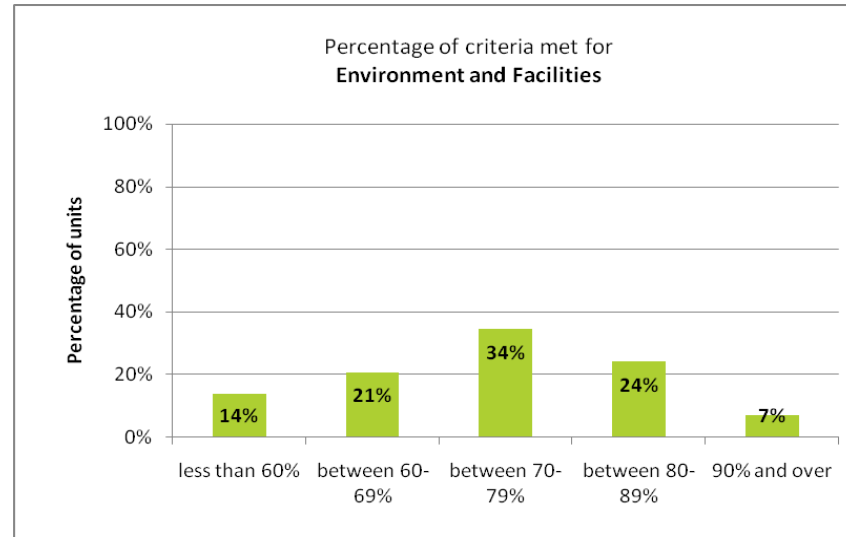
Environment and Facilities

Mean average score: 73%

Range of scores: 44 - 98%

Highest scoring units:

- The Junction
- Cherry Oak
- Bluebird House
- St Andrews
- Ardenleigh
- Broadway Park



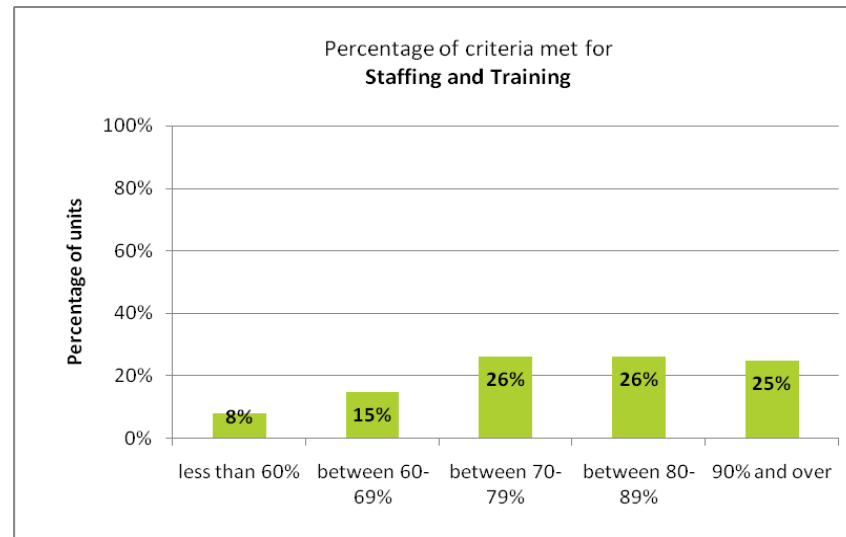
Staffing and Training

Mean average score: 79%

Range of scores: 45 - 97%

Highest scoring units:

- Ginesa Suite
- Wells Unit
- Bluebird House
- Coborn Centre
- Highfield Adolescent Unit
- McGuinness Unit
- Berkshire Adolescent Unit
- Caledonia Ward
- Priory Southampton
- The Junction

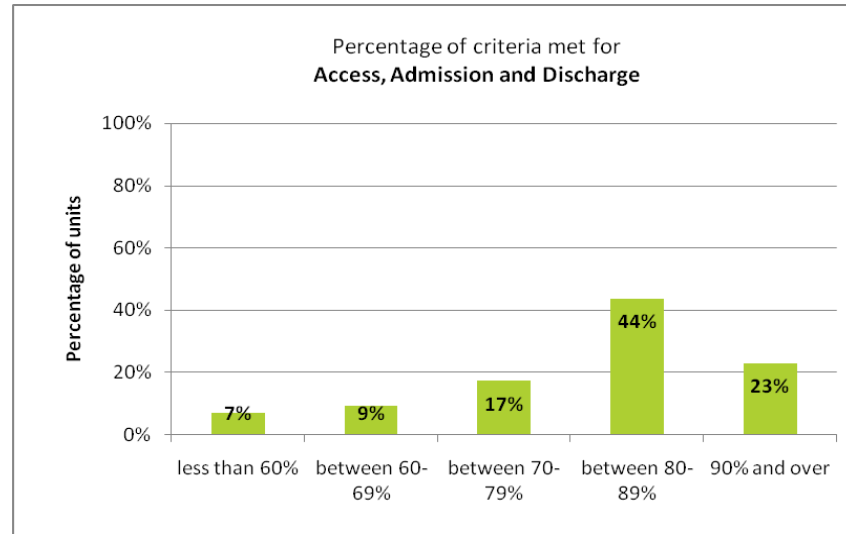


Access, Admission and Discharge

Mean average score: 82%
Range of scores: 42 - 100%

Highest scoring units:

- McGuinness Unit
- Poplar Adolescent Unit
- The Junction
- Coborn Centre
- Newbridge House
- Ocean Ward
- Priory Hayes Grove
- Priory Roehampton EDU
- Priory Southampton

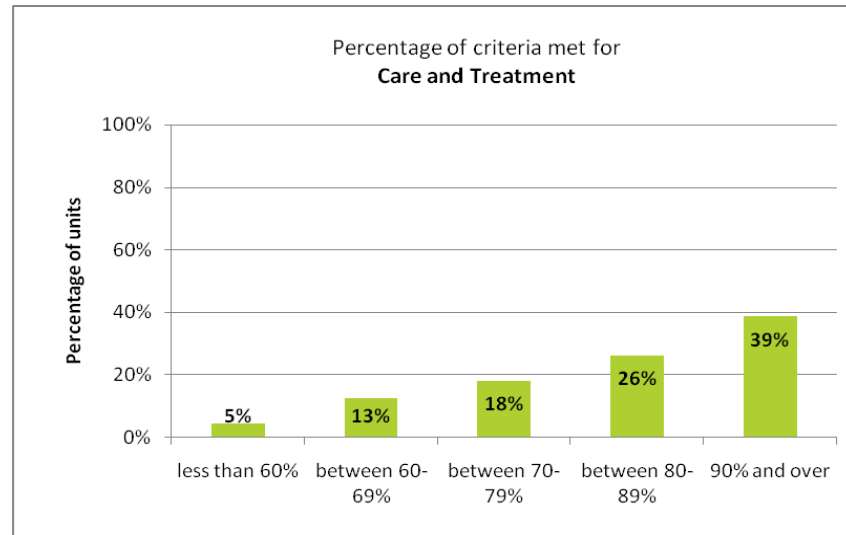


Care and Treatment

Mean average score: 82%
Range of scores: 53 - 100%

Highest scoring units:

- Priory Hayes Grove
- Bill Yule
- Bluebird House
- Huntercombe Severn and Thames
- Willow Grove
- Ginesa Suite
- Marlborough House



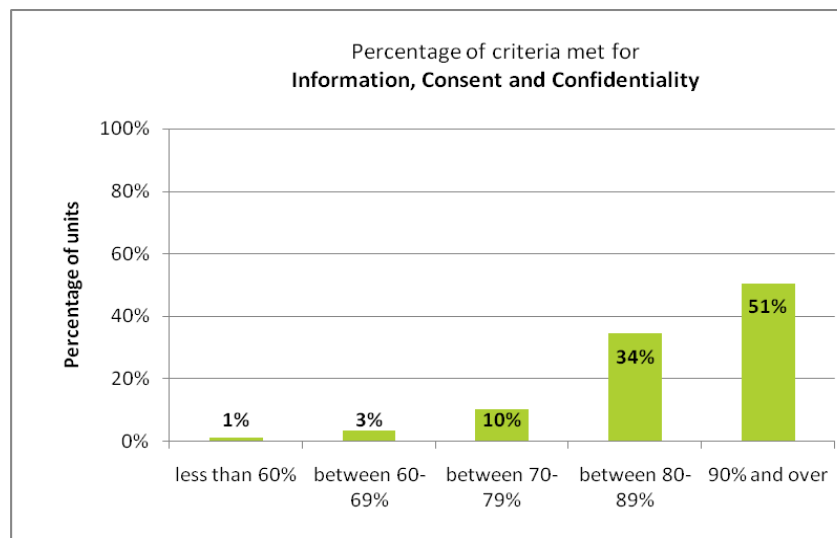
Information, Consent & Confidentiality

Mean average score: 88%

Range of scores: 54 - 100%

Highest scoring units:

- Ash Villa
- Bethlem Adolescent Unit
- Heathlands, Parkview Clinic
- Priory Southampton
- Snowsfield
- Huntercombe Tamar Unit
- The Hope Unit
- Ginesa Suite



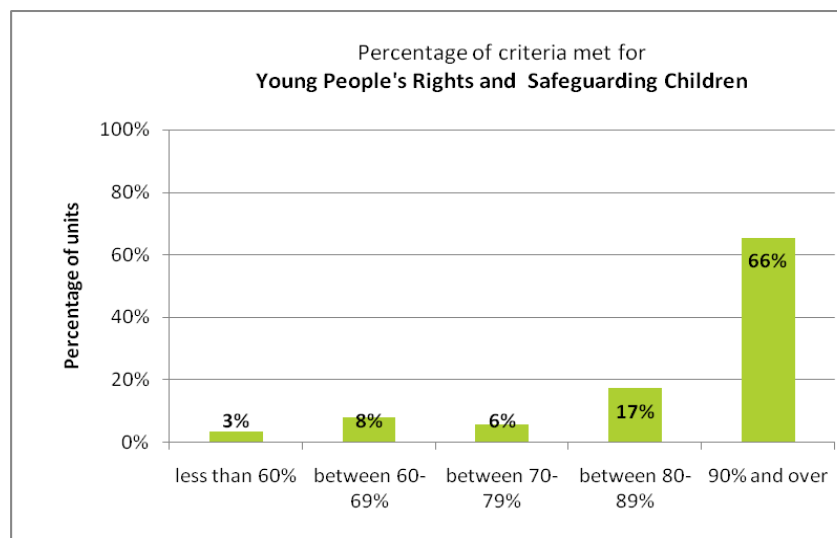
Young People's Rights and Safeguarding Children

Mean average score: 90%

Range of scores: 46 - 100%

Highest scoring units:

- Ardenleigh
- Ash Villa
- Bluebird House
- Cherry Oak
- Garden Court
- Heathlands, Parkview Clinic
- Priory Hayes Grove
- Priory Southampton
- Riverside Adolescent Unit
- Huntercombe, Severn and Thames
- St Andrews, Lowther Unit
- Stephenson House



- Highfield Adolescent Unit
- Leigh House
- Longview Adolescent Unit
- Marlborough House
- Meadows
- Newbridge House
- Oak View
- Ocean Ward
- Priory Chelmsford
- Huntercombe, Tamar Unit
- The Hope Unit
- Westwood Centre
- Woodlands Cheadle Royal
- Woodlands St Lukes
- Ginesa Suite
- Hartley Unit
- Thorneycroft

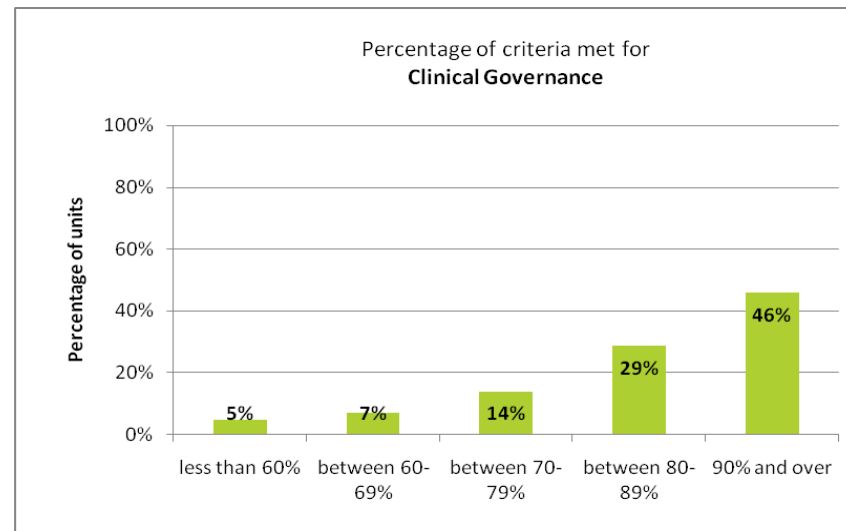
Clinical Governance

Mean average score: 84%

Range of scores: 39 - 100%

Highest scoring units:

- Longview Adolescent Unit
- Priory Hayes Grove
- Bethlem Adolescent Unit
- Brookside Adolescent Unit
- Priory Roehampton
- Cherry Oak
- Highfield Adolescent Unit
- Priory Southampton
- Riding Ward
- Berkshire Adolescent Unit
- Ginesa Suite



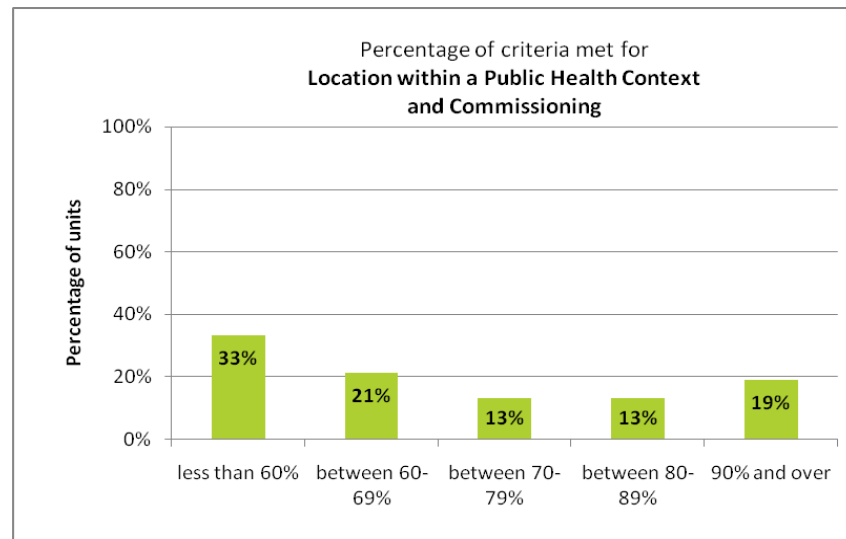
Location within a Public Health Context and Commissioning

Mean average score: 65%

Range of scores: 8 - 100%

Highest scoring units:

- Ginesa Suite
- Longview Adolescent Unit
- New Beginning
- Newbridge House
- Priory Hayes Grove
- Priory Southampton
- Wedgewood Unit



Appendix C – Feedback

All host units and reviewers get the opportunity to feed back to the QNIC team how they found the process and they think should be improved. A brief outline of this feedback is outlined below, and more comprehensive feedback can be found on the QNIC website: www.qnic.org.uk

Host Unit Feedback

Achievements	Improvements
'The reviewers were particularly relevant to our service which meant that they could understand some of our issues and share their solutions to similar problems.'	'Some other methods of engaging parents would be very helpful.'
'It was an excellent day enabling us not only to focus on our areas for improvement but also our achievements which are often forgotten throughout the year.'	'It might be an idea to have questions that cover all CAMHS services regardless of specialty and then questions and review areas specific to the sub-specialty.'
'It was very good to share ideas with the peers from the other units and learn from their experiences.'	'It would be useful if the QNIC standards could be linked to the CQC standards'

Reviewers Feedback

Achievements	Improvements
'It was good to discuss some common issues within CAMHS but also some different ones, and advice was given regarding overcoming obstacles.'	'Timings may need to be altered depending on what the unit wants to discuss and what they feel they would most benefit from.'
'The QNIC representative was excellent at moving the group through the process and setting a relaxed and supportive atmosphere.'	'I would have liked more time to focus on exploring the actual details of the treatment approach offered at the Unit and how this worked in practice. Also to explore use of treatment outcomes as evidence of the effectiveness of the Unit's treatment approach.'
'I was very impressed with how smoothly the day went and I much enjoyed the process.'	'Need to highlight the importance of greater staff involvement and the advantages of greater ownership of the process by the day to day staff.'

Internal evaluation – Reports

During cycle 10 the QNIC team have internally been monitoring their processes and in particular the time taken produce and send out draft reports to units after their peer review visit.

During cycle 10 of the 98 reviews, 96 (98%) of draft reports were sent to teams within 1 month, 85 (87%) within 20 working days, and 67 (68%) within 15 working days. The average time taken to send draft report: 13 working days.

When compared to cycle 9 this showed a 39% improvement of reports sent within 1 month, 41% within 20 working days, and 45% within 15 working days. A reduction in the average time taken of 9 working days, from 22 working days to 13 working days.

Appendix D – Type of Units

The table below highlights the breakdown of the types of units that participated in Cycle 10 of QNIC.

Type of unit	NHS	Independent	International	Overall number of units participating
General Adolescent Units	38	12	7	57
Children's Units	8	0	0	8
General Child and Adolescent Units	1	0	1	2
Eating Disorder Units	2	7	0	9
Adolescent Low Secure Units	1	2	0	3
Adolescent Low Secure LD Units	1	0	0	1
Adolescent Medium Secure Units	0	1	0	1
Adolescent Forensic Units	5	1	0	6
Adolescent Units – Acute Services	3	0	0	3
Learning Disability Units	3	1	0	4
Deaf Child and Adolescent Services	1	0	0	1
Intensive Care Units	0	3	0	3
Children's Day Service	1	0	0	1
Autism and Asperger's Syndrome Specialist Unit	0	1	0	1
Total number of units	65	27	8	100

Appendix E – Units participating in Cycle 10

1. Adolescent Psychiatric Unit, Oslo

Ullevål University Hospital, Post box 26 Vinderen, 0319 Oslo, Norway
QNIC Link: Dr Simon Wilkinson, Consultant Child and Adolescent Psychiatrist

T: 0047 2349 2202
E: uxsiwi@ous-hf.no

2. Alpha Hospitals, Young Persons Services

Redding Way, Knaphill, Woking, Surrey, GU21 2QS
QNIC Link: Zsara Thomas, Business Development Director

T: 020 7630 6900
E: zsara.thomas@alphahospitals.co.uk

3. Amber Lodge

Becton Centre for Children and Young People, Sevenairs Road, Bighton, Sheffield, S20 1NZ
QNIC Link: Dr Rick Hughes, Consultant Child and Adolescent Psychiatrist

T: 0114 2716869
E: rick.hughes@sch.nhs.uk

4. Aquarius Unit

Springfield University Hospital, 61 Glenburnie Road, Tooting, SW17 7DJ
QNIC Link: Nicola Mladenovic, Service Manager

T: 0208 772 5421
E: Nicola.Mladenovic@swlstg-tr.nhs.uk

5. Ardenleigh

385 Kingsbury Road, Erdington, Birmingham, B24 9SA
QNIC Link: Dr Hillary Grant, Consultant Forensic Child and Adolescent Psychiatrist

T: 0121 678 4600
E: hilary.grant@bsmhft.nhs.uk

6. Ash Villa

Willoughby Road, Greylees, Sleaford, NG34 3QA
QNIC Link: Amanda Newman, Modern Matron/Team Leader

T: 0121 678 4600
E: amandaj.newman@nhs.net

- 7. Ashfield Unit, Parkview Clinic**
60 Queensbridge Road, Moseley, Birmingham, B13 8QE
QNIC Link: Daniel O'Mara, Ward Manager
T: 0121 243 2020
E: daniel.omara@bch.nhs.uk
- 8. Berkshire Adolescent Unit**
Wokingham Hospital, Barkham Road, Wokingham, Berks, RG41 2RE
QNIC Link: Mr Robert Williams, Clinical Nurse Specialist
T: 0118 949 5019
E: robert.williams@berkshire.nhs.uk
- 9. Bethlem Adolescent Unit**
Tyson East, Bethlem Royal Hospital, Monks Orchard Lodge, Beckenham, Kent, BR3 3BX
QNIC Link: Dianne Russell, Ward Manager
T: 0203 228 4609
E: dianne.russell@slam.nhs.uk
- 10. Bill Yule Adolescent Unit**
Tyson West, Bethlem Royal Hospital, Monks Orchard Lodge, Beckenham, Kent, BR3 3BX
QNIC Link: Bernard Moynihan, Ward Manager
T: 0203 228 4609
E: bernard.moynihan@slam.nhs.uk
- 11. Bluebird House**
Tatchbury Mount, Calmore, Southampton, Hampshire, SO40 2RZ
QNIC Link: Peter Betts, Service Manager
T: 02380 874 561
E: peter.betts@hantspt-mid.nhs.uk
- 12. Broadway Park YPU**
Broadway Health Park, Barclay Street, Bridgewater, Somerset, TA6 5LX
QNIC Link: Dr Clive North, Consultant Psychiatrist
T: 02380 874 561
E: clive.north@sompar.nhs.uk
- 13. Brooklands Adolescent Unit**
Brooklands Hospital, Coleshill Road, Maston Green, Birmingham, B37 7HL
QNIC Link: Karen Hill
T: 0121 329 4989
E: karen.hill@covwarkpt.nhs.uk

14. Brookside

107A Barley Lane, Goodmayes, Essex, IG3 8XJ
QNIC Link: Dr Trudie Russouw

T: 0844 600 1155
E: trudie.rossouw@nelft.nhs.uk

15. Caledonia Ward,

Royal Hospital for Sick Children, Dalnair Street, Yorkhill, Glasgow, G3 8ST
QNIC Link: Carole Hughes, Clinical Nurse Specialist

T: 0141 201 0213
E: carole.hughes@ggc.scot.nhs.uk

16. CAMHS Inpatient Unit of Dokuz Eylul University

Dokuz Eylul Universitesi, Inpatient Unit, Balcova, Izmir, TURKEY, 35320
QNIC Link: Dr Taner Guvenir, Medical Director

T: 0090 232 412 5430
E: tanerguvenir@hotmail.com

17. Chalkhill

Princess Royal Hospital, Lewes Road, Haywards Heath, West Sussex, RH16 4NQ
QNIC Link: Nick Clark, Clinical Services Manager

T: 0144 447 2670
E: nick.clark@sussexpartnership.nhs.uk

18. Cherry Oak

Ellingham Road, Attleborough, Norfolk, NR17 1AE
QNIC Link: Alan Miller, Head of Psychology

T: 01953 459000
E: alanm@mild-pc.co.uk

19. Coborn Adolescent Service

Glen Road, Cherry Tree Way, Newham, London, E13 8SP
QNIC Link: James Atkinson, Lead Administrator

T: 020 7540 6789
E: james.atkinson@eastlondon.nhs.uk

20. Collingham Child And Family Unit

Collingham Child & Family Centre, 1a Beatrice Place, Marloes Road, London, W8 5LW
QNIC Link: Dr Gillian Rose, Consultant Psychiatrist

T: 020 7361 7940
E: gillian.rose@nhs.net

21. Corner House

Springfield University Hospital, 61 Glenburnie Road, London, SW17 7DJ
QNIC Link: Lisa Njafuh, Ward Manager

T: 020 8682 6860
E: lisa.njafuh@swlstg-tr.nhs.uk

22. Cotehele Unit

Mount Gould Hospital, Mount Gould Road, Plymouth, PL4 7QD
QNIC Link: Ian Gee, Unit Manager/Modern Matron

T: 01752 272340
E: ian.gee@plymouth.nhs.uk

23. Cygnet Hospital – Godden Green

Godden Green, Sevenoaks, Kent, TN15 0JR
QNIC Link: Barbara Alison, Hospital Manager

T: 01732 763491
E: barbaraalison@cygnethealth.co.uk

24. Dewi Jones Unit

Eaton Road, West Derby, Liverpool, L12 2AP
QNIC Link: Andrea O'Donnell, Nurse Consultant

T: 0151 252 5602
E: andrea.o'donnell@alderhey.nhs.uk

25. Dudhope Young People's Unit

Dudhope House, 15 Dudhope Terrace, Dundee, DD3 6HH
QNIC Link: Sandra Duke, Lead Clinician

T: 01382 346553
E: sandr Duke@nhs.net

26. Eist Linn

Bessbrough, Black Rock, Cork, Ireland
QNIC Link: Dr Maura Delaney, Consultant Child and Adolescent Psychiatrist

T: 00 353 3214 659711
E: maura.delaney@hse.ie

27. Ellern Mede Centre for Eating Disorders

31 Totteridge Common, London, N20 8LR
QNIC Link: Lisa Lewer, Nurse Consultant

T: 0208 9597774
E: lisa.lewer@ellernmede.org

28. Forest House Adolescent Unit

Forest Lane, Harperbury, Harper Lane, Shenley, Nr Radlett, Hertfordshire, WD7 9HQ
QNIC Link: Mr Helmut Giese, Principal Clinical Psychologist

T: 01923 289940
E: Helmut.Giese@hertspartsft.nhs.uk

29. Fraser House

Fraser House, Prudhoe Hospital, Prudhoe, Northumberland, NE42 5NT
QNIC Link: Linda Rutherford, Acting Ward Manager

T: 01661 514539
E: linda.rutherford2@ntw.nhs.uk

30. Galaxy House

Royal Manchester Children's Hospital, Oxford Road, Manchester, M13 9WL
QNIC Link: Dr Jane Whittaker, Consultant Child and Adolescent Psychiatrist

T: 0161 701 5327
E: jane.whittaker@cmft.nhs.uk

31. Ginesa Suite

St John of God Hospital, Stillorgan, Co Dublin, Ireland
QNIC Link: Dr David McNamara, Consultant Psychiatrist

T: 00 353 1277 1544
E: david.mcnamara@sjog.ie

32. Hafod Newydd

Glanrhyd Hospital Site, Tondu Road, Bridgend, CF31 4LN
QNIC Link: Gaynor Kendall, Tier 4 Service Manager

T: 01656 674951
E: peter.halford@wales.nhs.uk

33. Hawksmere Centre

Hawksmere House, Sheperds Way, Brookman's Park, Hertfordshire, AL9 6NN
QNIC Link: Christina Wallis, General Manager

T: 01707 291500
E: cwallis@arventahealthcare.com

34. Heathlands Unit, Parkview Clinic

60 Queensbridge Road, Moseley, Birmingham, B13 8QE
QNIC Link: Paul Smith, Ward Manager

T: 0121 243 2006
E: paul.smith@bch.nhs.uk

35. Highfield Family and Adolescent Unit

Warneford Hospital, Warneford Lane, Headington, Oxford, OX3 7JX
QNIC Link: Sarah Firth, Ward Manager

T: 01865 226232
E: sarah.firth@oxfordhealth.nhs.uk

36. Huntercombe Hospital Edinburgh (EDU)

Binny House, Ecclesmachan Road, Uphall, West Lothian, EH52 6NL
QNIC Link: Dr Nick Dunne, Consultant Child and Adolescent Psychiatrist

T: 01506 856023
E: nick.dunne@fshc.co.uk

37. Huntercombe Hospital Maidenhead, Kennet Unit (EDU)

Huntercombe Lane South, Taplow, Maidenhead, Berkshire, SL6 0PQ
QNIC Link: Dr Mark Tattersall, Consultant Psychiatrist

T: 01628 667881
E: mark.tattersall@fshc.co.uk

38. Huntercombe Hospital Maidenhead, Tamar Unit (GAU)

Huntercombe Lane South, Taplow, Maidenhead, Berkshire, SL6 0PQ
QNIC Link: Helen Gosney, Consultant Psychiatrist

T: 01628 607400
E: helen.gosney@fshc.co.uk

39. Huntercombe Hospital Maidenhead, Thames and Severn Units (ICU)

Huntercombe Lane South, Taplow, Maidenhead, Berkshire, SL6 0PQ
QNIC Link: Dr Pall Jonsson, Consultant Psychiatrist

T: 01628 607400
E: pall.jonsson@fshc.co.uk

40. Huntercombe Hospital Stafford, Hartley Unit (ICU)

Ivetsey Bank, Wheaton Aston, Staffordshire, ST19 9QT
QNIC Link: Michelle Marsden, Charge Nurse

T: 01785 840000
E: michelle.marston@fshc.co.uk

41. Huntercombe Hospital Stafford, Thorneycroft Unit

Ivetsey Bank, Wheaton Aston, Stafford, ST19 9QT
QNIC Link: Lesley Bazargan, Mental Health Unit Manager

T: 01785 840000
E: lesley.bazargan@fshc.co.uk

42. Huntercombe Hospital Stafford, Wedgewood Unit (EDU)

Ivertsey Bank, Wheaton Avenue, Stafford, ST19 9QT
QNIC Link: Anne Marie Fisher, Unit Manager

T: 01785 840000

E: anne.marie.fisher@fshc.co.uk

43. Irwin Unit, Parkview Clinic

60 Queensbridge Road, Birmingham, B13 8QE
QNIC Link: Daniel O'Mara, Ward Manager

T: 0121 243 2000

E: daniel.omara@bch.nhs.uk

44. Leigh House Hospital

Alresford Road, Winchester, Hampshire, SO21 1HD
QNIC Link: Peter Betts, Service Manager

T: 01962 825800

E: peter.betts@hantspt-mid.nhs.uk

45. Lime Trees

31 Shipton Road, York, YO30 5RE
QNIC Link: Nick Jones, Nurse Consultant

T: 01904 726610

E: nick.jones@nyypct.nhs.uk

46. Little Woodhouse Hall Adolescent Service

18 Clarendon Road, Leeds, LS2 9NT
QNIC Link: Jane Robinson, Specialty Doctor in Psychiatry

T: 0113 305 7200

E: jane.robinson2@nhs.net

47. Longview Adolescent Unit

216 Turner Road, Colchester, Essex, CO4 5JR
QNIC Link: Lizzy Melless, Acute Services Manager/Modern Matron

T: 01206 287620

E: elizabeth.melless@nepft.nhs.uk

48. Lothian CAMHS Inpatient Unit

CAMHS Tipperlinn Road (YPU), Royal Edinburgh Hospital, Edinburgh, EH10 5HF
QNIC Link: Dr Louise Duffy, Consultant Clinical Psychologist

T: 0131 537 6364

E: louise.duffy@nhslothian.scot.nhs.uk

49. Maple Ward

Bowmere Hospital, Liverpool Rd, Chester, CH2 1BQ
QNIC Link: Tim McDougall, Nurse Consultant/Lead Nurse

T: 01244 364 776
E: tim.mcdougall@cwp.nhs.uk

50. Marlborough House Adolescent Unit

Curle Avenue, Okus Road, Swindon, SN1 4JU
QNIC Link: Amanda Cadder, Modern Matron

T: 01793 294 600
E: amanda.cadder@obmh.nhs.uk

51. McGuinness

Bury New Road, Prestwich, Manchester, M25 3BL
QNIC Link: Shirley Wheeler, Deputy Director

T: 0161 772 3845
E: shirley.wheeler@gmw.nhs.uk

52. Meadows

Affinity Healthcare, Cheadle Royal Hospital, 100 Wilmslow Road, Cheadle, SK8 3DG
QNIC Link: Peter Williams, Ward Manager

T: 0161 428 9511
E: pwilliams@affinityhealth.co.uk

53. Mildred Creak Unit, Great Ormond Street

Great Ormond Street Hospital, Great Ormond Street, London, WC1N 3JH
QNIC Link: Dr Jon Goldin, Consultant Psychiatrist

T: 0207 829 8679
E: GoldiJ@gosh.nhs.uk

54. New Beginning

Edgware Community Hospital, Burnt Oak Broadway, Edgware, HA8 0AD
QNIC Link: Daniel Keith, Clinical Nurse Manager

T: 0208 732 6400
E: daniel.keith@beh-mht.nhs.uk

55. Newberry Centre For Young People

Newberry Centre, West Lane Hospital, Acklam Road, Middlesbrough, TS5 4EE
QNIC Link: Stephen Harrison, Consultant Nurse

T: 01642 352113
E: stephen.harrison@tewv.nhs.uk

56. Newbridge House

147 Chester Road, Streetly, Sutton Coldfield, B74 3NE
QNIC Link: Sarah Johnson, Unit Administrator

T: 0121 580 8362

E: sarah.johnson@newbridge-health.org.uk

57. Oak View

Crockenhill Road, St Mary Cray, Kent, BR5 4EP
QNIC Link: Yvonne Gosset, Executive Director

T: 01689 883180

E: ygosset@oakviewhospital.co.uk

58. Ocean Ward

Birmingham Children's Hospital, Steelhouse Lane, Birmingham, B4 6NH
QNIC Link: Peter Hodgkinson, Ward Manager

T: 0121 333 9174

E: peter.hodgkinson@bch.nhs.uk

59. Orchard Young Persons Unit

Cheadle Royal Hospital, 100 Wilmslow Road, Cheadle, Cheshire, SK8 3DG
QNIC Link: Debbs Heyes, Ward Manager

T: 0161 428 9511

E: DHeyes@affinityhealth.co.uk

60. Phoenix Centre

IDA Darwin, Fulbourn, Cambs, CB21 5EE
QNIC Link: Jo Dilley, Clinical Nurse Manager

T: 01223 884314

E: jo.dilley@cpft.nhs.uk

61. Pine Cottage

71 Haven Road, Poole, Dorset, BH13 7LS
QNIC Link: Eleni Poulidou, Ward Manager

T: 01202 706143

E: eleni.poulidou@dhft.nhs.uk

62. Poplar Adolescent Unit

Rochford Hospital, Union Lane, Rochford, Essex, SS4 1RB
QNIC Link: Jodie Ramcharitar, CAMHS Inpatient and Crisis Team Manager

T: 01702 538114/7

E: jodie.ramcharitar@sept.nhs.uk

63. Redburn Young People's Unit

Prudhoe Hospital, Prudhoe, Northumberland, NE42 5NT
QNIC Link: Carolyn Florence, Senior Medical Secretary

T: 01661 514449
E: carolyn.florence@ntw.nhs.uk

64. Regional Children's Mental Health Unit, Belfast

Beechcroft, Foster Green Hospital, Saintfield Road, Belfast, BT8 8GR
QNIC Link: Barney McNeany, CAMHS Manager

T: 028 9080 3606
E: Barney.McNeany@belfasttrust.hscni.net

65. Riding Ward, Prudhoe Hospital

Riding Ward, Prudhoe Hospital, Prudhoe, Northumberland, NE42 5NT
QNIC Link: Susan Dodd, Ward Manager

T: 01661 514348
E: susan.dodd@ntw.nhs.uk

66. Riverside Adolescent Unit

Blackberry Hill Hospital, Stapleton, Bristol, BS16 2EW
QNIC Link: Dr Ian Skeldon, Consultant Psychiatrist

T: 0117 975 4878
E: ian.skeldon@nbt.nhs.uk

67. Roycroft Clinic

St Nicholas Hospital, Jubilee Road, Gosforth, Newcastle-upon-Tyne, NE3 3XT
QNIC Link: Jane Gibson, Service Manager

T: 0191 2232832
E: @ntw.nhs.uk

68. Simmons House

St Luke's Woodside Hospital, Woodside Avenue, Muswell Hill, London, N10 3HU
QNIC Link: Duncan Riley, Team Manager/Senior Social Worker

T: 0203 316 1786
E: duncan.riley@islingtonpct.nhs.uk

69. Skye House

Stobhill Hospital, 133 Balornock Road, Springburn, Glasgow, G21 3UW
QNIC Link: Karen Shaw, Senior Occupational Therapist

T: 0141 222 6420
E: karen.shaw@ggc.scot.nhs.uk

70. Snowfields Adolescent Unit

Mapother House, Maudsley Hospital, Decrespigny Park, London, SE5 8AZ
QNIC Link: Dionne Monarch, Senior Occupational Therapist/Day Patient Co-ordinator

T: 0203 228 2200
E: dionne.monarch@slam.nhs.uk

71. St Andrew's Adolescent Service – Lowther Unit

Billing Road, Northampton, NN1 SDG
QNIC Link: Martyn Smythe-Hudson, Hospital Director

T: 01604 614334
E: msmythe-hudson@standrew.co.uk

72. St Anne's Inpatient Unit

Merlin Park Hospital, Dublin Road, Merlin Park, Galway, Republic of Ireland
QNIC Link: Niamh McDonnell, Clinical Nurse Manager

T: 00353 9173 1401
E: niamh.mcdonnell3@hse.ie

73. St George's Child & Adolescent Eating Disorder Service

Wisteria Ward, Springfield University Hospital, 61 Glenburnie Road, London, SW17 7DJ
QNIC Link: Dr P J Hugo, Consultant Psychiatrist

T: 020 8682 6683
E: pippa.hugo@swlstg-tr.nhs.uk

74. St Josephs

St Vincents Hospital, Convent Avenue, Richmond Road, Fairview, Dublin 3, IRELAND
QNIC Link: Dr Michelle Harley, Consultant Psychiatrist

T: 00353 1884 2460
E: michelleharley@svhf.ie

75. Stephenson House, Prudhoe Hospital

Stephenson House, Prudhoe Hospital, Prudhoe, Northumberland, NE42 5NT
QNIC Link: Andrew Barker, Ward Manager

T: 01661 514538
E: andrew.barker@ntw.nhs.uk

76. The Croft Child and Family Unit

IDA Darwin, Fulbourn, Cambridge, CB21 5EE
QNIC Link: Sharon Kenny, Clinical Nurse Specialist

T: 01223 885800
E: sharon.kenny@cambsmh.nhs.uk

77. The Darwin Centre

167 Queens Road, Penkull, Stoke on Trent, Staffordshire, ST4 7LF
QNIC Link: Melanie Allen, Senior Nurse/Matron

T: 01782 427650
E: MelanieA.Allen@northstaffs.nhs.uk

78. The Darwin Centre for Young People

IDA Darwin, Fulbourn, Cambridge, CB21 5EE
QNIC Link: Cherrie Ravello, Clinical Nurse Manager

T: 01782 427650
E: Cherrie.Ravello@Cpft.nhs.uk

79. The Fairhaven Young People's Unit

12 Birch Avenue, Winwick, Warrington, WA2 9TN
QNIC Link: Dr Steve Fuller, Clinical Lead CAMHS

T: 01925 575904
E: steve.fuller@5bp.nhs.uk

80. The Hope Unit

Pennine House, Fairfield General Hospital, Bury, Lancs, BL9 7TD
QNIC Link: Joanne Huddart, Inpatient Service Manager

T: 0161 9188505
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81. The Junction

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