



COLLEGE CENTRE FOR QUALITY IMPROVEMENT



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QNIC

The Quality Network for In-patient CAMHS

ANNUAL REPORT

Review Cycle 7: 2007 - 2008

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CRTU070

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Foreword

This report comes at the end of the 7th QNIC cycle. Many units will now have experienced their cycle 8 Review. Congratulations to those units who continue to participate in the QNIC process, and welcome to our new members.

The spirit of QNIC has always been important to members as we strive to provide the highest quality care within local and national constraints. As we visit units around the country we see many examples of excellent practice, even in units facing considerable financial pressure, threat of closure and so on. We want to share these examples of good practice across the network and one of the ways we do this is at the Annual Forum. This year the forum is on Monday 18th May. I hope that you will join us.

This year has provided some significant challenges for QNIC members, especially with the implementation of revisions to the Mental Health Act (2007). For many units this has meant tackling the issue of emergency admissions and reducing admissions to adult wards.

QNIC has been pleased to be part of national work which has supported this such as the development of standards for Safe and Appropriate Care for Young People on Adult Mental Health Wards. We have also been consulted about how the Department of Health can support the admission of young people to age appropriate beds by developing an online resource showing bed availability.

In addition QNIC continues to consolidate its important relationship with QINMAC, and we hope that this work will continue. We are all aware of the importance of partnerships across the Tiers and QNIC and QINMAC will work together to see how this work can be supported.

Some exciting work has started on the development of a training package for staff working in inpatient settings, and again the QNIC membership has been a core reference group to this work.

These examples, I think, show the growing influence and importance of QNIC in the development of key national strategy concerning Tier 4 care for children and young people. QNIC members continue to make improvements and meet challenges at a local level, as the report demonstrates. Both these strands of work are extremely important in improving the services we provide to children, young people and their families.

I look forward to the challenges of the coming year, knowing that we can continue to use the QNIC network to work on the issues together, learning from each other, and taking forward the best practice that we develop.

Jane Claxton
Chair, QNIC Executive Committee

Themes from Cycle 7 (2007-2008)

The data presented below is from the information returned from 81 units that participated in the seventh cycle of QNIC reviews.

Environment and Facilities

NSF Marker of Good Practice

Children and young people who require admission to hospital for mental health care have access to appropriate care in an environment suited to their age and development

As an average across all the criteria relating to environment and facilities, units are achieving an 85% level of compliance.

There have been several improvements in this section. 79% of units are now able to provide separate rooms for individual and family interviews/meetings, whereas in cycle 6 only 67% of units were able to provide this (criterion 1.4). Policies and procedures have been put in place to prevent unwanted visitors on to the child or adolescent unit for 84% of units which is nearly double from the previous cycle, where only 45% of units were meeting this standard (criterion 2.1).

However there are some ongoing areas of concern that have been highlighted each year. These are often out of the direct control of the unit staff:

- ~ Only a quarter of units are able to provide teaching for a range of subjects including; science, technology, sport and languages (criterion 1.12b). This is a slight deterioration from cycle 6 where a third of units could provide the range of subjects. This can be due to many factors including; not having appropriate facilities/equipment, not having specialist staff, risk management etc.
- ~ Over 60% of units are still unable to regulate their own heating and ventilation (criterion 1.16). This is often due to the controls being based off site, or units struggling with old systems which are no longer fit for purpose.

Comments from young people and parents on QNIC reviews

- There should be more education
- Time in school covers a lot of things, such as life skills – important academic subjects are neglected
- The temperature in the showers is a bit temperamental and there is not much ventilation
- The heating at the unit needs addressing
- The bedrooms at the unit are too hot, and there is not the opportunity to open the windows very wide limiting ventilation
- The heating on the unit needs to be addressed, the rooms can get very cold especially in the community room

Staffing and Training

As an average across all the criteria relating to staffing and training units are meeting an 85% level of compliance.

NSF Marker of Good Practice

All staff working directly with children and young people have sufficient knowledge, training and support to promote the psychological well being of children, young people and their families and to identify early indicators of difficulty

Supervision and perceptorship programmes are being carried out by over 85% of units, a significant increase from cycle 6 (62%). This suggests a greater recognition of the needs of staff and levels of support required (criterion 13.5, 15.2 and 12.1), which is supported by 80% of units now reporting good staff morale (criterion 10.3).

A major development over the last year has been the increased involvement of young people in the recruitment of new staff on the unit. Over a third of units are now starting to implement this (criterion 16.1).

NSF Marker of Good Practice

Arrangements are in place to ensure that specialist multi disciplinary teams are of sufficient size and have an appropriate skill mix, training and support to function effectively

Two thirds of units are unable to access the recommended amount of input from psychotherapists, family therapists, occupational therapists, dieticians and speech therapists (criterion 9.4a, 9.4b, 9.4c). Availability of all of these interventions have decreased since Cycle 6 where only a third of units did not have access to these professionals. Over half of units are still without one WTE clinical Psychologist (0.8 WTE for children's units) or 0.5 to one WTE social worker (criterion 9.2 and 9.3). These remain areas of concern.

The percentage of staff receiving appropriate mandatory and statutory training has decreased between cycle 6 and cycle 7. Many staff are not receiving training in core competencies, such as; pharmacological intervention, resuscitation, management of imminent and actual violence, breakaway techniques and restraint measures (criterion 13.6, 13.7, 13.11, 13.3, 13.15, 13.16, 13.20). Over 60% of staff on units have not had further training in child and adolescent mental health (criterion 13.17).

Comments from young people and parents on QNIC reviews

- I would like more opportunity to have further family therapy
- There is a worry that the family therapist may become stretched and not always be available for an appointment
- There's been no access to an occupational therapist for 4 months
- There should be other professionals, e.g. psychologists

Access, Admission and Discharge

As an average for all criteria relating to access, admission and training the standards are being met at an 85% compliance level by unit members.

NSF Marker of Good Practice

Protocols for referral, support and early intervention are agreed between all agencies

Cycle 7 has seen a huge improvement in the information made available to referrers. Around three quarters of units are providing referrers with information and guidance on timescales from referral to admission and have written referral criteria (Criterion 17.1), whereas, in cycle 6 only 58% of units were providing this.

There has however been a decrease in the percentage of units that are able to agree aftercare with referring teams before admission. This has decreased from 84% in cycle 6 to 55% in cycle 7 (criterion 23.12).

NSF Marker of Good Practice

Children and young people are able to receive urgent mental health care when required, leading to a specialist mental health assessment where necessary within 24 hours or the next working day

An ongoing concern across all cycles of QNIC has been the number of units that can admit young people at severe risk as emergencies (within 24 hours including out of hours). Currently only a third of units are able to accept emergency referrals (criterion 19.4a). This can lead to young people receiving care in inappropriate settings such as adult and paediatric wards or being contained in the community.

Care and Treatment

As an average across all criteria relating to care and treatment the standards are being met at an 88% compliance level by units.

Units are now able to provide a wide range of treatments, including physiotherapy, exercise sessions and sport. The provision of physical activities on units has doubled over the past year, with 62% of units being able to offer this type of treatment to their patients (criterion 25.12).

The quality and choice of food provided on units has improved, with over 70% of units being able to provide good quality food (criterion 66.1. and 66.2). This has been an issue raised by young people and staff for many years and it is encouraging to see an improvement. In cycle 6 only around 60% of units were able to provide good quality and variety of food.

Comments from young people and parents on QNIC reviews

- The food on the unit is fine – it's like the meals you get at home
- There is a good choice of food available for meals
- The food on the unit is really good and of high quality
- I think the unit caters for the young people's individual needs. Each week the young people get to choose the menu for the week and the unit is happy to make vegetarian alternatives available

Information, Consent and Confidentiality

As an average across all criteria relating to information, consent and confidentiality the standards are being met at 88% by member units.

More units are informing young people and parents of their rights to see their health records and the treatment that they are receiving, with 80% of units providing this information, which is a 20% increase on the amount of units that had provided this information in cycle 6 (criterion 38.1).

Young people on half of the units do not always have a means of finding out the names of the staff on the unit (criterion 35). All units need to ensure that the young people have access to this information and one way of doing this is to have a photo board on the unit including all the staff that work at the unit. Many young people when interviewed identify this as being very useful in helping them in their orientation when first admitted.

Young People's Rights and Safeguarding Children

As an average across all criteria relating to young people's rights and safeguarding children a 92% compliance level is being achieved by member units.

Nearly two thirds of units now have formal links with an advocacy service for use by the young people, this is an improvement from cycle 6 where only half of units had access to an advocacy service (criterion 45.2a).

Comments from young people and parents on QNIC reviews

- I would always talk to the advocate if I had any problems or complaints to make
- We have an advocate – she's really supportive

Over half of units are still struggling to build relationships with their local authority and informing local authorities of young people that have remained in the service for more than 3 months (criteria 53.2 and 53.3). This has continued to be a concern for units across cycle 6 and 7, and may be exacerbated by half of units not having a social worker.

Clinical Governance

As an average across all criteria relating to clinical governance, standards are being met at 83% by member units.

More units over the past year have introduced written procedures and policies, including:

- Written procedures for responding to serious incidents involving children and young people, i.e. self harm, accidents, absconding (criterion 56.29)
- Policies and procedures on the use of; control and discipline, 'time out', coercive strategies, seclusion, and restriction of privileges, including a written list of permissible sanctions (Criterion 56.8)

These have both seen a 20% increase over the past year with around 85% of units now having specific policies and procedures in place.

Wolpert et al. (2003)

All dedicated CAMHS should routinely monitor and evaluate their work and the findings should be used to enhance their work, to further service development and to inform users and other stakeholders

Only two thirds of units are routinely undertaking audit work on; their therapeutic programme, refusals, terminated referrals, waiting lists and admissions to inappropriate settings. This has dropped considerably from cycle 6 where over 80% of units were able to undertake audits within this setting (criteria 62.3 and 4.6) This may be due to the ability of the unit to complete such work. Around half of units are still without dedicated resources (staff time and budget) to support clinical audit (criterion 64.3).

Around half of units in cycle 6 were collecting routine outcome measurements using validated tools, and this is still an area of concern in cycle 7 with 42% of units still not routinely collecting this information. In response to the problems within this area QNIC has set up a Routine Outcome Measurements (ROM) service.

The QNIC Routine Outcome Measurement Service (QNIC ROM) enables the aggregation and analysis of outcome data:

1. within units, e.g. to understand trends in outcomes; and
2. between units, e.g. to compare similar types of units, or outcomes for different user groups

Perspectives are sought from the clinician, young person and parent / carer at admission and discharge and can be supplemented by additional measurements taken during the course of treatment. Combining measures from multiple sources provides more robust findings about clinical outcomes.

An agreement with CORC (CAMHS Outcome Research Consortium) now means QNIC ROM members will have access to anonymised normative data across all outpatient CAMHS within CORC, as well as anonymised normative data across all inpatient units within QNIC.

CAMHS Review 2008

'Reliable routine outcome measurement and data collection is a complex task that is only just beginning to be undertaken by many services. Ultimately, improving outcomes for children and young people is what matters most.'

The National CAMHS Review (2008) has highlighted the importance in routine outcome measurement and The National Service Framework (2003) recommends services should routinely audit and evaluate their work. The data collected should be made available to providers, users and commissioners. Commissioners are increasingly interested in services' clinical and cost effectiveness and staff need to evaluate these to make improvements.

QNIC ROM can help staff, improve effectiveness, reduce service costs, promote best practice and facilitate the sharing of ideas between QNIC members.

As of February 2009, 53 units are members of ROM. Regular training days are held where QNIC members are invited to learn more about collecting and submitting information routinely as well as offered support in how to implement an efficient system in their unit.

Ideas from QNIC members on how to improve areas of concern

Environment and Facilities	
Provision of education subjects	<ul style="list-style-type: none"> ~ Units to look at contracting in teachers in specialist subjects ~ Access local sports halls, leisure centres for the provision of physical education lessons
Heating and Ventilation	<ul style="list-style-type: none"> ~ Ensure the heating of the unit is logged on the trusts risk register every time it is above or below an acceptable and safe temperature
Staffing and Training	
Securing a full staff team	<ul style="list-style-type: none"> ~ Offer CBT/DBT/family therapy training courses to nurses whilst units are waiting to recruit to certain disciplines
Access, Admission and Discharge	
Emergency Admissions	<ul style="list-style-type: none"> ~ Invite commissioners to discuss the possibility and feasibility of being able to accept emergency admissions
Agreement of aftercare with community teams	<ul style="list-style-type: none"> ~ Offer placements between community and inpatient services to help build relationships and knowledge of the workings of each others services ~ Include community teams in care and CPA's throughout the young persons stay on the unit
Information, Consent and Confidentiality	
Knowledge of the staff team	<ul style="list-style-type: none"> ~ All units should have a photo board including all staff members so young people are aware of who will be looking after them
Young People's Rights and Safeguarding Children	
Links with Local Authorities	<ul style="list-style-type: none"> ~ Have open days on the unit and invite local authorities to attend
Clinical Governance	
Undertaking audits	<ul style="list-style-type: none"> ~ Provide a clinical governance meeting on the unit to raise the profile of audit ~ Think how audit work could be used to help support service development and build a case to secure funding ~ Designate protected staff time to undertake audits

The areas outlined above are ongoing areas of concern for units which are not easily resolved. Many of the issues highlighted above are due to difficulties gaining funding or links with external sources. Further work improving lines of communication with commissioners and reviewing service level agreements may go some way to resolving these issues, and in response to this QNIC has developed an additional section of the service standards to look at the units 'location within a public health context and commissioning.'

APPENDIX A: BRIEF SUMMARY OF AVERAGE SCORES

The table below describes the average scores obtained for each section, as well as a breakdown of the number of units to fall within each score range. This allows you to compare your overall local performance against the network as a whole.

To aid information sharing across the network, some units that achieved a particularly high score in each section are referenced. This list is by no means exhaustive and should be viewed in conjunction with the Areas of Expertise section.

SECTION	AVERAGE SCORE FOR SECTION	RANGE FOR SECTION	RANGE BREAKDOWN BY NO. OF UNITS	HIGH SCORING UNITS FOR THIS SECTION
1. Environment and Facilities	85%	44%-100%	<ul style="list-style-type: none"> - 59% and below: 1 (1%) - 60 to 69%: 5 (6%) - 70 to 79%: 11 (14%) - 80 to 89%: 34 (43%) - 90% and over: 30 (36%) 	<ul style="list-style-type: none"> * Leigh House * Alpha Hospital * Collingham Child and Family Unit * Oak View * Fry Unit, Cygnet Hospital * Bill Yule Adolescent Unit * The Junction * Highfield Family and Adolescent Unit * Chrysalis Centre, The Priory Hayes Grove

SECTION	AVERAGE SCORE FOR SECTION	RANGE FOR SECTION	RANGE BREAKDOWN BY NO. OF UNITS	HIGH SCORING UNITS FOR THIS SECTION
2. Staffing and Training	85%	56%-98%	<ul style="list-style-type: none"> - 69% and below: 3 (4%) - 70 to 79%: 17 (21%) - 80 to 89%: 36 (45%) - 90% and over: 24 (30%) 	<ul style="list-style-type: none"> * Collingham Child and Family Unit * Northgate * Huntercombe Hospital, Tamar Unit * Brookside * Berkshire Adolescent Unit * The Coborn Centre * Sussex Centre for Children and Young People * Bill Yule Adolescent Unit
3. Access, Admission and Discharge	85%	55%-100%	<ul style="list-style-type: none"> - 69% and below: 3 (4%) - 70 to 79%: 18 (23%) - 80 to 89%: 30 (39%) - 90% and over: 26 (34%) 	<ul style="list-style-type: none"> * Roycroft * Simmons House * Orchard Young People's Unit * Little Woodhouse Hall * Highfield Family and Adolescent Unit * Cotehele * CAMHS Inpatient Unit of Dokuz Eylul University, Turkey * Berkshire Adolescent Unit
4. Care and Treatment	88%	75%-100%	<ul style="list-style-type: none"> - 70 to 79%: 10 (13%) - 80 to 89%: 38 (49%) - 90% and over: 30 (38%) 	<ul style="list-style-type: none"> * Westwood Centre * Bill Yule Adolescent Unit * Orchard Young People's Unit * Northgate * St Andrews * Little Woodhouse Hall * Leigh House

SECTION	AVERAGE SCORE FOR SECTION	RANGE FOR SECTION	RANGE BREAKDOWN BY NO. OF UNITS	HIGH SCORING UNITS FOR SECTION
5. Information, Consent and Confidentiality	88%	64%-100%	<ul style="list-style-type: none"> - 69% and below: 3 (4%) - 70 to 79%: 3 (4%) - 80 to 89%: 39 (49%) - 90% and over: 34 (43%) 	<ul style="list-style-type: none"> * Huntercombe Hospital, Tamar Unit * Cherry Oak * Mulberry Unit, Woodbourne Priory * Lime Trees * Leigh House * Huntercombe Hospital, Kennet Unit * Alpha Hospital * The Priory Chelmsford
6. Young People's Rights and Safeguarding Children	92%	51%-100%	<ul style="list-style-type: none"> - 69% and below: 4 (5%) - 70 to 79%: 3 (4%) - 80 to 89%: 13 (16%) - 90% and over: 59 (75%) 	<ul style="list-style-type: none"> * Cedar Court * Capio Nightingale * Chrysalis Centre, The Priory Hayes Grove * The Coborn Centre * Highfield Family and Adolescent Unit * Northgate * Oak View * Orchard Young People's Unit * Riding Ward, Prudhoe Hospital * West End Adolescent Unit * Roycroft * Huntercombe Hospital, Tamar Unit

SECTION	AVERAGE SCORE FOR SECTION	RANGE FOR SECTION	RANGE BREAKDOWN BY NO. OF UNITS	HIGH SCORING UNITS FOR SECTION
7. Clinical Governance	83%	27%-100%	<ul style="list-style-type: none"> - 59% and below: 2 (3%) - 60 to 69%: 10 (13%) - 70 to 79%: 13 (17%) - 80 to 89%: 19 (25%) - 90% and over: 32 (42%) 	<ul style="list-style-type: none"> * Huntercombe Hospital, Tamar Unit * Westwood Centre * Roycroft * West End Adolescent Unit * Regional Adolescent Mental Health Unit, Belfast * Orchard Young People's Unit * Meadows * Leigh House * The Priory Chelmsford

APPENDIX B: NETWORK REVIEW FINDINGS

A total of 81 units took part in QNIC's seventh cycle (out of a total of 84 members). Below is a breakdown of the nature of the participating units (as described by themselves).

Table 1: Participating units from Cycle 7

Type of unit	NHS	Independent	International	Overall number of units participating
General Adolescent Units	32	8	2	42
Children's Units	9	0	0	9
General Child and Adolescent Units	0	0	3	3
Eating Disorder Units	2	4	0	6
Adolescent Secure Units	1	3	0	4
Adolescent Forensic Units	3	0	0	3
Adolescent Units – Acute Services	2	2	0	4
Learning Disability Units	0	2	0	2
Deaf Child and Adolescent Services	1	0	0	6
Intensive Care Units	4	2	0	1
Children's Day Service	1	0	0	1
Total number of units	55	21	5	81

Each unit's staff team completed a comprehensive self-review and received a one-day external peer-review. The latter typically involved interviewing 8-12 members of staff in two separate groups, and individual interviews with 2-4 young people and 1-3 parents.

Table 2: Total number of interviewees in Cycle 7

Staff (inc: nurses, psychiatrists, psychologists, therapists, teachers, social workers and managers)	958
Young People	272
Parents	172

APPENDIX C: AGGREGATED RESULTS OF REVIEWS

E = Essential criteria, D = Desirable criteria, d/k = Don't know, n/a = Not applicable.

N.B. The figures in italics have been calculating excluded those units that answered either don't know or not applicable to the criterion. The percentage of units that answered don't know or not applicable are printed in brackets.

Standard			% d/k or n/a cycle 7	% not met cycle 7	% partly met cycle 7	% units met cycle 7	% units met cycle 6
Environment and Facilities							
1	The in-patient unit is well designed and has the necessary facilities and resources		4%	5%	23%	68%	66%
	Cycle 7 mean score 85% (min 44%, max 100%) Cycle 6 mean score 69% (min 40%, max 97%) Cycle 5 mean score 78% (min 40% max 100%) Cycle 4 mean score 77% (min 42% max 100%) Cycle 3 mean score 76% (min 36% max 100%) Cycle 2 mean score 77% (min 47% max 100%) Cycle 1 mean score 78% (min 46% max 100%)						
1.1	The unit is comfortable and has a warm, welcoming atmosphere	E	0%	0%	22%	78%	75%
1.2	There is indoor and outdoor space for recreation, or easy access to recreation space	E	0%	2%	29%	69%	68%
1.3	There is a designated dining area	E	0%	0%	7%	93%	96%
1.4	The unit contains large and small rooms for individual and family interviews	E	0%	0%	21%	79%	67%
1.5	Waiting rooms/areas are provided	D	0%	6%	25%	69%	
1.6	If seclusion is used as part of an agreed therapeutic plan, there is a designated seclusion facility available. The seclusion room: <ul style="list-style-type: none"> i. Allows clear observation ii. Is well insulated and ventilated 	E	(72%)	14%	24%	62%	

Standard			% d/k or n/a cycle 7	% not met cycle 7	% partly met cycle 7	% units met cycle 7	% units met cycle 6
	iii. Has access to toilet/washing facilities iv. is safe and secure - does not contain anything which could cause harm to the young person or others						
1.6a	There is a designated low-stimulus area or 'safe room' that staff may consider using, with the patient's agreement, specifically for the purpose of reducing arousal and/or agitation. This area is in addition to the seclusion room (where applicable)	D	12%	18%	26%	44%	
1.8	Age-appropriate play/leisure materials are provided for recreational purposes and can also be used as diagnostic and therapeutic tools	E	0%	0%	18%	82%	
1.9	All confidential case materials, e.g. notes, are kept in locked cabinets or locked offices, in accordance with Caldicott Report (1997)	E	0%	2%	5%	93%	93%
1.10	Drugs are kept in a secure place with the dispensary book	E	0%	0%	2%	98%	97%
1.11	One computer is provided for every two pupils	D	4%	13%	25%	58%	62%
1.12	There is sufficient space for educational activities	E	1%	6%	28%	65%	74%
1.12a	Appropriate education materials are provided, as required for each Key Stage, or equivalent educational stages (outside of England and Wales) e.g. DVDs, textbooks and interactive learning material	E	1%	0%	16%	83%	91%
1.12b	There are facilities for the teaching of science, technology, sport and languages	E	4%	5%	67%	24%	31%
1.13	The service entrance and key clinical areas are clearly signposted	D	0%	6%	27%	67%	54%
1.14	There is sufficient car parking space for staff and visitors	D	0%	16%	30%	54%	46%
1.14a	The unit is accessible by public transport	E	0%	3%	16%	81%	
1.15	The unit is maintained at a high level of cleanliness	E	0%	0%	21%	79%	82%
1.16	Heating and ventilation in the unit is adequately regulated	E	0%	12%	50%	38%	40%
1.17	Maintenance is completed in a timely manner and the unit is in a good state of repair	D	0%	4%	43%	53%	61%
1.18	There are sufficient IT resources to support high quality care and the monitoring and evaluation of the service	D	0%	4%	38%	58%	51%
1.19	Age appropriate facilities are provided in recreation areas for young people e.g. Television, DVD, audio system, books, magazines, board games	D	0%	0%	9%	91%	
1.20	The unit has a young people's notice board where they can display appropriate	D	0%	4%	13%	83%	

Standard			% d/k or n/a cycle 7	% not met cycle 7	% partly met cycle 7	% units met cycle 7	% units met cycle 6
	pictures of their choice						
1.21	There are facilities for young people to make their own hot and cold drinks and snacks where risk permits	D	5%	6%	12%	77%	
2	Children's units and adolescent units are separate from adult units		33%	1%	8%	58%	45%
	Cycle 7 mean score 85% (min 0%, max 100%) In Cycles 1 to 6 only one criteria was measured for this standard						
2.1	There are policies and procedures to prevent unwanted visitors to the child or adolescent unit	E	4%	3%	9%	84%	45%
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 the facilities at the same time as other patients	E	(61%)	0%	17%	83%	
3	Premises are designed and managed so that young people's rights, privacy and dignity are respected		1%	8%	20%	71%	69%
	Cycle 7 mean score 82% (min 35% max 100%) Cycle 6 mean score 69% (min 55% max 89%) Cycle 5 mean score 77% (min 28% max 100%) Cycle 4 mean score 74% (min 31% max 100%) Cycle 3 mean score 71% (min 31% max 100%) Cycle 2 mean score 68% (min 21% max 100%) Cycle 1 mean score 76% (min 44% max 100%)						
3.1	All young people have the choice of having a single bedroom	D	1%	23%	10%	66%	58%
3.2a	All young people may sleep in privacy and in areas separate from the opposite sex	E	2%	9%	22%	67%	68%
3.2b	All young people may bathe and wash in privacy and in areas separate from the opposite sex	E	1%	4%	20%	75%	76%
3.2 c	As a minimum there should be one bathroom for every three young people	E	3%	18%	10%	69%	69%
3.3	There is a specific room for physical examination and minor medical procedures	D	0%	14%	11%	75%	82%
3.4	There are suitably located quiet room(s) available, other than young people's bedrooms	D	0%	7%	32%	61%	55%

Standard			% d/k or n/a cycle 7	% not met cycle 7	% partly met cycle 7	% units met cycle 7	% units met cycle 6
3.5	There are private rooms for meeting relatives and friends other than young people's bedrooms	D	0%	5%	29%	66%	57%
3.6	Young people have access to a telephone which can be used in a private area	D	0%	4%	31%	65%	61%
3.7	There are arrangements for the safe-keeping of young people's property	E	0%	0%	14%	86%	89%
3.8	There are arrangements for the safe-keeping of staff's property	E	0%	2%	16%	82%	76%
4	The unit provides a safe environment for staff and young people		0%	8%	23%	69%	69%
	Cycle 7 mean score 81% (min 17% max 100%) Cycle 6 mean score 70% (min 57% max 89%) Cycle 5 mean score 79% (min 0%, max 100%) Cycle 4 mean score 81% (min 17%, max 100%) Cycle 3 mean score 70% (min 0%, max 100%) Cycle 2 mean score 80% (min 33%, max 100%) Cycle 1 mean score 77% (min 33%, max 100%)						
4.1	There are areas with clear lines of sight to enable staff to monitor young people who need closer observation	E	0%	7%	30%	63%	61%
4.2	There is appropriate security within the unit, e.g. certain doors may be locked if needed, and there are policies in place for when doors are locked	E	1%	3%	13%	83%	89%
4.4	Entrances and exits are designed to enable staff to see who is entering or leaving	D	0%	13%	27%	60%	57%
5	Young people are consulted about the unit environment and have choice when this is appropriate		1%	1%	12%	86%	85%
	Cycle 7 mean score 94% (min 50% max 100%) Cycle 6 mean score 84% (min 74% max 95%) Cycle 5 mean score 87% (min 0% max 100%) Cycle 4 mean score 89% (min 50% max 100%) Cycle 3 mean score 88% (min 50% max 100%) Cycle 2 mean score 85% (min 0% max 100%) Cycle 1 mean score 86% (min 50% max 100%)						
5.1	Young people are consulted when decisions are made about changes to the unit's environment and have a choice when this is appropriate	D	0%	1%	20%	79%	74%

Standard			% d/k or n/a cycle 7	% not met cycle 7	% partly met cycle 7	% units met cycle 7	% units met cycle 6
5.2	Young people are encouraged to personalise their bedroom spaces	D	1%	0%	5%	94%	95%
6	There is equipment and there are procedures for dealing with emergencies in the unit		1%	6%	22%	71%	73%
	Cycle 7 mean score 83% (min 20% max 100%) Cycle 6 mean score 80% (min 47% max 99%) Cycle 5 mean score 85% (min 0% max 100%) Cycle 4 mean score 85% (min 50% max 100%) Cycle 3 mean score 83% (min 42% max 100%) Cycle 2 mean score 80% (min 50% max 100%) Cycle 1 mean score 88% (min 70% max 100%)						
6.1	There is a procedure for evacuation in case of fire which is rehearsed at regular intervals	E	0%	1%	28%	71%	78%
6.2	Resuscitation equipment is available and its location is clearly identified	E	1%	3%	13%	83%	76%
6.3	Staff have an effective communication system in place to obtain assistance if required	E	2%	5%	20%	73%	79%
6.3a	There is a way for young people to raise an alarm in an emergency	D	2%	16%	34%	48%	46%
6.6	An audit of environmental risk is conducted every six months and a risk management strategy is agreed e.g. possible ligature points are identified and dealt with	E	1%	3%	14%	82%	88%

	Standard		% d/k or n/a cycle 7	% not met cycle 7	% partly met cycle 7	% units met cycle 7	% units met cycle 6
	Staffing and Training						
7	The number of nursing staff on the unit is sufficient to safely meet the needs of the young people at all times		4%	3%	17%	76%	69%
	Cycle 7 mean score 88% (min 32% max 100%) Cycle 6 mean score 70% (min 60% max 81%) Cycle 5 mean score 80% (min 17% max 100%) Cycle 4 mean score 74% (min 8% max 100%) Cycle 3 mean score 61% (min 0% max 100%) Cycle 2 mean score 71% (min 0% max 100%) Cycle 1 mean score 84% (min 31% max 100%)						
7.1a	Where there are high dependency/high acuity cases, there is a minimum ward staff to patient ratio of 1:1 to 3:1 for the most highly disturbed young people	E	4%	5%	17%	74%	
7.1b	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	6%	7%	19%	69%	
7.1c	Where there are basic observations, maintenance of safety and during therapeutic programme times, there is a ward staff to patient ratio of 1:3	E	1%	3%	9%	87%	
7.9a	At night time in a typical unit with low case dependency there are at least two ward staff on duty including one qualified member of staff	E	4%	0%	3%	93%	
7.9b	Where there are two members of staff on at night, there is access to additional support	E	9%	3%	13%	76%	
7.10	At night-time there is at least one member of staff on duty for every three young people with high dependency/high acuity cases	E	6%	5%	8%	81%	
7.11	There are sufficient staff to ensure that when young people's liberty is restricted it is with the minimum force and risk of injury and in line with Trust policy	E	1%	0%	10%	88%	
7.12	Extra nursing cover is available when needed, e.g. in an emergency there is access to additional on-call staff that have been CRB checked	E	0%	1%	31%	68%	66%
7.13	There is sufficient flexibility in staffing numbers to accommodate young people's changing dependency needs	E	0%	4%	33%	64%	71%

	Standard		% d/k or n/a cycle 7	% not met cycle 7	% partly met cycle 7	% units met cycle 7	% units met cycle 6
7.14	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 <u>Guidance:</u> A CAMHS in-patient 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	3%	9%	26%	63%	71%
7.14a	Bank staff are used in preference to agency staff	D	9%	1%	4%	86%	
7.14b	Where bank and agency staff are used, they are familiar with the service and supported by training relevant to the unit	E	6%	1%	31%	61%	
8	There are nurses with a specialist qualification in the unit at all times		2%	5%	18%	75%	58%
	Cycle 7 mean score 85% (min 0% max 100%) Cycle 6 mean score 67% (min 58% max 76%) Cycle 5 mean score 64% (min 53% max 76%) Cycle 4 mean score 73% (min 0% max 100%) Cycle 3 mean score 79% (min 0% max 100%) Cycle 2 mean score 73% (min 0% max 100%) Cycle 1 mean score 77% (min 0% max 100%)						
8.2	There is a minimum of two registered nurses that have appropriate child and young people training per day shift and one at night (Bands 5-7)	E	3%	6%	28%	64%	58%
8.3	A typical unit with 10-12 places includes a 1 WTE Ward Manager whom is a registered nurse (Band 7+)	E	1%	4%	9%	86%	
9	The in-patient unit comprises a core multi-disciplinary team		0%	13%	22%	64%	63%
	Cycle 7 mean score 76% (min 42% max 100%) Cycle 6 mean score 57% (min 42% max 76%) Cycle 5 mean score 70% (min 0% max 100%) Cycle 4 mean score 67% (min 13% max 100%) Cycle 3 mean score 57% (min 0% max 100%) Cycle 2 mean score 62% (min 0% max 100%) Cycle 1 mean score 54% (min 31% max 92%)						

	Standard		% d/k or n/a cycle 7	% not met cycle 7	% partly met cycle 7	% units met cycle 7	% units met cycle 6
9.1a	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	0%	5%	16%	79%	75%
9.1b	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	1%	16%	14%	68%	47%
9.2	In a typical adolescent unit one WTE clinical psychologist is provided; in a typical children's unit 0.8 WTE clinical psychologist input is provided	E	0%	16%	34%	50%	44%
9.3	A typical unit with 10-12 places includes provision of 0.5 to one WTE Social Worker	E	1%	33%	15%	51%	49%
9.4a	0.5 WTE Psychotherapist input is provided in a typical 10-12 bed unit	D	3%	44%	24%	29%	67%
9.4b	0.5 WTE Family Therapist input is provided in a typical 10-12 bed unit	D	1%	30%	31%	38%	67%
9.4c	There is access to regular designated sessions with Occupational Therapists, Dietician and Speech Therapist, as necessary	E	0%	8%	51%	42%	67%
9.5	There is a minimum of one qualified teacher to 4 students per lesson, according to the needs of the pupils	E	0%	13%	23%	65%	69%
TEA 1	There is an effective collaboration between the teachers and other unit staff	E	0%	0%	8%	92%	
9.6	There is a system in place to ensure that the unit has access to a range of educational professionals, as required	D	0%	3%	18%	79%	64%
9.8	There is access to input from a pharmacist, as required	E	0%	3%	6%	91%	
9.9	There are sufficient administrative and secretarial staff to support effective running of the unit	E	0%	5%	35%	60%	53%
9.10	There is an identified duty doctor (available within one hour) to attend the unit, including out of hours	E	0%	0%	13%	87%	93%
10	Unit staff work effectively as a multi-disciplinary team		2%	5%	11%	83%	86%
	Cycle 7 mean score 89% (min 58% max 100%) Cycle 6 mean score 83% (min 53% max 96%) Cycle 5 mean score 89% (min 0% max 100%) Cycle 4 mean score 90% (min 55% max 100%) Cycle 3 mean score 80% (min 0% max 100%)						

	Standard		% d/k or n/a cycle 7	% not met cycle 7	% partly met cycle 7	% units met cycle 7	% units met cycle 6
	Cycle 2 mean score 89% (min 63% max 100%) Cycle 1 mean score 94% (min 50% max 100%)						
10.1	There is a clear, up-to-date line management structure which is made readily available to staff	E	0%	0%	6%	94%	94%
10.2a	There are regular multi-disciplinary team meetings for discussion of clinical matters, administrative work and for consulting with the team on relevant management decisions	E	0%	0%	3%	98%	94%
10.2b	There are regular operational management and clinical governance meetings	E	0%	0%	13%	88%	94%
10.3	Good staff morale is recognised as important and efforts to improve morale are made when necessary e.g. the levels of vacancies and sick leave are monitored and investigated What factors improve or hinder morale?	E	0%	0%	20%	80%	58%
10.4	There are clear procedures for managing complaints from staff and staff members are able to raise concerns without prejudicing their position	E	0%	1%	3%	96%	96%
10.5	All staff are aware 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	0%	0%	4%	96%	92%
10.8	The team has integrated health and social care records used by all staff	D	6%	10%	9%	75%	70%
10.9	The roles and responsibilities of unit staff are clearly defined, e.g. in up to date job descriptions and in operational policy	E	1%	0%	19%	80%	87%
10.10	There is time scheduled in staff rotas to allow handover sessions between shifts	E	0%	0%	5%	95%	95%
10.12	The unit has a designated clinical risk management lead	D	3%	9%	8%	81%	82%
10.13	A written review of staffing needs is completed at defined intervals and when there are changes in service provision	D	8%	13%	19%	60%	
10.14	The team has off-site and informal 'away days' to facilitate team building and service development	D	1%	22%	26%	50%	
11	All staff undertake "essential training" as per trust/organisation guidelines		1%	2%	16%	81%	70%
	Cycle 7 mean score 90% (min 25% max 100%)						

	Standard		% d/k or n/a cycle 7	% not met cycle 7	% partly met cycle 7	% units met cycle 7	% units met cycle 6
	Only one criterion was measured for this standard in Cycles 6, 5 and 4 Cycle 3 mean score 38% (min 0% to max 100%) Cycle 2 mean score 53% (min 0% to max 100%) Cycle 1 mean score 74% (min 0% to max 100%)						
11.2	There are arrangements to allow staff to undertake relevant training and continuing professional development i.e. minimum of 5 days per year	E	0%	1%	15%	84%	70%
11.3	The service has access to a staff training and development budget	E	3%	3%	17%	78%	
12	The training needs of in-patient unit staff have been formally assessed		1%	5%	19%	75%	62%
	Only one criterion was measured for this standard in Cycle 7 Cycle 6 mean score 66% (min 63% to max 70%) Cycle 5 mean score 82% (min 0% to max 100%) Cycle 4 mean score 80% (min 0% to max 100%) Cycle 3 mean score 80% (min 0% to max 100%) Cycle 2 mean score 77% (min 0% to max 100%) Cycle 1 mean score 86% (min 25% to max 100%)						
12.1	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	1%	5%	19%	75%	62%
13	Training has been provided in the following for all staff groups:		2%	7%	25%	65%	70%
	Cycle 7 mean score 79% (min 42% max 100%) Cycle 6 mean score 72% (min 35% max 96%) Cycle 5 mean score 78% (min 0% max 100%) Cycle 4 mean score 74% (min 11% max 100%) Cycle 3 mean score 71% (min 17% max 100%) Cycle 2 mean score 76% (min 34% max 96%) Cycle 1 mean score 84% (min 33% max 100%)						
	<u>Statutory and Mandatory Training-</u>		1%	5%	18%	76%	
13.4	Policy and procedures, e.g. referral procedures	E	0%	1%	8%	91%	87%
13.5	At the start of employment the supervision process is made clear to every	E	0%	0%	10%	90%	75%

	Standard		% d/k or n/a cycle 7	% not met cycle 7	% partly met cycle 7	% units met cycle 7	% units met cycle 6
	member of the MDT						
13.6	Risk assessment and awareness of risk factors in abuse and abuse to others, indicators of abuse and procedures for dealing with abuse	E	3%	8%	19%	71%	91%
13.7	All staff are trained to Safeguarding Children Level 2, or local equivalent	E	0%	8%	30%	63%	90%
13.11	Equity and Diversity issues	E	1%	16%	31%	51%	75%
13.12	Clinical governance	D	1%	3%	30%	66%	61%
13.14	Legal frameworks such as the Children Acts, Mental Health Act 2006, the revised Code of Practice, Disability Discrimination Act and The Mental Capacity Act 2005?	E	0%	0%	4%	96%	82%
13.22	Relevant health and safety issues	E					90%
	<u>Core Competencies for Working with Children and Young People -</u>		1%	1%	25%	73%	
13.1	Aetiology, symptoms and a range of relevant conditions	E	0%	1%	20%	78%	57%
13.3	Pharmacological interventions (for all staff that prescribe, dispense, or administer medication to young people) including use of psychoactive medication, recognition of side effects and non-concordance	E	1%	6%	31%	61%	79%
13.24	The nature and development of the therapeutic environment for children and young people and understanding of psychodynamic processes	E	0%	3%	14%	84%	
13.8	Managing relationships and boundaries between young people and staff, including appropriate touch	E	4%	5%	31%	60%	66%
13.9	The role of other services and the range of local services and activities	D	0%	0%	13%	88%	51%
13.15	Resuscitation (child and adult)	E	0%	0%	23%	77%	92%
13.16	Management of imminent and actual violence, breakaway techniques and restraint measures	E	0%	5%	45%	50%	90%
13.17	Members of the nursing team including all newly appointed senior nurse managers, have undertaken further training in child and adolescent mental health	D	6%	24%	31%	38%	34%
13.20	Working with young people with learning disabilities alongside mental health problems	E	9%	32%	31%	27%	51%
13.20a	Working with young people whom have visual impairment, hearing problems, physical disability and physical illness	D	14%	13%	38%	34%	51%

	Standard		% d/k or n/a cycle 7	% not met cycle 7	% partly met cycle 7	% units met cycle 7	% units met cycle 6
13.25	Working with young people with co-morbid substance abuse and mental health problems	D	(14%)	15%	45%	40%	
13.26	The use of appropriate clinical outcome measurements e.g. HoNOSCA	D	3%	16%	28%	53%	
13.21	Non clinical staff have received relevant mental health awareness training	D					43%
	Further Professional Development -		0%	3%	21%	76%	
13.2a	A range of therapeutic interventions including: group work, working with families, cognitive and behavioural interventions	E	0%	0%	33%	68%	64%
13.27	Staff know the evidence underpinning the range of treatments they provide (i.e. NICE guidelines, 'Drawing on the Evidence' - Wolpert et. al, 2006) and have an understanding of the limitations of those treatments	E	0%	5%	51%	44%	69%
13.13	Audit and research skills	D	1%	1%	13%	85%	49%
13.18a	Unit managers have had further training in management and team leadership	E	13%	24%	27%	36%	96%
13.8b	Unit managers have received training in providing multi-agency CAMHS services as described in the National Service Framework for Children, Young People and Maternity Services - The Mental Health and Psychological Well-being of Children and Young People (2004)	D	1%	5%	18%	76%	
14	Appropriate training methods are used to ensure staff training is effective		1%	3%	19%	77%	86%
	Cycle 7 mean score 87% (min 50% max 100%) Cycle 6 mean score 94% (min 50% max 100%) Cycle 5 mean score 89% (min 0%, max 100%) Cycle 4 mean score 90% (min 50%, max 100%) Cycle 3 mean score 38% (min 0%, max 50%) Cycle 2 mean score 89% (min 50%, max 100%) Cycle 1 mean score 90% (min 50%, max 100%)						
14.2	Whenever appropriate staff training and induction is multidisciplinary and multi-agency	D	0%	0%	6%	94%	90%
14.3	Staff have access to books and journals as well as access to the Trust intranet and knowledge based systems such as Medline and on-line journals	E	0%	3%	16%	81%	74%
14.5	All staff, including temporary staff, have a comprehensive induction which	E	0%	0%	10%	90%	95%

	Standard		% d/k or n/a cycle 7	% not met cycle 7	% partly met cycle 7	% units met cycle 7	% units met cycle 6
	covers key aspects of care (e.g. observation, child protection) before they have unsupervised access to the young people						
14.6	There is commitment and financial support to conduct service relevant research and academic activity, and to disseminate the findings and implications of studies widely	D	5%	11%	42%	42%	
15	All staff receive regular supervision totalling at least one hour per month from a person with appropriate experience		1%	4%	16%	79%	70%
	Cycle 7 mean score 87% (min 38% max 100%) Cycle 6 mean score 72% (min 56% max 94%) Cycle 5 mean score 78% (min 0%, max 100%) Cycle 4 mean score 80% (min 36%, max 100%) Cycle 3 mean score 75% (min 25%, max 100%) Cycle 2 mean score 95% (min 50%, max 100%) Cycle 1 mean score 80% (min 50%, max 100%)						
15.1	Clinical supervision for all members of the MDT occurs at a minimum of once every month, or more frequently, as per professional body guidance	E	0%	0%	35%	65%	66%
15.1a	Supervision is included in the job description of every member of the MDT	E	4%	3%	6%	87%	
15.1b	All supervisors receive appropriate training as agreed in local policy, taking into consideration profession-specific guidelines	E	0%	8%	25%	67%	
15.1c	The team have regular designated time to meet as a group to reflect upon the process and the impact of working with young people	E	0%	5%	11%	84%	
15.2	There is a robust preceptorship programme for all junior clinical staff, in line with professional requirements	E	0%	1%	14%	85%	62%
15.4	All staff receive annual appraisal and personal development planning	E	0%	8%	11%	81%	75%
15.5	Managers and practitioners have agreed clear and realistic clinical performance targets	D	3%	4%	21%	72%	61%
15.7	There is an evaluation of critical incidents and adequate staff support around incidents	E	1%	0%	11%	88%	84%
16	There is a recruitment policy to ensure vacant posts are filled quickly with well qualified and checked candidates		1%	10%	17%	72%	75%

	Standard		% d/k or n/a cycle 7	% not met cycle 7	% partly met cycle 7	% units met cycle 7	% units met cycle 6
	Cycle 7 mean score 82% (min 50%, max 100%) Cycle 6 mean score 71% (min 47%, max 95%) Cycle 5 mean score 71% (min 0%, max 100%) Cycle 4 mean score 77% (min 0%, max 100%) Cycle 3 mean score 86% (min 50%, max 100%) Cycle 2 mean score 80% (min 50%, max 100%) Cycle 1 mean score 84% (min 37%, max 100%)						
16.1	Young People are involved in and influence the recruitment of unit staff	D	1%	60%	8%	31%	
16.4	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	3%	1%	0%	96%	94%
16.7	Staff with a professional regulatory body (e.g. Nursing and Midwifery Council, Royal College of Psychiatrists, Council for Professions Supplementary to Medicine or the General Medical Council) are checked for appropriate registration on recruitment and again at renewal date	E	1%	1%	1%	97%	95%
16.8	When posts are vacant or in the event of long term sickness or maternity leave, prompt arrangements are made for temporary staff cover	D	0%	14%	37%	49%	47%
16.9	Reasons for staff leaving are established, particularly where there is a high staff turnover, e.g. exit questionnaires or interviews are used	D	3%	4%	12%	81%	81%
16.10	Staff vacancies are advertised as widely as possible	D	0%	6%	24%	70%	56%
16.11	Units, or the employing organisation, have an equal opportunities policy for recruitment	E	0%	0%	0%	100%	
16.13	Units have a dedicated Human Resources contact who understands the nature of the service	E	1%	4%	18%	77%	
	The unit does not experience particular problems with recruitment. (2 = true, 1 = partly true, 0 = false). If there are problems, which posts are the most difficult to fill?		0%	13%	40%	47%	
	The unit does not experience particular problems retaining staff. (2 = true, 1 = partly true, 0 = false). If there are problems, why do you think this is?		0%	1%	29%	70%	

	Standard		% d/k or n/a cycle 7	% not met cycle 7	% partly met cycle 7	% units met cycle 7	% units met cycle 6
	Access, Admission & Discharge						
17	Referrers and other related professionals have ready access to information about the unit		3%	1%	24%	72%	58%
	Only one criterion was measured for this standard in Cycle 7 Cycle 6 mean score 69% (Range 58% to 80%) Cycle 5 mean score 73% (min 0%, max 100%) Cycle 4 mean score 77% (min 0%, max 100%) Cycle 3 mean score 66% (min 0%, max 100%) Cycle 2 mean score 81% (min 0%, max 100%) Cycle 1 mean score 81% (min 0%, max 100%)						
17.1	Information and guidance about the unit, including timescales from referral to admission and written referral criteria, are readily available to referrers	D	3%	1%	24%	72%	58%
18	Provision and procedures ensure that appropriate and timely in-patient care is available to all those who would benefit		1%	2%	13%	84%	90%
	Cycle 7 mean score 91% (min 50% max 100%) Cycle 6 mean score 67% (min 39% max 93%) Cycle 5 mean score 82% (min 25%, max 100%) Cycle 4 mean score 81% (min 43%, max 100%) Cycle 3 mean score 72% (min 33%, max 100%) Cycle 2 mean score 63% (min 34%, max 100%) Cycle 1 mean score 63% (min 37%, max 100%)						
18.3	The in-patient unit has clear, written criteria for admission. These consider: i. Age restrictions ii. Psychiatric condition and severity iii. Exclusion criteria iv. Case mix	E	3%	0%	14%	83%	86%
18.6	Where young people are refused admission to the service, the reasons for refusal are explained to the young person/parents/referrer, and they are informed about alternative options	E	0%	1%	3%	96%	93%

	Standard		% d/k or n/a cycle 7	% not met cycle 7	% partly met cycle 7	% units met cycle 7	% units met cycle 6
18.7	The unit monitors all referrals with respect to race, gender and disability and acts to support referrals from any under-represented groups	D	0%	6%	22%	72%	
19	Assessment and treatment are offered without unacceptable delay		10%	7%	29%	54%	58%
	Cycle 7 mean score 76% (Range 25% to 100%) Cycle 6 mean score 61% (Range 38% to 92%) Cycle 5 mean score 79% (min 0%, max 100%) Cycle 4 mean score 76% (min 36%, max 100%) Cycle 3 mean score 67% (min 0%, max 100%) Cycle 2 mean score 68% (min 38%, max 100%) Cycle 1 mean score 66% (min 16%, max 100%)						
19.1a	Young people do not experience delay in assessment that leads to deterioration in health (2=true, 1=partly true, 0=false)	E	0%	0%	26%	74%	75%
19.1b	Young people do not experience delay in treatment that leads to deterioration in health (2=true, 1=partly true, 0=false)	E	1%	4%	34%	61%	60%
19.2a	Young people do not experience delay in assessment that leads to care being offered in inappropriate settings, e.g. in adult and paediatric wards or as a day patient	E	8%	3%	31%	58%	61%
19.2b	Young people do not experience delay in treatment that leads to care being offered in inappropriate settings, e.g. in adult and paediatric wards or as a day patient	E	8%	9%	27%	56%	54%
19.4a	Young people at severe risk can be admitted as emergencies (i.e. within 24 hours) including out of hours.	E	13%	17%	41%	29%	38%
19.4b	Units that fail to meet 19.4a 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	E	(32%)	10%	23%	67%	
20	There is equity of access to in-patient units in relation to ethnic origin, social status, disability, physical health and location of residence		9%	8%	19%	64%	69%
	Cycle 7 mean score 76% (min 33%, max 100%) Cycle 6 mean score 66% (min 50%, max 88%) Cycle 5 mean score 81% (min 25%, max 100%)						

	Standard		% d/k or n/a cycle 7	% not met cycle 7	% partly met cycle 7	% units met cycle 7	% units met cycle 6
	Cycle 4 mean score 75% (min 30%, max 100%) Cycle 3 mean score 72% (min 13%, max 100%) Cycle 2 mean score 74% (min 25%, max 100%) Cycle 1 mean score 76% (min 37%, max 100%)						
20.1	The special needs of young people from different ethnic, cultural or religious backgrounds are reflected in the unit's policies, e.g. there are special dietary arrangements when needed	E	0%	0%	8%	92%	88%
20.3	The environment meets the needs of people with physical disabilities, and complies with current legislation on disabled access	E	3%	16%	34%	47%	50%
20.4	Young peoples' location of residence does not affect their access to the service i.e. transport costs are covered as part of the cost of the treatment package	D	1%	13%	33%	53%	67%
20.5	Interpreters are easily available and a minimum level of access is agreed so that relatives are not used as interpreters (this includes Welsh interpreters in units in Wales)	E	3%	3%	15%	79%	71%
20.6	Interpreters used by Specialist CAMHS have received training or guidance about mental health matters and recognise the importance of full and accurate translation	D	42%	11%	14%	33%	
20.7	Young people and parents who have specific communication needs (such as arising from sensory impairments) are given appropriate assistance to enable their participation	D	5%	4%	12%	79%	
21	Families are involved throughout assessment and treatment		11%	6%	8%	75%	65%
	Cycle 7 mean score 88% (min 33%, max 100%) Cycle 6 mean score 66% (min 42%, max 88%) Cycle 5 mean score 78% (min 17%, max 100%) Cycle 4 mean score 76% (min 0%, max 100%) Cycle 3 mean score 66% (min 0%, max 100%) Cycle 2 mean score 78% (min 0%, max 100%) Cycle 1 mean score 81% (min 38%, max 100%)						
21.2	Children's units have access to nearby facilities for parents to stay over night when appropriate	E	(32%)	19%	17%	63%	42%

	Standard		% d/k or n/a cycle 7	% not met cycle 7	% partly met cycle 7	% units met cycle 7	% units met cycle 6
21.3	The unit information leaflet clearly states that the participation of parents is encouraged (is essential in children's units)	E	1%	4%	9%	86%	88%
21.4	Parents/families have access to refreshments at the unit	D	0%	1%	4%	95%	
23	Before discharge, decisions are made about meeting any continuing needs		5%	1%	13%	81%	85%
	Cycle 7 mean score 92% (min 69%, max 100%) Cycle 6 mean score 85% (min 68%, max 97%) Cycle 5 mean score 91% (min 5%, max 100%) Cycle 4 mean score 91% (min 42%, max 100%) Cycle 3 mean score 94% (min 0%, max 100%) Cycle 2 mean score 92% (min 50%, max 100%) Cycle 1 mean score 95% (min 80%, max 100%)						
23.11	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 in-patient unit	E	1%	0%	3%	96%	
23.1	Young people have a named worker from the referring agency throughout their stay in the unit, who attends all CPA reviews and discharge planning meetings. This worker is the care coordinator unless the unit takes on this role	E	1%	3%	22%	74%	97%
23.2	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 hand-over takes place	E	(14%)	0%	6%	94%	81%
23.4	A written discharge and aftercare plan is produced for each young person who leaves the unit	E	0%	0%	4%	96%	76%
23.5	Section 117 meetings are held prior to the discharge of all young people detained under a treatment section of the Mental Health Act	E	(26%)	0%	2%	98%	68%
23.6	Young people and parents/carers are invited to CPA meetings and involved in decisions about care after discharge from the in-patient unit	E	1%	0%	4%	95%	84%
23.7	Young people and parents know the names of workers involved in follow-up after their discharge and have met them prior to discharge	E	0%	0%	10%	90%	97%

	Standard		% d/k or n/a cycle 7	% not met cycle 7	% partly met cycle 7	% units met cycle 7	% units met cycle 6
23.8	Young people and parents know before their discharge the dates and times of appointments with the workers involved in their care after their discharge	E	3%	0%	29%	68%	75%
23.12	There is an agreement with the referring teams, regarding aftercare pathways, before admission	E	0%	4%	41%	55%	84%
23.13	Where discharge is delayed the reason for the delay is documented and there are processes in place to address the situation	E	1%	1%	11%	87%	99%

	Standard		% d/k or n/a cycle 7	% not met cycle 7	% partly met cycle 7	% units met cycle 7	% units met cycle 6
	Care & Treatment						
24	All young people are assessed for their health and social care needs		3%	2%	11%	84%	93%
	Cycle 7 mean score 91% (min 69% max 100%) Cycle 6 mean score 91% (min 77% max 99%) Cycle 5 mean score 96% (min 67%, max 100%) Cycle 4 mean score 95% (min 64%, max 100%) This standard was not measured in Cycle 3 Cycle 2 mean score 97% (min 75%, max 100%) Cycle 1 mean score 98% (min 90%, max 100%)						
24.1a	For units caring for young people who are high risk, a formal risk assessment tool is used and the risk is regularly reviewed	E	2%	0%	4%	94%	86%
24.1b	All pre-admission clinical assessments are conducted and recorded by an appropriately experienced staff member (e.g. trained in risk assessment) and identify the specific risks for every child and young person	E	0%	1%	2%	97%	
24.3	Case notes show that a physical examination has been conducted and the name of the person who conducted the examination, or if part or all of the examination has been refused the reason why has been recorded	E	0%	0%	3%	97%	98%
24.4	Guidelines are provided for parents and young people on how to access a second opinion	E	4%	12%	33%	51%	98%
24.5	Each assessed case has a formulation and/or diagnosis and a differential diagnosis where appropriate	E	1%	1%	7%	91%	91%
24.7	Case notes show evidence of assessment of social care needs, including establishing if the young person and parent are involved or have access with other agencies	E	0%	1%	11%	88%	90%
24.8	Individuals making an assessment have accessed a range of relevant documents from the referrer (social care reports, psychiatric reports, risk assessments etc)	D	0%	0%	8%	92%	
24.9	Parents/carers are offered a carers assessment, where appropriate	D	16%	4%	16%	64%	

	Standard		% d/k or n/a cycle 7	% not met cycle 7	% partly met cycle 7	% units met cycle 7	% units met cycle 6
25	A comprehensive range of treatments is available at the in-patient unit. This will depend upon the nature of the group of young people, but is likely to include:		1%	5%	13%	81%	80%
	Cycle 7 mean score 84% (min 50%, max 100%) Cycle 6 mean score 63% (min 12%, max 100%) Cycle 5 mean score 71% (min 38%, max 100%) Cycle 4 mean score 73% (min 40%, max 100%) Cycle 3 mean score 78% (min 29%, max 100%) Cycle 2 mean score 77% (min 44%, max 100%) Cycle 1 mean score 84% (min 69%, max 100%)						
25.1	Drug therapy	E	0%	0%	1%	99%	100%
25.2	Cognitive therapy (e.g. CBT, brief solution focused therapy)	E	0%	1%	5%	94%	87%
25.3	Behavioural therapy	D	0%	0%	15%	85%	84%
25.5a	Family therapy	E	0%	6%	15%	79%	84%
25.5b	Family work	E	1%	0%	5%	94%	84%
25.6	Psychodynamically informed psychotherapy	D	1%	24%	19%	56%	56%
25.8	Social skills training	D	0%	0%	12%	88%	91%
25.9a	Creative Therapies delivered by appropriately qualified therapists	D	3%	8%	33%	56%	51%
25.9d	Play therapy (in Children's Units)	D	(55%)	45%	24%	30%	
25.11	Dietetic advice (essential for Eating Disorder Services)	D	0%	1%	23%	76%	71%
25.12	Physiotherapy, exercise sessions or sport	E	1%	8%	29%	62%	35%
25.13	Occupational therapy	D	4%	24%	14%	58%	58%
62	There is a structured programme of care and treatment		1%	1%	20%	78%	89%
	Cycle 7 mean score 88% (min 60%, max 100%) Cycle 6 mean score 89% (min 74%, max 98%) Cycle 5 mean score 93% (min 50%, max 100%) Cycle 4 mean score 90% (min 0%, max 100%) Cycle 3 mean score 80% (min 25%, max 100%)						

	Standard		% d/k or n/a cycle 7	% not met cycle 7	% partly met cycle 7	% units met cycle 7	% units met cycle 6
	Cycle 2 mean score 91% (min 50%, max 100%) This standard was not measured in Cycle 1						
62.1	A structured therapeutic programme, comprising a mixture of group work and individual sessions, is run during weekdays	E	0%	0%	1%	99%	98%
62.2	Activities and outings in the evening and weekends are planned, needs led and reviewed regularly	E	3%	0%	24%	73%	74%
62.3	The therapeutic programme is evidence based, needs led and risk assessed, and is formally audited on a regular basis	E	0%	0%	34%	66%	96%
62.5	The programme of activities offered is planned in consultation with young people	D	0%	1%	14%	85%	89%
62.6	There are adequate resources and budgets to provide activity programmes	E	0%	4%	31%	65%	
27	The in-patient team has good access to a range of services, as appropriate to the needs of the young people. These include the following:						
	Cycle 7 mean score 87% (min 43%, max 100%) Cycle 6 mean score 76% (min 56%, max 99%) Cycle 5 mean score 88% (min 8%, max 100%) Cycle 4 mean score 88% (min 21%, max 100%) Cycle 3 mean score 84% (min 38%, max 100%) Cycle 2 mean score 86% (min 42%, max 100%) Cycle 1 mean score 89% (min 50%, max 100%)		6%	5%	16%	73%	74%
27.1	Other medical services	E	1%	1%	4%	94%	90%
27.2	Adult mental health services	E	9%	0%	17%	74%	
27.2a	Early Intervention teams and /or Assertive Outreach Teams	E	11%	10%	20%	59%	
27.3	Forensic and Youth Offending	D	8%	10%	17%	65%	55%
27.5	Substance and alcohol misuse services	D	8%	2%	30%	60%	69%
27.6	Learning disability services	D	5%	8%	26%	61%	56%
27.8	Accident and emergency facilities	E	0%	1%	3%	96%	99%
28	All young people have a written care plan as part of the Care		3%	3%	10%	84%	81%

	Standard		% d/k or n/a cycle 7	% not met cycle 7	% partly met cycle 7	% units met cycle 7	% units met cycle 6
	Programme Approach						
	Cycle 7 mean score 91% (min 40%, max 100%) Cycle 6 mean score 83% (min 52%, max 100%) Cycle 5 mean score 90% (min 33%, max 100%) Cycle 4 mean score 88% (min 54%, max 100%) Cycle 3 mean score 87% (min 43%, max 100%) Cycle 2 mean score 79% (min 0%, max 100%) Cycle 1 mean score 79% (min 50%, max 100%)						
28.1	There is a multidisciplinary, written care plan for every young person that is kept with their records	E	0%	1%	5%	94%	100%
28.2	Young people and carers are actively involved in the development of their care plan	E	0%	0%	9%	91%	84%
28.5	The plan is signed by the young person, or if they have been assessed as not having capacity, the plan is signed by the parent	D	0%	4%	25%	71%	63%
28.6	Where appropriate, all people with parental responsibility have been consulted and sign the management plan, including those where there is a care order in place e.g. both parents are invited to sign including when divorced or separated	E	0%	13%	29%	58%	51%
28.7	Young people and parents are given a copy of the care plan or have ready access to it	D	0%	3%	17%	80%	77%
28.8	The care plan is reviewed at defined and agreed intervals during admission (e.g. a weekly ward round and CPA reviews)	E	0%	0%	1%	99%	99%
28.9	When a care order is in place the Local Authority fulfils the role of the person with parental responsibility with regard to all aspects of the management or care plan, e.g. the consent of the Local Authority is obtained	E	12%	1%	3%	84%	88%
28.10	When a care order is in place there is also consultation with the parent with regard to the management or care plan	E	9%	4%	1%	86%	83%
28.13	All relevant stakeholders including those external to the unit are invited to the care plan reviews	E	1%	1%	1%	97%	87%
28.14	Care plans include crisis plans with detailed contingencies for periods of	D	4%	3%	9%	84%	

	Standard		% d/k or n/a cycle 7	% not met cycle 7	% partly met cycle 7	% units met cycle 7	% units met cycle 6
	intensive support						
29	Young people and parents can meet easily with members of staff, and particularly the key worker		0%	0%	3%	97%	96%
	Only one criterion was measured for this standard in cycle 7 Cycle 6 mean score 96% (min 33%, max 100%) Cycle 5 mean score 96% (min 33%, max 100%) Cycle 4 mean score 95% (min 50%, max 100%) Cycle 3 mean score 86% (min 0%, max 100%) Cycle 2 mean score 92% (min 50%, max 100%) Cycle 1 mean score 90% (min 62%, max 100%)						
29.1	Young people and parents have access to key clinicians and members of the MDT as needed e.g. outside of planned meetings	E	0%	0%	3%	97%	96%
31	Drugs are administered according to the relevant guidelines		5%	1%	1%	92%	89%
	Cycle 7 mean score 97% (min 50%, max 100%) Cycle 6 mean score 94% (min 79%, max 100%) Cycle 5 mean score 95% (min 50%, max 100%) Cycle 4 mean score 96% (min 75%, max 100%) Cycle 3 mean score 88% (min 33%, max 100%) Cycle 2 mean score 86% (min 50%, max 100%) Cycle 1 mean score 90% (min 62%, max 100%)						
31.1a	General Medical Council and Nursing and Midwifery Council standards relating to the control and administration of drugs are applied	E	1%	0%	0%	99%	99%
31.1b	Where drugs are prescribed for use outside the terms of their licence (off-label), the medical practitioner complies with BNF for Children recommendations (2007), Royal College of Paediatrics and Child Health recommendations (2000) and General Medical Council guidance on unlicensed applications of licensed medicines (2006) and accesses specialist expertise where indicated	E	3%	0%	0%	97%	
31.4	In the unit there are written guidelines for the use of rapid tranquillisation	E	12%	4%	4%	80%	79%
32	Young people can continue with their education when admitted		5%	3%	10%	82%	83%

	Standard		% d/k or n/a cycle 7	% not met cycle 7	% partly met cycle 7	% units met cycle 7	% units met cycle 6
	Cycle 7 mean score 81% (min 32%, max 98%) Cycle 6 mean score 81% (min 32%, max 98%) Cycle 5 mean score 87% (min 18%, max 100%) Cycle 4 mean score 87% (min 0%, max 100%) Cycle 3 mean score 86% (min 32%, max 100%) Cycle 2 mean score 79% (min 46%, max 100%) Cycle 1 mean score 76% (min 14%, max 100%)						
32.1	All young people have access to as much education as their condition allows, so that they are able to maintain the momentum of their education and to keep up with their studies	E	0%	1%	10%	89%	94%
32.2	Each young person has an assessment of their educational needs which is regularly reviewed	E	0%	0%	5%	95%	86%
32.4	Where possible, educational staff at the unit liaise with the young person's own school and maintain progress with the topics or lessons being covered at school	E	1%	0%	5%	94%	98%
32.5	Educational staff at the unit assist in steps to reintegrate the young person back to their local educational facility, this may include giving advice/consultation	D	1%	0%	4%	95%	98%
32.6a	The unit can cater for diverse educational needs, including the needs of those young people with a moderate learning disability	E	1%	0%	21%	78%	68%
32.6b	The unit can cater for the needs of 16/17 year old "A" level students	D	(18%)	6%	25%	69%	68%
32.7	Educational outings are provided, as appropriate	D	1%	8%	6%	85%	80%
32.14	The educational staff maintain communication with the young peoples' parents	E	0%	4%	5%	91%	88%
TEA3	Teaching staff are sufficiently supported by the LEA and LSC	E	(18%)	13%	15%	72%	66%
65	Outcome measurement is undertaken routinely using validated outcome tools (e.g. HoNOSCA, C-GAS, SDQ)		3%	11%	29%	57%	52%
	Cycle 7 mean score 72% (min 0%, max 100%) Cycle 6 mean score 51% (min 40%, max 64%) Cycle 5 mean score 65% (min 0%, max 100%) Cycle 4 mean score 65% (min 0%, max 100%)						

	Standard		% d/k or n/a cycle 7	% not met cycle 7	% partly met cycle 7	% units met cycle 7	% units met cycle 6
	This standard was not measured in previous cycles						
65.1	Outcome is evaluated from the perspective of staff, young people and carers and used to inform service provision	E	1%	8%	29%	62%	64%
65.1a	Case records include the results of measurement using at least one recognised outcome measure e.g. HoNOSCA, C-GAS, SDQ	E	3%	14%	18%	65%	
65.3	Information from outcome measurement is fed back to the whole staff team, users and commissioners	E	5%	13%	40%	42%	39%
66	All young people at the unit are given a choice of healthy, balanced food		2%	3%	16%	79%	70%
	Cycle 7 mean score 88% (min 50%, max 100%) This standard was new for cycle 7						
66.1	There is a choice of well prepared food from an age appropriate menu that suits all nutritional, personal, cultural and clinical dietary needs	E	0%	1%	35%	64%	55%
66.2	The food provided is of a good standard	E	0%	1%	27%	72%	62%
66.3	All aspects of food procurement, production, preparation, storage, transportation and delivery comply with current legislation, regulations and guidelines	D	3%	0%	1%	96%	93%
66.4	Where there is a therapeutic benefit, staff eat with young people at mealtimes and the cost of the staff meal is covered by the Trust/organisation	E	0%	3%	7%	90%	
66.5	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 staff meal is covered by the Trust/organisation	D	8%	8%	11%	73%	

	Standard		% d/k or n/a cycle 7	% not met cycle 7	% partly met cycle 7	% units met cycle 7	% units met cycle 6
	Information, Consent & Confidentiality						
33	Young people and parents have good access to information		1%	6%	28%	65%	67%
	Cycle 7 mean score 80% (min 20%, max 100%) Cycle 6 mean score 81% (min 19%, max 100%) Cycle 5 mean score 81% (min 19%, max 100%) Cycle 4 mean score 80% (min 38%, max 100%) Cycle 3 mean score 74% (min 0%, max 100%) Cycle 2 mean score 76% (min 17%, max 100%) Cycle 1 mean score 77% (min 33%, max 100%)						
33.1	There is a full 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	0%	1%	40%	59%	54%
33.3	Young people are presented with information in a way that they can understand, for example, the language used is plain and "child friendly"	E	0%	1%	14%	85%	92%
33.4	When necessary, information is available in languages other than English and in forms in which people with sight, learning and other disabilities can use	D	3%	12%	38%	47%	36%
33.7	A "welcome pack" or introductory booklet is provided when people first use the service, giving specific information about the unit	E	0%	1%	17%	82%	86%
33.7a	Information for families is written with the participation of children, young people and parents	D	1%	15%	29%	55%	
34	Each young person has a key worker or care co-ordinator		0%	1%	1%	98%	93%
	Cycle 7 mean score 97% (min 0%, max 100%) In Cycles 1-6 only one criteria was measured for this standard						
34.1a	The unit allocates a key worker to each young person	E	0%	0%	0%	100%	
34.1	The young person's views are taken into account if they are not satisfied with their key worker or care co-ordinator and there is a process in place to deal with this	E	0%	3%	3%	94%	93%
35	Young people know the names of the staff team looking after them		3%	31%	20%	46%	N/A

	Standard		% d/k or n/a cycle 7	% not met cycle 7	% partly met cycle 7	% units met cycle 7	% units met cycle 6
	Cycle 7 mean score 56% (min 0%, max 100%) This standard was not used in cycles 2-6 Cycle 1 mean score 67% (min 0%, max 100%)						
35.3	Staff wear name badges, so that young people and visitors know who they are, and for reasons of security	D	5%	24%	21%	50%	
35.4	There is a board on display with the names and photographs of staff	D	0%	39%	19%	42%	
36	Young people and parents can find out about the in-patient unit before the admission		2%	8%	12%	78%	93%
	Cycle 7 mean score 85% (min 0%, max 100%) Cycle 6 mean score 93% (min 33%, max 100%) Cycle 5 mean score 93% (min 33%, max 100%) Cycle 4 mean score 93% (min 50%, max 100%) Cycle 3 mean score 86% (min 0%, max 100%) Cycle 2 mean score 87% (min 0%, max 100%) Cycle 1 mean score 86% (min 30%, max 100%)						
36.1	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	4%	3%	3%	90%	93%
36.2	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	1%	1%	6%	92%	92%
36.6	There is a website giving general information about the unit that young people and parents can access before admission to the unit	D	1%	21%	27%	51%	
37	Young people and parents are involved in decisions about their treatment		0%	1%	3%	96%	93%
	Cycle 7 mean score 98% (min 63%, max 100%) Cycle 6 mean score 90% (min 71%, max 99%) Cycle 5 mean score 92% (min 50%, max 100%) Cycle 4 mean score 90% (min 0%, max 100%) Cycle 3 mean score 83% (min 0%, max 100%)						

	Standard		% d/k or n/a cycle 7	% not met cycle 7	% partly met cycle 7	% units met cycle 7	% units met cycle 6
	Cycle 2 mean score 82% (min 50%, max 100%) Cycle 1 mean score 86% (min 62%, max 100%)						
37.1	Staff ask young people and parents what information they need to receive about the service, their care and treatment, their diagnosis etc	D	0%	0%	6%	94%	89%
37.4	Young people and parents are given a clear explanation of their diagnosis or the assessment programme if diagnosis has not been determined on admission	E	0%	0%	1%	99%	93%
37.6	Sufficient time is available to young people and parents to make decisions without being detrimental to the young person's treatment	E	0%	1%	3%	96%	96%
37.10	Where separated or step-parents are involved in young people's care, all those concerned are made aware of who will be informed about the young person's care and intervention	E	1%	1%	1%	97%	
38	Young people and parents have access to their health records		0%	5%	18%	77%	59%
	Cycle 7 mean score 87% (min 50%, max 100%) Cycle 6 mean score 85% (min 59%, max 97%) Cycle 5 mean score 89% (min 38%, max 100%) Cycle 4 mean score 84% (min 0%, max 100%) Cycle 3 mean score 83% (min 0%, max 100%) Cycle 2 mean score 67% (min 25%, max 100%) Cycle 1 mean score 69% (min 0%, max 100%)						
38.1	Young people and parents are informed of their rights to see the health records of the young person and the limitations on those rights	E	0%	4%	17%	79%	59%
38.6	Young people and their parents or carers receive copies of relevant letters about their health, except where this is against their best interests	D	0%	5%	19%	76%	
39	Personal information about young people is kept confidential, unless this is detrimental to their care		5%	0%	5%	90%	91%
	Cycle 7 mean score 97% (min 60%, max 100%) Cycle 6 mean score 91% (min 78%, max 97%) Cycle 5 mean score 96% (min 50%, max 100%) Cycle 4 mean score 95% (min 63%, max 100%) Cycle 3 mean score 83% (min 0%, max 100%)						

	Standard		% d/k or n/a cycle 7	% not met cycle 7	% partly met cycle 7	% units met cycle 7	% units met cycle 6
	Cycle 2 mean score 88% (min 0%, max 100%) Cycle 1 mean score 87% (min 50%, max 100%)						
39.1	Young people and families are informed of their right to confidentiality and the limits of this	E	0%	0%	3%	97%	97%
39.2	Young people who are assessed as having capacity, are asked to give or withhold consent before case material is disclosed to their parent or carers	E	5%	0%	12%	83%	78%
39.4	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	0%	0%	4%	96%	93%
39.5	The unit holds data in compliance with the Data Protection Act (1998) and Freedom of Information Act (2002), or equivalent, to ensure maintenance of confidentiality	E	3%	1%	5%	91%	95%
39.6	Audio and video case material is kept confidential and secure and young people and their families are assured about this and any limitations to this	E	(20%)	0%	0%	100%	
40	All examination and treatment is conducted with the appropriate consent		2%	0%	6%	92%	88%
	Cycle 7 mean score 96% (min 50%, max 100%) Cycle 6 mean score 88% (min 73%, max 96%) Cycle 5 mean score 93% (min 50%, max 100%) Cycle 4 mean score 95% (min 58%, max 100%) Cycle 3 mean score 86% (min 0%, max 100%) Cycle 2 mean score 87% (min 50%, max 100%) Cycle 1 mean score 84% (min 59%, max 100%)						
40.1	When a young person is approached by a person regarding a procedure to obtain consent, that person is competent to perform the procedure. This would include physical examination ECG taking blood or psychotherapy.	E	0%	0%	1%	99%	91%
40.2	Consent is obtained in writing whenever appropriate	E	0%	0%	12%	88%	72%
40.3	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	E	0%	0%	15%	85%	86%

	Standard		% d/k or n/a cycle 7	% not met cycle 7	% partly met cycle 7	% units met cycle 7	% units met cycle 6
	they want it, for example, staff recommended websites or reading material						
40.5	In cases where the young person has been assessed as <i>not</i> having capacity to consent, examination and treatment is conducted with the parent's consent and the young person's agreement; in cases where the young person has been assessed as having capacity, their consent is given	E	6%	0%	0%	94%	95%
40.6	When a young person assessed as having capacity to consent is treated against their will this is conducted within the appropriate legal framework which is noted in the young person's health record	E	4%	0%	1%	95%	96%
41	There is a review of any placement in secure accommodation (only applicable to Secure Services)		(81%)	14%	3%	83%	22%
	Cycle 7 mean score 70% (min 0%, max 100%) Cycle 6 mean score 23% (min 21%, max 25%) Cycle 5 mean score 69% (min 0%, max 100%) Cycle 4 mean score 99% (min 80%, max 100%) This standard was not measured in previous cycles						
41.1	A review is conducted not more than one month after placement	E	(80%)	20%	7%	73%	22%
41.2	The review is conducted by at least three people, at least one of which is not a member of the Local Health Authority or Local Authority	E	(81%)	14%	7%	79%	21%
41.3	The review considers whether the criteria for keeping the young person in secure accommodation still apply and whether other accommodation would be more appropriate	E	(86%)	10%	0%	90%	20%
41.4	The review considers the wishes and feelings of the young person and parents	E	(77%)	12%	0%	88%	24%
42	The in-patient unit maintains useful and informative health records about the young people		12%	0%	3%	85%	76%
	Cycle 7 mean score 98% (min 75%, max 100%) Cycle 6 mean score 62% (min 19%, max 100%) Cycle 5 mean score 97% (min 0%, max 100%) Cycle 4 mean score 99% (min 80%, max 100%) Cycle 3 mean score 96% (min 67%, max 100%) Cycle 2 mean score 91% (min 17%, max 100%)						

	Standard		% d/k or n/a cycle 7	% not met cycle 7	% partly met cycle 7	% units met cycle 7	% units met cycle 6
	Cycle 1 mean score 91% (min 66%, max 100%)						
42.3	The health record clearly states the date of referral, assessments, admission, date of transfer to day patient status and date of discharge	E	0%	0%	6%	94%	100%
42.6	The young person's legal status is recorded in the health record, e.g. if the young person has been formally detained the relevant section has been noted in the health record	E	4%	0%	0%	96%	96%
42.8	Information about the date and time of discharge and the young person's address following discharge from secure accommodation should be recorded in the young person's health records	E	(33%)	0%	2%	98%	33%

	Standard		% d/k or n/a cycle 7	% not met cycle 7	% partly met cycle 7	% units met cycle 7	% units met cycle 6
	Young People's Rights and Safeguarding Children						
43	Restriction of liberty of the young person occurs within the appropriate legal framework, under the provision of the Mental Health Act, Children Act or common law		26%	1%	3%	70%	74%
	Cycle 7 mean score 95% (min 0%, max 100%) Cycle 6 mean score 74% (min 38%, max 91%) Cycle 5 mean score 96% (min 0%, max 100%) Cycle 4 mean score 94% (min 0%, max 100%) Cycle 3 mean score 87% (min 25%, max 100%) Cycle 2 mean score 84% (min 0%, max 100%) Cycle 1 mean score 94% (min 37%, max 100%)						
43.2	If restriction of liberty occurs under the provisions of the Children Act then the criteria for "secure accommodation" are satisfied.	E	(59%)	3%	0%	97%	37%
43.3	If restriction of liberty occurs under the provisions of the Mental Health Act then this occurs only in accordance with the terms of the relevant section	E	(18%)	0%	0%	100%	91%
43.4	Managers ensure that all staff understand the rights of young people whose liberty is restricted	E	9%	0%	8%	83%	81%
43.5	In an open unit, all restrictions of liberty are recorded in the health record including the indications for its use, the type of restriction, its duration, the name of the person who authorised its use	E	(19%)	2%	3%	95%	86%
44	The in-patient unit is patient-centered and respects the rights of young people and their parents		0%	0%	7%	93%	83%
	Cycle 7 mean score 96% (min 75%, max 100%) Cycle 6 mean score 80% (min 55%, max 97%) Cycle 5 mean score 89% (min 70%, max 100%) Cycle 4 mean score 87% (min 53%, max 100%) Cycle 3 mean score 74% (min 25%, max 100%) Cycle 2 mean score 78% (min 50%, max 100%) Cycle 1 mean score 87% (min 71%, max 100%)						

	Standard		% d/k or n/a cycle 7	% not met cycle 7	% partly met cycle 7	% units met cycle 7	% units met cycle 6
44.4	Young people can ask to see the doctor on their own, e.g. without other nursing staff or family present, although this may be refused in certain circumstances	E	0%	0%	4%	96%	97%
44.5	As far as is practicable, efforts are made to ensure that young people can see a staff member of the gender of their choice	E	0%	0%	5%	95%	73%
44.6	Staff are friendly and approachable and young people and their parents or carers feel respected and understood by staff	E	0%	0%	4%	96%	96%
44.7	Young people's rights and what they can expect are explained, for example, they are given a copy of the Patient's Charter or similar document	E	1%	1%	18%	80%	65%
44.11	Access to media (e.g. TV, video, audio and internet) is age-appropriate, based on consideration of individual young people, and monitored with safeguards in place	E	0%	0%	4%	96%	
45	Young people and their parents are informed about how to make complaints and seek independent advice		3%	5%	12%	80%	77%
	Cycle 7 mean score 88% (min 50%, max 100%) Cycle 6 mean score 84% (min 83%, max 86%) Cycle 5 mean score 87% (min 30%, max 100%) Cycle 4 mean score 85% (min 20%, max 100%) Cycle 3 mean score 72% (min 0%, max 100%) Cycle 2 mean score 72% (min 0%, max 100%) Cycle 1 mean score 84% (min 25%, max 100%)						
45.1	There is a written complaints procedure which is well publicised, patient-friendly and help is given on how to use it	E	0%	0%	9%	91%	86%
45.2	There is information available on how to get independent help and advocacy in making complaints	E	0%	3%	10%	87%	83%
45.2a	The unit has a formal link with an advocacy service for use by young people	E	0%	19%	18%	63%	50%
45.3	There is information available on young people's rights to access a mental health tribunal and, or managers' hearings	E	12%	0%	3%	85%	84%
45.4a	Young people and their parents receive information about how 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	E	1%	5%	9%	85%	83%

	Standard		% d/k or n/a cycle 7	% not met cycle 7	% partly met cycle 7	% units met cycle 7	% units met cycle 6
	complain						
45.5	Young people have access to a telephone helpline on which they may raise concerns without being overheard e.g. Childline	E	4%	4%	25%	67%	
46	The unit operates within the appropriate legal framework in relation to control and discipline		1%	3%	1%	95%	99%
	Only one criterion was measured for this standard in cycle 7 Cycle 6 mean score 97% (min 96%, max 99%) Cycle 5 mean score 94% (min 0%, max 100%) Cycle 4 mean score 94% (min 0%, max 100%) This standard was not measured in previous cycles						
46.4	No disciplinary measures are used which include any form of corporal punishment, any deprivation of food or drink, any restriction of visits or communication by phone or post, any requirement that a young person wears distinctive or inappropriate clothes or the imposition of fines.	E	1%	3%	1%	95%	99%
47	The unit operates within the appropriate legal framework in relation to the use of physical restraint		1%	1%	5%	93%	86%
	Cycle 7 mean score 97% (min 80%, max 100%) Cycle 6 mean score 86% (min 62%, max 97%) Cycle 5 mean score 93% (min 70%, max 100%) Cycle 4 mean score 90% (min 50%, max 100%) Cycle 3 mean score 92% (min 0%, max 100%) Cycle 2 mean score 95% (min 50%, max 100%) Cycle 1 mean score 88% (min 50%, max 100%)						
47.1	Physical restraint is used only when immediate action is needed to prevent a young person from significantly injuring himself or others, or causing serious damage to property, or, when a young person is detained under the MHA and he attempts to leave the unit without authority	E	0%	0%	1%	99%	97%
47.2	After restraint the young person is counselled on why it was necessary and their views are sought and included in post incident reflections	E	1%	0%	0%	99%	93%
47.3	Physical restraint is only attempted when there are sufficient staff who have	E	1%	1%	17%	81%	82%

	Standard		% d/k or n/a cycle 7	% not met cycle 7	% partly met cycle 7	% units met cycle 7	% units met cycle 6
	undergone C&R (or equivalent) training at hand to ensure it can be achieved safely						
47.4	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	0%	0%	4%	96%	95%
47.5	The unit follows policies for untoward occurrences, or critical incident reporting	D	0%	3%	3%	94%	62%
48	Practitioners are kept well informed with up-to-date information on legal issues		3%	0%	3%	94%	96%
	Only one criteria was measured for this standard in cycle 7 Cycle 6 mean score 95% (min 50%, max 100%) Cycle 5 mean score 95% (min 50%, max 100%) Cycle 4 mean score 96% (min 33%, max 100%) Cycle 3 mean score 88% (min 0%, max 100%) Cycle 2 mean score 85% (min 50%, max 100%) Cycle 1 mean score 58% (min 50%, max 100%)						
48.2	Legal advice is available for practitioners when needed	E	3%	0%	3%	94%	96%
49	All staff - permanent and temporary - are aware of the legal status of young people at the unit		1%	1%	1%	97%	97%
	Cycle 7 mean score 98% (min 50%, max 100%) Cycle 6 mean score 97% (min 97%, max 97%) Cycle 5 mean score 97% (min 50%, max 100%) Cycle 4 mean score 98% (min 50%, max 100%) Cycle 3 mean score 97% (min 0%, max 100%) Cycle 2 mean score 97% (min 0%, max 100%) Cycle 1 mean score 99% (min 50%, max 100%)						
49.1	The child protection status of young people is known to staff to help give clear guidance if abuse is suspected	E	3%	0%	1%	96%	97%
49.2	Mental Health Act or Children Act status is known to staff	E	0%	1%	1%	98%	97%
50	The unit complies with Local Safeguarding Children Board (LSCB) procedures (or equivalent outside of England and Wales) and with the		3%	2%	3%	92%	87%

	Standard		% d/k or n/a cycle 7	% not met cycle 7	% partly met cycle 7	% units met cycle 7	% units met cycle 6
	guidance contained in "What to do if you're worried a child is being abused" (2006) document						
	Cycle 7 mean score 94% (min 0%, max 100%) Cycle 6 mean score 90% (min 78%, max 96%) Cycle 5 mean score 93% (min 13%, max 100%) Cycle 4 mean score 90% (min 21%, max 100%) Cycle 3 mean score 86% (min 38%, max 100%) Cycle 2 mean score 87% (min 38%, max 100%) Cycle 1 mean score 86% (min 44%, max 100%)						
50.2	The unit has a named staff member, responsible for taking the lead in child protection matters	E	3%	4%	5%	88%	78%
50.4	The unit has policies and procedures which are compatible with LSCB guidelines, including the conduct of reviews and procedures for "working together"	E	4%	0%	1%	95%	84%
50.5	The unit has up-to-date and regularly reviewed policies and procedures on how to deal with allegations of abuse during and out of working hours	E	1%	1%	5%	93%	96%
50.8	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	6%	3%	5%	86%	90%
50.10	Young people are informed about what will happen if they tell staff they are being, or have been, abused and they are reassured that what they say will be taken seriously	E	3%	1%	0%	96%	
53	Unit staff work with the local authority to safeguard and promote the welfare of longer staying young people		17%	5%	16%	62%	56%
	Cycle 7 mean score 77% (min 0%, max 100%) Cycle 6 mean score 56% (min 44%, max 73%) Cycle 5 mean score 74% (min 0%, max 100%) Cycle 4 mean score 68% (min 0%, max 100%) This standard was not measured in Cycle 3 Cycle 2 mean score 59% (min 0%, max 100%) Cycle 1 mean score 71% (min 0%, max 100%)						

	Standard		% d/k or n/a cycle 7	% not met cycle 7	% partly met cycle 7	% units met cycle 7	% units met cycle 6
53.1	Units notify the local authority in order for them to promote contact between the young person and their family	E	12%	0%	9%	79%	72%
53.2	After discharge young people who have stayed for over 3 months are assisted and advised by their local authority	E	19%	7%	30%	44%	43%
53.3	Permissible treatments have been agreed for young people staying 3 months or longer between the local authority and the in-patient service	E	25%	7%	16%	52%	50%
53.4	The registered child protection person informs the young person's local authority if a young person remains or is likely to remain an in-patient for a period of over three months (in line with section 85 of the Children Act 2004)	E	14%	6%	6%	74%	58%

	Standard		% d/k or n/a cycle 7	% not met cycle 7	% partly met cycle 7	% units met cycle 7	% units met cycle 6
	Clinical Governance						
54	Unit staff work with the local authority to safeguard and promote the welfare of longer staying young people		2%	2%	13%	83%	81%
	Cycle 7 mean score 90% (min 17%, max 100%) Cycle 6 mean score 82% (min 71%, max 92%) Cycle 5 mean score 82% (min 0%, max 100%) Cycle 4 mean score 87% (min 44%, max 100%) Cycle 3 mean score 73% (min 13%, max 100%) Cycle 2 mean score 69% (min 0%, max 100%) Cycle 1 mean score 83% (min 30%, max 100%)						
54.2	Information from users and carers is used to evaluate the unit through a number of means e.g. suggestion boxes, user groups and discharge questionnaires	E	0%	3%	23%	74%	71%
54.3	The complaints procedure informs the service evaluation	D	3%	1%	13%	83%	82%
54.4	The views of referrers are used in the service evaluation	D	3%	4%	17%	76%	73%
54.5	The use of procedures for the management of violent young people is monitored	D	3%	0%	4%	93%	92%
54.6	The service evaluation includes the views of all unit staff including educational staff	D	1%	5%	16%	78%	79%
54.7	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	1%	1%	13%	85%	84%
54.8	Senior managers monitor every incident involving the use of physical restraint and are prepared to investigate units where, for example, there is a pattern of young people absconding or where there is frequent use of physical restraint	E	1%	3%	4%	92%	89%
63	Unit staff learn from information collected on clinical risks		6%	5%	11%	78%	88%
	Cycle 7 mean score 84% (min 20%, max 100%) Only one criterion was measured for this standard in cycles 2-6 This standard was not measured in cycle 1						

	Standard		% d/k or n/a cycle 7	% not met cycle 7	% partly met cycle 7	% units met cycle 7	% units met cycle 6
63.1	Incident reviews and other information on clinical risks inform action plans	E	3%	3%	0%	94%	92%
63.2	The risk management policy has been developed with relevant local agencies	E	15%	3%	14%	68%	
63.3	There is written evidence that staff are active in reporting serious incidents involving young people including accidents that might happen and those that were prevented	E	1%	0%	3%	96%	
63.4	The unit produces an annual report about serious incidents involving young people, which specifies how incidents were evaluated and have informed practice	E	8%	18%	22%	52%	
63.5	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	4%	3%	16%	77%	83%
64	Unit staff are involved in clinical audit		7%	9%	17%	67%	66%
	Cycle 7 mean score 78% (min 0%, max 100%) Cycle 6 mean score 64% (min 47%, max 79%) Cycle 5 mean score 71% (min 0%, max 100%) Cycle 4 mean score 75% (min 0%, max 100%) Cycle 3 mean score 59% (min 0%, max 100%) Cycle 2 mean score 76% (min 0%, max 100%) This standard was not measured in Cycle 1						
64.1	A range of audits is conducted	E	0%	5%	12%	83%	79%
64.2	Unit staff develop action plans in response to audit reports and recommendations	E	1%	4%	12%	83%	77%
64.3	There are dedicated resources to support clinical audit within the directorate or specialist areas, for example, staff time and dedicated budget	E	5%	18%	22%	55%	47%
64.4	Practitioners are involved in identifying priority audit topics in line with national and local priorities	D	5%	4%	23%	68%	68%
64.5	The quality of the implementation of the Care Programme Approach is audited, to ensure consistent and appropriate application	D	(21%)	20%	19%	61%	47%
64.6	Measures are in place to record and audit refusals, terminated referrals, waiting lists and admissions to inappropriate settings	D	7%	8%	19%	66%	80%

	Standard		% d/k or n/a cycle 7	% not met cycle 7	% partly met cycle 7	% units met cycle 7	% units met cycle 6
56	The unit has a comprehensive range of policies and procedures		6%	2%	8%	84%	82%
	Cycle 6 mean score 93% (min 45%, max 100%) Cycle 6 mean score 85% (min 42%, max 100%) Cycle 5 mean score 89% (min 0%, max 100%) Cycle 4 mean score 91% (min 52%, max 100%) Cycle 3 mean score 87% (min 50%, max 100%) Cycle 2 mean score 81% (min 20%, max 100%) Cycle 1 mean score 81% (min 50%, max 100%)						
56.2	There is a written procedure for emergency referrals	E	(17%)	3%	11%	85%	64%
56.3	There are written admission and discharge procedures; including action to be taken in the event of an unplanned discharge	D	1%	4%	13%	82%	92%
56.4	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	0%	0%	0%	100%	92%
56.5	There is a policy on clinical risk assessment and management	E	0%	1%	4%	95%	92%
56.29	There are written procedures for responding to serious incidents involving children and young people i.e. self harm, accidents, absconding	E	0%	0%	4%	96%	72%
56.8	There are policies and procedures on the use of control and discipline, "time out", coercive strategies, seclusion, and restriction of privileges, including a written list of permissible sanctions	E	7%	3%	9%	81%	65%
56.10	There is a contingency plan and procedures to cover accidents and emergencies and disasters such as suicide	E	1%	4%	10%	85%	87%
56.11	The unit has procedures for the management of bullies and for those who have been bullied	D	0%	6%	13%	81%	83%
56.14	There is a locked door and restriction of liberty policy	E	(10%)	6%	7%	87%	76%
56.16a	The unit has an explicit policy on information-sharing and confidentiality that is made available to young people and their parents or carers on request	E	1%	5%	11%	83%	96%
56.17	There are appropriate procedures where units close at weekends	E	(59%)	3%	3%	94%	41%
56.19	There is a clear policy on smoking, e.g. with or without parents' permission, when this is permitted, in what areas and how many cigarettes	E	5%	1%	8%	86%	89%

	Standard		% d/k or n/a cycle 7	% not met cycle 7	% partly met cycle 7	% units met cycle 7	% units met cycle 6
56.28	There are clear policies on the use of mobile phones - including camera phones - and use of internet at the unit	E	0%	3%	13%	84%	
56.20	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	5%	3%	9%	83%	81%
56.22	There are policies on visiting, and contact between young people and their family and friends is encouraged	E	1%	1%	8%	90%	95%
56.23	There are policies and procedures in place for the management of unwanted visitors (i.e. those who pose a threat to young people)	E	0%	4%	8%	88%	92%
56.25	There are policies, procedures and guidance for infection control practice	D	0%	0%	0%	100%	99%
56.26	There are policies and procedures regarding searches of young people's rooms and of visitors	D	1%	3%	14%	82%	82%
56.27	Policies, procedures and guidelines are formatted, disseminated and stored in ways front-line staff find accessible and easy to use	E	0%	0%	8%	92%	85%
57	There are written and signed service level agreements for child and adolescent psychiatric in-patient units. These include:		16%	10%	12%	62%	56%
	Cycle 7 mean score 72% (min 0%, max 100%) Cycle 6 mean score 57% (min 38%, max 71%) Cycle 5 mean score 66% (min 0%, max 100%) Cycle 4 mean score 69% (min 0%, max 100%) This standard was not measured in previous cycles						
57.1	A description of the services	E	11%	4%	12%	73%	70%
57.2	Staff and training details	E	12%	7%	16%	65%	61%
57.3	A range of protocols, e.g. for clinical procedures	D	12%	7%	12%	71%	59%
57.4	Formal lines of communication	D	13%	5%	11%	71%	66%
57.5	Child protection procedures	D	12%	9%	7%	72%	68%
57.6	Monitoring methods, e.g. for collecting outcome data	D	16%	11%	10%	63%	56%
57.7	Regular review of the content of the agreement	D	21%	11%	11%	57%	56%
57.8	Service and funding details	E	17%	7%	13%	63%	62%
57.9	Explicit detail of quality standards	D	19%	11%	17%	53%	47%
57.10	Risk identification and contingency measures	D	18%	11%	10%	61%	55%

	Standard		% d/k or n/a cycle 7	% not met cycle 7	% partly met cycle 7	% units met cycle 7	% units met cycle 6
57.11	Advocacy services for young people	D	15%	18%	16%	51%	37%
57.12	Recognition of the services' work with families	D	24%	13%	8%	55%	47%
57.13	Recognition of their role in the support of other professional groups, such as education staff, social workers, health visitors, school nurses and voluntary sector services	D	23%	13%	14%	50%	46%

APPENDIX D: LIST OF MEMBER UNITS DURING CYCLE 7

Acorn Lodge Children's Unit

Tyson East 2, Bethlem Royal Hospital, Monks Orchard Lodge, Beckenham, Kent, BR3 3BX
QNIC Link: Dr Brian Jacobs, Consultant Child and Adolescent Psychiatrist

T: 020 3228 4399
E: b.jacobs@iop.kcl.ac.uk

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: 00 47 23492202
E: siwi@uus.no

Adolescent Service, Brooklands Hospital

1 & 3 Tuxford, Brooklands Hospital, Coleshill Road, Marston Green, Birmingham, B37 7HL
QNIC Link: Dr Pru Allington-Smith, Consultant Psychiatrist Learning Disability-Child & Adolescent

T: 0121 329 4930
E: pru.allington-smith@nhs.net

Adolescent Unit, The Priory Chelmsford

Stump Lane, Springfield Green, Chelmsford, Essex, CM1 7SJ
QNIC Link: Mr Jodie Ramcharitar, CAMHS Team Leader

T: 01245 244711
E: jodieramcharitar@prioryhealthcare.com

Adolescent Unit, The Priory Hospital Bristol

Heath House Lane, Stapleton, BS16 2EW
QNIC Link: Ms Sandy Stanton, Ward Manager

T: 0117 952 5255
E: sandystanton@prioryhealthcare.com

Alpha Hospitals, Young Persons Services

Redding Way, Knaphill, Woking, Surrey, GU21 2QS
QNIC Link: Dr James Oldham, Consultant Psychiatrist & Medical Director-Young Persons Services

T: 01483 795100
E: james.oldham@alphahospitals.co.uk

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

Bill Yule Adolescent Unit

Bethlem Royal Hospital, Monks Orchard Lodge, Beckenham, Kent, BR3 3BX
QNIC Link: Dr Theo Mutale, Consultant Adolescent Forensic Psychiatrist

T: 020 3228 4652
E: theo.mutale@slam.nhs.uk

Bluebird House

Tatchbury Mount, Calmore, Southampton, Hampshire, , SO40 2RZ
QNIC Link: Mr Peter Betts, Service Manager – Forensic & Specialist CAMHS

T: 02380 874565
E: peter.betts@hantspt-mid.nhs.uk

Brookside

107A Barley Lane, Goodmayes, Essex, IG3 8XJ
QNIC Link: Mr Paul Haith, Tier 4 Adolescent Services Manager / Lead Nurse CAMHS

T: 0844 600 1155
E: paul.haith@nelmht.nhs.uk

CAMHS Inpatient Unit of Dokuz Eylul University

Dokuz Eylul Universitesi, Inpatient Unit, Balcova, Izmir, TURKEY, 35520
QNIC Link: Dr Taner Guvenir, Consultant Psychiatrist

T: 00 90 232 412 5430
E: tanerguvenir@hotmail.com

Cherry Oak

Ellingham Road, Attleborough, Norfolk, NR17 1AE
QNIC Link: Dr Chuma Igbokine, Medical Director

T: 0870 4111133
E: chuma@mild-pc.co.uk

Chrysalis Centre, The Priory Hayes Grove

Preston Road, Hayes, Kent, BR2 7As
QNIC Link: Ms Julie Heyward, Eating Disorder Service Manager

T: 020 83158814
E: julieheyward@prioryhealthcare.com

Coborn Adolescent Service

Glen Road, Cherry Tree Way, Plaistow, E13 8SP
QNIC Link: Mr James Atkinson, Administrator

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

Collingham Child And Family Unit

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

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

Corner House

Hebdon Lodge, Springfield University Hospital, 61 Glenburnie Road, Tooting, London, SW17 7DJ
QNIC Link: Dr Ross Campion, Consultant Psychiatrist

T: 0208 6826860
E: ross.campion@swlstg-tr.nhs.uk

Cotehele Unit

Mount Gould Hospital, Mount Gould Road, Plymouth, PL4 7QD
QNIC Link: Mr Ray Waters, Consultant Nurse

T: 01752272340
E: raymond.waters@phnt.swest.nhs.uk

Darwin Centre, Cambs

Block 19, IDA Darwin Hospital, Fulbourn, Cambridge, CB21 5EE
QNIC Link: Mr Enda Murphy, Clinical Nurse Specialist / Family Therapist

T: 01223 885 850
E: enda.murphy@cambsmh.nhs.uk

Darwin Centre, Staffordshire

167 Queens Road, Penkhull, Stoke-on-Trent, Staffordshire, ST4 7LF
QNIC Link: Mrs Melanie Allen, Modern Matron

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

DCFP Inpatient Unit

Caledonia House, Yorkhill Hospital, Dalnair Street, Glasgow, G3 8SJ
QNIC Link: Ms Carole Hughes, Clinical Nurse Specialist

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

Dewi Jones Unit

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

T: 0151 252 5602
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Dudhope House Young People's Unit

Young People's Unit, Dudhope House, 15 Dudhope Terrace, Dundee, DD3 6HH
QNIC Link: Dr Christine Smith, Consultant Child and Adolescent Psychiatrist

T: 01382 346 553
E: christine.smith11@nhs.net

Fant Oast

Gatland House, Gatland Lane, Maidstone, Kent, ME16 8PF
QNIC Link: Mr John Rea, Service Manager

T: 01622 729670
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Fleming Nuffield Unit

Burdon Terrace, Jesmond, Newcastle, NE2 3AE
QNIC Link: Mrs Cynthia Sowerby, Ward Manager

T: 0191 2196413
E: cynthia.sowerby@ntw.nhs.uk

Forest House Adolescent Unit

Forest Lane, Harperbury, Harper Lane, Shenley, Nr Radlett, Hertfordshire, WD7 9HQ
QNIC Link: Mrs Jane Fullard, Unit Manager / Modern Matron

T: 01923 427 312
E: Jane.Fullard@hertspartsft.nhs.uk

Fry Unit

Cygnets Hospital Stevenage, Graveley Road, Stevenage, Hertfordshire, SG1 4YS
QNIC Link: Ms Beulah Nyatoro, Ward Manager

T: 01438 342942
E: beulahnyatoro@cygnethealth.co.uk

Galaxy House

Booth Hall Children's Hospital, Charlestown Road, Blackley, M9 7AA
QNIC Link: Dr Paul Abeles, Clinical Psychologist

T: 0161 918 5032
E: paul.abeles@cmmc.nhs.uk

Ginesa Suite

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

T: 00 353 12 771 544
E: david.mcnamara@sjog.ie

Hafod Newydd (formally Harvey Jones)

Glanrhyd Hospital, Tondy Road, Bridgend, CF31 4LN
QNIC Link: Mrs Gaynor Kendall, Network Manager

T: 02920 336302
E: gaynor.kendall@pr-tr.wales.nhs.uk

Highfield Family and Adolescent Unit

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

T: 01865 226281
E: sarah.firth@obmh.nhs.uk

Huntercombe Hospital Edinburgh (EDU)

Binny House, Ecclesmachan Road, Uphall, West Lothian, EH52 6NL
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Mildred Creak Unit, Great Ormond Street

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Newberry Centre For Young People

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Parkview Clinic, Irwin Unit

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St George's Child & Adolescent Eating Disorder Service

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The Grove, Capio Nightingale Hospital

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APPENDIX E: QNIC EXECUTIVE COMMITTEE 2007-8

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Mr Guy Larrington

Social Worker

Dr Peter Morris

Clinical Psychologist

Dr Anne Williams

Clinical Psychologist

Dr Anthony Livesey

Child and Adolescent Psychiatrist

Dr Agnes Ayton

Child and Adolescent Psychiatrist

Mr Tim McDougall

Nurse Consultant

Dr Paul Lelliott

Consultant Psychiatrist/Director of the College Research and Training Unit

Mr Adrian Worrall

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Mr Peter Thompson

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Mr Gregory Landon

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QNIC Quality Improvement Worker

Ms Farah Khalid

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COLLEGE CENTRE FOR QUALITY IMPROVEMENT

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