Quality Network for Inpatient CAMHS

20th Anniversary Annual Report

1st Edition | 2020-2021

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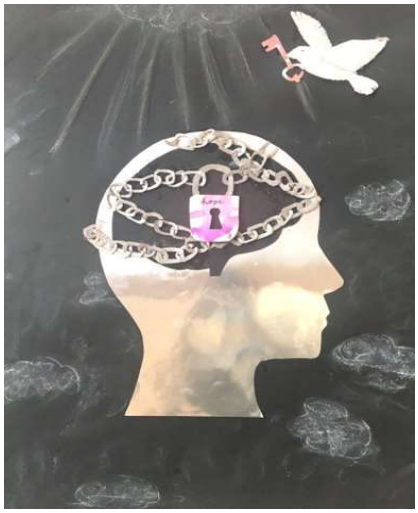
CAMHS QUALITY NETWORK FOR INPATIENT CAMHS CCQI

Celebrating our 20 year anniversary

RC PSYCH ROYAL COLLEGE OF PSYCHIATRISTS

CONTENTS



The artwork throughout this report has been produced independently from young people from our member services as part of our annual competition. In light of events in the past 18 months, we asked for pieces, photographs or sculptures that captured the theme of 'hope'.

Foreword i

The QNIC Team iii

Who we are and what we do 1

This report 2

Data collection and Report data 3

The Standards and Report Themes 7

- Young Person Centred Care 10
- Young Person Experience 12
- Parent/Carer Engagement 14
- Staff Experience and Wellbeing 16
- Safety and Commitment to Least Restrictive Practice 18
- Therapies and Activities 20

Summary of recommendations 22

QNIC 2021 Annual Forum 23

Network developments 24

Acknowledgements 26

FOREWORD

Dr Turlough Mills

Advisory Group Chair

Consultant Child and Adolescent Psychiatrist, Little Woodhouse Hall

The 2020/2021 cycle has been a unique one in QNIC's history as mental health services and the QNIC project alike have adapted to the challenges of continuing to deliver specialist mental health care in a global pandemic.

Services throughout the network have developed innovative ways of continuing to promote contact between young people, their families and carers, continuing to provide education and therapy and continuing to provide hope for recovery.

Many of these innovations are described in the following pages and regular readers will notice that we have adopted a new format for the report! I hope you find the new layout easy on the eye and easy to navigate and I'm really pleased that this format allows for the showcasing of innovative, great practice from individual services. I hope that this report may serve as a source of inspiration and optimism for those who read it – it certainly does for me.

Hannah Sharp (Young Person's Representative) has contributed her insightful reflections on how inpatient services have pivoted away from a "tokenistic" acknowledgement of young person and carer participation towards something that feels both real and meaningful. I share her optimism that this represents a true shift towards fully involving young people in their own care.

This progression towards collaborative care and co-production is reflected in (and helped along by) the QNIC standards, now in their 11th iteration.
The QNIC project team have worked tirelessly to keep their show on the road throughout this period, embracing technology to deliver virtual reviews, seminars, training days and a 2 day Annual forum. We remain very grateful for their tireless input!

All the best for the 2021/22 Cycle!

Angela Sergeant

Deputy Chair for CCQI Combined Committee for Accreditations; Co-founder of QNIC

I am writing this foreword as a founding member of QNIC and feel incredibly proud of the network's accomplishments and triumphs, often in the face of great adversity. Over the 20 years we have seen significant changes within CAMH services. Over these two decades, there is a central theme; that despite the external pressures, the hard work and dedication of professionals working within the inpatient settings continues to shine through.

It is without doubt, that the QNIC process has been transformational. Staff working within CAMHS settings in the past, were working mainly in isolation; within buildings that were not fit for purpose and poorly resourced. QNIC has enabled staff to visit other services, improve quality and share good practice- and in doing so, hard-working clinicians happily share innovative practices and make important networking connections. The process of hosting and attending QNIC reviews has often reignited the passion and determination that already exists, to improve quality of care, make sustainable changes and help with the ongoing issue of recruitment and retention of staff within CAMHS inpatient settings.

QNIC has massively increased its involvement of young person and carer advisors at reviews and within the advisory groups. Their valuable contribution to co-producing vital resources has been outstanding and we cannot thank them enough!

I want to celebrate with you and congratulate you all, for the remarkable work that you do. Rest assured, QNIC will continue to support all staff, young people and carers involved in CAMHS to provide gold standard quality care and maintain these precious services.

The QNIC Team

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WHO WE ARE AND WHAT WE DO

Who we are

The Quality Network for Inpatient CAMHS (QNIC) works with inpatient CAMHS units to assure and improve the quality of services treating children and young people with a mental illness. Through a comprehensive system of reviews against specialist standards, we identify and acknowledge high standards of patient care, and support services to achieve this.

QNIC was developed from the National Inpatient Child and Adolescent Psychiatry Study (NICAPS) in 2001. The Network is one of around 30 quality networks, accreditation and audit projects organised by the Royal College of Psychiatrists Centre for Quality Improvement (CCQI). Approximately 98% of units in the UK are members with international members in the Republic of Ireland. A full list of member wards and their current accreditation status is available to view on our website.

What we do

Our purpose is to support and engage wards in a process of quality improvement through peer-led reviews against a set of specialist standards for inpatient CAMHS. This process is supportive and promotes sharing of best practice between units. Involvement in the Network is open to all CAMHS units across the UK and abroad and is strongly encouraged as a support mechanism for positive change and improvement.

The Network is governed by an Advisory Group which includes professionals, patients and carers to progress the programme of work. These individuals represent key interests and areas of expertise in the field of inpatient CAMHS, as well as individuals who have experience of using these services or caring for people in services. Similarly, an Accreditation Committee is in place to make key accreditation decisions and uphold the rigour and consistency of the process. Involving service users and carers in QNIC is a priority, and people with first-hand experience of using inpatient CAMHS are encouraged to get involved in aspects of QNIC's work.

The Annual Review Cycle

The review process

The review process has 2 phases: a) the completion of a self-review questionnaire which is sent out to all member units and b) an external peer-review which takes place between September and July.

Each year, the latest edition of the standards are applied through a process of self-reviews and peer reviews where members visit each other's units. The self-review provides an opportunity for services to rate themselves against each of the standards against. This is followed by a peer-review visit whereby colleagues from other similar wards review their practices using the data provided from the self-review. During the peer review, further data is collected through interviews with staff, young people and parents/carers.

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

THIS REPORT

Overview and purpose

This edition of the QNIC Annual Report explores the performance of 62 member wards who completed the self-review and peer-review from 2020 to 2021, against the 10th Edition Standards for QNIC. It is aimed at ward staff, senior management, patients and carers as well as anyone who has an interest in inpatient CAMHS.

The report first presents an overview of the data collection and an overview of the 62 wards, including location and overall performance. It then examines contextual data obtained from the self-review stage from all wards, including number of beds, average length of stay and average occupancy level.

This report then highlights how well member services are performing against six key themes. This was done by assessing whether they were marked as 'Met' or 'Not Met' on the standards that were assessed as best representing these themes. These standards are also compared to the percentage-met values recorded in Cycle 17 (2017-18). Included throughout the report are examples of good practice, and recommendations for standards which were commonly not met by services.

Finally, this report concludes with a 'summary of recommendations' section that encompasses the six themes. These are aimed at ward staff and senior management. The purpose of these recommendation is to support wards to review their own areas for improvement and to continuously improve the quality of care that they provide. Therefore, it is hoped that this report will help to increase the likelihood that children and young people who use inpatient services will have a good experience.

Jargon Buster

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

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

Type-1 Standards
Standards that encompass criteria relating to patient safety, rights, dignity, the law and fundamentals of care, including the provision of evidence-based care and treatment.

Type-2 Standards
Criteria that a ward would be expected to meet.

Type-3 Standards
Criteria that are desirable for a ward to meet, or criteria that are not the direct responsibility of the service.

DATA COLLECTION

120
Member Organisations
(as of June 2021)

62
Wards had their self- and peer-reviews in 2020-21

140
Young People took part in interviews

238
Frontline Staff shared their experiences

125
Carers completed questionnaires

Where did data come from; how was it collected?

The data in this report comes from 62 member units who undertook their QNIC self-review and peer-review from August 2020 to June 2021.

Contextual data was obtained from the opening sections of the QNIC workbook which are completed by services at the beginning of their self-review period.

Data showing whether a ward was marked as 'Met' or 'Not Met' against a given standard was taken from the decisions included in the draft report written following each ward's peer-review visit. Decisions as to whether a ward had met or not met standards were made by the peer-review teams based on evidence obtained from both a ward's self-review and subsequent peer-review visit.

This evidence included:

- Patient questionnaires
- Carer questionnaires
- Staff questionnaires
- Policy and documentation checks
- Environmental checklists from tours of the premises
- Facilitated discussions on the review day with members of the SMT and MDT present

Across the 20 Years since QNIC's inception:

1793
Self and Peer reviews have been held

4668
Young People have taken part in interviews

13,681
Frontline Staff shared their experiences

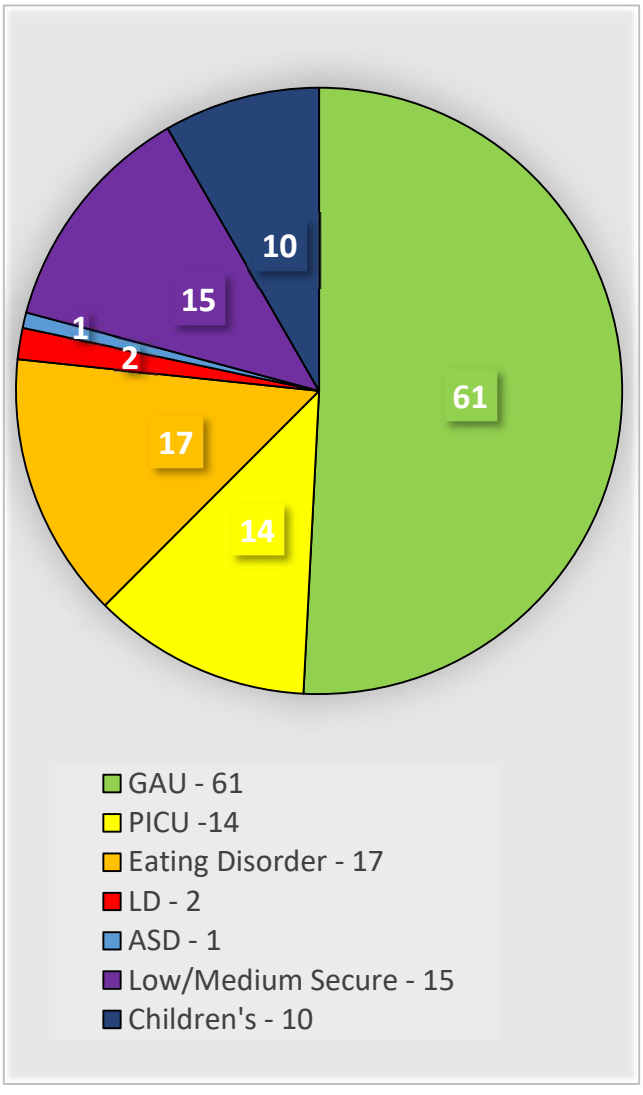
2787
Carers completed questionnaires

REPORT DATA

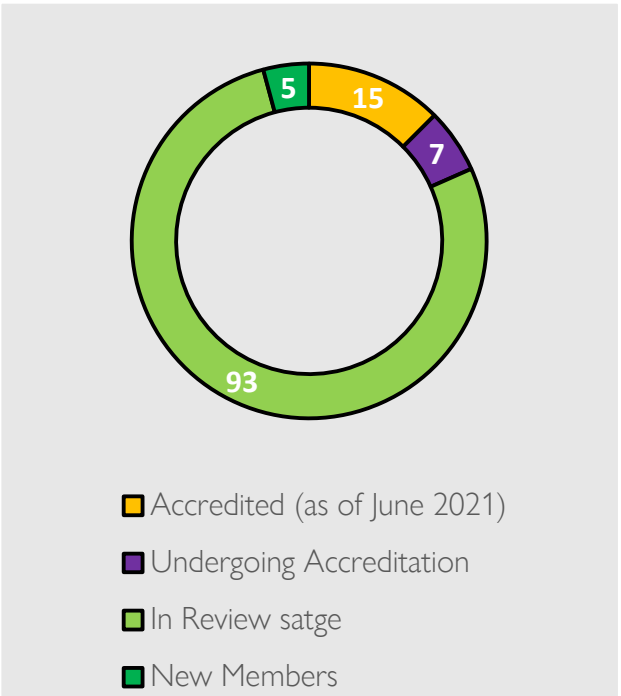
Overview of member wards

Of the 120 wards included in this report, 107 are based in England, 3 in Scotland, 2 in Wales, 3 in Northern Ireland and 5 in Republic of Ireland
As of June 2021, 15 of these wards are Accredited; 7 are undergoing accreditation'; and 93 wards are participating in developmental reviews

Services by Type



Overall performance of QNIC Services



Jargon Buster

Accredited
Used to describe a ward which has undertaken the accreditation process and has demonstrated that they meet the requirements to be awarded accreditation.

Undergoing Accreditation
Used to describe a ward which has completed the self and peer review stages and is now working towards becoming accredited.

Not accredited
Used to describe a ward which has undertaken the accreditation process and has failed to demonstrate that they meet the requirements to be awarded accreditation.

Contextual data

All units engaging in a QNIC review are asked to provide up-to-date contextual data, including the number of beds, bed occupancy, and average length of stay. The following figures are based on data gathered from 62 wards that completed reviews in 2020-21, under the 10th Edition Standards.

Number of beds

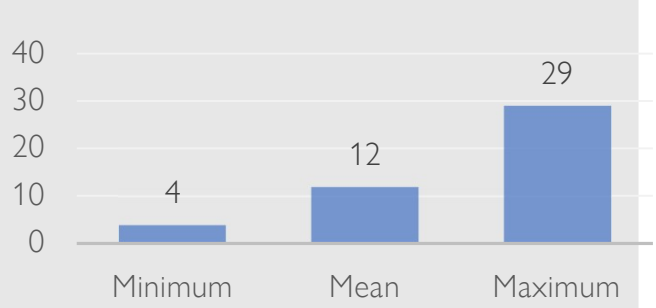


Figure 2

Figure 2. The number of beds varied across the member units. Priory Woodbourne's Eating Disorder unit was the smallest with 4 beds; the largest service was Schoen Clinic Newbridge, which currently boasts 29 beds, soon to be 34 The average number of beds on wards was 12 (.7)

Average length of stay (days)

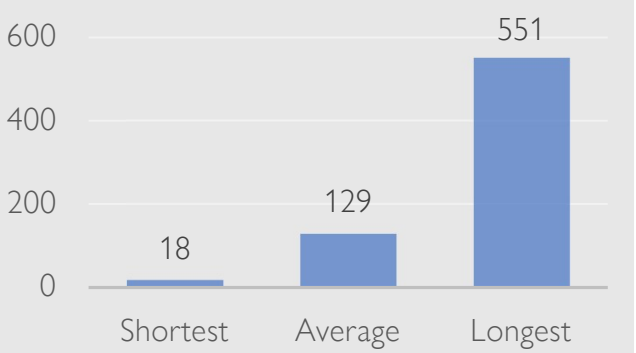


Figure 3

Figure 3. The average length of stay (in days) varied considerably across the 62 wards. The shortest length of stay was 18 days, reported by Skye House, a GAU in Glasgow; whereas the longest length of stay was reported at around 18 months (551 days) by the Iveagh Centre in Belfast, a Children's LD unit. The median length of stay on inpatient CAMHS units was approximately 129 days

Bed occupancy (%)

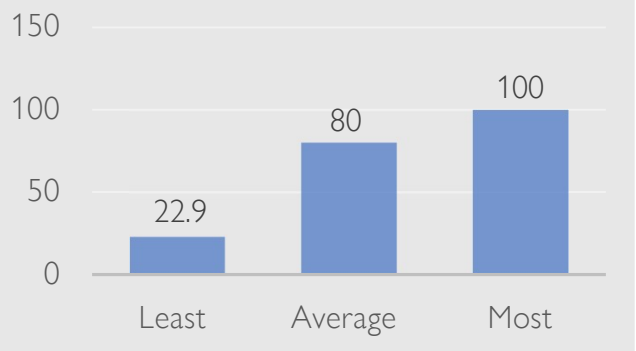


Figure 4

Figure 4. Bed occupancy (%) ranged from 22.9% to 100%.. The approximate average, where some data has been inconsistent, was 80% bed occupancy across 59 of the 62 services who engaged in Cycle 20

Contextual Data continued

All units engaging in a QNIC review are also asked to provide a breakdown of their WTE staffing numbers to inform the classification of the QNIC standards, to gain a national picture of any staffing shortages our service may be facing and to promote the mutual exchange of any helpful recruitment materials between our services. The figures below are based on data gathered from 62 wards that completed reviews in 2020-21, under the 10th Edition Standards.

Average Staffing Numbers (WTE) by Service Type

Figure 5	GAU	PICU	ED	LD	ASD	LSU/MSU	Children's
Consultant Psychiatrist	1.7	1	1.6	0.5	1	1.3	1.1
Non Consultant Medical Input e.g. staff grade, ST4 +	1.4	1	1.2	0.7	1	1.0	1.4
Clinical Psychologist	1.2	1	0.9	0.9	1	1.3	1.2
Occupational Therapist	0.7	1	1.4	0.9	0.4	2.0	0.6
Family Therapist	0.8	0.3	1.2	0.5	0.5	0.8	1
Social Worker	0.4	0.7	0.8	0.5	0.4	0.7	0.4
Dietician	1.3	0.3	1.5	0.5	0.2	0.2	0.4
Ward Manager	1.4	1	1.5	1.0	1.0	1.2	1
Staff Nurses	16.6	8.25	10.9	10.8	10	10.7	11.5
Healthcare Assistants	3.8	29.2	30.2	23.5	12	26.8	12.7
Teachers	2.8	3.25	5.1	1.5	2	5.1	1.6
Administration/Secretarial staff	2.7	1.5	3.9	1.0	1.4	2.0	0.9

Figure 5 shows a breakdown of the **average WTE staffing numbers** of each **service type** within the network

GAU: General Adolescent Unit | **PICU:** Psychiatric Intensive Care Unit | **ED:** Eating Disorder | **LD:** Learning Disabilities | **ASD:** Autism Spectral Disorder | **LSU/MSU:** Low/Medium Secure Unit | **Children's**

THE STANDARDS AND REPORT THEMES

The standards are a way to measure how well a ward is performing. For the purpose of this report, we shortlisted the standards that most evidenced each of the 6 key themes. Each standard is identified by its standard number followed by a 1, 2 or 3 in a square brackets which defines the type of standard it is.

Young Person Centered Care

1. 4.4.1 [1] - Every young person has a written care plan, reflecting their individual needs. Staff members collaborate with young people and parents/carers (with the young person's consent) when developing the care plan and they are offered a copy.

2. 4.4.5 [2] - Each young person is offered a pre-arranged session with their key worker (or a designated member of the nursing team) at least once a week to discuss progress, care plans and concerns

3. 4.5.5 [1] - All young people have a personal education plan which reflects the focus on wider progress and well-being in education in addition to academic progress

4. 4.8.3 [2]- There is a minuted ward community meeting that is attended by young people and staff members. The frequency of this meeting is weekly, unless otherwise agreed with the group of young people.

5. 4.8.11 [1] - Young people are involved in decisions about their level of observation by staff.

6. 6.3.1 [1] - All young people have access to an advocacy service, including IMHAs (Independent Mental Health Advocates) for those detained

7. 7.1.1 [1] - Young people and their parents/carers are encouraged to feed back confidentially about their experiences of using the service, and this feedback is used to improve the service

Young Person Experience

1. 1.1.10 [2] - All young people can access a range of current, culturally-specific resources for entertainment, which reflect the ward/unit's population.
2. 1.3.13 [1] - Young people are supported to access materials and facilities that are associated with specific cultural or spiritual practices e.g. covered copies of faith books, access to a multi-faith room, access to groups
3. 3.1.4 [1] - On admission to the ward/unit, young people feel welcomed by staff members who explain why they are in hospital.
4. 4.7.1 [1] - Young people are provided with meals which offer choice, address nutritional/balanced diet and specific dietary requirements and which are also sufficient in quantity. Meals are varied and reflect the individual's cultural and religious needs
5. 4.9.1 [1] - Staff members treat all young people and their parents/carers with compassion, dignity and respect
6. 4.9.2 [1] - Young people feel listened to and understood by staff members

7. 5.2.1 [1] - The young people are given an information pack on admission that contains the following:
- A description of the service
- The therapeutic programme
- Information about the staff team
- The unit code of conduct
- Key service policies (e.g. permitted items, smoking policy)
- Resources to meet spiritual, cultural or gender needs

PARENT/CARER EXPERIENCE

1. 3.2.2 [2] - The service actively supports families to overcome barriers to access
2. 3.4.1 [1] - During assessment staff involve parents/carers where appropriate
3. 4.4.7 [2] - Parents and carers are offered individual time with staff members, within 48 hours of the young people's admission to discuss concerns, family history and their own needs
4. 4.9.3 [1] - Parents/carers feel supported by the ward staff members
5. 5.2.3 [2] - The team provides each parent/carer with accessible carer's information.
6. 5.3.1 [1] - Staff update parents/carers on their child's progress at a minimum of once a week, subject to confidentiality

STAFF EXPERIENCE AND WELLBEING

1. 1.1.14 [2] - There are sufficient IT resources (e.g. computers) to provide all practitioners with easy access to key information, e.g. information about services/ conditions/ treatment, young people records, clinical outcome and service performance measurements
2. 2.3.5 [1] - The ward/unit actively supports staff health and wellbeing
3. 2.3.6 [2] - The team has protected time for team-building and discussing service development at least once a year
4. 2.3.7 [1] - Staff members are able to take breaks during their shift that comply with the European Working Time Directive
5. 2.6.2 [1] – New staff members, including bank staff, receive an induction programme specific to the ward/unit. This includes:
   • Arrangements for shadowing colleagues on the team
   • Jointly working with a more experienced colleague
   • Being observed and receiving enhanced supervision until core competencies have been assessed as met
6. 2.7.2 [2] – All staff members receive line management supervision at least monthly
7. 2.7.4 [2] – Staff members are able to access reflective practice groups at least once every six weeks where teams can meet together to think about team dynamics and develop their clinical practice
8. 2.7.6 [1] - All staff members receive an annual appraisal and personal development planning (or equivalent)

SAFETY AND COMMITMENT TO LEAST RESTRICTIVE PRACTICE

1. 1.4.4 [1] - Young people are cared for in the least restrictive environment possible, while ensuring appropriate levels of safety and promoting recovery
2. 2.1.5 [1] - The ward/unit has a mechanism for responding to low/unsafe staffing levels, when they fall below minimum agreed levels. This should include:
   • A method for the team to report concerns about staffing levels;
   • Access to additional staff members;
   • An agreed contingency plan, such as the minor and temporary reduction of non-essential services
3. 6.4.4 [1] - In order to reduce the use of restrictive interventions, young people who have been violent or aggressive are supported to identify triggers and early warning signs, and make advance statements about the use of restrictive interventions
4. 6.4.5 [1] - The multi-disciplinary team collects audit data on the use of restrictive interventions and actively works to reduce its use year on year.
5. 6.5.6 [1] - Young people and staff members feel safe on the ward
6. 7.3.5 [1] - Lessons learned from untoward incidents are shared with the team and the wider organisation. There is evidence that changes have been made as a result of sharing the lessons

THERAPIES AND ACTIVITIES

1. 4.2.2a [1] – Medication

2. 4.2.2b [1] - Individual therapy provided by a qualified therapist

3. 4.2.2c [1] - Therapeutic group work

4. 4.2.2d [1] - Family Therapy

5. 4.2.2e [1] - Occupational therapy

6. 4.3.2 [1] - Young people are offered personalised healthy lifestyle interventions such as advice on healthy eating, physical activity and access to smoking cessation services. This should be documented in the young person's care plan

7. 4.3.3 [1] - Young people's preferences are taken into account during the selection of medication, therapies and activities and acted upon as far as possible

8. 4.3.5 [2] - Young people receive psychoeducation on topics about activities of daily living, interpersonal communication, relationships, coping with stigma, stress management and anger management

THEME 1
Young Person Centred Care

Results

84% of Young People

confirm they have a written care plan, reflecting their individual needs, and are offered a copy

9%

90% of Young People

state they are offered a pre-arranged weekly session with their key worker to discuss progress, care plans and concerns

6%

98% of Young People

have a personal education plan which reflects the focus on wider progress and well-being in education in addition to their academic progress

59%

98% of Young People

are involved in decisions about their level of observation by staff.

14%

87% of Services

hold a minuted ward community meeting that is attended by young people and staff members.

13%

98% of Young People and Parent/Carers

are encouraged to feed back confidentially about their experiences of using the service.

14%

81% of Young People

Received a seven-day personalised therapeutic/recreational timetable of activities

17%

Young People Received

24.5

hours of education per week on average

Highlights and Areas of Best Practice

Throughout this report the QNIC team have compiled some of the standout moments of best practice and innovations from their travels this cycle for each of the six key themes

- Unicorn ward, Cygnet Sheffield
  Young people are encouraged to take ownership of their care planning and chair ward rounds. Two young people have recently been assigned the role of infection control champions

- Adolescent Inpatient Unit, St Vincents Hospital
  The nursing team collaborated with young people in completing a 'discharge workbook'. Each young person meets daily with their allocated nurse, (mental state dependant) to complete different sections of the workbook. This helps young people maintain focus towards their recovery and ultimate discharge

- Buttercup, Cygnet Bury
  Through the CAMHeleon framework, young people are encouraged to take ownership of one of eight domains of service delivery and lead a project based on their interests through staff supported research and audit to independently raise and identify ways of improving their care

Recommendation

For each theme, the QNIC team have identified some common areas for improvement and have listed some recommendations to address these areas below:

- Young people often reported that they were not able to sign their care plan as a means of agreeing to their proposed programme of care management. Services found this difficult especially during the COVID-19 pandemic as care plans often had to be digital records. Some services were able to make use of CARBON software, through which young people could sign their care plans electronically.

- Some young people report that they do not meet regularly with their key worker or named nurse, and are not always certain who this person is. It is important that young people can make use of these sessions to review and propose changes to their care planning, or raise any concerns about their staying at the unit which are duly documented. Whilst a young person may refuse to attend or keep up these appointments, these sessions should be offered on a regular weekly basis. With the young person's consent, the named nurse should also be made identifiable to their parent/carer as point of contact

- Young people must receive comprehensive information about any medication they are prescribed, including side effects and any alternative interventions available. Some services have invited the pharmacist to provide regular drop in sessions to answer any questions directly that young people might have about their medication

THEME 2
Young Person Experience

Results

98 % of Young People

can access a range of current, culturally-specific resources for entertainment

97% of Young People

are supported to access materials and facilities that are associated with specific cultural or spiritual practices e.g. covered copies of faith books, access to a multi-faith room, access to groups.

3%

On admission to the ward/unit,

100% of Young People

feel welcomed by staff members, who explain why they are in hospital.

2%

95% of Services

provide young people with meals which offer choice, address nutritional/balanced diet and specific dietary requirements and which are also sufficient in quantity

23%

97% of Young People and Parents/Carers

feel that staff members treat them with compassion, dignity and respect

16%

92% of Young People

feel listened to and understood by staff members

6%

85% of Young People

recall receiving an information pack on admission

12%

81% of Young People

receive accessible written information about their rights under the mental health act and consent to treatment, which staff members talk through with them as soon as is practically possible

6%

Highlights and Areas of Best Practice

- **Mermaid Unit, Cygnet Joyce Parker**
  A care pathway has been developed with the local hospital and there is a liaison officer who comes to community meetings either twice a month or monthly to build up relationships with staff and young people, ensuring young people do not only have contact with police officers in negative situations.

- **Schoen Clinic Newbridge**
  The service was commended by The Children's Commissioner for being the only unit to maintain visits throughout all of the lockdowns through meticulous infection control ensuring young people could see their families

- **Priory Services**
  Schools on the units provided young people with educational virtual visits to museums and galleries during the lockdown periods. This augmented experience can also be helpful for those who cannot access escorted or home leave due to risk

- **Griffin Ward, Cygnet Sheffield**
  A special mention, the entire review day, including the morning brief, was facilitated and chaired by young people at the unit

The Role of the Patient Representative Hannah Sharp

Pic of Hannah Sharp

I've worked in patient participation for 7 years, a third of my life. If I take my memory back to 2014 and I remember what patient participation looked like on the different projects I worked on then, I am astounded by the work that QNIC does with its patient representatives. I've worked with QNIC since 2019 and in that time I've led workshops, given presentations at annual forums, and feel as though I'm treated as an integral part of the peer review team. Never has that level of trust and value been placed in me as a patient representative.

I believe this ethos is reflected throughout our member services too. In 2014, I would never have expected a service to actively ask for my opinion as part of a discussion where I haven't had the opportunity to comment yet. Honestly? I'd expect to make a comment, have people nod and then move on. But the culture I saw upon joining QNIC is one where patients' voices are seen as an invaluable part of service development. Our suggestions are treated as sharing expertise, not just giving an opinion.

There remains progress to make within CAMHS as a whole. But QNIC has given me a strong sense of optimism, for the first time in these 7 years, that we are finally making strong progress from tokenism towards meaningful participation.

Recommendations

- Many young people raised that they would like to adapt their service's welcome pack of materials provided to patients and their families on admission to greater reflect their experiences of the unit in a more young person friendly format. Consider consulting with young people in community meetings and key worker sessions on the contributions they may want to make in revising these materials, which could culminate in a QI project

- 85% of young people recall receiving accessible verbal and written information on admission, a 12% decrease from C17. As admission can be a traumatic time consider when this information is best received and perhaps make it available as a consistently accessible digital resource, including a virtual tour of the environment on the unit's website

THEME 3
Parent/Carer Engagement

Results

95% of services

actively support families to overcome barriers to access

3%

79% of Services

provide each parent/carer with accessible carer's information.

15%

98% of Staff

involve parents/carers during the assessment process where appropriate

9%

100% of Parent/Carers

receive updates from staff on their child's progress at a minimum of once a week, subject to confidentiality

89% of Parent/Carers

are offered individual time with staff members, within 48 hours of the young people's admission to discuss concerns, family history and their own needs

5%

95% of Parent/Carers

feel supported by the ward staff members

5%

Jargon Buster

Statutory Carer's assessment(s)
Enable a parent/carer who cares regularly for a child who is attending CAMHS to focus on how caring impacts on them, their lifestyle, and their physical and mental health.

Barriers to access
Factors to take into consideration when care planning with parent/carers. These may include internet connectivity, interpreting services, videoconferencing platforms or support with travel costs

CPA
Care Programme approach is used in specialist mental health services to assess needs of a young personand then plan, implement and evaluate the care that they receive.

94% of Parent/Carers

are supported to access a statutory carers' assessment

10%

Recommendation

- Consider setting up either physical or virtual safe spaces for parents/carers to regularly share their experiences with other families with children in inpatient units, either facilitated by staff or led independently at accessible times for working parents/carers
- It is paramount that staff agree and adhere to a consistent rate of communication with parents/carers on admission. This includes not only how frequently they receive updates on their child's progress, but also the speed of response and level of candour in relaying the events should a serious incident occur. Carers reported that they were not always reliably informed of any episodes of restraint within 24 hours and could not always reach a member of staff when they needed to. Families should be provided with a clear explanation of the complaints process and be able to request a change in communications at CPA and discharge planning meetings
- Families often reported they would like to receive contraband lists of banned items and visiting details prior to admission to feel adequately prepared

Highlights and Areas of Best Practice

- Sowenna Unit, Cornwall
  The psychologist at the service curated a six-week programme of interactive virtual sessions for parents/carers to receive some useful psychoeducation around a variety of topics including emotional regulation. The sessions taught families to candidly raise concerns about their child's care and support in their adapting the home environment to be conducive to their child's recovery after discharge where appropriate. Towards the end of each session the staff would leave the call/room and leave parents/carers to exchange their experiences with one another as it can often be isolating when other family members may not be able to empathise

THEME 4
Staff experience and wellbeing

Results

89% of Services

have sufficient IT resources (e.g. computers) to provide all practitioners with easy access to key information

10%

97% of Staff teams

feel their ward/unit actively supports staff health and wellbeing

5%

95% of Staff

have access to a dedicated staff room

5%

92% of Staff

are able to take breaks during their shift

8%

87% of New Staff

including bank staff, received an induction programme specific to the ward/unit

13%

87% of Staff

can access reflective practice groups at least once every six weeks

Jargon Buster

Clinical Supervision
Staff members receive educational and pastoral support to be able to demonstrate what is expected in their curriculum or professional standards to achieve their agreed outcomes

Reflective Practice
Reflection is a process which helps you gain insight into your professional practise by thinking analytically about any element of it. The insights developed, and lessons learned, can be applied to maintain good practice and can also lead to developments and improvements for both the professional and their service users

97% of Staff

receive an annual appraisal and personal development planning (or equivalent)

7%

Highlights and Areas of Best Practice

- Skye House, Glasgow
  The team are working on supporting their staff to become more trauma informed/skilled in their approach to supporting young people who have experienced trauma. All staff members will be trauma informed skill trained and there will also be work on improving staff well-being as a part of this
- During the COVID-19 pandemic some units repurposed spaces for staff as 'No-vid' rooms where breaks were observed without mentioning COVID-19 to help staff to cope

Recommendation

- Just 55% of staff were able to go on an staff away day for team building and to reflect on service delivery this cycle. Members often attributed this to COVID-19 and insufficient access to cover if they were to take the workforce away from the unit. Consider holding away days in two groups in virtual spaces to ensure everyone can access this opportunity to raise concerns and the ward is sufficiently staffed to ensure patient safety
- Some staff reported difficulties with recruiting to long standing vacancies which had a negative impact on the morale of the team, particularly in specialist roles within the MDT. QNIC recommends taking advantage of our Knowledge Hub page to access a library of resources around recruiting to specialist posts including job descriptions and testimonials all posted by other member services within the network
- Occasionally staff report some inconsistency in the delivery of both clinical and line management supervision. Ensure this is delivered around a monthly basis to ensure staff members feel valued as a member of the team, can identify training needs, and have a clear sense of their personal development

74% of Staff

receive line management supervision at least monthly

25%

55% of Services

have protected time for team-building and discussing service development at least once a year for staff

35%

THEME 5
Safety and Commitment to Least Restrictive Practice

Results

98% of Services

provided care to young people in the least restrictive environment possible, while ensuring appropriate levels of safety and promoting recovery

100% of Services

have a mechanism for responding to low/unsafe staffing levels, when they fall below minimum agreed levels

12%

98% of Services

support young people who have been violent or aggressive to identify triggers and early warning signs, and make advance statements about the use of restrictive interventions

3%

100% of Services

ensure lessons learned from untoward incidents are shared with the team and the wider organisation and operational changes are made as a result of these findings

12%

90% of Multi-Disciplinary Teams

collect audit data on the use of restrictive interventions

8%

98% of Young People

involved in episodes of restrictive physical intervention, have their vital signs monitored by nursing staff in collaboration with medics

3%

94% of Young People and Staff members

express that they feel safe on the ward

4%

85% of Services

scheduled 30-minute handover sessions in staff rotas between shifts (proportional to a 12 bedded unit)

3%

Highlights and Areas of Good Practice

- **Fraser Ward, Ferndene**
  The service piloted a 'Sleep well' initiative whereby young people are risk assessed to be left to sleep for up to six hours without hourly checks from a member of staff

- **Iveagh Centre, Belfast**
  The service works with children and young people with moderate to severe learning disabilities and have pioneered the use of PBS planning to dramatically reduce the use of PRN medication

- **North Wales Adolescent Service**
  The service, amongst many others in the network, have meticulously increased their infection control and have experienced almost no positive cases of COVID-19 this year

Jargon Buster

Least Restrictive Practice
To apply a model of care that enhances autonomy and preserves the dignity, rights, individual worth and safety of young people. This is achieved by reducing unlawful, unnecessary and disproportionate restrictions within service delivery

PBS Plan
A Positive Behaviour Support Plan is created to help understand and support children and young people who have a Learning Disability and display behaviour that others may find challenging.

PRN Medication
'Pro Re Nata' medication is prescribed and administered when required rather than scheduled

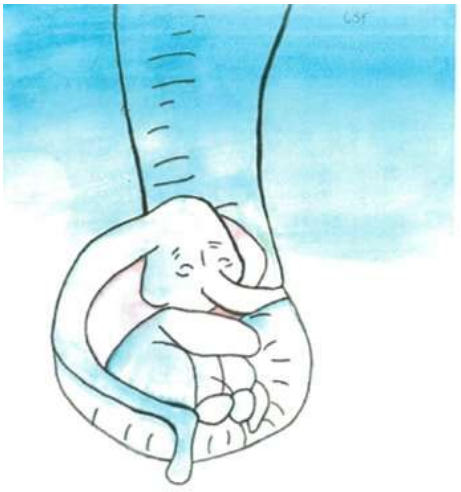
PMVA
Prevention Management of Violence and Aggression Training helps to reduce the risks of violence and aggression by developing staff knowledge, skills and attitudes to effectively employ de-escalation skills, breakaway and disengagement tactics or control and restraint interventions appropriately

Recommendations

- When interviewed, frontline staff on occasion cannot readily identify the safeguarding lead or who to contact if they wish to escalate a concern in and out of working hours. Ensure the process outlined in policy is visible on posters across the unit and staff receive regular refresher training in the safeguarding procedure

- QNIC recommends engaging with and accessing the RRP (Reducing Restrictive Practice) Collaborative produced by the NCCMH which outlines key areas that contribute to the reduction of restraint, rapid tranquilisation and use of seclusion

- Ensure that blanket rules and restrictions are continuously reviewed and revised where appropriate, particularly around mobile phone use, accessing the internet and social media



THEME 6
Therapies and Activities

Results

98% of Services

provide medication as an optional intervention to young people

2%

98% of Services

offer individual therapy provided by a qualified therapist

5%

95% of Services

provide therapeutic group work

9%

92% of Services

offer family therapy

7%

98% of Services

offer occupational therapy

4%

100% of Services

take young people's preferences into account during the selection of medication, therapies and activities.

97% of Young People

confirm they are offered personalised healthy lifestyle interventions such as advice on healthy eating, physical activity and access to smoking cessation services.

1%

97% of Services

provide psychoeducation to young people on topics about activities of daily living, interpersonal communication, relationships, coping with stigma, stress management and anger management

1%

Highlights and Areas of Good practice:

- Griffin Ward, Cygnet Sheffield
  A young person at the service was concerned about the rate of incidents and was encouraged by the team and education staff to conduct their own audit of what time of day they most frequently occur. They identified that this was during the early evenings on weekdays where young people did not have scheduled activities. They were supported to present their findings to the board and this resulted in an appointment of an activity coordinator at these peak times

- Several services had to employ a greater degree of creativity during the lockdown periods this cycle to entertain young people who could not access home leave. Wards were collaboratively redecorated, catering teams held 'fake-away' nights and teams made use of virtual reality. QNIC services engaged well with the Royal College's COVID-19 and QNIC Knowledge Hub page to exchange helpful ideas.

Recommendations:

- 81% of young people received a seven day personalised timetable of therapeutic and recreational activities, a 13% decrease from Cycle 17. Whilst QNIC accepts services will want to encourage young people to take ownership of their free time with a view to their reintegration post discharge, it is important to ensure young people can readily access and suggest activities relevant to their interests, especially during times
  where incidents can tend to occur

SUMMARY OF RECOMMENDATIONS

1	YP Centered Care	• Use software such as CARBON to enable young people to sign their care plans electronically • Ensure key workers or named nurses maintain a consistent programme of sessions with young people and this is documented in care planning • Consider introducing drop-in sessions with the pharmacist on site (or on a service level agreement)
2	YP Experience:	• Encourage contributions from young people to co-produce Welcome packs to reflect their experiences • Consider introducing roles which incentivise young people's engagement in service improvement and promote skills acquisition • Consider making service user information available as a digital resource, including recorded virtual tours of the environment on the website
3	Parent/Carer Engagement:	• Establishing a rate of communication, a level of candour and maintaining debrief for parent/carers • Facilitate virtual or face-to-face carer's forums to provide space for families to share experiences • Psychoeducation programmes for families, MH awareness and ways to make the home environment more conducive to recovery whilst on leave
4	Staff Experience and Wellbeing:	• Regularly conduct Internal assessment of staff skillsets to inform in house training and share expertise • Where possible offer team away days in smaller groups and in virtual spaces • Ensure staff have access to regular group reflective practice, clinical and line management supervisions • Consult Knowledge Hub for recruitment resources
5	Safety and Least Restrictive Practice	• Ensure all staff can readily identify the safeguarding lead and are familiar with the procedure, with refresher training and displays on the premises • Regularly examine and revise any blanket restrictions in policy, particularly around the use of mobile phones, the internet and social media • Consult the RRP Collaborative from NCMMH
6	Therapies and Activities	• Identify peak times incidents may occur and consider appointing Activity Co-ordinators to shifts that correspond with these times • Ensure Young People can request in community meetings any activities or interventions they would like to be risk assessed to access

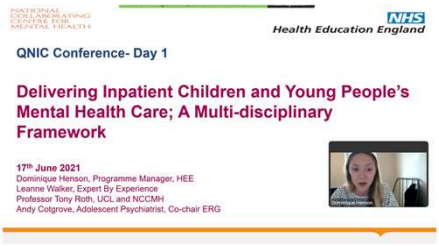
QNIC 2021 Annual Forum
Celebrating 20 Years of QNIC

On 17 & 18 June QNIC (Quality Network for Inpatient CAMHS) celebrated it's 20th birthday in style with our first ever two-day virtual Annual Forum.

Preserving most of the content planned for 2020, across the two days we welcomed over 150 delegates to engage with a packed programme of scintillating speakers exploring the latest innovations in clinical inpatient CAMHS research and models of care. Hosted by Advisory Group chair, Turlough Mills and compered by the QNIC team, it was a chance for our member services to come together, mutually exchange best practice and reflect on what has been a uniquely challenging 24 months for inpatient units

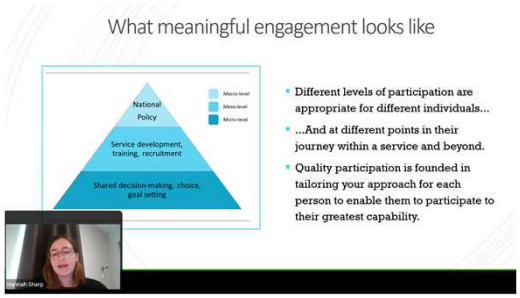
One of the highlights included a presentation from Accreditation Committee chair and QNIC Co-founder, Angela Sergeant, and CCQI Director and former QNIC Project Officer, Peter Thompson, who charted the progression of the CCQI's oldest network from speculative conversations held in a hotel lobby outside Exeter Cathedral in 1997 all the way to the 115-member strong initiative it is today

The second day held a particular focus on the diversity of clinical models and approaches to care within the network, with optional breakout spaces and interactive workshops delivered by pioneering practitioners at our member services



Special guests included Dr Guy Northover from GIRFT (Get It Right First Time) who gave us a whistle-stop tour through the national findings of the CYMPH Crisis and Urgent Care Project data; 'Notions of home' explored by the University of Exeter's Dr Hannah Sherbersky; Dominique Henson and a team from Health Education England who unveiled the new inpatient CAMH competence framework; and Professor Kapil Sayal who illuminated the National Institute of Health Research's 'Far Away from Home' Study

We were also entreated to a talk from our Patient and Carer representatives Rachel Braverman, Hannah Sharp and Leanne Walker who provided their unique insights into the value of using experts by experience in the improvement of delivering care, encouraging young person involvement in service development and their experiences of the QNIC review process



Feedback both from attendees and on social media was very positive and the event was a huge success for the team.

Here's to the next #20YearsOfQNIC

Matthew Scudder
Project Officer

NETWORK DEVELOPMENTS

QNIC-ROM

Our Quality Network for Inpatient CAMHS Routine Outcome Measurement service (QNIC-ROM) has been on hold for the last few years whilst we have been redeveloping the system. The year of 2020 marked a huge milestone for the QNIC ROM team, where a lot of hard work was put into finalising our brand new system! We have worked extremely hard to develop a user-friendly system where you, our QNIC members, will be able to directly input your outcome measures (e.g., HoNOSCA, CGAS) from a range of perspectives (clinicians, young people and parents/carers). You will now be able to admit, discharge and readmit patients directly to the system, with their consent, as well as track their outcome measure data. The most exciting part of the new system is that you will now be able to directly access your reports, both at a service-level and for each individual young person, with a click of a button!

If you are interested in using the new QNIC ROM system, please email QNICROM@rcpsych.ac.uk

New 11th edition standards

In June 2021, QNIC officially published its new 11th Edition Standards for Psychiatric Inpatient CAMHS services. These new standards were developed in collaboration with a wide range of MDT professionals as well as patient and carer representatives with experience of inpatient CAMHS services and will be used from cycle 21 onwards. QNIC have also adapted their specialist sub-set standards including Eating Disorder, Secure and Deaf standards. If you would like to view the key changes to the standards, please email QNIC@rcpsych.ac.uk

Knowledge Hub

In 2019, QNIC launched their online discussion forum, Knowledge Hub, a platform for members to network with other Psychiatric Inpatient CAMHS services outside of peer reviews. The platform allows members to seek advice and to share ideas and good practice with other CAMHS professionals. Knowledge Hub is also a great resource for members to hear about upcoming events. The platform is free to all QNIC members and if you are interested in signing up, please email QNIC@rcpsych.ac.uk

For more information on the Network or how you can be involved, please email us or visit our website:


QNIC@rcpsych.ac.uk


rcpsych.ac.uk/qnic

NETWORK DEVELOPMENTS

Our patient/carer representatives attended and engaged with more than 93% of our reviews and events this cycle

From Cycle 21 you can **sign up to QNIC peer reviews** and accreditations **via our online CARS system**. Simply log on to your account, search upcoming reviews by date, service type or by proximity to your postcode and book your place. You'll receive a confirmation from us instantly and a member of the team will get in touch to discuss your arrangements.

Events

CAMHS Accreditation Training, Tuesday 05 October 2021, Zoom

Social Workers Special Interest Day, Monday 29 November, Zoom

CAMHS Accreditation Training, Wednesday 08 December 2021, Zoom

Teachers' Special Interest Day, March 2022 TBC, Zoom

QNIC Annual Forum, Friday 17 June, Royal College of Psychiatrists

For more information on the Network or how you can be involved, please email us or visit our website:

QNIC@rcpsych.ac.uk

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ACKNOWLEDGEMENTS

The project team sends a warm thank you to everyone who contributed their time, effort and insight to help make this report possible:

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Collingham, *Central North West London NHS Mental Health Trust*

Coral Ward, *Ancora House, Cheshire and Wirral NHS Partnership Foundation Trust*

Corner House, *South West London and St Georges Mental Health NHS Trust*

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The Darwin Centre, *Cambridge , Cambridgeshire & Peterborough Foundation Trust*

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Ellern Mede Moorgate, *Ellern Mede*

Ellern Mede Ridgeway, *Ellern Mede*

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Highfield Adolescent Unit, *Oxford Health NHS Foundation Trust*

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Horizon, *Pennine Care NHS FT*

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Leigh House Hospital, *Southern Health*

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Little Woodhouse Hall, *Leeds Community Healthcare NHS Trust*

Marlborough House, *Oxford Health NHS Foundation Trust*

Meadows Unit, *The Priory Group*

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Mill Lodge, *Leeds and York Partnership NHS Foundation Trust*

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Newbridge House, *Newbridge Care Systems LTD*

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Orchard Unit, *The Priory Group*

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Pegasus Ward, *Cygnet Hospital Sheffield, Cygnet Health Care*

Pegasus Ward, *Nottinghamshire Healthcare NHS Foundation Trust*

Phoenix Centre, *Cambridgeshire & Peterborough NHS Foundation Trust*

Phoenix Ward – The Look-Out, *Nottinghamshire Healthcare NHS Foundation Trust*

Plym Bridge House, *Livewell Southwest*

Poplar, *Essex Partnership University Trust*

Primrose [A], *Cygnet Bury, Cygnet Health Care*

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Roehampton Adolescent Unit (Lower Court), *The Priory Group*

Roehampton EDU, *Priory Group*

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Sitwell Ward, *St Andrew's Healthcare*

Skye House, *Greater Glasgow and Clyde Health Board*

Snowsfields Adolescent Unit, *SLAM*

Sowenna, *Bodmin Community Hospital, Cornwall Partnership NHS Foundation Trust*

St Aubyn Centre - Larkwood *Essex Partnership University Trust*

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The Cove [A], *Lancashire Care NHS Foundation Trust*

The Croft, *Cambridgeshire & Peterborough Foundation Trust*

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Wizard House, *Cygnet Hospital Bury, Cygnet Health Care*

Woodlands, *Cheadle Royal, Cheshire , The Priory Group*

[A] indicates an accredited service as of June 2020

CAMHS QUALITY NETWORK FOR INPATIENT CAMHS

CCQI

RC PSYCH ROYAL COLLEGE OF PSYCHIATRISTS