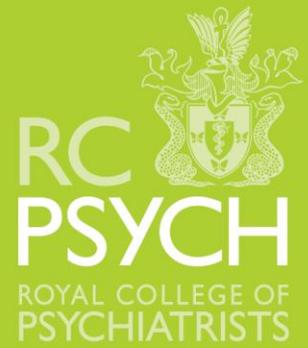


CAMHS
QUALITY NETWORK FOR
COMMUNITY CAMHS



Annual Report 2017-19

Quality Network for Community CAMHS (QNCC)

Editor: Hannah Lucas

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Foreword



The Quality Network for Community CAMHS 2017 – 2019 cycle has seen another very busy two-year period for the QNCC team, review panels and the Advisory Group, alongside a number of successful special interest days and the annual National CAMHS Conference.

One of the key achievements has been the quality improvement (QI) project undertaken by a dedicated task and finish group from within the QNCC project team. The QI project studied the overall process that enables successful delivery of the schedule of peer reviews throughout the cycle of the year. Two key parts of the process were further 'drilled down': revisiting the successful recruitment of reviewers in order to avoid cancellation of scheduled reviews and, importantly, highlighting to members the benefits of being a reviewer and engaging in the peer review process itself. This has resulted in new functions being added to the website to include the provision of more accurate details for each review including review location, times and dates. It has also resulted in improved scheduling and a greater uptake by members of advance booking of reviews and greater commitment facilitating more reviewers signing up in advance to visits that are then well planned in advance.

At a wider level within the Royal College of Psychiatrists, much work has been undertaken to clarify the role of our experts by experience to gain a better understanding of partnership working and to continue to make this an integral part of our work. This includes training needs, robust governance arrangements, and recognition and reward for both patient and carer representatives. The inclusion of the Young Person Advisors at a number of reviews in 2017-19 has provided a greater relevance of the QNCC standards in relation to the patient's journey than previously, and is a perspective the project team is keen to enhance further in coming years following this broader review of the role.

The special interest days continue to be hugely successful with wide and diverse subjects that pose challenges in service delivery and practice. Examples of excellent practice are shared freely along with healthy debate on more contentious issues. Similarly, the annual National CAMHS Conference continues to be a forum for sharing good practice as well as an opportunity to develop and extend networks and connections. A varied programme of pertinent content is often topical and thought-provoking. The interactive workshops help us to understand better the key drivers sometimes essential for change in service provision and improved outcomes for young people.

The number of services joining the network has increased in 2019 and this supports the diverse learning and sharing opportunities nationally. It is often reassuring when a service faces challenges in a particular area to find that a peer service is facing the same or similar issues and that there is the opportunity to share and explore possible solutions.

Changes within the QNCC team and the Advisory Group have continued as terms of office come to an end. However, we thank all those key and longstanding personnel for their contribution over the years as this has been truly invaluable and resulted in enhancing the quality improvement agenda.

In my role as chair of the QNCC Advisory Group and when attending reviews, colleagues often ask me “what are the benefits of being part of the QNCC network?” Whilst the benefits are almost too numerous to list, importantly for me, a review results in a concise report that can act as a very powerful commissioning tool to be taken to all the key decision makers within your organisation. This tool quantifies what is required to achieve the QNCC standards that are after all nationally agreed and designed towards best practice.

I wish, on behalf of the Advisory Group, to extend our sincerest thanks to the QNCC team, the Young Person Advisors and all reviewers who have continued to support the function of the network and maintain the quality of the delivery of CAMH services.

Caroline Winstone
Lead CAMHS/ED Network Manager, Public Health Wales
Chair QNCC Advisory Group

Introduction

The Quality Network for Community CAMHS (QNCC)

- Develops and applies service standards for community CAMHS through a system of self-review and external peer reviews
- Supports local implementation of best practice and national policy, as identified in the QNCC standards
- Produces reports for participating services that highlight areas of achievement and areas for improvement
- Provides a national “benchmarking” service to allow services to compare their activity with other services
- Facilitates information-sharing about best practice between staff in the network

The Review Process

The real benefit for member services is in taking part in the QNCC review process. The reviews aim to improve services incrementally by applying standards and using the principles of the clinical audit cycle (see Figure 1 below).

Figure 1: The Annual Review Cycle



Each year, the standards are applied through a process of self-review and external peer review where members visit each other’s services. The self-review questionnaire is essentially a checklist of QNCC standards against which teams rate themselves, supplemented with more exploratory items to encourage discussion around achievements and ideas for improvement.

The self-review process helps staff to prepare for the external peer review and become familiar with the standards.

During the peer review, data is collected through interviews with CAMHS staff, young people and carers. Representatives from local agencies (other health services, social services, education and the voluntary sector) are also invited to take part in a discussion about multi-agency working.

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

How QNCC members can use this report:

How well are we doing overall in comparison with other teams in the network?

Your team's local report provides you with a summary of the number of criteria met, partly met and not met, which then yields an average score for each individual standard. These averages enabled us to obtain a measure of your team's overall performance for each section of the service standards. Average scores for teams involved in the 2018-19 cycle are detailed in this report so you can immediately see how well you are doing compared with the other teams in the network. You can also compare your team's activity, resources and outcomes with those of the network as a whole. We recommend that you use this report in conjunction with your local report(s) to inform discussions with your commissioners and to demonstrate your team's performance.

The project team gratefully acknowledges:

- The staff in member teams who organised, attended and hosted peer reviews
- The parents and young people who met with the review team and took part in the QNCC review process
- Professionals from partner agencies who participated in the multi-agency discussions during peer reviews
- The QNCC Advisory Group for their continuing support and advice

Types of Standards:

Throughout the report standards are referred to as type 1, 2 or 3. Please find below a definition of the types of standards

Standard Type	Definition
1	Failure to meet these standards would result in a significant threat to patient safety, rights or dignity and/or would breach the law
2	Standards that an accredited service would be expected to meet
3	Standards that an excellent service should meet or standards that are not the direct responsibility of the team

2018-19 Cycle

This report explores the data collected on reviews which took place between September 2018 and June 2019 as part of the Quality Network for Community CAMHS (QNCC). Thirteen CAMH services were involved in reviews this cycle (see Appendix B for further information), all of which undertook a full peer review. A further 11 eating disorder-specific services also took part in the process and will be detailed in a separate report due to being assessed against separate standards.

The peer review process involves interviews with members of the staffing team, young people and parents/carers involved in the service currently or recently discharged. Throughout the 2018-19 cycle we interviewed:

- 68 staff members
- 23 young people
- 34 parents/carers

The feedback given by all spoken to as part of the review days is always felt to be very valuable for staff and management when thinking about the structure of teams and the way that care is provided. For teams that were unable to involve young people and parents in the review days, the project team would like to remind services that phone interviews are a way to engage with groups in harder to reach areas.

Reviews and QI work

Over the course of 2018, QNCC encountered challenges with regards to recruiting reviewers to attend visits at other member services which led to the cancellation of some peer reviews. Reasons stated for this included a lack of staff availability (e.g. as a result of sickness or high acuity), restrictions on resources (e.g. travel costs), or barriers to communication (e.g. not receiving emails with possible visits). This prompted the QNCC team to conduct a short QI project with the aim to increase the number of review visits going ahead as planned.

Our two chosen change ideas were to use the website to enhance the information provided to member services, and to provide members with a list of the benefits of engaging in peer reviews. Out of this the project team has developed an infographic covering key details about reviews, and added a new function to the website to ensure information is clear and accessible. Reviews are also now being booked and recruited to further in advance, giving services more time to sign up and plan for the visits.

We are pleased to report that, since putting these ideas into practice, the number of reviews being postponed or cancelled has fallen to just 15% from 50% and we already have over 30 reviews booked in for the new 2019-20 cycle.

Thank you to all who have signed up to attend reviews at other services: the fundamental benefits of the network are a direct result of this support and the sharing of good practice that it enables us to achieve. We look forward to seeing you over the course of the coming year.

This Report

This national report contains the aggregated results of the reviews undertaken by 13 CAMHS teams in our 2018-19 cycle. The main body of the report highlights key achievements and areas for improvement in each section across services (a combination of most/least met standards, and any significant changes in performance over time) and also provides graphs showing the mean scores met across the different types of standard.

Finally, a full summary detailing the average scores for each criterion for all teams in the 2018-19 cycle is included (see Appendix A). This enables teams to benchmark themselves against other teams in the network. Indicators of teams' activity, resources and outcomes can be found on page 28.

The QNCC Standards

The fifth edition of the QNCC standards were published in August 2016 and are available online. The standards were revised by a group of clinicians and patient representatives in a consultation process that began in January 2016.

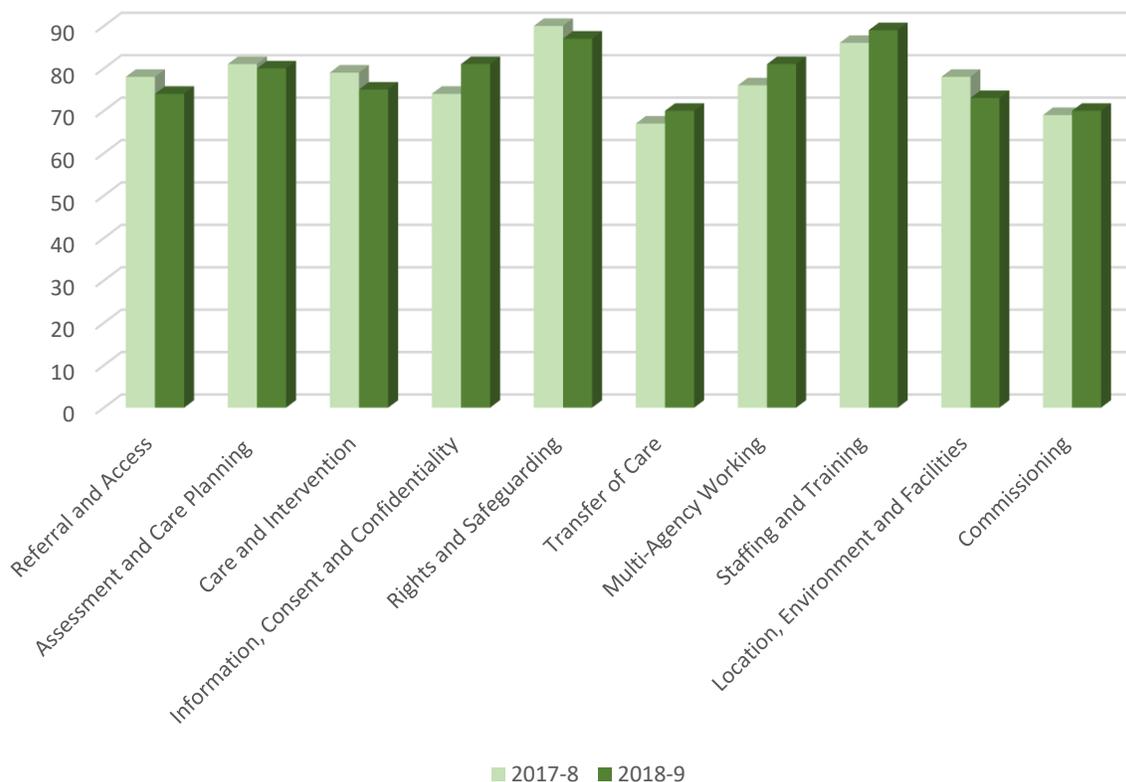
The QNCC standards are due to be revised in early 2020 and representatives from all members of the network are invited to contribute to the process. This approach helps us to ensure that we are taking into consideration the views and feedback of the teams that our standards will be influencing.

The QNCC-ED standards will also be revised in Spring 2020 following the finalisation of the standards for generic community CAMHS teams.

Overall Performance

The graph below outlines the overall percentage met for each section of the service standards for all units who took part in the 2018-19, compared to the same data from the previous year.

Average percentage of standards met in 2017-18 vs 2018-19



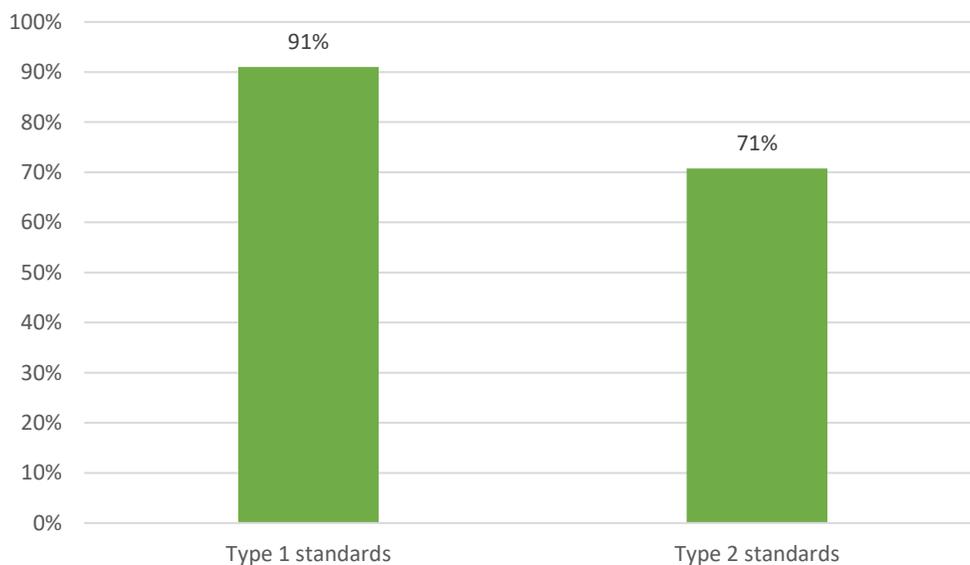
Staffing and training had the highest percentage of met standards in the 2018-19 cycle (89%) followed closely by the Rights and Safeguarding section with 87% of standards met by services. The former was an improvement compared to the previous cycle, while the latter was a decrease of 3%. The two lowest-scoring sections were Transfer of Care and Commissioning (both 70% compliance), though these were improvements on their previous scores (by 3% and 1% respectively).

Referral and Access

Key Findings

- Number of criteria in Referral and Access: 15
- Average percentage of criteria met by services: 74%
- Average percentage of criteria met by services in previous cycle: 78%
- Range of percentages met in Referral and Access: 38% - 94%

Average percentage of Referral and Access standards met by services



Areas of Achievement

- There has been improvement with regards to outcomes of referrals being fed back to the referrer, the young person and their parent/carer with consent (1.1.5). This standard was achieved by all services undergoing a review in Cycle 2018-19, demonstrating a move towards clearer communication mechanisms during the referral process
- All services will inform their referrers if a young person does not attend their assessment appointment (1.4.2)
- Improved compliance with standard 1.1.1 suggests that CAMH services are working more closely with partner agencies and prioritising opportunities for mutual training and consultation

Areas for Improvement

- The most commonly unmet type 1 standard relates to clear information being made available to young people, parents/carers and referrers about the service and its provision (1.1.2)

- There has been a decrease in the number of services reviewing and monitoring local demographic data (1.4.1), suggesting more could be done by teams to ensure they are continuing to meet the needs of their catchment population
- Only 45% of services have structures which allow young people and their parents/carers to self-refer to the service (1.1.6) and just a few teams are able to provide this information on their website

**Areas of Achievement
Comments from young people
and parents/carers**

"Before our first appointment, I was able to speak to both a CAMHS worker and the psychiatrist over the phone about my reasons for referring and what the service could offer"

"We knew what to expect at our first appointment because the team came into the hospital to see my child and were superb, down to earth, flexible and approachable. They have always offered support and are really fantastic"

"We received a letter before our first appointment detailing information about the service and what it offers. It also mentioned the purpose of the appointment"

**Areas for Improvement:
Comments from young people and
parents/carers**

"I think that the waiting lists need to be shorter, as it's so difficult to manage young people who have difficulties that you may not necessarily know how to handle. You don't know if you are saying the wrong thing and doing more damage than good, which is nerve-wracking"

"I didn't know what to expect from my first appointment, and that was scary"

"It took us a number of times to get into the service, and this was difficult for my child"

Recommendations

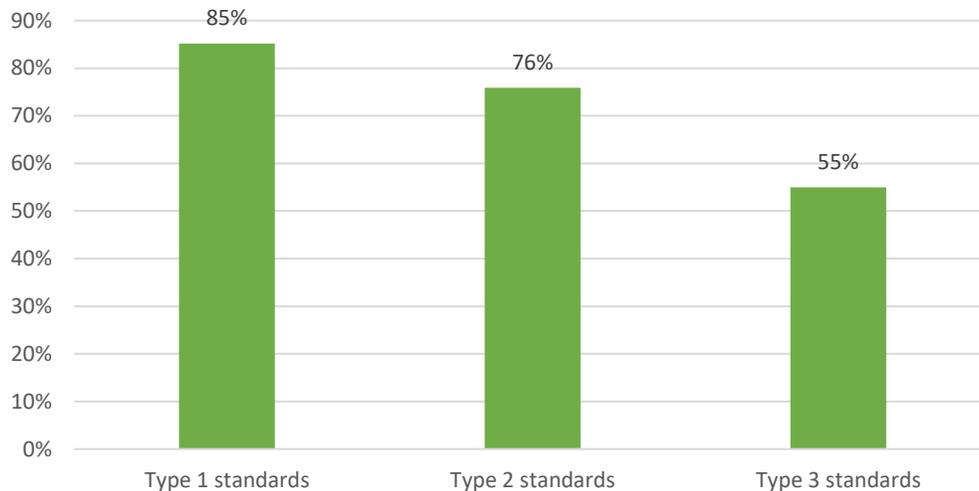
- In order to ensure that information provided for young people, parents/carers and referrers is clear and relevant, any resources should be developed and reviewed in collaboration with representatives from the intended audience where possible
- For services that offer self-referral to young people following discharge, clear policies and information need to be made available. This should be written both online and also in any information given at discharge. If services do not offer self-referral, clear guidance needs to be written so that young people and staff are aware of the procedures if a discharged patient begins to feel unwell
- Referral data (including demographics) could be added as a standing item on the agenda for any governance meetings to ensure that trends in referral patterns are identified and potential gaps in provision (e.g. for harder to reach groups) are considered

Assessment and Care Planning

Key Findings

- Number of criteria in Assessment and Care Planning: 40
- Average percentage of criteria met by services: 80%
- Average percentage of criteria met by services in previous cycle: 81%
- Range of percentages met in Assessment and Care Planning: 66% - 95%

Average percentage of Assessment and Care Planning standards met by services



Areas of Achievement

- All services reviewed were conducting a comprehensive physical health review as part of the young person's initial assessment (2.3.4)
- There has been an improvement in teams following a protocol for responding to parents/carers when a young person does not consent to their involvement (2.4.5)
- All aspects of standard 2.5.1 (relating to a thorough, individualised assessment being conducted) were met by 100% of services, suggesting that improvements have been made to training and/or the templates used by staff to ensure all essential information is captured and recorded

Areas for Improvement

- Only 45% of services are providing each parent/carer with an information pack. Compliance with this standard has been consistently low, suggesting more work could be done to improve engagement with and provision for carers
- There has been a marked decrease in the number of services meeting standard 2.6.2 regarding young people's progress against care plans being reviewed (and updated, where appropriate) at every session

- Only just over half of services reviewed were routinely offering a copy of the care plan to young people and their parent/carer (with the young person's consent)
- There was a recurring theme in the feedback from young people and parents around communication between CAMHS and their partner agencies. Many spoken to felt that they had had to repeat information to different professionals and that there was no sense of continuity of care

**Areas of Achievement:
Comments from young people and
parents/carers**

"We did not find ourselves repeating information across different agencies (e.g. CAMHS, the inpatient unit, social care, A&E etc). The team knew a lot of the information about us"

"I received letters about my child which included details of the care plan"

"The service took my child's views and thoughts seriously. They really listened to me and my child"

"Receiving my child's diagnosis has really helped us all to gain a deeper understanding into their behaviour"

**Areas for Improvement:
Comments from young people
and parents/carers**

"We're not sure if CAMHS communicated with other agencies, as every time we saw a new agency we had to go through our whole story again"

"I'm not sure if I have a care plan or not. I've definitely never seen one if I have"

"I'm not sure if CAMHS did all they could to challenge other agencies that were supposed to be involved in my child's 117 aftercare"

Recommendations

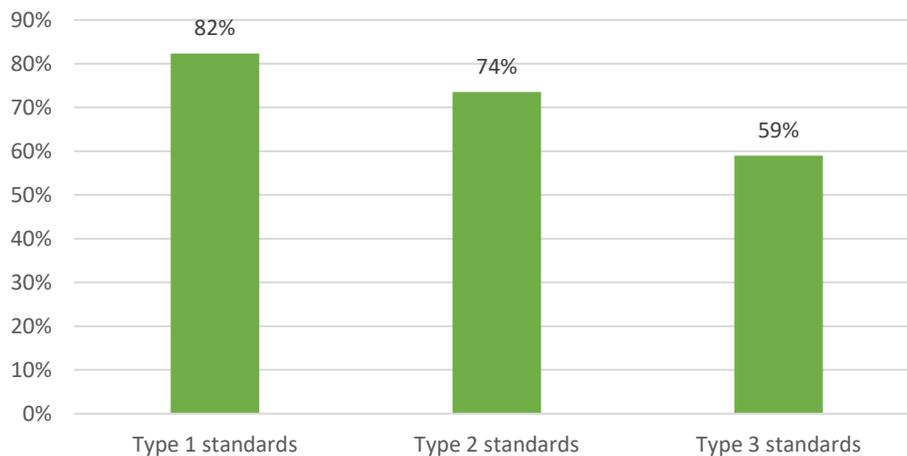
- Teams should consider inviting parents and carers in to a focus group and ask which information they would have found most helpful when their child first joined the service. This could form the basis of a new carer information pack, and be peer-assessed to ensure it is clear and reader-friendly
- Care plans should be reviewed frequently as part of each session and used to monitor young people's progress over time. Print-outs or summary pages should be offered to them and their families (consent permitting). Parents commented that having physical copies and updates helped them to understand what their children were going through and that they, in turn, felt better equipped to support them at home
- Many comments from families suggested that there were gaps in communication between the GP and the CAMH service. Focus should be placed on shared training and learning days to help to promote a higher quality of information and ensure that pathways into the service are smoother for families and young people

Care and Intervention

Key Findings

- Number of criteria in Care and Intervention: 30
- Average percentage of criteria met by units: 75%
- Average percentage of criteria met by services in previous cycle: 79%
- Range of percentages met in Care and Intervention: 55% - 97%

Average percentage of Care and Intervention standards met by services



Areas of Achievement

- There has been a marked increase in the number of services giving targeted lifestyle advice to young people, such as for smoking cessation or healthy eating (3.1.4)
- Young people's access to creative therapies (3.1.5) has improved from 67% in 2017-18 to 73%
- Review data suggests that physical health targets are now being monitored more closely and interventions are more consistently re-evaluated if proving ineffective after three months of lifestyle advice (3.1.3)

Areas for Improvement

- The least commonly-met type 1 standard states that the safe use of high risk medication should be audited at least annually and at a service level (3.1.9). Only 55% of teams were meeting this in the 2018-19 cycle: a decrease from the previous year of 20%
- Just 45% of services encourage young person/parent/carer representatives to attend and contribute to service development meetings (3.6.2)
- There has been a decrease in the number of teams providing young people and their parents/carers with information about the evidence base and effects of any intervention options (3.4.3)

**Areas of Achievement:
Comments from young people and
parents/carers**

"We felt the service had a good response to crisis and brought appointments forward when this was needed"

"We have had helpful discussions around intervention options, both for our child and ourselves"

"The team make my child to feel as though they are important, and I can't thank them enough for that"

"Staff have given us advice and a space to talk about things that can help us get better"

"The treatment feels really non-judgemental and supportive"

**Areas for Improvement:
Comments from young people and
parents/carers**

"There have been a number of changes in staff, which has been difficult. This means that we haven't always been able to see the same member of staff for appointments"

"I was not given any information regarding medication and have reviews every few months, so not very regularly. I don't think there is enough contact with the doctor, and the appointments aren't long enough"

"Explanations about treatment interventions available to us varied with each doctor and were sometimes vague"

"I'm not aware of any procedures or processes in place if we have a

Recommendations

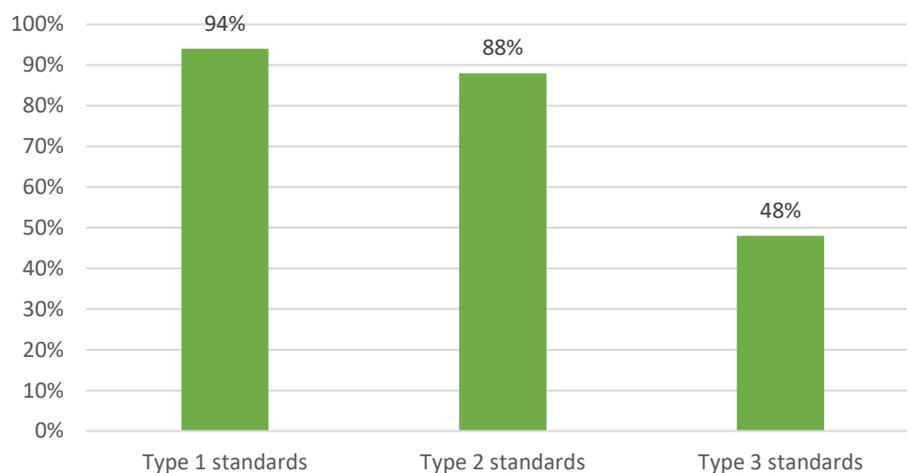
- High risk medications should be audited at least annually, and on both a local and service-level basis. This is a standard which services often struggle with at accreditation level, and an action planning template following any audit findings is a clear way of demonstrating that follow-up procedures are monitored to improve quality in future rounds of medication administration
- Parents commonly suggested that a parent support group would be useful. This could be held at a local community centre or charity, encouraging parents to share their experiences and give feedback about service development
- The QNCC discussion forum (QNCC@rcpsych.ac.uk) may be a helpful resource for sharing leaflets and flyers about different intervention options, for example, so that services are not repeating the work of others

Information, Consent and Confidentiality

Key Findings

- Number of criteria in Information, Consent and Confidentiality: 23
- Average percentage of criteria met by units: 81%
- Average percentage of criteria met by services in previous cycle: 74%
- Range of percentages met in Information, Consent and Confidentiality: 58% - 92%

Average percentage of Intervention, Consent and Confidentiality standards met by services



Areas of Achievement

- This cycle has seen an increase in the number of services involving young people and their parents/carers in the development and review of resources such as leaflets (4.1.6)
- 100% of teams are assessing and recording young people's capacity and/or competency when a decision is required about their care (4.2.2). This is a significant improvement on their performance in the previous review year, where just 67% were compliant
- All teams demonstrated that they would inform a young person if any confidential information about them was to be passed on to another service or agency, and explain why this was important for their continuing care (4.5.5)

Areas for Improvement

- The most challenging type 1 standard for services to meet relates to young people being given written and verbal information on a range of subjects including how to access advocacy services and their rights regarding consent to care and treatment (4.5.1)

- Just 18% of teams are providing the siblings of young people with learning disabilities and/or mental health problems with clear information in an appropriate format (4.1.4)

**Areas of Achievement:
Comments from young people
and parents/carers**

"Staff have explained who will and will not be told things about my child and why. We are always asked for permission if our information will be passed to a new professional"

"Consent and the right to refuse assessment or treatment were clearly explained to us"

"The information we've received has been clear and easy to understand"

**Areas for Improvement:
Comments from young people and
parents/carers**

"We haven't received as much information from the therapies team and some help to prepare for the next session would be useful"

"I'd like to see more initiatives where young people receive information about the service from other young people who have previously accessed the service"

"At present, there is no separate information specifically for siblings of young people accessing the service"

Recommendations

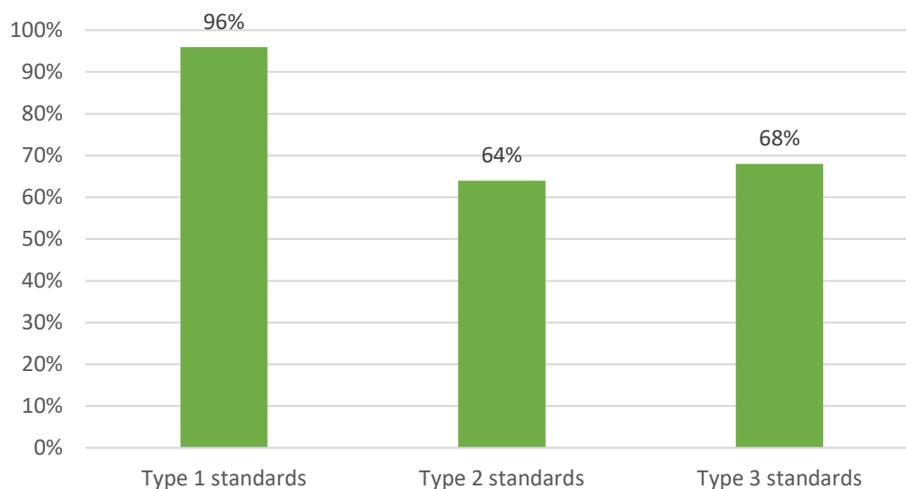
- The written information given to young people about their rights and other key topics can be collated and given in a variety of ways. For example, this could be a pack of separate leaflets or, ideally, an overarching, service-specific Welcome Pack. QNCC recommends developing this Welcome Pack in collaboration with young people, ensuring that information is accessible and presented in a format that they can understand. Young people who have previously used the service may wish to contribute testimonials and pieces of advice to give the pack more of a personal touch
- Information for siblings can, similarly, be provided in a number of ways. This may be part of a broader psychoeducation group for families, or a series of easy-read pamphlets about different mental health problems. Leaflets and other written resources can be placed in receptions or waiting areas so that families can help themselves easily when attending appointments

Rights and Safeguarding

Key Findings

- Number of criteria in Rights and Safeguarding: 24
- Average percentage of criteria met by units: 87%
- Average percentage of criteria met by services in previous: 90%
- Range of percentages met in Rights and Safeguarding: 72% - 96%

Average percentage of Rights and Safeguarding standards met by services



Areas of Achievement

- The data suggests that there are robust procedures in place across all services to ensure that any staff members coming into contact with young people or have access to information about them undergo a Disclosure and Barring Service (DBS) check and that this is monitored on an ongoing basis (5.5.8)
- All services make sure that information regarding how to make a complaint is patient-friendly and clearly displayed or shared (5.3.1) so that families are aware of the process
- 100% of services have a named Child Protection Lead and procedures for escalation should no response be received for a safeguarding referral (5.5.2; 5.5.4)
- Access to Level 3 Safeguarding Training is provided to staff at all services and includes reference to ASD, LD and LAC considerations (5.5.9)
- Interview feedback collected across the cycle suggested that the vast majority of young people and parents/carers felt that staff really listened to them and treated them with compassion and respect. This is further supported by the review scores (5.1.1 and 5.1.2; 100% and 82% respectively)

Areas for Improvement

- Just 36% of teams have established links with an advocacy service for use by young people (5.3.2). This is a 6% decrease from the 2017-18 Cycle, and remains a consistent challenge for services to meet
- 27% of services struggle to meet type 1 standard 5.2.1, stating that young people are given written and verbal information on their rights under the Mental Health Act if under a community treatment order or equivalent

Areas of Achievement: Comments from young people and parents/carers

"Staff are very open and are good at sorting out any issues, such as complaints"

"We feel staff really do treat our children with dignity and respect; it's all positive. We feel listened to and understood"

"I believe that staff have tried to meet our specific cultural or religious needs"

Areas of Improvement: Comments from young people and parents/carers

"I'm unsure about how to make a complaint, and don't know whether or not it would be taken seriously"

"We are unsure of what advocacy is, and have not really been informed about it"

Recommendations

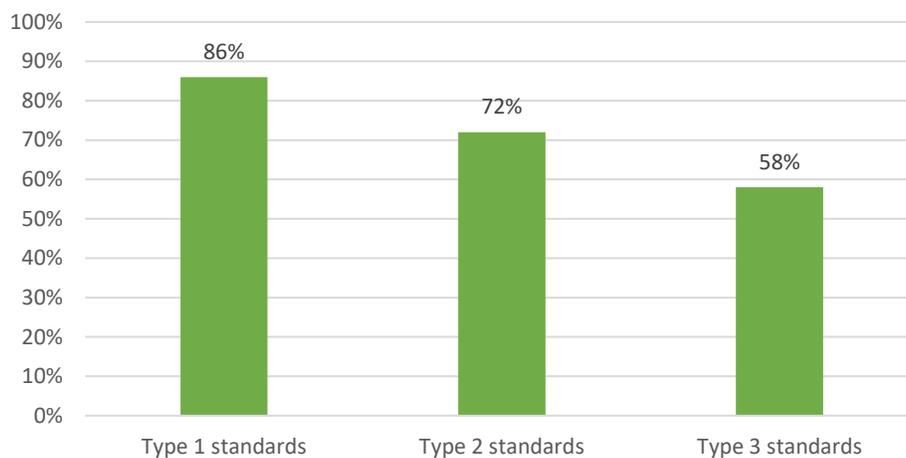
- Teams could consider contacting their local inpatient unit for information on available advocacy services and how this can be accessed should a request arise. Many young people and families feed back that they are not aware of what advocacy is, suggesting that the reason for any instances of low demand may be due to a lack of understanding
- Information about young people's rights under the Mental Health Act could be included as part of the Welcome Pack (see recommendation under 'Information, Consent and Confidentiality') and given out as standard upon acceptance onto the team's caseload. This should also be discussed verbally as part of any sessions with all those to whom it applies. Some Trusts may have leaflets about the MHA and rights associated with it that services could display in waiting areas or as a poster on their clinic wall

Transfer of Care

Key Findings

- Number of criteria in Transfer of Care: 29
- Average percentage of criteria met by units: 70%
- Average percentage of criteria met by services in previous: 67%
- Range of percentages met in Transfer of Care: 26% - 87%

Average percentage of Transfer of Care standards met by services



Areas of Achievement

- All teams now ensure that there is a handover including an up-to-date care plan and risk assessment when young people are transferred between community services (6.2.4)
- This cycle has seen a much greater emphasis on collaboration between CAMHS and working age adult services for young people approaching the age of 18 (6.4.3). 91% of QNCC services are now achieving this, which is an increase from 58% in the previous cycle
- 100% of teams provide the young person's GP and any other agencies involved in their care with a summary letter or report outlining recommendations for future care

Areas for Improvement

- This is the joint lowest-performing domain within the QNCC standards, with an average of just 70% of standards being met
- Only just over half of teams send out a letter containing a clear discharge plan to young people and any other relevant parties within 10 days of discharge (6.1.2). There has, however, been a slight increase in 2018-19 to 55%, versus just 42% in 2017-18
- Only 64% of CAMH services have transition protocols in place for young people with neurodevelopmental disorders such as ASD and ADHD. There is opportunity here to improve signposting to other appropriate support where needed (6.4.4)

**Areas of Achievement:
Comments from young people
and parents/carers**

"We have been involved in discussions about the stage at which my child might leave the service"

"My child's transition process has now begun and the adult CMHT have attended meetings. There is already a plan in place for DBT access"

"The staff managed my child coming off medication well"

"I have been informed that the service is flexible in meeting my child's needs once discharged from the service"

**Areas for Improvement:
Comments from young people
and parents/carers**

"Some of us are under long term care and are linking in with wider services, which provides its own challenges in being able to work smoothly together"

"We would like more information given to us about when we might leave the service, and how our needs will be met once we leave"

"If I could change anything about my care it would be the transition at age 18. I would rather continue in young people's service or have a seamless transition"

Recommendations

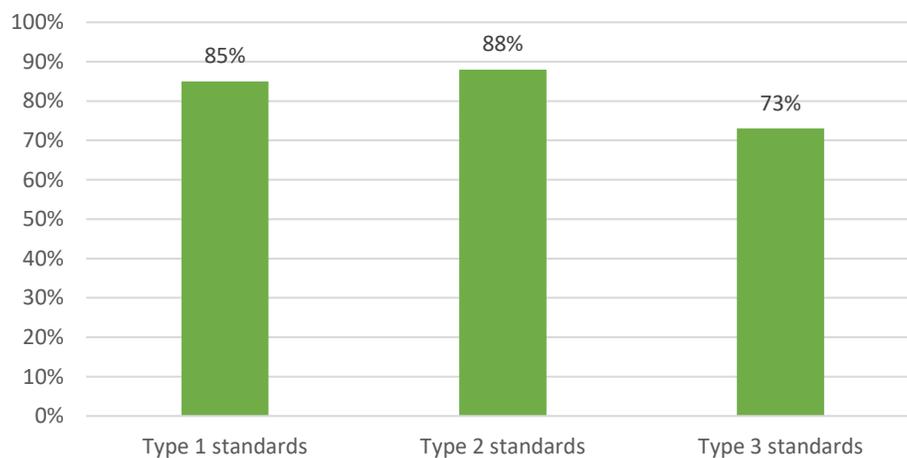
- The overall low levels of compliance within this domain suggest that more could be made of CAMHS teams' connections with adult community teams, inpatient services and other specialist teams to ensure transitions are seamless and continuity of care is maintained
- Feedback from services reviewed implied that standard 6.1.2 was difficult to meet due to its timeframe, especially as administrative support can be limited. Teams who have met this standard suggested that one way around this might be to introduce a template that can be completed with and taken away by the young person upon discharge so that they are made aware of any follow-up plans
- Allocating a transitions lead within the team may help to establish better communication with other linked services and signpost to other sources of support (e.g. third sector and peer groups)

Multi-Agency Working

Key Findings

- Number of criteria in Multi-Agency Working: 25
- Average percentage of criteria met by units: 81%
- Average percentage of criteria met by services in previous: 76%
- Range of percentages met in Multi-Agency Working: 35% - 96%

Average percentage of Multi-Agency Working standards met by services



Areas of Achievement

- All participating services have access to and have established working relationships with education and education support services, youth justice teams, and accident and emergency departments (7.1.5; 7.1.7; 7.1.14). The latter two of these demonstrate an improvement on 75% and 83% compliance respectively in the previous cycle
- 82% of teams conduct reciprocal training and professional development sessions with other partner agencies involved in young people's care (7.3.2)
- 82% of teams now have documented inter-agency agreements which clearly state the roles and responsibilities allocated to each organisation (7.2.1). This is a marked improvement from 67% of teams in the 2017-18
- There has been a dramatic increase in the number of services able to demonstrate that joint working is facilitated through flexible initiatives such as secondments, rotational posts, split posts and opportunities for shadowing (7.3.3). This has risen to 73% compliance in 2018-19, as opposed to just 42% in the previous cycle

Areas for Improvement

- Joint working with paediatric and child health services, and also school health services (e.g. community paediatricians and school nurses), appears to be less consistent than in previous years (7.1.2; 7.1.3)

- Only 64% of teams follow a joint working protocol or care pathway with their local home treatment or crisis resolution team (where applicable) (7.2.4)
- The least commonly met type 1 standard within 'Multi-Agency Working' is 7.2.3 which states that there should be interagency agreements regarding the sharing of information, ensuring that confidentiality is balanced with the need to keep all relevant services informed in the best interests of the young person

Recommendations

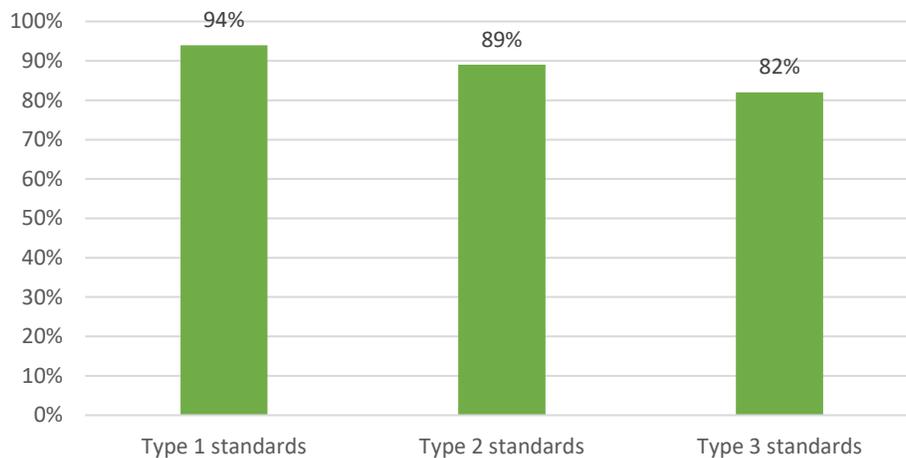
- Feedback from multi-agency representatives working in education suggested that some school health professionals felt in the dark around ways in which to refer to CAMHS. This could be addressed by encouraging members of the CAMHS team to deliver mental health workshops at local schools to help raise awareness around common mental health issues and reduce stigma within the classroom
- Interagency agreements regarding the confidentiality and sharing of information may already be in place within the service's Trust or organisation, and can be updated to ensure they are relevant and appropriate for the agencies for which they are intended

Staffing and Training

Key Findings

- Number of criteria in Staffing and Training: 70
- Average percentage of criteria met by units: 89%
- Average percentage of criteria met by services in previous cycle: 86%
- Range of percentages met in Staffing and Training: 76% - 99%

Average percentage of Staffing and Training standards met by services



Areas of Achievement

- Staff across 100% of services are now receiving clinical supervision on at least a monthly basis (8.4.2)
- 73% of teams have access to a budget to support their own training needs (8.6.1); an increase from the previous review year of 9%
- In the 2018-19 cycle, more teams are making efforts to ensure that staff, young people, and parents/carers are involved in designing and delivering training (8.7.16), for example, as part of the induction process for new staff members
- There has been a dramatic improvement (67% in 2017-18, increasing to 91% in 2018-19) in the number of services providing clearly defined job descriptions and plans for staff and ensuring that these are revised regularly to reflect any changes to their role (8.3.2)

Areas for Improvement

- The type 1 standard that fewest teams were able to meet fully concerned there being a mechanism for responding to low staffing levels (8.2.2). From speaking to staff on review days, this likely relates more to the subpoint regarding an agreed contingency plan being in place. Compliance with this standard has, however, improved from the 2017-18 cycle, increasing from just 58% to 82%

- There has been a small increase in the number of services whose staff appraisals include reference to feedback from young people and their parents/carers (8.4.1a), though there is still scope for improvement as only 45% of teams are doing this
- More could still be done to include young people in the recruitment process for new staff members (8.2.8)

**Areas of Achievement:
Comments from young people and parents/carers**

"We feel that the staff at the service have been brilliant"

"The service checks whether we are happy with how things are going with our therapist or key worker"

"We find staff to be very friendly and approachable"

"The feeling of support you get as a parent and care giver has helped the most"

Recommendations

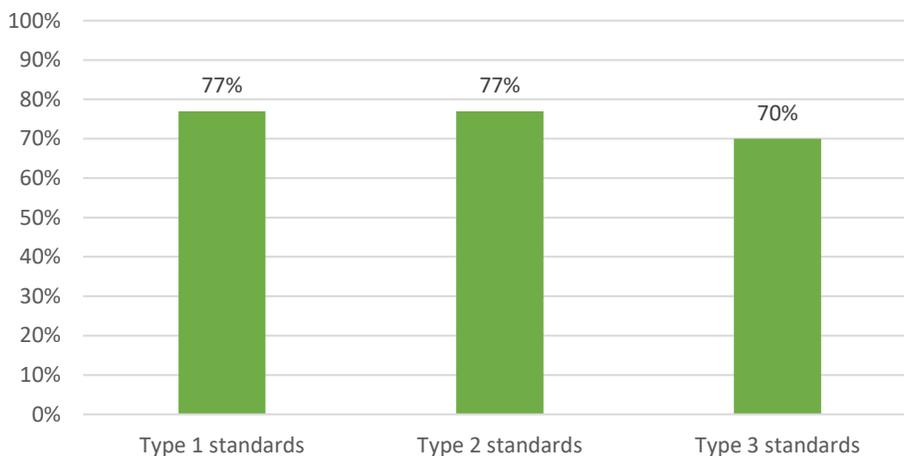
- Teams should consider adding to any local operational policies or developing a new standard operating procedure (SOP) regarding the management of any staff shortages. This should include how the shortage is reported to senior management, how to access any additional staff (e.g. through a neighbouring team or via an agency), and what should be done in the instance that cover cannot be arranged (e.g. a temporary reduction in services)
- Young people could be invited to sit on panels as part of the recruitment process for new staff or, if this proves to be challenging, could instead be encouraged to develop a number of questions to be asked during the interview

Location, Environment and Facilities

Key Findings

- Number of criteria in Location, Environment and Facilities: 22
- Average percentage of criteria met by units: 73%
- Average percentage of criteria met by services in previous cycle: 78%
- Range of percentages met in Location, Environment and Facilities: 35% - 96%

Average percentage of Location, Environment and Facilities standards met by services



Areas of Achievement

- 91% of services' environments now meet the needs of people that have physical disabilities and comply with current relevant legislation. There has been an 8% increase in the number of teams meeting this standard (9.2.1)
- In previous years, parents and carers have voiced their frustration at being unable to park nearby when attending appointments (9.1.5). In the 2018-19 cycle, however, access to local parking spaces for visitors (including those who are disabled) increased from 58% to 73%: a marked improvement
- Almost three quarters of services are now ensuring that their staff have an understanding of the collective response to alarms calls and fire drills, and this is rehearsed on a six-monthly basis (9.3.7). This shows progress from the previous year's statistic, whereby just 50% were complying with the standard

Areas for Improvement

- Just over half of the teams reviewed are maintaining and checking their emergency medical resuscitation equipment on a weekly basis (9.3.10)
- Feedback has shown that only 64% of staff, young people and parents/carers feel that the physical environment is comfortable and maintained at a high level of cleanliness (9.1.2)

- 36% of teams do not conduct regular audits of real and potential environmental risks and agree a risk management strategy in response (9.3.4)

**Areas of Achievement:
Comments from young people
and parents/carers**

"I think the team does their best to make appointments comfortable and welcoming"

"We have our appointments at the CAMH service - it's great. We've had no problems with the physical environment at all"

**Areas for Improvements:
Comments from young people and
parents/carers**

"I feel that the waiting room is a bit of a daunting place for my child, they worry that they might bump into someone that they know, especially when their name is called out"

"If I could change one thing, it would be having more books and a coffee machine in the waiting area"

Recommendations

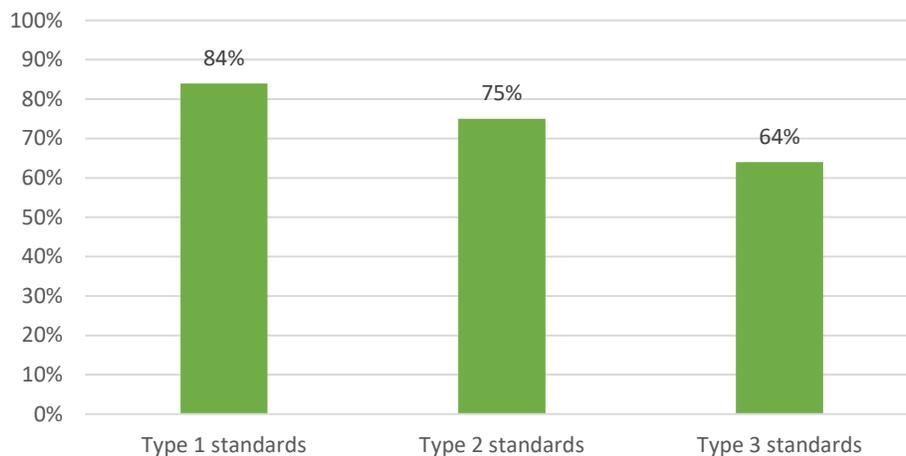
- Common themes arising from young people's and parents'/carers' feedback suggested that waiting areas could be an intimidating environment, particularly for those attending an appointment for the first time. Waiting areas can be made more welcoming by ensuring they are furnished with a range of books and games for younger visitors, as well as useful leaflets and other resources. Having a board with staff names and job roles can also help to minimise feelings of uncertainty
- For more clinical-looking environments, teams could consider showcasing pieces of artwork or messages of positivity contributed by the young people using the service
- 'You Said, We Did' boards can be an easy way of feeding back to young people and their parents/carers regarding any changes made to the environment as a result of their feedback. This, in turn, can help families to feel like their opinions are being listened to and valued

Commissioning

Key Findings

- Number of criteria in Commissioning: 9
- Average percentage of criteria met by units: 70%
- Average percentage of criteria met by services in previous cycle: 75%
- Range of percentages met in Commissioning: 20% - 90%

Average percentage of Commissioning standards met by services



Areas of Achievement

- The 2018-19 cycle has seen an improvement in collaboration between senior CAMHS managers and their local CAMHS commissioning leads (10.1.1)
- Almost all services now have a comprehensive CAMHS strategy in place for all levels of service provision (10.2.2)
- The development of services' commissioning strategies has improved from the previous cycle in that the process is now more likely to involve consultation with young people and their families, representatives from different ethnic and religious groups, and members of key partner agencies (10.1.4)

Areas for Improvement

- This is the joint lowest-performing domain within the QNCC standards, with an average of just 70% of standards being met
- There has been a significant decrease in the number of services working in partnership with other agencies to ensure young people with more complex needs (e.g. learning disabilities or neurodevelopmental disorders) are managed collaboratively (10.3.2)
- Fewer teams are working regularly with their commissioners to conduct a review of service capacity and demand (10.3.1)

Activity, Resources and Outcome Indicators

Evaluation of a service's quality should take into account indicators of activity, resources and outcome. The following measures were collected as part of QNCC's annual self-review process: aggregated data are presented to allow benchmarking.

Please Note: These data are provided as a guide only. The accuracy of these figures is dependent on the quality of information supplied by member teams. Responses from some members were based on estimates; accuracy is therefore variable.

Indicator	Number of teams responding	Minimum	Maximum	Average
Total population served	19	58,802	1,111,055	388,808.12
Number of whole time equivalent (WTE) clinical staff per 100,000 total population	12	0	157	35.8
What is the number of whole time equivalent (WTE) administrative staff in your team?	17	0	35.8	7.5
Total caseload (active cases only)	19	11	3,109	1256.59
Proportion of referrals that have been accepted in the last 6 months	13	37%	90%	69.1%
Average waiting time for routine assessments over last 6 months (weeks)	17	0	52	9.1

Indicator	Number of teams responding	Minimum	Maximum	Average
Average waiting time for treatment, from the point of referral (weeks)	17	0	20	9.1
Number of cases closed/discharged in last 6 months	17	0	1193	570.6
How many cases were referred to in-patient CAMHS in last 6 months?	16	0	32	6.8
How many of these were accepted (i.e. admitted)?	16	0	22	5.6

Indicator	Number stating Yes/No	Number of teams responding
Difficulties accessing in-patient CAMHS beds?	8 – Yes 9 – No	17

Appendix A: Aggregated Results

This table shows the percentage of member teams that scored themselves as met for each standard.

Note: Percentages are rounded to the nearest integer and consequently do not total 100% for some criteria.

Section 1: Referral and Access				
Number	Type	Standard	% Met 2018-19 Cycle	% Met 2017-18 Cycle
1.1.1	2	CAMHS offer consultation and training to partner agencies.	91%	83%
1.1.2	1	<p>Clear information is made available, in paper and/or electronic format, to young people, parents/carers and healthcare practitioners on:</p> <ul style="list-style-type: none"> - A simple description of the service and its purpose - Clear referral criteria - How to make a referral, including self-referral if the service allows - Clear clinical pathways describing access and discharge - Main interventions and treatments available - Contact details for the service, including emergency and out of hours details. 	64%	75%
1.1.3	2	Where referrals are made through an external single point of access, e.g. triage, these are passed on to the community team within one working day.	45%	83%
1.1.4	1	A clinical member of staff is available to discuss emergency referrals during working hours.	100%	100%

1.1.5	1	Outcomes of referrals are fed back to the referrer, young person and parent/carer (with the young person's consent). If a referral is not accepted, the team advises the referrer, young person and parent/carer on alternative options.	100%	92%
1.1.6	2	Young people and families are able to make a self-referral to the service.	45%	42%
1.2.1	2	CAMHS provide information about how young people waiting for assessment and treatment can access help while they wait for an appointment.	82%	83%
1.2.2	2	The team provides young people with information about expected waiting times for assessment and treatment.	73%	75%
1.2.3	2	There are systems in place to monitor waiting times and ensure adherence to local and national waiting times standards.	82%	83%
1.3.1	2	Appointments are flexible and responsive to the needs of young people and their parents/carers where appropriate.	82%	83%
1.3.2	1	The service has a policy or procedure, which may include a risk assessment process, that staff follow when young people and their parents/carers do not attend appointments.	91%	100%
1.4.1	2	The service reviews data at least annually about the young people who use it. Data are compared with local population statistics and action is taken to address any inequalities of access where identified.	64%	83%
1.4.2	1	If a young person does not attend for assessment, the team contacts the referrer.	100%	92%

1.4.3	1	The team follows up young people who have not attended an appointment/ assessment or who are difficult to engage.	91%	100%
1.4.4	2	Data on missed appointments are reviewed monthly. This is done at a service level to identify where engagement difficulties may exist.	73%	75%
Section 2: Assessment and Care Planning				
Number	Type	Standard	% Met 2018-19 Cycle	% Met 2017-18 Cycle
2.1.1	2	Young people with a routine referral receive a mental health assessment within access and waiting times guidelines relevant to the practice area	55%	58%
2.1.2	1	Young people with urgent or emergency mental health needs receive a mental health assessment within 24 hours or the next working day	91%	92%
2.2.1	1	There are processes in place to identify whether young people or parents/carers are involved with other agencies	91%	83%
2.2.2	3	The assessing professional can easily access notes (past and current) about the young person from primary and secondary care and other relevant agencies	55%	58%
2.3.1	1	Where concerns about a young person's physical health are identified, the team arranges or signposts the young person to further assessment, investigations and management from primary or secondary healthcare services.	91%	100%
2.3.2	1	The team understands and follows an agreed protocol for the management of an acute physical health emergency.	91%	100%
2.3.3	1	There is an identified duty doctor available at all times. They are able to attend the team base within 1 hour.	73%	58%

2.3.4	1	<p>The service/organisation has a care pathway for the care of patients in the perinatal period (pregnancy and 12 months post-partum) that includes:</p> <ul style="list-style-type: none"> - Assessment - Care and treatment (particularly relating to prescribing psychotropic medication) - Referral to a specialist perinatal team/unit unless there is a specific reason not to do so. 	73%	58%
2.3.5	1	<p>A physical health review takes place as part of the initial assessment. The review includes but is not limited to:</p> <ul style="list-style-type: none"> - Details of past medical history - Current physical health medication, including side effects and compliance with medication regime - Lifestyle factors e.g. sleeping patterns, diet, smoking, exercise, sexual activity, drug and alcohol use. 	100%	92%
2.4.1	1	Parents/carers are advised on how to access a statutory carers' assessment, provided by an appropriate agency.	64%	75%
2.4.2	1	Parents/carers are offered individual time with staff members to discuss concerns, family history and their own needs (where consent is given).	100%	92%
2.4.3	1	The team provides each parent/carer with a carer's information pack.	45%	50%
2.4.4	1	Parents/carers have access to a carer support network or group. This could be provided by the service or the team could signpost parents/carers to an existing network.	73%	75%
2.4.5	1	The team follows a protocol for responding to parents/carers when a young person does not consent to their involvement.	82%	67%
2.4.6	2	Staff check that young people and their parents/carers understand the purpose of the assessment and possible outcomes as fully as possible before it is conducted	82%	92%

2.4.7	1	When talking to young people and parents/carers, health professionals communicate clearly, avoiding the use of jargon so that people understand them.	100%	100%
2.4.8	2	For planned assessments, the team communicates information in advance to young people including: <ul style="list-style-type: none"> - The name and designation of the professional they will see - An explanation of the assessment process - Information on who can accompany them - How to contact the team if they have any queries, require support (e.g. an interpreter), need to change the appointment or have difficulty in getting there. 	73%	75%
2.4.9	1	During assessment young people's views, wishes, and feelings are actively sought and recorded by the assessing practitioner, as far as possible with regards to capacity	100%	100%
2.4.10	1	During assessment, parents or carers' views, wishes, and feelings are actively sought and recorded by the assessing practitioner (where appropriate)	100%	100%
2.4.11	1	Young people and parents/carers are provided with verbal feedback on the outcome of their assessment at the session	100%	100%
2.4.12	2	Written feedback from the assessment is provided to young people and parents/carers within 10 working days	27%	50%
2.5	1	Assessments are individual and according to need	100%	100%
2.5.1a	1	<input type="checkbox"/> Mental health and medication	100%	100%
2.5.1b	1	<input type="checkbox"/> Psychosocial needs	100%	100%
2.5.1c	1	<input type="checkbox"/> The young person's family and community needs and context	100%	100%
2.5.1d	1	<input type="checkbox"/> The young person's abilities and strengths as well as their difficulties	100%	100%
2.5.1e	1	<input type="checkbox"/> The young person's views and goals for treatment	100%	100%

2.5.1f	2	<input type="checkbox"/> The young person's level of functioning and communication needs	100%	100%
2.5.1g	2	<input type="checkbox"/> The wishes and goals of the family and their capacity to support interventions	100%	100%
2.5.1h	2	<input type="checkbox"/> The capacity and willingness of other agencies to support the intervention	100%	92%
2.5.2	1	All assessments are documented, signed/validated (electronic records) and dated by the assessing practitioner.	100%	100%
2.6.1	1	Every young person has a written care plan, reflecting their individual needs.	73%	58%
2.6.2	1	Progress against care plans is reviewed at every session and the care plan is updated if appropriate	45%	75%
2.6.3	1	Risk assessments and management plans are updated according to clinical need or at a minimum frequency of every 3 months and at discharge. This is reviewed as needed within medication monitoring and depending on NICE guidelines (if applicable)	73%	67%
2.6.4	1	Young people have a risk assessment that is shared with relevant agencies (with consideration of confidentiality) and includes a comprehensive assessment of: - Risk to self - Risk to others - Risk from others.	91%	92%
2.6.5	1	The team discusses the purpose and outcome of the risk assessment with each young person and a management plan is formulated jointly	73%	83%
2.6.7	1	The young person and their parent/carer (with the young person's consent) are offered a copy of the care plan and the opportunity to review this.	55%	75%
2.6.8	2	The team sends a letter detailing the outcomes of the assessment to the referrer, the GP and other relevant services within a week of the assessment.	73%	50%

2.7.1	1	Care plans are developed in partnership with young people and their parents/carers (with young person's consent), including agreeing outcomes important to them, and their views are recorded in their note	73%	83%
2.7.2	2	Wherever an element of intervention detailed in the care plan does not take place, reasons for this are recorded in the case notes and discussed with the young person and their family	73%	83%
Section 3: Care and Intervention				
Number	Type	Standard	% Met 2018-19 Cycle	% Met 2017-18 Cycle
3.1.1	2	Clinicians are able to gain multi-disciplinary input on cases when needed	100%	100%
3.1.2	1	Young people are offered evidence based pharmacological and psychological interventions and any exceptions are documented in the case notes.	100%	92%
3.1.3	1	For young people who have not successfully reached their physical health targets after 3 months of following lifestyle advice, the team discusses a pharmacological or other appropriate intervention and recommends it to them. This is documented in the young person's notes.	73%	58%
3.1.4	1	The team gives targeted lifestyle advice to young people. This includes: - Smoking cessation advice - Healthy eating advice - Physical exercise advice.	82%	67%
3.1.5	3	Young people have access to creative therapies.	73%	67%

3.1.6	1	When medication is prescribed, specific treatment targets are set for the young person, the risks and benefits are reviewed, a timescale for response is set and consent is recorded.	73%	75%
3.1.7	1	Young people and their parents/carers (with consent) are helped to understand the functions, expected outcomes, limitations and side effects of their medications and to self-manage as far as possible.	91%	92%
3.1.8	1	Young people have their medications reviewed at a frequency according to the evidence base and clinical need. Medication reviews include an assessment of therapeutic response, safety, side effects and adherence to medication regime.	73%	83%
3.1.9	1	The safe use of high-risk medication is audited, at least annually and at a service level.	55%	75%
3.1.10	1	<p>Young people who are prescribed mood stabilisers or antipsychotics are reviewed at the start of treatment (baseline), at 3 months and then annually unless a physical health abnormality arises. The clinician monitors the following information about the young person:</p> <ul style="list-style-type: none"> - A personal/family history (at baseline and annual review) - Lifestyle review (at every review) - Weight (at every review) - Waist circumference (at baseline and annual review) - Blood pressure (at every review) - Fasting plasma glucose/ HbA1c (glycated haemoglobin) (at every review) - Lipid profile (at every review). 	73%	75%
3.1.11	1	Young people and parents/carers can access support that is appropriate to any disabilities or needs additional to their mental health needs.	73%	83%
3.2.1	2	Young people assessed as requiring treatment see an appropriate clinician within access and waiting times guidelines relevant to the practice area	64%	67%

3.2.2	1	Young people and their parents/carers are informed of how to get appropriate mental health advice in an emergency if necessary	100%	100%
3.3.1	2	CAMHS liaise with other appropriate clinicians to meet any mental health needs identified within the young person's family	91%	100%
3.3.2	2	Young people and parents/carers are guided in self-help approaches where appropriate	100%	100%
3.3.3	2	The team provides information, signposting and encouragement to young people to access local organisations for peer support and social engagement such as: - Voluntary organisations - Community centres - Local religious/cultural groups - Peer support networks - Recovery colleges.	100%	100%
3.3.4	1	The team signposts young people to structured activities such as work, education and volunteering	91%	83%
3.4.1	1	Young people and parents/carers are offered written and verbal information about the young person's difficulties	100%	100%
3.4.2	1	All young people have a documented diagnosis if appropriate and a clinical formulation.	91%	92%
3.4.3	1	Young people and their parents/carers are provided with information about the evidence base, risks, benefits and side effects of intervention options and of non-intervention	64%	75%
3.4.4	1	All young people have a named member of staff who co-ordinates their care and is named in the young person's notes	91%	100%

3.4.5	2	Young people and their parents consistently see the same clinician for intervention, unless their preference or clinical need demands otherwise.	55%	75%
3.4.6	2	There is a mechanism for young people to change their clinician if there are problems without prejudicing their access to treatment.	100%	100%
3.5.1	1	Case records include the results of measurement using at least one validated outcome measure.	82%	92%
3.5.2	2	Outcome measures are evaluated from the perspective of staff, young people and parents/carers at a minimum.	64%	75%
3.5.3	2	Information from outcome measurement is fed back to staff, service-users and commissioners.	45%	58%
3.5.4	3	Aggregated outcome data is used to inform service evaluation and development.	45%	67%
3.6.1	1	Young people and their parents/carers are given the opportunity to feed back about their experiences of using the service, and their feedback is used to improve the service.	91%	100%
3.6.2	2	Young person representatives and parent/carers attend and contribute to local and service level meetings and committees and are actively involved in service development.	45%	50%
3.6.3	2	Young people's views on their therapeutic relationship with their key worker/main professional are sought throughout their contact with the service to monitor their engagement and experience of treatment and inform their ongoing care.	45%	58%
Information, Consent and Confidentiality				
Number	Type	Standard	% Met 2018-19 Cycle	% Met 2017-18 Cycle
4.1.1	3	All information materials such as leaflets are regularly updated and include a date for revision.	45%	58%

4.1.2	3	Young people and their parents/carers are able to access information on the service via an up-to-date website.	64%	50%
4.1.3	2	Staff provide young people and their parents with information about the roles played by key professionals involved in their care.	73%	92%
4.1.4	3	Siblings of young people with learning disabilities and/or mental health problems are provided with clear information in an appropriate format.	18%	25%
4.1.5	2	Staff provide young people and their parents or carers with information that is culturally relevant and sensitive.	82%	75%
4.1.6	2	Information designed for young people and parents/carers is written with the participation of young people and parents/carers.	82%	67%
4.1.7	3	CAMHS facilitate initiatives in which young people receive information about the service from young people who have previously accessed the service.	64%	33%
4.2.1	1	There are systems in place to ensure that the service takes account of any advance directives that the young person has made, where age appropriate.	82%	75%
4.2.2	1	For all young people, the young person's capacity and/or competency is assessed and recorded when a decision is required about their care.	100%	67%
4.2.3	1	Where young people are able to give consent, their consent to the proposed treatment or intervention is sought and their agreement or refusal is recorded in their notes.	91%	83%

4.2.4	1	Where young people are not able to give consent, their views are ascertained as far as possible and taken into account, and the legal basis for giving the proposed treatment or intervention is recorded, for example: - Consent from someone with parental responsibility is obtained and recorded - Treatment in the young person's best interest is given in accordance with the MCA 2005.	100%	83%
4.2.5	2	Consent to treatment is sought by the practitioner who will carry out the treatment.	100%	100%
4.3.1	1	Staff inform young people of their right to agree to or refuse proposed treatments or interventions and explain the circumstances in which young people can be treated without their consent.	91%	92%
4.3.2	2	Staff tell young people that their consent to treatment can be withdrawn at any time and that consent is required again before treatment is reinstated or before further treatment can be given.	91%	75%
4.3.3	2	Where parental responsibility is held by a third party, young people and their parents/carers are informed about the procedures for obtaining consent.	100%	83%
4.4.1	1	All information about the young person is kept in accordance with current legislation.	100%	100%
4.4.2	1	Consent is sought prior to the disclosure of case material to parents/carers if the young person is assessed as able to make such a decision.	100%	100%

4.4.3	1	Audio and visual material is kept confidential and secure and young people and their parents/carers are assured about this and any limitations to this.	100%	92%
4.5.1	1	Young people are given verbal and written information on: <ul style="list-style-type: none"> - Their rights regarding consent to care and treatment - How to access advocacy services - How to access a second opinion - How to access interpreting services - How to raise concerns, complaints and compliments - How to access their own health records - How can parents/carers can access records (if appropriate). 	64%	67%
4.5.2	1	Confidentiality and its limits are explained to the young person and parent/carer at the first assessment, both verbally and in writing.	100%	75%
4.5.3	1	Staff explain clearly to young people at the first appointment what type of information will be shared with whom, and discuss with the young person what should happen in the event the clinician needs to breach confidentiality.	100%	100%
4.5.4	1	Young people and/or their parents/carers are asked if they wish to be copied into letters about the young person's health and treatment.	91%	83%
4.5.5	1	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.	100%	92%
Section 5: Rights and Safeguarding				
Number	Type	Standard	% Met 2018-19 Cycle	% Met 2017-18 Cycle
5.1.1	1	Young people are treated with compassion, dignity and respect.	100%	100%

5.1.2	1	Young people feel listened to and understood in consultations with staff members.	82%	92%
5.1.3	1	Staff members address young people using the name and title they prefer.	100%	100%
5.1.4	2	Young people and parents/carers report that staff are friendly and approachable.	91%	100%
5.1.5	1	Staff members are easily identifiable (for example, by wearing appropriate identification).	100%	92%
5.2.1	1	Young people are given verbal and written information on their rights under the Mental Health Act if under a community treatment order (or equivalent) and this is documented in their notes where appropriate.	73%	75%
5.2.2	1	Young people are offered the opportunity to see a staff member on their own without other staff or family present.	100%	100%
5.2.3	3	Young people can meet with a staff member of the gender of their choice.	64%	83%
5.3.1	1	Complaints procedures are well-publicised and patient-friendly and staff explain to all young people and their parents/carers how to use them.	100%	92%
5.3.2	2	The service has a formal link with an advocacy service for use by young people.	36%	42%
5.3.3	1	The young person and the team can obtain a second opinion if there is doubt, uncertainty or disagreement about the diagnosis or treatment.	91%	100%
5.4.1	1	The service has access to interpreters and the young person's relatives are not used in this role unless there are exceptional circumstances.	100%	100%
5.4.2	3	Interpreters have received guidance about mental health matters, including the importance of full and accurate translation.	73%	92%
5.5.1	1	Staff act in accordance with current child protection protocols (e.g. the procedures of the Local Safeguarding Children Board), regardless of the young person's level of ability.	100%	100%
5.5.2	1	The organisation has a named doctor and a named nurse responsible for child protection.	100%	100%

5.5.3	1	Young people who may be at risk of harm are referred to the appropriate team within the Local Authority (e.g. Social Services).	100%	100%
5.5.4	1	There are procedures for escalation through the identified safeguarding lead if no response is received when a safeguarding referral is made to the local authority.	100%	100%
5.5.5	1	Young people are reassured that any disclosure of abuse will be taken seriously and are informed about the next steps.	100%	100%
5.5.6	1	The specific safeguarding needs of young people who are Looked After are responded to through policies, procedures and practice that are designed to protect them.	100%	100%
5.5.7	1	Safeguarding information is clearly recorded and shared between agencies and services for the explicit purpose of child protection.	82%	100%
5.5.8	1	All staff who come into contact with young people or who have access to information about them undergo a Disclosure and Barring Service (DBS) check (or local equivalent) before their appointment is offered. Ongoing monitoring of this is carried out every two years.	100%	92%
5.5.9	1	Safeguarding training should be at level 3 and include specific reference to vulnerable groups including young people with ASD, LD and LAC.	100%	100%
5.6.2	1	Staff members feel able to raise any concerns they may have about standards of care.	100%	100%
5.6.3	1	Staff members and young people feel confident to contribute to and safely challenge decisions.	91%	100%
Section 6: Transfer of Care				
Number	Type	Standard	% Met 2018-19 Cycle	% Met 2017-18 Cycle
6.1.1	1	Young people and their parents/carers (with young person consent) are involved in decisions about discharge plans.	91%	100%

6.1.2	1	<p>A letter setting out a clear discharge plan is sent to the young person and all relevant parties within 10 days of discharge. The plan includes details of:</p> <ul style="list-style-type: none"> - On-going care in the community/aftercare arrangements - Crisis and contingency arrangements including details of who to contact - Medication - Details of when, where and who will follow up with the young person as appropriate. 	55%	42%
6.1.3	1	On leaving the service, staff tell young people, parents/carers and referrers how they can receive further advice if needed.	82%	100%
6.1.4	2	Where young people reaching the upper age limit of the service are not referred to adult mental health services they are informed how to access adult mental health services if needed later on.	91%	100%
6.1.5	1	<p>The team follows a protocol to manage young people who stop attending the service. This includes:</p> <ul style="list-style-type: none"> - Recording the young person's capacity to understand the risks of self-discharge - Putting a crisis plan in place - Contacting relevant agencies to notify them of the discharge. 	91%	75%
6.2.1	1	When young people are to leave the service the Care Programme Approach is completed where appropriate.	45%	58%
6.2.2	2	When young people leave the service, their key worker or equivalent takes responsibility for planning this.	91%	100%
6.2.3	3	When young people are transferred between community services there is a meeting in which members of the two teams meet with the young person and parent/carer to discuss transfer of care.	73%	75%
6.2.4	1	When young people are transferred between community services there is a handover which ensures that the new team have an up to date care plan and risk assessment.	100%	83%

6.2.5	1	Young people who are discharged from hospital to the care of the community team are followed up within one week of discharge, or within 48 hours of discharge if they are at risk.	91%	83%
6.2.6	1	For young people who are Looked After, arrangements for their continuing care are planned in conjunction with the relevant Social Services departments.	82%	83%
6.2.7	1	When young people leave the service, a summary letter or report outlining recommendations for future care is sent to their GP and any other agencies involved.	100%	100%
6.2.8	2	On leaving the service, there are agreements with other agencies for young people to re-access the service if needed, without following the initial referral pathway.	64%	67%
6.2.9	2	If young people are placed out-of-area, there are agreements for mental health care to be transferred once they return to the local area.	82%	83%
6.2.10	2	If the young person moves out of area and is being transferred to a new service, the responsibility is held with their current service until they receive their first assessment.	55%	75%
		Transfer to Inpatient Care		
6.3.1	2	Primary emphasis is placed on referring young people to a unit that meets their specific mental health needs, working with their choices and preferences.	73%	75%
6.3.2	2	Young people are referred to a unit that is as accessible as possible so that contact with home and family is maintained.	55%	42%
6.3.3	2	Young people are referred to an age-appropriate unit that meets their developmental needs.	91%	75%
6.3.4	1	There are clear procedures for staff to follow in situations when inpatient beds are required but are not immediately available within the relevant service.	91%	75%

6.3.5	1	When a young person is admitted to hospital, a community team representative attends and contributes to ward rounds and discharge planning.	91%	67%
Transfer to Adult Mental Health Services:				
6.4.1	1	A written transition policy is in force and followed which states the age for referral to adult services.	100%	92%
6.4.2	1	Young people aged below the locally agreed cut-off for referral to adult services are not referred to adult services unless in exceptional circumstances.	100%	83%
6.4.3	1	There is active collaboration between Child and Adolescent Mental Health Services and Working Age Adult Services for young people who are approaching the age for transfer between services. This starts at least 6 months before the date of transfer.	91%	58%
6.4.4	2	Transition protocols are in place for young people with neurodevelopmental disorders (e.g. ASD, ADHD), including signposting to other support where the young person does not meet the criteria for adult mental health services.	64%	58%
6.4.5	3	CAMH services have a named link person who liaises between services around transitions, who is responsible for leadership around transitions and monitors the quality of transition process.	82%	58%
6.4.6	2	Where young people reaching the upper age limit of the service are not referred to adult mental health services, but access adult services at a later date, the CAMHS service will provide liaison to the adult service, if needed and with consent.	91%	83%
6.4.7	2	Young people referred to adult services are provided with a transition pack which contains information on: - The roles of adult mental health staff (for example general adult psychiatrist, CPN) - Who to contact if there is a problem.	36%	42%

6.4.8	3	Young people referred to adult services are allocated a transitions mentor to support the transfer, who should be either an independent advocate or based within adult mental health services.	18%	33%
Section 7: Multi-Agency Working				
Number	Type	Standard	% Met 2018-19 Cycle	% Met 2017-18 Cycle
7.1		The service works closely with, and has good access to, a range of services and agencies that are appropriate to the needs of the young people and parents/carers. These include:		
7.1.1	1	Primary health care teams.	91%	83%
7.1.2	1	Paediatric, child development centres and other children's health services, including neurological services where appropriate.	91%	100%
7.1.3	1	School health services including community paediatricians and school or college nurses.	91%	100%
7.1.4	1	Organisations which offer: - Housing support - Support with finances, benefits and debt management - Social services.	82%	75%
7.1.5	1	Education and education support services.	100%	100%
7.1.6	2	Forensic mental health services.	91%	75%
7.1.7	2	Youth justice service.	100%	75%
7.1.8	1	Inpatient and day-patient child and adolescent mental health services.	82%	75%
7.1.9	1	Adult mental health services.	91%	92%
7.1.10	2	Occupational Therapy.	64%	75%

7.1.11	1	Speech and language professionals.	91%	75%
7.1.12	1	Young people's drug and alcohol teams/substance misuse services.	91%	83%
7.1.13	1	Laboratory and diagnostic services.	82%	92%
7.1.14	1	Accident and emergency.	100%	83%
7.1.15	1	Appropriate voluntary and third sector services.	91%	83%
7.1.16	2	Adult learning disability services.	91%	83%
7.1.17	3	The service has a meeting, at least annually, with all stakeholders to consider topics such as referrals, service developments, issues of concern and to re-affirm good practice.	64%	67%
7.2.1	2	Documented inter-agency agreements clearly state the roles and responsibilities allocated to each organisation.	82%	67%
7.2.2	1	There are arrangements in place to ensure that young people can access help, from mental health services, 24 hours a day, 7 days a week.	91%	83%
7.2.3	1	There are interagency agreements on the sharing of information which balance confidentiality with the need to keep all relevant services informed in the young person's best interests.	55%	83%
7.2.4	1	The team follows a joint working protocol/care pathway with the Home Treatment/Crisis Resolution Team in services that have access to one.	64%	42%
7.2.5	1	The team follows an agreed protocol with local police, which ensures effective liaison on incidents of criminal activity/harassment/violence.	64%	50%
7.3.1	2	There is regular dialogue, such as case meetings, between CAMHS and representatives from all agencies involved in the young person's care, and this is documented in the clinical notes.	100%	100%
7.3.2	3	There is joint training and professional development across the services and agencies working with young people.	82%	83%

7.3.3	3	Joint working is facilitated through flexible initiatives such as secondments, rotational posts, split posts and opportunities for job shadowing across organisations.	73%	42%
Section 8: Staffing and Training				
Number	Type	Standard	% Met 2018-19 Cycle	% Met 2017-18 Cycle
8.1.1	1	Staff members are able to take breaks during their shift that comply with the European Working Time Directive.	100%	92%
8.1.2	1	Staff members receive an induction programme specific to the service, which covers: - The purpose of the service - The team's clinical approach - The roles and responsibilities of staff members - The importance of family and carers - Care pathways with other services.	91%	92%
8.1.3	1	New staff members, including agency staff, receive an induction based on an agreed list of core competencies.	91%	92%
8.1.4	1	Clinical staff members have received formal training to perform as a competent practitioner, or, if still in training, are practising under the supervision of a senior qualified clinician.	100%	100%
8.1.5	1	The service undertakes pre-employment checks to ensure that professional staff are registered with the appropriate bodies e.g. General Medical Council, Nursing and Midwifery Council, and ongoing monitoring of this is carried out every year.	100%	100%
8.2.1	2	There has been a review of the staff members and skill mix of the team within the past 12 months. This is to identify any gaps in the team and to develop a balanced workforce which meets the needs of the service.	73%	83%

8.2.2	1	The service has a mechanism for responding to low staffing levels, including: - 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.	73%	58%
8.2.5	2	Staffing levels support staff commitments to provide training, supervision and consultation within the service and to other services.	82%	83%
8.2.1	2	Psychiatric assessment for children and young people.	91%	83%
8.2.2	2	Rapid response to referrals as outlined in the care pathway.	100%	100%
8.2.3	2	Staff trained to supervisory level for evidence-based psychological interventions.	100%	92%
8.2.4	2	Staff trained in the delivery of evidence-based psychological interventions.	100%	92%
8.2.5	2	Experience to be able to provide family support.	100%	100%
8.2.6	2	Experience to be able to provide home treatment.	73%	75%
8.2.7	2	Administrative support or procedures in place to enable staff to support the effective running of the service.	73%	83%
8.2.8	2	Young people are involved in and influence the recruitment of new staff.	73%	75%
8.3.1	1	CAMHS teams have a designated service manager and clinical lead.	91%	100%
8.3.2	2	All staff have clearly defined job descriptions and job plans which are revised at least annually.	91%	67%
8.3.3	1	There are written documents that specify professional, organisational and line management responsibilities.	82%	92%

8.4.1	1	All staff members receive an annual appraisal and personal development planning (or equivalent).	100%	100%
8.4.1a	3	Clinical staff appraisals include feedback from young people and parents/carers.	45%	42%
8.4.2	1	All clinical staff members receive clinical supervision at least monthly, or as otherwise specified by their professional body.	100%	92%
8.4.3	2	The quality and frequency of clinical supervision is monitored quarterly by the service lead (or equivalent).	73%	67%
8.4.4	3	All clinical staff receive regular peer group multidisciplinary supervision totalling at least one hour per month.	100%	75%
8.4.5	2	All staff receive regular line management and professional supervision totalling at least one hour per month.	91%	92%
8.4.6	2	All supervisors receive training in clinical supervision taking into consideration profession-specific guidelines.	91%	92%
8.4.7	2	All junior staff (nursing and medical) receive support in line with their professional requirements.	100%	100%
8.4.8	2	All new staff members are allocated a mentor to oversee their transition into the service.	91%	83%
8.4.9	1	Legal advice is available to staff on issues such as information sharing, confidentiality, consent, rights and child protection.	100%	83%
8.4.10	1	Staff members follow a lone working policy and feel safe when conducting home visits.	91%	92%
8.5.1	1	The service actively supports staff health and well-being.	100%	100%

8.5.2	2	Staff members work well together, acknowledging and appreciating each other's efforts, contributions and compromises.	100%	100%
8.5.3	1	Systems are in place to enable staff members to quickly and effectively report incidents and managers encourage staff members to do this.	100%	100%
8.5.4	1	Staff members share information about any serious untoward incidents involving a young person with the young person themselves and their carer, in line with the Duty of Candour agreement.	91%	100%
8.5.5	1	Staff members, young people and parents/carers who are affected by a serious incident are offered a debrief and post incident support.	91%	92%
8.5.6	1	Lessons learned from incidents are shared with the team and disseminated to the wider organisation.	100%	100%
8.5.7	2	Key clinical/service measures and reports are shared between the team and the organisation's board, e.g. findings from serious incident investigations and examples of innovative practice.	91%	92%
8.6.1	2	The service has access to a budget that can support the training needs of the team.	73%	67%
8.6.2	2	Staff members can access leadership and management training appropriate to their role and specialty.	100%	92%
8.6.3	2	Staff members have access to study facilities (including books and journals on site or online) and time to support relevant research and academic activity.	100%	92%
8.6.4	3	There is a commitment and financial support to enable staff to contribute to multi-centre clinical audit or research.	73%	58%
8.6.5	1	All staff members who deliver therapies and activities are appropriately trained and supervised with evidence-based therapies.	100%	83%

8.6.6	2	Team managers and senior managers promote positive risk-taking to encourage recovery and personal development.	100%	92%
8.7		Staff receive regularly updated education and training that is appropriate to their work in the service. This includes training and guidance on:		
8.7.1	2	Specific evidence-based practice.	100%	100%
8.7.2a	1	Pharmacological interventions (for staff who prescribe, dispense or administer medicines to young people).	91%	83%
8.7.2b	2	All clinical staff have a basic understanding of medications.	91%	100%
8.7.3	1	Policies and procedures around consent.	91%	100%
8.7.4	1	Policies and procedures around information-governance and confidentiality.	91%	100%
8.7.5	2	De-escalation and breakaway training.	91%	83%
8.7.6	1	Culturally sensitive practice, disability awareness, and other diversity and equality issues, including the Equality Act 2010.	91%	100%
8.7.7	2	Skills to respond to special needs, including sensory impairments, learning disabilities and developmental disorders.	73%	75%
8.7.8	1	How to respond to an emergency when first on-call to young people presenting with acute psychiatric illness.	82%	92%
8.7.9	2	Staff members receive training consistent with their role, which is recorded in their personal development plan and is refreshed in accordance with local guidelines. This training includes:	100%	100%
8.7.10	1	The use of legal frameworks, such as the Mental Health Act (or equivalent) and the Mental Capacity Act (or equivalent);	100%	92%
8.7.11	1	Physical health assessment;	82%	83%

8.7.12	1	Recognising and communicating with young people with special needs, e.g. cognitive impairment or learning disabilities;	91%	92%
8.7.13	1	Statutory and mandatory training;	100%	92%
8.7.14	2	Clinical outcome measures;	82%	92%
8.7.15	2	Carer awareness, family inclusive practice and social systems, including carers' rights in relation to confidentiality.	91%	92%
8.7.16	2	Young people, parents/carers and staff members are involved in devising and delivering training face-to-face.	64%	58%
8.7.17	3	Shared in-house multi-disciplinary team training, education and practice development activities occur in the service at least every three months.	100%	83%
8.8.1	2	The team attends business meetings that are held at least monthly.	100%	83%
8.8.2	3	The team reviews its progress against its own plan/strategy, which includes objectives and deadlines in line with the organisation's strategy.	73%	75%
8.8.3	2	Front-line staff members are involved in key decisions about the service provided.	100%	83%
8.8.4	2	Managers ensure that policies, procedures and guidelines are formatted, disseminated and stored in ways that front-line staff members find accessible and easy to use.	100%	100%
8.8.5	1	The team has a timetabled meeting at least once a week to discuss allocation of referrals, current assessments and reviews.	100%	100%
8.8.6	2	Staff are consulted on relevant management decisions such as developing and reviewing operational policy.	82%	75%
8.8.7	3	The organisation's leaders provide opportunities for positive relationships to develop between everyone.	100%	83%

8.8.8	2	The team has protected time for team-building and discussing service development at least once a year.	100%	100%
8.8.9	2	When posts are vacant or in the case of long-term sickness of maternity leave, prompt arrangements are made for temporary staff cover	73%	58%
Section 9: Location, Environment and Facilities				
Number	Type	Standard	% Met 2018-19 Cycle	% Met 2017-18 Cycle
9.1.1	2	The service entrance and key clinical areas are clearly signposted.	82%	92%
9.1.1.1	3	Everyone is able to access the service using public transport or transport provided by the service.	82%	100%
9.1.2	1	Staff, young people and parents/carers report that environments used by CAMHS practitioners are comfortable and maintained at high levels of cleanliness.	64%	83%
9.1.3	2	CAMH centres are age and developmentally appropriate for the whole age range seen by the service and are young person-friendly.	64%	67%
9.1.4	2	Staff, young people and parents/carers report that waiting areas for CAMH services are sufficiently spacious.	82%	75%
9.1.5	3	CAMH centres have sufficient car parking space for visitors, including allocated spaces for disabled access.	73%	58%
9.2.1	1	The environment complies with current legislation on disabled access.	91%	83%
9.2.2	2	CAMHS practitioners have access to large and small rooms suitable for individual and family consultations.	91%	92%

9.2.3	1	Clinical rooms are private and conversations cannot be easily overheard.	64%	92%
9.3.1	1	If teams see young people at their team base, the entrances and exits are visibly monitored and/or access is restricted.	82%	100%
9.3.2	2	CAMH centres are securely separated from adult services.	73%	67%
9.3.3	1	When consultation takes place in a new setting, staff carry out a risk assessment regarding the safety of the environment and its suitability for meeting the needs of the consultation.	91%	100%
9.3.4	1	An audit of environmental risk is conducted annually and a risk management strategy is agreed.	64%	67%
9.3.5	3	CAMH centres provide low-stimulation environments for young people who require them, including designated quiet areas.	55%	58%
9.3.6	1	There is an alarm system in place (e.g. panic buttons) and this is easily accessible.	82%	75%
9.3.7	1	A collective response to alarm calls and fire drills is agreed before incidents occur. This is rehearsed at least six-monthly.	73%	50%
9.3.8	1	Furniture is arranged so that doors, in rooms where consultations take place, are not obstructed.	100%	100%
9.3.9	1	Emergency medical resuscitation equipment (crash bag), as required by Trust/organisation guidelines, is available at the team's base within three minutes.	82%	92%
9.3.10	1	Emergency medical resuscitation equipment is maintained and checked weekly, and after each use.	55%	67%
9.4.1	2	Staff report they have sufficient space to do administrative work.	73%	83%

9.4.2	2	There are sufficient IT resources (e.g. computer terminals) to provide all practitioners with easy access to key information, e.g. information about services/conditions/ treatment, service user records, clinical outcome and service performance measurements.	73%	100%
9.4.3	1	The team is able to access IT resources to enable them to make contemporaneous records at meetings.	82%	83%
Section 10: Commissioning				
Number	Type	Standard	% Met 2018-19 Cycle	% Met 2017-18 Cycle
10.1.1	1	Senior CAMHS managers work collaboratively with the CAMHS commissioning lead for each commissioning agency involved.	91%	83%
10.1.2	2	Commissioners and service managers meet at least six-monthly.	91%	83%
10.1.3	1	Commissioners and senior CAMHS managers are aware of their responsibilities as outlined in the service specification.	91%	83%
10.1.4	2	The following groups are involved in and consulted on the development of the commissioning strategy: <ul style="list-style-type: none"> - Young people who may access the service - Families of young people who may access the service - People from different religious, cultural and minority ethnic groups, whether or not they are patients of the service - CAMHS staff, including frontline staff - Local community groups and partner agencies. 	64%	58%
10.1.5	3	Commissioners produce a feedback report demonstrating how consultation with the above groups has been acted upon to inform the commissioning strategy.	64%	50%

10.2.1	1	The service is explicitly commissioned or contracted against agreed standards.	82%	83%
10.2.2	2	There is a comprehensive CAMHS strategy for all levels of service provision which is accessible and known to all local agencies working with young people.	91%	75%
10.3.1	1	Commissioners and staff from the service regularly review capacity and demand.	73%	83%
10.3.2	2	CAMHS work in partnership with primary services and other relevant services to ensure young people with particular needs (for example sensory impairments or autistic spectrum disorders) receive the co-ordinated care and intervention they need.	55%	92%

Appendix B: List of Members in the 2018-19 Review Cycle

Teams participating in the 2018-19 Cycle of QNCC

Team Name	Trust/Organisation
Adolescent Assertive Outreach Team	South West London and St George's NHS Trust
Bedfordshire CAMHS	East London NHS Foundation Trust
Belfast Child and Adolescent Mental Health Out-patients	Belfast Trust
CAIT Beechcroft	Belfast Trust
CAMHS North Team	Cambridge and Peterborough NHS Foundation Trust
Cheltenham CAMHS	2Gether NHS Foundation Trust
Children and Young People – Rise	Coventry and Warwickshire Partnership NHS Trust
Bedfordshire Emotional Wellbeing Service (CHUMS)	CHUMS CIC Mental Health and Emotional Wellbeing Service
City and Hackney CAMHS	East London NHS Foundation Trust
East Lancashire Child and Adolescent Service	East Lancashire Hospitals NHS Trust
Halton CAMHS	North West Boroughs Healthcare NHS Foundation Trust
Kite Team	Betsi Cadwaladr University Health Board
Manchester CAMHS	Manchester University NHS Foundation Trust
Newham CAMHS	East London NHS Foundation Trust
North Tyneside CAMHS	Northumbria Health NHS Foundation Trust
Nottinghamshire Community CAMHS	Nottinghamshire Healthcare NHS Trust
Portsmouth City CAMHS	Solent NHS Trust
Salford CAMHS	Manchester University NHS Foundation Trust
Weston CAMHS	Weston Area Health NHS Trust

**Specialist CYP Eating Disorder teams participating in the 2018-19
Cycle of QNCC-ED (data not included in this report)**

Team Name	Trust/Organisation
Belfast Eating Disorder Youth Service	Belfast Trust
Community Eating Disorder Service (CEDs-CYP)	East London NHS Foundation Trust
Dudley and Walsall CAMHS ED Service	Dudley and Walsall Mental Health Partnership Trust
East Riding CAMHS (formerly known as Beverley Health Centre)	Humber NHS Trust
Leeds Children and Young People's ED Service	Leeds Community Healthcare NHS Trust
Oxford and Buckinghamshire ED service	Oxford Health NHS Foundation Trust
Royal Free Eating Disorder Service	Royal Free London NHS Foundation Trust
SLAM Child and Adolescent Eating Disorders Service	South London and Maudsley NHS Foundation Trust
Somerset ED service	Somerset Partnership NHS Trust
Surreywide Eating Disorder Service for Children and Young People	Surrey and Borders Partnership NHS Trust
Swindon, Wiltshire and BaNES ED Service	Oxford Health NHS Foundation Trust
Weston ED service	Weston Area Health NHS Trust

Appendix C: QNCC Advisory Group 2019

- **Harriet Clarke** Head of Quality and Accreditation, CCQI
- **Hannah Lucas** Programme Manager, CCQI
- **Arun Das** Deputy Programme Manager, CCQI
- **Hannah Lukacs** Occupational Therapist, Central and North West London NHS Foundation Trust
- **Carol-Anne Murphy** Nurse Consultant, North West Boroughs Healthcare NHS Trust
- **Saeed Nazir** Consultant Psychiatrist, Nottinghamshire Healthcare NHS Trust
- **Katy Paul** Service Lead, Northumberland CYPS
- **Hannah Sharp** Young Person Advisor, QNCC
- **Eduardo Szaniecki** Consultant Psychiatrist, Hertfordshire Partnership NHS Foundation Trust
- **Caroline Thompson** Clinical Psychologist, Belfast Trust
- **Joanna Wakeman** Parent Representative, QNCC
- **Caroline Winstone** North Wales Regional Specialist CAMHS Commissioning Manager