

Quality Network for Inpatient CAMHS Annual Report (QNIC)

Cycle 15



**Editors: Hannah Craig, Jasmine Halvey and
Thomas Johnstone**

CCQI246

© Copyright 2016

Royal College of Psychiatrists

Contents

Foreword	3
Introduction	5
Cycle 15	7
Comparison to cycle 14	11
Cycle 16	13
15 years of QNIC	15
Environment and Facilities	16
Staffing and Training	19
Access, Admission and Discharge	22
Care and Treatment	24
Information, Consent and Confidentiality	27
Young People’s Rights and Safeguarding Children	29
Clinical Governance	32
Appendix A: Aggregated Results	34
Appendix B: Cycle 15 members	72
Appendix C: Advisory Group members	75
Appendix D: Accreditation Committee members	76
Appendix E: Accredited Units	77

Foreword (1)



The QNIC Annual Forum in June this year made special mention of celebrating 15 years of QNIC. For those of you slightly longer in the tooth, you will recall when it all started in 2001, with the National In-patient Child and Adolescent Psychiatry Study (NICAPS). The NICAPS study was a unique piece of research at its time that benchmarked and described the state of inpatient CAMHS services throughout the UK, and a set of standards were produced against which all units could be assessed. QNIC was essentially borne from this initiative as a mechanism for checking units against these standards.

I think you'll all agree that QNIC has really come a long way since then. So, for this annual report on its "crystal anniversary", I would like to briefly reflect on the 15 years that QNIC has been improving on the quality of inpatient CAMHS care. I will do this by highlighting its impact and achievements that have "crystallised" in eight key areas.

First, QNIC has really grown in its reach, membership and therefore national profile. In QNIC's inaugural year, the first cycle of QNIC only included about 30% of inpatient units in the UK. However, it has now grown to include membership of practically all UK units, as well as some international units. Second, over the last few years there has been the advent of accreditation reviews, giving units more "teeth" to influence and change things at local level. Third, alongside the bi-annual revision of the set of QNIC standards, the QED standards have been developed specifically for Eating Disorder units, demonstrating how QNIC has been able to tailor its standards for specific populations – other QNIC standards are currently being considered. Fourth, the introduction of the QNIC email discussion group has certainly proven to be an invaluable tool for increasing networking, and it functions as a really quick way to access information and advice. Fifth, there has been a constant stream of training, CPD and networking events organised by QNIC for a variety of professional groups, including the Annual Forum. Sixth, in recognition of QNIC's status, the standards are now widely referenced by commissioners, the CQC, and also the newly developed Tier 4 IAPT curriculum. Seventh, QNIC has frequently been at the forefront of important national initiatives (e.g. NHS England's Tier 4 inpatient CAMHS review in 2014). Finally, QNIC has massively increased its involvement of service users in the form of young person and carer advisors at reviews, at the Annual Forum, CPD days, and within the QNIC Advisory Group.

Although QNIC can proudly celebrate these and many other of its crystal anniversary accomplishments, I am minded of a quote from the poet Robert Browning:

"What youth deemed crystal, age finds out was dew".

If this is what has been achieved in 15 years, it is heartening to think about how much further forward inpatient CAMHS services will be with another 15 years of QNIC's work!

Dr Paul Abeles

Consultant Clinical Psychologist, Galaxy House, Manchester

Foreword (2)



With CAMHS being an organisation dedicated to the care and recovery of young people suffering with mental health problems, the value of involving young people with experience of CAMHS in a project like QNIC speaks for itself. By providing young people with a platform to express their needs and opinions, QNIC has created standards that reflect the needs of the children and adolescents accessing mental health services. On top of this, by running informative events, the quality of care the standards ask for is made more attainable to units.

For me, one of the greatest achievements of QNIC is the way it uses information provided by service users themselves to keep its standards up to date and relevant to trends in mental health. Introducing a pilot group of Parent Advisors, QNIC have also highlighted how important it is to involve the families of young people in all stages of recovery.

Even between now and when I became a Young Person's Advisor two years ago, the changes to services involved with QNIC have been huge. Despite knowing that standards are developed to encourage a consistently high level of care, the scale of the impact QNIC actually has still shocks me. To give just one example of many, the emphasis placed on care-plans has influenced services to develop plans that can be easily understood and utilised by the people they're designed to help. More than once, I've spoken to clinicians who improved their care plans as a direct result of feedback given on QNIC reviews. It's an incredible feeling to have clinicians approach you and tell you that advice offered by review teams have prompted changes to the way their service operates. It's even more incredible to have them say that these changes have caused positive results.

Many of the changes achieved in the 15 years of QNIC would not have been possible without keeping the values and opinions of young people in mind. Getting ex-service users to attend peer and accreditation reviews provides real opportunity for initiating meaningful dialogue between young people and clinicians, and provides current service users with intermediaries through which to speak their minds. That is why, to me, one of the biggest challenges facing QNIC is the question of how to increase the amount of patients and carers taking part in interviews on peer and accreditation reviews. Of the review days I have taken part in, some of the greatest obstacles for providing units with accurate feedback has revolved around not being able to gather enough information about the service by the very people using it. The value of this feedback is central to helping units gauge their best and worst elements. QNIC needs to work with services to help them to improve communication between clinicians and young people and their families.

Hannah Stevenson
Young Person Advisor, QNIC

Introduction

Quality Network for Inpatient CAMHS (QNIC)

QNIC was developed from the National Inpatient Child and Adolescent Psychiatry Study (NICAPS) in 2001 and has now finished its 15th cycle. Approximately 99% of units in the UK are members with international members in Australia, Estonia, Ireland, Norway and Turkey. QNIC demonstrates and improves the quality of child and adolescent psychiatric in-patient care through a system of reviews against standards. The process is supportive and enables information sharing between units that can otherwise be isolated.

The review process

The real benefit for member units is in taking part in the QNIC review process. The reviews aim to improve units 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-reviews and peer reviews where members visit each other's units. The self-review questionnaire is essentially a checklist of QNIC 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 peer review and become familiar with the standards.

During the peer review, data is collected through interviews with CAMHS staff, young people and parents/carers.

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

The project team would like to thank

- The staff in member teams who organised, attended and hosted peer reviews
- The parents/carers and young people who met with the review team and took part in the QNIC review process
- The QNIC Advisory Group for their continuing support and advice
- Our growing cohort of young people advisors who attend peer reviews days and contribute to our events

This report

This report compiles data from all local reports from Cycle 15 following developmental peer reviews and accreditations. For the purposes of data aggregation, partly met standards were treated as not met. The summary of the number of criteria met, and not met yields an average score for each individual standard and these averages enabled us to obtain a measure of overall performance for each section of the standards. Average scores for teams involved in Cycle 15 are detailed in this report which allows teams to benchmark themselves against other teams in the network based on their own individual report.

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.

QNIC have developed recommendations based on Cycle 15's standards, open discussion topics and feedback from the peer review days.

There are 7 sections within the standards and all have been looked at in this report

1. Environment and Facilities
2. Staffing and Training
3. Access, Admission and Discharge
4. Care and Treatment
5. Information, Consent and Confidentiality
6. Young People's Rights and Safeguarding Children
7. Clinical Governance

Types of Standards

Type 1: Failure to meet these standards would result in a significant threat to patient safety, rights or dignity and/or would breach the law

Type 2: Standards that an accredited unit would be expected to meet

Type 3: Standards that an excellent unit should meet or standards that are not the direct responsibility of the team

Contact us

Harriet Clarke, Programme Manager

Telephone: 020 3701 2663

Email: qnic@rcpsych.ac.uk

Cycle 15

This report explores the data collected throughout Cycle 15 (September 2015 – May 2016) of the Quality Network for Inpatient CAMHS (QNIC).

96 CAMHS units had a peer or accreditation review visit between September 2015 and May 2016. The units who are part of QNIC are a mix of NHS, Independent and Private units as well as international units.

In addition, 12 teams were at a stage of the accreditation process, either in the deferral stage or second year self-review. A self-review involves teams measuring their compliance against the standards without receiving a peer review.

Accreditation was introduced by QNIC in Cycle 10 as a more thorough process than quality improvement visits and involves collecting evidence about compliance with QNIC standards through a variety of data collection methods. Units have to meet 100% of Type 1 standards, 80% of Type 2 standards and 60% of Type 3 standards in order to be accredited. This is a formal recognition award lasting for 3 years. 9 units took part in accreditation in Cycle 15 and currently 26 units are accredited by The Royal College of Psychiatrists. Please see Appendix E for a list of accredited units and Appendix D for those that sit on the Accreditation Committee.

If you are interested in accreditation for Cycle 16, please contact the QNIC team for advice.

For both the peer review process and accreditation process, interviews are carried out with members of the staffing team, young people and parents/carers involved in the unit currently or recently discharged. Throughout Cycle 15 we interviewed:

- 768 staff members
- 297 young people
- 221 parents/carers

QNIC would encourage units to get as many young people and parents/carers involved in their reviews as possible, as their feedback is vital in shaping the development of the units. It is possible for young people and parents to take part in a phone interview if they are unable to attend the unit on the review day.

The peer review and accreditation visits could not go ahead without the peer reviewers who join the project team. Ideally, a medical, nursing and MDT representative is required for each peer review.

In Cycle 15, 88% of our visits were attended by both a nurse and MDT member and 79% by a medical team member. Professions included charge nurses, clinical team leaders, consultant child and adolescent psychiatrists, consultant nurses, dieticians, family therapists, occupational therapists, psychologists, RMNs, social workers, speciality doctors, ST6's, systemic therapists, teachers, ward doctors and ward managers. We always appreciate reviewers giving up their time to attend visits and continually struggle to achieve full attendance at reviews. If you are interested in becoming a reviewer please get in touch.

As well as professional reviewers we have the support of young person advisors, and this cycle 80% of our visits were attend by a young person advisor; this has increased from 50% in the previous cycle. We now have 29 young people advisors part of QNIC.

Young Person Advisor feedback

- QNIC is great. I would love to do more work with you guys :)
- Great team!!
- The QNIC team are outstanding for creating opportunities for young people to network and work experience
- The reviews are well organised and I felt very supported in the lead up to and on the review day. The training has been really informative and helpful for reviews.
- The team are excellent for organising transport in advance and facilitating the needs of YPAs
- The support that I have received through my time so far with QNIC has been helpful. There have been times when I've felt too unwell to attend a review and in these circumstances my decisions have been taken seriously by the team. Thank you
- General mental health first aid training would be useful as obviously we've only had personal experience of particular conditions but come across many other conditions on review days so it'd be useful to have more insight into them
- It would be helpful to have a session where we can learn about the different type of inpatient settings available and what sort of clients they are used for, as it can get a bit confusing with understanding the difference between these different facilities

This report

This national report contains the aggregated results of the reviews (both self and peer reviews) undertaken by the 102 CAMHS teams in Cycle 15. The 102 teams are made up of 96 peer review/accreditation visits and 6 second year accreditation self-reviews.

The report begins with an overall look at the performance in Cycle 15 before making comparisons to Cycle 14 and analysing development of units over 15 years of QNIC. The main body of the report is split into the 7 sections of QNIC standards. The graphs highlight the average standards met by type and highest and lowest met standards across units are listed. There is also extra information related to improvements and good practice per section.

Finally, a full summary detailing the percentage of units that met each of the standards is included. This enables teams to benchmark themselves against other teams in the network.

Open discussion topics

For teams having a focused review, there is the opportunity to discuss a topic of their choice on their review day. Below are common topics raised by services and discussed on the review day.

- Changing size and set up of the ward
- Crisis pathways
- Delayed discharges
- Eating Disorder pathways
- Embedding therapeutic interventions
- Emergency admissions
- Engaging young people in education
- Internet and media
- Learning from serious incidents
- Length of admissions and complexity of needs
- Outcome measures
- Parent and young people involvement

- Recruitment and retention of staff
- Risk management and restrictive practice
- Seclusion
- Self-harm
- Service development
- Transgender care
- Utilising space on the unit
- Working with young people over the age of 18

We hope these themes stimulate discussion within your own teams and these can be continued on the QNIC email discussion group (qnic@rcpsych.ac.uk).

Feedback from our members

Thank you to all our members who provided feedback about QNIC. This is invaluable for our development and has been reviewed by our project team for Cycle 16.

Here are some of the comments received from services and reviewers

- The lead reviewer explained in advance what was going to happen throughout the day which was really helpful
- I thought that there was a very generous and creative sharing of ideas
- The lead reviewer was excellent however, different experiences and backgrounds within the review team created some challenges
- The review team had a range of experience and the lead reviewer facilitated the day well
- We needed support from the QNIC team to find our way around the CARS site. Now we have done it once we are hopeful that it will be less challenging next time
- I found it hard locating the workbook on CARS and had to get assistance from the project team
- We always enjoy our peer review day. It is nice for the staff on the ward to be able to showcase the good work they do. It is also nice to listen to the visitors and share new ideas
- The reviewer maintained the focus of the day and provided helpful feedback

We will be asking all of our members to provide feedback following reviews and at the end of Cycle 16 but we would welcome feedback throughout the cycle. Please contact us at qnic@rcpsych.ac.uk.

Annual Forum

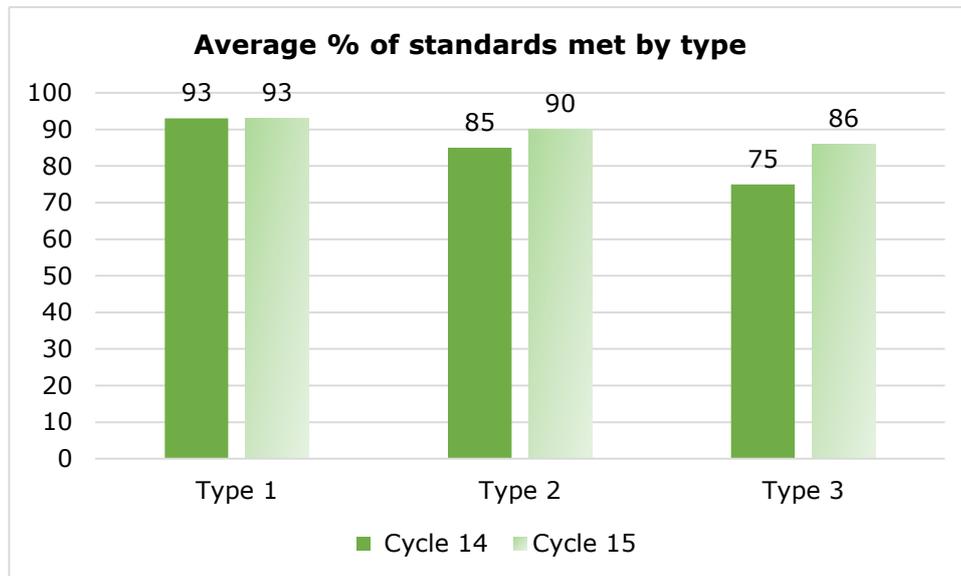
The QNIC 15th annual forum took place in York and was attended by 150 professionals and young people. James Downs, an expert by experience, delivered the keynote speech. Morning workshop topics included parent involvement, alternatives to admission and managing internet and mobile phone use within a unit. The afternoon workshops covered balancing risk and vulnerability within secure units when working with ASD, engaging young people to look after their bodies and working with parents who have experienced trauma. The day finished with a debate: 'This house believes that there is no place for seclusion within CAMHS'. It generated a lot of discussion and delegates voted to not carry the motion.



Contact us

Harriet Clarke, Programme Manager
Telephone: 020 3701 2663
Email: qnic@rcpsych.ac.uk

Comparison to Cycle 14



The graph above displays the average percentages of type 1, 2 and 3 standards being met by services in Cycle 14 and 15. The percentage of type 1 standards met remains the same at 93% across both cycles but an increase of 5% for type 2 standards and 11% for type 3 standards can be seen. An increase in both type 2 and 3 standards should be commended as this indicates features of an excellent service and teams who are going above and beyond what is expected. In the next Cycle, all units should strive to attain 100% of type 1 standards as a failure to meet these standards can result in a significant threat to patient safety, rights or dignity and/or would breach the law.

In the Cycle 14 annual report, QNIC identified 7 standards which units were struggling to meet and offered recommendations to increase standard compliance in Cycle 15. QNIC have revisited these standards to see whether improvements have been made.

1. Bank and Agency Staff Usage

- 71% of units now use less than 15% of bank and agency staff a week; a 10% increase from Cycle 14 (61%)
- QNIC recognises the importance of using regular and familiar bank and agency staff so in Cycle 15 created a standard to cover this. In Cycle 15, 76% of units used familiar bank and agency staff
- Although improvements can be seen, it is vital that these continue. When bank and agency staff are used, it is important that they are familiar with the service and experienced in working with young people with mental health diagnoses

2. Social Worker

- In both Cycle 14 and 15, only 50% of units have the recommended input of social work which demonstrates the struggle our units continue to have in managing young people with social care issues. This may result in such responsibilities having to be managed by other members of the team

3. Care Planning with Parents/Carers

- In Cycle 15, 91% of units involve parents/carers in care planning; a 10% increase from Cycle 14 (81%). It is great to see this improvement. Parents/carers play a crucial role in the implementation of treatment plans so it is vital they are involved in the process from admission to discharge. Parents/carers are also very often experts in their child's diagnosis so a valuable source of information

4. Welcome Packs

- In Cycle 15, 91% of units ensure young people received a welcome pack on admission; a 14% increase from Cycle 14 (77%), however the number of units offering parents/carers welcome packs has decreased from 87% in Cycle 14 to 78% in Cycle 15
- Parent/carer participation and involvement is a priority for QNIC in Cycle 16 and QNIC have recruited 3 parent/carer advisors who will be involved in reviews, events and meetings in Cycle 16

5. Outcome Measures

- All outcome measure standards have improved in Cycle 15, ranging from a 1%-11% improvement from Cycle 14
- It is important that units continue to prioritise outcome measures in their services in Cycle 16, especially with the increasing need to demonstrate outcomes
- The QNIC Advisory Group are hoping to develop CAMHS outcome measures over the next few years as well as updating the QNIC ROM system

6. Multi-faith room and materials

- In Cycle 15, the wording of this standard changed, stating that young people need access to multi-faith materials/facilities rather than needing a multi-faith room which may account for the 31% increase in meeting this standard; 51% in Cycle 14 to 82% in Cycle 15

7. Locked Door Policy

- In Cycle 14, 88% of units were meeting this standard which increased by 4% to 92% in Cycle 15

Cycle 16

Standards

The QNIC standards are revised every 2 years with the next revision due in the summer of 2017. Please let us know if you would like to be involved in the standard revision process.

Piloting parent/carer advisors

Due to the success and invaluable contribution young people have made to QNIC, we are now piloting parent/carer involvement and are delighted to welcome three new parent advisors to QNIC who will be attending reviews, meetings and will be involved in our events. In the future, we hope that all QNIC visits will have a young person or parent/carer attending.

Events

In addition to our long standing events, teachers' day, social worker day and young person participation day, we also have our Social Media day and our Parent/Carer day. Our Annual Forum will be returning to London next year.

Please contact us if you have ideas or would like to get involved in any of our events.

College Accreditation and Review System (CARS)

All services are set up on CARS and will be using this online system in Cycle 16 to:

- Complete the self-review document
- View, download and store reports
- Access QNIC documents
- Upload evidence

If you have any problems using CARS or would like more information, please contact us: QNIC@rcpsych.ac.uk

QNIC Email Discussion Group

- Currently have 550 members that have an interest or work in CAMHS
- Used to share ideas, ask questions to peers, get advice on specific cases or developing services
- QNIC advertise reviews and events through this

To be added to the e-mail forum, send an e-mail with the title 'Join' to qnic@rcpsych.ac.uk

QNIC ROM

The QNIC standards describe organisational structures, strategies and processes which directly or indirectly lead to improved clinical outcomes, reduced costs or increased patient satisfaction. It is of course important to measure these outcomes directly.

The QNIC Routine Outcome Measurements Service (QNIC ROM) enables the aggregation and analysis of outcome data within units and between units and can help staff reduce service costs, improve effectiveness, promote best practice and facilitate the sharing ideas between QNIC members.

The data collected should be made available to clinicians, young people and their families and commissioners. Commissioners are increasingly interested in services' clinical and cost effectiveness and staff need to evaluate these to make improvements.

The measures ROM collates include evaluation of outcomes from the clinician, parent/carer and individual young person's perspective, identifying areas of progress and areas in need of attention. They also help demonstrate the overall clinical effectiveness of a service.

All outcome tools, including scoring sheets and further information are freely available to QNIC members.

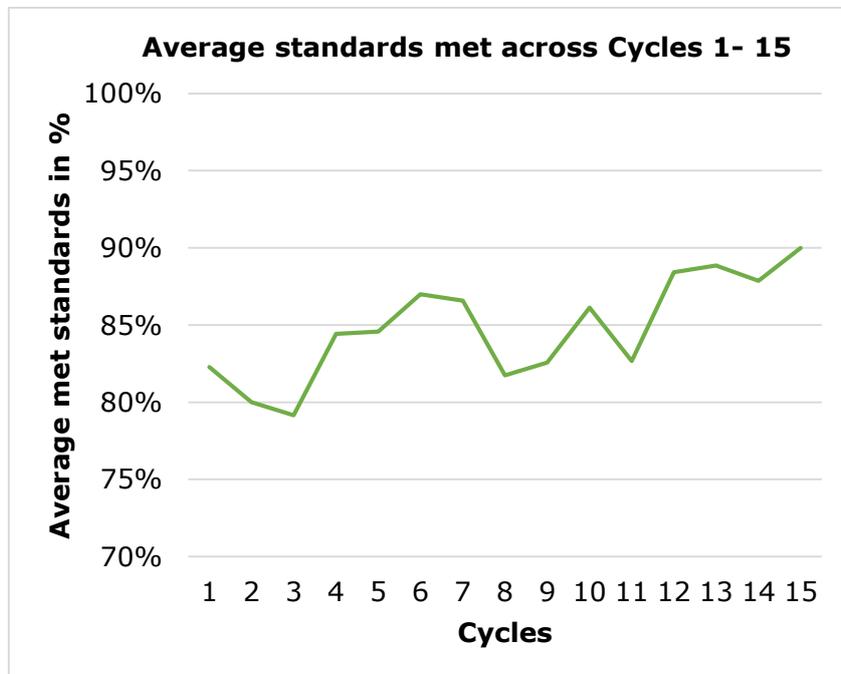
Please contact Hannah Moore (Hannah.moore@rcpsych.ac.uk) if you would like to contribute to this dataset.

15 years of QNIC

QNIC started 15 years ago with 36 units and in Cycle 15 had 116 units; the highest number of members to date. In this time, QNIC have spoken to a large number of staff (12,121), young people (3,935) and parents/carers (2,259) who have been invaluable to the process.

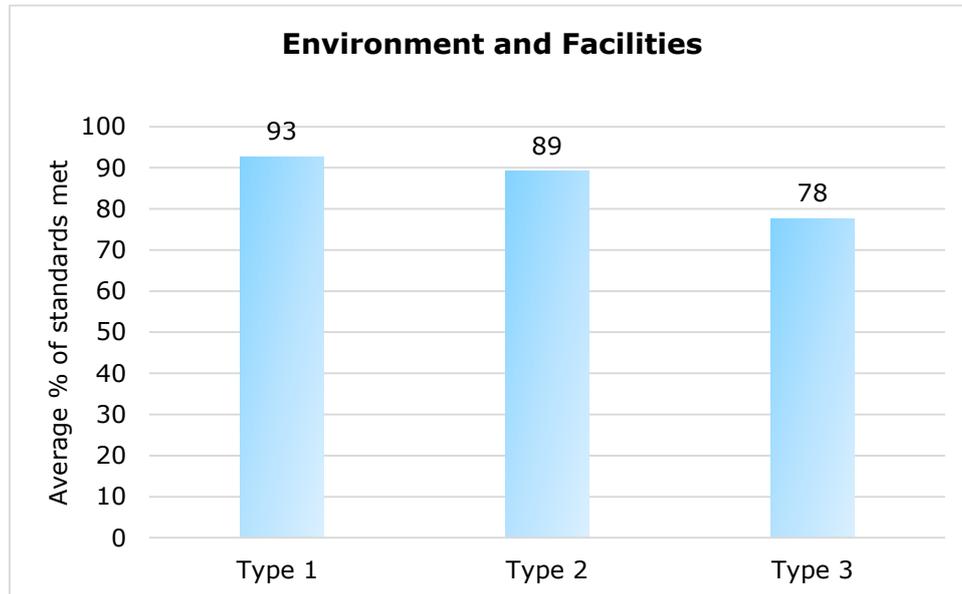
Over 15 years, there has been an improvement across all sections of the standards with Access, Admission and Discharge and Young People’s Rights and Safeguarding showing the biggest increase of 11%.

Although more services are now meeting standards in Staffing and Training, this section has improved the least (5%) from 82% in Cycle 1 to 87% in Cycle 15. Similarly, Clinical Governance was the lowest scoring section in both Cycle 1 and 15 but has still increased 7% from Cycle 1 (79%) to 86% in Cycle 15. This highlights that areas that focus more on the care and information provided by units have made the biggest improvement.



Despite the QNIC standards being revised every 2 years and expectations of what services are required to meet increasing with each revision, the data shows that services continue to meet this demand and progress their services. The graph above shows the average standards met across Cycles 1 – 15 and indicates an 8% increase from 82% met in Cycle 1 to 90% in Cycle 15.

Environment and Facilities



Highest met standards

1.1.10 (2) 100% of units met this standard

The ward/unit has a designated dining area, which is available during allocated mealtimes

1.3.1 (1) 100% of units met this standard

All patient information is kept in accordance with current legislation

1.4.1 (1) 100% of units met this standard

The team keeps medications in a secure place, in line with the organisation's medicine management policy

1.6.2 (1) 100% of units met this standard

Emergency medical resuscitation equipment (crash bag), as required by Trust/organisation guidelines, is available within 3 minutes and its location is clearly identified

Lowest met standards

1.1.21 (3) 55% of units met this standard

Units can provide accommodation for families, where necessary

Most improved standard

1.3.4 (1) 28% increase

87% units met this standard compared to 58% in Cycle 14

Male and female patients (self-defined by the patient) have separate bedrooms, toilets and washing facilities and young people do not pass through areas occupied by members of the opposite sex at night to reach the toilet and/or washing facilities

1.3.15 (1) 31% increase

82% units met this standard compared to 51% in Cycle 14

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

Recommendations

With the increasing number of young people being placed in units some distance from their homes, more families have to travel long distances for visits and meetings; some requiring overnight stays. It is not always possible for units to provide accommodation but units should try and support parents/carers wherever possible by:

- Signposting families to local hotels and B&BS. Teams may want to consider designing a leaflet which outlines local accommodation options and the support the unit can offer
- Offer video conferencing for parents/carers who are unable to attend meetings
- Travelling can be costly and this may act as a barrier for some parents/carers. Units may be able to reimburse families or contribute to travel and accommodation costs

In Cycle 15, many services have moved or have an upcoming relocation. This has understandably caused apprehension but teams seem to be managing this well.

- Staff should continue to support each other and ensure their current base is fit for purpose for the remainder of their time there
- Teams should be mindful of where the challenges may arise in the new location and prepare for this
- Make use of the QNIC discussion group and ask for advice from other services about how they have prepared for and managed their move
- Teams should include young people in decision making and design

Examples of Good practice

Acorn Lodge: There is access to a family flat and parents/carers can stay there during the admission process to help settle their child in

Maple Ward: There is a very large colourful lounge with craft work displayed around. The craft work was up to date and seasonal with young people showing pumpkins they had carved and decorated and Halloween decorations

Berkshire Adolescent Unit: The unit is clean and comfortable and the young people enjoy the food. The staff make the food with help from the young people and they all contribute to a weekly shopping list

Environment and Facilities

Average standards met across services: 88%

Range: 70% - 100%

Units that scored 100% in this section: 7

- Bethlem Adolescent Unit
- Brenin Ward
- Coborn
- Fairhaven Young People's Unit
- Iveagh Centre
- Linn Dara
- Plym Bridge House

Areas of Achievement

Comments from young people and parents/carers

- We have had a lot of involvement in the interior of the new unit and we are asked about how we would like this unit decorated
- We can go to the soft and sensory room if we want some quiet time away from our bedrooms
- We enjoy going to the nearby park for morning walks to get fresh air

Areas for Improvement

Comments from young people and parents/carers

- It is a bit clinical and I would like it to be homelier with some relaxing pictures and more comfortable bedding
- We feel that the unit has enough space but that it is not utilised properly
- There are lots of DVDs and books but these aren't updated

Staffing and Training



Highest met standard

2.3.15 (1) 100% of units met this standard

Unit staff have input from a pharmacist

Lowest met standard

2.7.4 (2) 40% of units met this standard

Patients, carers and staff members are involved in devising and delivering training face-to-face

Most improved standard

2.3.3 (1) 18% increase

85% units met this standard compared to 67% in Cycle 14

A typical unit with 12 beds includes at least 1 WTE clinical psychologist

2.4.7 (2) 18% increase

85% units met this standard compared to 67% in Cycle 14

The team has protected time for team-building and discussing service development at least once a year

Recommendations

Training

It is important that young people, parents/carers and staff members are involved in devising and delivering face-to-face training to ensure it reflects the needs of those receiving the care.

Training is sometimes organised at a trust level which can make it difficult to influence content but units can address this at a service level by:

- Making use of the expertise in teams and encourage staff to run sessions for other members of staff to share knowledge and skills. If staff have recently been on a training course, it would be worthwhile to feed this back to other members of the team so they too can benefit from the information

- Speak to young people in community meetings about what they think training for staff should include. These ideas can then be fed back to senior management
- Young people could run informal training sessions for staff working on the unit about topics they identify as important for staff who are working with young people with mental health needs
- Some services run parent groups which can encourage shared learning between parents and can be used to identify additional training needs within the service

Bank and agency staff

The use of bank and agency staff is an ongoing challenge which is reflected by staff and in feedback from parents/carers and young people on peer review days. Bank/agency staff usage is not ideal but can sometimes be unavoidable. It is the permanent staff's responsibility to make sure agency staff feel welcome, prepared and supported during their shifts.

Strategies should be in place to manage the difficulties around using bank/agency staff. Some services ask young people to create information sheets about their likes and dislikes which are given to bank/agency staff to review before their shift. This can encourage better relations between themselves and young people.

Teams should think about the ways in which they monitor their staffing levels and audit bank and agency use. This data can be used to highlight areas of concern and to influence change. Your local QNIC report can also be used to demonstrate strengths and weaknesses to senior members of staff and commissioners. This can then be used to develop an action plan for improvement.

Recruitment and Retention of staff

Recruitment and retention of staff is a national problem for many reasons. The below approaches could be explored by many units who face problems with staffing.

Recruitment:

- Ensure job adverts highlight the benefits of working in your service including training opportunities and career progression
- Make use of the internet and advertise on websites, forums or social media sites such as Twitter and LinkedIn
- Utilise networking opportunities when staff members attend external events and training by sharing information about your service
- Build relationships with local universities and attend career events

Retention:

- Units could offer incentives to potential new staff such as 'refer a friend' bonuses and offer band 5 staff members the chance to become band 6s
- Units could look at the career pathway for senior staff which offers progression but still enables staff to work clinically
- It is important that senior staff are aware of why staff are leaving and feedback should be used to implement change where possible

Staff morale

Staff morale can be affected by incidents and it is important that the team feel supported by each other during challenging times. Ensuring staff are suitably debriefed, organising group reflection and arranging team away days may help to encourage a positive environment but management should also recognise the importance of monitoring staff morale on a day to day basis.

Staffing and Training

Average standards met across units: 87%

Range: 80% - 100%

Units that scored 100% in this section: 4

- Bethlem Adolescent Unit
- Coborn Centre
- Collingham Child and Family Centre
- Upper Court (The Priory Hospital Ticehurst)

Examples of Good Practice

Aquarius Unit: The team have developed a bespoke CAMHS induction for new starters

Ward 3: The new reflective practice and training sessions are now well-embedded within the ward's routine and is helping improve communication across all levels of the team

Heathlands: There is great staff support on this unit and the team work

well together. There is a 'Star of the Week' acknowledgement for staff who have gone the extra mile and these appreciations during staff meetings make them feel valued

Areas of Achievement

Comments from young people and parents/carers

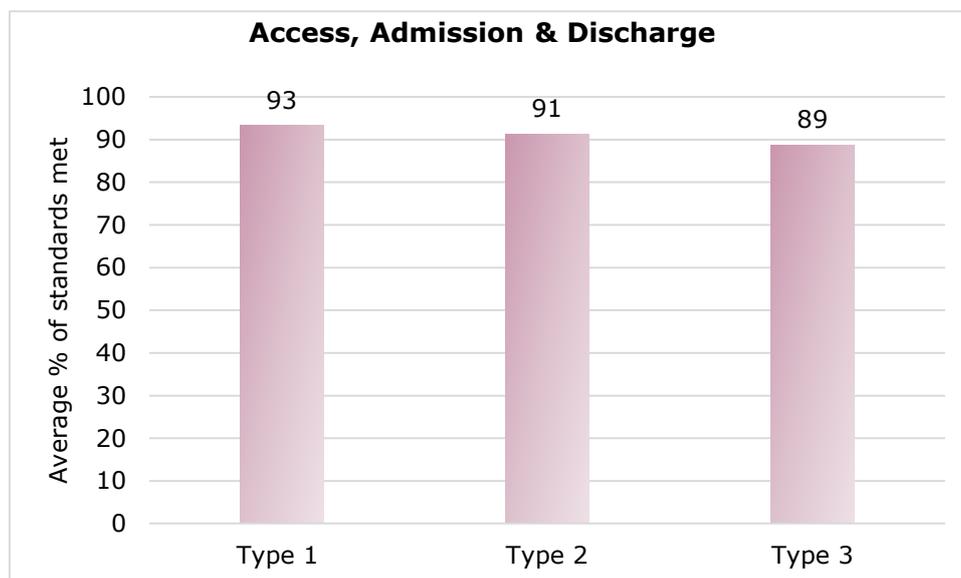
- We can be involved in recruiting new staff
- Staff are brilliant at managing difficult situations and generally excellent with the young people
- Most of the staff are really nice and they all have different ways of supporting people

Areas for Improvement

Comments from young people and parents/carers

- There are enough staff but not enough permanent staff. Bank and agency staff are used everyday
- The staff talk about you and not to you
- There is not enough staff on the unit, staff are very busy and communication can be a problem. Nurses are bogged down with paperwork and are too busy to spend time with the young people

Access, Admission & Discharge



Highest Met Standards

3.2.4 (1) 100% units met this standard

The aims of the treatment are discussed with the patient and others involved in care

3.2.6 (1) 100% units met this standard

All assessments are documented, signed/validated (electronic records) and dated by the assessing practitioner

3.2.8 (1) 100% units met this standard

On admission to the ward/unit, or when the patient is well enough, staff members show the patient around

3.5.1 (1) 100% units met this standard

During assessment staff involve parents/carers where appropriate

Lowest Met standards

3.1.2 (1) 60% units met this standard

Unplanned admissions need an initial planning meeting with local units within five working days of admission

Most improved standards

3.3.2 (2) 7% increase

92% units met this standard compared to 85% in Cycle 14

The unit actively supports families to overcome barriers to access

3.5.2 (1) 7% increase

85% met compared to 78% in Cycle 14

Carers are advised on how to access a statutory carers' assessment, provided by an appropriate agency

Recommendations

Units have reported difficulty getting local community teams to attend an initial planning meeting within 5 days. Although 60% of units are meeting this standard, some teams feel this can be difficult to meet. Due to the geographic location of units across the country, it can be difficult to arrange the meeting at such short notice.

- To encourage higher attendance, units may want to offer tele- or video conferencing
- Units should communicate with community teams and highlight the importance of attending this meeting for sharing information and the benefits it has for forward planning
- Ensure an initial planning meeting is included on unplanned admission forms so it is not forgotten
- We recommend units make use of the QNIC discussion group and seek advice from services who are meeting this standard

Access, Admission and Discharge

Average standards met across units: 93%

Range: 81% - 100%

Units that scored 100% in this section: 24

Examples of Good Practice

Sapphire Lodge: Young people are allocated a buddy who can help explain any rules and procedures to them

Ardenleigh: The unit has a YouTube clip with a virtual tour for families as they are unable to go on to the ward

Beacon: The team work hard to ensure positive discharge through transition plans, monitoring family resources and building relationships with community teams

Areas of Achievement

Comments from young people and parents/carers

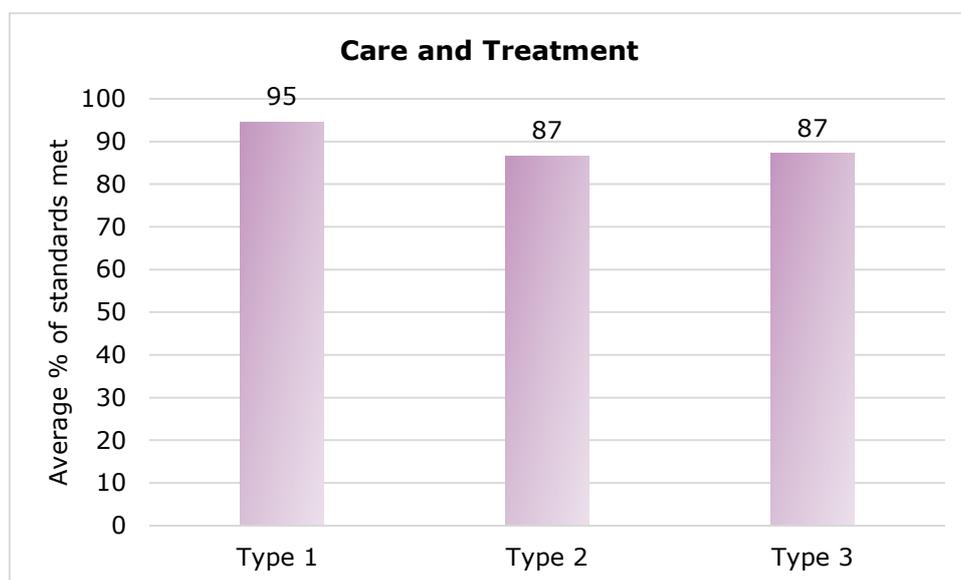
- Goals were set with staff and my family when I arrived, and they explained why I was on the unit
- It was really useful to be able to visit the unit as many times as we needed to help support us in the admission process and staff spent time with us discussing what would occur during admission
- We felt involved in the assessment process and staff have asked us about our family history

Areas for Improvement

Comments from young people and parents/carers

- I would have liked to know more about the routine and different staff roles on admission
- I was shown around the unit when I first came but then felt a bit dropped in at the deep end. I was put in the lounge and I wasn't sure where the toilets were
- The website is very limited with information so it was not useful to look at this before admission

Care and Treatment



Highest Met Standards

4.1.5 (1) 100% of units met this standard

Patients have follow-up investigations and treatment when concerns about their physical health are identified during their admission

4.2.1 (1) 100% of units met this standard

Young people are offered pharmacological and psychological interventions in accordance with the evidence base and good practice

4.2.2.1 (1) 100% of units met this standard

A comprehensive range of interventions are available to young people on the unit, including medication

4.3.4 (1) 100% of units met this standard

Young people's preferences are taken into account during the selection of medication, therapies and activities and acted upon as far as possible

4.5.5 (1) 100% of units met this standard

The team reviews and updates care plans according to clinical need or at a minimum frequency

4.6.1 (1) 100% of units met this standard

The unit provides the core educational subjects: Maths, English and Science

4.8.2 (2) 100% of units met this standard

Staff ask young people for feedback about the food and this is acted upon

Lowest Met Standard

4.7.6 (2) 60% of units met this standard

Units contribute to a national dataset to allow for information sharing e.g. QNIC ROM

Most improved standards

4.3.3 (1) 24% increase

98% met compared to 74% in Cycle 14

The team gives targeted lifestyle advice and provides health promotion activities for patients. This may include: physical exercise advice; healthy eating advice; smoking cessation advice

4.2.2.5 (2) 21% increase

81% met compared to 60% in Cycle 14

Carers have access to a carer support network or group. This could be provided by the ward/unit or the team could signpost carers to an existing network

Recommendations

Outcome measures

There is an increasing demand to be able to demonstrate service effectiveness to commissioners and most units now understand the benefits of collecting and sharing data from outcome measures. Such data can show the benefits of treatment models, monitor the progress of young people and inform service and staff development. In this cycle, there has been a general improvement in units meeting outcome measure standards but some units struggle due to time constraints and limited resources.

- To ensure consistent collection and dissemination of data, the employment of extra administration staff may be required; paid or voluntary. As funding is an ongoing issue, hiring an honorary assistant psychologist who is responsible for outcome data may be worth exploring
- Communicate with the IT department to ensure data is stored and displayed in a way that is user friendly and fit for purpose. Logging outcome measures should be easier now most units use electronic record
- Think creatively about how outcome measure data is presented to young people to ensure it is meaningful and encourages engagement
- Senior staff should ensure all members of the team are trained in using and interpreting outcome measures

Dual Diagnosis

In Cycle 15, 68% of units had a policy for dual diagnosis, this is a type 1 standard so all units need to meet this standard in the next cycle. Please make use of the QNIC discussion group to share your dual diagnosis policy. Young people with a dual diagnosis are commonly difficult to treat therefore to ensure effective treatment, the policy needs to prioritise partnerships between different agencies which includes consultation and training as well as a referral pathway to a local substance misuse/drugs and alcohol team.

Examples of good practice

Berkshire Adolescent Unit: There is a 'Society and me' education module which young people have a rota of topics to choose from and spoke very fondly of

Tartu Estonia: Young people felt well informed throughout the assessment process and commented that they were given a good overview of the unit and what to expect when they were admitted

The Platform: There is a good use of the HeadSpace tool kit, which allows young people to approach the management of their care plans more independently

Care and Treatment

Average standards met across services: 92%

Range: 71% - 100%

Units that scored 100% in this section: 15

- Bethlem Adolescent Unit
- Cambian Willows
- Coborn Centre
- Collingham Child and Family Centre
- Iveagh Centre
- Junction 17
- Maple Ward
- Mildred Creak Unit
- Mulberry
- Newbridge House
- Snowsfield
- St Aubyn
- Stephenson
- The Sett
- Upper Court (The Priory Hospital Ticehurst)

Areas of Achievement

Comments from young people and parents/carers

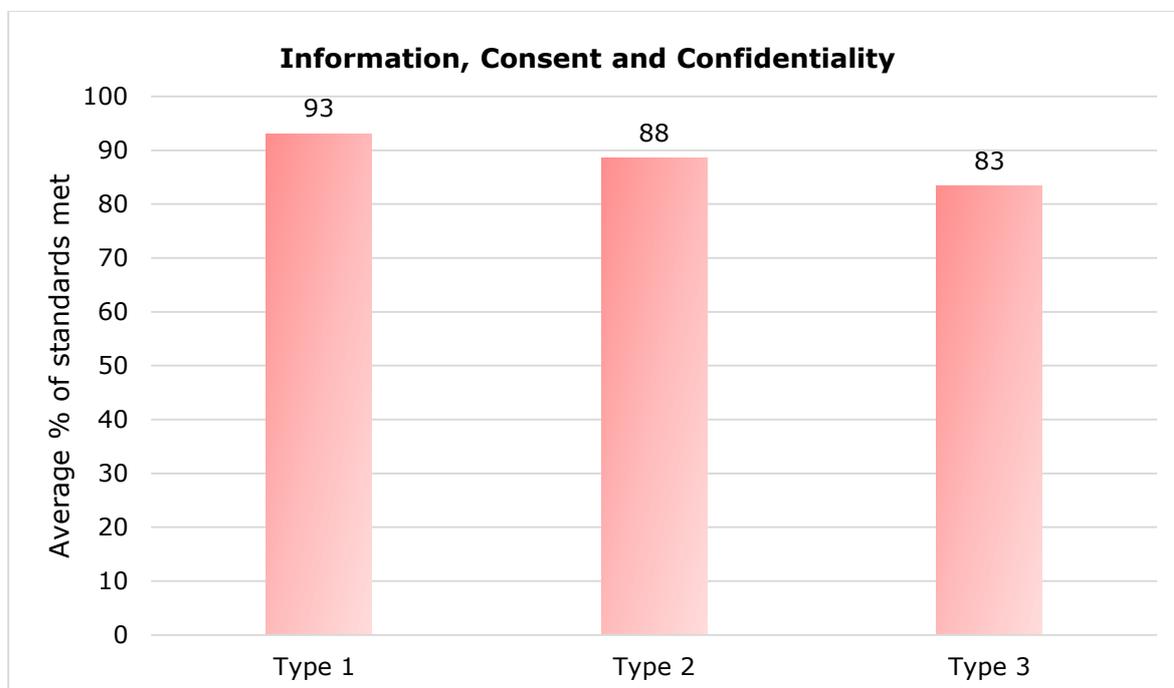
- I have a plan written down and sometimes I get to make posters for my care plan
- I have family therapy which means we can talk about strategies for when my child is home, this is very useful
- My child has a named nurse and I get to meet them and the consultant regularly

Areas of Improvement

Comments from young people and parents/carers

- Staff don't discuss our diagnosis with us and it can be confusing. We would like some clarification
- We would like siblings to be able to be involved in family therapy
- There is a general timetable but it does not apply to those that are out of school. Sometimes these groups can be cancelled for no reason, which can be upsetting

Information, Consent & Confidentiality



Highest Met Standards

5.6.5 (1) 100% of units met this standard

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

5.6.7 (1) 100% of units met this standard

Parental responsibility is recorded in the young person's notes

Lowest Met standards

5.2.7 (3) 71% of units met this standard

There is evidence that information leaflets for parents/carers and young people have had involvement from parents/carers or young people in developing them

Most improved standard

5.2.2 (2) 13% increase

91% met compared to 77% in Cycle 14

The patient is given an age appropriate 'welcome pack' or introductory information that contains the following:

- A clear description of the aims of the ward/unit;
- The current programme and modes of treatment;
- The ward/unit team membership;
- Personal safety on the ward/unit;
- The code of conduct on the ward/unit;

- Ward/unit facilities and the layout of the ward/unit;
- What practical items can and cannot be brought in;

Recommendations

Consent and Confidentiality

Sometimes parents/carers or young people say they haven't received information about consent and confidentiality, although the team may have discussed this. As with all standards, it is important to have consensus between what the team have marked as met and the comments given by young people and parents/carers. This can be achieved by creating check boxes in documentation. Not only does this act as a reminder for staff that the information needs to be given but can also be reviewed at a later date to show whether or not information has been communicated.

Examples of good practice

Cambian Willows The unit has its own website with information about what treatment is available

The Darwin Unit: Written information about the unit and its policies are provided in a welcome pack as well as other leaflets and young people commented that they found this helpful because it was written in a way that was easy to understand

Irwin Unit: The unit have taken a positive and open approach to the use of the Internet and are honest about the risks around this. The staff aim to adapt the culture to empower young people so that they benefit from access to the Internet

Information, Consent and Confidentiality

Average standards met across units: 91%

Range: 73% - 100%

Units that scored 100% in this section: 41

Areas of Achievement

Comments from young people and parents/carers

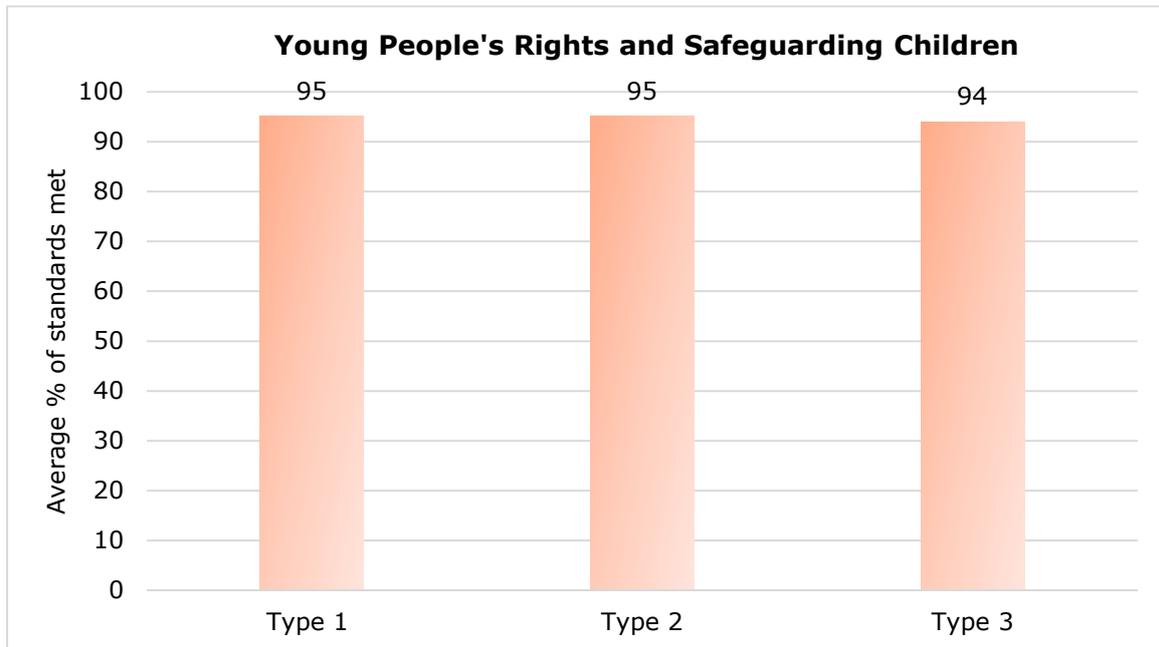
- I was sent out an information booklet in the post which had pictures, timetables and meal times
- Staff have not only spoken to me about treatment but also asked me for my opinions to work out what would work best
- Staff have spoken to us at great length around our child's diagnosis and explained the rationale behind the diagnosis that has been given

Areas for Improvement

Comments from young people and parents/carers

- Staff don't ask us before passing information on to other people. They tell us after
- I found out about the unit online but it wasn't very informative
- The rules in the welcome pack are not the same as the rules now which is confusing and frustrating

Young People's Rights and Safeguarding Children



Highest Met Standards

6.2.1 (1) 100% of units met this standard

Young people are able to see a clinician on their own, although this may be refused in certain circumstances and the reasons why are explained

6.4.7 (1) 100% of units met this standard

The unit follows organisational policies for untoward occurrences and critical incident reporting

6.5.4 (1) 100% of units met this standard

Staff know what to do if there are safeguarding concerns and who to contact, during and out of working hours

Lowest Met standards

6.4.6 (1) 85% of units met this standard

Staff members know how often patients are restrained and how this compares to benchmarks, e.g. by participating in multi-centre audits or by referring to their previous years' data

Most improved standard

6.3.1 (1) 10% increase

93% met compared to 83% in Cycle 14

All young people have access to an advocacy service including IMHAs (Independent Mental Health Advocates) for those detained

Recommendations

In this cycle, 85% of units know how often young people are restrained and how this compares to benchmarks. This is a type 1 standard so all units should collect and audit this data on an ongoing basis and, as with all type 1 standards that are unmet, units should prioritise these in the next cycle. The role of data collection and auditing should be allocated to a member of staff and the process for review should be formalised to ensure it happens.

During QNIC peer review days, units have shared how valuable data collection can be and without these audits, problems may not have been picked up:

- "We audited incidents and looked at this in relation to staff allocation. With a few changes to staff allocation, we reduced incidents by 75%."
- "Since using the wrap technique of restraint there have been no injuries. PIC are introducing adapted MVA as the new way to restrain and we are going to monitor data when using the new PIC restraint technique. We can then put forward a case for the wrap technique as more suitable for young people."

An idea worth sharing

During peer review days, our review teams come up with great ideas for managing a range of situations but as these are in local reports these may not be shared. QNIC felt this particular idea around managing de-escalation in a way that works for both young people and staff was worth sharing.

The review team suggested organising a session with young people to discuss how everyone wants to deal with situations that have the potential to escalate. In the session, discussions around how young people want staff to approach the situation, how staff want to approach the situation and how other notable figures in history like Gandhi or Martin Luther King would deal with difficult situations. Young people could then create a poster which is displayed on the unit and can be included in the welcome pack to emphasise the two way relationship and responsibility of both staff and young people.

Advocacy

93% of units say the young people on their ward have access to an advocacy service. This is an improvement from last cycle. However, in feedback from young people and parents/carers, there is uncertainty about who and what an advocate is for and if there is an advocacy session, it may not happen when it is scheduled.

It is important an advocacy service is offered to young people so they can speak to someone who is independent of the unit if they have concerns about their care. Units should have an established link with their advocacy service and this information should be routinely given to each young person and their parents/carers in written and verbal form. Units could think about developing a simple and clear contact sheet with the advocates photograph, name, contact details and a small paragraph about the role of the advocate which could be included in the welcome pack. Leaflets and posters could also be displayed on the ward.

Examples of Good Practice

Larimar: Young people feel safeguarding and confidentiality are clearly explained to them and they understand the rationale behind the policies

Young People's Rights and Safeguarding Children

Average standards met across services:
95%

Range: 91% - 100%

Units that scored 100% in this section: 54 units scored 100%

Marlborough House: If any incidents occur on the unit young people said that staff talk to them afterwards and offer support

Pebble Lodge: The advocate was highly praised by the staff and has involvement in community meetings and CPA's

Areas of Achievement

Comments from young people and parents/carers

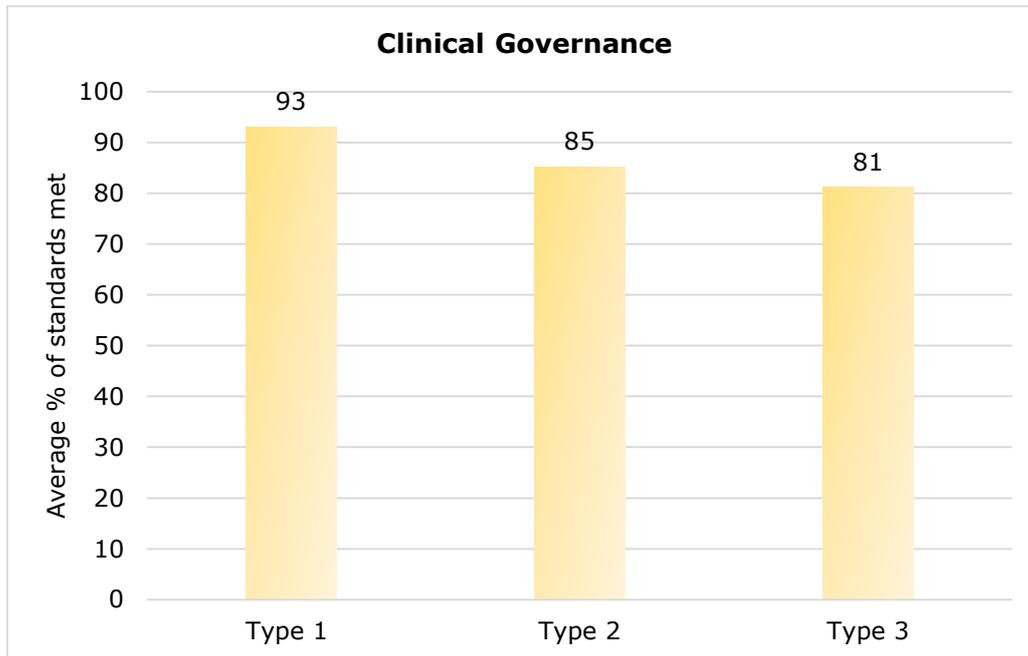
- We are given the opportunity to request a session with the advocate in community meetings
- I am aware of how to make a complaint and have no doubt it will be taken seriously
- Staff inform us of any episodes of restraint and I feel like they really listen to us and respect our rights and opinions when we approach them

Areas for Improvement

Comments from young people and parents/carers

- Staff don't talk to us following incidents
- I am not sure what an advocate is for
- The advocate rarely comes in; they are meant to come in fortnightly but we haven't seen them for about five weeks

Clinical Governance



Highest Met Standards

7.3.2 (1) 100%

The organisation has a risk management strategy

7.4.1 (1) 100%

Managers ensure that policies, procedures and guidelines are formatted, disseminated and stored in ways that the team find accessible and easy to use

7.4.4 (1) 100%

There are policies and procedures on the management of aggression and violence and the use of physical restraint

Lowest Met standards

7.2.3 (3) 51%

The team, patients and carers are involved in identifying priority audit topics in line with national and local priorities and patient feedback

Most improved standard

7.2.2 (1) 7%

77% met compared to 71% in Cycle 14

There are dedicated resources, including protected staff time to support clinical audit within the directorate or specialist areas

Clinical Governance

Average standards met across services: 86%

Range: 85% - 100%

Units that scored 100% in this section: 17

- Ardenleigh
- Bethlem Adolescent Unit
- Chalkhill Horizon Unit
- Coborn Centre
- Collingham Child and Family Centre
- Iveagh Centre
- Junction 17
- Japonica Suite
- Knole Ward (Cygnet Hospital Godden Green)
- Maple Ward
- Phoenix Centre
- Rivendell Adolescent Unit (The Priory Hospital Altrincham)
- Snowsfield
- Stephenson
- The Sett
- The Wells
- Upper Court (The Priory Hospital Ticehurst)

Examples of Good Practice

Acorn Lodge: The unit did an audit looking at their use of seclusion and managed to reduce the amount it was used over the past two years

Galaxy House: There are good governance structures within the unit and good links to main Trust units

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: Environment and Facilities				
Number	Type	Criteria	Cycle 15 2015 % met	Cycle 14 2014 % met
1.1	The inpatient unit is well designed and has the necessary facilities and resources			
1.1.1	2	The ward/unit entrance and key clinical areas are clearly signposted	86%	82%
1.1.2	1	All rooms are kept clean	98%	95%
1.1.3	2	The unit is in a good state of repair and maintenance is carried out in a timely manner	84%	83%
1.1.4	2	Staff members and young people can control heating, ventilation and light or have access to support from facilities	61%	46%
1.1.5	2	Waiting rooms/areas are provided	96%	85%
1.1.6	2	There is indoor space for recreation which can accommodate all young people	94%	87%

Section 1: Environment and Facilities

1.1.7	2	There is a designated outdoor space	95%	93%
1.1.8	1	Young people are able to access safe outdoor space every day, where clinically appropriate	94%	84%
1.1.9	2	The unit contains rooms for individual and group meetings	95%	93%
1.1.10	2	The ward/unit has a designated dining area, which is available during allocated mealtimes	100%	98%
1.1.11	2	There is designated teaching space for education which can accommodate all young people in the unit	91%	90%
1.1.12	1	In wards/units where seclusion is used, there is a designated room that meets the following requirements: • It allows clear observation; • It is well insulated and ventilated; • It has direct access to toilet/washing facilities; • It is safe and secure – it does not contain anything that could be potentially harmful; • It includes a means of two-way communication with the team; • It has a clock that patients can see	37%	80%
1.1.13	2	There is a designated area or room (de-escalation space) that the team may consider using, with the young person's agreement, specifically for the purpose of reducing arousal and/or agitation	81%	67%
1.1.14	2	All young people can access a range of current age appropriate resources for entertainment, which reflect the ward/unit's population.	99%	98%
1.1.15	2	One computer is provided for every two young people in school	90%	87%
1.1.16	2	Young people have access to the internet for recreational purpose	70%	62%

Section 1: Environment and Facilities

1.1.17	1	Each young person has the educational materials required for continuing with their education	97%	95%
1.1.18	2	There are sufficient IT resources (e.g. computer terminals) to provide all practitioners with easy access to key information, e.g. information about units/conditions/ treatment, patient records, clinical outcome and unit performance measurements	89%	81%
1.1.19	2	There are facilities for young people to make their own hot and cold drinks and snacks where risk permits	81%	78%
1.1.20	2	Parents/carers have access to refreshments at the unit	90%	91%
1.1.21	3	Units can provide accommodation for families, where necessary	49%	53%
1.1.22	2	Ward/unit-based staff members have access to a dedicated staff room.	90%	82%
1.2	Children's units and adolescent units are separate from adult units			
1.2.1	1	There is a visiting policy which includes procedures to follow for specific groups including: • Children; • Unwanted visitors (i.e. those who pose a threat to patients or to staff members).	94%	94%
1.2.2	1	When a unit is on the same site as an adult unit, there are policies and procedures to ensure young people are not using shared facilities at the same time as other adults	48%	91%
1.3	Premises are designed and managed so that young people's rights, privacy and dignity are respected			
1.3.1	1	All patient information is kept in accordance with current legislation. <i>Guidance: Staff members ensure that no confidential data is visible beyond the team by locking cabinets and offices, using swipe cards and having password protected computer access</i>	100%	99%

Section 1: Environment and Facilities

1.3.2	1	The environment complies with current legislation on disabled access. <i>Guidance: Relevant assistive technology equipment, such as hoists and handrails, are provided to meet individual needs and to maximise independence</i>	88%	82%
1.3.3	2	All young people have single bedrooms	86%	86%
1.3.4	1	Male and female patients (self-defined by the patient) have separate bedrooms, toilets and washing facilities and young people do not pass through areas occupied by members of the opposite sex at night to reach the toilet and/or washing facilities	87%	58%
1.3.5	2	The unit has at least one bathroom/shower room per 3 young people	86%	86%
1.3.6	3	Every young person has an en-suite bathroom.	62%	New
1.3.7	2	There are areas that may become single-sex lounges as required	78%	60%
1.3.8	1	The unit has a designated room for physical examination and minor medical procedures	91%	95%
1.3.9	2	The unit has at least one quiet room other than young people's bedrooms	92%	87%
1.3.10	2	There is a designated space for young people to receive visits from children, with appropriate facilities such as toys, books	77%	86%
1.3.11	1	Young people can make and receive telephone calls in private, where risk permits	95%	85%
1.3.12	3	All young people can access a plug socket for electronic devices such as mobile phones (where risk permits)	97%	New
1.3.13	2	There is a safe place for young people to keep their property	99%	96%

Section 1: Environment and Facilities				
1.3.14	2	There is a safe place for staff to keep their property	97%	95%
1.3.15	1	Young people are supported to access materials and facilities that are associated with specific cultural or spiritual practices, e.g. covered copies of faith books, access to a multi-faith room	82%	51%
1.3.16	2	Laundry facilities are available to all young people	98%	99%
1.4	The unit provides a safe environment for staff and young people			
1.4.1	1	The team keeps medications in a secure place, in line with the organisation's medicine management policy	100%	100%
1.4.2	1	Entrances and exits are designed to enable staff to see who is entering or leaving and if required CCTV is used to achieve this	91%	90%
1.4.3	1	There are clear lines of sight to enable staff members to view patients. Measures are taken to address blind spots and ensure sightlines are not impeded, e.g. by using mirrors.	80%	New
1.4.4	1	Patients are cared for in the least restrictive environment possible, while ensuring appropriate levels of safety and promoting recovery.	98%	New
1.5	Young people are consulted about the unit environment and have choice when this is appropriate			
1.5.1	3	Young people are consulted about changes to the ward/unit environment	99%	93%
1.5.2	2	Young people are able to personalise their bedrooms	97%	95%
1.6	There is equipment and procedures for dealing with emergencies in the unit			

Section 1: Environment and Facilities				
1.6.1	1	A collective response to alarm calls and fire drills is agreed by the team before incidents occur. This is rehearsed at least 6 monthly	85%	95%
1.6.2	1	Emergency medical resuscitation equipment (crash bag), as required by Trust/organisation guidelines, is available within 3 minutes and its location is clearly identified	100%	95%
1.6.3	1	The crash bag is maintained and checked weekly, and after each use.	97%	New
1.6.4	1	There is an alarm system in place (e.g. panic buttons) and this is easily accessible	95%	93%
1.6.5	2	Alarm systems/call buttons/personal alarms are available to patients and visitors, and instructions are given for their use	63%	60%
1.6.6	1	An audit of environmental risk is conducted annually and a risk management strategy is agreed. <i>Guidance: This includes an audit of ligature points</i>	96%	97%

Section 2: Staffing and Training				
Number	Type	Criteria	2015 Met %	2014 Met %
2.1	The number of nursing staff on the unit is sufficient to safely meet the needs of the young people at all times			
2.1.1	1	Where there are high dependency/high acuity cases (e.g. high levels of observation, use of seclusion, increased risk of violence or self harm), there is a minimum ward staff to patient ratio of 1:1 to 3:1 for the most highly disturbed cases	88%	89%

Section 2: Staffing and Training

Section 2: Staffing and Training				
2.1.2	1	Where there are medium dependency (e.g. 10-minute checks, intensive support at meal times), there is a minimum ward staff to patient ratio of 1:2	88%	New
2.1.3	1	Where young people are on general observations there is a ward staff to patient ratio of 1:3	98%	97%
2.1.4	1	At night-time in a 12 bedded unit with general observations there is a minimum of two staff on duty, including one registered member of staff and access to additional support as appropriate	98%	96%
2.1.5	1	Senior nursing staff have the authority to arrange for additional staff to cover shifts in an emergency	98%	97%
2.1.6	1	The ward/unit is staffed by permanent staff members, and bank and agency staff members are used only in exceptional circumstances, e.g. in response to additional clinical need.	71%	61%
2.1.7	2	The unit is staffed by permanent staff, and unfamiliar bank and agency staff are used only in exceptional circumstances e.g. in response to additional clinical need <i>Guidance: A CAMHS inpatient unit is likely to have a problem with over-use of unfamiliar staff if more than 15% of staff are agency staff during a week or if more than one member of staff on a shift are from an agency. Agency staff should not be used for more than two shifts in a day</i>	76%	83%
2.1.8	2	Where bank and agency staff are used, they are familiar with the unit and experienced in working with young people with mental health problems	67%	83%
2.2	There are nurses with a specialist qualification in the unit at all times			

Section 2: Staffing and Training				
2.2.1	1	A typical unit with 12 beds include a minimum of two registered nurses, that have relevant child and young people experience, per day shift and one at night. At least one of which should have completed preceptorship	94%	95%
2.2.2	2	A typical unit with 12 beds includes 1 WTE ward manager (band 7+ or equivalent)	87%	89%
2.3	The inpatient unit comprises a core multi-disciplinary team			
2.3.1	1	A typical unit with 12 beds includes at least 1 WTE consultant child and adolescent psychiatrist input (which may be provided by two clinicians in a split post)	87%	83%
2.3.2	2	A unit with 12 beds includes at least 1 WTE non-consultant Child and Adolescent Psychiatrist input	81%	72%
2.3.3	1	A typical unit with 12 beds includes at least 1 WTE clinical psychologist	85%	67%
2.3.4	2	A typical unit with 12 beds includes at least 0.5 WTE Social Worker	50%	50%
2.3.5	2	A typical unit with 12 places includes at least 0.5 WTE occupational therapist	81%	77%
2.3.6	2	The unit has formal arrangements to ensure easy access to therapists trained in psychological interventions (e.g. CBT, child and adolescent psychotherapy, psychodynamic psychotherapy, MBT, DBT, IPT, EMDR) List is not exhaustive	91%	85%
2.3.7	2	The unit has formal arrangements to ensure easy access to a dietician	90%	91%
2.3.8	3	The unit has formal arrangements to ensure easy access to a speech and language therapist	73%	73%
2.3.9	3	The unit has formal arrangements to ensure provision of arts therapists e.g. drama therapy, music, art	66%	71%

Section 2: Staffing and Training				
2.3.10	2	A typical unit with 12 beds includes at least 0.5 WTE family therapist	74%	68%
2.3.11	2	There is a minimum of one qualified teacher to four students per lesson	83%	80%
2.3.12	3	Young people have access to teachers of specialist subjects e.g. language tutors	80%	73%
2.3.13	3	Young people have access to other education professionals as required <i>Guidance: Career advisors, educational psychologists etc.</i>	86%	77%
2.3.14	2	A typical unit with 12 beds includes 1 WTE administrator (band 3 or above or local equivalent)	84%	85%
2.3.15	1	Unit staff have input from a pharmacist	100%	99%
2.3.16	1	There is an identified duty doctor available at all times to attend the ward/unit, including out of hours. The doctor can: <ul style="list-style-type: none"> • Attend the ward/unit within 30 minutes in the event of a psychiatric emergency; • Attend the ward/unit within 1 hour during normal working hours; • Attend the ward/unit within 4 hours when out of hours 	95%	97%
2.3.17	2	There has been a review of the staff capacity 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 ward/unit.	94%	New
2.4	Unit staff work effectively as a multi-disciplinary team			
2.4.1	1	There are written documents that specify professional, organisational and line management responsibilities	98%	96%
2.4.2	2	The MDT attends business meetings that are held at least monthly	94%	90%
2.4.3	1	In a typical 12 bedded unit, there is time scheduled in staff rotas to allow 30 minute handover sessions between shifts	77%	76%

Section 2: Staffing and Training				
2.4.4	1	The team has integrated patient records which can be accessed by all clinical staff	99%	99%
2.4.5	1	The unit has a whistleblowing policy and staff members are able to raise concerns without prejudicing their position	99%	96%
2.4.6	1	The ward/unit actively supports staff health and well-being. <i>Guidance: For example, providing access to support units, monitoring staff sickness and burnout, assessing and improving morale, monitoring turnover, reviewing feedback from exit reports and taking action where needed</i>	96%	95%
2.4.7	2	The team has protected time for team-building and discussing unit development at least once a year	85%	67%
2.4.8	1	Staff members are able to take breaks during their shift that comply with the European Working Time Directive.	92%	New
2.5	Training is provided for all staff			
2.5.1	2	All qualified staff receive at least 5 days training and continuing professional development activities per year in line with their professional body, in addition to mandatory training	88%	88%
2.5.2	2	The organisation has a budget for staff training and development	93%	15%
2.6	Staff are provided with a thorough training programme including:			

Section 2: Staffing and Training

<u>Section 2: Staffing and Training</u>				
2.6.1	1	The team receives training, consistent with their roles, on risk assessment and risk management. This is refreshed in accordance with local guidelines. This includes, but is not limited to, training on: <ul style="list-style-type: none"> • Safeguarding vulnerable adults and children; • Assessing and managing suicide risk and self-harm; • Prevention and management of aggression and violence. 	93%	92%
2.6.2	1	Care co-ordination including transfer of care	79%	79%
2.6.3	1	Managing relationships and boundaries between young people and staff, including appropriate touch	91%	90%
2.6.4	1	Observation and engagement	91%	92%
2.6.5	1	The use of legal frameworks, such as the Mental Health Act (or equivalent) and the Mental Capacity Act (or equivalent)	94%	95%
2.6.6	1	All qualified nursing and medical staff that administer rapid tranquillisation need to have done Intermediate Life Support training	83%	87%
2.6.7	1	All other staff have done Basic Life Support training	95%	95%
2.6.8	2	Shared in-house multi-disciplinary team training, education and practice development activities occur on the ward/unit at least every 3 months <i>Guidance: This includes discussion of evidence based treatment, for example, NICE guidelines</i>	86%	77%

Section 2: Staffing and Training				
2.6.9	3	Non clinical staff have received mental health awareness training <i>Guidance: This includes teachers, administrators and domestic staff</i>	73%	75%
2.7	Appropriate training methods are used to ensure staff training is effective			
2.7.1	3	Staff members have access to study facilities (including books and journals on site or online) and time to support relevant research and academic activity	81%	84%
2.7.2	1	Staff members receive an induction programme specific to the ward/unit that covers: <ul style="list-style-type: none"> • The purpose of the ward/unit; • The team's clinical approach; • The roles and responsibilities of staff members; • The importance of family and carers; • Care pathways with other units. <i>Guidance: This induction should be over and above the mandatory Trust or organisation-wide induction programme</i>	90%	95%
2.7.3	1	Bank and agency staff receive an induction based on an agreed list of core competencies. <i>Guidance: This should include arrangements for shadowing colleagues on the team; jointly working with a more experienced colleague; being observed and receiving enhanced supervision until core competencies have been assessed as met</i>	83%	new
2.7.4	2	Patients, carers and staff members are involved in devising and delivering training face-to-face.	40%	New
2.8	All staff receive regular supervision totalling at least one hour per month from a person with appropriate experience			
2.8.1	1	All clinical staff members receive individual clinical supervision at least monthly, or as otherwise specified by their professional body.	81%	83%

Section 2: Staffing and Training				
2.8.2	2	All staff members receive monthly line management supervision, proportionate to their roles	82%	87%
2.8.3	2	All supervisors have received specific training to provide supervision. This training is refreshed in line with local guidance	66%	72%
2.8.4	1	Staff members, young people and carers who are affected by a serious incident are offered a debrief within 24 hours and post incident support	88%	85%
2.8.5	2	Staff members have access to reflective practice groups	94%	81%
2.8.6	2	Staff members in training and newly qualified staff members are offered weekly supervision	79%	90%
2.8.7	1	All newly qualified staff members are allocated a preceptor to oversee their transition onto the ward/unit. <i>Guidance: This should be offered to recently graduated students, those returning to practice, those entering a new specialism and overseas-prepared practitioners who have satisfied the requirements of, and are registered with, their regulatory body. See http://www.rcn.org.uk/__data/assets/pdf_file/0010/307756/Preceptorship_framework.pdf for more practical advice.</i>	98%	New
2.8.8	1	All staff members receive an annual appraisal and personal development planning (or equivalent).	94%	88%
2.9	There is a recruitment policy to ensure vacant posts are filled quickly with well qualified and checked candidates			
2.9.1	2	Young people are involved in and influence the recruitment of unit staff	77%	72%

Section 2: Staffing and Training				
2.9.2	1	Human resources staff ensure that all unit staff, including temporary staff, undergo a Disclosure and Barring Unit (DBS) check (or local equivalent) and are checked against the Protection of Children Act (POCA) register before appointment. Ongoing monitoring of this is carried out every three years	93%	96%
2.9.3	1	Human resources staff ensure that all staff with a professional regulatory body are checked for appropriate registration on recruitment and again at renewal date	99%	100%
2.9.4	2	When posts are vacant or in the event of long term sickness or maternity leave, prompt arrangements are made for temporary staff cover	77%	80%

Section 3: Access, Admission & Discharge				
Number	Type	Criteria	2015 Met %	2014 Met %
3.1	Provision and procedures ensure that appropriate and timely inpatient care is available to all those who would benefit			
3.1.1	1	Clear information is made available, in paper and/or electronic format, to patients, carers and healthcare practitioners on: • A simple description of the ward/unit and its purpose; • Admission criteria; • Clinical pathways describing access and discharge; • Main interventions and treatments available; • Contact details for the ward/unit and hospital.	92%	96%
3.1.2	1	Unplanned admissions need an initial planning meeting with local units within five working days of admission	60%	New

Section 3: Access, Admission & Discharge				
3.1.3	2	Senior clinical staff members make decisions about patient admission or transfer. They can refuse to accept patients if they fear that the mix will compromise safety and/or therapeutic activity	92%	New
3.1.4	2	The unit formally records all referrals with respect to race, gender, home area and disability, and this is reviewed annually	87%	93%
3.2	Assessment and treatment are offered without unacceptable delay			
3.2.1	1	Young people at severe risk can be admitted as emergencies (i.e. within 24 hours) including out of hours. Units that fail to meet 3.2.1 have a plan in place to deal with emergency referrals Ref 18, pg 19: 'Arrangements are in place to ensure that 24 hour cover is provided to meet children's urgent needs.'	77%	81%
3.2.2	1	There is a clear process in place for handling situations where agreed bed occupancy levels need to be exceeded.	71%	New
3.2.3	2	There is a system in place to monitor and address delays in admission and treatment which is reviewed annually	88%	94%
3.2.4	1	The aims of the treatment are discussed with the patient and others involved in care	100%	97%
3.2.5	1	Patients have a comprehensive assessment which is started on the day of admission and completed within four weeks. This involves the multi-disciplinary team and includes patients': • Mental health and medication; • Psychosocial needs; • Strengths and weaknesses. • Views and personal goals	97%	New

Section 3: Access, Admission & Discharge				
3.2.6	1	All assessments are documented, signed/validated (electronic records) and dated by the assessing practitioner.	100%	New
3.2.7	1	There is a documented admission meeting within one week of the patient's admission. <i>Guidance: This could take the form of a ward round meeting or a Care Programme Approach meeting (or equivalent).</i>	98%	New
3.2.8	1	On admission to the ward/unit, or when the patient is well enough, staff members show the patient around.	100%	New
3.3	There is equity of access to inpatient units in relation to ethnic origin, social status, disability, physical health and location of residence			
3.3.1	1	The unit meets the needs of young people from different ethnic, cultural and religious backgrounds	96%	98%
3.3.2	2	The unit actively supports families to overcome barriers to access	92%	85%
3.3.3	1	The ward/unit has access to interpreters and the patient's relatives are not used in this role unless there are exceptional circumstances.	98%	98%
3.4	There are robust arrangements for collecting information from all agencies involved with the young person and their family			
3.4.1	1	Unplanned admissions need an initial planning meeting with local units within five working days of admission	66%	New
3.4.2	2	Senior clinical staff members make decisions about patient admission or transfer. They can refuse to accept patients if they fear that the mix will compromise safety and/or therapeutic activity	94%	New

Section 3: Access, Admission & Discharge				
		<i>Guidance: Senior clinical staff members include the ward/unit manager or nurse in charge</i>		
3.4.3	2	Where young people are not admitted to the unit, the reasons are explained to the referrer, and young people and parents/carers where appropriate	98%	99%
3.4.4	2	The unit formally records all referrals with respect to race, gender, home area and disability, and this is reviewed annually	84%	93%
3.5	Families are involved throughout assessment			
3.5.1	1	During assessment staff involve parents/carers where appropriate	100%	99%
3.5.2	1	Carers are advised on how to access a statutory carers' assessment, provided by an appropriate agency	85%	78%
3.5.3	1	The young person's carer is contacted by a staff member (with patient consent) to notify them of the admission and to give them the ward/unit contact details.	97%	New
3.6	Before discharge, decisions are made about meeting any continuing needs			
3.6.1	1	The inpatient team invites a community team representative to attend and contribute to relevant meetings e.g. CPA, discharge planning	98%	96%
3.6.2	2	Discharge planning is initiated at the first multi-disciplinary team review and an estimated length of stay is established	91%	New

Section 3: Access, Admission & Discharge

3.6.3	1	When a young person transfers to adult units, unit staff invite adult units and other involved agencies to a joint review to ensure an effective handover takes place and there is a protocol for collaborative working	90%	97%
3.6.4	1	A letter setting out a clear discharge plan, which the patient takes home with them, is sent to all relevant parties before or on the day of discharge. The plan includes details of: <ul style="list-style-type: none">• 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 patient	80%	93%
3.6.5	1	A written comprehensive MDT summary is produced and distributed within five working days of discharge	73%	87%
3.6.6	1	Patients and their carer (with patient consent) are invited to a discharge meeting and are involved in decisions about discharge plans	99%	100%

Section 3: Access, Admission & Discharge

3.6.7	2	Where there are delayed transfers/discharges: <ul style="list-style-type: none"> • The team can easily raise concerns about delays to senior management; • Local information systems produce accurate and reliable data about delays; • Action is taken to address any identified problems 	93%	94%
3.6.8	3	The team provides information, signposting and encouragement to patients to access local organisations such as: <ul style="list-style-type: none"> • Voluntary organisations; • Community centres; • Local religious/cultural groups; • Peer support networks; • Recovery colleges. 	88%	92%
3.6.9	1	The team makes sure that patients who are discharged from hospital to the care of the community team have arrangements in place to be followed up within one week of discharge, or sooner if they are at particular risk. <i>Guidance: This may be in coordination with the Home Treatment/Crisis Resolution Team.</i>	94%	New
3.6.10	1	When patients are transferred between wards/units there is a handover which ensures that the new team have an up to date care plan and risk assessment.	97%	New
3.6.11	1	The team follows a joint working protocol/care pathway with the Home Treatment/Crisis Resolution team in wards/units that have access to one. <i>Guidance: This includes the team inviting the Home Treatment Team to attend ward rounds, to screen for early discharge, to undertake joint acute care reviews and to jointly arrange supported leave.</i>	68%	New

Section 4: Care & Treatment

Number	Type	Criteria		
4.1		All young people are assessed for their health and social care needs		
4.1.1	1	Patients have a risk assessment which is completed using a formal tool and includes a comprehensive assessment of: risk to self; risk to others; risk from others	99%	95%
4.1.2	1	Risk assessments and management plans are updated according to clinical need and as part of care planning meetings at a minimum	99%	New
4.1.3	1	Patients have a comprehensive physical health review. This is started within 4 hours of admission and is completed within 1 week, or prior to discharge. It includes: First 4 hours • Details of past medical history; • Current medication, including side effects and compliance (information is sought from the patient history and collateral information within the first 4 hours. Further details can be sought from medical reconciliation after this); • Physical observations including blood pressure, heart rate and respiratory rate. First 72 hours • Physical examination; • Height, weight; • Blood tests (Can use recent blood tests if appropriate); • ECG. First 1 week • Details of past family medical history; • A review of physical health symptoms and a targeted systems review; • Lifestyle factors e.g. sleeping patterns, diet, smoking, exercise, sexual activity, drug and alcohol use. <i>Guidance: Specific physical investigations are as clinically required</i>	95%	98%
4.1.4	1	If part or all of the examination is refused, the reason why has been recorded and repeated attempts have been made to complete this process	99%	99%
4.1.5	1	Patients have follow-up investigations and treatment when concerns about their physical health are identified during their admission. <i>Guidance: This is undertaken promptly and a named individual is responsible for follow-up. Advice may be sought from primary or secondary physical healthcare unit</i>	100%	New

Section 4: Care & Treatment				
4.2	A comprehensive range of interventions is available to the young people who are inpatients			
4.2.1	1	Young people are offered pharmacological and psychological interventions in accordance with the evidence base and good practice	100%	97%
4.2.2		Inpatient units have a range of interventions available. These include:		
4.2.2.1	1	Medication	100%	100%
4.2.2.2	1	Individual therapy (e.g. psychotherapy, CBT etc.) provided by a qualified therapist	98%	96%
4.2.2.3	1	Therapeutic group work	97%	98%
4.2.2.4	1	Family Therapy	89%	83%
4.2.2.5	2	Carers have access to a carer support network or group. This could be provided by the ward/unit or the team could signpost carers to an existing network	81%	60%
4.2.2.6	1	Occupational therapy	89%	New
4.2.2.7	3	Art/creative therapies	83%	New
4.3	There is a structured programme of care and treatment			
4.3.1	1	Every young person has a personalised structured timetable of meaningful activities	96%	93%
4.3.2	1	Activities are provided in the evenings and weekends	91%	75%
4.3.3	1	The team gives targeted lifestyle advice and provides health promotion activities for patients. This may include: physical exercise advice; healthy eating advice; smoking cessation advice	98%	74%
4.3.4	1	Young people's preferences are taken into account during the selection of medication, therapies and activities and acted upon as far as possible	100%	96%

Section 4: Care & Treatment				
4.3.5	1	Young people and parents/carers have access to key members of the MDT outside of planned meetings to review their progress	99%	97%
4.4	Young people and parents/carers are involved in decisions about their treatment			
4.4.1	1	All young people have a documented diagnosis and/or clinical formulation which is discussed with them <i>Guidance: The formulation includes the presenting problem and predisposing, precipitating, perpetuating and protective factors as appropriate</i>	95%	88%
4.5	All young people have a written care plan as part of the Care Programme Approach (or local equivalent)			
4.5.1	1	Care of all young people takes place within a formal Care Programme Approach framework or local equivalent	98%	99%
4.5.2	1	Patients are facilitated and supported to prepare for any formal review of their care. <i>Guidance: an advocate may help young people to do this</i>	98%	New
4.5.3	1	Young people and parents/carers are supported to contribute and express their views during reviews	98%	New
4.5.4	1	Every patient has a written care plan, reflecting their individual needs.	96%	New
4.5.5	1	The team reviews and updates care plans according to clinical need or at a minimum frequency <i>Guidance: This should take place at CPA meetings (or equivalent) as well as a weekly review of any care and treatment interventions</i>	100%	New
4.5.6	1	The practitioner develops and reviews the care plan collaboratively with the patient and their carer (with patient consent)	94%	85%
4.5.7	1	All young people sign their care plan	85%	83%

Section 4: Care & Treatment				
4.5.8	1	The patient and their carer (with patient consent) are offered a copy of the care plan and the opportunity to review this	88%	91%
4.5.9	2	Each patient has a pre-arranged session with their key worker at least once a week to discuss progress, care plans and concerns	87%	99%
4.5.10	1	If a local authority has parental responsibility as a result of a care order, the hospital should obtain the named social worker's consent where necessary and consult on the young person's care plan	97%	100%
4.5.11	1	When a care order is in place the Local Authority is asked to confirm who should be consulted about treatment decisions and other aspects of the child's care plan	97%	100%
4.6	Young people can continue with their education whilst admitted			
4.6.1	1	The unit provides the core educational subjects: Maths, English and Science	100%	97%
4.6.2	2	The unit provides a broad and balanced curriculum that is suitable and flexible, appropriate to the students needs	91%	81%
4.6.3	1	Where the unit caters for young people over the age of 16, young people are able to continue with education	90%	83%
4.6.4	1	Teaching staff complete an assessment of each young person's educational needs which is reviewed at each CPA review (or local equivalent)	96%	96%
4.6.5	1	All young people have a personal education plan	98%	94%

Section 4: Care & Treatment				
4.6.6	1	If the young person is receiving education, educational staff at the unit must liaise with the young person's own school in order to maintain continuity of education provision	99%	99%
4.6.7	1	Where young people are returning to their local educational facility after discharge, education and unit staff support the young people with their reintegration	99%	98%
4.6.8	2	The educational staff maintain communication with the young peoples' parents/carers, e.g. providing progress reports for each CPA review	98%	95%
4.6.9	3	Educational outings are provided, as appropriate	91%	89%
4.6.10	1	Teachers contribute to multi-disciplinary meetings	98%	95%
4.6.11	2	Teachers and nursing staff have a handover at the beginning and end of each education session	82%	New
4.6.12	1	The unit must be part of an education organisation that is a registered examination centre	91%	82%
4.7	Outcome measurement is undertaken routinely using validated outcome tools			
4.7.1	1	Clinical outcome measurement data is collected at two time points (admission and discharge) as a minimum, and at clinical reviews where possible (e.g. HoNOSCA, SDQ etc)	98%	97%
4.7.2	1	Outcome measurement tools are completed from the perspective of staff, young people and/or parents/carers	88%	86%

Section 4: Care & Treatment				
4.7.3	2	Individual outcome measurement data is discussed with the young person as part of their care planning e.g. Goal based outcomes	70%	66%
4.7.4	2	Outcome data is used as part of unit management, staff supervision and development	70%	61%
4.7.5	2	Information from outcome measurement is fed back to the whole staff team, users and commissioners	75%	71%
4.7.6	2	Units contribute to a national dataset to allow for information sharing e.g. QNIC ROM	62%	60%
4.8	All young people at the unit are given a choice of healthy, balanced food			
4.8.1	1	Young people are provided with meals which offer choice, address nutritional/balanced diet and specific dietary requirements and which are also sufficient in quantity. Meals are varied and reflect the individual's cultural and religious needs	94%	87%
4.8.2	2	Staff ask young people for feedback about the food and this is acted upon	100%	99%
4.8.3	2	Where there is a therapeutic benefit staff eat with the young people at mealtimes and the cost of the staff meal is covered by the organisation	94%	92%
4.8.4	2	Where there is a therapeutic benefit, there are arrangements for families to eat at mealtimes and the cost of the meal is covered by the organisation. <i>Guidance: Therapeutic benefits may include working with ED patients, social interaction, normalisation, role-modelling etc.</i>	81%	87%
4.9	Young people are involved in decisions around their care and treatment, including leave from the unit			
4.9.1	1	The team develops a leave plan jointly with the young person and parent/carer that includes: <ul style="list-style-type: none"> • A risk assessment and risk management plan that includes an explanation of 	98%	New

Section 4: Care & Treatment

		what to do if problems arise on leave; • Conditions of the leave; • Contact details of the ward/unit.		
4.9.2	2	There is a weekly minuted community meeting that is attended by patients and staff members. <i>Guidance: This is an opportunity for patients to share experiences, to highlight issues on the ward/unit and to review the quality and provision of activities with staff members. The meeting should be facilitated by a professional who has an understanding of group dynamics.</i>	86%	New
4.9.3	2	Patients have access to relevant faith-specific and/or spiritual support, preferably through someone with an understanding of mental health issues.	84%	New
4.9.4	1	Patients have their medications reviewed at least weekly. Medication reviews include an assessment of therapeutic response, safety, side effects and adherence to medication regime. <i>Guidance: Side effect monitoring tools can be used to support reviews.</i>	96%	New
4.9.5	1	When patients experience side effects from their medication, this is engaged with and there is a clear care plan in place for managing this.	99%	New
4.9.6	1	The team follows a policy when prescribing and dispensing PRN (i.e. as required) medication.	98%	New
4.9.7	3	Patients have access to a specialised pharmacist and/or pharmacy technician to discuss medications.	87%	New
4.9.8	1	The safe use of high risk medication is audited, at least annually and at a unit level. <i>Guidance: This includes medications such as lithium, high dose antipsychotic drugs, antipsychotics in combination, benzodiazepines.</i>	87%	New

Section 4: Care & Treatment

Section 4: Care & Treatment				
4.9.9	1	<p>Patients with poor personal hygiene have a care plan that reflects their personal care needs.</p> <p><i>Guidance: This could include encouragement to have regular showers and to shave, referral to a dentist for oral dentition, referral to a podiatrist for foot care.</i></p>	98%	New
4.9.10	1	<p>The ward/unit has a policy for the care of patients with dual diagnosis that includes: • Liaison and shared protocols between mental health and substance misuse units to enable joint working; • Drug/alcohol screening to support decisions about care/treatment options; • Liaison between mental health, statutory and voluntary agencies; • Staff training; • Access to evidence based treatments; • Considering the impact on other patients of adverse behaviours due to alcohol/drug abuse.</p>	68%	New
4.9.11	1	<p>Long-stay patients 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 patient: • A personal/family history (at baseline and annual review); • Lifestyle review (at every review); • Weight (every week for the first 6 weeks); • 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).</p>	91%	New
4.9.12	1	<p>Patients are told about the level of observation that they are under, how it is instigated, the review process and how their own patient perspectives are taken into account.</p>	99%	New
4.9.13	1	<p>Patients are treated with compassion, dignity and respect.</p> <p><i>Guidance: This includes respect for a patient's race, age, sex, gender reassignment, marital status, sexual orientation, maternity, disability and social background.</i></p>	99%	New

<u>Section 5: Information, Consent & Confidentiality</u>				
Number	Type	Criteria	2015 Met %	2014 Met %
5.1	Young people and parents/carers can find out about the inpatient unit before the admission			
5.1.1	2	Clear information is made available, in paper and/or electronic format, to patients, carers and healthcare practitioners on: <ul style="list-style-type: none"> • A simple description of the ward/unit and its purpose; • Admission criteria; • Clinical pathways describing access and discharge; • Main interventions and treatments available; • Contact details for the ward/unit and hospital 	91%	87%
5.1.2	2	The unit has a website which provides information about the unit that young people and parents/carers can access prior to admission	79%	74%
5.2	Information is available to young people and parents/carers			
5.2.1	1	Information, which is accessible and easy to understand, is provided to patients and carers.	90%	98%
5.2.2	2	The patient is given an age appropriate 'welcome pack' or introductory information that contains the following: <ul style="list-style-type: none"> • A clear description of the aims of the ward/unit; • The current programme and modes of treatment; • The ward/unit team membership; • Personal safety on the ward/unit; • The code of conduct on the ward/unit; • Ward/unit facilities and the layout of the ward/unit; • What practical items can and cannot be brought in; • Resources to meet spiritual, cultural and gender needs 	91%	77%

<u>Section 5: Information, Consent & Confidentiality</u>				
5.2.3	1	The welcome pack should include	91%	
5.2.3.1	1	The complaints procedure	94%	91%
5.2.3.2	1	Who else has access to information that the young person shares with the units	90%	91%
5.2.3.3	1	Circumstances under which information may be disclosed or shared	90%	85%
5.2.4	2	Staff members explain the main points of the welcome pack to the patient and ask if they need further information on anything explained	95%	New
5.2.5	1	Patients 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 units; • How to access a second opinion; • How to access interpreting units; • How to raise concerns, complaints and compliments; • How to access their own health records 	85%	New
5.2.6	2	The team provides each carer with a carer's information pack. <i>Guidance: This may include the names and contact details of key staff members on the unit. It also includes other local sources of advice and support such as local carers' groups, carers' workshops and relevant charities</i>	78%	87%
5.2.7	3	There is evidence that information leaflets for parents/carers and young people have had involvement from parents/carers or young people in developing them	71%	72%
5.3	Each young person has a named nurse/key worker			
5.3.1	1	Each young person is allocated key worker(s) and the young person and their parents/carers are told who this is	98%	96%
5.3.2	2	Staff update parents/carers on their child's progress at a minimum of once a week, subject to confidentiality	99%	98%

<u>Section 5: Information, Consent & Confidentiality</u>				
5.4	Young people know the names of the staff team looking after them			
5.4.1	2	Staff are easily identifiable (e.g. By wearing appropriate identification)	90%	87%
5.4.2	3	There is a board on display with the names and photographs of staff	89%	87%
5.5	Personal information about young people is kept confidential, unless this is detrimental to their care			
5.5.1	1	Young people and their parents/carers are informed verbally and in writing of their right to confidentiality and its limitations	88%	79%
5.5.2	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. <i>Guidance: In certain circumstances this may be overruled if felt in the young person's best interests. The young person should be informed when this happens</i>	99%	93%
5.5.3	1	The patient's consent to the sharing of clinical information outside the clinical team is recorded. If this is not obtained the reasons for this are recorded	93%	95%
5.6	All examination and treatment is conducted with the appropriate consent			
5.6.1	1	Consent is sought and recorded by staff <i>Guidance: This applies to both medication and therapy and should be sought by the staff members administering the treatment</i>	97%	94%
5.6.2	1	Young people and their parents/carers (with patient consent) are helped to understand the functions, expected outcomes, limitations and side effects of their treatments and to self-manage as far as possible	96%	94%
5.6.3	1	Staff inform young people both verbally and in writing of their right to agree to or refuse treatment and the limits of this	86%	78%

Section 5: Information, Consent & Confidentiality

<u>Section 5: Information, Consent & Confidentiality</u>				
5.6.4	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	95%	94%
5.6.5	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	100%	98%
5.6.6	2	Written information is given to parents/carers which contains information about consent and their rights, and the limitations of these	77%	85%
5.6.7	1	Parental responsibility is recorded in the young person's notes	100%	96%
5.6.8	1	Patients and carers are offered written and verbal information about the patient's mental illness. <i>Guidance: Verbal information could be provided in a 1:1 meeting with a staff member, a ward round or in a psycho-education group.</i>	93%	New
5.6.9	1	Patients have an assessment of their capacity to consent to admission, care and treatment within 24 hours of admission.	95%	New
5.6.10	1	The team follows a protocol for responding to carers when the patient does not consent to their involvement.	88%	New

Section 6: Young People's Rights and Safeguarding Children				
Number	Type	Criteria	2015 Met %	2014 Met %
6.1	If a young person is detained under the Mental Health Act (MHA), the legal authority for admission and treatment is clear			
6.1.1	1	The MHA status (detained and informal) for each young person is recorded in their notes.	98%	99%
6.1.2	1	Detained patients are given verbal and written information on their rights under the Mental Health Act (or equivalent) and this is documented in their notes	96%	100%
6.1.3	1	Young people are provided with information about their rights to access a mental health tribunal and/or managers hearing.	95%	100%
6.1.4	1	Staff explain to the young person who their Nearest Relative/Named Person is and why this is relevant	94%	97%
6.1.5	1	The young person's Nearest Relative/Named Person is recorded in the young person's notes	96%	100%
6.1.6	1	Information is given to the Nearest Relative/Named Person about their rights	93%	96%
6.2	The inpatient unit is patient-centred and respects the rights of young people and their parents/carers			
6.2.1	1	Young people are able to see a clinician on their own, although this may be refused in certain circumstances and the reasons why are explained	100%	100%
6.2.2	3	Young people can meet with a staff member of the gender of their choice	90%	87%
6.2.3	1	The unit has procedures to ensure that young people's access to media (e.g. TV, DVDs, audio and the internet) is age appropriate	97%	98%

Section 6: Young People's Rights and Safeguarding Children

6.3	Young people and their parents/carers are informed about how to make complaints and seek independent advice			
6.3.1	1	All young people have access to an advocacy unit, including IMHAs (Independent Mental Health Advocates) for those detained	93%	83%
6.3.2	2	Information provided on complaints assures young people and parents/carers that if they complain they will not be discriminated against and their care will not be compromised	98%	97%
6.4	The unit operates within the appropriate legal framework in relation to the use of physical restraint			
6.4.1	1	The team effectively manages patient violence and aggression. <i>Guidance: 1) Staff members do not deliberately restrain patients in a way that affects their airway, breathing or circulation; 2) Restrictive intervention always represents the least restrictive option to meet the immediate need; 3) Individualised support plans, incorporating behaviour support plans, are implemented for all patients who are known to be at risk of being exposed to restrictive interventions; 4) The team does not use seclusion or segregation other than for patients detained under the Mental Health Act (or equivalent); 5) The team works to reduce the amount of restrictive practice used; 6) Providers report on the use of restrictive interventions to unit commissioners, who monitor and act in the event of concerns</i>	96%	95%
6.4.2	1	After any episode of control and restraint, or compulsory treatment including rapid tranquillisation, the team spends time with the patient reflecting on why this was necessary. The patient's views are sought and they are offered the opportunity to document this in their care record along with any disagreement with healthcare professionals	94%	97%
6.4.3	1	After any episode of control and restraint, or compulsory treatment including rapid tranquillisation, the team makes sure that other patients on the ward/unit who are distressed by these events are offered support and time to discuss their experiences	97%	97%
6.4.4	1	Parents/carers are informed about all episodes of restraint within 24 hours	98%	95%

Section 6: Young People's Rights and Safeguarding Children				
6.4.5	1	The team audits the use of restrictive practice, including face-down restraint	95%	New
6.4.6	1	Staff members know how often patients are restrained and how this compares to benchmarks, e.g. by participating in multi-centre audits or by referring to their previous years' data	85%	New
6.4.7	1	The unit follows organisational policies for untoward occurrences and critical incident reporting <i>Guidance: This includes the circumstances and justification of using restraint, and the recording of information after a restraint has occurred</i>	100%	100%
6.5	The unit complies with Local Safeguarding Children Board (LSCB) procedures (or equivalent outside of England and Wales) and with the guidance contained in "What to do if you're worried a child is being abused" (2006) document			
6.5.1	1	It is recorded as to whether or not a young person has a child protection plan in place	99%	99%
6.5.2	1	The unit has a named child protection lead and staff know who this is	98%	91%
6.5.3	1	The unit has policies and procedures which are compatible with LSCB (or local equivalent) guidelines, including the conduct of reviews and procedures for working together	99%	95%
6.5.4	1	Staff know what to do if there are safeguarding concerns and who to contact, during and out of working hours	100%	97%
6.5.5	1	If a young person raises safeguarding concerns or someone else raises concerns about them, staff inform them of the process that will be followed by the unit and other agencies	99%	100%

Section 6: Young People's Rights and Safeguarding Children				
6.6	Unit staff work with the local authority to safeguard and promote the welfare of young people			
6.6.1	1	The local authority will be made aware if a young person remains on the unit for a consecutive period of 3 months (in line with section 85 of the Children Act 1989)	85%	89%
6.6.2	1	The local authority is alerted if the whereabouts of the person with parental responsibility is not known or if that person has not contacted the young person	97%	98%

Section 7: Clinical Governance				
Number	Type	Criteria	2015 Met %	2014 Met %
7.1	All available information is used to evaluate the performance of the unit			
7.1.1	1	Patients and their carers are given the opportunity to feed back about their experiences of using the unit, and their feedback is used to improve the unit.	95%	89%
7.1.2	2	Key clinical/unit measures and reports are shared between the team and organisation's board, e.g. Findings from serious incident investigations and examples of innovative practice	99%	New
7.2	Unit staff are involved in clinical audit			
7.2.1	3	A range of local and multi-centre clinical audits is conducted which include the use of evidence based treatments, as a minimum.	79%	94%
7.2.2	1	There are dedicated resources, including protected staff time to support clinical audit within the directorate or specialist areas	77%	71%

7.2.3	3	The team, patients and carers are involved in identifying priority audit topics in line with national and local priorities and patient feedback.	51%	88%
7.2.4	2	Measures are in place to record and audit referrals, terminated referrals and waiting lists	89%	94%
7.2.5	2	When staff members undertake audits they; • Agree and implement action plans in response to audit reports; • Disseminate information (audit findings, action plan); • Complete the audit cycle.	91%	New
7.3	Unit staff learn from information collected on clinical risks			
7.3.1	1	The lead clinician for the unit has operational responsibility to ensure that identified risks are acted upon	96%	97%
7.3.2	1	The organisation has a risk management strategy	100%	96%
7.3.3	1	Staff members share information about any serious untoward incidents involving a patient with the patient themselves and their carer, in line with the Duty of Candour agreement.	99%	New
7.3.4	1	Lessons learned from incidents are shared with the team and disseminated to the wider organisation.	97%	New
7.4	The unit has a comprehensive range of policies and procedures			
7.4.1	1	Managers ensure that policies, procedures and guidelines are formatted, disseminated and stored in ways that the team find accessible and easy to use	100%	95%
7.4.2	1	There is a written admission procedure, which includes procedures for emergency referrals	92%	92%
7.4.3	1	The team follows a protocol to manage informal patients who discharge themselves against medical advice. This includes: • Recording the patient's capacity to understand the risks of self-discharge; • Putting a crisis plan in place; • Contacting relevant agencies to notify them of the discharge.	86%	90%

7.4.4	1	There are policies and procedures on the management of aggression and violence and the use of physical restraint	100%	95%
7.4.5	1	There is an organisational policy for the use of rapid tranquilisation	96%	95%
7.4.6	1	There is a policy on clinical risk assessment and management	99%	94%
7.4.7	1	There is a policy for responding to serious incidents requiring investigation	99%	95%
7.4.8	1	The unit has policy and procedures for the management of bullies and for those who have been bullied, which covers both staff and young people	92%	94%
7.4.9	1	There is a locked door policy which allows young people to be cared for in the least restrictive environment possible	92%	88%
7.4.10	1	There are appropriate procedures where units close at weekends	29%	90%
7.4.11	2	There is a clear policy on young people's smoking	92%	93%
7.4.12	1	There is a policy on the use of mobile phones, including use of camera phones and internet enabled phones	95%	90%
7.4.13	1	There is a policy on the use of the internet by young people on the unit	93%	88%
7.4.14	1	There is a policy on the use of drugs and alcohol, and on the management of young people who may be abusing drugs and alcohol	84%	91%
7.4.15	1	Staff members follow a protocol when conducting searches of patients and their personal property and visitors where necessary	97%	91%
7.4.16	1	The unit has a policy on the use of seclusion. <i>Guidance: If seclusion is not used, this policy should include how situations are managed when seclusion is needed</i>	79%	90%

7.4.17	1	Staff members follow a lone working policy and feel safe when escorting young people on leave	83%	New
7.4.18	1	The team follows a protocol for managing situations where young people are absent without leave	96%	New
7.4.19	1	The team understands and follows an agreed protocol for the management of an acute physical health emergency. <i>Guidance: This includes guidance about when to call 999 and when to contact the duty doctor.</i>	98%	New
7.4.20	1	The team follows an agreed protocol with local police, which ensures effective liaison on incidents of criminal activity/harassment/violence.	89%	New
7.5	There is a clear role for the unit that is explicitly set in the context of a four-tier CAMHS strategy			
7.5.1	1	The ward/unit is explicitly commissioned or contracted against agreed ward/unit standards.	91%	96%
7.5.2	3	Commissioners and unit managers meet at least 6 monthly	94%	94%
7.5.3	3	The team reviews its progress against its own plan/strategy, which includes objectives and deadlines in line with the organisation's strategy.	88%	New
7.5.4	3	The ward/unit has a meeting, at least annually, with all stakeholders to consider topics such as referrals, unit developments, issues of concern and to re-affirm good practice.	72%	New
7.5.5	2	Key information generated from unit evaluations and key measure summary reports (e.g. reports on length of stay) are disseminated in a form that is accessible to all.	76%	New
7.5.6	2	Patient representatives attend and contribute to local and unit level meetings and committees.	55%	New

Appendix B: Cycle 15 members

Trust	Unit
5 Boroughs Partnership Foundation Trust	Fairhaven Young People's Unit
Alder Hey Childrens Hospital FT	Dewi Jones Unit
Avon and Wiltshire Mental Health Partnership NHST	Riverside Unit
Barnet, Enfield and Haringey MHT	The Beacon Centre
Belfast Health and Social Care Trust	Beechcroft
Belfast Health and Social Care Trust	The Iveagh Centre
Berkshire Healthcare NHS Foundation Trust	Berkshire Adolescent Unit
Betsi Cadwaladr University Health Board	North Wales Adolescent Service
Birmingham and Solihull Mental Health NHS Foundation Trust	Ardenleigh
Birmingham and Solihull Mental Health NHS FT	Japonica Suite
Birmingham Children's Hospital	Irwin Unit
Birmingham Children's Hospital	Ashfield
Birmingham Children's Hospital	Heathlands
Cambian Group	Cambian Willows
Cambridgeshire and Peterborough NHS FT	Darwin Centre
Cambridgeshire and Peterborough NHS FT	Phoenix Centre
Cambridgeshire and Peterborough NHS FT	The Croft Child and Family Centre
Central Manchester University Hospitals NHS Foundation Trust	Galaxy House
Cheshire and Wirral Partnership	Maple Ward
Cheshire and Wirral Partnership	Pine Lodge
CNWL NHS FT	Collingham Child and Family Centre
Cork ISA	Eist Linn
Coventry and Warwickshire Partnership Trust	Brooklands
Cwm Taf University Health Board	Ty Lidiard
Cygnnet Hospital Godden Green	Littleoaks Ward
Cygnnet Hospital Godden Green	Knole Ward
Dorset Healthcare University NHS Foundation Trust	Pebble Lodge
Dozuk Eylul University Hospital	Turkey CAMHS
East London NHS FT	Coborn Centre
Ellern Mede Ridgeway	Ellern Mede Ridgeway
Estonia Ministry of Social Affairs	Tartu University Hospital
Estonia Ministry of Social Affairs	Tallinn Children's Hospital
Estonia Ministry of Social Affairs	North-Estonia Regional Hospital
Greater Glasgow and Clyde Health	Skye House
GMWMHNSFT	Gardener Unit
GMWMHNSFT	J17
Great Ormond Street Hospital for Children	Mildred Creak Unit
Greater Glasgow & Clyde Health Board	Ward 4

Trust	Unit
Hertfordshire Partnership NHS Foundation Trust	Forest House
HSE Dublin Mid-Leinster	Linn Dara
HSE West	Galway CAMHS
Huntercombe Group	Tamar Unit
Huntercombe Group	Huntercombe Cotswold Spa
Huntercombe Group	Huntercombe Edinburgh
Huntercombe Group	Sky Ward
Huntercombe Group	Kennet Unit
Huntercombe Group	Hartley Unit
Huntercombe Group	Wedgewood Unit
Huntercombe Group	Thornycroft Unit
Lancashire Care NHS Foundation Trust	The Platform
Lancashire Care NHS Foundation Trust	The Junction
Leeds and York Partnership NHS Foundation Trust	Mill Lodge
Leeds Community Healthcare NHS Trust	Little Woodhouse Hall
Leicestershire NHS partnership trust	Ward 3
Lincolnshire Partnership NHS Foundation Trust	Ash Villa
Newbridge Health	Newbridge House
Norfolk and Suffolk NHS FT	5 Airey Close
North East London NHS Trust	Brookside
North Essex Partnership University NHS FT	St Aubyn Centre
North Staffs Combined Healthcare NHS Trust	Darwin Centre
Northampton Healthcare Foundation Trust	The Sett
Northumberland , Tyne and Wear NHS Foundation Trust	Redburn Unit
Northumberland Tyne and Wear NHS Trust	Riding Ward
Northumberland, Tyne and Wear NHS Trust	Stephenson House
Northumberland, Tyne and Wear NHS Trust	Alnwood
Nottinghamshire Healthcare NHS Trust	Thorneywood Adolescent Unit
NTW NHS Foundation Trust	Fraser House
Oslo University Hospital	Oslo Inpatient unit - general
Oslo University Hospital	Oslo Inpatient unit - acute
Oxford Health	Marlborough House
Oxford Health NHS Foundation Trust	Highfield
Partnerships in Care	Woodlands
Partnerships in Care	Cherry Oak
Partnerships in Care	Rhodes Farm
Partnerships in Care	Kent House Hospital
Pennine Care NHS FT	Horizon Unit
Pennine Care NHS FT	Hope Unit
Plymouth Community Healthcare	Plym Bridge House
Regis Healthcare	Brenin Ward
Riverdale Grange	Riverdale YPU
SEPT	Poplar
Sheffield Childrens' NHS Foundation Trust	Emerald Lodge

Trust	Unit
Sheffield Childrens' NHS Foundation Trust	Sapphire Lodge
South London and Maudsley NHS Foundation Trust	Bethlem Adolescent Unit
South London and Maudsley NHS Foundation Trust	Ash Ward
South London and Maudsley NHS Foundation Trust	Oak Ward
South London and Maudsley NHS FT	Acorn Lodge
South London and Maudsley NHS FT	Snowsfields
South West London & St George's Mental Health NHS Trust	Wisteria
South West London and St George's	Aquarius Unit
South West London and St George's	Corner House
Southern Health	Leigh House Hospital
Southern Health NHS Foundation Trust	Bluebird House
St Andrews Healthcare	Lowther Unit
St Patrick's University Hospital	Willow Grove
St Vincent's Hospital	St Joseph's Adolescent Unit
Sussex Partnership Foundation Trust	Chalkhill
Tees, Esk and Wear Valley NHS Foundation Trust	Evergreen Centre
Tees, Esk and Wear Valley NHS Foundation Trust	Westwood Centre
Tees, Esk and Wear Valley NHS Foundation Trust	Newberry Centre
The Priory Group	Orchard Unit
The Priory Group	Priory Woodlands
The Priory Group	Kingfisher Unit
The Priory Group	Meadows Unit
The Priory Group	Upper Court
The Priory Group	Chelmsford AU
The Priory Group	Garden Court
The Priory Group	Roehampton EDU
The Priory Group	Roehampton Adolescent Unit
The Priory Group	Rivendell Adolescent Unit
The Priory Group	Priory Hospital North London
The Priory Group	Mulberry Unit
The Priory Group	Rowan Unit
West London Mental Health NHS Trust	The Wells Unit
Whittington Health NHS	Simmons House

Appendix C: Advisory Group members

Advisory group	Profession
Paul Abeles (Chair)	Psychologist
Barry Chipchase	Consultant Psychiatrist
Tonia Forster	Nurse
Nigel Hughes (Faculty Rep)	Consultant Psychiatrist
Henry Iwunze	Unit Manager
Gill Jackson	Teacher
Candida Rosier	Occupational Therapist
Hannah Stevenson	YPA
Sandra Wardell	Social Worker
Anne Worrall Davies	Consultant Psychiatrist

Appendix D: Accreditation Committee members

Accreditation Committee	Profession
Paul Byrne	Ward Manager
Lois Colling	Child and Adolescent Psychiatrist
Julie Curtis	Senior Clinical Nurse
Jolene Dillon	Young Person Advisor
Craig Halpin	Ward Manager
Billie Hughes	Service Manager
Duncan Law	Clinical Psychologist
Angela Sergeant	Consultant Nurse
Janette Steel	Teacher
Sandra Wardell	Social Worker
Jane Whittaker	Child and Adolescent Psychiatrist
Anne Worrall Davies	Child and Adolescent Psychiatrist

Appendix E: Accredited Units

Trust	Units
Alder Hey Children's NHS Foundation Trust	Dewi Jones Unit
Belfast Health and Social Care Trust	Beechcroft
Belfast Health and Social Care Trust	The Iveagh Centre
Central Manchester University Hospitals NHS Foundation Trust	Galaxy House
Cheshire and Wirral Partnership	Maple Ward
CNWL NHS FT	Collingham Child and Family Centre
East London NHS FT	Coborn Centre
GMWMHNSFT	Junction 17
Great Ormond Street Hospital	Mildred Creak Unit
Lancashire Care NHS Foundation Trust	The Junction
Lincolnshire Partnership NHS FT	Ash Villa
North Bristol Trust	Riverside Unit
Northamptonshire Healthcare NHS Foundation Trust	The Sett
Northumberland, Tyne and Wear NHS Trust	Stephenson House
Pennine Care NHS FT	Hope Unit
Pennine Care NHS FT	Horizon Unit
South London and Maudsley	Acorn Lodge
South London and Maudsley	Bethlem
South London and Maudsley	Snowsfield Adolescent Unit
Sussex Partnership Foundation Trust	Chalkhill
Tee, Esk and Wear Trust	Newberry Centre
Tees, Esk and Wear Valley NHS Foundation Trust	The Evergreen Centre
The Priory	Mulberry Unit
The Priory Group	Orchard Unit
Whittington Health	Simmons House

© Copyright 2016

Royal College of Psychiatrists