



Quality Network for Inpatient CAMHS

Cycle 18 Annual Report

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CAMHS
QUALITY NETWORK FOR
INPATIENT CAMHS



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Artwork displayed on the front cover of this report:

“Recovery Road” by a young person at Stephenson House, Ferndene Hospital
Winner of the QNIC 2019 Art Work Competition

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Foreword

Over Cycle 18, we have seen significant change within CAMH services. Multiple teams and services across the UK have either closed or have changed specification, which has naturally caused strain and anxiety within the network.

I am also conscious that services are often working under many pressures, not least from CQC inspections and the work required to develop and move forward CQC action plans. It is possible that the QNIC process (both hosting reviews and sending reviewers to other units) could come to be seen as just another inspection to be endured, rather than as the catalyst for sharing good practice and improving quality, for which it was always intended.

This annual report reflects on the 18th year of QNIC as well as some comparisons across the 18 years. Almost all units in the UK (98%) are now QNIC members and engage in the peer review process. Standards are reviewed and refined every two years, and I am very pleased to see that the imperative value of co-production, involving service users and their parents/carers in shaping services and improving quality, is increasingly recognised within them. We have also continued to see an incremental increase in services meeting standards.

One aspect of QNIC that is to be celebrated is its ability to connect units and bring them together. I have found the participation in the online QNIC discussion group to be very heartening, particularly amidst these demanding times. Delivering inpatient care is not easy and it is helpful to hear how other units manage challenges, both as a source for good ideas and also for knowing that other providers have similar experiences.

Feedback from Cycle 18 events also inspired the topic for our next QNIC Annual Forum: the development of Clinical Models for Inpatient Services. As the service I work in is undergoing a period of significant transformation, I was particularly excited about this proposed theme. Although we have had to cancel this year's forum, I would hope that we may revisit this in the future.

We know that being a young person in inpatient services is not easy and neither is being the parent or carer of one. QNIC events continue to share moving first-hand accounts from young people of their inpatient experiences which remain a vital element of the programmes. I look forward to hearing more experiences in the future and hearing how services are co-developing their provision of therapeutic care alongside young people and their families.

We have sorely missed having the input and lived perspective of our Young Person Advisors as part of the peer review process throughout much of the year. This has been due to ongoing changes in the way the College works with patient and carer representatives. However, we are very much looking forward to reinstating this within our model of working with services and continue to advocate the perspective of young people, which is so central to the QNIC process.

Of course, I am writing this foreword in 2020 during the coronavirus pandemic and along with many of you, I am really missing the opportunities that QNIC brings to meet others in the CAMHS inpatient network. Visiting other services, meeting other professionals and talking to young people and their parents and carers is a fine way to share best practice and disseminate innovation, and allows us to feel inspired by our collective effort of continuing to improve inpatient care for young people.

I am looking forward to being able to do these important things again in the future, and it would be lovely to hope that we shall be able to again meet in person and face to face!

Dr Turlough Mills

Consultant Psychiatrist, Little Woodhouse Hall, Leeds

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 18th cycle. Approximately 98% of units in the UK are members with international members in the Republic of 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 participated in interviews with the reviewing teams and took part in the QNIC review process
- The QNIC Advisory Group for their continued 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 18 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 18 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 has developed recommendations based on Cycle 18'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

Cycle 18

This report explores the data collected throughout Cycle 18 (September 2018 – July 2019) of the Quality Network for Inpatient CAMHS (QNIC).

Ninety-four CAMHS units had a peer or accreditation review visit between September 2018 and July 2019. The units who are part of QNIC represent a combination of NHS, independent and private sector organisations, as well as several international services. In addition, 12 teams were at a stage of the accreditation process, either in the deferral stage or completing their second-year self-review. A self-review involves teams measuring their compliance against the standards without receiving a peer review visit.

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 are required 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 a maximum of three years. Fourteen units took part in accreditation in Cycle 18 and currently 24 units are accredited by The Royal College of Psychiatrists. Please see [Appendix E: Accredited Units](#) for a list of accredited units and [Appendix D: Accreditation Committee Members](#) for those that sit on the Accreditation Committee.

If you are interested in accreditation in the coming Cycle, 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 18 we interviewed:

- 378 staff members
- 247 young people
- 138 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/carers to take part in a telephone 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 18, 88% of our visits were attended by a nurse, 82% by an MDT member and 62% by a medical team member. Professions included charge nurses, clinical team leaders, consultant child and adolescent psychiatrists, consultant nurses, dieticians, systemic family therapists, occupational therapists, psychologists, RMNs, social workers, specialty doctors, ST6s, teachers, 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 (YPAs): young people with recent lived experience of accessing CAMH services.

During the course of Cycle 18, the College reviewed the way it works with service user and carer representatives, meaning that YPA attendance on reviews was paused from February 2018 while the proper safeguards were put into place. Unfortunately, this meant that only 18 of our reviews included their input.

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.

- Admission/discharge pathways
- Reviewing the CPA process
- Balancing young people's needs with the remit of the unit
- Patient-led multi-disciplinary care planning
- Internet and smartphone use
- Team morale
- The safe management of headbanging
- Promoting positive peer relationships
- Reducing restrictive practice
- Including parents and carers in treatment
- Implementing zonal observations
- Implementing independent reflective practice

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).

Annual Forum

At this year's QNIC Annual Forum, held at the College on 14 June 2018, we had an amazing 130 delegates, six workshops and three keynote speakers. The project team would like to thank all our presenters and delegates for traveling to London from far and wide and dissolving the typical geographical barriers that separate our members.

The day's theme focused on staff well-being and reflective practice. It was no surprise that we had a great interest in the event with staff

burnout being a commonly encountered challenge within healthcare; and therefore protective factors, such as reflective practice and general promotion of staff wellbeing, are believed to be of great value within any service.

The day aimed to offer solution-focused ideas such as CYP IAPT training, which is being rolled out in a number of regions across England, as well as numerous interactive workshops exploring reflective practice. One of the workshops showcased Huntercombe's interdisciplinary reflective group framework where the participants discuss the experience of an individual member. The group then takes turns in talking and provide the individual with validation and feedback within a safe environment. The day also included a passionate and thoughtful presentation by our Young Person Advisor, Hannah Sharp, on the



importance of involving young people in service developments, which prompted much reflection amongst her audience. Hannah explained that young person participation ensures services work for the people they are supporting. She also explored the secondary benefit with her own personal reflection on how her participation in service development led to an increase in her wellbeing by providing a sense of purpose.

The day concluded with a well-attended drinks reception and a chance for services to network with one another and peruse submissions from our artwork competition (see our Autumn newsletter for details of the winning submissions) and an inspiring stall by the Wildlife Trust on the positive benefits of nature in one's wellbeing.

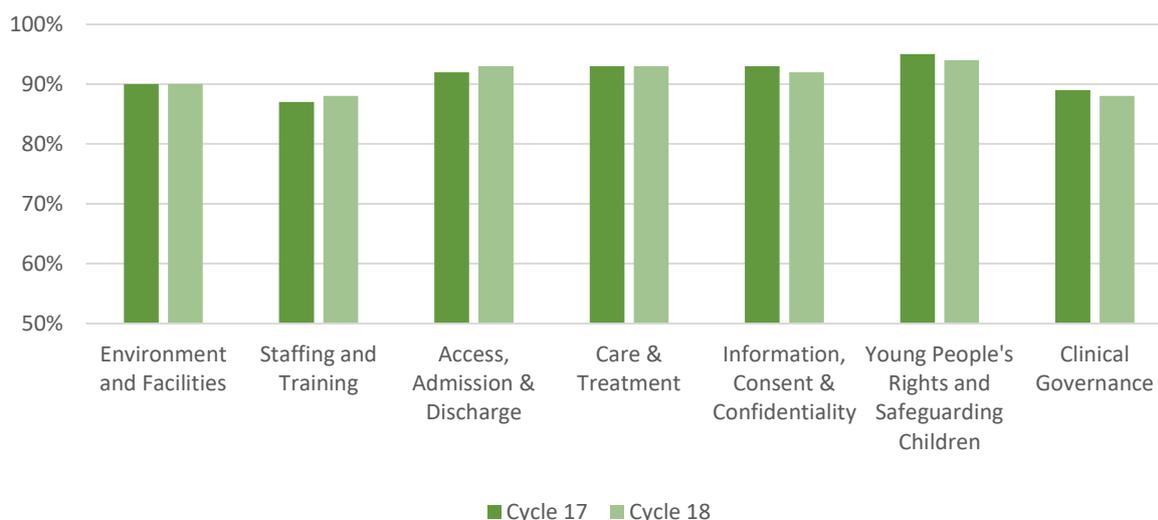
Other events

As well as the Annual Forum, the QNIC project team held two Special Interest Days: one around the topic of delayed discharges and March's annual Teachers' Day. QNCC, QNIC's sister network for community CAMHS teams, collaborated with ACOMHS (Accreditation for Community Mental Health Services) to present a programme around the transition from CAMHS to AMHS which was well-received by delegates from both member and non-member services.

Both networks also jointly ran two accreditation training days, one in London and one in Birmingham, for those interested in either applying for accreditation themselves or wanting to attend accreditation reviews.

Cycle 17 and Cycle 18 Comparison

Average percentage of standards met in Cycle 17 vs Cycle 18



The above graph contains a summary of compliance against the seven domains of the QNIC standards across all participating member services, regardless of review type. This included 83 services for Cycle 17 (with data from 20 services excluded due to missing data) and 94 services for Cycle 18 (with data from 17 services excluded due to missing data).

The percentage change from Cycle 17 to 18 remains small, with a change score range of -1% - +1% across all sections. Those with an increase are the 'Staffing and Training' and 'Access, Admission, and Discharge' domains, while other domains saw a slight decrease in performance. This report will explore reasons as to why these changes might have occurred.

Breaking down these findings by standard type (as defined in the introduction), there has been a slight increase in compliance with type 1 standards from 91% to 93%. Performance against type 2s has remained the same at 80%, and type 3 have seen a slight increase from 79% to 80% compliance.

Units are reminded that they should strive to attain 100% of type 1 standards as a failure to meet these can result in a significant threat to patient safety, rights or dignity and/or would breach the law.

Five of the lowest scored standards that require improvements

For a summary of areas of improvement, we have extracted the five lowest scored standards from across the QNIC network and included some ideas for development and improvement below.

Co-production in devising and delivering training

2.7.3 (2) 40% of units met this standard

Young people, parents/carers and staff members are involved in devising and delivering training face-to-face

Advice:

- Make use of the existing 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 that 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 work with young people with mental health needs
- Some services run parent groups which can encourage shared learning between parents and be used to identify additional training needs within the service

Art Therapy Provision

2.3.9 (3) 40% of units met this standard

The unit has formal arrangements to ensure provision of arts therapists e.g. drama therapy, music, art

Advice:

- If located on a shared site or near other local services, a specialist therapist could be shared to reduce costs
- Where possible skill up staff with an interest in creative therapies. This could be supporting staff to complete the appropriate qualification which would then allow to facilitate creative therapies at the service

Identifying Priority Audit Topics

7.2.3 (3) 49% of units met this standard

The team, young people and parent/carers are involved in identifying priority audit topics in line with national and local priorities and young people feedback

Advice:

- Hold focus groups with parents/ carers and young people to see what their areas of improvement are
- Discuss items in young people's council groups and parent/ carer forums

ONE

TWO

THREE

- Use satisfaction surveys at the end of admission to extract areas for improvement and development

Equality Champion

6.2.5 (3) 55% of units met this standard

The ward has a designated equality champion

Advice:

- Allocate a member of staff to this role who has a keen interest in equality and can lead on development of this
- To explore this further, a focus group which discusses matters regarding equality and diversity could be formed within the service
- The role could be split among staff with different interests, e.g. sexual health and relationships, religion and spiritual beliefs, physical health and diets

Management of Unplanned Admissions

3.4.1 (1) 62% units met this standard

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

Advice:

- To encourage higher attendance, units may want to offer telephone 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
- Where possible, arrange the initial planning meeting before admission is accepted
- Seek further advice from the QNIC discussion forum to see how other services are meeting the standard

Cycle 19

Standards

The QNIC standards are revised every two years, with the most recent, tenth edition being published in June 2019. This edition of the standards will form the basis for reviews taking place in Cycles 19 and 20. The QNIC standards will next be revised in Spring 2021, with members of the network invited to contribute to the process.

Recruitment of Young Person and Parent/Carer Advisors

The College has recently revised and formalised the way it plans to work with patient and carer representatives moving forward. From early 2020, recruitment will begin for a new wave of representatives with lived experience of CAMHS. Interested parties are encouraged to contact the QNIC project team for further details.

Events

Cycle 19 has already seen one successful QNIC event – a Special Interest Day around managing self-harm through least restrictive practices – come and go, and the annual Teachers' Special Interest Day is planned for March 2020. Accreditation training will take place in Spring and Autumn, but can also be organised for other times of the year and in different locations if sufficient interest is received.

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

QNIC Email Discussion Group

Currently have over 800 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 discussion 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.

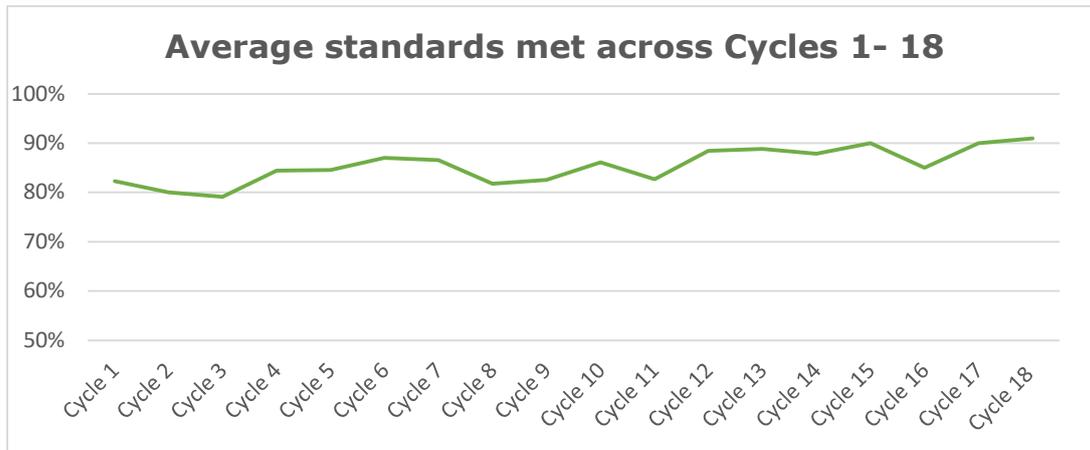
The data collected should be made available to clinicians, young people and their families and commissioners. Commissioners are increasingly interested in services' clinical- and cost- effectiveness, and staff need to evaluate these to make improvements.

The measures QNIC-ROM collates include evaluation of outcomes from the clinician, parent/carers 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.

The QNIC-ROM service is currently being moved onto an online system to make it easier for teams to record their data and generate reports. In the meantime, a reduced service using the original SNAP surveys is still available for those who request it.

The new online system will be piloted with a small number of teams in 2020. If you are interested in joining the pilot or would like further information about QNIC-ROM more generally, please contact qnic@rcpsych.ac.uk.

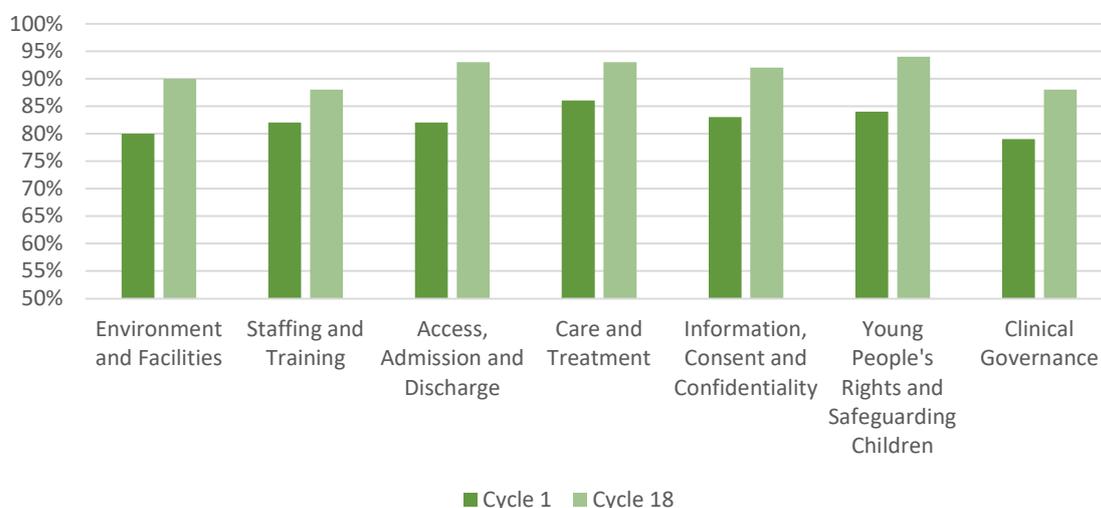
18 years of QNIC



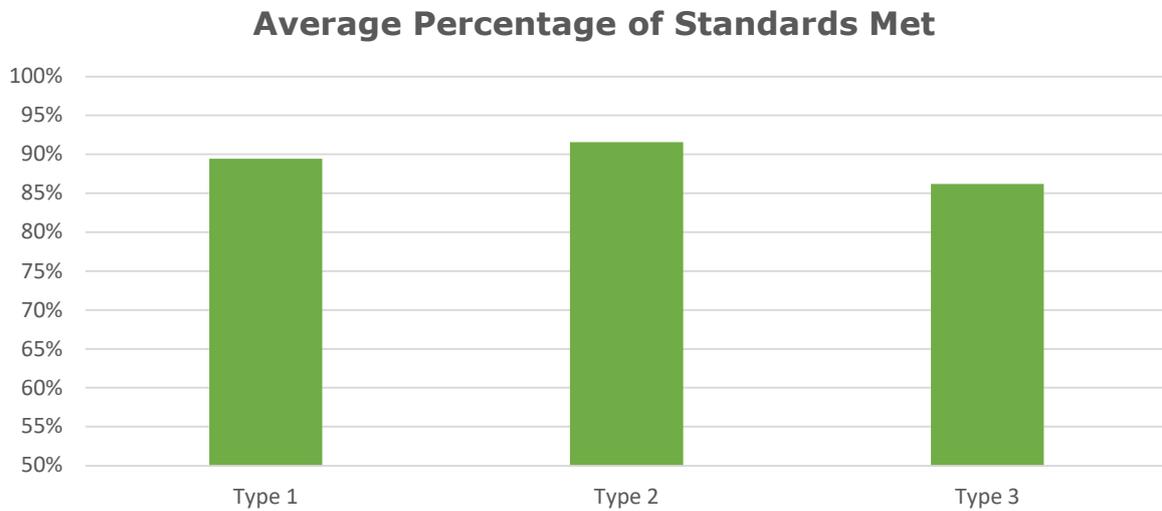
QNIC was launched 18 years ago with 36 units, and today we have 115 members across the UK, Republic of Ireland and Norway. Over the last couple of years we have seen a slight decline in the number of CAMH units across the UK and, consequently, members of the network due to the de-commissioning, closure and combining of wards, highlighting more than ever the importance of peer review and the sharing of good practice between teams.

Throughout QNIC’s history we have seen a steady improvement in compliance with the standards and increasing numbers of teams applying for and achieving accreditation. This past Cycle has boasted the strongest performance to date with units meeting an average of 91% of criteria. In each revision of the standards, we aim to push the bar slightly higher still and introduce new initiatives for teams to strive towards. One example of this is quality improvement (QI) work being included under two standards in the latest 10th edition standards for use in Cycles 19 and 20.

Cycle 1 - Cycle 18 comparison of met standards



Environment and Facilities



Highest met standards

1.1.15 (2) 100% of units met this standard

All young people can access a range of current age appropriate resources for entertainment, which reflect the ward/unit's population

1.3.1 (1) 100% of units met this standard

All patient information is kept in accordance with current legislation

1.3.17 (1) 100% of units met this standard

Young people can wash and use the toilet in private, unless risk assessment seems they require constant observation

1.3.18 (1) 100% of units met this standard

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

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

Least met standards

1.1.4 (2) 73% of units met this standard

Staff members and young people can control heating, ventilation and light or have access to support from facilities

1.1.12 (1) 31% of units met this standard

Ward/units which have a seclusion room must meet the following requirements:

- The room must allow for clear observation
- Be well insulated and ventilated
- It must have direct access to toilet/washing facilities

- The room must be safe and secure – it does not contain anything that could be potentially harmful
- It must include a means of two-way communication with the team
- It should have a clock that young people can see

However, this was not applicable for 55 services. Of those with a seclusion facility, 74% of services met the standard.

1.2.2 (2) 44% of units met this standard

When a unit is on the same site as an adult unit, there are policies and procedures in place to ensure young people are not using shared facilities at the same time as adults; a safeguarding policy is in place to allow safe access to wider grounds within the unit.

However, similarly to the standard above, this standard is not applicable to numerous services. Of those which are on the same site as an adult service, 87% are services are meeting the standard.

Most improved standards

1.1.13 (1) 15% increase

76% units met this standard compared to 60% in Cycle 17

All units must have an appropriate policy that highlights how a service secludes. This should include the threshold at which a young person would be transferred to a more secure environment

1.6.4 (2) 14% increase

74% units met this standard compared to 60% in Cycle 17

Alarm systems/call buttons/personal alarms are available to young people and visitors, and instructions are provided for their use

Recommendations

Seclusion

Accounting for services without a seclusion room, 74% of services have a seclusion room that does not meet our standards. We recommend that services review their seclusion and formulate an action plan to ensure it is fit for purpose (maintaining patient safety and dignity). Services could also look to the NHS and other governing bodies for clinical guidance.

Shared site

Furthermore, 87% of services which are sharing the same site as an adult service do not have appropriate policies and procedures in place. This is essential in order to safeguard both young people and adults.

- Consider creating local policies if Trust wide policies do not cover this
- Work with the local adult team to formulate a procedure regarding how spaces are shared
- Evidence how facilities are accessed safely e.g. using a timetable with ward allocations for hospital gym

Examples of Good practice

Multiple services (including Linn Dara Inpatient Unit, Fraser House, Dudhope Young People's Inpatient Unit and others): There is access to a family flat where parents/carers visiting from further afield can stay. This is particularly beneficial for services that cover a wide geographical area as it gives families the opportunity to trial leave arrangements and help parents/ carers regain confidence in caring for their child.

Ancora House: This service in Chester comprises two units which were built with the young people, for the young people. From the colour of the walls to the furniture, mood lights in bedrooms and various quiet spaces, there was complete collaboration and open channels of communication between the young people, ward staff and architects.

Dewi Jones Unit: The children enjoy the food provided by the unit as it home cooked and tailored to their tastes from their onsite chef. The chef embodies the ethos of person-centred care and ensures she knows the likes and dislikes of each child to make sure there is something to eat that they will enjoy.

Areas of Achievement

Comments from young people and parents/carers

"Past patients helped decorate the walls with beautiful murals. We make sure they are kept nice because we appreciate the effort, they made to make the environment nice for us"

"We love the sensory room; it is very relaxing"

"We have been decorating the walls in the garden with a graffiti artist!"

Areas of Achievement

Areas for Improvement

Comments from young people and parents/carers

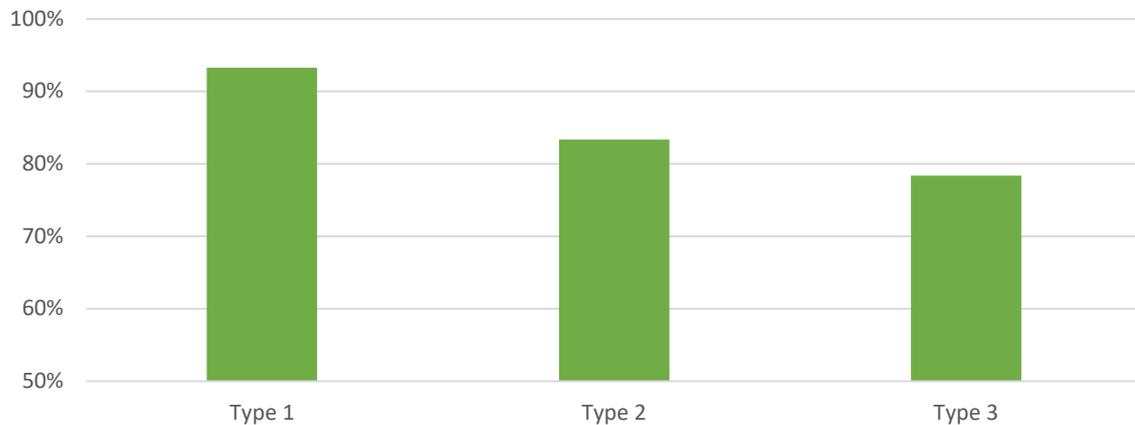
"We have plenty of outdoor space, but we often can't access it due to staffing shortages"

"We are not able to control the heating on the ward; it's either too hot or too cold"

"There isn't an appropriate visiting space for us to meet as a family, everywhere is so clinical"

Staffing and Training

Average Percentage of Standards Met



Highest met standards

2.1.5 (1) 100% of units met this standard

Senior nursing staff have the authority to arrange for additional staff to cover shifts in an emergency

2.1.9 (1) 100% of units met this standard

The ward/unit has a mechanism for responding to low/unsafe staffing levels, when they fall below minimum agreed levels. This should include all QNIC requirements

2.4.4 (1) 100% of units met this standard

The team has integrated patient records which can be accessed by all clinical staff

2.8.8 (2) 100% of units met this standard

Ward/unit managers and senior managers promote positive risk-taking to encourage patient recovery and personal development. They ensure staff members have appropriate supervision and MDT support to enable this

2.9.3 (1) 100% of units met this standard

Robust processes ensure that all staff with a professional regulatory body are checked for appropriate registration on recruitment and again at the renewal date

Least met standards

2.7.3 (2) 40% of units met this standard

Young people, parents/carers and staff members are involved in devising and delivering training face-to-face

2.3.9 (3) 40% of units met this standard

The unit has formal arrangements to ensure provision of arts therapists e.g. drama therapy, music, art

Most improved standards

2.3.10 (1) 13% increase

78% units met this standard compared to 65% in Cycle 17

A typical unit with 12 beds includes at least 0.5 WTE family therapist

2.4.7 (2) 8% increase

83% units met this standard compared to 75% in Cycle 17

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

2.7.1 (3) 10% increase

87% units met this standard compared to 77% in Cycle 17

Staff members have access to study facilities (including books and journals on-site or online) and time to support relevant research and academic activity

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 the 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 work with young people with mental health needs
- Some services run parent groups which can encourage shared learning between parents and be used to identify additional training needs within the service

Creative therapies

Access to creative therapies is important as it allows young people with speech and language difficulties an alternative platform to express themselves and articulate their feelings and emotions.

- If located on a shared site or near other local services, a specialist therapist could be shared across multiple teams to reduce costs
- Where possible, skill up existing members of the team with an interest in creative therapies. This could be achieved through supporting staff to complete the appropriate qualification which would then allow to facilitate creative therapies at the service

Examples of Good Practice

Woodlands (Cheadle Royal): A patient who had a very delayed discharge collaborated with the staff to lead training and provide an invaluable service user perspective.

Dudhope: All bank staff at Dudhope must complete a local induction at the service prior to their first bank shift. This training time is paid to ensure all bank staff do attend and involves familiarising staff with the ward, tasks, and expectations.

Cygnnet Mulberry: The team's psychiatrist calls young people's families weekly for an update in addition to daily nursing calls. The psychiatrist also allocates time to meet with young people prior to their CPA, which was well received by young people.

Areas of Achievement

Comments from young people and parents/carers

"We get to meet our consultant once a week to discuss our plans, this makes us feel listened"

"We really love it when the activity worker is on shift, with love the groups they host"

"It feels like some of the staff really care about you, they're not just here because they're getting paid. They spend time to get to know you and help you"

Areas for Improvement Comments from young people and parents/carers

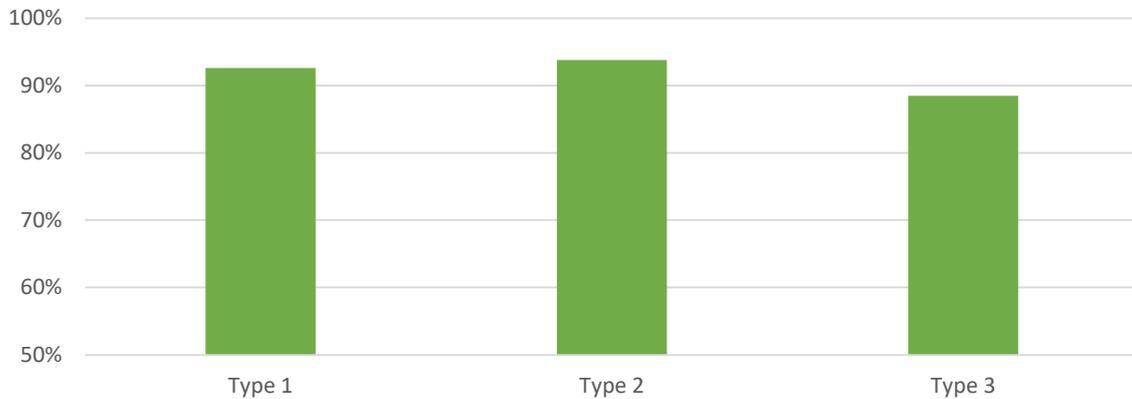
"There are enough staff but not enough permanent staff. Bank and agency staff are used everyday"

"I struggle to trust the bank staff"

"I don't think all the staff have been trained in ASD so it is hard for them to support my child"

Access, Admission and Discharge

Average Percentage of Standards Met



Highest met Standards

3.2.5 (1) 100% units met this standard

Staff members explain the purpose of the admission to the young people and parents/carers as soon as is practically possible

3.2.6 (1) 100% units met this standard

Young people have a comprehensive assessment which is started on the day of admission and completed within four weeks

3.2.7 (1) 100% units met this standard

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

3.2.9 (1) 100% units met this standard

On admission to the ward/unit, young people are welcomed by staff members

3.4.2 (2) 100% units met this standard

Senior clinical staff members (ward/unit manager/ nurse in charge) make decisions with managers about young people admission or transfer, taking into account safety and/or therapeutic activity on the ward

3.5.1 (1) 100% units met this standard

During assessment, staff involve parents/carers where appropriate

3.5.3 (1) 100% units met this standard

The young person's parent/carer is contacted by a staff member (with the young person's consent) to notify them of the admission and to give them the ward/unit contact details

3.6.1 (1) 100% units met this standard

The inpatient people team invites a community team representative to attend and contribute to relevant meetings e.g. CPA, discharge planning

3.6.6 (1) 100% units met this standard

Young people and their parent/carer (with the young person's consent) are invited to a discharge meeting and are involved in decisions about discharge plans

Least met standard

3.4.1 (1) 62% units met this standard

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

Most improved standards

3.1.1 (1) 7% increase

94% units met this standard compared to 87% in Cycle 17

Clear information is made available, in paper and/or electronic format, to young people, parents/carers and healthcare practitioners on a variety of topics.

- 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

3.6.5 (1) 6% increase

89% met compared to 83% in Cycle 17

A written comprehensive summary is produced and distributed within ten working days of discharge

Recommendations

Initial Planning Meeting within five Working days

Units have reported difficulty in encouraging local community teams to attend the initial planning meeting within five days of admission. Service often report the main challenge to be the geographical area they cover and the barriers this causes to arranging a meeting at short notice.

- To encourage higher attendance, units may want to offer telephone 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
- Where possible, arrange the initial planning meeting before admission is accepted
- Seek further advice from the QNIC discussion forum to see how other services are meeting the standard

Examples of Good Practice

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

Dudhope: As part of an initiative by Scottish Parliament, CAMHS in Edinburgh and Scottish Youth Parliament a Transitional Care Plan (TCP) was developed. The TCP was developed to help young people navigate their transition from CAMHS to adult mental health services, using a human rights approach that puts young people's voices at the heart of their transition. A TCP template and guidance documentation can be found at <https://www.nhsinform.scot/care-support-and-rights/health-rights/mental-health/transition-care-plans-moving-from-camhs-to-adult-mental-health-services>.

Areas of Achievement

Comments from young people and parents/carers

"I was able to watch a video tour of the unit before I was admitted. This was helpful as it helped me prepare"

"I have been able to use Skype to engage in family therapy with my child and therapist at the unit. This has been invaluable as we live far away"

"The unit support me to overcome barriers to access with video conferencing and travel costs covered by the hospital"

"Discharge has been discussed from the start of the admission"

Areas for Improvement

Comments from young people and parents/carers

"I was unable to find out any information about the unit before I was admitted. The website has very limited information"

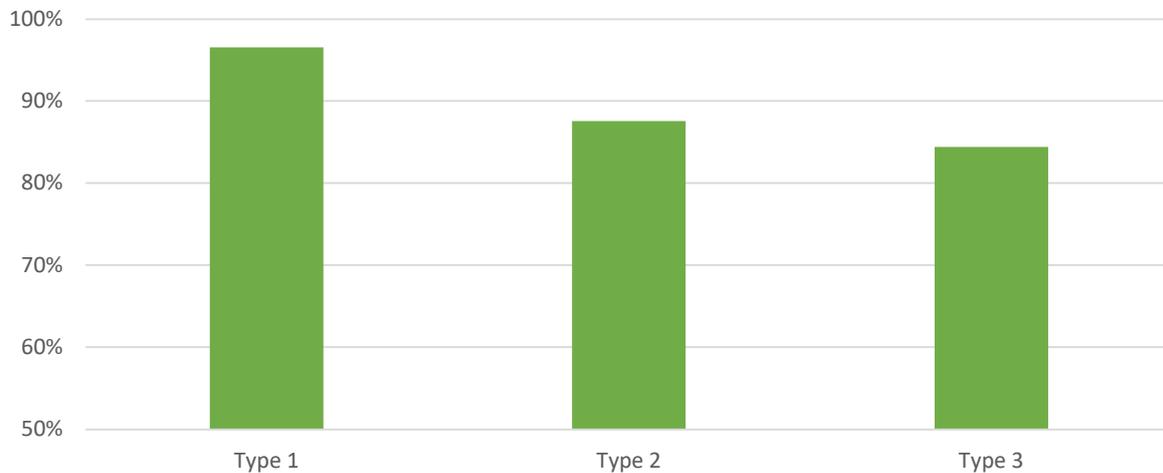
"I did not feel ready for my first discharge"

"I have not been supported to overcome any barriers to access. We live far away, and petrol is expensive"

"The website is very generic and refers to multiple hospital sites, it's very hard to find information about a particular ward"

Care and Treatment

Average Percentage of Standards Met



Highest met standards

4.1.3 (1) 100% of units met this standard

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

4.1.4 (1) 100% of units met this standard

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

4.2.2.1 (1) 100% of units met this standard

Inpatient services have a range of interventions available. These include:

- Medication

4.4.2 (1) 100% of units met this standard

Young people and the team can obtain a second opinion if there is doubt, uncertainty or disagreement about the diagnosis, formulation or treatment

4.4.3 (1) 100% of units met this standard

Where appropriate, young people are actively involved in shared decision-making about their mental and physical health care, treatment, discharge planning and are supported in self-management

4.5.2 (1) 100% of units met this standard

Young people and parents/carers are supported by staff members, before (to prepare), during (to understand and contribute) and after (to feedback outcomes) any formal review of their care

4.5.3 (1) 100% of units met this standard

Every young person has a written care plan, reflecting their individual needs

4.6.1 (1) 100% of units met this standard

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

4.9.1 (1) 100% of units met this standard

The team develops a leave plan jointly with the young person and parent/carer that includes QNIC specifications.

4.9.6 (1) 100% of units met this standard

The team follows a policy when prescribing and dispensing PRN (i.e. as required) medication

4.9.9 (1) 100% of units met this standard

Young people with poor personal hygiene have a care plan that reflects their personal care needs

4.9.212 (1) 100% of units met this standard

Young people are told about the level of observation that they are under, how it is instigated and the review process

4.9.13 (1) 100% of units met this standard

Young people are treated with compassion, dignity, and respect

Least met standard

4.7.4 (2) 68% of units met this standard

The ward's clinical outcome data are reviewed at least six-monthly. The data are shared with commissioners, the team, young people and parent/carers, and used to make improvements to the service

Most improved standards

4.2.2.7 (1) 9% increase

97% met compared to 88% in Cycle 17

Parents/carers feel supported by the ward staff members

4.3.2 (1) 6% increase

93% met compared to 87% in Cycle 17

There are a range of accessible activities provided every day including evenings, weekends and bank holidays

4.9.3 (2) 6% increase

96% met compared to 90% in Cycle 17

There is a minuted ward meeting that is attended by young people and staff members. The frequency of this meeting should be weekly unless otherwise agreed with the young people group

Recommendations

Sharing Clinical Outcome Data

Services often report to collect outcome data however, the challenge can be disseminating this information to the team and what to disseminate to young people and parents/ carers

- An assistant psychologist role, for example, could provide a monthly summary of outcome measures that can be shared with the team. This could highlight any key success stories of discharge to also help boost morale
- Consider developing a newsletter for young people and parents with an appropriate summary of findings
- The QNIC-ROM service will be available from Summer 2020, to collate and analyse outcome data so that key findings can be shared easily, both on an individual- and service-level

Examples of good practice

Newbridge House: All young people have personalised timetables where occupational therapy groups are prescribed to the young person to meet their needs and choices

Fraser House: The Duke of Edinburgh programme is offered for young people at the unit, utilising their beautiful local green spaces

Multiple services (including Littlewood House Hall, Riverdale Grange, and Galaxy House): These units now have either small pets on-site or therapy animals which visit. This is always very well received by young people

Highfield: Young people are able to produce and professionally record music in their lottery-funded recording studio. In addition, the service collaborates with past patients, professionals, and celebrities to produce the service's 'Short Films About Mental Health', which can be found on YouTube

Areas of Achievement

Comments from young people and parents/carers

"Family therapy has been invaluable for us"

"I received training in Non-Violent Resistance which has been helpful for me as a parent"

"We love the education unit. I like how it is separate to the unit; it helps provide space and normality"

"The chef here is mint, we love the food!"

Areas of Improvement

Comments from young people and parents/carers

"We don't have a diagnosis and would really like one"

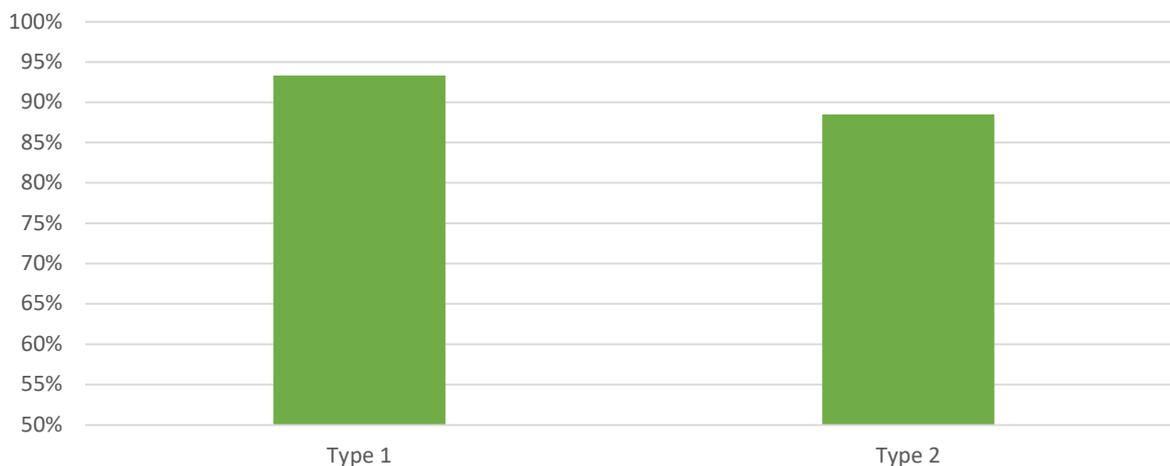
"Groups often don't happen because there aren't enough staff"

"We would like more groups and trips off the ward"

"There should be more support available around mealtimes"

Information, Consent and Confidentiality

Average Percentage of Standards Met



Highest met Standards

5.3.2 (2) 100% of units met this standard

Staff update parents/carers on their child's progress at a minimum of once a week, subject to confidentiality

Least met standards

5.1.1 (2) 73% of units met this standard

The service has a website which provides information about the unit that young people and parents/carers can access prior to admission

5.6.6 (1) 83% of units met this standard

Assessments of young people's capacity (and competency for young people under the age of 16) to consent to care and treatment in hospital are performed in accordance with current legislation and documented in the young people's notes. When young people do not have capacity to consent, best interest processes involving professionals and family (where appropriate) are followed. These assessments should be undertaken at every point that a young person is required to participate in decision making

Most improved standard

5.6.3 (1) 4% increase

90% met compared to 86% in Cycle 17

Staff inform young people both verbally and in writing of their right to agree to or refuse treatment and the limits of this

Recommendations

Website

Often service websites have little to no information which can cause an element of anxiety for young people and their families before admission. We encourage services to work with

their Trust or relevant team to develop pages specific to the unit which are appropriate for young people, parents/ carer and referrers and include:

- Visiting times
- Photos of unit
- Video tour
- Types of therapy available
- List of contraband items (if appropriate)
- Contact details
- An electronic copy of the welcome pack

Talking through information

With regard to standard 5.2.4 around the sharing of information with young people, data from reviews suggest that a third of young people remember receiving the information and being talked through, another third received the information but was not talked through and the last third does not remember either. To help overcome this, services could:

- Create an admission checklist which includes staff talking through key information
- Follow up each item on the admission checklist once the young person has had the opportunity to settle into the unit to ensure that information is understood and retained
- Conduct an audit of admission checklists to ensure items are being completed. If they are not, inform the appropriate young person's primary care team
- Stick a plastic file to the back of young people's doors and to tour the welcome pack and any other documents

Improved and then decreased standard

5.2.2 (1) 89% of units met this standard

Young people are given a '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
- Clear guidance on the smoking policy
- Resources to meet spiritual, cultural and gender needs
- A description of how the ward team will communicate with the young people and their parent/carers and what opportunities they will have to meet with the team

In Cycle 15's Annual Report, standard 5.2.2 was the most increased standard with a 13% rise. However, in Cycle 18 there has been an 8% decrease in comparison to the previous year. Reasons for this could be:

- The standard changed with the addition of,
 - Clear guidance on the smoking policy
 - A description of how the ward team will communicate with the young people and their parent/carers and what opportunities they will have to meet with the team
- Lots of services have reviewed their Welcome Packs and during the time of review have reported that they were not providing the Welcome Packs to young people
- More emergency and out of hour admissions which typically leads to less paperwork being completed

Examples of good practice

Newbridge House: Recently reviewed the Welcome Pack and is stored in a small binder. If a page needs an update this can be done and then replaced rather than reprinting the whole document.

Mulberry Ward: The psychiatrist calls parents/ carers weekly with an update on their child's progress and nurses provide

Areas of Achievement

Comments from young people and parents/carers

"We receive regular updates on our child's care, it is always at least weekly after the ward round meeting"

"The website is amazing, has all the information you need so there is no surprises"

"I wasn't able to visit before my admission, but there was a really good virtual tour online"

Areas for Improvement

Comments from young people and parents/carers

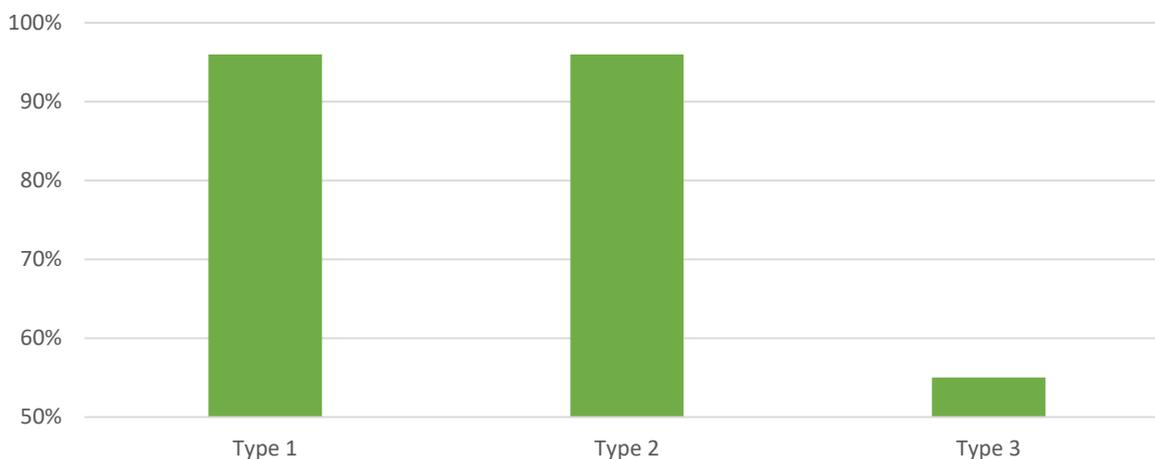
"Staff don't ask us before passing information on to other people. They tell us after once it's been done"

"I do not receive regular updates of staff. I have to call the ward for updates"

"We don't think the information provided is easy to understand"

Young People's Rights and Safeguarding Children

Average Percentage of Standards Met



Highest met Standards

6.1.1 (1) 100% of units met this standard

The MHA status (detained and informal) for each young person is recorded in their notes

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 explain

6.4.3 (1) 100% of units met this standard

Young people who are involved in episodes of restrictive physical intervention, or compulsory treatment including tranquilisation, have their vital signs monitored by nursing staff in collaboration with medics and any deterioration is responded to

Least met standards and most improved Standard

6.2.5 (3) 9% increase

55% of units met this standard compared to 46% in Cycle 17

The ward has a designated equality champion

Spotlight: Equality and Diversity Champions

As detailed above, only 55% of services have a designated equality and diversity champion. Although this is currently listed as a type 3 standard, it feeds into the ethos of person-centered care and therefore is it of increased importance that services strive to meet this standard.

Why is it important?

Some research suggests that nursing training often lacks diversity training. This means, for example, that self-care for specific ethnic groups and the significance of spiritual and religious beliefs on a person's diagnosis and treatment is often overlooked.

For example, does the nursing team know how to provide effective support to a patient to wash their afro-hair? Are the halal meals provided nutritionally balanced? Is there access to a variety of faith materials on the ward? Would a young person know who to talk to if they wanted to talk about sex and relationships?

Research

A recent Child Outcome Research and Consortium (CORC) regional seminar included a presentation on a piece of research on the 'Ethnic Differences in Referral Routes to Youth Mental Health Services'. The report compared data from 14,588 young people across the UK accessing mental health services, looking particularly at access routes mental health services. The analysis compared young people of different non-white ethnicities to young people of white British ethnicity. Young people of non-white backgrounds all access routes by "less official routes". Black and mixed-race young people were twice as likely to be referred through social care and youth justice than through primary care, for example.

In further support, Edbrooke-Childs and Patalay (2019) confirms the underrepresentation of young people from black and other ethnic minority backgrounds within CAMHS tier 4 services. Due to this underrepresentation, it may be interesting to find out whether units feel the benefits of identifying an Equality and Diversity Champion are unclear, or if the role itself requires further clarification.

Person-centred Care

Person-centred care in relation to spiritual needs is summarised by Hummelvoll (2012) as the need to understand the person's "world which creates perspective, height, and depth of human life". We can infer that to care for a person, it is essential that we understand their relationship with the world, their goals and what recovery looks like for them.

Person-centred care is demonstrated through a variety of QNIC standards such as personalised timetables, opportunities for young people to voice opinions and access to spiritual support, as well as the discussed standard.

Examples of good practice

Linn Dara: Selected staff members wear rainbow badges which indicate that they are informed and open to talking about LGBTQ+ matters

Coborn Centre: The team comprises 'champions' who lead on a variety of different areas, for example, self-care for Afro-Caribbean young people (hair and skincare), sexual health leads and a spiritual guide who visits the ward.

Areas of Achievement

Comments from young people and parents/carers

"We have access to an advocate and she personally asks if we would like to speak to the her"

"We always feel listened to by staff, they make note of our feedback and try and act upon it"

"I have made a complaint and it was dealt with very well"

Areas for Improvement

Comments from young people and parents/carers

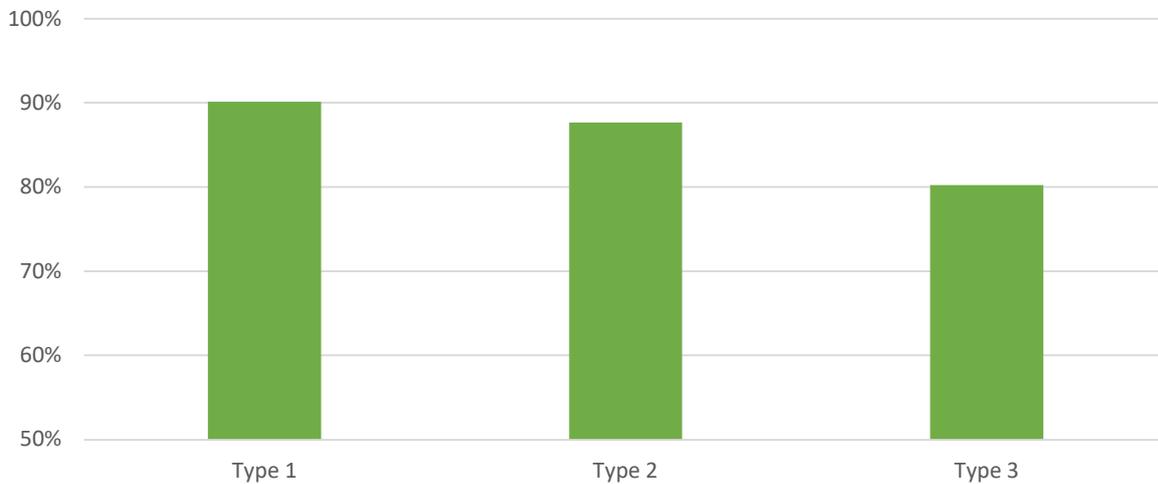
"Staff do not offer us de-briefs after incidents"

"We don't know what an advocate is"

"We don't feel a complaint would be taken seriously"

Clinical Governance

Average Percentage of Standards Met



Highest met standards

7.1.2 (2) 100% of units met this standard

Key clinical/service measures and reports are shared between the team and organisation's board, e.g. findings from serious incident investigations and examples of innovative practice

7.3.3 (1) 100% of units met this standard

Systems are in place to enable staff members to quickly and effectively report incidents. Managers encourage staff members to do this

7.4.18 (1) 100% of units met this standard

The team follows a protocol for managing situations where young people are absent without leave

Least met standards

7.2.3 (3) 49% of units met this standard

The team, young people and parent/carers are involved in identifying priority audit topics in line with national and local priorities and young people feedback

7.5.6 (2) 69% of units met this standard

Young people representatives attend and contribute to local and service level meetings and committees

Most improved standard

7.2.2 (1) 7% increase

90% met compared to 83% in Cycle 17

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

7.5.6 (2) 5% increase

69% met compared to 64% in Cycle 17

Young person representatives attend and contribute to local and service level meetings and committees

Recommendations

Preparing for Accreditation

- Use developmental peer reviews as a time for honest reflection to see if you are meeting standards and you are confident you can evidence this
- Attend accreditation training ran by QNIC
- Attend accreditation reviews of other services, this is a great learning experience to see how services prepare and gain any advice about how evidence standards
- Contact QNIC if you need any advice
- Utilise the QNIC Discussion Forum is to seek advice and experience from other services
- Ensure there is evidence ready for all requested standards, this cannot be verbal
 - For example, if a service does not take out of hour admissions this must be included in the Operational Policy
- All policies must be in date and be formalised
- Evidence provided must include the specifics of the standard
 - For example, the bullying policy needs to reference procedures for staff and young people. Only staff or only young people is not sufficient
 - If printing, highlight key areas of the policy that relate to the standard to help the review team locate the necessary information

Examples of Good Practice

Fraser House: The team ran a QI project to help review and manage the incidents of a particular young person and foster personalised care. An analysis of incidents, including when they occurred, concluded specific at-risk times for the young person. The service then care planned support around these times to aid the young person, which led to a successful decline in incidents.

Woodlands (Cheadle Royal): The team have used their last two away days to discuss policies, procedures, and rules on the ward. Staff collected feedback from young people before these days which was then used to inform conversations on the day. Following the away days, there has been a reduction of rules and a rationale and consensus on the remaining rules.

References

Edbrooke-Childs, J., & Patalay, P. (2019). Ethnic Differences in Referral Routes to Youth Mental Health Services. *Journal of the American Academy of Child & Adolescent Psychiatry, Volume 58, Issue 3*, 368 - 375.e1

Hummelvoll, J.K. (2012) *Helt – ikke Stykkevis og Delt. Psykiatrisk Sykepleie og Psykisk Helse*. Oslo: Gyldendal Akademisk.

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 | Standard | % Met in Cycle 18 | % Met in Cycle 17 |
|--------|--------|---|-------------------|-------------------|
| 1.1.1 | Type 2 | The ward/unit entrance and key clinical areas are clearly signposted | 94 | 95 |
| 1.1.2 | Type 1 | All areas are cleaned regularly | 99 | 98 |
| 1.1.3 | Type 2 | The unit is in a good state of repair and maintenance is carried out in a timely manner | 89 | 84 |
| 1.1.4 | Type 2 | Staff members and young people can control heating, ventilation and light or have access to support from facilities | 67 | 73 |
| 1.1.5 | Type 2 | Waiting rooms/areas are provided | 98 | 93 |
| 1.1.6 | Type 2 | There is indoor space for recreation which can accommodate all young people | 98 | 97 |
| 1.1.7 | Type 2 | There is a designated outdoor space | 98 | 99 |
| 1.1.8 | Type 1 | Young people are able to access safe outdoor space every day, where clinically appropriate | 94 | 99 |
| 1.1.9 | Type 2 | The unit contains rooms for individual and group meetings | 94 | 93 |
| 1.1.10 | Type 2 | The ward/unit has a designated dining area, which is available during allocated mealtimes | 98 | 98 |
| 1.1.11 | Type 2 | There is designated teaching space for education which can accommodate all young people in the unit | 94 | 98 |

| | | | | |
|---------------|--------|--|----|-----|
| 1.1.12 | Type 1 | In ward/units which have a seclusion room, it must meet the following requirements: <ul style="list-style-type: none"> - The room must allow for clear observation - Be well insulated and ventilated - It must have direct access to toilet/washing facilities - The room must be safe and secure (it does not contain anything that could be potentially harmful) - It must include a means of two-way communication with the team - It should have a clock that young people can see | 39 | 31 |
| 1.1.13 | Type 1 | All units must have an appropriate policy which highlights how a service secludes. This should include the threshold at which a young person would be transferred to a more secure environment | 60 | 76 |
| 1.1.14 | Type 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 | 87 | 85 |
| 1.1.15 | Type 2 | All young people can access a range of current age appropriate resources for entertainment, which reflect the ward/unit's population | 98 | 100 |
| 1.1.16 | Type 2 | One computer is provided for every two young people in school | 87 | 93 |
| 1.1.17 | Type 2 | Young people use mobile phones, computers cameras and other electronic equipment on the ward, which provide access to the internet and social media. This is subject to risk assessment and is in line with local policy | 71 | 76 |
| 1.1.18 | Type 1 | Each young person has the educational materials required for continuing with their education | 94 | 96 |
| 1.1.19 | Type 2 | There are sufficient IT resources (e.g. computer terminals) to provide all practitioners with easy access to key information, e.g. information about services/conditions/ treatment, young people records, clinical outcome and service performance measurements | 93 | 91 |
| 1.1.20 | Type 2 | There are facilities for young people to make their own hot and cold drinks and snacks where risk permits | 84 | 84 |
| 1.1.21 | Type 2 | Parents/carers have access to refreshments at the unit | 99 | 96 |
| 1.1.22 | Type 2 | Units can provide information for families about local accommodation | 92 | 97 |
| 1.1.23 | Type 2 | Ward/unit-based staff members have access to a dedicated staff room | 96 | 96 |

| | | | | |
|---------------|--------|---|-----|-----|
| 1.2.1 | Type 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 young people or to staff members) | 95 | 88 |
| 1.2.2 | Type 1 | When a unit is on the same site as an adult unit, there are policies and procedures in place to ensure young people are not using shared facilities at the same time as adults; a safeguarding policy is in place to allow safe access to wider grounds within the unit | 41 | 44 |
| 1.3.1 | Type 1 | All young people information is kept in accordance with current legislation | 100 | 100 |
| 1.3.2 | Type 1 | The environment complies with current legislation on disabled access | 83 | 82 |
| 1.3.3 | Type 2 | All young people have single bedrooms according to need | 94 | 91 |
| 1.3.4 | Type 1 | Young people have separate bedrooms, toilets and washing facilities, split according to self-identified gender. Young people do not pass through areas occupied by members of the opposite sex at night unsupervised to reach the toilet and/or washing facilities | 89 | 94 |
| 1.3.5 | Type 2 | The unit has at least one bathroom/shower room per 3 young people | 94 | 96 |
| 1.3.6 | Type 3 | Where appropriate, every young person has an en-suite bathroom | 72 | 77 |
| 1.3.7 | Type 2 | There are areas that may become single-sex lounges as required | 86 | 83 |
| 1.3.8 | Type 1 | The unit has a designated room for physical examination and minor medical procedures | 95 | 95 |
| 1.3.9 | Type 2 | The unit has at least one quiet room other than young people's bedrooms | 94 | 94 |
| 1.3.10 | Type 2 | There is a designated space for young people to receive visits from children, with appropriate facilities such as toys, books | 88 | 89 |
| 1.3.11 | Type 1 | Young people can make and receive telephone calls in private, where risk permits | 99 | 98 |
| 1.3.12 | Type 3 | All young people can access a plug socket for electronic devices such as mobile phones (where risk permits) | 98 | 96 |
| 1.3.13 | Type 2 | There is a safe place for young people to keep their property | 99 | 99 |
| 1.3.14 | Type 2 | There is a safe place for staff to keep their property | 94 | 95 |

| | | | | |
|---------------|--------|--|-----|-----|
| 1.3.15 | Type 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 | 84 | 87 |
| 1.3.16 | Type 1 | Laundry facilities are available | 96 | 98 |
| 1.3.17 | Type 1 | Young people can wash and use the toilet in private, unless risk assessment deems they require constant observation | 100 | 100 |
| 1.3.18 | Type 1 | Staff members respect the young people's personal space, where risk permits e.g. by knocking and waiting before entering their bedroom | 100 | 100 |
| 1.4.1 | Type 1 | The team keeps medications in a secure place, in line with the organisation's medicine management policy | 100 | 100 |
| 1.4.2 | Type 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 | 93 | 95 |
| 1.4.3 | Type 1 | There are clear lines of sight to enable staff members to view young people. Measures are taken to address blind spots and ensure sightlines are not impeded, e.g. by using mirrors | 84 | 86 |
| 1.4.4 | Type 1 | Young people are cared for in the least restrictive environment possible, while ensuring appropriate levels of safety and promoting recovery | 98 | 98 |
| 1.5.1 | Type 2 | Young people are consulted about changes to the ward/unit environment | 98 | 98 |
| 1.5.2 | Type 2 | Young people can personalise their bedrooms | 99 | 99 |
| 1.6.1 | Type 1 | A collective response to alarm calls and fire drills is agreed by the team and both are rehearsed 6-monthly | 90 | 90 |
| 1.6.2 | Type 1 | Emergency medical resuscitation equipment, as required by Trust/organisation guidelines, is available immediately, i.e.: available for use within the first minutes of a cardiorespiratory arrest. This is maintained and checked weekly, and after each use | 99 | 99 |
| 1.6.3 | Type 1 | Staff members can raise alarms using panic buttons, strip alarms, or personal alarms | 99 | 99 |
| 1.6.4 | Type 2 | Alarm systems/call buttons/personal alarms are available to young people and visitors, and instructions are provided for their use | 60 | 74 |
| 1.6.5 | Type 1 | An audit of environmental risk is conducted annually, and a risk management strategy is agreed | 95 | 96 |

Section 2: Staffing and Training

| Number | Type | Standard | % Met in Cycle 18 | % Met in Cycle 17 |
|--------|--------|---|-------------------|-------------------|
| 2.1.1 | Type 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 young people ratio of 1:1 to 3:1 for the most highly disturbed cases | 94 | 97 |
| 2.1.2 | Type 1 | Where there are medium dependency (e.g. 10-minute checks, intensive support at mealtimes), there is a minimum ward staff to young people ratio of 1:2 | 93 | 94 |
| 2.1.3 | Type 1 | Where young people are on general observations there is a ward staff to young people ratio of 1:3 | 98 | 99 |
| 2.1.4 | Type 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 | 98 |
| 2.1.5 | Type 1 | Senior nursing staff have the authority to arrange for additional staff to cover shifts in an emergency | 99 | 100 |
| 2.1.6 | Type 2 | The unit is staffed by permanent staff, and bank and agency staff are used only in exceptional circumstances e.g. in response to additional clinical need, when posts are vacant or in the event of long-term sickness or maternity leave | 76 | 68 |
| 2.1.7 | Type 1 | Where bank and agency staff are used, they are familiar with the unit | 86 | 84 |
| 2.1.8 | Type 2 | Where bank and agency staff are used, they are familiar with the service and experienced in working with young people with mental health problems | 78 | 83 |
| 2.1.9 | Type 1 | The ward/unit has a mechanism for responding to low/unsafe staffing levels, when they fall below minimum agreed levels. This should include: - A method for the team to report concerns about staffing levels; - Access to additional staff members; - An agreed contingency plan, such as the minor and temporary reduction of non-essential services | 98 | 100 |

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| 2.2.1 | Type 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 | 97 |
| 2.2.2 | Type 1 | A typical unit with 12 beds includes 1 WTE ward manager (band 7+ or equivalent) | 96 | 97 |
| 2.3.1 | Type 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) | 92 | 94 |
| 2.3.2 | Type 2 | A unit with 12 beds includes at least 1 WTE non-consultant Child and Adolescent Psychiatrist input | 87 | 85 |
| 2.3.3 | Type 1 | A typical unit with 12 beds includes at least 1 WTE clinical psychologist | 77 | 81 |
| 2.3.4 | Type 2 | A typical unit with 12 beds includes at least 0.5 WTE Social Worker | 70 | 68 |
| 2.3.5 | Type 2 | A typical unit with 12 places includes at least 0.5 WTE occupational therapist | 83 | 87 |
| 2.3.6 | Type 2 | The unit has formal arrangements to ensure easy access to therapists trained in psychological interventions (e.g. CBT, child and adolescent psychotherapy, systemic therapy, psychodynamic psychotherapy, MBT, DBT, IPT, EMDR); list is not exhaustive | 93 | 95 |
| 2.3.7 | Type 2 | The unit has formal arrangements to ensure easy access to a dietician | 89 | 86 |
| 2.3.8 | Type 2 | The unit has formal arrangements to ensure easy access to a speech and language therapist | 78 | 73 |
| 2.3.9 | Type 3 | The unit has formal arrangements to ensure provision of arts therapists e.g. drama therapy, music, art | 72 | 65 |
| 2.3.10 | Type 2 | A typical unit with 12 beds includes at least 0.5 WTE family therapist | 65 | 78 |
| 2.3.11 | Type 2 | There is a minimum of one qualified teacher to four students per lesson | 84 | 87 |
| 2.3.12 | Type 3 | Young people have access to teachers of specialist subjects e.g. language tutors | 86 | 85 |
| 2.3.13 | Type 3 | Young people have access to other education professionals as required | 88 | 88 |
| 2.3.14 | Type 2 | A typical unit with 12 beds includes 1 WTE administrator (band 3 or above or local equivalent) | 90 | 91 |
| 2.3.15 | Type 1 | Unit staff have input from a pharmacist | 99 | 98 |
| 2.3.16 | Type 1 | There is an identified duty doctor available at all times to attend the ward/unit, including out of hours. The doctor can attend the ward/unit within 30 minutes in the event of an emergency | 90 | 94 |

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| 2.3.17 | Type 1 | 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 | 93 | 94 |
| 2.4.1 | Type 1 | There are written documents that specify professional, organisational and line management responsibilities | 95 | 96 |
| 2.4.2 | Type 2 | The MDT attends business meetings that are held at least monthly | 95 | 96 |
| 2.4.3 | Type 1 | In a typical 12 bedded unit, there is time scheduled in staff rotas to allow 30 -minute handover sessions between shifts | 81 | 84 |
| 2.4.4 | Type 1 | The team has integrated young people records which can be accessed by all clinical staff | 96 | 100 |
| 2.4.5 | Type 1 | The unit has a whistleblowing policy and staff members are able to raise concerns without prejudicing their position. They are aware of the processes to follow when raising concerns | 98 | 95 |
| 2.4.6 | Type 1 | The ward/unit actively supports staff health and well-being | 93 | 93 |
| 2.4.7 | Type 2 | The team has protected time for team building and discussing service development at least once a year | 75 | 83 |
| 2.4.8 | Type 1 | Staff members are able to take breaks during their shift that comply with the European Working Time Directive | 92 | 97 |
| 2.5.1 | Type 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 | 95 |
| 2.5.2 | Type 2 | The organisation has a budget for staff training and development | 92 | 95 |
| 2.5.3 | Type 2 | Staff members can access leadership and management training appropriate to their role and specialty | 94 | 98 |
| 2.6.1 | Type 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 - Prevent training - Recognising and responding to the signs of abuse, exploitation or neglect | 90 | 91 |

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| 2.6.2 | Type 1 | The team has received training in managing relationships and boundaries between young people and staff, including appropriate touch | 83 | 85 |
| 2.6.3 | Type 1 | The team has received training in observation and engagement | 89 | 93 |
| 2.6.4 | Type 1 | The team has received training in the use of legal frameworks, such as the Mental Health Act (or equivalent) and the Mental Capacity Act (or equivalent) | 93 | 91 |
| 2.6.5 | Type 1 | All qualified nursing and medical staff that administer rapid tranquillisation need to have done Intermediate Life Support training | 88 | 86 |
| 2.6.6 | Type 1 | All other staff have done Basic Life Support training | 95 | 91 |
| 2.6.7 | Type 1 | All staff members who administer medications have been assessed as competent to do so. Assessment is done using a competency-based tool | 94 | 87 |
| 2.6.8 | Type 2 | The team has received training in carer awareness, family inclusive practice and social systems, including carers' rights in relation to confidentiality | 66 | 71 |
| 2.6.9 | Type 3 | The team has received training in reflective practice | 66 | 68 |
| 2.6.10 | Type 2 | Shared in-house multi-disciplinary team training, education and practice development activities occur on the ward/unit at least every 3 months | 86 | 81 |
| 2.6.11 | Type 3 | Non-clinical staff have received mental health awareness training | 76 | 77 |
| 2.7.1 | Type 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 | 77 | 87 |
| 2.7.2 | Type 1 | Staff members, including bank staff receive an induction programme specific to the ward/unit that covers: - The purpose of the ward/unit - The team's clinical approach - The roles and responsibilities of staff members - The importance of family and parent/carers - Care pathways with other services. | 89 | 94 |
| 2.7.3 | Type 2 | Young people, parents/carers and staff members are involved in devising and delivering training face-to-face | 41 | 40 |
| 2.8.1 | Type 1 | All clinical staff members receive individual clinical supervision at least monthly, or as otherwise specified by their professional body | 87 | 83 |

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| 2.8.2 | Type 2 | All staff members receive monthly line management supervision, proportionate to their roles from an appropriately trained supervisor | 84 | 88 |
| 2.8.3 | Type 1 | Staff members, young people and parents/carers who are affected by a serious incident are offered post incident support | 94 | 98 |
| 2.8.4 | Type 2 | Staff members are able to access reflective practice groups where teams can meet together to think about team dynamics and develop their clinical practice at least once every 6 weeks | 90 | 91 |
| 2.8.5 | Type 2 | Staff members in training and newly qualified staff members are offered weekly supervision | 76 | 80 |
| 2.8.6 | Type 1 | All newly qualified staff members are allocated a preceptor or mentor according to their professional body to oversee their transition onto the ward/unit | 99 | 97 |
| 2.8.7 | Type 1 | All staff members receive an annual appraisal and personal development planning (or equivalent) | 94 | 96 |
| 2.8.8 | Type 2 | Ward/unit managers and senior managers promote positive risk-taking to encourage patient recovery and personal development. They ensure staff members have appropriate supervision and MDT support to enable this | 99 | 100 |
| 2.9.1 | Type 2 | Young people or parent/carer representatives are involved in the interview process for recruiting potential staff members | 71 | 74 |
| 2.9.2 | Type 1 | Robust processes are in place to ensure that all unit staff, including temporary staff, undergo a Disclosure and Barring Service (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 | 95 | 89 |
| 2.9.3 | Type 1 | Robust processes ensure that all staff with a professional regulatory body are checked for appropriate registration on recruitment and again at renewal date | 100 | 100 |
| 2.9.4 | Type 2 | When posts are vacant or in the event of long-term sickness or maternity leave, prompt arrangements are made for temporary staff cover | 86 | 88 |

Section 3: Access, Admission and Discharge

| Number | Type | Standard | % Met in Cycle 18 | % Met in Cycle 17 |
|--------------|--------|---|-------------------|-------------------|
| 3.1.1 | Type 1 | <p>Clear information is made available, in paper and/or electronic format, to young people, parents/carers and healthcare practitioners on:</p> <ul style="list-style-type: none"> - A simple description of the 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 | 87 | 94 |
| 3.2.1 | Type 1 | If the unit admits young people in cases of emergencies, young people can be admitted within 24 hours (including out of hours) | 77 | 70 |
| 3.2.2 | Type 1 | There is a clear process in place for handling situations where agreed bed occupancy levels need to be exceeded that maintains the safety and integrity of the unit | 64 | 64 |
| 3.2.3 | Type 1 | Young people returning from ward leave are able to access a bed on their ward within 6 hours | 95 | 99 |
| 3.2.4 | Type 2 | There is a system in place to monitor and address delays in admission and treatment which is reviewed annually | 87 | 91 |
| 3.2.5 | Type 1 | Staff members explain the purpose of the admission to the young people and parents/carers as soon as is practically possible | 99 | 100 |
| 3.2.6 | Type 1 | <p>Young people 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 young people's:</p> <ul style="list-style-type: none"> - Mental health and medication - Psychosocial needs - Strengths and weaknesses - Views and personal goals | 94 | 100 |
| 3.2.7 | Type 1 | All assessments are documented, signed/validated (electronic records) and dated by the assessing practitioner | 99 | 100 |

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| 3.2.8 | Type 1 | There is a documented admission meeting within one week of the young people's admission | 99 | 97 |
| 3.2.9 | Type 1 | On admission to the ward/unit, young people are welcomed by staff members | 100 | 100 |
| 3.3.1 | Type 1 | The unit meets the needs of young people from different ethnic, cultural and religious backgrounds | 98 | 97 |
| 3.3.2 | Type 2 | The service actively supports families to overcome barriers to access | 99 | 94 |
| 3.3.3 | Type 1 | The ward/unit uses interpreters who are sufficiently knowledgeable and skilled to provide a full and accurate translation. The young people's relatives are not used in this role unless there are exceptional circumstances | 98 | 95 |
| 3.4.1 | Type 1 | Unplanned admissions need an initial planning meeting with local services within five working days of admission | 65 | 62 |
| 3.4.2 | Type 2 | Senior clinical staff members (ward/unit manager/ nurse in charge) make decisions with managers about young people admission or transfer, taking into account safety and/or therapeutic activity on the ward | 99 | 100 |
| 3.4.3 | Type 2 | Where young people are not admitted to the service, the reasons are explained to the referrer, and young people and parents/carers where appropriate | 100 | 98 |
| 3.4.4 | Type 2 | The unit formally records all referrals with respect to race, gender, home area and disability, and this is reviewed annually | 82 | 82 |
| 3.5.1 | Type 1 | During assessment staff involve parents/carers where appropriate | 100 | 100 |
| 3.5.2 | Type 2 | All families have access to an assessment of their needs where appropriate | 92 | 96 |
| 3.5.3 | Type 1 | The young person's parent/carer is contacted by a staff member (with young people consent) to notify them of the admission and to give them the ward/unit contact details | 100 | 100 |
| 3.6.1 | Type 1 | The inpatient people team invites a community team representative to attend and contribute to relevant meetings e.g. CPA, discharge planning | 99 | 100 |
| 3.6.2 | Type 2 | Discharge planning is initiated at the first multi-disciplinary team review | 96 | 96 |
| 3.6.3 | Type 1 | When a young person transfers to adult services, unit staff invite adult services and other involved agencies to a joint review to ensure an effective handover takes place and there is a protocol for collaborative working | 95 | 97 |

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| 3.6.4 | Type 1 | A letter setting out a clear discharge plan, which the young person takes home with them, is sent to all relevant parties before or on the day of discharge. The plan includes details of: - Care in the community/aftercare arrangements - Crisis and contingency arrangements including details of who to contact - Medication - Details of when, where and who will follow up with the young person | 84 | 81 |
| 3.6.5 | Type 1 | A written comprehensive summary is produced and distributed within ten working days of discharge | 83 | 89 |
| 3.6.6 | Type 1 | Young people and their parent/carer (with young people consent) are invited to a discharge meeting and are involved in decisions about discharge plans | 96 | 100 |
| 3.6.7 | Type 1 | There is a procedure in place for taking action on delayed discharges | 92 | 96 |
| 3.6.8 | Type 3 | The team provides information, signposting and encouragement to young people to access local organisations such as: - Voluntary organisations - Community centres - Local religious/cultural groups - Peer support networks - Recovery colleges | 90 | 88 |
| 3.6.9 | Type 1 | The team makes sure that young people 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 within 48 hours of discharge if they are at risk. Young people should be aware of the follow up arrangements | 93 | 99 |
| 3.6.10 | Type 1 | When young people 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 | 96 | 99 |

Section 4: Care and Treatment

| Number | Type | Standard | % Met in Cycle 18 | % Met in Cycle 17 |
|--------|--------|--|-------------------|-------------------|
| 4.1.1 | Type 1 | <p>Young people have a documented risk assessment and management plan which is shared where necessary with relevant agencies (with consideration of confidentiality). The assessment considers:</p> <ul style="list-style-type: none"> - Risk to self - Risk to others - Risk from others - These are updated according to clinical need or as part of ward round/MDT review at a minimum | 98 | 98 |
| 4.1.2 | Type 1 | <p>Young people have a comprehensive physical health review. This is started within 4 hours of admission and is completed within one week, or prior to discharge. It includes:</p> <p>First 4 hours:</p> <ul style="list-style-type: none"> - Details of past medical history - Current medication, including side effects and compliance (information is sought from the young people 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 <p>First 72 hours:</p> <ul style="list-style-type: none"> - Physical examination - Height, weight - Blood tests (Can use recent blood tests if appropriate) - ECG <p>First one week:</p> <ul style="list-style-type: none"> - Details of past family medical history - A review of physical health symptoms and a targeted systems review | 96 | 95 |

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| | | - Lifestyle factors e.g. sleeping patterns, diet, smoking, exercise, sexual activity, drug and alcohol use | | |
| 4.1.3 | Type 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 | 96 | 100 |
| 4.1.4 | Type 1 | Young people have follow-up investigations and treatment when concerns about their physical health are identified during their admission | 100 | 100 |
| 4.1.5 | Type 2 | Young people are supported by staff members, where required, to access care from other physical health services to meet their needs. This includes: - Accident and emergency - Social services - Local and specialist mental health services e.g. liaison, eating disorders, rehabilitation - Secondary physical healthcare | 100 | 99 |
| 4.2.1 | Type 1 | Young people are offered interventions in accordance with the evidence base and good practice | 99 | 99 |
| 4.2.2 | Type 1 | Inpatient people services have a range of interventions available. These include: | | |
| 4.2.2.1 | Type 1 | Medication | 100 | 100 |
| 4.2.2.2 | Type 1 | Individual therapy provided by a qualified therapist | 100 | 97 |
| 4.2.2.3 | Type 1 | Therapeutic group work | 99 | 98 |
| 4.2.2.4 | Type 1 | Family Therapy | 87 | 91 |
| 4.2.2.5 | Type 1 | Occupational therapy | 90 | 89 |
| 4.2.2.6 | Type 3 | Art/creative therapies | 77 | 78 |
| 4.2.2.7 | Type 1 | Parents/carers feel supported by the ward staff members | 88 | 97 |
| 4.3.1 | Type 1 | Every young person has a personalised structured timetable of meaningful activities | 87 | 91 |
| 4.3.2 | Type 1 | There are a range of accessible activities provided everyday including evenings, weekends and bank holidays | 87 | 93 |
| 4.3.3 | Type 1 | Young people are offered personalised healthy lifestyle interventions such as advice on healthy eating, physical activity and access to | 99 | 96 |

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| | | smoking cessation services. This should be documented in the young people's care plan | | |
| 4.3.4 | Type 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 | 98 |
| 4.3.5 | Type 1 | Young people and parents/carers have access to key members of the MDT outside of planned meetings to review their progress | 100 | 97 |
| 4.4.1 | Type 1 | All young people have a documented diagnosis and/or a clinical formulation | 99 | 99 |
| 4.4.2 | Type 1 | Young people and the team can obtain a second opinion if there is doubt, uncertainty or disagreement about the diagnosis, formulation or treatment | 99 | 100 |
| 4.4.3 | Type 1 | Where appropriate, young people are actively involved in shared decision-making about their mental and physical health care, treatment, discharge planning and are supported in self-management | 98 | 100 |
| 4.5.1 | Type 1 | Care of all young people takes place within a formal Care Programme Approach framework or local equivalent | 99 | 99 |
| 4.5.2 | Type 1 | Young people and parents/carers are supported by staff members, before (to prepare), during (to understand and contribute) and after (to feedback outcomes) any formal review of their care | 98 | 100 |
| 4.5.3 | Type 1 | Every young person has a written care plan, reflecting their individual needs | 99 | 100 |
| 4.5.4 | Type 1 | The team reviews and updates care plans according to clinical need or at a minimum frequency of a month | 99 | 99 |
| 4.5.5 | Type 1 | All young people (or parents/carers for children) have the opportunity to sign their care plan. If young people do not want to sign their care plans, is documented | 89 | 93 |
| 4.5.6 | Type 1 | The young person and their parent/carer (with consent) are offered a copy of the care plan and the opportunity to review this | 88 | 91 |
| 4.5.7 | Type 1 | Young people and parents/carers know who is co-ordinating their care on the unit and how to access them if they have any questions | 99 | 97 |
| 4.5.8 | Type 2 | Each young person is offered a pre-arranged session with their key worker (or a designated member of the nursing team) at least once a week to discuss progress, care plans and concerns | 88 | 90 |

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| 4.5.9 | Type 2 | Parents and carers are offered individual time with staff members, within 48 hours of the young people's admission to discuss concerns, family history and their own needs | 95 | 93 |
| 4.5.10 | Type 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 | 98 | 98 |
| 4.5.11 | Type 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 | 99 | 99 |
| 4.6.1 | Type 1 | The unit provides the core educational subjects: Maths, English and Science | 98 | 100 |
| 4.6.2 | Type 2 | The unit provides a broad and balanced curriculum that is suitable and flexible, appropriate to the students' needs | 94 | 95 |
| 4.6.3 | Type 1 | Where the unit caters for young people over the age of 16, young people are able to continue with education | 89 | 94 |
| 4.6.4 | Type 1 | Teaching staff complete an assessment of each young person's educational needs which is reviewed at each CPA review (or local equivalent) | 99 | 98 |
| 4.6.5 | Type 1 | All young people have a personal education plan which reflects the focus on wider progress and well-being in education in addition to academic progress | 99 | 97 |
| 4.6.6 | Type 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 | Type 1 | Where young people are returning to their local educational facility after discharge, education and unit staff support the young people with their reintegration | 98 | 96 |
| 4.6.8 | Type 2 | The educational staff maintain communication with the young peoples' parents/carers, e.g. providing progress reports for each CPA review | 99 | 98 |
| 4.6.9 | Type 3 | Educational outings are provided, as appropriate | 89 | 89 |
| 4.6.10 | Type 1 | Teachers contribute to multi-disciplinary meetings | 96 | 98 |
| 4.6.11 | Type 2 | Teachers and nursing staff have a handover at the beginning and end of each school day | 86 | 87 |
| 4.6.12 | Type 1 | The unit must be part of an education organisation that is a registered examination centre | 94 | 97 |

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| 4.7.1 | Type 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) | 99 | 97 |
| 4.7.2 | Type 1 | Outcome measurement tools are completed from the perspective of staff, young people and/or parents/carers | 90 | 85 |
| 4.7.3 | Type 2 | Individual outcome measurement data is discussed with the young person as part of their care planning e.g. Goal based outcomes | 77 | 74 |
| 4.7.4 | Type 2 | The ward's clinical outcome data are reviewed at least six-monthly. The data are shared with commissioners, the team, young people and parent/carers, and used to make improvements to the service | 73 | 68 |
| 4.7.5 | Type 2 | Units contribute to a national dataset to allow for information sharing e.g. QNIC ROM | 75 | 67 |
| 4.8.1 | Type 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 | 95 | 93 |
| 4.8.2 | Type 2 | Staff ask young people for feedback about the food and this is acted upon | 98 | 97 |
| 4.8.3 | Type 2 | Staff eat with the young people at mealtimes and the cost of staff meals are covered by the organisation | 89 | 84 |
| 4.8.4 | Type 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 | 84 | 84 |
| 4.9.1 | Type 1 | The team develops a leave plan jointly with the young person and parent/carer that includes: - A risk assessment and risk management plan that includes an explanation of what to do if problems arise on leave; - Conditions of the leave; - Contact details of the ward/unit. - Leave is planned and agreed by all parties in advance of the leave date | 100 | 100 |

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| 4.9.2 | Type 1 | When young people are absent without leave, the team (in accordance with local policy): - Activates a risk management plan - Makes efforts to locate the young people - Alerts parent/carers, people at risk and the relevant authorities | 100 | 99 |
| 4.9.3 | Type 2 | There is a minuted ward meeting that is attended by young people and staff members. The frequency of this meeting should be weekly, unless otherwise agreed with the young people group | 90 | 96 |
| 4.9.4 | Type 2 | Young people have access to relevant faith-specific and/or spiritual support, preferably through someone with an understanding of mental health issues | 98 | 94 |
| 4.9.5 | Type 1 | When medication is prescribed, the risks (including interactions) and benefits are reviewed, a timescale for response is set and young people consent is recorded | 98 | 99 |
| 4.9.6 | Type 1 | The team follows a policy when prescribing and dispensing PRN (i.e. as required) medication | 98 | 100 |
| 4.9.7 | Type 3 | Young people and parents/carers have access to pharmacy staff to discuss medications | 89 | 86 |
| 4.9.8 | Type 1 | The service collects data on the safe prescription of high-risk medications such as; lithium, high dose antipsychotic drugs, antipsychotics in combination, benzodiazepines. The service uses this data to make improvements where necessary and continues to monitor the safe prescription of these medications on an ongoing basis | 94 | 91 |
| 4.9.9 | Type 1 | Young people with poor personal hygiene have a care plan that reflects their personal care needs | 98 | 100 |
| 4.9.10 | Type 1 | Young people with drug and alcohol problems have access to specialist help e.g. dual diagnosis services | 81 | 78 |
| 4.9.11 | Type 1 | Young people in hospital for long periods of time who are prescribed mood stabilisers or antipsychotics, have the appropriate physical health assessments at the start of treatment (baseline), at 6 weeks, at 3 months and then six-monthly unless a physical health abnormality arises | 95 | 98 |
| 4.9.12 | Type 1 | Young people are told about the level of observation that they are under, how it is instigated and the review process | 98 | 100 |

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| 4.9.13 | Type 1 | Young people are treated with compassion, dignity and respect | 100 | 100 |
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Section 5: Information, Consent and Confidentiality

| Number | Type | Standard | % Met in Cycle 18 | % Met in Cycle 17 |
|--------------|--------|---|-------------------|-------------------|
| 5.1.1 | Type 2 | The service has a website which provides information about the unit that young people and parents/carers can access prior to admission | 80 | 73 |
| 5.2.1 | Type 1 | Information, which is accessible and easy to understand, is provided to young people and carers | 98 | 95 |
| 5.2.2 | Type 1 | <p>Young people are given a 'welcome pack' or introductory information that contains the following:</p> <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 - Clear guidance on the smoking policy - Resources to meet spiritual, cultural and gender needs - A description of how the ward team will communicate with the young people and their parent/carers and what opportunities they will have to meet with the team | 96 | 89 |
| 5.2.3 | Type 1 | Staff members explain the main points of the welcome pack to the young people and ask if they need further information on anything explained | 96 | 95 |

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| 5.2.4 | Type 1 | <p>Young people are given accessible written information which staff members talk through with them as soon as is practically possible. The information includes:</p> <ul style="list-style-type: none"> - Their rights regarding consent to care and treatment - How to access advocacy services (including independent mental capacity advocates and independent mental health advocates) - How to access a second opinion - How to access interpreting services - How to raise concerns, complaints and compliments - How to access their own health records - Who else has access to information that the young person shares with the services - Circumstances under which information may be disclosed or shared - The complaints procedure | 93 | 85 |
| 5.2.5 | Type 2 | The team provides each parent/carer with parent/carer's information. | 84 | 85 |
| 5.3.1 | Type 1 | Each young person is allocated key worker(s) and the young person and their parents/carers are told who this is | 100 | 96 |
| 5.3.2 | Type 2 | Staff update parents/carers on their child's progress at a minimum of once a week, subject to confidentiality | 99 | 100 |
| 5.4.1 | Type 2 | Staff members wear their Trust/ Organisation ID when working on the ward and this is easily visible | 90 | 95 |
| 5.4.2 | Type 2 | There is a board on display with the names and photographs of staff | 86 | 89 |
| 5.5.1 | Type 1 | Young people and their parents/carers are informed verbally and in writing of their right to confidentiality and its limitations | 98 | 90 |
| 5.5.2 | Type 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 | 95 | 97 |
| 5.5.3 | Type 1 | The young people'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 | 92 | 96 |
| 5.6.1 | Type 1 | Young people (and their parents/carers with consent), are helped to understand the purpose, expected outcomes, interactions, limitations and side effects of their treatments. This allows young people to make informed choices about their treatment | 99 | 99 |

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|--------------|--------|--|----|----|
| 5.6.2 | Type 1 | All young people's consent is recorded when a decision is required about their care. Where young people are not able to give consent, their views are ascertained as far as possible and taken into account. The legal basis for giving the proposed treatment or intervention is recorded | 93 | 97 |
| 5.6.3 | Type 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 | 90 |
| 5.6.4 | Type 1 | Parental responsibility is recorded in the young person's notes | 96 | 97 |
| 5.6.5 | Type 1 | Young people and parents/carers are offered written and verbal information about the young person's mental illness | 92 | 90 |
| 5.6.6 | Type 1 | Assessments of young people' capacity (and competency for young people under the age of 16) to consent to care and treatment in hospital are performed in accordance with current legislation and documented in the young people' notes. When young people do not have capacity to consent, best interest processes involving professionals and family (where appropriate) are followed. These assessments should be undertaken at every point that a young person is required to participate in decision making | 92 | 93 |
| 5.6.7 | Type 1 | The team follows a protocol for responding to parents/carers when the young people does not consent to their involvement. | 88 | 91 |

Section 6: Young People's Rights and Safeguarding Children

| Number | Type | Standard | % Met in Cycle 18 | % Met in Cycle 17 |
|--------|--------|---|-------------------|-------------------|
| 6.1.1 | Type 1 | The MHA status (detained and informal) for each young person is recorded in their notes. | 96 | 100 |
| 6.1.2 | Type 1 | <p>Detained young people are given verbal and written information on their rights under the Mental Health Act (or equivalent) and this is documented in their notes. This should involve:</p> <ul style="list-style-type: none"> - Information about their rights to access a mental health tribunal and/or managers hearing - Staff should explain who the young person's nearest relative is, why this is relevant and record this in their notes - Information should be given to the Nearest Relative about their rights | 94 | 97 |
| 6.2.1 | Type 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 | Type 1 | Young people are asked for their preference of staff member to act as a chaperone for physical examinations. This is provided if feasible and if not the reasons for this are documented | 95 | 95 |
| 6.2.3 | Type 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 | 99 | 98 |
| 6.2.4 | Type 1 | <p>Staff members are able to access training or gather specific information about the mental health needs of young people from minority or hard-to-reach groups. This may include:</p> <ul style="list-style-type: none"> - Black, Asian and minority ethnic groups - Asylum seekers or refugees - Lesbian, gay, bisexual or transgender people - Travellers | 92 | 85 |
| 6.2.5 | Type 3 | The ward has a designated equality champion | 46 | 55 |
| 6.3.1 | Type 1 | All young people have access to an advocacy service, including IMHAs (Independent Mental Health Advocates) for those detained | 94 | 97 |

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|--------------|--------|--|-----|-----|
| 6.3.2 | Type 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 | 99 | 96 |
| 6.4.1 | Type 1 | The team effectively manages young people violence and aggression | 100 | 96 |
| 6.4.2 | Type 1 | After any episode of restrictive physical intervention, or compulsory treatment including rapid tranquillisation, the team makes sure that the young people involved, and any other young people on the ward/unit who are distressed by the event, are offered support and time to discuss their experiences | 95 | 98 |
| 6.4.3 | Type 1 | Young people who are involved in episodes of restrictive physical intervention, or compulsory treatment including tranquilisation, have their vital signs monitored by nursing staff in collaboration with medics and any deterioration is responded to | 98 | 100 |
| 6.4.4 | Type 1 | Parents/carers are informed about all episodes of restraint within 24 hours. If for any reason this does not occur, reasons are documented in the young person's notes | 96 | 97 |
| 6.4.5 | Type 1 | Individualised support plans, incorporating behaviour support plans, are implemented for all young people who are being managed through the repeated use of restrictive physical interventions | 96 | 98 |
| 6.4.6 | Type 1 | The multi-disciplinary team collects audit data on the use of restrictive physical interventions and actively works to reduce its use year on year | 96 | 88 |
| 6.4.7 | Type 1 | The unit follows organisational policies for untoward occurrences and critical incident reporting | 100 | 98 |
| 6.5.1 | Type 1 | It is recorded as to whether or not a young person has a child protection plan in place | 98 | 98 |
| 6.5.2 | Type 1 | The unit has a named child protection lead and staff know who this is | 98 | 95 |
| 6.5.3 | Type 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 | 96 |
| 6.5.4 | Type 1 | Staff know what to do if there are safeguarding concerns and who to contact, during and out of working hours | 100 | 98 |
| 6.5.5 | Type 1 | If a young person raises safeguarding concerns or someone else raises concerns about them, staff inform them of the likely process that will be followed by the unit and other agencies | 100 | 98 |

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| 6.5.6 | Type 1 | Staff know how to prevent and respond to sexual exploitation, coercion, intimidation and abuse on the ward | 100 | 98 |
| 6.6.1 | Type 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) | 88 | 89 |
| 6.6.2 | Type 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 | 100 | 98 |

Section 7: Clinical Governance

| Number | Type | Standard | % Met in Cycle 18 | % Met in Cycle 17 |
|--------|--------|--|-------------------|-------------------|
| 7.1.1 | Type 1 | Young people and their parents/carers are encouraged to feedback confidentially about their experiences of using the service, and this feedback is used to improve the service | 99 | 98 |
| 7.1.2 | Type 2 | Key clinical/service 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 | 100 |
| 7.2.1 | Type 3 | A range of local and multi-centre clinical audits is conducted which include the use of evidence-based treatments, as a minimum | 87 | 83 |
| 7.2.2 | Type 1 | There are dedicated resources, including protected staff time to support clinical audit within the directorate or specialist areas. When staff members undertake audits they should do the following: - Agree and implement action plans in response to audit reports - Disseminate information including audit findings and action plan - Complete the audit cycle | 83 | 90 |
| 7.2.3 | Type 3 | The team, young people and parent/carers are involved in identifying priority audit topics in line with national and local priorities and young people feedback | 51 | 49 |
| 7.2.4 | Type 2 | Measures are in place to record and audit referrals, terminated referrals and waiting lists | 94 | 89 |
| 7.3.1 | Type 1 | The senior management team for the service has operational responsibility to ensure that identified risks are acted upon | 100 | 99 |
| 7.3.2 | Type 1 | The organisation has a risk management strategy | 98 | 96 |
| 7.3.3 | Type 1 | Systems are in place to enable staff members to quickly and effectively report incidents. Managers encourage staff members to do this | 100 | 100 |

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|---------------|--------|--|-----|----|
| 7.3.4 | Type 1 | Staff members share information about any serious untoward incidents involving a young person with the young people themselves and their parent/carer, in line with the Duty of Candour agreement | 100 | 98 |
| 7.3.5 | Type 1 | Lessons learned from incidents are shared with the team and disseminated to the wider organisation | 96 | 99 |
| 7.4.1 | Type 1 | Managers ensure that policies, procedures and guidelines are formatted, disseminated and stored in ways that the team find accessible and easy to use | 98 | 98 |
| 7.4.2 | Type 1 | There is a written admission procedure, which includes procedures for emergency referrals | 93 | 89 |
| 7.4.3 | Type 1 | The team follows a protocol to manage informal young people who discharge themselves against medical advice. This includes: - Recording the young people'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 | 84 |
| 7.4.4 | Type 1 | There are policies and procedures on the management of aggression and violence and the use of physical restraint | 98 | 99 |
| 7.4.5 | Type 1 | There is an organisational policy for the use of rapid tranquilisation | 96 | 95 |
| 7.4.6 | Type 1 | There is a policy on clinical risk assessment and management | 96 | 94 |
| 7.4.7 | Type 1 | There is a policy for responding to serious incidents requiring investigation | 99 | 99 |
| 7.4.8 | Type 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 | 94 | 93 |
| 7.4.9 | Type 1 | There is a locked door policy which allows young people to be cared for in the least restrictive environment possible | 88 | 89 |
| 7.4.10 | Type 1 | There are appropriate procedures where units close at weekends | 18 | 7 |
| 7.4.11 | Type 2 | There is a clear policy on young people's smoking | 93 | 89 |
| 7.4.12 | Type 1 | There is a policy on the use of mobile phones, including use of camera phones and internet enabled phones | 94 | 94 |
| 7.4.13 | Type 1 | There is a policy on the use of the internet by young people on the unit | 96 | 83 |

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|---------------|--------|--|-----|-----|
| 7.4.14 | Type 1 | There is a policy regarding the management of young people using drugs and alcohol | 89 | 85 |
| 7.4.15 | Type 1 | Staff members follow a protocol when conducting searches of young people and their personal property and visitors where necessary | 95 | 97 |
| 7.4.16 | Type 1 | The unit has a policy on the use of seclusion | 76 | 76 |
| 7.4.17 | Type 1 | Staff members feel safe when escorting young people on leave and follow a lone working policy | 93 | 90 |
| 7.4.18 | Type 1 | The team follows a protocol for managing situations where young people are absent without leave | 100 | 100 |
| 7.4.19 | Type 1 | The team understands and follows an agreed protocol for the management of an acute physical health emergency | 96 | 94 |
| 7.4.20 | Type 1 | The team follows an agreed protocol with local police, which ensures effective liaison on incidents of criminal activity/harassment/violence | 88 | 91 |
| 7.5.1 | Type 1 | The ward/unit is explicitly commissioned or contracted against agreed ward/unit standards | 93 | 97 |
| 7.5.2 | Type 3 | Commissioners and service managers meet at least 6 monthly | 98 | 96 |
| 7.5.3 | Type 3 | The team reviews its progress against its own plan/strategy, which includes objectives and deadlines in line with the organisation's strategy | 89 | 91 |
| 7.5.4 | Type 3 | The ward/unit has a meeting, at least annually, with all stakeholders to consider topics such as referrals, service developments, issues of concern and to re-affirm good practice | 77 | 82 |
| 7.5.5 | Type 2 | Key information generated from service evaluations and key measure summary reports (e.g. reports on length of stay) are disseminated in a form that is accessible to all | 87 | 90 |
| 7.5.6 | Type 2 | Young people representatives attend and contribute to local and service level meetings and committees | 64 | 69 |

Appendix B: Cycle 18 Members

| Trust Name | Unit Name |
|--|--|
| South London and Maudsley | Acorn Lodge |
| Alder Hey Children's Foundation Trust | Dewi Jones |
| Avon and Wiltshire Mental Health NHS Trust | Riverside Adolescent Unit |
| Barnet, Enfield and Haringey Mental Health Trust | The Beacon Centre |
| Belfast Health and Social Care Trust | Beechcroft Admissions |
| Belfast Health and Social Care Trust | Beechcroft Treatment |
| Belfast Health and Social Care Trust | Iveagh Centre |
| Berkshire Hospital Foundation Trust | Willow House (Berkshire AU) |
| Betsi Cadwaladr University Health Board | North Wales Adolescent Service |
| Birmingham Childrens Hospital NHS Foundation Trust | Heathlands |
| BSMHFT | Ardenleigh Forensic CAMHS |
| Cambridgeshire & Peterborough NHS Foundation Trust | Phoenix Centre |
| Cambridgeshire & Peterborough NHS Foundation Trust | The Croft |
| Cambridgeshire & Peterborough NHS Foundation Trust | The Darwin Centre, Cambridge |
| Central Manchester University Hospitals NHS Foundation Trust | Galaxy House |
| Central North West London NHS Mental Health Trust | Collingham Child and Family Centre |
| Cheshire and Wirral NHS Partnership Foundation Trust | Indigo Ward, Ancora House |
| Cheshire and Wirral NHS Partnership Foundation Trust | Coral Ward, Ancora House |
| Cork Kerry Mental Health Service, HSE | Eist Linn Child and Adolescent Unit |
| Coventry and Warwickshire NHS Trust | Jade Ward (Brooklands Hospital) |
| Cwm Taf University Health Board | Ty Llidiard, Princess of Wales Hospital |
| Cygnet Health Care | Buttercup Ward (Cygnet Hospital Bury) |
| Cygnet Health Care | Mulberry (Cygnet Hospital Bury) |
| Cygnet Health Care | Primrose (Cygnet Hospital Bury) |
| Cygnet Health Care | Wizard House (Cygnet Hospital Bury) |
| Cygnet Health Care | Haven (Cygnet Hospital Sheffield) |
| Cygnet Health Care | Knole Ward (Cygnet Hospital Godden Green) |
| Cygnet Health Care | Littleoaks Ward (Cygnet Hospital Godden Green) |

| Trust Name | Unit Name |
|---|---------------------------------------|
| Cygnet Health Care | Peak View (Cygnet Hospital Sheffield) |
| Dorset Healthcare University NHS Foundation Trust | Pebble Lodge |
| East London NHS Foundation Trust | Coborn Centre |
| Ellern Mede Barnet | Ellern Mede Barnet |
| Ellern Mede Ridgeway | Ellern Mede Ridgeway |
| Elysium Healthcare | Brighton and Hove Clinic |
| Elysium Healthcare | Cheshunt (Rhodes Wood Hospital) |
| Elysium Healthcare | Jasper Ward (Rhodes Wood Hospital) |
| Elysium Healthcare | Mymwood Place (Rhodes Wood Hospital) |
| Elysium Healthcare | Opal Ward (Rhodes Wood Hospital) |
| Elysium Healthcare | Shepherd Ward (Rhodes Wood Hospital) |
| Essex Partnership University Trust | Larkwood Unit (St Aubyn Centre) |
| Essex Partnership University Trust | Poplar |
| Glasgow City Community Health Partnership | Ward 4, Royal Hospital for Children |
| Great Ormond Street Hospital | Mildred Creak |
| Greater Glasgow and Clyde Health Board | Skye House |
| Greater Manchester Mental Health NHS Trust | J17 |
| Greater Manchester Mental Health NHS Trust | The Gardener Unit |
| Hertfordshire Partnership NHS Foundation Trust | Forest House |
| HSE | Linn Dara |
| HSE | Merlin Park |
| Lancashire Care NHS Foundation Trust | The Cove |
| Leeds and York Partnership NHS Foundation Trust | Mill Lodge |
| Leeds Community Healthcare NHS Trust | Little Woodhouse Hall |
| Lincolnshire Partnership Foundation Trust | Ash Villa |
| Livewell Southwest | Plym Bridge House |
| Newbridge Care Systems LTD | Newbridge House |
| NHS Lothian | Lothian CAMHS |
| NHS Tayside | Dudhope Young People's Unit |
| Norfolk and Suffolk Foundation Trust | Dragonfly Unit |
| North East London NHS Foundation Trust | Brookside Adolescent Unit |
| North Staffs Combined Healthcare | Darwin Centre (Staffs) |
| Northamptonshire Healthcare NHS Foundation Trust | The Burrows |
| Northamptonshire Healthcare NHS Foundation Trust | The Sett |

| Trust Name | Unit Name |
|--|--|
| Northumberland, Tyne and Wear NHS Foundation Trust | Alnwood (St Nicholas Hospital) |
| Northumberland, Tyne and Wear NHS Foundation Trust | Ferndene PICU (Ferndene Hospital) |
| Northumberland, Tyne and Wear NHS Foundation Trust | Fraser (Ferndene Hospital) |
| Northumberland, Tyne and Wear NHS Foundation Trust | Redburn (Ferndene Hospital) |
| Northumberland, Tyne and Wear NHS Foundation Trust | Stephenson House (Ferndene Hospital) |
| Nottinghamshire Healthcare NHS Foundation Trust | Hercules Ward (Hopewood) |
| Nottinghamshire Healthcare NHS Foundation Trust | Pegasus Ward (Hopewood) |
| Nottinghamshire Healthcare NHS Foundation Trust | Phoenix Ward (Hopewood) |
| Oslo University Hospital | Oslo University Hospital |
| Oxford Health NHS Foundation Trust | Highfield Adolescent Unit |
| Oxford Health NHS Foundation Trust | Marlborough House |
| Pennine Care NHS FT | Hope |
| Pennine Care NHS FT | Horizon |
| Regis Healthcare | Brenin Ward, Ebbw Vale Hospital, South Wales |
| Riverdale Grange Adolescent Eating Disorder Service | Riverdale Grange |
| Sheffield Children's NHS Foundation Trust | Emerald Lodge |
| Sheffield Children's NHS Foundation Trust | Ruby Lodge |
| Sheffield Children's NHS Foundation Trust | Sapphire Lodge |
| South London and Maudsley NHS Trust | Bethlem |
| South London and Maudsley NHS Trust | Kent and Medway Adolescent Hospital |
| South London and Maudsley NHS Trust | Snowsfields Adolescent Unit |
| Somerset Trust | Wessex House |
| South West London and St Georges Mental Health NHS Trust | Aquarius Ward |
| South West London and St Georges Mental Health NHS Trust | Corner House |
| South West London and St Georges Mental Health NHS Trust | Wisteria Ward |
| Southern Health NHS Foundation Trust | Bluebird House |
| Southern Health NHS Foundation Trust | Leigh House Hospital |
| St Andrew's Healthcare | Brook Ward |
| St Patricks Mental Health Service | Willow Grove Adolescent Unit |
| St Vincent's Hospital | St. Joseph's Adolescent Unit |
| Sussex Partnership NHS Foundation Trust | Chalkhill |
| Tees, Esk and Wear Valleys NHS Trust | The Evergreen Centre |

| Trust Name | Unit Name |
|--------------------------------------|---|
| Tees, Esk and Wear Valleys NHS Trust | The Newberry Centre |
| Tees, Esk and Wear Valleys NHS Trust | Westwood |
| The Cambian Group | Cambian Willows, Wishbech |
| The Huntercombe Group | Hartley (Huntercombe Hospital, Stafford) |
| The Huntercombe Group | Huntercombe Hospital, Cotswold Spa |
| The Huntercombe Group | Kennet Unit (Huntercombe Hospital, Maidenhead) |
| The Huntercombe Group | Severn (Huntercombe Hospital, Maidenhead) |
| The Huntercombe Group | Tamar (Huntercombe Hospital, Maidenhead) |
| The Huntercombe Group | Thames Unit (Huntercombe Hospital, Maidenhead) |
| The Huntercombe Group | Thornycroft (Huntercombe Hospital, Stafford) |
| The Huntercombe Group | Wedgwood (Huntercombe Hospital, Stafford) |
| The Priory Group | Brunel Ward (Priory Hospital Bristol) |
| The Priory Group | Chelmsford AU |
| The Priory Group | Cherry Oak, Ellingham Hospital |
| The Priory Group | Kent House Hospital |
| The Priory Group | Kingfisher Ward (Priory Hospital Southampton) |
| The Priory Group | Lower Court (Priory Hospital Roehampton) |
| The Priory Group | Meadows Unit |
| The Priory Group | Oak and Birch Ward (Priory Hospital North London) |
| The Priory Group | Orchard Unit |
| The Priory Group | Priory Hospital Blandford |
| The Priory Group | Rivendell Young Persons Unit (Priory Hospital Altrincham) |
| The Priory Group | Roehampton EDU |
| The Priory Group | Upper Court (Priory Hospital Ticehurst) |
| The Priory Group | Woodlands (Priory Hospital Cheadle Royal) |
| The Priory Group | Woodlands, Ellingham Hospital |
| West London Mental Health NHS Trust | The Wells Unit |
| Whittington Health | Simmons House |

Appendix C: Advisory Group Members

| Name | Profession |
|---------------------------|--|
| Paul Abeles (Chair) | Psychologist; Central Manchester University Hospitals |
| Kris Irons | Speciality Director – CAMHS; The Priory Group |
| Turlough Mills | Consultant Psychiatrist; Leeds and York Partnership |
| Gill Jackson | Education Consultant; Essex Partnership University Trust |
| Candida Rosier | Occupational Therapist; South West London & St George's |
| Tonia Forster | Nurse; Northumberland, Tyne and Wear |
| Angela Yeboah | Social Worker; Pennine Care |
| Alan Woodward | Ward Manager; Cheshire and Wirral Partnership |
| Imogen Voysey | Young Person Advisor; QNIC |
| Nicole Fung (Faculty Rep) | Consultant Psychiatrist; Birmingham Children's Hospital |
| Emma Castro | QNIC Project Officer |
| Charlotte Hampson | QNIC Project Officer |
| Emily Rayfield | QNIC Project Officer |
| Daphne Papaioannou | QNIC-ROM Project Officer |
| Arun Das | QNIC Deputy Programme Manager |
| Hannah Lucas | QNIC Programme Manager |
| Harriet Clarke | Head of Quality and Accreditation |

Appendix D: Accreditation Committee Members

| Accreditation Committee | Profession |
|--------------------------|---|
| Billie Hughes (co-chair) | Children's Services Manager and Lead Nurse; Belfast Trust |
| Stuart Lynch (co-chair) | Head of CAMHS; Dorset Healthcare |
| Carol-Anne Murphy | Transitions Mentor; North West Boroughs Healthcare |
| Kathryn Hammond | Modern Matron; Solent NHS Trust |
| Leanne Walker | Young Person Advisor; QNIC |
| Nina Stovold | Social Worker; East London Foundation Trust |
| Paul Millard | Consultant Child and Adolescent Psychiatrist; Cambridge and Peterborough Foundation Trust |
| Sarah Bartlett | Consultant Child and Adolescent Psychiatrist; Tees, Esk and Wear Valley |
| Gill Jackson | Education Consultant; Essex Partnership University Trust |
| Lois Colling | Consultant Child and Adolescent Psychiatrist; Whittington Health |
| Emma Castro | QNIC Project Officer |
| Charlotte Hampson | QNIC Project Officer |
| Emily Rayfield | QNIC Project Officer |
| Daphne Papaioannou | QNIC-ROM Project Officer |
| Arun Das | QNIC Deputy Programme Manager |
| Hannah Lucas | QNIC Programme Manager |
| Harriet Clarke | Head of Quality and Accreditation |

Appendix E: Accredited Units

| Trust Name | Unit Name |
|--|--------------------------------------|
| Alder Hey Children's Foundation Trust | Dewi Jones |
| Belfast Health and Social Care Trust | Iveagh Centre |
| BSMHFT | Ardenleigh Forensic CAMHS |
| Cambridgeshire & Peterborough NHS Foundation Trust | The Darwin Centre, Cambridge |
| Central Manchester University Hospitals NHS Foundation Trust | Galaxy House |
| Central North West London NHS Mental Health Trust | Collingham Child and Family Centre |
| Cheshire and Wirral NHS Partnership Foundation Trust | Indigo Ward, Ancora House |
| Cheshire and Wirral NHS Partnership Foundation Trust | Coral Ward, Ancora House |
| Cygnet Health Care | Mulberry (Cygnet Hospital Bury) |
| Cygnet Health Care | Wizard House (Cygnet Hospital Bury) |
| Dorset Healthcare University NHS Foundation Trust | Pebble Lodge |
| East London NHS Foundation Trust | Coborn Centre |
| Essex Partnership University Trust | Larkwood Unit (St Aubyn Centre) |
| Great Ormond Street Hospital | Mildred Creak |
| Leeds and York Partnership NHS Foundation Trust | Mill Lodge |
| North East London NHS Foundation Trust | Brookside Adolescent Unit |
| Northamptonshire Healthcare NHS Foundation Trust | The Sett |
| Northumberland, Tyne and Wear NHS Foundation Trust | Stephenson House (Ferndene Hospital) |
| Pennine Care NHS FT | Hope Unit |
| Pennine Care NHS FT | Horizon Unit |
| SLAM | Bethlem Adolescent Unit |
| SLAM | Snowsfields Adolescent Unit |
| The Priory Group | Orchard Unit |
| Whittington Health | Simmons House |

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