



Quality Network for Inpatient CAMHS

Cycle 20 Annual Report 2020-2021

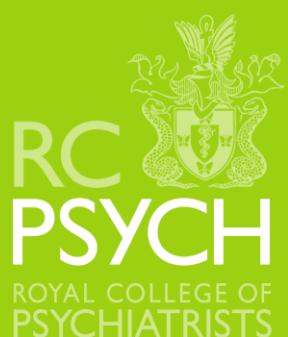
Editors: Matthew Scudder, Arun Das, Daphne Papaioannou

Publication Number: CCQI 380

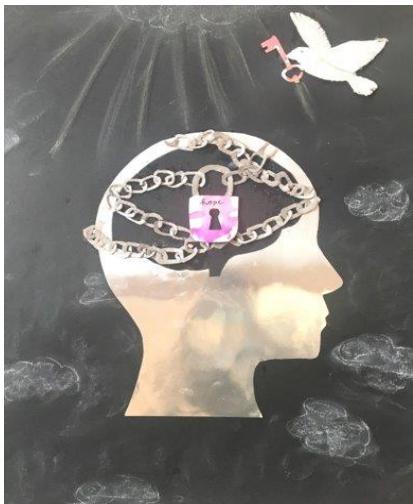
Date: November 2021



Celebrating our 20 year anniversary



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

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FOREWORD

Dr Turlough Mills

Advisory Group Chair

Consultant Child and Adolescent Psychiatrist, Little Woodhouse Hall

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

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

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

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

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

All the best for the 2021/22 Cycle!

Angela Sergeant

Deputy Chair for CCQI Combined

Committee for Accreditations; Co-founder of QNIC

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

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

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

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

FOREWORD

Peter Thompson

Director, CCQI

Former QNIC Research Worker

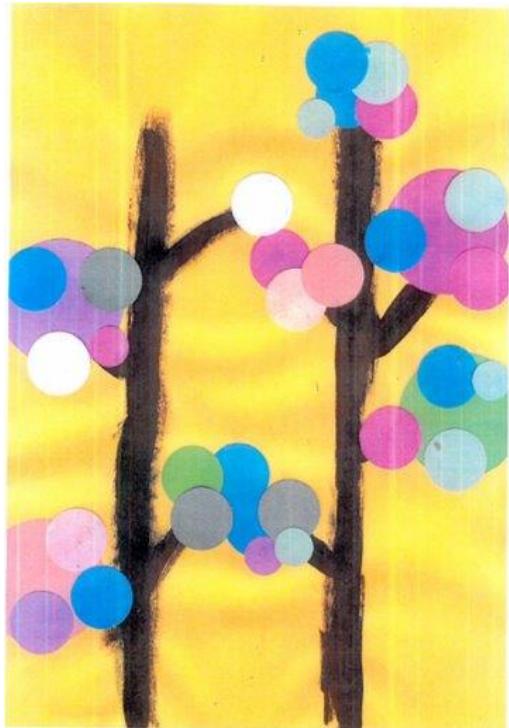
I am delighted to be writing a foreword for this report which celebrates 20 years of QNIC.

I joined the Royal College of Psychiatrists as a Research Worker on QNIC in 2004. At that point, QNIC was still in its infancy, having just completed a third cycle of reviews. We knew services had found the process helpful. By participating in QNIC, services were no longer working in isolation and there was a greater shared understanding of what good quality care looked like. However, I don't think we could have anticipated that QNIC would still be supporting services to improve in 2021.

The QNIC model has gone on to be replicated across a range of mental health services. The College Centre for Quality Improvement now has 28 networks that use a similar method to QNIC and work with 1600 mental health services across the UK. The innovation of the founding members of QNIC has gone to support improvements in the care and treatment delivered by thousands of services to many more patients.

I would like to thank all QNIC staff members past and present. I particularly want to recognise the brilliant work of the current team who have adapted and innovated to enable QNIC to continue supporting services during the pandemic. I would also like to thank the patient and carer representatives who use their own experiences to help ensure good quality care for others. Since the introduction of patient and carer reviewers in 2010, they have added so much to the work of the network and it seems unthinkable that we ever did it without them!

Finally, I would like to thank all QNIC members. Whether you have been part of our advisory group or accreditation committee, attended a review, organised your own unit's visit or attended an annual forum, thank you!



The QNIC Team



Harriet Clarke
Head of Quality and Accreditation
CCQI



Arun Das
Programme Manager
QNIC



Daphne Papaioannou
Deputy Project Manager
QNIC



Matthew Scudder
Project Officer
QNIC



Thea Walker
Project Officer
QNIC/PQN



Macey-Rae Read
Project Officer
QNIC

WHO WE ARE AND WHAT WE DO

Who we are

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

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

What we do

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

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

The Annual Review Cycle



The review process

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

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

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

?THIS REPORT

Overview and purpose

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

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

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

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

Jargon Buster

Self-review

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

Peer review

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

Type-1 Standards

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

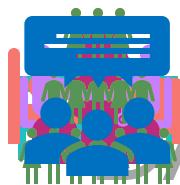
Type-2 Standards

Criteria that a ward would be expected to meet.

Type-3 Standards

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





DATA COLLECTION

120
Member
Organisations
(as of June 2021)

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

140
Young People
took part in
interviews

238
Frontline Staff
shared their
experiences

125
Carers completed
questionnaires

Where did data come from; how was it collected?

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

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

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

This evidence included:

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

Across the 20 Years since
QNIC's inception:

1793
Self and Peer reviews
have been held

4668
Young People have
taken part in interviews

13,681
Frontline Staff shared their
experiences

2787
Carers completed
questionnaires

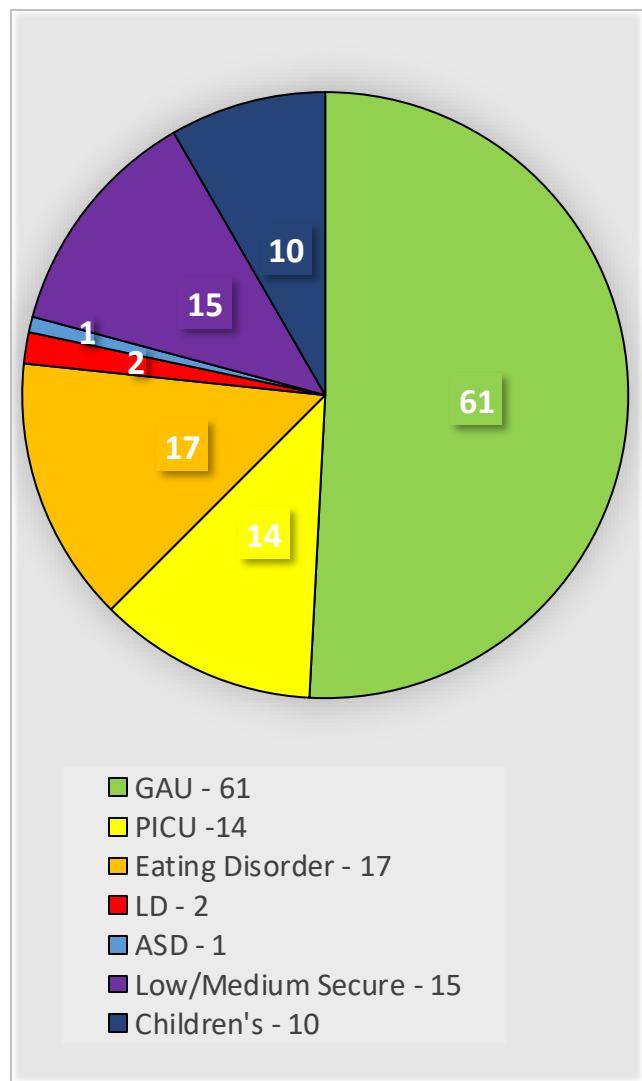
REPORT DATA

Overview of member wards

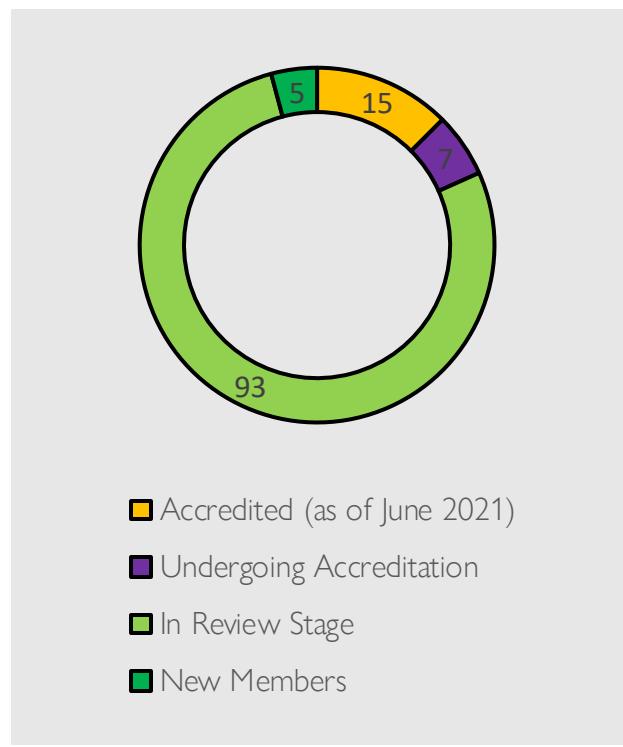
Of the 120 wards included in this report, 107 are based in England, 3 in Scotland, 2 in Wales, 3 in Northern Ireland and 5 in Republic of Ireland

As of June 2021, 15 of these wards are Accredited; 7 are undergoing accreditation¹; and 93 wards are participating in developmental reviews

Services by Type



Overall performance of QNIC Services



Jargon Buster

Accredited

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

Undergoing Accreditation

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

Not accredited

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

Contextual data

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

Number of beds

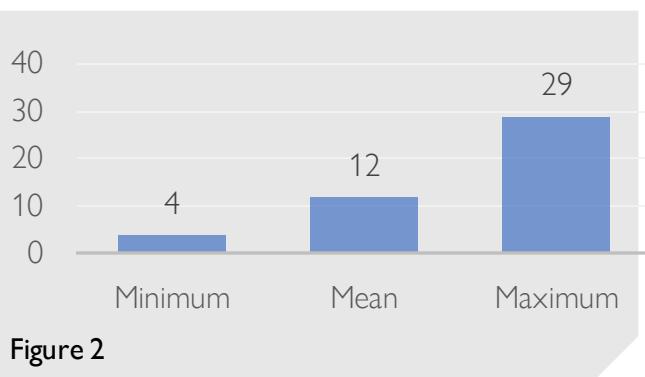


Figure 2

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

Average length of stay (days)

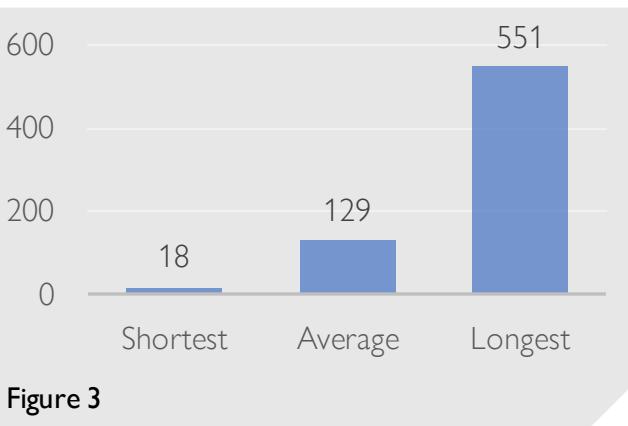


Figure 3

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

Bed occupancy (%)

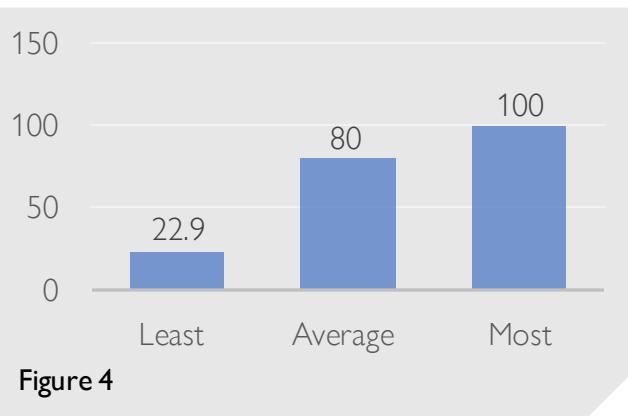


Figure 4

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

Contextual Data continued

All units engaging in a QNIC review are also asked to provide a breakdown of their WTE staffing numbers to inform the classification of the QNIC standards, to gain a national picture of any staffing shortages our service may be facing and to promote the mutual exchange of any helpful recruitment materials between our services. The figures below are based on data gathered from 62 wards that completed reviews in 2020-21, under the 10th Edition Standards. These figures are relative to the average ward size of 12 beds

Average Staffing Numbers (WTE) by Service Type

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

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

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

THE STANDARDS AND REPORT THEMES

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

Young Person Centered Care

1. 4.4.1 [1] - Every young person has a written care plan, reflecting their individual needs. Staff members collaborate with young people and parents/carers (with the young person's consent) when developing the care plan and they are offered a copy.
2. 4.4.5 [2] - Each young person is offered a pre-arranged session with their key worker (or a designated member of the nursing team) at least once a week to discuss progress, care plans and concerns
3. 4.5.5 [1] - All young people have a personal education plan which reflects the focus on wider progress and well-being in education in addition to academic progress
4. 4.8.3 [2]- There is a minuted ward community meeting that is attended by young people and staff members. The frequency of this meeting is weekly, unless otherwise agreed with the group of young people.
5. 4.8.11 [1] - Young people are involved in decisions about their level of observation by staff.
6. 6.3.1 [1] - All young people have access to an advocacy service, including IMHAs (Independent Mental Health Advocates) for those detained
7. 7.1.1 [1] - Young people and their parents/carers are encouraged to feed back confidentially about their experiences of using the service, and this feedback is used to improve the service

Young Person Experience

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

7. 5.2.1 [1] - The young people are given an information pack on admission that contains the following:

- A description of the service
 - The therapeutic programme
 - Information about the staff team
 - The unit code of conduct
 - Key service policies (e.g. permitted items, smoking policy)
 - Resources to meet spiritual, cultural or gender needs
-

PARENT/CARER EXPERIENCE

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



STAFF EXPERIENCE AND WELLBEING

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



SAFETY AND COMMITMENT TO LEAST RESTRICTIVE PRACTICE

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



THERAPIES AND ACTIVITIES

1. 4.2.2a [1] – Medication
2. 4.2.2b [1] - Individual therapy provided by a qualified therapist
3. 4.2.2c [1] - Therapeutic group work
4. 4.2.2d [1] - Family Therapy
5. 4.2.2e [1] - Occupational therapy
6. 4.3.2 [1] - Young people are offered personalised healthy lifestyle interventions such as advice on healthy eating, physical activity and access to smoking cessation services. This should be documented in the young person's care plan
7. 4.3.3 [1] - Young people's preferences are taken into account during the selection of medication, therapies and activities and acted upon as far as possible
8. 4.3.5 [2] - Young people receive psychoeducation on topics about activities of daily living, interpersonal communication, relationships, coping with stigma, stress management and anger management

THEME 1

Young Person Centred Care

Results

84% of Young People

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



90% of Young People

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



98% of Young People

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



98% of Young People

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



87% of Services

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



98% of Young People and Parent/Carers

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



81% of Young People

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



Young People Received

24.5

hours of education per week on average

Highlights and Areas of Best Practice

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

- **Unicorn ward, Cygnet Sheffield**

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

- **Adolescent Inpatient Unit, St Vincents Hospital**

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

- **Buttercup, Cygnet Bury**

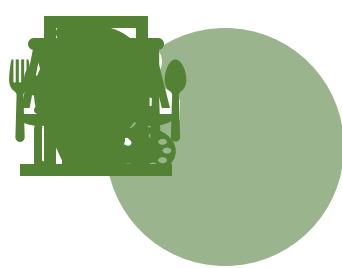
Through the CAMHeleon framework, young people are encouraged to take ownership of one of eight domains of service delivery and lead a project based on their interests through staff supported research and audit to independently raise and identify ways of improving their care

Recommendation

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

- Young people often reported that they were not able to sign their care plan as a means of agreeing to their proposed programme of care management. Services found this difficult especially during the COVID-19 pandemic as care plans often had to be digital records. Some services were able to make use of CARBON software, through which young people could sign their care plans electronically.
- Some young people report that they do not meet regularly with their key worker or named nurse, and are not always certain who this person is. It is important that young people can make use of these sessions to review and propose changes to their care planning, or raise any concerns about their staying at the unit which are duly documented. Whilst a young person may refuse to attend or keep up these appointments, these sessions should be offered on a regular weekly basis. With the young person's consent, the named nurse should also be made identifiable to their parent/carer as point of contact
- Young people must receive comprehensive information about any medication they are prescribed, including side effects and any alternative interventions available. Some services have invited the pharmacist to provide regular drop in sessions to answer any questions directly that young people might have about their medication





THEME 2

Young Person Experience

Results

98 % of Young People

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



97% of Young People

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

On admission to the ward/unit,

100% of Young People

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



95% of Services

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



97% of Young People and Parents/Carers

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



92% of Young People

feel listened to and understood by staff members



85% of Young People

recall receiving an information pack on admission



81% of Young People

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



Highlights and Areas of Best Practice

- **Mermaid Unit, Cygnet Joyce Parker**

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

- **Schoen Clinic Newbridge**

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

- **Priory Services**

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

- **Griffin Ward, Cygnet Sheffield**

A special mention, the entire review day, including the morning brief, was facilitated and chaired by young people at the unit

The Role of the Patient Representative Hannah Sharp

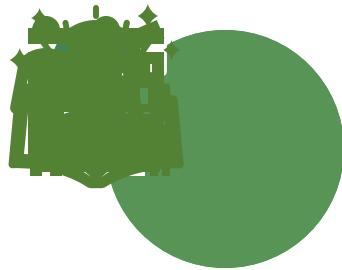
I've worked in patient participation for 7 years, a third of my life. If I take my memory back to 2014 and I remember what patient participation looked like on the different projects I worked on then, I am astounded by the work that QNIC does with its patient representatives. I've worked with QNIC since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

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

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

Recommendations

- Many young people raised that they would like to adapt their service's welcome pack of materials provided to patients and their families on admission to greater reflect their experiences of the unit in a more young person friendly format. Consider consulting with young people in community meetings and key worker sessions on the contributions they may want to make in revising these materials, which could culminate in a QI project
- 85% of young people recall receiving accessible verbal and written information on admission, a 12% decrease from C17. As admission can be a traumatic time consider when this information is best received and perhaps make it available as a consistently accessible digital resource, including a virtual tour of the environment on the unit's website



THEME 3

Parent/Carer Engagement

Results

95% of services

actively support families to overcome barriers to access



79% of Services

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



98% of Staff

involve parents/carers during the assessment process where appropriate



100% of Parent/Carers

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

89% of Parent/Carers

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



Jargon Buster

Statutory Carer's assessment(s)

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

Barriers to access

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

CPA

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

95% of Parent/Carers

feel supported by the ward staff members





94% of Parent/Carers

are supported to access a statutory carers' assessment



Recommendation

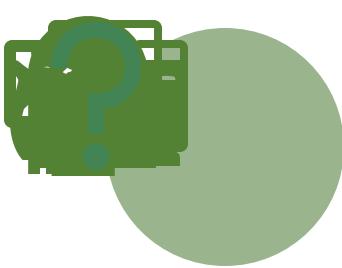
- Consider setting up either physical or virtual safe spaces for parents/carers to regularly share their experiences with other families with children in inpatient units, either facilitated by staff or led independently at accessible times for working parents/carers
- It is paramount that staff agree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

Highlights and Areas of Best Practice

• Sowenna Unit, Cornwall

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





THEME 4

Staff experience and wellbeing

Results

89% of Services

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



97% of Staff teams

feel their ward/unit actively supports staff health and wellbeing



95% of Staff

have access to a dedicated staff room



92% of Staff

are able to take breaks during their shift



87% of New Staff

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



Jargon Buster

Clinical Supervision

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

Reflective Practice

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

87% of Staff

can access reflective practice groups at least once every six weeks



97% of Staff

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



Highlights and Areas of Best Practice

- **Skye House, Glasgow**

The team are working on supporting their staff to become more trauma informed/skilled in their approach to supporting young people who have experienced trauma. All staff members will be trauma informed skill trained and there will also be work on improving staff well-being as a part of this

- **Brookside Adolescent Unit**

The team have worked with previous young people to shape training based on their experiences of staying in an inpatient unit, in conjunction with their local university, this training will now be offered to trainee staff members

- During the COVID-19 pandemic some units repurposed spaces for staff as 'No-vid' rooms where breaks were observed without mentioning COVID-19 to help staff to cope

Recommendation

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

74% of Staff

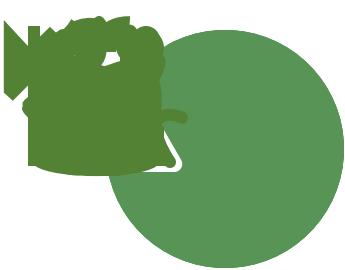
receive line management supervision at least monthly



55% of Services

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





THEME 5

Safety and Commitment to Least Restrictive Practice

Results

98% of Services

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



100% of Services

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

98% of Services

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



100% of Services

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



90% of Multi-Disciplinary Teams

collect audit data on the use of restrictive interventions



98% of Young People

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



94% of Young People and Staff members

express that they feel safe on the ward



85% of Services

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



Highlights and Areas of Good Practice

- **Fraser Ward, Ferndene**

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

- **Iveagh Centre, Belfast**

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

- **North Wales Adolescent Service**

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

Jargon Buster

Least Restrictive Practice

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

PBS Plan

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

PRN Medication

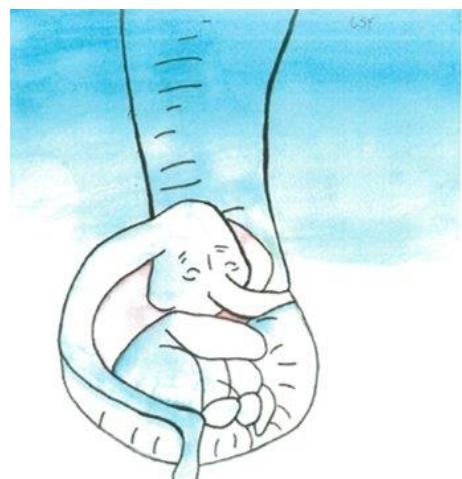
'Pro Re Nata' medication is prescribed and administered when required rather than scheduled

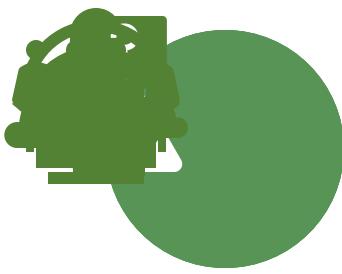
PMVA

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

Recommendations

- When interviewed, frontline staff on occasion cannot readily identify the safeguarding lead or who to contact if they wish to escalate a concern in and out of working hours. Ensure the process outlined in policy is visible on posters across the unit and staff receive regular refresher training in the safeguarding procedure
- QNIC recommends engaging with and accessing the RRP (Reducing Restrictive Practice) Collaborative produced by the NCCMH which outlines key areas that contribute to the reduction of restraint, rapid tranquilisation and use of seclusion. [Reducing Restrictive Practice programme | Royal College of Psychiatrists \(rcpsych.ac.uk\)](#)
- Ensure that blanket rules and restrictions are continuously reviewed and revised where appropriate, particularly around mobile phone use, accessing the internet and social media





THEME 6

Therapies and Activities

Results

98% of Services

provide medication as an optional intervention to young people



98% of Services

offer individual therapy provided by a qualified therapist



95% of Services

provide therapeutic group work



92% of Services

offer family therapy



98% of Services

offer occupational therapy



100% of Services

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

97% of Young People

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



97% of Services

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



Highlights and Areas of Good practice:

- **Griffin Ward, Cygnet Sheffield**

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

- **Leigh House Hospital, Southern Health**

The team timetabled physical activities within ED pathways to ensure young people can access exercise where clinically appropriate

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

Recommendations:



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

SUMMARY OF RECOMMENDATIONS

1

YP Centered Care

- Use software such as CARBON to enable young people to sign their care plans electronically
- Ensure key workers or named nurses maintain a consistent programme of sessions with young people and this is documented in care planning
- Consider introducing drop-in sessions with the pharmacist on site (or on a service level agreement)

2

YP Experience:

- Encourage contributions from young people to co-produce Welcome packs to reflect their experiences
- Consider introducing roles which incentivise young people's engagement in service improvement and promote skills acquisition
- Consider making service user information available as a digital resource, including recorded virtual tours of the environment on the website

3

Parent/Carer Engagement:

- Establishing a rate of communication, a level of candour and maintaining debrief for parent/carers
- Facilitate virtual or face-to-face carer's forums to provide space for families to share experiences
- Psychoeducation programmes for families, MH awareness and ways to make the home environment more conducive to recovery whilst on leave

4

Staff Experience and Wellbeing:

- Regularly conduct Internal assessment of staff skillsets to inform in house training and share expertise
- Where possible offer team away days in smaller groups and in virtual spaces
- Ensure staff have access to regular group reflective practice, clinical and line management supervisions
- Consult Knowledge Hub for recruitment resources

5

Safety and Least Restrictive Practice

- Ensure all staff can readily identify the safeguarding lead and are familiar with the procedure, with refresher training and displays on the premises
- Regularly examine and revise any blanket restrictions in policy, particularly around the use of mobile phones, the internet and social media
- Consult the RRP Collaborative from NCMMH

6

Therapies and Activities

- Identify peak times incidents may occur and consider appointing Activity Co-ordinators to shifts that correspond with these times
- Ensure Young People can request in community meetings any activities or interventions they would like to be risk assessed to access

QNIC 2021 Annual Forum

Celebrating 20 Years of QNIC

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



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

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

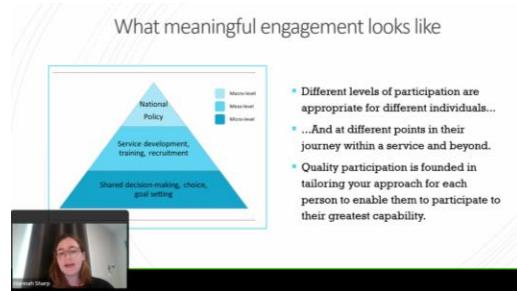
The second day held a particular focus on the diversity of clinical models and approaches to care within the network, with optional breakout spaces and interactive workshops delivered by pioneering practitioners at our member services



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



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



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

Here's to the next #20YearsOfQNIC

*Matthew Scudder
Project Officer*

NETWORK DEVELOPMENTS

QNIC-ROM

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

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

New 11th edition standards

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

Knowledge Hub

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

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

QNIC@rcpsych.ac.uk

rcpsych.ac.uk/qnic

NETWORK DEVELOPMENTS

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

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



Events

CAMHS Accreditation Training, Tuesday 05 October 2021, Zoom

Social Workers Special Interest Day, Monday 29 November, Zoom

CAMHS Accreditation Training, Wednesday 08 December 2021, Zoom

Teachers' Special Interest Day, March 2022 TBC, Zoom

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

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

QNIC@rcpsych.ac.uk

rcpsych.ac.uk/qnic

SUMMARY OF CYCLE 20 SCORES

Section 1: Environment and Facilities		
No. [Type]	Criteria	Cycle 20 %Met
1.1 The ward/unit is well designed and has the necessary facilities and resources		
1.1.1 [1]	The unit is clean and well-maintained	92
1.1.2 [2]	Staff members and young people can control heating, ventilation and light.	66
1.1.3 [2]	Waiting rooms/areas are provided	98
1.1.4 [2]	There is indoor space for recreation which is large enough to accommodate all young people	97
1.1.5 [1]	There is a designated safe outdoor space which young people are able to access every day, where clinically appropriate	90
1.1.6 [2]	The ward/unit contains rooms for individual and group meetings	97
1.1.7 [1]	The ward/unit has a designated dining area, which is available during allocated mealtimes	100
1.1.8 [2]	There is designated teaching space for education which can accommodate all young people in the unit	98
1.1.9 [1]	In wards/units where seclusion is used, there is a designated room that meets the following requirements: <ul style="list-style-type: none"> • It allows clear observation; • It is well insulated and ventilated; • It has adequate lighting, including a window(s) that provides natural light; • It has direct access to toilet/washing facilities; • It has limited furnishings (which include a bed, pillow, mattress and blanket or covering); • It is safe and secure – it does not contain anything that could be potentially harmful; • It includes a means of two-way communication with the team; • It has a clock that patients can see 	50
1.1.10 [2]	All young people can access a range of current, culturally-specific resources for entertainment, which reflect the ward/unit's population.	98
1.1.11 [2]	One computer is provided for every two young people in school	92
1.1.12 [1]	Young people can use mobile phones, computers (which provide access to the internet and social media), and other electronic equipment on the ward, subject to risk assessment and in line with local policy.	97

1.1.13 [3]	All young people can access a charge point for electronic devices such as mobile phones (where risk permits)	95
1.1.14 [2]	There are sufficient IT resources (e.g. computers) to provide all practitioners with easy access to key information, e.g. information about services/ conditions/ treatment options, young people's records, clinical outcome and service performance measurements	89
1.1.15 [2]	There are facilities for young people to make their own hot and cold drinks and snacks which are available 24 hours a day (where risk permits)	84
1.1.16 [2]	Parents/carers have access to refreshments at the unit	87
1.1.17 [2]	Units can provide information for families about local accommodation	95
1.1.18 [2]	Ward/unit-based staff members have access to a dedicated staff room	95

1.2 The ward/unit is separate from adult units

1.2.1 [1]	When a ward/unit is on the same site as an adult ward/unit, there are policies and procedures in place to ensure young people are safely using shared facilities; a safeguarding policy is in place to allow safe access to wider grounds within the ward/unit	42
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1.3 Premises are designed and managed so that young people's rights, privacy and dignity are respected

1.3.1 [1]	All young people's information is kept in accordance with current legislation.	100
1.3.2 [1]	The environment complies with current legislation on disabled access.	90
1.3.3 [2]	All young people have single bedrooms	94
1.3.4 [1]	Young people have separate toilets, washing facilities and bedrooms, split according to self-identified gender	97
1.3.5 [2]	The unit has at least one bathroom/shower room for every three young people	98
1.3.6 [3]	Every young person has an en-suite bathroom	74
1.3.7 [2]	There is a separable gender-specific communal space which can be used as required	87
1.3.8 [1]	The ward/ unit has a designated room for physical examination and minor medical procedures	97
1.3.9 [2]	The ward/ unit has at least one quiet room or de-escalation space other than young people's bedrooms	98
1.3.10 [2]	There is a designated space for young people to receive visitors who are children, with appropriate facilities such as toys, books	92
1.3.11 [2]	There is a safe place for young people to keep their property	100
1.3.12 [2]	There is a safe place for staff to keep their property	97

1.3.13 [1]	Young people are supported to access materials and facilities that are associated with specific cultural or spiritual practices, e.g. covered copies of faith books, access to a multi-faith room, access to groups	97
1.3.14 [1]	Staff members respect the young people's personal space, where risk permits, e.g. by knocking and waiting before entering their bedroom	95
1.4 The unit provides a safe environment for staff and young people		
1.4.1 [1]	The team keeps medications in a secure place, in line with the organisation's medicine management policy	98
1.4.2 [1]	Entrances and exits are designed to enable staff to see who is entering or leaving and if required CCTV is used to achieve this	97
1.4.3 [1]	An audit of environmental risk is conducted annually and a risk management strategy is agreed	94
1.4.4 [1]	Young people are cared for in the least restrictive environment possible, while ensuring appropriate levels of safety and promoting recovery	98
1.5 Young people are consulted about the unit environment and have choice when this is appropriate		
1.5.1 [2]	Young people are consulted about changes to the ward/unit environment	95
1.5.2 [2]	Young people can personalise their bedrooms.	100
1.6 There is equipment and procedures for dealing with emergencies in the unit		
1.6.1 [1]	A collective response to fire drills is agreed by the team and is rehearsed six-monthly	79
1.6.2 [1]	Emergency medical resuscitation equipment is available immediately and is maintained and checked weekly and after each use	92
1.6.3 [1]	Staff members, young people and visitors are able to raise alarms using panic buttons, strip alarms, or personal alarms and there is an agreed response when an alarm is used	82

Section 2: Staffing and Training

No. [Type]	Criteria	Cycle 20 %Met
2.1 The number of nursing staff on the unit is sufficient to safely meet the needs of the young people at all times		
2.1.1 [1]	There are sufficient levels of staffing which can be adapted to reflect the acuity levels of the ward.	89
2.1.2 [1]	At night-time in a 12-bedded unit with low dependency cases, there is a minimum of two staff on duty, including one registered member of staff and access to additional support as appropriate	90
2.1.3 [1]	A typical unit with 12 beds includes a minimum of two registered nurses, with relevant experience of working with children and young people, per day shift and one at night. At least one of these should have completed preceptorship	89
2.1.4 [2]	The ward/unit is staffed by permanent staff members, and unfamiliar bank or agency staff members are used only in exceptional circumstances, e.g. in response to additional clinical need	87
2.1.5 [1]	<p>The ward/unit has a mechanism for responding to low/unsafe staffing levels, when they fall below minimum agreed levels. This should include:</p> <ul style="list-style-type: none"> ▪ 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 	100
2.2 The ward/unit comprises a core multi-disciplinary team		
2.2.1 [1]	A typical unit with 12 beds includes 1 WTE ward manager (band 7+ or equivalent)	94
2.2.2 [1]	A typical unit with 12 beds includes at least 1 WTE consultant child and adolescent psychiatrist input (which may be provided by two clinicians in a split post)	87
2.2.3 [2]	A unit with 12 beds includes at least 1 WTE non-consultant child and adolescent psychiatrist	84
2.2.4 [2]	A typical unit with 12 beds includes at least 1.5 WTE responsible clinician input, at least 0.5 WTE of which should be provided by a consultant psychiatrist. The remaining 1 WTE may be completed by a range of professions from within the senior MDT	85
2.2.5 [1]	A typical unit with 12 beds includes at least 1 WTE clinical psychologist who contributes to the assessment and formulation of the young people's psychological needs and the safe and effective provision of evidence-based psychological interventions.	87
2.2.6 [2]	A typical unit with 12 beds includes at least 0.5 WTE social worker	71
2.2.7 [2]	A typical unit with 12 beds includes at least 1 WTE occupational therapist who works with young people requiring an occupational assessment and ensure the safe and effective provision of evidence-based occupational interventions	76
2.2.8 [1]	The unit has formal arrangements to ensure easy access to therapists trained in psychological interventions (e.g. CBT, child and adolescent psychotherapy, psychodynamic psychotherapy, MBT, DBT, IPT, EMDR); list is not exhaustive	90
2.2.9 [2]	The unit has formal arrangements to ensure easy access to a dietitian	89
2.2.10 [2]	The unit has formal arrangements to ensure easy access to a speech and language therapist	76
2.2.11 [2]	There is dedicated sessional input from creative therapists.	79
2.2.12 [1]	A typical unit with 12 beds includes at least 0.5 WTE family therapist	71
2.2.13 [2]	There is a minimum of one qualified teacher to four students per lesson	85
2.2.14 [3]	Young people have access to teachers of specialist subjects e.g. language tutors	85

2.2.15 [2]	A typical unit with 12 beds includes 1 WTE administrator (band 3 or above or local equivalent)	94
2.2.16 [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	97
2.2.17 [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	87

2.3 Unit staff work effectively as a multi-disciplinary team

2.3.1 [1]	There are written documents that specify professional, organisational and line management responsibilities	90
2.3.2 [1]	In a typical 12-bedded unit, there is time scheduled in staff rotas to allow 30-minute handover sessions between shifts to discuss the young people's needs, risks and management plans	85
2.3.3 [1]	The team has integrated records for young people which can be accessed by all clinical staff	97
2.3.4 [1]	Staff members feel able to challenge decisions and to raise any concerns they may have about standards of care. They are aware of the processes to follow when raising concerns or whistleblowing	100
2.3.5 [1]	The ward/unit actively supports staff health and wellbeing.	97
2.3.6 [2]	The team has protected time for team-building and discussing service development at least once a year	55
2.3.7 [1]	Staff members are able to take breaks during their shift that comply with the European Working Time Directive.	92

2.4 Training is provided for all staff

2.4.1 [2]	All qualified staff receive at least five days training and continuing professional development activities per year in line with their professional body, in addition to mandatory training	82
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2.5 Staff are provided with a thorough training programme

2.5.1a [1]	The use of legal frameworks, such as the Mental Health Act (or equivalent) and the Mental Capacity Act (or equivalent);	87
2.5.1b [1]	Physical health assessment;	84
2.5.1c [1]	Safeguarding vulnerable adults and children;	87
2.5.1d [1]	Risk assessment and risk management;	84
2.5.1e [1]	Recognising and communicating with young people with cognitive impairment or learning disabilities;	69
2.5.1f [1]	Statutory and mandatory training;	81
2.5.1g [2]	Parent/carer awareness, family inclusive practice and social systems, including parents/carers' rights in relation to confidentiality.	73
2.5.2 [1]	The team has received training in managing relationships and boundaries between young people and staff, including appropriate touch	77
2.5.3 [1]	All staff undergo specific training in therapeutic observation (including principles around positive engagement with young people, when to increase or decrease observation levels and the necessary multi-disciplinary team discussions that should occur relating to this and actions to take if the young person absconds) when they are inducted into a Trust or changing wards	79
2.5.4 [1]	All qualified nursing and medical staff that administer rapid tranquillisation have completed Intermediate Life Support training	84
2.5.5 [1]	All staff members who administer medications have been assessed as competent to do so. Assessment is done using a competency-based tool and is repeated at least once every three years	85
2.5.6 [2]	Shared in-house multi-disciplinary team training, education and practice development activities occur on the ward/unit at least every three months	82
2.5.7 [3]	Non-clinical staff have received mental health awareness training	85
2.5.8 [1]	All staff members who deliver therapies and activities are appropriately trained and supervised	94

2.6 Appropriate training methods are used to ensure staff training is effective		
2.6.1 [3]	Staff members have access to study facilities (including books and journals on site or online) and time to support relevant research and academic activity	74
2.6.2 [1]	New staff members, including bank staff, receive an induction programme specific to the ward/unit. This includes: <ul style="list-style-type: none"> ▪ Arrangements for shadowing colleagues on the team; ▪ Jointly working with a more experienced colleague ▪ Being observed and receiving enhanced supervision until core competencies have been assessed as met 	87
2.6.3 [2]	Young people, parents/carers and staff members are involved in devising and delivering training face-to-face	37
2.7 All staff receive regular supervision totalling at least one hour per month from a person with appropriate experience		
2.7.1 [1]	All clinical staff members receive individual clinical supervision at least monthly, or as otherwise specified by their professional body.	76
2.7.2 [2]	All staff members receive line management supervision at least monthly	74
2.7.3 [1]	Staff members, young people and parents/carers who are affected by a serious incident, including control and restraint and rapid tranquillisation, are offered post incident support	87
2.7.4 [2]	Staff members are able to access reflective practice groups at least once every six weeks where teams can meet together to think about team dynamics and develop their clinical practice	87
2.7.5 [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	97
2.7.6 [1]	All staff members receive an annual appraisal and personal development planning (or equivalent)	97
2.7.7 [2]	Ward/unit managers and senior managers promote positive risk-taking to encourage the young person's recovery and personal development. They ensure staff members have appropriate supervision and MDT support to enable this	100
2.8 There is a recruitment policy to ensure vacant posts are filled quickly with well-qualified and checked candidates		
2.8.1 [2]	Appropriately experienced young person or parent/carer representatives are involved in the interview process for recruiting potential staff members	65
2.8.2 [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	85
2.8.3 [1]	Robust processes ensure that all staff with a professional regulatory body are checked for appropriate registration on recruitment and again at renewal date	89
2.8.4 [2]	When posts are vacant or in the event of long term sickness or maternity leave, prompt arrangements are made for temporary staff cover	89

Section 3: Access, Admission & Discharge

No. [Type]	Criteria	Cycle 20 % Met
3.1 Assessment and treatment are offered without unacceptable delay		
3.1.1 [1]	The service provides information about how to make a referral	97
3.1.2 [1]	If the unit admits young people in cases of emergencies, young people can be admitted within 24 hours (including out of hours)	63
3.1.3 [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	58
3.1.4 [1]	On admission to the ward/unit, young people feel welcomed by staff members who explain why they are in hospital.	100
3.1.5 [1]	Young people have a comprehensive mental health assessment which is started within four hours and completed within one week. This involves the multi-disciplinary team and includes young people's: <ul style="list-style-type: none"> • Mental health and medication • Psychosocial and psychological needs • Strengths and areas for development 	100
3.1.6 [1]	Young people have a risk assessment and management plan which is co-produced, updated regularly and shared where necessary with relevant agencies (with consideration of confidentiality). The assessment considers risk to self, risk to others and risk from others.	100
3.1.7 [1]	All assessments are documented, signed/validated (electronic records) and dated by the assessing practitioner	100
3.1.8 [1]	There is a documented CPA (or equivalent) or ward round admission meeting within one week of the young person's admission. Young people are supported to attend this with advanced preparation and feedback	98
3.2 There is equity of access to inpatient units in relation to ethnic origin, social status, disability, physical health and location of residence		
3.2.1 [1]	The unit meets the needs of young people from different ethnic, cultural and religious backgrounds	97
3.2.2 [1]	The service actively supports families to overcome barriers to access	95
3.2.3 [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	97
3.2.4 [1]	Young people admitted to the ward outside the area in which they live have a review of their placement at least every three months	97
3.3 There are robust arrangements for collecting information from all agencies involved with the young person and their family		
3.3.1 [1]	Unplanned admissions need an initial planning meeting with local services within five working days of admission	66
3.3.2 [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
3.3.3 [2]	The unit formally records all referrals with respect to race, gender, home area and disability, and this is reviewed annually	92
3.3.4 [1]	On admission, if a Local Authority has parental responsibility as a result of a care order, the service should identify a named clinician who should be responsible for consultation around care planning	100
3.4 Families are involved throughout assessment		
3.4.1 [1]	During assessment staff involve parents/carers where appropriate	98
3.4.2 [1]	Parents and carers are supported to access a statutory carers' assessment, provided by an appropriate agency	94
3.4.3 [1]	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	95

3.5 Before discharge, decisions are made about meeting any continuing needs

3.5.1 [1]	The inpatient team invites a community team representative to attend and contribute to relevant meetings e.g. CPA, discharge planning	100
3.5.2 [1]	Any young person in inpatient care should have a transition meeting by age 17 and a half years	85
3.5.3 [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	89
3.5.4 [1]	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	100
3.5.5 [1]	Young people discharged from inpatient care have their care plan or interim discharge summary sent to everyone identified as involved in their ongoing care within 24 hours of discharge.	92
3.5.6 [1]	A discharge summary is sent within a week to the young person's GP and others identified as involved in their ongoing care, including why the young person was admitted and how their condition has changed, diagnosis, medication and formulation	95
3.5.7 [1]	There is a procedure in place for taking action on delayed discharges	87
3.5.8 [1]	The team makes sure that young people who are discharged from hospital have arrangements in place to be followed up within three days of discharge	85
3.5.9 [1]	Mental health practitioners should carry out a thorough assessment of the young person's personal, social, safety and practical needs to reduce the risk of suicide on discharge	100
3.5.10 [3]	Teams provide specific transition support to young people when their care is being transferred to another unit, to a community mental health team, or back to the care of their GP.	95
3.5.11 [2]	<p>The team provides information and encouragement to young people to access local organisations for peer support and social engagement. This is documented in the young person's care plan and includes access to:</p> <ul style="list-style-type: none"> ▪ Voluntary organisations; ▪ Community centres; ▪ Local religious/cultural groups; ▪ Peer support networks; ▪ Recovery colleges. 	85

Section 4: Care & Treatment

No. [Type]	Criteria	Cycle 20 % Met
4.1 All young people are assessed for their health and social care needs		
4.1.1 [1]	Young people have a comprehensive physical health review. This is started within four hours of admission, or as soon as is practically possible. The assessment is completed within one week, or prior to discharge.	98
4.1.2 [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	100
4.1.3 [1]	Young people have follow-up investigations and treatment when concerns about their physical health are identified during their admission	98
4.2 A comprehensive range of interventions is available to the young people on the unit		
4.2.1 [1]	Young people begin evidence-based interventions, which are appropriate for their bio-psychosocial needs, within four weeks of admission. Any exceptions are documented in the case notes	100
4.2.2a [1]	Medication	98
4.2.2b [1]	Individual therapy provided by a qualified therapist	98
4.2.2c [1]	Therapeutic group work	95
4.2.2d [1]	Family Therapy	92
4.2.2e [1]	Occupational therapy	98
4.2.2f[3]	Art/creative therapies	82
4.3 There is a structured programme of care and treatment		
4.3.1 [1]	Every young person has a seven-day personalised therapeutic/recreational timetable of activities to promote social inclusion, which the team encourages them to engage with.	81
4.3.2 [1]	Young people are offered personalised healthy lifestyle interventions such as advice on healthy eating, physical activity and access to smoking cessation services. This should be documented in the young person's care plan	97
4.3.3 [1]	Young people's preferences are taken into account during the selection of medication, therapies and activities and acted upon as far as possible	100
4.3.4 [1]	Young people and parents/carers have access to key members of the MDT outside of planned meetings to review their progress	100
4.3.5 [2]	Young people receive psychoeducation on topics about activities of daily living, interpersonal communication, relationships, coping with stigma, stress management and anger management	97
4.4 Young people and parents/carers are involved in decisions about their treatment		
4.4.1 [1]	Every young person has a written care plan, reflecting their individual needs. Staff members collaborate with young people and parents/carers (with the young person's consent) when developing the care plan and they are offered a copy.	84
4.4.2 [1]	The team reviews and updates care plans according to clinical need or at a minimum frequency of a month	98
4.4.3 [1]	All young people (or parents/carers for children) have the opportunity to sign their care plan upon review. If young people do not want to sign their care plans, this is documented	85
4.4.4 [1]	Young people and parents/carers know who the key people are in their team and how to access them if they have any questions	100
4.4.5 [2]	Each young person is offered a pre-arranged session with their key worker (or a designated member of the nursing team) at least once a week to discuss progress, care plans and concerns	90
4.4.6 [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	94
4.4.7 [2]	Parents and carers are offered individual time with staff members, within 48 hours of the young people's admission to discuss concerns, family history and their own needs	89

4.5 Young people can continue with their education whilst admitted		
4.5.1 [1]	The unit provides the core educational subjects: Maths, English and Science	97
4.5.2 [2]	The unit provides a broad and balanced curriculum that is suitable and flexible, appropriate to the students' needs	98
4.5.3 [1]	Where the unit caters for young people over the age of 16, young people are able to continue with education	90
4.5.4 [1]	Teaching staff complete an assessment of each young person's educational needs which is reviewed at each CPA review (or local equivalent)	100
4.5.5 [1]	All young people have a personal education plan which reflects the focus on wider progress and well-being in education in addition to academic progress	98
4.5.6 [1]	If the young person is receiving education, educational staff at the unit must liaise with the young person's own school in order to maintain continuity of education provision	100
4.5.7 [1]	Where young people are returning to their local educational facility after discharge, education and unit staff support the young people with their reintegration	98
4.5.8 [2]	The educational staff maintain communication with the young peoples' parents/carers, e.g. providing progress reports for each CPA review	97
4.5.9 [3]	Educational outings are provided, as appropriate	82
4.5.10 [1]	Teachers contribute to multi-disciplinary meetings	98
4.5.11 [2]	Teachers and nursing staff have a handover at the beginning and end of each school day	92
4.5.12 [1]	The unit must be part of an education organisation that is a registered examination centre	97
4.6 Outcome measurement is undertaken routinely using validated outcome tools		
4.6.1 [1]	Clinical outcome measurement data is collected at two time points (admission and discharge) as a minimum, and at clinical reviews where possible (e.g. HoNOSCA, SDQ etc)	97
4.6.2 [1]	Outcome measurement tools are completed from the perspective of staff, young people and/or parents/carers	90
4.6.3 [2]	Staff members review young people's progress against self-defined goals in collaboration with the young person and parents/carers where appropriate at the start of treatment, during clinical review meetings and at discharge.	94
4.6.4 [2]	Units contribute to a national dataset to allow for information sharing e.g. QNIC ROM	71
4.7 All young people at the unit are given a choice of healthy, balanced food		
4.7.1 [1]	Young people are provided with meals which offer choice, address nutritional/balanced diet and specific dietary requirements and which are also sufficient in quantity. Meals are varied and reflect the individual's cultural and religious needs	95
4.7.2 [2]	Staff ask young people for feedback about the food and this is acted upon	92
4.7.3 [2]	Staff eat with the young people at mealtimes and the cost of staff meals are covered by the organisation	87
4.7.4 [2]	Where there is a therapeutic benefit, there are arrangements for families to eat at mealtimes and the cost of the meal is covered by the organisation	84

4.8 Young people are involved in decisions around their care and treatment, including leave from the unit

4.8.1 [1]	The team develops a leave plan jointly with the young person and parent/carer that includes: <ul style="list-style-type: none"> ▪ A risk assessment and risk management plan that includes an explanation of what to do if problems arise on leave; ▪ Conditions of the leave; ▪ Contact details of the ward/unit. 	95
4.8.2 [1]	When young people are absent without leave, the team (in accordance with local policy): <ul style="list-style-type: none"> ▪ Activates a risk management plan ▪ Makes efforts to locate the young person ▪ Alerts parent/carers, people at risk and the relevant authorities ▪ Completes an incident form 	94
4.8.3 [2]	There is a minuted ward community meeting that is attended by young people and staff members. The frequency of this meeting is weekly, unless otherwise agreed with the group of young people.	87
4.8.4 [2]	Young people have access to relevant faith-specific and/or spiritual support, preferably through someone with an understanding of mental health issues	95
4.8.5 [1]	When medication is prescribed, the risks (including interactions) and benefits are reviewed, a timescale for response is set and the young person's consent is recorded	98
4.8.6 [1]	Young people have their medication reviewed at least weekly. Medication reviews include an assessment of therapeutic response, safety, management of side effects and adherence to medication regime.	100
4.8.7 [1]	Every young person's PRN (i.e. as required) medication is reviewed weekly in terms of the frequency, dose, and reasons for prescribing	98
4.8.8 [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 six weeks, at three months and then six-monthly unless a physical health abnormality arises	100
4.8.9 [2]	A specialist pharmacist should be a member of the MDT	81
4.8.10 [1]	Young people with poor personal hygiene have a care plan that reflects their personal care needs	100
4.8.11 [1]	Young people are involved in decisions about their level of observation by staff	98
4.8.12 [2]	Patients on constant observations receive at least one hour per day being observed by a member of staff who is familiar to them	100

4.9 Young people and their parents/carers are supported by staff and treated with respect

4.9.1 [1]	Staff members treat all young people and their parents/carers with compassion, dignity and respect	97
4.9.2 [1]	Young people feel listened to and understood by staff members	92
4.9.3 [1]	Parents/carers feel supported by the ward staff members	95

Section 5: Information, Consent & Confidentiality

No. [Type]	Criteria	Cycle 20 % Met
5.1 Young people and parents/carers can find out about the unit before the admission		
5.1.1 [2]	The service has a website which provides information about the unit that young people and parents/carers can access prior to admission	85
5.2 Information is available to young people and parents/carers		
5.2.1 [1]	<p>The young people are given an information pack on admission that contains the following:</p> <ul style="list-style-type: none"> - A description of the service - The therapeutic programme - Information about the staff team - The unit code of conduct - Key service policies (e.g. permitted items, smoking policy) - Resources to meet spiritual, cultural or gender needs 	85
5.2.2 [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 admission and consent to treatment - Their rights under the Mental Health Act - 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 	81
5.2.3 [2]	The team provides each parent/carer with accessible carer's information.	79
5.3 Parents/carers receive regular updates		
5.3.1 [1]	Staff update parents/carers on their child's progress at a minimum of once a week, subject to confidentiality	100
5.4 Young people know the names of the staff team looking after them		
5.4.1 [2]	There is a board on display with the names and photographs of staff	95
5.5 Personal information about young people is kept confidential, unless this is detrimental to their care		
5.5.1 [1]	Confidentiality and its limits are explained to the young person and their parent/carer on admission, both verbally and in writing. The young person's preferences for sharing information with third parties are respected and reviewed regularly	89
5.5.2 [1]	Consent is sought prior to the disclosure of case material to parents/carers if the young person is assessed as able to make such a decision	97
5.6 All examination and treatment is conducted with the appropriate consent		
5.6.1 [1]	Parental responsibility is recorded in the young person's notes	98
5.6.2 [1]	Young people and parents/carers are offered written and verbal information about the young person's mental illness	82
5.6.3 [1]	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 person'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	98
5.6.4 [1]	The team follows a protocol for responding to parents/carers when the young people does not consent to their involvement.	87

Section 6: Young People's Rights and Safeguarding Children

No. [Type]	Criteria	Cycle 20 % Met
6.1 If a young person is detained under the country's mental health legislation, the legal authority for admission and treatment is clear		
6.1.1 [1]	The legal status (detained and informal) for each young person is recorded in their notes.	100
6.2 The unit is young person-centred and respects the rights of young people and their parents/carers		
6.2.1 [1]	Young people are able to see a clinician on their own, although this may be refused in certain circumstances and the reasons why are explained	100
6.3 Young people and their parents/carers are informed about how to seek independent advice		
6.3.1 [1]	All young people have access to an advocacy service, including IMHAs (Independent Mental Health Advocates) for those detained	97
6.3.2 [1]	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	92
6.4 The unit operates within the appropriate legal framework in relation to the use of physical restraint		
6.4.1 [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
6.4.2 [1]	Staff members do not restrain young people in a way that affects their airway, breathing or circulation	100
6.4.3 [1]	Parents/carers are informed about all episodes of restrictive interventions within 24 hours. If for any reason this does not occur, reasons are documented in the young person's notes	97
6.4.4 [1]	In order to reduce the use of restrictive interventions, young people who have been violent or aggressive are supported to identify triggers and early warning signs, and make advance statements about the use of restrictive interventions	98
6.4.5 [1]	The multi-disciplinary team collects audit data on the use of restrictive interventions and actively works to reduce its use year on year.	90
6.4.6 [1]	The unit follows organisational policies for untoward occurrences and critical incident reporting	97
6.4.7 [1]	The team uses seclusion or segregation only as a last resort and for brief periods only	85
6.5 The unit complies with Local Safeguarding Children Board (LSCB) procedures (or equivalent outside of England and Wales) and with the guidance contained in "What to do if you're worried a child is being abused" (2015) document		
6.5.1 [1]	It is recorded as to whether or not a young person has a child protection plan in place	100
6.5.2 [1]	The unit has a named safeguarding lead and staff know who this is	94
6.5.3 [1]	The unit has policies and procedures which are compatible with LSCB (or local equivalent) guidelines, including the conduct of reviews and procedures for working together	95
6.5.4 [1]	Staff know what to do if there are safeguarding concerns and who to contact, during and out of working hours	100
6.5.5 [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
6.5.6 [1]	Young people and staff members feel safe on the ward	94
6.6 Unit staff work with the local authority to safeguard and promote the welfare of young people		
6.6.1 [1]	The young person's local authority (or equivalent) is made aware if a young person remains on the unit for a consecutive period of three months (in line with section 85 of the Children Act 1989)	97
6.6.2 [1]	The young person's 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

Section 7: Clinical Governance

No. [Type]	Criteria	Cycle 20 % Met
7.1 All available information is used to evaluate the performance of the unit		
7.1.1 [1]	Young people and their parents/carers are encouraged to feed back confidentially about their experiences of using the service, and this feedback is used to improve the service	98
7.1.2 [2]	Key clinical/service measures and reports are shared between the team and organisation clinical board, e.g. findings from serious incident investigations and examples of innovative practice	100
7.1.3 [2]	Services are developed in partnership with appropriately experienced young person and parent/carer representatives, who have an active role in decision making	82
7.1.4 [2]	The ward team use quality improvement methods to work on service improvements	100
7.2 Unit staff are involved in clinical audit		
7.2.1 [3]	A range of local and multi-centre clinical audits is conducted which include the use of evidence based treatments, as a minimum.	87
7.2.2 [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: <ul style="list-style-type: none"> ▪ Agree and implement action plans in response to audit reports ▪ Disseminate information including audit findings and action plan ▪ Complete the audit cycle 	90
7.2.3 [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	40
7.2.4 [2]	Measures are in place to record and audit referrals, terminated referrals and waiting lists	95
7.3 Unit staff learn from information collected on clinical risks		
7.3.1 [1]	The senior management team for the service has operational responsibility to ensure that identified risks are acted upon	100
7.3.2 [1]	The organisation has a risk management strategy	95
7.3.3 [1]	Systems are in place to enable staff members to quickly and effectively report incidents and managers encourage staff members to do this	100
7.3.4 [1]	When mistakes are made in care, this is discussed with the young person themselves and their parent/carer, in line with the Duty of Candour agreement	100
7.3.5 [1]	Lessons learned from untoward incidents are shared with the team and the wider organisation. There is evidence that changes have been made as a result of sharing the lessons	100

7.4 The unit has a comprehensive range of policies and procedures		
7.4.1 [1]	Managers ensure that policies, procedures and guidelines are formatted, disseminated and stored in ways that the team find accessible and easy to use	100
7.4.2 [1]	There is a written admission procedure, which includes procedures for emergency referrals	85
7.4.3 [1]	When staff members are concerned about an informal young person self-discharging against medical advice, the staff members undertake a thorough assessment of the young person, taking their wishes into account as far as possible	81
7.4.4 [1]	There are policies and procedures on the management of aggression and violence and the use of physical restraint	100
7.4.5 [1]	There is an organisational policy for the use of rapid tranquillisation	97
7.4.6 [1]	There is a policy on clinical risk assessment and management	94
7.4.7 [1]	There is a policy for responding to serious incidents requiring investigation	98
7.4.8 [1]	The unit has policies and procedures for the management of bullies and for those who have been bullied, which covers both staff and young people	94
7.4.9 [1]	There is a locked door policy which allows young people to be cared for in the least restrictive environment possible	92
7.4.10 [1]	There are appropriate procedures where units close at weekends	11
7.4.11 [2]	There is a clear policy on young people's smoking	90
7.4.12 [1]	There is a policy on the use of mobile phones, including use of camera phones and internet enabled phones	90
7.4.13 [1]	There is a policy detailing the use of the internet by young people on the unit.	94
7.4.14 [1]	There is a policy regarding the management of young people using drugs and alcohol	89
7.4.15 [1]	The unit has a policy on the use of seclusion.	94
7.4.16 [1]	The team, including bank and agency staff, are able to identify and manage an acute physical health emergency	97
7.4.17 [1]	The team follows an agreed protocol with local police, which ensures effective liaison on incidents of criminal activity/harassment/violence	84
7.5 There is a clear role for the service that is explicitly set in the context of a four-tier CAMHS strategy		
7.5.1 [3]	Commissioners and service managers meet at least six-monthly	95
7.5.2 [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	79
7.5.3 [2]	Key information generated from service evaluations and key performance indicator reports (e.g. reports on length of stay) are disseminated in a form that is accessible to all	90
7.5.4 [3]	Young person representatives attend and contribute to local and service level meetings and committees	73
7.5.5 [3]	The ward team actively encourage young people and parents/carers to be involved in quality improvement projects	73

ACKNOWLEDGEMENTS

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

QNIC ADVISORY GROUP:

CURRENT MEMBERS

Dr Turlough Mills (Chair), Consultant Child and Adolescent Psychiatrist, Little Woodhouse Hall, Leeds and York Partnership NHS Foundation Trust

Jenna Abernethy, Senior Occupational Therapist, Cygnet Hospital Bury

Louise Doughty, Interim Programme Director (CAMHS Provider Collaborative Wessex/Dorset & Sussex/Kent)

Emma Eadon, CQC Inspector

Michael Ebbutt, Tier 4 Service Manager, Dorset Healthcare

Colleen Fahy, Regional CAMHS Quality Manager, Elysium Healthcare

Gabrielle Highman, Clinical Psychologist and Therapy Lead, Forest House Adolescent Unit

Kris Irons, Specialist Director, Priory Group

David Kingsley, Consultant Child and Adolescent Psychiatrist, Woodlands Unit, Priory (RCPsych Child and Adolescent Psychiatry Faculty Executive Committee Representative)

Cecilia Moyes, Consultant Child and Adolescent Psychiatrist, Leigh House

Kajal Pindoria, Patient Representative, CCQI, Royal College of Psychiatrists

Colleen Roach, CQC Inspection Manager

Sebastian Rotheray, Consultant Child and Adolescent Psychiatrist, Sowenna

Luke Skelton, Staff Nurse, Ferndene Hospital

Steph Yates, Head of Education, St Aubyn Centre

FORMER MEMBERS (UNTIL JUNE 2021)

Dr Nicole Fung, Consultant Child and Adolescent Psychiatrist, Autism Assessment Team, Birmingham Women's and Children's NHS Foundation Trust (RCPsych Child and Adolescent Psychiatry Faculty Executive Committee Representative)

Gill Jackson, Head of Education, The St Aubyn Centre, Essex Partnership University NHS Foundation Trust

Alan Woodward, Ward Manager, Coral Ward, Cheshire and Wirral Partnership NHS Foundation Trust

Angela Yeboah, Social Worker, Hope and Horizon Unit, Pennine Care NHS Foundation Trust

ALL MEMBERS OF THE QNIC ACCREDITATION COMMITTEE

Stuart Lynch, Head of CAMHS, Dorset HealthCare University NHS Foundation Trust

Billie Hughes, Service Manager, Belfast Health And Social Care Trust

Dr Lois Colling, Consultant Child and Adolescent Psychiatrist, Simmons House

Nina Stovold, Social Worker, Coborn Centre

Leanne Walker, Patient Representative, CCQI, Royal College of Psychiatrists

Carol-Anne Murphy, Nurse Consultant, North West Boroughs Healthcare NHS Foundation Trust

Dr Paul Millard, Consultant Child and Adolescent Psychiatrist, Clinical Director, Darwin Centre, Cambridgeshire and Peterborough NHS Foundation Trust

Dr Sarah Bartlett, Consultant Child and Adolescent Psychiatrist, Riverdale Grange

Kathryn Hammond, Modern Matron, Portsmouth CAMHS

CCQI, ROYAL COLLEGE OF PSYCHIATRISTS:

Dr Rob Chaplin [now left the college], Clinical Lead for Accreditation, **Harriet Clarke,** Head of Quality and Accreditation

Michael Henderson, CCQI Systems Manager

QNIC MEMBER SERVICES:

Adriatic Ward, BSMHFT

Alnwood, Northumberland, Tyne and Wear NHS Foundation Trust

Aquarius Ward, South West London and St Georges Mental Health NHS Trust

Ardenleigh Forensic CAMHS [A], BSMHFT

Ashfield, Birmingham Childrens Hospital NHS Foundation Trust

Austen House, Southern Health NHS Foundation Trust

Beechcroft Admissions, Belfast Health and Social Care Trust

Beechcroft Treatment, Belfast Health and Social Care Trust

Bethlem, South London and Maudsley NHS Foundation Trust

Birch Ward, Priory Hospital North London, The Priory Group

Bluebird House, Southern Health NHS Foundation Trust

Brenin Ward, Ebbw Vale Hospital, South Wales , Regis Healthcare

Brighton and Hove Clinic, Elysium Healthcare

Brookside Adolescent Unit, North East London NHS Foundation Trust

ACKNOWLEDGEMENTS

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

Q N I C M E M B E R S E R V I C E S :

Buttercup Ward [A], Cygnet Hospital Bury, Cygnet Health Care
Chalkhill, Sussex Partnership NHS Foundation Trust
Chelmsford AU, The Priory Group
Cheshunt, Rhodes Wood Hospital, Elysium Healthcare
Coborn Centre, East London NHS Foundation Trust
Collingham, Central North West London NHS Mental Health Trust
Coral Ward, Ancora House, Cheshire and Wirral NHS Partnership Foundation Trust
Corner House, South West London and St Georges Mental Health NHS Trust
Cotswold Spa Hospital, Elysium Healthcare
Darwin Centre, Staffordshire, North Staffs Combined Healthcare
The Darwin Centre, Cambridge, Cambridgeshire & Peterborough Foundation Trust
Dewi Jones [A], Alder Hey Children's Foundation Trust
Dragonfly Unit [A], Norfolk and Suffolk Foundation Trust
Dudhope Young People's Unit, NHS Tayside
Eist Linn Child and Adolescent Unit, Cork Kerry Mental Health Service, HSE
Ellern Mede Barnet, Ellern Mede
Ellern Mede Moorgate, Ellern Mede
Ellern Mede Ridgeway, Ellern Mede
Emerald Lodge, Sheffield Children's NHS Foundation Trust
Ferdene PICU, Northumberland, Tyne and Wear NHS Foundation Trust
Forest House, Hertfordshire

Partnership NHS Foundation Trust
Fraser, Northumberland, Tyne and Wear NHS Foundation Trust
Galaxy House [A], Central Manchester University Hospitals NHS Foundation Trust
Griffin Ward, Cygnet Hospital Sheffield, Cygnet Health Care
Hartley, Huntercombe Hospital, Stafford, The Huntercombe Group
Heathlands, Birmingham Childrens Hospital NHS Foundation Trust
Hercules Ward, Nottinghamshire Healthcare NHS Foundation Trust
Highfield Adolescent Unit, Oxford Health NHS Foundation Trust
Hope, Pennine Care NHS FT
Horizon, Pennine Care NHS FT
Huntercombe Maidenhead - Tamar, The Huntercombe Group
Indigo Ward, Ancora House, Cheshire and Wirral NHS Partnership Foundation Trust
Iveagh Centre, Belfast Health and Social Care Trust
J17 [A], GMW NHS FT
Jade Ward (Brooklands Hospital), Coventry and Warwickshire NHS Trust
Kennet Unit, The Huntercombe Hospital, Maidenhead, The Huntercombe Group
Kent and Medway Adolescent, North East London NHS Foundation Trust
Kent House Hospital, The Priory Group
Keystone - Ticehurst Priory, The Priory Group
Kingfisher Ward, Priory Hospital Southampton, The Priory Group
Lavender Walk, Central and North West London NHS Foundation Trust
Leigh House Hospital, Southern Health
Linn Dara, HSE
Little Woodhouse Hall, Leeds Community Healthcare NHS Trust
Marlborough House, Oxford Health NHS Foundation Trust
Meadows Unit, The Priory Group
Merlin Park / Galway CAMHS, HSE West
Mermaid Ward, Cygnet Joyce Parker Hospital, Cygnet Health Care
Mildred Creak, Great Ormond Street Hospital
Mill Lodge, Leeds and York Partnership NHS Foundation Trust
Mulberry [A], Cygnet Hospital Bury, Cygnet Health Care
Newbridge House, Newbridge Care Systems LTD
North Wales Adolescent Service, Betsi Cadwaladr University Health Board
Opal & Jasper Wards, Elysium Healthcare
Orchard Unit, The Priory Group
Pebble Lodge [A], Dorset Healthcare University NHS Foundation Trust
Pegasus Ward, Cygnet Hospital Sheffield, Cygnet Health Care
Pegasus Ward, Nottinghamshire Healthcare NHS Foundation Trust
Phoenix Centre, Cambridgeshire & Peterborough NHS Foundation Trust
Phoenix Ward – The Look-Out, Nottinghamshire Healthcare NHS Foundation Trust
Plym Bridge House, Livewell Southwest
Poplar, Essex Partnership University Trust
Primrose [A], Cygnet Bury, Cygnet Health Care

ACKNOWLEDGEMENTS

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

Q N I C M E M B E R S E R V I C E S :

Redburn, Ferndene Hospital,
Northumberland, Tyne and Wear NHS
Foundation Trust

Rivendell Young Persons Unit [A],
Priory Hospital Altrincham, The Priory
Group

Riverdale Grange, Riverdale Grange
Adolescent Eating Disorder Service

Riverside Adolescent Unit, Avon and
Wiltshire Mental Health NHS Trust

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

Roehampton EDU, Priory Group

Ruby Lodge [A], Sheffield Children's
NHS Foundation Trust

Sapphire Lodge, Sheffield Children's
NHS Foundation Trust

Severn Unit, Huntercombe Hospital
Maidenhead, The Huntercombe Group

Shepherd Ward, Elysium Healthcare

Simmons House [A], Whittington
Health

Sitwell Ward, St Andrew's Healthcare

Skye House, Greater Glasgow and
Clyde Health Board

Snowfields Adolescent Unit, SLAM

Sowenna, Bodmin Community
Hospital, Cornwall Partnership NHS
Foundation Trust

St Aubyn Centre - Larkwood Essex
Partnership University Trust

St Aubyn Centre - Longview, Essex
Partnership University Trust

St Josephs Adolescent Unit, St
Vincent's Hospital

Stephenson House, Ferndene
Hospital, Northumberland, Tyne and
Wear NHS Foundation Trust

Thames - Huntercombe Hospital
Maidenhead, The Huntercombe Group

The Beacon Centre [A], Barnet,

**Enfield and Haringey Mental Health
Trust**

The Burrows, Northamptonshire
Healthcare NHS Foundation Trust

The Cove [A], Lancashire Care NHS
Foundation Trust

The Croft, Cambridgeshire &
Peterborough Foundation Trust

The Gardener Unit [A], Greater
Manchester Mental Health NHS Trust

The Sett, Northamptonshire
Healthcare NHS Foundation Trust

Thorneycroft - Huntercombe Hospital,
Stafford, The Huntercombe Group

Ty Llidiard, Princess of Wales Hospital,
Cwm Taf University Health Board

Unicorn Ward, Cygnet Hospital
Sheffield, Cygnet Health Care

Upper Court, Ticehurst Priory, The
Priory Group

Ward 4, Glasgow City Community
Health Partnership

**Wedgewood - Huntercombe
Hospital Stafford [A]**, The
Huntercombe Group

Wessex House, Somerset Trust

Willow Grove Adolescent Unit, St
Patricks Mental Health Service

Willow House, Berkshire Hospital
Foundation Trust

Wisteria Ward, South West London
and St Georges Mental Health NHS
Trust

Wizard House, Cygnet Hospital Bury,
Cygnet Health Care

Woodlands, Cheadle Royal, Cheshire,
The Priory Group

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