

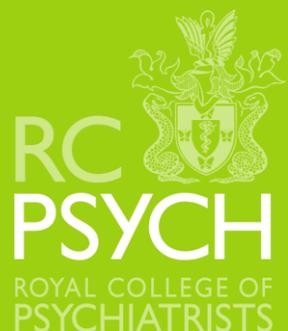
Quality Network for Inpatient CAMHS

Cycle 21 Annual Report 2021-22

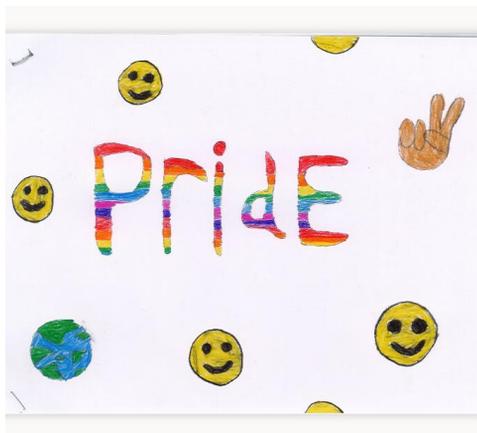
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QNIC
QUALITY NETWORK
FOR INPATIENT
CAMHS



CONTENTS



The artwork throughout this report has been produced independently by young people from our member services as part of our annual competition. This year we asked young people to submit artwork in the theme of 'Pride', whatever that means to them.

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FOREWORD

Dr Turlough Mills

Advisory Group Chair

Consultant Child and Adolescent Psychiatrist

This is the last foreword that I shall be writing as chair of the QNIC Advisory Group, having had my tenure extended by a little over a year due to the disruption caused by the pandemic. It has been a great pleasure to have chaired the group in this time and I have stood in awe of the QNIC team who have continued to carry out (virtual) reviews, arrange two forums and a variety of well-received special interest days despite the huge challenges posed by covid-19.

I have also been delighted to have been part of the ongoing revision of QNIC standards, especially seeing the values of co-production and carer involvement being increasingly recognised as core drivers of quality improvement.

The 2022 forum was a most welcome return to our first face-to-face event since 2020. It was exhilarating and profoundly moving to be together in person again. The forum is a fantastic opportunity, both to be inspired by accounts of innovative practice and also to meet other professionals and users of services who are passionate about further improving the quality of inpatient care.

This year, the forum focused on trauma-informed care, and included powerful accounts from both former service users and parents of service users. At times these accounts were harrowing and hard to hear and one theme that emerged was that services must move faster and more comprehensively towards putting the voices of young people and their parents at the heart of care delivery.

Our service user/parent speakers were Jane Cannon, Zaynab Sohawon, Olivia Johnson and the authors of the “Getting through Guides” which included Anne Beresford and Leanne Walker.

Leanne Walker

Patient Representative for QNIC

Although a lot of reviews were virtual in cycle 21 which some argue hinders connection, for me it has still been a really great cycle of connecting with others.

The highlights for me were building on these connections, sharing so much learning and hearing about all the great work that services are doing (and all without leaving my house haha). I think it is on reviews where you meet the most passionate people who want to do as much as they can for children and young people’s mental health.

This year two of my worlds collided and I was able to co-present at the QNIC annual forum on a project called #GettingThrough the First Few Days which I had been working on with NHSE. These are co-produced guides aimed at parents/carers whose child has been admitted to a unit (and will hopefully form apart of future QNIC standards one day). I was able to share more about the background and my involvement as someone with lived experiences. Overall, the forum was a really great, thought-provoking day, with a lively debate at the end.

I can’t wait to see what the next cycle brings!



The QNIC Team



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WHO WE ARE AND WHAT WE DO

Who we are

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

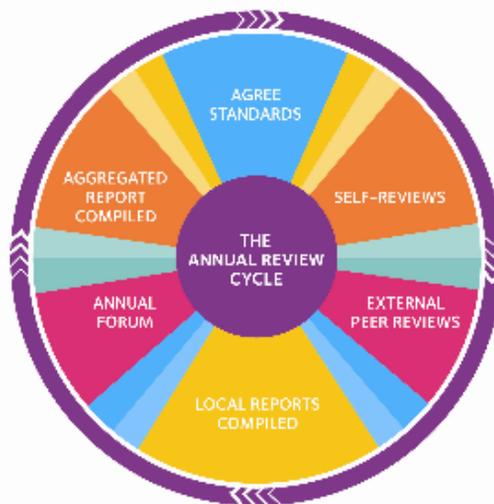
QNIC was developed from the National Inpatient Child and Adolescent Psychiatry Study (NICAPS) in 2001. The Network is one of around 30 quality networks, accreditation and audit projects organised by the Royal College of Psychiatrists Centre for Quality Improvement (CCQI). Approximately 98% of units in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

What we do

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

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

The Annual Review Cycle



The review process

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

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 72 member wards who completed the self-review and peer-review from 2021 to 2022, against the 11th Edition Standards for QNIC. This report also includes data from the 3rd edition of both the Eating Disorder and Secure QNIC standards. 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 72 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 the seven sections of the QNIC standards, including some Eating Disorder and Secure standards. 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 seven 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 an improved 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.



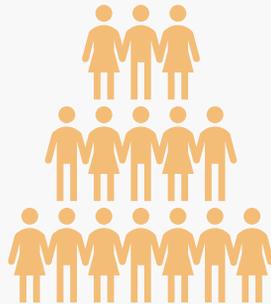
DATA COLLECTION



119
Member
Organisations
(as of June 2022)

72

Wards had their self-
and peer-reviews in
2021-22



156
Young People
took part in
interviews

280
Frontline Staff
shared their
experiences



106
Carers completed
questionnaires



Where did data come from; how was it collected?

The data in this report comes from 72 member units who undertook their QNIC self-review and peer-review from August 2021 to June 2022.

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

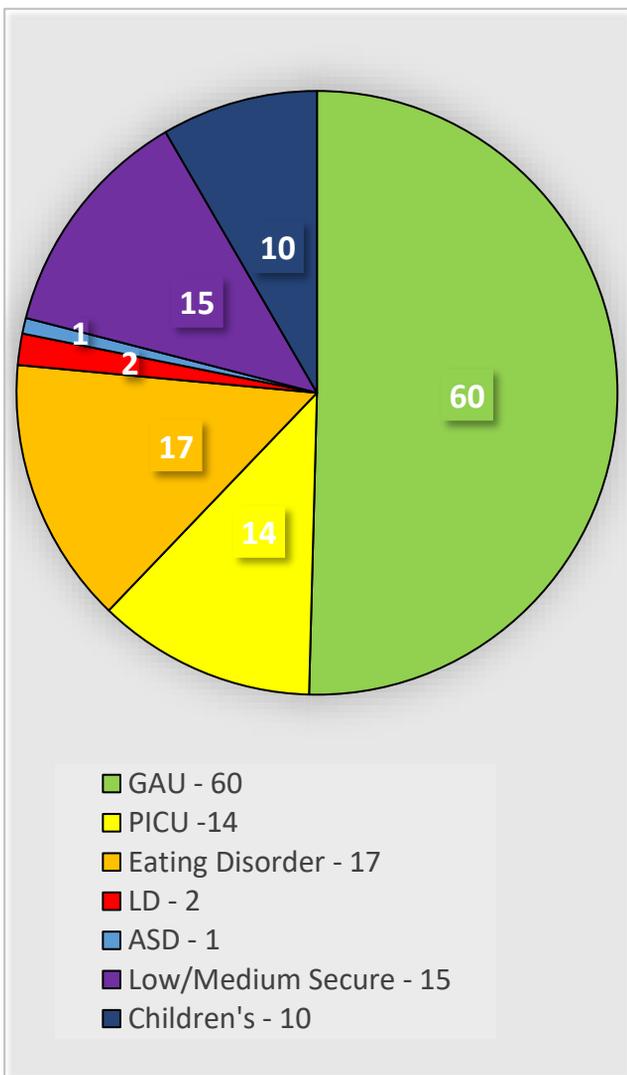


REPORT DATA

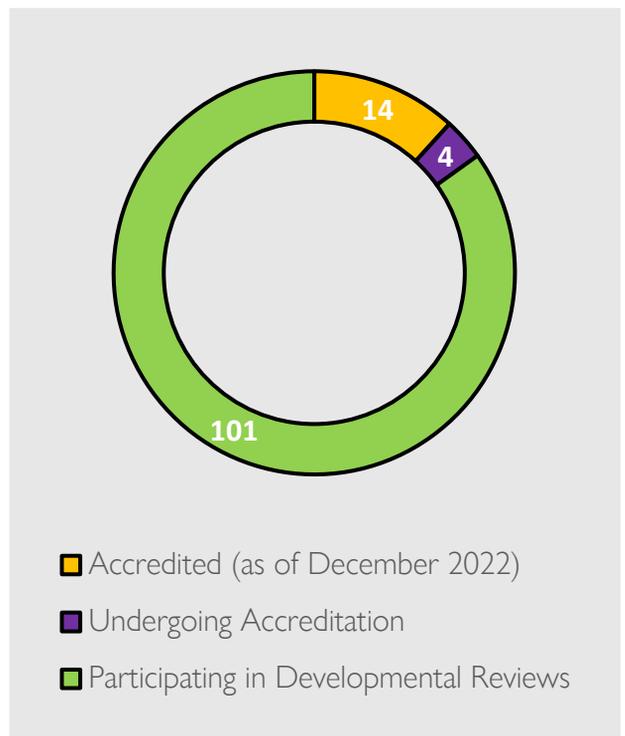
Overview of member wards

Of the 119 wards included in this report, 105 are based in England, 3 in Scotland, 3 in Wales, 3 in Northern Ireland and 5 in Republic of Ireland.
As of December 2022, 14 of these wards are Accredited; 4 are undergoing accreditation; and 101 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 72 wards that completed reviews in 2021-22, under the 11th Edition Generic Standards, and the 3rd Edition of both the Eating Disorder and Secure Standards.

Number of beds

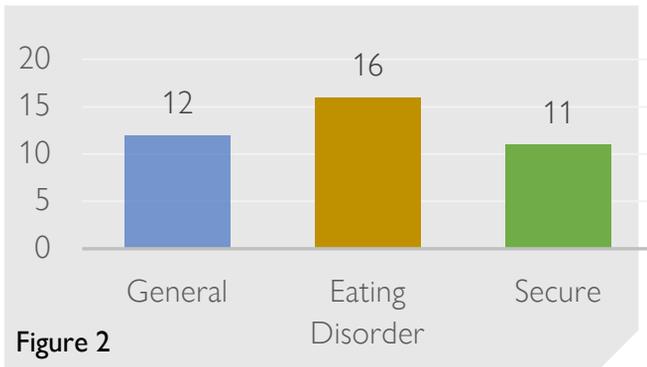


Figure 2. This shows the average number of beds for general units, eating disorder units and secure units. The number of beds varied across the member units. The smallest unit was an Eating Disorder service with 4 beds; whilst the largest currently boasts 34 beds (GAU). The average number of beds across all wards was 12 (.7)

Average length of stay (days)

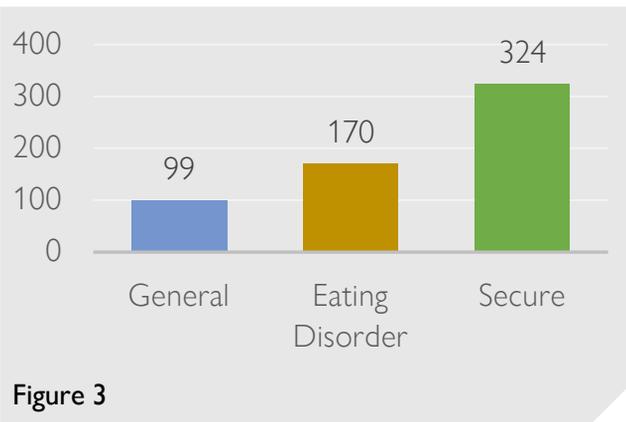


Figure 3. This shows the average length of stay (in days) for general units, eating disorder units and secure units. The average length of stay varied considerably across the 72 wards. The shortest average length of stay was 14 days, (GAU); whereas the longest length of stay was reported as almost 2 years (728 days) by an LD unit. The median length of stay across all inpatient CAMHS units was approximately 151 days

Bed occupancy (%)

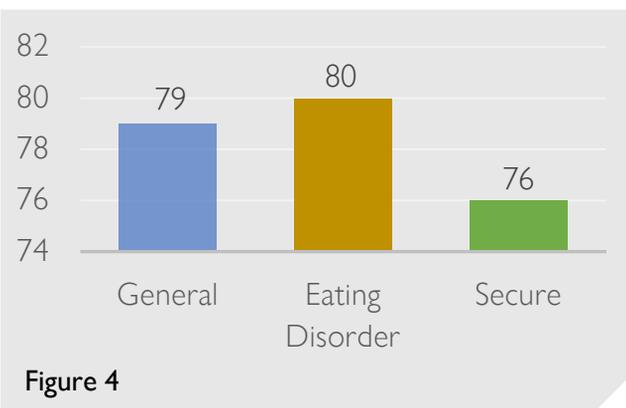


Figure 4. This shows the average bed occupancy (%) for general units, eating disorder units and secure units. Bed occupancy ranged from 12% to 100%. The approximate average, where some data has been inconsistent, was 80% bed occupancy across 69 of the 72 services who engaged in Cycle 21

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 72 wards that completed reviews in 2021-22. For fair comparison between different service types, the staffing levels have been worked out per every 12 beds.

Average Staffing Numbers (WTE) by Service Type, Per 12 Beds

Figure 5	GAU	PICU	ED	LD	LSU/MSU	Children's
Consultant Psychiatrist	1.3	1.1	1	1.1	1.2	1.5
Non Consultant Medical Input e.g. staff grade, ST4 +	1.6	0.8	1	0.8	1.3	5.5
Clinical Psychologist	1.3	1	0.7	1.1	1.3	2
Occupational Therapist	1.3	1.1	0.8	1	1.2	0.9
Family Therapist	1	0.8	0.8	0.8	0.5	2.4
Social Worker	0.7	0.9	0.5	0	1	0.6
Dietician	0.4	0.5	1	0	0.3	0.5
Ward Manager	1.2	1.2	1	2.1	1.2	1.5
Staff Nurses	10	8	6.1	14.3	10	21
Healthcare Assistants	15	5.3	15	29	23	13.8
Teachers	3.7	5.3	5	2.3	5.5	2
Administration/Secretarial staff	2.4	1.5	2.2	1.9	2.5	3.9

Figure 5 shows a breakdown of the average WTE staffing numbers of each service type within the network per 12 beds.

GAU: General Adolescent Unit | PICU: Psychiatric Intensive Care Unit | ED: Eating Disorder | LD: Learning Disabilities | 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. 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. In this report we will focus on each area of the generic QNIC standards as well as a selection of standards from both the Eating Disorder and Secure subset QNIC standards.



Environment and Facilities

- 1.1.2 [Type 2] - Staff members and young people can control heating, ventilation and light.
- 1.2.2 [Type 1] - The environment complies with current legislation on disabled access.
- 1.2.15 [Type 2] - Young people are consulted about changes to the ward/unit environment.
- 1.2.16 [Type 2]- Young people can personalise their bedrooms.
- 1.3.4 [Type 1] - Young people and staff members feel safe on the ward.
- 1.4.4 [Type 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.
- 1.1.11 [Type 1] [Eating Disorder] - 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. *Guidance: Staff members ensure the use of such equipment respects the privacy and dignity of everyone and know how to manage situations when this is breached. The risks and benefits of social networking and pro-anorexia nervosa websites are discussed with young people in an age-appropriate way.*
- 1.4.4 [Type 1] [Secure] - Young people can access safe outdoor space at least daily, when requested and when it is safe to do so.



Staffing and Training

- 2.1.1 [Type 1] - There are sufficient levels of staffing which can be adapted to reflect the acuity levels of the ward.
- 2.1.7 [Type 2] - Appropriately experienced young person or parent/carer representatives are involved in the interview process for recruiting potential staff members.

- 2.2.6 [Type 2] - A typical unit with 12 beds includes at least 1 WTE social worker.
 - 2.3.2j [Type 3] - Staff Are Provided With A Thorough Training Programme including: Quality improvement methodology and identifying priority QI projects.
 - 2.3.8 [Type 2] - Young people, parents/carers and staff members are involved in devising and delivering training.
 - 2.4.1 [Type 1]- All clinical staff members receive individual clinical supervision at least monthly, or as otherwise specified by their professional body.
 - 2.2.9 [Type 1] [Eating Disorder] - A typical unit with 12 (ED) beds has a minimum of 0.5 WTE dedicated time with a dietitian who is able to offer young people individualised dietetic interventions to assess nutritional status, prescribe individualised eating plans and support behaviour change around food.
 - 2.2.13 [Type 2] [Secure] - A typical unit with 10 beds includes at least 0.5 WTE speech and language therapist.
-



Access, Admission and Discharge

- 3.1.5 [Type 1] - Teaching staff complete an assessment of each young person's educational needs which is reviewed at each CPA review (or local equivalent).
- 3.2.5 [Type 2] - The service actively supports families to overcome barriers to access.
- 3.3.4 [Type 1] - The inpatient team invites a representative from the young person's community team to attend and contribute to relevant meetings e.g. CPA, discharge planning.
- 3.3.8 [Type 2]- 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.
- 3.3.9 [Type 1] - The inpatient team makes sure that young people who are discharged from hospital have arrangements in place to be followed up within one week of discharge.
- 3.2.1 [Type 1] [Eating Disorders] - The unit provides written feedback to referrers, GPs and other relevant professionals at least once every four weeks.
- 3.1.2 [Type 1] [Secure] - Agreed occupancy levels are not exceeded.
- 3.1.5 [Type 2] [Secure] - Young people should have access to primary healthcare for chronic conditions, screening and vaccines. Where indicated, eye tests, hearing tests and dental check-ups are facilitated.



Care and Treatment

- 4.1.1 [Type 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.
- 4.2.1 [Type 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.
- 4.2.4 [Type 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.
- 4.2.6 [Type 1] - All young people are proactively offered access to an advocacy service, including IMHAs (Independent Mental Health Advocates) for those detained.
- 4.2.9 [Type 1] - Staff update parents/carers on their child's progress at a minimum of once a week, subject to confidentiality.
- 4.7.1 [Type 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.
- 4.1.4 [Type 2] [Eating Disorder] - Young people have access to interventions that address nutrition, cognitive restructuring, mood regulation, social skills, body image concern, self-esteem, and relapse prevention.
- 4.8.7 [Type 1] [Eating Disorder] - Unit staff provide pre- and post-meal/snack support to young people, appropriate to the individual's care plan.



Information, Consent and Confidentiality

- 5.1.1 [Type 2] - The service has a website which provides information about the unit that young people and parents/carers can access prior to admission.
- 5.1.4 [Type 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.
- 5.1.7 [Type 2] - The team provides each parent/carer with accessible carer's information.
- 5.2.2 [Type 1] - The team follows a protocol for responding to parents/carers when the young person does not consent to their involvement.
- 5.1.8 [Type 2] [ED] - Parents/carers are given information on sources of support for carers that is tailored for people with eating disorders.



Young People's Rights and Safeguarding

- 6.1.1 [Type 1] Staff members treat all young people and their parents/carers with compassion, dignity and respect.
 - 6.1.2 [Type 1] - Young people feel listened to and understood by staff members.
 - 6.3.5 [Type 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.
 - 6.3.7 [Type 1] - The multi-disciplinary team collects audit data on the use of restrictive interventions and actively works to reduce its use year on year through use of audit and/or quality improvement methodology.
 - 6.3.3 [Type 1] [Eating Disorder] - Repeated restraint for the purpose of NG tube feeding is reviewed and a second opinion is sought and recorded.
 - 6.3.3 [Type 1] [Secure] - The unit is demonstrating the efforts they are making to end any periods of long term seclusion or segregation.
-



Clinical Governance

- 7.1.3 [Type 2] - Services are developed in partnership with appropriately experienced service user and carers who have an active role in decision making.
- 7.2.1 [Type 1] - Young people and their parents/carers are encouraged to feedback confidentially about their experiences of using the service, and this feedback is used to improve the service.
- 7.2.3 [Type 2] - The unit formally records all referrals with respect to race, gender, home area and disability, and this is reviewed annually.
- 7.3.3 [Type 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.



THEME 1 Environment & Facilities

Results

71% of Staff Members



and young people can control heating, ventilation and light.

88% of Inpatient Environments



comply with current legislation on disabled access.

96% of Young People



are consulted about changes to the ward/unit environment.

100% of Young People



can personalise their bedrooms.



94% of Young People



and staff members feel safe on the ward.

82% of Staff Members,



young people and visitors can raise alarms using panic buttons, strip alarms, or personal alarms and there is an agreed response when an alarm is used.

ED: 77% of 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.

Secure: 92% of Young People



can access safe outdoor space at least daily, when requested and when it is safe to do so.

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 seven key themes

- **Riverside Adolescent Unit**- The unit has an OT kitchen where young people can be supported to cook their own meals and a quiet room with an acoustic ceiling which is particularly helpful for young people with sensory needs.
- **Skye House** - This unit also boasts an OT kitchen, as well as a games room and a music room which is used for a weekly music group.
- **Jade Ward** – There is a quiet room in the school so that young people can take some time away from the classroom when they need it without leaving the school. Staff at Jade Ward support young people to access the outdoor space safely and comfortably when they prefer to be outdoors for sensory reasons. In the garden area, there is a tent containing pillows, a blanket and a ball, to shield a young person when they are outside in the rain or cold weather.
- **Mulberry Ward, Cygnet Bury** – There is a well-equipped indoor gym on the ward, and the service has a gym instructor on-site.
- **Woodlands Unit** - Young people can access Noah's Ark pet therapy zoo once a month and a 'Pets As Therapy' Labradoodle visits the unit weekly.
- **Linn Dara** - The facilities on offer for young people include an outdoor basketball court, a sports hall, a gym with modern equipment, and a large, enclosed garden where young people can grow their own fruit and vegetables.

Recommendation

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

- A common theme raised by young people this cycle was staffing levels affecting how often young people are able to go outside. Services must ensure there are arrangements in place to allow every young person to go outside at least once per day, where clinically appropriate. Services could consider a rota system where a member of staff is designated each day to facilitate taking young people outside.
- Another common theme was young people reporting they are not aware of where certain faith and/or spiritual materials are located on the ward. As an ongoing commitment to equality, diversity and inclusion, units should ensure there is a designated space for young people to practice their faith and to store faith materials. Units should have direct access to texts of all faiths, rather than providing these on an ad hoc basis. It could be beneficial to have a visiting religious leader come onto the ward and to establish community links with religious services in the community, such as a church or a mosque.



THEME 2 Staffing and Training

Results

83% of wards/units



have sufficient levels of staffing which can be adapted to reflect the acuity levels of the ward.

69% of units have



appropriately experienced young people or parent/carer representatives involved in the interview process for recruiting potential staff members.

49% of typical Units



with 12 beds include at least 1 WTE social worker.

67% of Staff



are provided with a thorough training programme including: Quality improvement methodology and identifying priority QI projects.

53% of units include



young people, parents/carers and staff members in devising and delivering training.

83% of Clinical Staff Members



receive individual clinical supervision at least monthly, or as otherwise specified by their professional body.

ED: 100% of units



with 12 beds have a minimum of 0.5 WTE dedicated time with a dietitian who is able to offer young people individualised dietetic interventions to assess nutritional status, prescribe individualised eating plans and support behaviour change around food.

Secure: 50% of typical units



with 10 beds include at least a 0.5 WTE speech and language therapist.

Highlights and Areas of Best Practice



Staff wellbeing initiatives

- **Junction 17** - The ward places a huge emphasis on staff wellbeing and every member of staff has their own wellbeing care plan.
- **Plym Bridge House** - There is a newsletter that staff write every couple of months. It is light-hearted and fun, people look forward to it being published and it keeps the communication going between staff.
- **Shepherd Ward** - The ward has a wellbeing the team that sends emails every week and every so often they send staff packages of gifts. Staff are able to speak to the wellbeing team who are supportive around their personal circumstances as well as what is happening at work.
- **Linn Dara** - The facilities for staff include a wellness suite for staff that may be breastfeeding or receiving medical treatment.
- **Adriatic Ward** - The service has launched #WellbeingWednesdays for staff to support Wellbeing at Work. They have facilitated a Matron Tea Round, Positivi-Tea Gift Bags, free cooked breakfast, trauma yoga sessions and thank you pens.
- **Orchard Unit** – There is a Ward Stars initiative where young people vote for staff members they think have worked hard. Winners are displayed on the Ward Stars board. Their photo is displayed in the centre of a flower, and facts about them are written in the petals.

Recommendation

- Many services this cycle reported being unable to involve young people in the interviewing process for a variety of reasons, including young people being too unwell and recruitment being done by their Trust without any input from the ward. When young people are not well enough to physically participate in interviews, staff could ask them to submit interview questions in advance or simply ask young people what values they would like to be embodied by candidates. When recruitment is done by the Trust, services should contact their Trust with some questions submitted by young people. Many services who have young people involved in interviews report this as invaluable and feel that young people give a unique perspective from staff members.
- The pandemic and staffing levels has affected many team's ability to hold an away day for staff. Teams could consider holding multiple team building sessions for two or three staff members at a time if they are unable to find adequate cover for all staff members to attend at once. It is important to prioritise team away days for staff morale and service development.



THEME 3 Access, Admission and Discharge

Results

100% of Teaching Staff



complete an assessment of each young person's educational needs which is reviewed at each CPA review (or local equivalent).

96% of services



actively support families to overcome barriers to access.

100% of Inpatient Teams



invite a representative from the young person's community team to attend and contribute to relevant meetings e.g. CPA, discharge planning.

86% of Discharge Summaries



are 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.

89% of Inpatient Teams



make sure that young people who are discharged from hospital have arrangements in place to be followed up within one week of discharge.

ED: 100% of teams



provide written feedback to referrers, GPs and other relevant professionals at least once every four weeks.

Secure: 92% of units



do not exceed agreed occupancy levels.

Secure: 100% of young people



have access to primary healthcare for chronic conditions, screening and vaccines. Where indicated, eye tests, hearing tests and dental check-ups are facilitated. .

Highlights and Areas of Best Practice

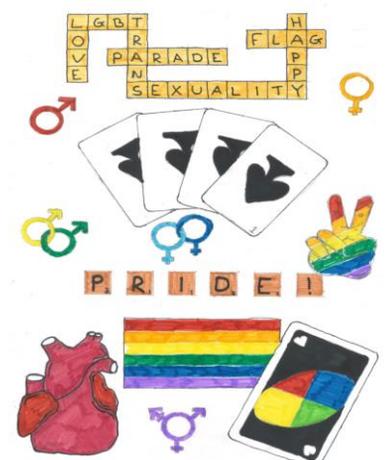


Supporting families to overcome barriers to access - Factors to take into consideration when care planning with parent/carers. These may include internet connectivity, interpreting services, videoconferencing platforms or support with travel costs

- **Galaxy House** - Staff can refer parents/carers to the Ronald McDonald House for support with local accommodation if needed.
- **Linn Dara** - The unit offers a family apartment for those who are travelling to visit the unit from afar.
- **Skye House** - This unit also offers an overnight room for families who are out of area and dogs are welcomed to join visits.
- **Network wide** – Most of the units we visited this cycle offered virtual meetings during the pandemic to allow parents/carers to continue to access meetings when this wasn't possible in person.

Recommendation

- Many parents/carers reported experiencing the admission process to be an, understandably, daunting time. Teams should use NHS England's new '#GettingThrough the first few days' guide. The guide covers important information that family members need when their child has been admitted to a CAMHS inpatient unit, including the unit's contact information. It is mostly a conversation starter and assist with building relationships between the unit and parent/carer.
- Many young people shared their experiences of the admission process this cycle. A common recommendation made by young people across the network was to assign young people a peer support buddy when they first arrive on the unit. The buddy would usually be a young person who is closer to discharge, who can provide hope that things will get better.





THEME 4 Care and Treatment

Results

88% of Young People



have 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.

85% of Young People



have a seven-day personalised therapeutic/recreational timetable of activities to promote social inclusion, which the team encourages them to engage with.

97% of Minuted Ward Community Meetings



are attended by young people and staff members. The frequency of this meeting is weekly, unless otherwise agreed with the group of young people.

100% of Young People



are proactively offered access to an advocacy service, including IMHAs (Independent Mental Health Advocates) for those detained.

99% of Staff Update



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

90% of Units



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.

ED: 85% young people



have access to interventions that address nutrition, cognitive restructuring, mood regulation, social skills, body image concern, self-esteem, and relapse prevention.

ED: 92% of units provide



pre- and post-meal/snack support to young people, appropriate to the individual's care plan.

Highlights and Areas of Best Practice

- **Schoen Clinic Newbridge** – Catering staff attend community meetings once every six weeks to hear the young people's feedback about the food. Young people have come dine with me, breakfast club and they are able to prepare and serve their own meals.
- **Pegasus Ward, The Look-out** – The classrooms in the school for each subject are named after famous people of that subject, for example, the Einstein suite for science and the Berry suite for cooking.
- **Woodlands Unit** - Young people are given specific tasks to do to increase their self-confidence and skills, including writing poetry. The OT and the young people started a poetry book which is left in the reception area for visitors to read and leave feedback.
- **Adriatic Ward** - The Duke of Edinburgh (DoE) scheme is now embedded within the service and the team have spoken to the DofE team on how they can do the expedition and camping on-site.
- **Galaxy House** – Since 2019, the service has run an annual six-week music programme, enabling young people to create and produce their own music through 1:1 and/or group music sessions. At the end of the programme, young people are able to showcase their music at a final celebration event, which their friends and family, as well as wider stakeholders and interested parties linked with the Trust, are able to attend. On the back of this, the service now offers weekly music therapy with a variety of musical instruments.

Recommendation

- Young people often report they feel there isn't enough activities to do during the evenings and at weekends. Young people should be consulted regularly in community meetings about what activities they would like to do. An activity co-ordinator could help to facilitate these activities. Services that do not have an activity coordinator should utilise the young people's voice when making business cases to senior management/commissioners.
- Many young people report not seeing their key worker at least once per week. Where services are continuing to experience staffing shortages, services should consider having a 'key team' for young people to share the load of key worker role. This increases the possibility of young people being able to have weekly key worker sessions.
- QNIC encourages services to use the new QNIC-ROM system, launched in February 2022, to more consistently review young people's progress and their challenges. Staff can upload their ROM data directly to the system and download individual level and service level reports directly from the system, alleviating the pressure on the staff to do this manually. Please get in touch with the QNIC Team if you would like more information.



THEME 5

Information, Consent and Confidentiality

Results

85% of services



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

85% services explain



confidentiality and its limits to the young person and their parent/carer on admission, both verbally and in writing, and the young person's preferences for sharing information with third parties are respected and reviewed regularly.

83% of Teams



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

89% of Teams



follow a protocol for responding to parents/carers when the young person does not consent to their involvement.

ED: 100% of Parents/Carers



are given information on sources of support for carers that is tailored for people with eating disorders.

Highlights and Areas of Best Practice

- **The Gardener Unit** – The service has created a '101 things you can do at The Gardener Unit' guide.
- **Mulberry Ward, Cygnet Bury** - Young people have created a "top 10 tips" sheet for staff based on their experiences on the ward and their preferences on how they want to be cared for.

Recommendation

- Young people often report not receiving a welcome pack when they first arrived on to the unit. A useful tip to ensure young people receive their welcome pack is to leave this in their bedroom upon arrival to the unit. Young people can then read the welcome pack when they feel able to.
- Young people and parents/carers sometimes report they have not been given information on how to make a complaint. Complaints information should be included in young people and parent/carers welcome packs and complaints leaflets should be clearly displayed around the ward, including in visiting spaces. Staff should regularly check in with young people and parents/carers to ensure they know their rights in making a complaint.



THEME 6 Young People's Rights and Safeguarding

Results

96% of Staff members



treat all young people and their parents/carers with compassion, dignity and respect.

97% of Young People



feel listened to and understood by staff members.

90% of 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.

89% of service's MDT



collect audit data on the use of restrictive interventions and actively works to reduce its use year on year through use of audit and/or quality improvement methodology.

ED: 100% Parents/Carers



are given information on sources of support for carers that is tailored for people with eating disorders.

Secure: 100% of units



are demonstrating the efforts they are making to end any periods of long-term seclusion or segregation.

Highlights and Areas of Best Practice

Junction 17 - The service demonstrated a clear commitment to reducing restrictive practices, when converting one of their seclusion rooms into a sensory room.

Recommendation

Staff members, young people and parents/carers sometimes report not receiving post-incident support, or at least not receiving this support in a timely manner. Services should ensure they follow a post-incident protocol which allows for time to be given for de-briefs for staff, young people and parents/carers. The MDT could be made more readily available for support during times of high acuity to help with this.



THEME 7 Clinical Governance

Results

75% of Services



are developed in partnership with appropriately experienced service user and carers who have an active role in decision making.

90% of Young People



and their parents/carers are encouraged to feedback confidentially about their experiences of using the service, and this feedback is used to improve the service.

77% of Units



formally record all referrals with respect to race, gender, home area and disability, and this is reviewed annually.

97% of 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.

Highlights and Areas of Best Practice

- **Schoen Clinic Newbridge** - Assistant psychologists meet with young people on admission, at discharge and six months post discharge to follow up on their progress.
- **Sapphire Lodge** - The team have a site huddle every morning with the senior managers from across the lodges, as well as the inpatient manager and head of nursing, to facilitate safe working across the lodges.

Recommendation

A common challenge for services is including staff members in identifying priority clinical audit topics. Services should ensure in supervision and reflective spaces that all staff have the opportunity to propose and take ownership of new clinical audits for the benefit of the unit and their continued professional development. Where senior members of the MDT oversee specific workstreams, members of staff could rotate amongst these areas to gain an understanding of the clinical audits taking place.

SUMMARY OF RECOMMENDATIONS

1

Environment and Facilities

- Use a rota system to ensure young people are able to go outside daily if they wish to, dependant on risk.
- Assign a designated space on the ward for faith practice and faith/spiritual resources.
- Ensure a range of faith materials are stored on the ward.
- Link in with local religious leaders.

2

Staffing and Training

- Encourage young people to submit questions for interviews of new staff.
- Speak to your Trust when recruitment is done by them, provide them with interview questions submitted by young people.
- Prioritise away days for staff wellbeing, consider smaller away days for a few members at a time when this is not possible.

3

Access, Admission and Discharge

- Use the NHS England's #GettingThrough the first few days guide. This is important to support families in the first few days of the admission.
- Assign young people a peer support body when they first arrive on the unit, usually this would be another young person who is close to discharge.

4

Care and Treatment

- Actively seek and listen to young people's suggestions for weekend and evening activities.
- Consider getting an activity coordinator, use young people's voices when posing suggestions to senior management for this.
- Assign young people a key work team.
- Utilise the QNIC-ROM service, which all QNIC members can access free of charge.

5

Information, Consent and Confidentiality

- Leave welcome packs in young people's bedrooms for when they arrive.
- Clearly display complaints information around the ward, including in visiting spaces.
- Ensure staff regularly check that young people and parents/carers know their rights and how to complain.

6

Young People's Rights and Safeguarding Children

- Develop/use a post incident protocol for staff members to follow.
- Utilise members of the MDT to provide post incident support in times of high acuity.

7

Clinical Governance

- Ensure you offer space in supervisions and reflective spaces for staff to propose and take ownership of new audit topics.
- Consider allowing staff to rotate around the MDT to get involved in different audit topics.

Cycle 21 QNIC Events

In cycle 21 the network hosted a range of successful events, including an in-person annual forum for the first time in three years

Social Workers' Special Interest Day –
Monday 29 November 2021 (Online)



47

delegates attended

100% of delegates that left feedback rated the event 'excellent', 'very good' or 'good' overall.

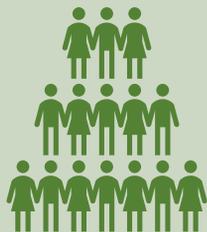
QNIC Annual Forum –
Friday 17 June 2022 (in person). Trauma Awareness in the inpatient setting: an opportunity for improving care?

130

delegates attended

100% of delegates that left feedback rated the event 'excellent', 'very good' or 'good' overall.

Teachers' Special Interest Day – Friday 11
March 2022 (Online)

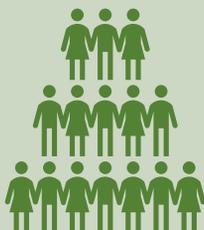


70

delegates attended

100% of delegates that left feedback rated the event 'excellent', 'very good' or 'good' overall.

CAMHS Accreditation Training (Online) – 05
October 2021, 08 December 2021 and 11
February 2022



79

clinicians attended across
the three dates

On average, after the sessions delegates rated their knowledge of the Accreditation Process as 4.5 out of 5

Cycle 22 Events

CAMHS Accreditation Training,
Friday 10 February 2023, Zoom

QNIC Annual Forum, Friday 16
June, Royal College of Psychiatrists

For more information visit our
event page: [QNIC news and
events \(rcpsych.ac.uk\)](https://www.rcpsych.ac.uk/news-and-events)



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Austen House, Southern Health NHS Foundation Trust

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Beechcroft Treatment, Belfast Health and Social Care Trust

Bethlem, South London and Maudsley NHS Foundation Trust

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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

Buttercup Ward, Cygnet Hospital Bury, Cygnet Health Care

Chalkhill, Sussex Partnership NHS Foundation Trust

Cheshunt, Rhodes Wood Hospital, Elysium Healthcare

Coborn Centre, East London NHS Foundation Trust

Collingham [A], Central North West London NHS Mental Health Trust

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QNIC MEMBER SERVICES:

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Dragonfly Unit, Norfolk and Suffolk Foundation Trust

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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

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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 [A], Pennine Care NHS FT

Horizon [A], Pennine Care NHS FT

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Foundation Trust

Iveagh Centre, Belfast Health and Social Care Trust

Junction 17 [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

Lapwing Ward, Leeds and York Partnership NHS Foundation Trust

Lavender Walk, Central and North West London NHS Foundation Trust

Leigh House Hospital, Southern Health

Linn Dara, HSE

Marlborough House, Oxford Health NHS Foundation Trust

Lotus Ward, Northumberland and Tyne and Wear 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 [A], Great Ormond Street Hospital

Mill Lodge, Leeds and York Partnership NHS Foundation Trust

Mulberry, Cygnet Hospital Bury, Cygnet Health Care

Mulberry Unit, Priory Group Woodbourne

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

Phoenix Unit, Berkshire Hospital Foundation Trust

Pixie Ward, Cygnet Joyce Parker

Plym Bridge House, Livewell Southwest

Poplar, Essex Partnership University Trust

Primrose, Cygnet Bury, Cygnet Health Care

Rainbow Ward, Elysium Healthcare

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

Rivendell Young Persons Unit, Priory Hospital Altrincham, The Priory Group

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Riverside Adolescent Unit, Avon and Wiltshire Mental Health NHS Trust

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Skye House, Greater Glasgow and Clyde Health Board

Skylark, Leeds and York Partnership NHS Foundation Trust

Snowsfields Adolescent Unit, SLAM

Sowenna [A], 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 Fairview

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

Thames, Taplow Manor - Active Care Group Maidenhead, The Huntercombe Group

The Beacon Centre, Barnet, Enfield and Haringey Mental Health Trust

The Burrows [A], 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

Wedgwood - 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

Willows Ward, Priory Group

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

Standard Number	Standard Type	Standard	% Met
Section 1: Environment and Facilities			
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.	100%
1.1.2	2	Staff members and young people can control heating, ventilation and light. <i>Guidance: For example, patients are able ventilate their rooms through the use of windows, they have access to light switches and they can request adjustments to control heating.</i>	71%
1.1.3	2	There is indoor space for recreation which is large enough to accommodate all young people.	99%
1.1.4	1	There is a designated safe outdoor space which young people are able to access every day, where clinically appropriate.	100%
1.1.5	1	The ward/unit has access to rooms for individual and group meetings.	100%
1.1.6	1	The ward/unit has a designated dining area, which is available during allocated mealtimes.	100%
1.1.7	2	There is designated teaching space for education which can accommodate all young people in the unit.	99%
1.1.8	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. 	90%
1.1.9	2	All young people can access a range of current, culturally-specific resources for entertainment, which reflect the ward/unit's population. <i>Guidance: This may include recent magazines, daily newspapers, board games, a TV and DVD player with DVDs.</i>	97%
1.1.10	2	One computer is provided for every two young people in school.	97%

1.1.11	1	Young people 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. <i>Guidance: Staff members ensure the use of such equipment respects the privacy and dignity of everyone and know how to manage situations when this is breached.</i>	93%
1.1.12	3	All young people can access a charge point for electronic devices such as mobile phones (where risk permits).	94%
1.1.13	1	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's records, clinical outcome and service performance measurements.	96%
1.1.14	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).	93%
1.1.15	2	Parents/carers have access to refreshments at the unit.	93%
1.1.16	2	Ward/unit-based staff members have access to a dedicated staff room.	96%
1.2	Premises are designed and managed so that young people's rights, privacy and dignity are respected		
1.2.1	1	All information about young people is kept in accordance with current legislation. <i>Guidance: This includes transfer of patient identifiable information by electronic means. Staff members ensure that no confidential data is visible beyond the team by locking cabinets and offices, using swipe cards and having password protected computer access.</i>	99%
1.2.2	1	The environment complies with current legislation on disabled access. <i>Guidance: Relevant assistive technology equipment, such as hoists and handrails, are provided to meet individual needs and to maximise independence.</i>	88%
1.2.3	2	All young people have single bedrooms.	93%
1.2.4	1	Young people have separate toilets, washing facilities and bedrooms, split according to self-identified gender.	96%
1.2.5	2	The unit has at least one bathroom/shower room for every three young people.	100%
1.2.6	3	Every young person has an en-suite bathroom.	81%
1.2.7	2	There is a separable gender-specific communal space which can be used as required.	97%

1.2.8	1	The ward/ unit has a designated room for physical examination and minor medical procedures.	100%
1.2.9	2	The ward/ unit has at least one quiet room or de-escalation space other than young people's bedrooms.	94%
1.2.10	2	There is a designated space for young people to receive visitors who are children, with appropriate facilities such as toys and books.	93%
1.2.11	2	There is a safe place for young people to keep their property.	99%
1.2.12	2	There is a safe place for staff to keep their property.	90%
1.2.13	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.	93%
1.2.14	1	Staff members respect the young people's personal space, where risk permits, e.g. by knocking and waiting before entering their bedroom.	97%
1.2.15	2	Young people are consulted about changes to the ward/unit environment.	96%
1.2.16	2	Young people can personalise their bedrooms. <i>Guidance: For example, by putting up photos and pictures.</i>	100%
1.2.17	2	There is a board on display with the names and photographs of staff.	93%
1.3	The unit provides a safe environment for staff and young people		
1.3.1	1	The team keeps medications in a secure place, in line with the organisation's medicine management policy.	100%
1.3.2	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.	99%
1.3.3	1	The ward is a safe environment with clear sightlines (e.g. with use of mirrors) and safe external spaces. <i>Guidance: An audit of environmental risk, including potential ligature points, is conducted annually and a risk management strategy is agreed.</i>	92%
1.3.4	1	Young people and staff members feel safe on the ward.	94%
1.4	Equipment and procedures for dealing with emergencies on the ward/unit are in place		
1.4.1	1	The team, including bank and agency staff, are able to identify and manage an acute physical health emergency	96%

1.4.2	1	Emergency medical resuscitation equipment is available immediately and is maintained and checked weekly and after each use.	96%
1.4.3	1	A collective response to fire drills is agreed by the team and is rehearsed annually.	92%
1.4.4	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

2.1	The number of nursing staff on the unit is sufficient to ensure safety and meet the needs of the young people at all times		
2.1.1	1	<p>There are sufficient levels of staffing which can be adapted to reflect the acuity levels of the ward.</p> <p><i>Guidance:</i></p> <ul style="list-style-type: none"> • <i>High dependency/high acuity cases (e.g. high levels of observation, use of seclusion, increased risk of violence or self-harm), there is a minimum ward staff to young people ratio of 1:1 which can be increased to 3:1 for the most highly acute cases</i> • <i>Medium dependency (e.g. 10-minute checks, intensive support at meal times), there is a minimum ward staff to young people ratio of 1:2</i> • <i>Where young people are on low dependency observations there is a ward staff to young people ratio of 1:3.</i> 	83%
2.1.2	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 whom should have completed preceptorship.	95%
2.1.3	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.	89%
2.1.4	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. 	97%
2.1.5	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.	97%
2.1.6	1	When the team meets for handover, adequate time is allocated to discuss patients' needs, risks and management plans.	99%
2.1.7	2	Appropriately experienced young person or parent/carer representatives are involved in the interview process for recruiting potential staff members.	69%
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).	90%

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).	88%
2.2.3	2	A unit with 12 beds includes at least 1 WTE non-consultant child and adolescent psychiatrist.	83%
2.2.4	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. <i>Guidance: This does not include assistant psychologists.</i>	83%
2.2.5	2	A typical unit with 12 beds includes an additional 0.5 WTE of non-consultant psychology input. <i>Guidance: This may include support from assistant psychologists.</i>	83%
2.2.6	2	A typical unit with 12 beds includes at least 1 WTE social worker.	48%
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.	82%
2.2.8	1	The unit has formal arrangements to ensure easy access to therapists trained in psychological interventions. <i>Guidance: For example, CBT, child and adolescent psychotherapy, psychodynamic psychotherapy, MBT, DBT, IPT, EMDR (list is not exhaustive).</i>	94%
2.2.9	2	The unit has formal arrangements to ensure easy access to a dietician.	88%
2.2.10	2	The unit has formal arrangements to ensure easy access to a speech and language therapist.	82%
2.2.11	3	There is dedicated sessional input from creative therapists.	85%
2.2.12	1	A typical unit with 12 beds includes at least 0.5 WTE family therapist.	83%
2.2.13	2	There is a minimum of one qualified teacher to four students per lesson.	90%
2.2.14	3	Young people have access to teachers of specialist subjects e.g. language tutors.	92%
2.2.15	2	A typical unit with 12 beds includes 1 WTE administrator (band 3 or above or local equivalent).	95%
2.2.16	2	A specialist pharmacist is a member of the MDT.	81%

2.2.17	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.	98%
2.2.18	1	There has been a review of the staff capacity and skill mix of the team within the past 12 months. This is to identify any gaps in the team and to develop a balanced workforce which meets the needs of the ward/unit.	93%
2.3	Staff are provided with a thorough training programme		
2.3.1	1	New staff members, including bank staff, receive an induction programme specific to the ward/unit. This includes: <ul style="list-style-type: none"> • <i>Arrangements for shadowing colleagues on the team</i> • <i>Jointly working with a more experienced colleague</i> • <i>Being observed and receiving enhanced supervision until core competencies have been assessed as met.</i> 	88%
2.3.2		Staff members receive training consistent with their role, which is recorded in their personal development plan and is refreshed in accordance with local guidelines. This training includes:	
2.3.2a	1	The use of legal frameworks, such as the Mental Health Act (or equivalent) and the Mental Capacity Act (or equivalent).	94%
2.3.2b	1	Physical health assessment. <i>Guidance: This could include training in understanding physical health problems, undertaking physical observations and when to refer the patient for specialist input.</i>	94%
2.3.2c	1	Safeguarding vulnerable adults and children. This includes recognising and responding to the signs of abuse, exploitation or neglect.	94%
2.3.2d	1	Risk assessment and risk management. <i>Guidance: This includes: assessing and managing suicide risk and self-harm; prevention and management of aggression and violence.</i>	93%
2.3.2e	1	Recognising and communicating with young people with cognitive impairment or learning disabilities.	86%
2.3.2f	2	Supporting and communicating with young people with autism spectrum disorder. <i>Guidance: This might include training on the use of non-verbal cards, social stories, and understanding a PBS plan.</i>	85%

2.3.2g	1	Statutory and mandatory training. <i>Guidance: Includes equality and diversity, information governance, basic life support.</i>	93%
2.3.2h	2	Parent/carer awareness, family inclusive practice and social systems, including parents/carers' rights in relation to confidentiality.	90%
2.3.2i	2	Human rights and the potential harm of restrictive practices such as seclusion and long-term segregation.	83%
2.3.2j	3	Quality improvement methodology and identifying priority QI projects.	66%
2.3.2k	1	Managing relationships and boundaries between young people and staff, including appropriate touch.	88%
2.3.2l	1	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.	92%
2.3.3	1	All qualified nursing and medical staff that administer rapid tranquillisation have completed Intermediate Life Support training.	88%
2.3.4	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.	93%
2.3.5	2	Shared in-house multi-disciplinary team training, education and practice development activities occur on the ward/unit at least every three months.	90%
2.3.6	3	Non-clinical staff have received mental health awareness training.	83%
2.3.7	1	All staff members who deliver therapies and activities are appropriately trained and supervised.	93%
2.3.8	2	Young people, parents/carers and staff members are involved in devising and delivering training.	53%

2.4	There are processes in place to ensure that staff performance and wellbeing are monitored		
2.4.1	1	All clinical staff members receive individual clinical supervision at least monthly, or as otherwise specified by their professional body. <i>Guidance: Supervision should be profession-specific as per professional guidelines and provided by someone with appropriate clinical experience and qualifications.</i>	83%
2.4.2	2	All staff members receive line management supervision at least monthly.	86%
2.4.3	1	All staff members receive an annual appraisal and personal development planning (or equivalent).	88%
2.4.4	1	There are written documents that specify professional, organisational and line management responsibilities.	97%
2.4.5	1	The ward/unit actively supports staff health and wellbeing. <i>Guidance: For example, providing access to support services, providing access to physical activity programmes, monitoring staff sickness and burnout, assessing and improving morale, monitoring turnover, reviewing feedback from exit reports and taking action where needed.</i>	96%
2.4.6	1	Staff members are able to take breaks during their shift that comply with the European Working Time Directive. <i>Guidance: They have the right to one uninterrupted 20 minute rest break during their working day, if they work more than six hours a day. Adequate cover is provided to ensure staff members can take their breaks.</i>	96%
2.4.7	3	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.	83%
2.4.8	2	The team has protected time for team building and discussing service development at least once a year.	63%

Section 3: Access, Admission & Discharge

3.1	Assessment and treatment are offered without unacceptable delay		
3.1.1	1	The service provides information about how to make a referral.	99%
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).	91%
3.1.3	1	<p>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:</p> <ul style="list-style-type: none"> • Mental health and medication; • Psychosocial and psychological needs; • Strengths and areas for development. 	97%
3.1.4	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.	100%
3.1.5	1	Teaching staff complete an assessment of each young person's educational needs which is reviewed at each CPA review (or local equivalent).	100%
3.1.6	1	There is a documented Care Programme Approach (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.	96%
3.2	Young people and their parents/carers are supported throughout the admission process		
3.2.1	1	<p>On admission to the ward/unit, young people feel welcomed by staff members who explain why they are in hospital.</p> <p><i>Guidance: Staff members show young people around and introduce themselves and other young people, offer young people refreshments, address young people using the name and pronouns they prefer.</i></p>	99%
3.2.2	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.	100%
3.2.3	2	Parents and carers are offered individual time with staff members (with the young person's consent), within 48 hours of the young person's admission to discuss concerns, family history and their own needs.	88%
3.2.4	1	On admission, if a Local Authority has parental responsibility as a result of a care order, the service identifies a named clinician who should be responsible for consultation around care planning.	97%

3.2.5	2	The service actively supports families to overcome barriers to access.	96%
3.2.6	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.	100%
3.3	Discharge plans are agreed with and communicated to all relevant parties		
3.3.1	1	Mental health practitioners 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%
3.3.2	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.	98%
3.3.3	2	Teams provide specific transition support to young people when their care is being transferred to another unit, to a community mental health team, adult services, or back to the care of their GP. <i>Guidance: The team provides transition mentors; transition support packs; or training for young people on how to manage transitions.</i>	92%
3.3.4	1	The inpatient team invites a representative from the young person's community team to attend and contribute to relevant meetings e.g. CPA, discharge planning.	100%
3.3.5	1	A transition meeting takes place by the time the young person reaches the age of 17 and a half years.	93%
3.3.6	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.	98%
3.3.7	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. <i>Guidance: The plan includes details of:</i> <ul style="list-style-type: none"> • <i>Care in the community / aftercare arrangements</i> • <i>Crisis and contingency arrangements including details of who to contact</i> • <i>Medication including monitoring arrangements</i> • <i>Details of when, where and who will follow up with the patient.</i> 	96%
3.3.8	2	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.	86%

3.3.9	1	The inpatient team makes sure that young people who are discharged from hospital have arrangements in place to be followed up within three days of discharge.	89%
3.3.10	1	Parents/carers (with the young person's consent) are involved in discussions and decisions about the young person's care, treatment and discharge planning.	99%

Section 4 : Care & Treatment

4.1	All young people have a written care plan as part of the Care Programme Approach (or local equivalent)		
4.1.1	1	<p>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.</p> <p><i>Guidance: The care plan clearly outlines:</i></p> <ul style="list-style-type: none"> • Agreed intervention strategies for physical and mental health; • Measurable goals and outcomes; • Strategies for self-management; • Any advance directives or statements that the patient has made; • Crisis and contingency plans; • Review dates and discharge framework. 	88%
4.1.2	1	<p>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) and parents/carers, as appropriate. The assessment considers risk to self, risk to others and risk from others.</p>	93%
4.1.3	1	<p>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.</p>	89%
4.1.4	1	<p>Young people have follow-up investigations and treatment when concerns about their physical health are identified during their admission.</p> <p><i>Guidance: This is undertaken promptly and a named individual is responsible for follow-up. Advice may be sought from primary or secondary physical healthcare services.</i></p>	99%
4.1.5	1	<p>Where a young person is identified as having a learning disability or autistic spectrum condition after being admitted to the unit, staff identify and notify all relevant agencies in order to initiate the C(E)TR process.</p> <p><i>Guidance: This should include the relevant commissioner (Provider Collaborative, NHSEI Specialised Commissioner, or Clinical Commissioning Group), Local Authority, GP, and the Community CAMHS Team.</i></p>	99%
4.2	There is a structured programme of care and treatment		
4.2.1	1	<p>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.</p>	85%

4.2.2	2	Young people receive psychoeducation on topics about activities of daily living, interpersonal communication, relationships, coping with stigma, stress management and anger management.	94%
4.2.3	2	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: <ul style="list-style-type: none"> • Voluntary organisations; • Community centres; • Local religious/cultural groups; • Peer support networks; • Recovery colleges. 	82%
4.2.4	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. <p><i>Guidance: This is an opportunity for young people to share experiences, to highlight issues of safety and quality on the ward/unit and to review the quality and provision of activities with staff members. The meeting should be facilitated by a professional who has an understanding of group dynamics.</i></p>	97%
4.2.5	2	Young people have access to relevant faith-specific and/or spiritual support, preferably through someone with an understanding of mental health issues.	96%
4.2.6	1	All young people are proactively offered access to an advocacy service, including IMHAs (Independent Mental Health Advocates) for those detained.	100%
4.2.7	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.	99%
4.2.8	1	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.	89%
4.2.9	1	Staff update parents/carers on their child's progress at a minimum of once a week, subject to confidentiality.	99%
4.3	Young people can continue with their education whilst admitted		
4.3.1	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.	100%
4.3.2	1	The unit provides the core educational subjects: maths, English and science.	99%
4.3.3	2	The unit provides a broad and balanced curriculum that is suitable and flexible, appropriate to the students' needs.	96%

4.3.4	1	Where the unit caters for young people over the age of 16, young people are able to continue with education.	100%
4.3.5	1	If the young person is receiving education, educational staff at the unit liaise with the young person's own school in order to maintain continuity of education provision.	100%
4.3.6	1	Where young people are returning to their local educational facility after discharge, education and unit staff support the young people with their reintegration.	100%
4.3.7	2	The educational staff maintain communication with the young peoples' parents/carers, e.g. providing progress reports for each CPA review.	97%
4.3.8	3	Educational outings are provided, as appropriate.	87%
4.3.9	1	Teachers contribute to multi-disciplinary meetings.	100%
4.3.10	2	Teachers and nursing staff have a handover at the beginning and end of each school day.	99%
4.3.11	1	The unit is part of an education organisation that is a registered examination centre.	97%
4.4	Outcome measurement is undertaken routinely using validated outcome tools		
4.4.1	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).	96%
4.4.2	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.	92%
4.4.3	2	Units contribute to a national dataset to allow for information sharing, e.g. QNIC ROM.	79%
4.5	All young people at the unit are given a choice of healthy, balanced food		
4.5.1	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%
4.5.2	2	Staff ask young people for feedback about the food and this is acted upon.	92%
4.5.3	3	Staff eat with the young people at mealtimes and the cost of staff meals are covered by the organisation.	74%
4.5.4	3	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.	75%

4.6	Leave is planned collaboratively with the young person and their parent/carer		
4.6.1	1	<p>The team develops a leave plan jointly with the young person and their parent/carer that includes:</p> <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 and crisis numbers. 	96%
4.6.2	1	<p>When young people are absent without leave, the team (in accordance with local policy):</p> <ul style="list-style-type: none"> • Activates a risk management plan; • Makes efforts to locate the patient; • Alerts parents/carers, people at risk and the relevant authorities; • Completes an incident form. 	97%
4.7	Medication is prescribed safely and monitored routinely		
4.7.1	1	<p>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.</p> <p><i>Guidance: Leaflets and information around medication being prescribed, the risks and benefits should be provided to young people and parents/carers (with the young person's consent).</i></p>	90%
4.7.2	1	<p>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.</p> <p><i>Guidance: Side effect monitoring tools can be used to support reviews.</i></p>	97%
4.7.3	1	<p>Every young person's PRN (i.e. as required) medication is reviewed weekly in terms of the frequency, dose, and reasons for prescribing.</p>	97%
4.7.4	1	<p>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 three months, and then six-monthly unless a physical health abnormality arises.</p>	100%

Section 5: Information, Consent & Confidentiality

5.1	Young people and parents/carers are provided with key information about the ward/unit		
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%
5.1.2	2	<p>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. 	92%
5.1.3	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. 	96%
5.1.4	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.	85%
5.1.5	2	Young people are offered information on their human rights in relation to restrictive practices and the redress they can have in relation to this.	84%
5.1.6	1	Young people and parents/carers are offered written and verbal information about the young person's mental illness.	94%
5.1.7	2	<p>The team provides each parent/carer with accessible carer's information.</p> <p><i>Guidance: Information is provided verbally and in writing (e.g. carer's pack). This includes the names and contact details of key staff members on the unit and who to contact in an emergency. It also includes other local sources of advice and support such as local carers' groups, carers' workshops and relevant charities.</i></p>	83%

5.1.8	1	Parents and carers are supported to access a statutory carers' assessment, provided by an appropriate agency.	89%
5.1.9	2	The ward/unit uses interpreters who are sufficiently knowledgeable and skilled to provide a full and accurate translation. The young person's relatives are not used in this role unless there are exceptional circumstances.	99%
5.2	All examination and treatment is conducted with the appropriate consent		
5.2.1	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. These assessments should be undertaken at every point that a young person is required to participate in decision making.	99%
5.2.2	1	The team follows a protocol for responding to parents/carers when the young person does not consent to their involvement.	89%

Section 6 : Young People's Rights and Safeguarding Children

6.1	Young people and their parents/carers are supported by staff and treated with respect		
6.1.1	1	Staff members treat all young people and their parents/carers with compassion, dignity and respect.	96%
6.1.2	1	Young people feel listened to and understood by staff members.	97%
6.1.3	1	Parents/carers feel supported by the ward staff members.	99%
6.2	The ward/unit complies with national guidance on safeguarding young people		
6.2.1	1	Staff know how to prevent and respond to sexual exploitation, coercion, intimidation and abuse on the ward.	94%
6.2.2	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%
6.2.3	1	Young people are involved in decisions about their level of observation by staff.	96%
6.2.4	1	Patients on constant observations receive at least one hour per day being observed by a member of staff who is familiar to them.	100%
6.2.5	1	Parental responsibility is recorded in the young person's notes.	99%
6.2.6	1	It is recorded as to whether or not a young person has a child protection plan in place.	99%
6.2.7	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.	96%
6.2.8	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 3 months (in line with section 85 of the Children Act 1989).	97%
6.3	Restrictive practice is used in line with appropriate legal frameworks and only as a last resort		
6.3.1	1	Young people are cared for in the least restrictive environment possible, while ensuring appropriate levels of safety and promoting recovery. <i>Guidance: This includes avoiding the use of blanket rules and any restrictions should be assessed based on individual risk.</i>	100%
6.3.2	1	The team uses seclusion or segregation only as a last resort and for brief periods only.	97%
6.3.3	1	Staff members do not restrain young people in a way that affects their airway, breathing or circulation.	100%

6.3.4	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.	100%
6.3.5	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	90%
6.3.6	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	96%
6.3.7	1	The multi-disciplinary team collects audit data on the use of restrictive interventions and actively works to reduce its use year on year through use of audit and/or quality improvement methodology. <i>Guidance: Audit data are used to compare the service to national benchmarks where possible.</i>	89%
6.3.8	1	Staff members, young people and parents/carers who are affected by a serious incident, including control and restraint and rapid tranquilisation, are offered post incident support.	94%

Section 7 : Clinical Governance

7.1	Services are developed in collaboration with the ward team, young people, parents/carers, and other key stakeholders		
7.1.1	2	<p>There is a well-attended business meeting held within the team at least monthly in which information and learning can be disseminated, and the business of care on the ward can be discussed.</p> <p><i>Guidance: This meeting is at unit level and should also be used as a mechanism to feed in and out of the patient community meeting.</i></p>	88%
7.1.2	3	The ward/unit has a meeting, at least annually, with all stakeholders to consider topics such as referral themes, service developments, issues of concern and to re-affirm good practice	83%
7.1.3	2	Services are developed in partnership with appropriately experienced service user and carers who have an active role in decision making.	75%
7.2	The team engages in audit and quality improvement initiatives to identify areas for improvement and implement change		
7.2.1	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.	90%
7.2.2	2	Measures are in place to record and audit referrals, terminated referrals and waiting lists.	93%
7.2.3	2	The unit formally records all referrals with respect to race, gender, home area and disability, and this is reviewed annually.	77%
7.2.4	3	<p>A range of local and multi-centre clinical audits is conducted, which include the use of evidence-based treatments as a minimum.</p> <p><i>Guidance: This could include an audit of the safe prescription of high-risk medication, for example.</i></p>	89%
7.2.5	3	The team, young people and parent/carers are involved in identifying priority audit topics in line with national and local priorities, and feedback received.	47%
7.2.6	2	The team uses quality improvement (QI) methods to implement service improvement.	89%
7.2.7	2	The team actively encourages young people and parents/carers to be involved in QI initiatives.	75%
7.3	Unit staff learn from information collected on clinical risks		
7.3.1	1	Systems are in place to enable staff members to quickly and effectively report incidents and managers encourage staff members to do this.	100%

7.3.2	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.	99%
7.3.3	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.	97%
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 are policies and procedures on the management of aggression and violence and the use of physical restraint. <i>Guidance: This policy should specifically reference working with children and young people.</i>	96%
7.4.3	1	There is a policy on the use of rapid tranquilisation. <i>Guidance: This policy should specifically reference working with children and young people.</i>	94%
7.4.4	1	The unit has a policy on the use of seclusion and long-term segregation. <i>Guidance: The unit should have a policy even if seclusion is not used. This should be in line with current legislation.</i>	94%
7.4.5	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 and allow them safe access to wider grounds within the ward/unit.	86%

QNIC Cycle 21 Secure Standards

Standard Number	Standard Type	Secure Standard	% Met
Section 1: Environment and Facilities			
1.1.4 [Secure]	1	Young people can access safe outdoor space at least daily, when requested and when it is safe to do so. <i>Guidance: Unless individual risk assessments dictate otherwise. Any exceptions should be documented in case notes.</i>	92%
1.3.5 [Secure]	1	There is a list of approved visitors for each young person on the unit	92%
1.3.6 [Secure]	1	All units have agreed safety procedures for patients, professionals and families which are agreed	100%
1.4.5 [Secure]	1	There is a personal alarm system in place for staff, which is subject to audit	92%
Section 2: Staffing and Training			
2.1.2 [Secure]	1	At night-time in a 10 bedded unit with general observations there is a minimum of four staff on duty, including one registered member of staff and access to additional support as appropriate	50%
2.1.3 [Secure]	1	A typical unit with 10 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	23%
2.2.1 [Secure]	1	A typical unit with 10 beds includes 1 WTE ward manager (band 7+ or equivalent)	92%
2.2.2 [Secure]	1	A typical unit with 10 beds includes at least 1 WTE consultant psychiatrist input (which may be provided by two clinicians in a split post); guidance: Clinician should have relevant experience e.g. child and adolescent, learning disability, forensic	92%
2.2.3 [Secure]	2	A typical unit with 10 beds includes at least 1 WTE non-consultant Child and Adolescent Psychiatrist input as an integral part of the multidisciplinary team	50%
2.2.4 [Secure]	2	The psychology establishment should include dedicated time from a Consultant Psychologist to provide leadership	100%
2.2.6 [Secure]	1	A typical unit with 10 beds includes at least 1 WTE registered applied psychologist. This may need to be higher in units where the patient group has high levels of acuity and dependency (e.g. learning disability, high levels of attachment needs)	92%
2.2.7 [Secure]	2	The psychology establishment should include a substantive clinical psychologist post and can include other applied psychology posts with relevant competencies	100%
2.2.8 [Secure]	1	A typical unit with 10 beds includes at least 1 WTE social worker	67%
2.2.9 [Secure]	1	A typical unit with 10 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	84%

2.2.10 [Secure]	3	The service should have access to a sensory integration trained therapist	92%
2.2.13 [Secure]	2	A typical unit with 10 beds includes at least 0.5 WTE speech and language therapist	50%
2.2.15 [Secure]	1	For low secure services, a typical unit with 10 beds includes at least 1 WTE family therapist.	23%
2.2.16 [Secure]	1	For medium secure services, a typical unit with 10 beds includes at least 0.5 WTE family therapist.	34%
2.2.19 [Secure]	2	A typical unit with 10 beds includes 1 WTE administrator (band 3 or above or local equivalent)	92%
2.3	Staff are provided with a thorough training programme [that includes]		
2.3.2k [Secure]	1	Relational security;	100%
2.3.2l [Secure]	1	Attachment theory and attachment/trauma-informed approach to care;	92%
2.3.2m [Secure]	1	Adolescent development;	100%
2.3.2n [Secure]	1	Effective strategies to inform behaviour management.	100%
Section 3: Access, Admission and Discharge			
3.1.2 [Secure]	1	Agreed occupancy levels are not exceeded	92%
3.1.5 [Secure]	2	Young people should have access to primary healthcare for chronic conditions, screening and vaccines. Where indicated, eye tests, hearing tests and dental check-ups are facilitated	100%
3.3.4 [Secure]	1	Decisions to admit or transfer patients must involve the ward manager and the responsible clinician with responsibility for the ward (this may be the covering responsible clinician). They can refuse to accept patients if they fear that the mix will compromise safety and/or therapeutic activity	92%
Section 6: Young People's Rights and Safeguarding Children			
6.3.3 [Secure]	1	The unit is demonstrating the efforts they are making to end any periods of long term seclusion or segregation <i>Guidance: Clear care plans are in place towards ending long term seclusion/segregation, reviews and formulation meetings can be examples used to demonstrate this.</i>	100%

QNIC Cycle 21 Eating Disorder Standards

Standard Number	Standard Type	Eating Disorder [ED] Standard	% Met
Section 1: Environment and Facilities			
1.1.6 [ED]	1	There is capacity for a specific space within the dining area set aside for close supervision and support for young people with eating disorders'	100%
1.1.11 [ED]	1	<p>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.</p> <p><i>Guidance: Staff members ensure the use of such equipment respects the privacy and dignity of everyone and know how to manage situations when this is breached. The risks and benefits of social networking and pro-anorexia nervosa websites are discussed with young people in an age-appropriate way.</i></p>	77%
Section 2: Staffing and Training			
2.2.9 [ED]	1	A typical unit with 12 (ED) beds has a minimum of 0.5 WTE dedicated time with a dietitian who is able to offer young people individualised dietetic interventions to assess nutritional status, prescribe individualised eating plans and support behaviour change around food	100%
2.2.12 [ED]	1	A typical unit with 12 beds includes at least 1 WTE family therapist	69%
2.2.17 [ED]	1	There is an identified duty doctor able to attend the unit, including out of hours, who has access to expert advice to deal with medical and psychiatric emergencies that occur in eating disorders. The doctor can attend the ward/unit within 30 minutes in the event of an emergency	92%
2.3.2 [ED]	1	<p>The staff induction programme covers key aspects of care related to the needs of patient groups. This should cover:</p> <ul style="list-style-type: none"> • The physical care of young people with eating disorders; • Mealtime protocols; • The highly-structured nature of the eating disorder ward programme; • Access to food, drink and exercise; • Suitable topics of conversation, with particular reference to discussions about weight, shape and eating; • Therapeutic boundaries between staff and young people, and how these are established <p><i>Guidance: This should include temporary, bank and agency staff.</i></p>	77%
2.3.10 [ED]	1	<p>All staff who are involved in supervising and supporting young people's mealtimes have been trained to do so</p> <p><i>Guidance: This should include demonstrating appropriate eating behaviour and language when eating with young people.</i></p>	77%

2.3.11 [ED]	1	Staff who are involved in assessment and the formulation of care-planning have received training on managing distorted perceptions of food, body image and managing young people with any psychiatric comorbidities	62%
2.3.12 [ED]	2	Permanent clinical staff who are involved in the day to day care of young people with eating disorders receive eating disorder-specific training on psycho education, motivational enhancement and working with families.	69%
2.3.13 [ED]	1	All staff are aware of the risks to a patient's physical health involved with eating disorders as outlined in the Junior MARSIPAN guidelines	84%
2.3.14 [ED]	1	Staff implementing enteral feeding are trained in the physical and psychological aspects of its use	85%
2.3.15 [ED]	1	Registered nurses, dietetic staff and medical staff are able to recognise signs and symptoms of refeeding and underfeeding syndrome, and have a protocol in place to manage this	92%
2.4.1 [ED]	1	All clinical staff members receive individual clinical supervision at least monthly, or as otherwise specified by their professional body. <i>Guidance: Supervision should be profession-specific as per professional guidelines and provided by someone with appropriate clinical experience and qualifications. Staff delivering evidence-based therapies should be supervised by qualified therapy supervisors of the respective modalities.</i>	85%

Section 3: Access, Admission and Discharge

3.1.4 [ED]	1	Young people have a structured, eating disorder-specific risk assessment and management plan which is co-produced and updated every four weeks as a minimum. The assessment considers risk to self, risk to others and risk from others <i>Guidance: This should be reviewed as clinically indicated and may be daily when first admitted.</i>	100%
3.1.5 [ED]	1	A record or copy of the eating disorder risk assessment is provided to the young person and all those involved in the care plan (including carers with appropriate consent) <i>Guidance: This also includes informing young people of the level of risk to their physical health.</i>	85%
3.1.6 [ED]	1	If the initial assessment identifies co-existing physical conditions that increase risk (e.g. diabetes, pregnancy), NICE guidelines are followed and the assessing practitioner liaises with/refers to a physician or paediatrician as appropriate. This is documented	92%
3.2.1 [ED]	1	The unit provides written feedback to referrers, GPs and other relevant professionals at least once every four weeks	100%

3.3.6 [ED]	1	The unit links in with local adult eating disorder services to develop a transition policy <i>Guidance: Transfer to an adult mental health service should involve the adult service as soon as possible, including multi-agency transition arrangements and review meetings. This should begin at least 6 months before the young person's 18th birthday. The unit should work with adult services to help them understand their responsibilities regarding the young person's transition into their care.</i>	100%
3.3.7 [ED]	2	The unit provides support for parent/carers (with the young person's consent) during the young person's transition from CAMHS to adult services where possible <i>Guidance: This should include inviting carers to transition meetings with adult services.</i>	100%
3.3.8 [ED]	1	There are local arrangements in place for discussing young people who are at risk and there is a clear process for the medical management of physically compromised young people's transfer into acute medical services that comply with Junior MARSIPAN recommendations	100%
3.3.9 [ED]	1	If a young person requires transfer to another ward (e.g. paediatric/medical etc), the eating disorder unit holds good working relationships to ensure that arrangements for nutritional requirements, maintaining physical health and psychosocial interventions are well maintained and there are local policies in place for this <i>Guidance: Refer to Junior MaRSiPAN recommendations.</i>	100%
Section 4: Care and Treatment			
4.1.4 [ED]	2	Young people have access to interventions that address nutrition, cognitive restructuring, mood regulation, social skills, body image concern, self-esteem, and relapse prevention	85%
4.1.5 [ED]	1	Psychological treatment focuses on psychoeducation, self-monitoring of the eating behaviour, addressing fears about weight gain, and helping young people to recognise the link between their symptoms and their abnormal eating behaviour	100%
4.1.6 [ED]	1	Young people receive NICE-informed and formulation-based individualised care, which is appropriate for their bio-psychosocial needs. Any exceptions are documented in the case notes	100%
4.1.8 [ED]	1	Fluid and electrolyte balance are assessed in young people with an eating disorder who are believed to be engaging in compensatory behaviours, such as vomiting, taking laxatives or diuretics, or water loading	92%

4.2.3 [ED]	1	As far as is possible to achieve, the primary overarching treatment model should be a family approach (working towards recovery with support of the family in the community).	93%
4.5.1 [ED]	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 unless they present a threat to recovery	85%
4.7.3 [ED]	1	For young people with eating disorders, a suitably trained member of staff monitors the tolerability and side effects of new medication for the first seven days. <i>Guidance: When prescribing medication for young people with an eating disorder, staff take into account the impact that malnutrition and compensatory behaviours can have on medication effectiveness and the risk of side effects.</i>	100%
4.8.1 [ED]	1	Goals around weight restoration targets (i.e. rate and amount of weight gain) are individually planned according to the needs of the young person <i>Guidance: Goals (including nutritional) should be collaboratively agreed and recorded.</i>	100%
4.8.2 [ED]	1	Height and weight are monitored and plotted on centile charts regularly (no more than twice a week) <i>Guidance: It should be considered whether it is appropriate to have discussions about this with the young person and their parents/carers. A decision not to hold this discussion would need individual rationale and this is documented</i>	100%
4.8.3 [ED]	1	When nasogastric feeding is used, the Royal College of Psychiatrists, NICE and NPSA guidance is adhered to	100%
4.8.5 [ED]	1	Restraint to feed and/or nasogastric bridles should only be used in life-threatening situations, or as part of a carefully considered multi-disciplinary care plan which is regularly reviewed	100%
4.8.6 [ED]	1	Young people have supported periods of home leave or to an otherwise appropriate setting to develop independent eating, well in advance of discharge	100%
4.8.7 [ED]	1	Unit staff provide pre- and post-meal/snack support to young people, appropriate to the individual's care plan	92%
4.8.8 [ED]	1	Meal programmes should be tailored to the needs of the individual as part of a shared decision-making process, with the aim to normalise eating behaviours and help the child or young person prepare for transition back to the community	100%

Section 5: Information, Consent and Confidentiality

5.1.8 [ED]	2	Parents/carers are given information on sources of support for carers that is tailored for people with eating disorders	100%
5.1.9 [ED]	2	Unless previously provided, young people and their parents/carers are offered information and harm minimisation advice about short- and long-term risks (e.g. damage to teeth, reproductive system, osteoporosis, bone density, growth and development in children and adolescents) and this is recorded where appropriate <i>Guidance: As specified in NICE guidelines, information sheets developed by BEAT, Royal College of Psychiatrists, etc.</i>	92%

Section 6: Young People's Rights and Safeguarding Children

6.3.3 [ED]	1	Repeated restraint for the purpose of NG tube feeding is reviewed and a second opinion is sought and recorded <i>Guidance: This should be reviewed weekly within the MDT, a second opinion can be sought from a CAMHS ED consultant.</i>	77%
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My favourite bakes: Kinder Cookie Pie, Crema egg cake, millionaire brownie, Choc Chip cookies, Liams cake, Cinnamonroll, Brownie stuffed cookies, Cookie dough cookies, Christmas traybake + Oaty cookies.

Life is what you bake it!!!

BAKING

Nothing says home like the smells of baking!

my Pride!

Kinders cookie Pie

Brownie millionaire

Cookie Sandwich

Chelsea buns

Brownie

Crema egg cake

Christmas Pudding cookies

Vanilla cupcakes

Oaty Cookies

Nothing says home like the smells of baking!

Lemon meringue wedge

Choc Chip Cookies

Jammy Dodger blondies

Turtle bread rolls



Cookie dough stuffed cookies

Christmas Cupcakes

Chocolate Cheesecake

Friends cupcakes

Brownie Stuffed Cookies

Cinnamon rolls

