



QNIC Cycle 22 Annual Report

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Foreword

Dr Sebastian Rotheray

*QNIC Advisory Group Chair
Consultant Child and Adolescent
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The publication of this Cycle 23 report brings together countless hours of learning, dedication, and reflection from QNIC staff and healthcare staff across 59 services over the past year. All this hard work, combined with the concise and accessible way the findings have been summarised provides us with a valuable resource. This can be used to continue to help us all learn from each other about how we can progress and strive for excellence in the services we provide for young people and their families and carers. It is this focus on reflection and learning that I think drives and sustains many of us that work in these roles, allowing us to improve how we provide the services we care so much about. Certainly, in this my first year of taking on the role of chair of the QNIC advisory committee there has been much for me to learn about and my thanks to all of the QNIC team for their support in that.

As you all look over the results in the report I am sure different findings will resonate for us all. There is an overwhelming amount that is hugely encouraging. One of the positive factors that immediately stood out to me was the extremely high levels of staff across all service lines that describe feeling comfortable in their workplace to challenge decisions that may raise concerns about standards of care. This bodes so well in terms of creating the cultures that we are know are paramount for ensuring excellent patient safety and I think is testament to the open and learning cultures that we work hard to create and sustain.

As you read through you will also find lots of helpful QNIC recommendations and standout achievements from member services. One that lingered with me was the importance of ensuring that we prioritise at least annual team building sessions and some useful tips about how to deliver these. With the complexity and acuity of work continuing to be intense and the challenge of staff recruitment and retention ever keener this feels like a timely reminder. Never easy to do or organise, but always worthwhile in our experience.

This is also a good time to look back on our annual forum of Cycle 23, held in June. The topic was Complex Eating Disorders, and we had a lively and thought-provoking day discussing the many challenges of treatment. One of main themes was exploring the risks and benefits of nasogastric feeding within this patient group, with a particular focus on the risks of feeding dependence. It was excellent to hear from people working with both Paediatric and Psychiatric settings, as well as young people with lived experience. We now look ahead to our next annual forum in June 2024 what we trust will be an excellent day looking at the theme of 'Safe and Responsive' wards.

Hannah Fox

*Patient Representative for
QNIC*

As I reflect back on Cycle 22, the first word that springs to mind for me is community. Following the pandemic, this cycle enabled the chance for many of us to reconnect in person with a greater appreciation for working relationships both old and new. Attending my first in-person review post pandemic was definitely a highlight for me. As a patient representative for 8 years for QNIC, I had experienced the value of face-to-face reviews, especially when interacting with the young people, getting a feel from the unit environmentally and being able to have more time to converse with others. However, it has been interesting to hear this cycle how many units are utilising online psychoeducation groups set up during the pandemic by developing and building on their success to counteract geographical barriers as well as barriers to access for parents/carers. I also attended my first hybrid review this cycle which worked very well with team communication.

During this cycle, I was thrilled to see units I have visited champion lived experience by involving ex-patients in leading patient feedback groups. It was also great to see so many environmental changes happening and with the involvement of young people and with their sensory needs in mind. There were some units using visiting therapy animals, most notably dogs, but there was even a mention of a chicken which made myself and I'm sure the patients happy. These are examples of possible changes that can be made across the spectrum of standard types but all make a difference in their own right. By embracing possibilities as well as the necessary changes as we enter the next cycle, we can continue to progress and continue to strive for excellence.



QNIC Team



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Introduction

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. QNIC also has 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.

Introduction

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 QNIC standards.

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.

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.



This report

What to expect in this report:

This edition of the QNIC Annual Report contains the aggregated results of reviews undertaken by 59 member services who completed their self-review and peer-review in Cycle 22, 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 then examines the contextual data obtained from the self-reviews of the 59 services, including number of beds, average length of stay, average occupancy level and average staffing numbers per profession.

This report then highlights how well member services are performing against the seven sections of the QNIC standards. Data from the 11th Edition Standards for QNIC, 3rd Edition Eating Disorder Standards and 3rd Edition Secure Standards has been analysed separately.

Included throughout the report are some of the QNIC standards that services have the highest and lowest average compliance with, as well as some examples of good practice, derived from service's local reports following their peer review. The report also includes recommendations for standards which were commonly discussed in local reports this cycle.

This report concludes with a 'summary of recommendations' section that lists all the recommendations given. These are aimed at ward staff and senior management teams.

This is followed by a full summary detailing the average scores for each QNIC Standard for all 59 services who completed a review this cycle (see Appendix 1). This enables teams to benchmark themselves against other teams who participated.

All artwork throughout this report was created independently by young people from our member services, as part of our annual artwork competitions. This year (Cycle 22) the theme was 'Connections' and last year (Cycle 21) the theme was 'Pride.'

Purpose

The purpose of the recommendations are to support wards to review their own areas for improvement and to continuously improve the quality of care that they provide. Average scores for each QNIC Standard is detailed in this report so teams can see how well they are performing against the standards compared with the other inpatient CAMHS teams. Teams can also compare their activity, resources and outcomes with those of the network as a whole.

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.

QNIC Standards

QNIC assess inpatient CAMHS teams in accordance with a set of standards. The 11th Edition QNIC standards, 3rd Edition Eating Disorder Standards and 3rd Edition Secure Standards are drawn from a range of authoritative sources and incorporate feedback from patient and carer representatives, as well as experts from relevant professions.

The standards are used to generate a series of data collection tools for use in the self- and peer-review processes. Participating teams rate themselves against the standards during their self-review. This model aims to facilitate incremental improvements in service quality.

Standard Types

QNIC Standards are divided into three types:

- Type 1 Standard
- Type 2 Standard
- Type 3 Standard

Each standard type is explained in the Jargon Buster section to the right.

Standards domains

Each set of QNIC Standards are grouped into 7 domains:

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

Jargon Buster



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.

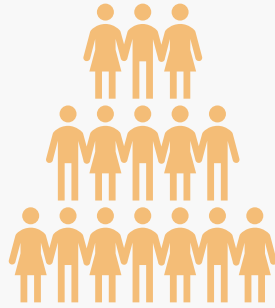
DATA COLLECTION



114
Member
Organisations
(as of June 2023)

59

Wards had their self-
and peer-reviews in
2022-23



150
Young People
took part in
interviews

320

Frontline Staff
shared their
experiences



100

Parent/carers took part
in interviews



Where did data come from?

The data in this report comes from **59** member units who undertook their QNIC self-review and peer-review from September 2022 to June 2023.

(55 QNIC members did not have a peer-review during this period, so they are not included in the data analysis).

Contextual data was obtained from the QNIC workbook completed by services at the beginning of their self-review.

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 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, MDT and any other staff members present.

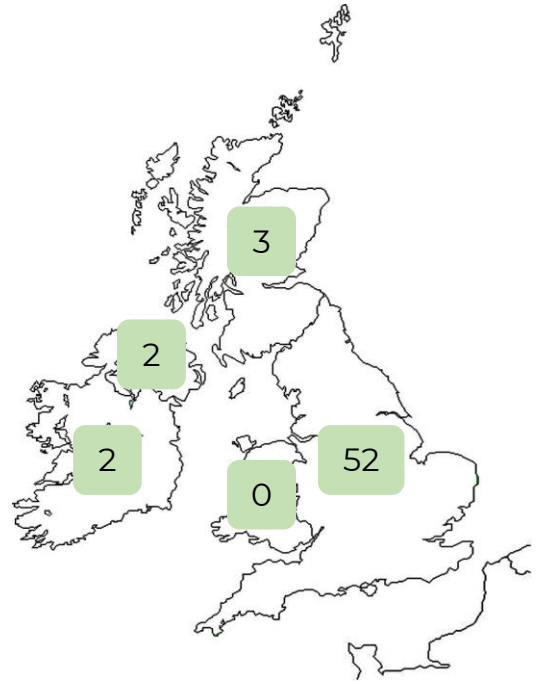
CONTEXTUAL DATA

Location

Of the 59 services that took part in a self-review and peer-review in Cycle 22:

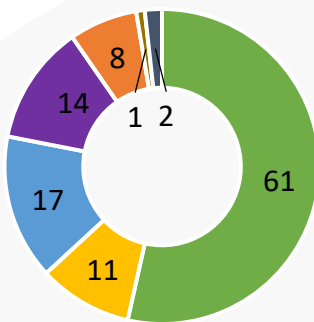
- 52 are based in England
- 3 in Scotland
- 0 in Wales
- 2 in Northern Ireland
- 2 in Republic of Ireland

To compare to the 114 QNIC members (as of June 2023): 101 QNIC members are based in England, 3 in Scotland, 2 in Wales, 3 in Northern Ireland and 5 in Republic of Ireland.



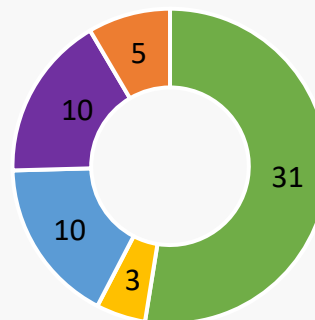
Service Type

All QNIC Members:



- GAU
- PICU
- Eating Disorder
- Low/Medium Secure
- Children's
- HDU
- LD

The 59 focused on in this analysis:



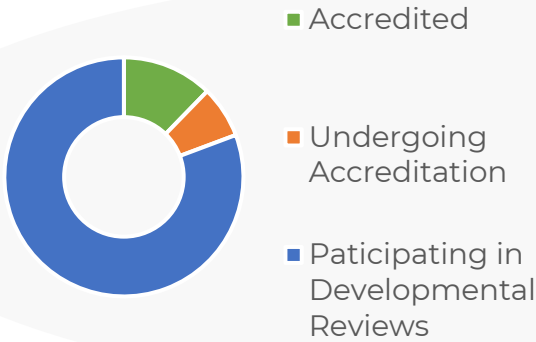
- GAU
- PICU
- Eating Disorder
- Low/Medium Secure
- Children's

Contextual data continued

Accredited Status

As of August 2023:

- 14 of the QNIC members are Accredited (6 in Cycle 22)
- 8 are currently undergoing accreditation
- 92 wards are participating in developmental (peer) reviews



Reviews Types 2022-23

Accreditation Reviews	9
Peer Reviews	50

Education:

Average number of education hours per week: **20.2** (of the 59 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 continued

All 59 services that participated in a QNIC self-review and peer review this cycle provided up-to-date contextual data, including the number of beds, bed occupancy, and average length of stay.

Number of beds

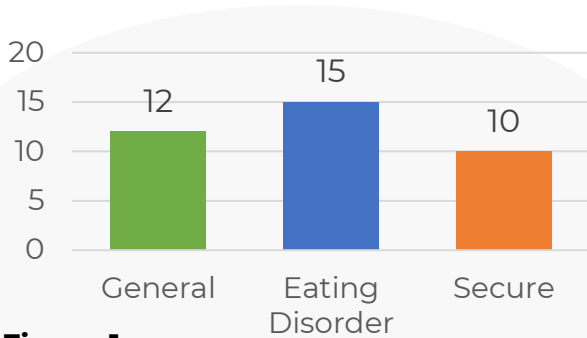


Figure 1

The number of beds varied across the member units. The smallest unit was an Eating Disorder service with 4 beds, and the largest was an Eating Disorder service with 34 beds. The average number of beds across all 59 units was 12(.5).

Figure 1. This shows the average number of beds for general units, eating disorder units and secure units.

Average length of stay (days)

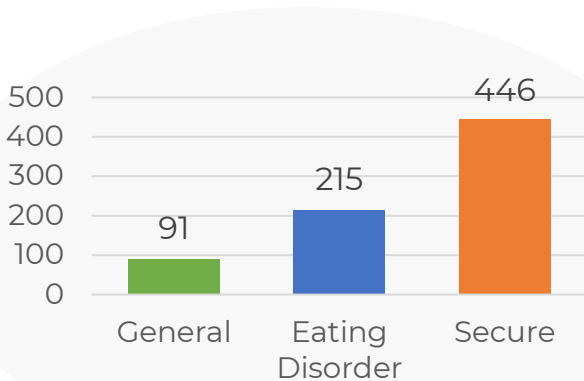


Figure 2

The average length of stay varied considerably across the 59 wards. The shortest average length of stay was 14 days (GAU). The longest average length of stay was reported as 609 days (Secure). The average length of stay across all 59 units was 172(.6) days.

Figure 2. This shows the average length of stay (days) for general units, eating disorder units and secure units.

Bed occupancy (%)

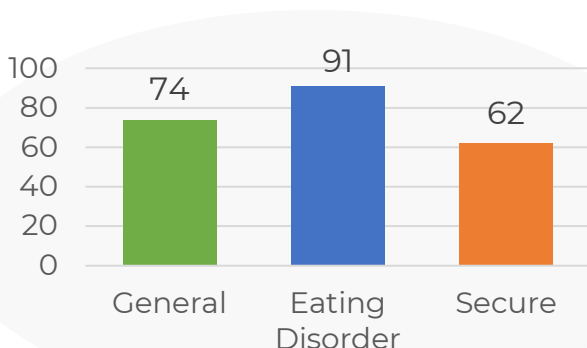


Figure 3

Bed occupancy levels varied considerably across the 59 wards, ranging from 40% to 100%. The average bed occupancy level was 74(.8)%.

Figure 3. This shows the average bed occupancy (%) for general units, eating disorder units and secure units.

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.

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

Figure 4	GAU/PICU/HDU	Eating Disorder	Secure	Children's
Consultant Psychiatrist	1.23	1.33	1.32	1.55
Non-Consultant Medical Input e.g., staff grade, ST4 +	1.96*	1.27	1.05	1.35
Clinical Psychologist	1.23	0.96	0.94	1.29
Occupational Therapist	1.39	1.01	1.85	0.82
Family Therapist	0.82	0.80	0.51	1.08
Social Worker	0.88	0.79	1.28	0.96
Dietician	0.47*	1.21	0.23	0.65
Ward Manager	1.15	1.12	1.37	1.53
Staff Nurses	11.28*	8.44*	11.87	20.29
Healthcare Assistants	16.46*	22.94*	28.78	15.22
Teachers	4.01**	5.01	9.11	2.91
Administration/ Secretarial staff	2.13	2.93	1.89	2.59

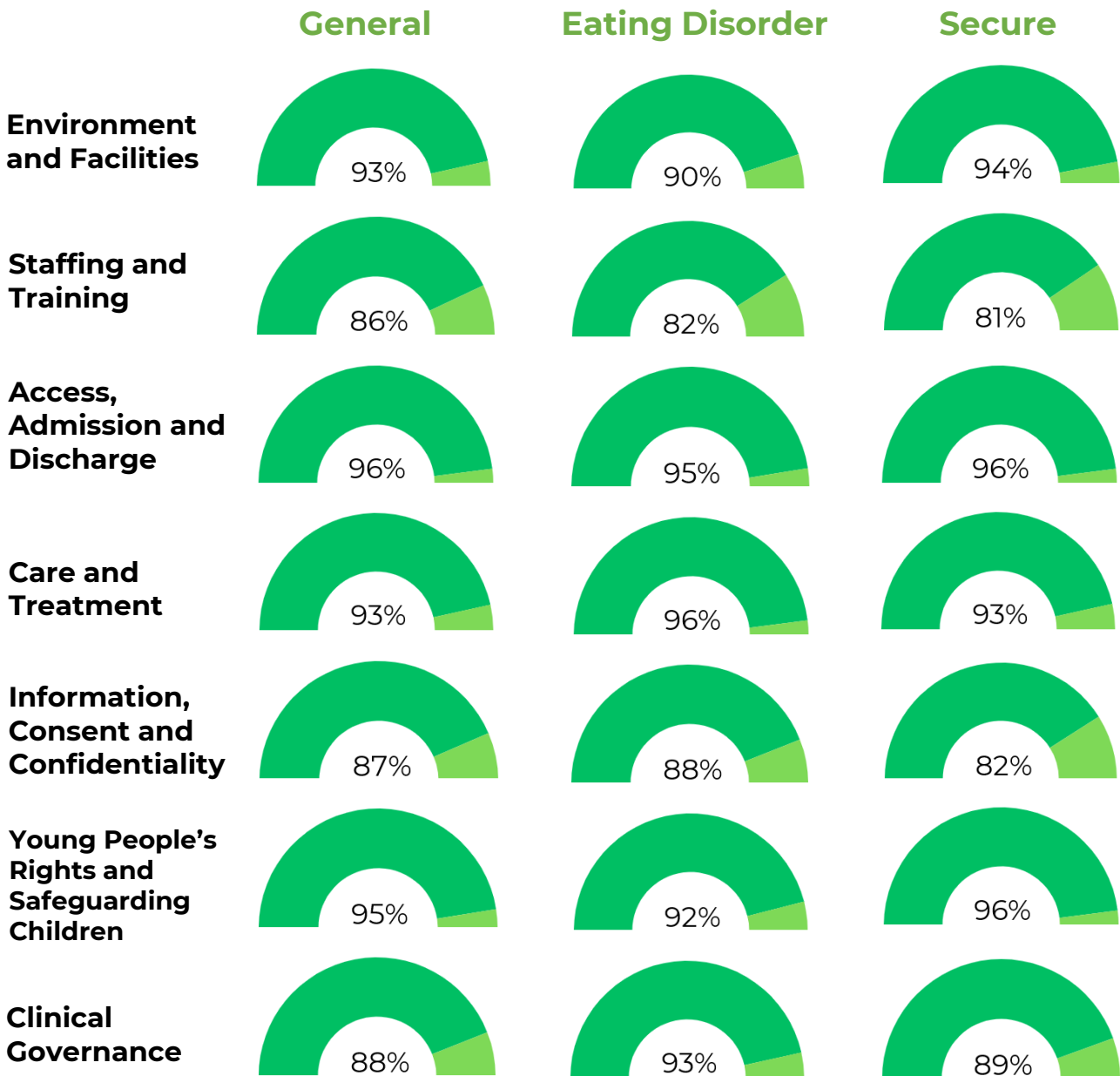
Figure 4. This shows a breakdown of the average WTE staffing numbers of each service type per 12 beds. Per 12 beds was chosen for fair comparison between different service types.

*= Please note, one service did not provide data on the staffing numbers (WTE) for this profession, so these services have not been included within this calculation.

** = Five services did not provide data on the staffing numbers (WTE) for this profession, so these services have not been included within this calculation.

Overall compliance with standards

All services were assessed on their compliance with the 7th edition of the QNIC standards, or the 3rd Standard of both the Eating Disorder or Secure QNIC Standards. Below is the average total adherence to each of the subsections of these standards (counting “N/A”, “Partly Met”, and “Unmet” as not adherent, and “Met” as adherent).

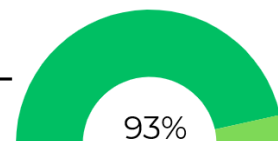


Please see Appendix 1 of this report for the average adherence to each individual standard in all three sets of the QNIC standards.

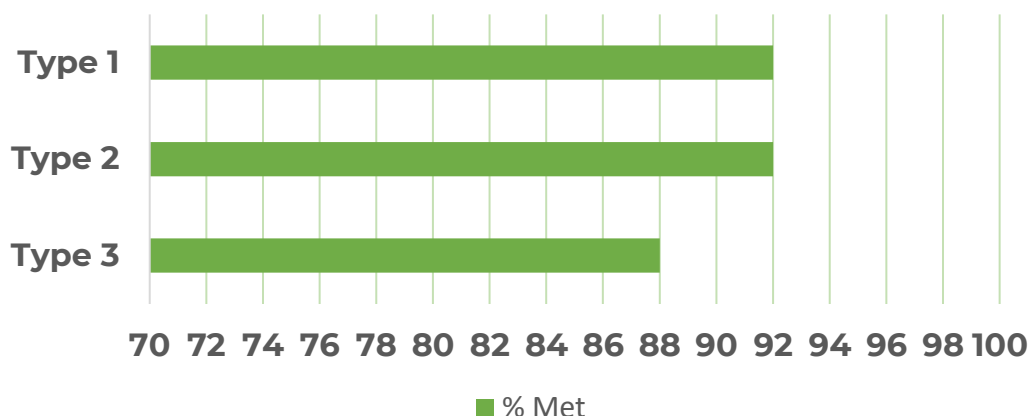
Section 1: Environment & Facilities

% Met 

Average % of standards met in this subsection – GAU/HDU/PICU/Children's services:



Average % Met for each Standard Type in this subsection – GAU/HDU/PICU/Children's services:



Achievements

- **100%** of teams encourage young people to personalise their bedrooms.
- **100%** of teams consult young people about changes to the environment.
- Young people at **100%** of services can access a charge point for electronic device (where risk permits).
- **97%** have single bedrooms.
- **100%** of services have at least one bathroom/shower room for every 3 young people.
- Staff at **95%** of services have access to a staff room.
- **97%** have entrances and exits designed to enable staff to see who is entering or leaving, and if required CCTV is used to achieve this.
- **100%** have a designated dining area for mealtimes.

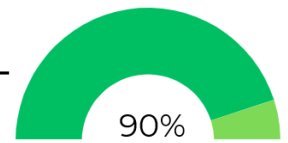
Areas for development

- **77%** have en-suite bathrooms for young people.
- **77%** have a safe environment with clear sightlines and safe external spaces.
- Staff members and young people at **67%** of services can control the heating, ventilation and light.
- Young people and staff feel safe at **90%** of services.
- **82%** have a collective response to fire drills that is agreed by the team and is rehearsed annually.
- Parents/carers at **87%** of services have access to refreshments at the unit.
- **79%** have facilities for young people to make their own hot and cold drinks and snacks 24 hours a day (where risk permits).

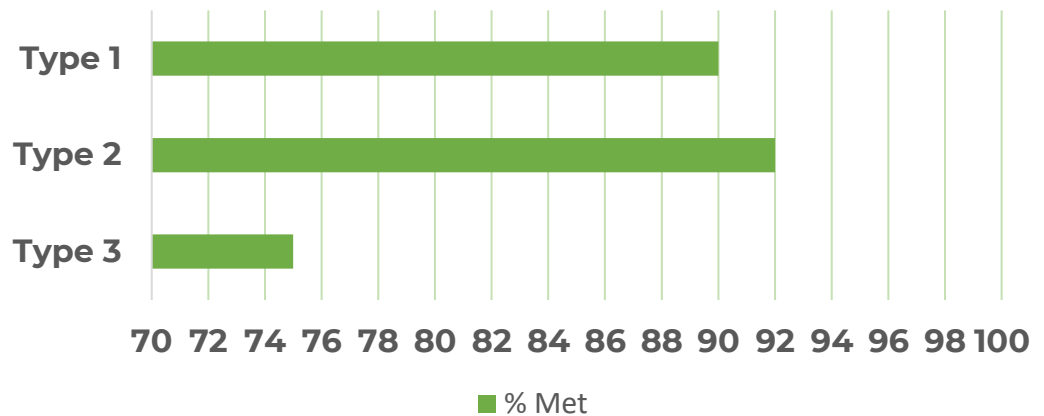
Section 1: Environment & Facilities

% Met 

Average % of standards met in this subsection – Eating Disorder services:



Average % Met for each Standard Type in this subsection – Eating Disorder services:



Achievements

- **100%** have facilities for young people to make their own hot and cold drinks and snacks which are available 24 hours a day, in line with their meal planning (where risk permits).
- **100%** of ED services have a response to fire drills, which is agreed by the team and rehearsed annually.
- **100%** of have at least one quiet room or de-escalation space on the unit.
- **100%** of ED teams consult young people about changes to the environment.
- **100%** of ED teams encourage young people to personalise their bedrooms.
- Parents/carers at **90%** of ED services have access to refreshments at the unit.

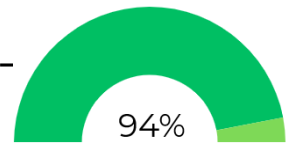
Areas for development

- Young people and staff feel safe at **90%** of ED services.
- At **70%** of ED services, staff members, young people and visitors have access to panic buttons, strip alarms or personal alarms, and there is an agreed response by staff when an alarm is used.
- **50%** have en-suite bathrooms for young people.
- **70%** of ED services have environments which comply with current legislation on disabled access.
- Staff members and young people at **70%** of ED services can control the heating, ventilation and light.
- Young people at **60%** of ED services feel staff respect their personal space, where risk permits.

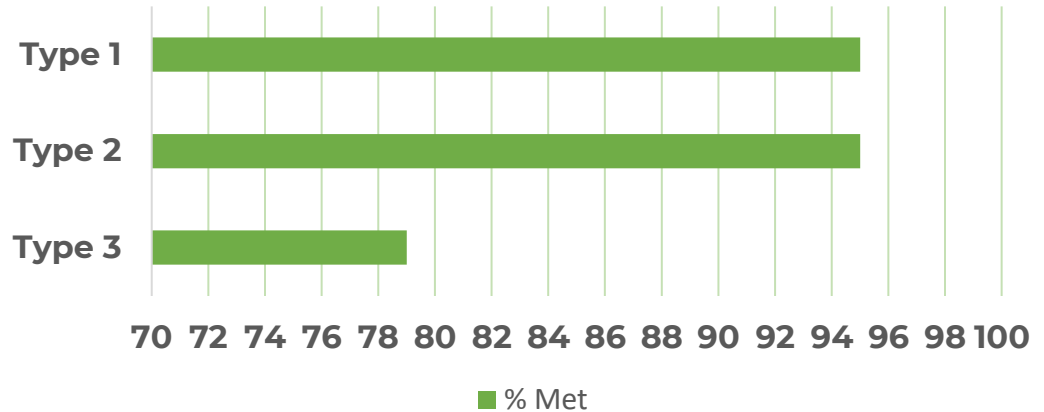
Section 1: Environment & Facilities

% Met 

Average % of standards met in this subsection –
Secure services:



Average % Met for each Standard Type in this subsection –
Secure services:



Achievements

- **100%** have a list of approved visitors for each young person.
- **100%** have panic buttons, strip alarms, or personal alarms available for staff members, young people and visitors to raise an alarm, and there is an agreed response when an alarm is used.
- **100%** have an audited personal staff alarm system.
- **100%** of have at least one quiet room or de-escalation space on the unit.
- **100%** of teams consult young people about changes to the environment.
- **100%** of teams encourage young people to personalise their bedrooms.
- Young people at **100%** can access safe outdoor space, at least daily, when requested and when it is safe to do so.

Areas for development

- **33%** have a seclusion room with direct access to a secure outdoor space.
- **70%** have a board on display with the names and photographs of staff.
- Staff members and young people at **70%** of services can control the heating, ventilation and light.
- At **70%** of services, young people can use mobile phones, computers (with access to the internet and social media), and other electronics on the ward, subject to risk assessment and in line with local policy.
- At **80%** of services, young people can access materials and facilities associated with cultural or spiritual practices.

Section 1: Environment & Facilities

QNIC Team Recommendations

Standard criteria

Recommendations

Standard 1.1.2

Staff members and young people can control heating, ventilation and light.



Services often report that it can be challenging to manage the temperature on the unit. It is important that young people can **request changes** to the temperature in their bedrooms and other ward spaces. Some young people have shared with us that being an uncomfortable temperature can affect their mood and presentation. Being able to request changes to the temperature may make a more comfortable experience for young people. Services could also use **dimmer switches** or a **staged lighting system** on the ward to allow staff and young people to change the brightness of the lighting, and to further support young people with sensory needs.

Standard 1.2.13

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.



As an ongoing commitment to equality, diversity and inclusion, services should ensure there is a **designated space** for young people to practice their faith. Units should have **direct access** to texts of all faiths, rather than providing these on an ad hoc basis. Services could have a **set of drawers** to store religious materials, separated and labelled by religion. It could also 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. In addition, services should include information about how young people can access materials/facilities associated with cultural and spiritual practices in the young people's **welcome or admission booklet**.

Standard 1.2.17

There is a board on display with the names and photographs of staff.



Services could **involve young people in the design** of the staffing board, perhaps asking young people to choose the theme of the board, such as a TV show, a colour, flowers or the sky. Young people can also be involved in choosing the layout of the photos. Services could include a **short bio** next to each staff member's name and photo, including information such as interests, pets or favourite film. Young people could be involved in **choosing topics** to include.

Section 1: Environment & Facilities

Some Review Day Highlights

Gardener Unit

Young people have access to a sports hall with a climbing wall around the perimeter, an outdoor gym, and an astroturf area.

Indigo Ward & Leigh House

These units have made adjustments to their environments to make them more autism friendly, for example by adding in sound clouds or spongy flooring to absorb the noise.

Junction 17

The school has a well-equipped D&T classroom, with various specialist machines, such as a pillar drill, laser cutter, sanding machine and t-shirt maker (risk assessed and supervised access). Here, the young people do risk-assessed upcycling work to learn about enterprise.

Linn Dara

The service has a family accommodation suite on-site with two bedrooms, a kitchen, a bathroom, and a wellness room for families and staff. The service also has an apple tree and a greenhouse where apples, courgettes and herbs are grown.

Simmons House & The Cove

At Simmons House, the sensory room and an outdoor sensory garden were designed collaboratively with the young people. At The Cove, young people have built furniture for the garden in ecotherapy, including an archway and benches.

Sitwell Ward

The school has a science laboratory where young people can safely watch science demonstrations.

Wessex House

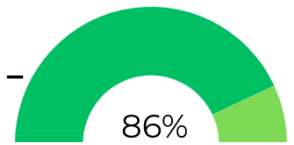
The service's environment has been transformed with fantastic colourful street art murals across walls and ceilings.



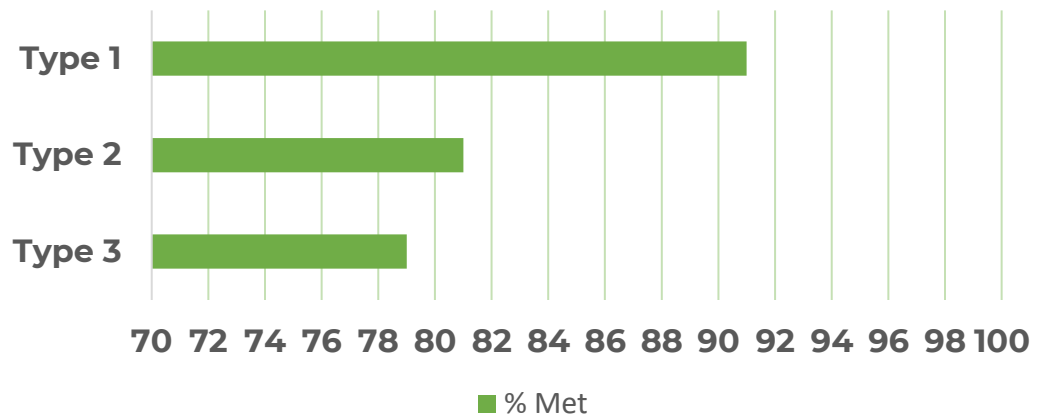
Section 2: Staffing & Training

% Met 

Average % of standards met in this subsection – GAU/HDU/PICU/Children's services:



Average % Met for each Standard Type in this subsection – GAU/HDU/PICU/Children's services:



Achievements

- Staff at **90%** of services can access reflective practice at least every 6-weeks.
- Staff at **100%** of services can take breaks on shift that comply with the European Working Time Directive.
- **97%** of services have at least 1 WTE consultant child and adolescent psychiatrist input (per 12 beds)
- Staff at **97%** of services feel able to challenge decisions and to raise any concerns they may have about standards of care.
- Staff at **97%** of services feel the unit actively supports staff health and wellbeing.
- **95%** of services have formal arrangements to ensure easy access to therapists trained in psychological interventions.

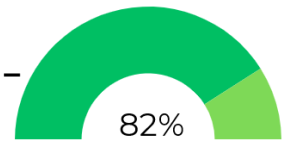
Areas for development

- **71%** have formal arrangements to access a SALT.
- **49%** involve young people, parents/carers and staff members in devising and delivering training.
- **72%** involve appropriately experienced young person or parent/carer representatives in the interview process for recruiting staff members.
- Clinical staff at **74%** of services receive individual clinical supervision at least monthly (or as otherwise specified by their professional body).
- **74%** of teams have dedicated session input from creative therapists.
- **77%** have protected time for team building once per year.
- Non-clinical staff at **74%** have received mental health awareness training.

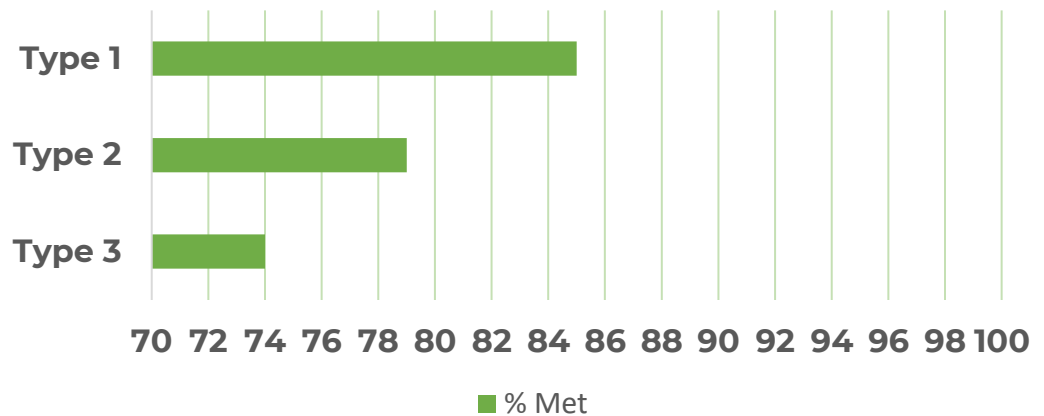
Section 2: Staffing & Training

% Met 

Average % of standards met in this subsection – Eating Disorder services:



Average % Met for each Standard Type in this subsection – Eating Disorder services:



Achievements

- **100%** have a minimum of 0.5 WTE dietetic input (per 12 beds).
- Staff at **100%** of services can take breaks on shift that comply with the European Working Time Directive.
- **90%** of services have at least 1 WTE consultant child and adolescent psychiatrist input (per 12 beds)
- Staff at **100%** of services feel able to challenge decisions and to raise any concerns they may have about standards of care.
- At **90%**, 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.

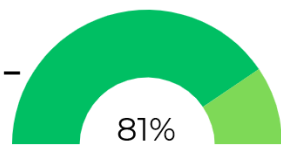
Areas for development

- **60%** have at least 1 WTE social worker (per 12 beds).
- **60%** have at least 1 WTE occupational therapist.
- **60%** have formal arrangements to ensure easy access to a speech and language therapist.
- Staff at **70%** of services can access reflective practice at least every 6-weeks.
- Staff at **40%** have training on quality improvement methodology and identifying priority QI projects.
- **70%** involve young people, parents/carers and staff members in devising and delivering training.
- Staff at **60%** of services receive individual clinical supervision at least monthly (or as otherwise specified by their professional body).

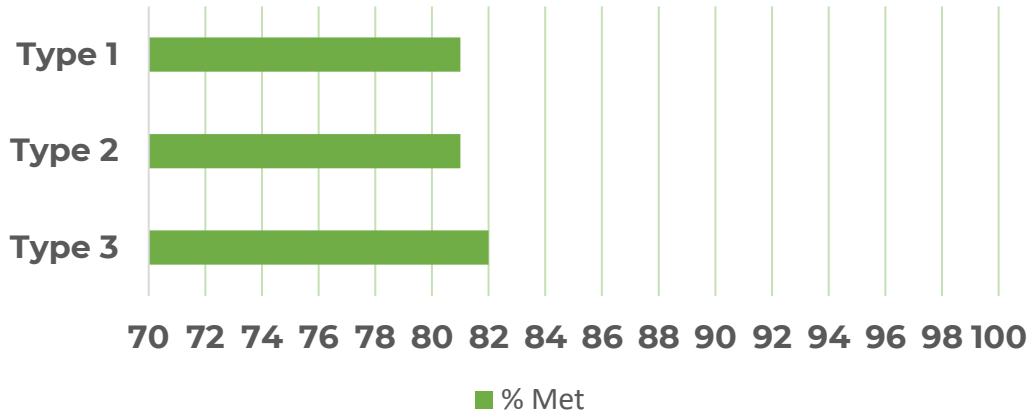
Section 2: Staffing & Training

% Met

Average % of standards met in this subsection – Secure services:



Average % Met for each Standard Type in this subsection – Secure services:



Achievements

- **90%** have at least 1 WTE social worker (per 10 beds).
- At nighttime, **100%** of services have at least four staff on duty, including one registered staff member and access to additional support as appropriate (per 10 beds).
- Staff at **100%** of services feel the unit actively supports staff health and wellbeing.
- Staff at **100%** of services feel able to challenge decisions and to raise any concerns they may have about standards of care.
- **100%** have formal arrangements to ensure easy access to a dietician.
- Staff at **90%** have training on relational security.
- Staff at **90%** have training on effective strategies to inform behaviour management.

Areas for development

- Staff at **70%** have training in adolescent development.
- **33%** of Low Secure services have at least 1 WTE family therapist (per 10 beds).
- **67%** of Medium Secure services have least 0.5 WTE family therapist (per 10 beds).
- **60%** have protected time for team building and discussing service development annually.
- **70%** of services have at least 1 WTE consultant psychiatrist input (per 10 beds).
- **70%** of services have at least 1 WTE occupational therapist (per 10 beds).
- **60%** have access to a sensory integration trained therapist.
- **70%** involve young people, parents/carers and staff members in devising and delivering training.

Section 2: Staffing & Training

QNIC Team Recommendations

	Standard criteria	Recommendations
Standard 2.1.7	<p>Appropriately experienced young person or parent/ carer representatives are involved in the interview process for recruiting potential staff members.</p> 	<p>Young people and parents/carers could be involved in recruitment by creating questions to ask in interviews, or by providing their feedback on candidate's responses. Services could also aim to have a young person and/or parent/carer representative on every interview panel, giving them the opportunity to ask questions. Some services include young people and parents/carers in the final decision making after interviews. When interviews are carried out by the Trust, services could contact their Trust with interview questions devised by young people, and share the core values young people would like new staff to embody.</p>
Standard 2.3.8	<p>Young people, parents/ carers and staff members are involved in devising and delivering training.</p> 	<p>Services could co-create any new training packages with young people and parents/carers. Some services recruit former patients and their families to support with the development or delivery of staff training, either as a one off, or throughout the year. Former patients and parents/carers could be invited to training sessions to share their experiences of certain elements of care on the ward, or to share their thoughts on any opportunities for learning. If young people or parents/carers would not like to attend training sessions in person, services could consider utilising virtual methods, such as audio and video clips recorded by them and include these in staff training.</p>
Standard 2.4.8	<p>The team has protected time for team building and discussing service development at least once a year.</p> 	<p>A common challenge has been protecting time for team building for several reasons, such as having high acuity on the ward and/or staffing challenges. Services could consider splitting team building sessions across different days, to ensure that all staff are able to attend at least one session. Protecting time for team building and discussing service development each year is very important for staff morale.</p>

Section 2: Staffing & Training

Some Review Day Highlights

Chalkhill & Linn Dara

These services offer monthly training days and/or weekly CPD sessions covering a wide range of topics tailored towards staff member's interests and needs. One service splits the training days over two days so that all staff can attend.

Ellern Mede Moorgate

The 'meet the staff' board has a section for posters about new starters so that young people and staff on the ward can familiarise themselves with them.

Gardener Unit

The team have added a video of a young person singing a song they wrote into the CAMHS induction for new staff.

Longview Ward (St Aubyn Centre)

The service has a range of initiatives to increase recruitment into psychiatry. For example, the service offers induction days for paediatric teams, has links with three different universities and supports placements and electives for clinicians at all stages of their career.

Lower Court & Wessex House

These units involve young people in the interview process for new staff, with opportunities to write questions, sit in the interviews and provide their feedback on candidates. One service gives young people vouchers for their involvement.

Schoen Clinic Newbridge

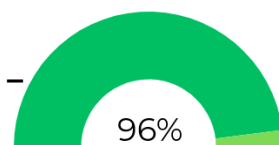
The unit has 'healthcare hero' awards where staff nominate each other, and a panel choose a winner, who will receive a £25 amazon voucher. There are also 'long service' awards for 2, 5, 10, 15 and 20 years of service, where recipients receive a certificate, voucher and badge for their length of service.



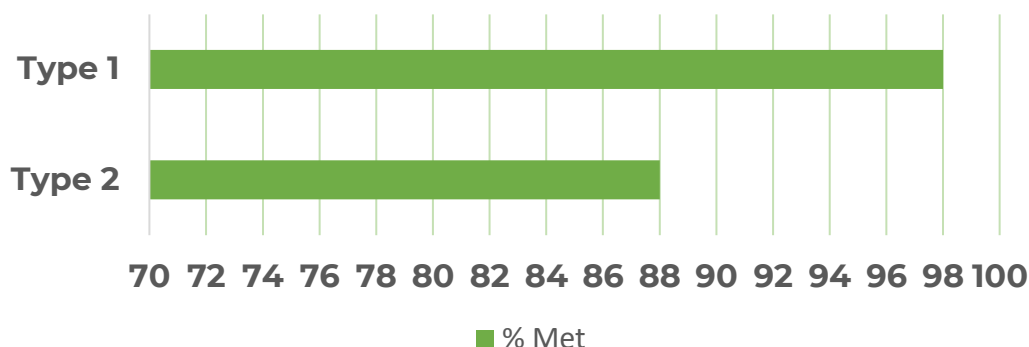
Section 3: Access, Admission & Discharge

% Met 

Average % of standards met in this subsection – GAU/HDU/PICU/Children's services:



Average % Met for each Standard Type in this subsection – GAU/HDU/PICU/Children's services:



Please note, there are no Type 3 standards in this section.

Achievements

- **97%** actively support families to overcome barriers to access.
- Young people at **100%** of services feel welcomed by staff members on admission.
- **100%** invite a representative from the young person's community team to attend and contribute to relevant meetings e.g., CPAs, and discharge planning meetings.
- At **100%** of services, a transition meeting takes place by the time the young person is age of 17.5 years.
- **100%** ensure that young people who are discharged have arrangements in place to be followed up within one week of discharge.
- **97%** involve parents/carers in discussions about their young person's care (with the young people's consent).

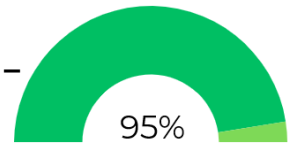
Areas for development

- Parents/carers at **85%** of services 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.
- **82%** send a discharge summary within a week to the young person's GP and others identified as involved in their ongoing care.
- **87%** 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 their GP's care.

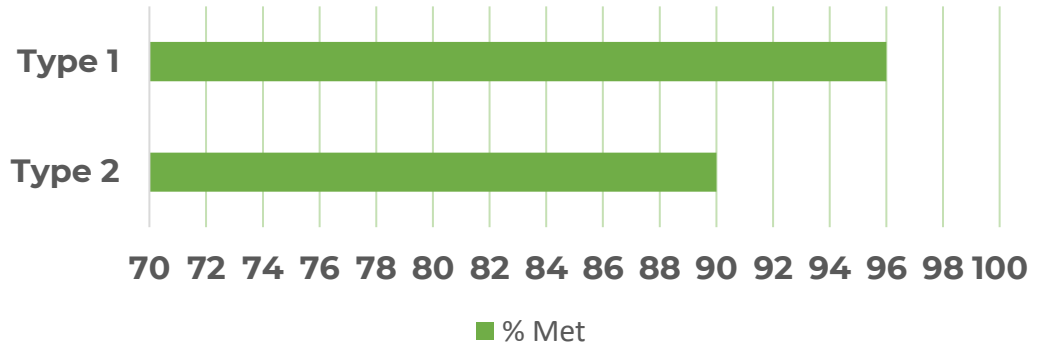
Section 3: Access, Admission & Discharge

% Met 

Average % of standards met in this subsection – Eating Disorder services:



Average % Met for each Standard Type in this subsection – Eating Disorder services:



Please note, there are no Type 3 standards in this section.

Achievements

- **100%** actively support families to overcome barriers to access.
- Young people at **100%** of services feel welcomed by staff members on admission.
- **100%** involve parents/carers (with the young person's consent) in discussions and decisions about the young person's care, treatment and discharge planning.
- **100%** provide written feedback to referrers, GPs and other relevant professionals at least once every four weeks.
- At **100%** of services, a transition meeting takes place by the time the young person is age of 17.5 years.
- **90%** link in with local adult eating disorder services to develop a transition policy.

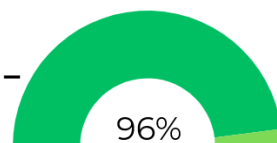
Areas for development

- **50%** of services that admit young people in cases of emergencies, can admit young people within 24 hours (including out of hours).
- **70%** send a discharge summary within a week to the young person's GP and others identified as involved in their ongoing care.
- Young people at **80%** of services 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.

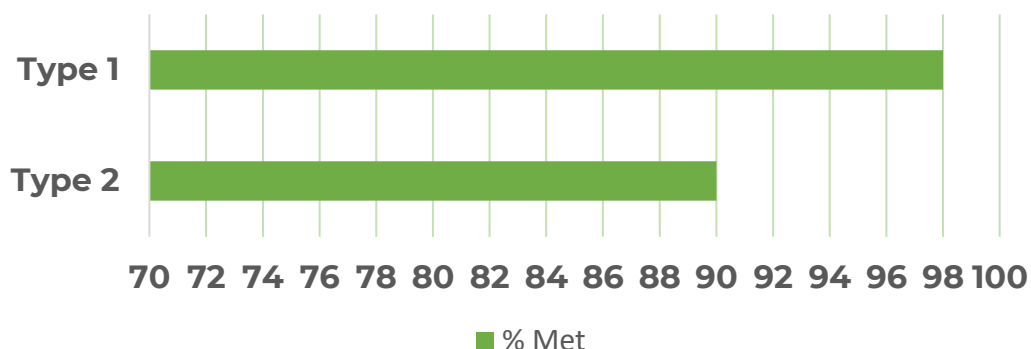
Section 3: Access, Admission & Discharge

% Met 

Average % of standards met in this subsection –
Secure services:



Average % Met for each Standard Type in this subsection –
Secure services:



Please note, there are no Type 3 standards in this section.

Achievements

- **90%** actively support families to overcome barriers to access.
- Young people **at 100%** of services feel welcomed by staff members on admission.
- Young people **at 100%** have access to primary healthcare for chronic conditions, screening and vaccines. Where indicated, eye tests, hearing tests and dental check-ups are facilitated.
- **100%** send a discharge summary within a week to the young person's GP and others identified as involved in their ongoing care.
- **100%** involve parents/carers (with the young person's consent) in discussions and decisions about the young person's care, treatment and discharge planning.
- **100%** do not exceed agreed occupancy levels.

Areas for development

- At **80%** of services, young people have a comprehensive mental health assessment, started within 4 hours and completed within 1 week. This involves the multi-disciplinary team and includes young people's mental health and medication, psychosocial and psychological needs, strengths and areas for development.
- At **80%** of services, a transition meeting takes place by the time the young person is age of 17.5 years.
- At **70%** of services, parents/carers are offered individual time with staff (with the young person's consent), within 48 hours of the young person's admission to discuss concerns, family history and their own needs.

Section 3: Access, Admission & Discharge

Some Review Day Highlights

Chalkhill & Opal and Jaspers Ward

These units hold goodbye celebrations when young people are being discharged. At Chalkhill, young people get together and say nice things about the young people being discharged.

Dudhope & Ward 4

These units have a family flat and/or a family fund in place to provide practical and financial support for families. This enhances the units' accessibility and promotes connections between young people and their families whilst on the units.

Junction 17

The school provides guidance on what the young people could do after discharge, including advice and support on careers, apprenticeships and voluntary work. The school has links with a job agency who assists under 18s with finding work.

Pebble Lodge

The service has a transitions nurse, supporting young people throughout their discharge. This role allows for continuity of care after discharge, and to ensure young people have a seamless discharge process.

QNIC Team Recommendations

Standard criteria

Standard 3.3.8

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.



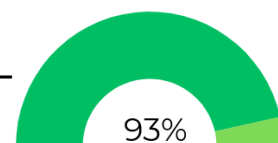
Recommendations

Services could begin to complete the tasks required for the discharge paperwork **in the lead up to the discharge date**, this would include writing discharge summaries. Services could also develop a **checklist system** where tasks required to complete the discharge paperwork are allocated to different staff, with deadlines. For example, a keyworker could be responsible for contacting people identified as involved in the young person's care, and a psychiatrist could be responsible for providing a summary on medications. The team could also add discharge paperwork to **handovers**.

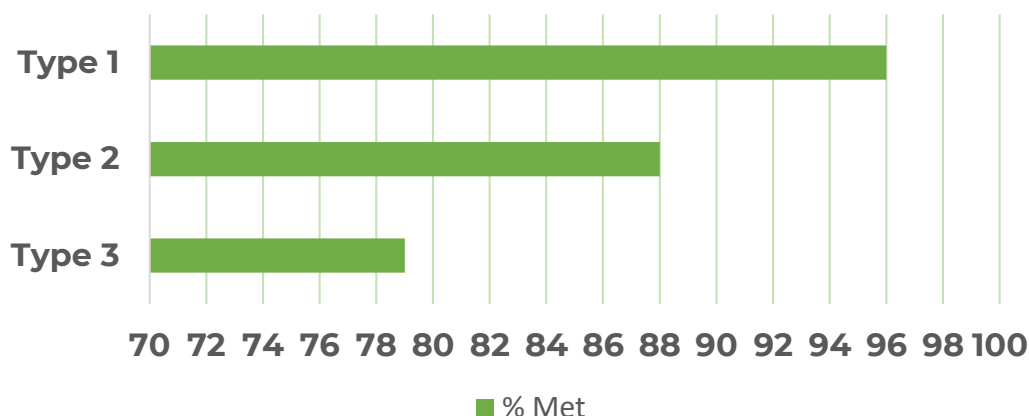
Section 4: Care and Treatment

% Met

Average % of standards met in this subsection – GAU/HDU/PICU/Children's services:



Average % Met for each Standard Type in this subsection – GAU/HDU/PICU/Children's services:



Achievements

- **100%** update parents/carers on their child's progress at least weekly, subject to confidentiality.
- At **92%**, young people are offered pre-arranged sessions with their key worker or named nurse at least weekly.
- **97%** of services are part of an education organisation that is a registered examination centre.
- At **100%**, young people and parents/carers know who the key people are in their team and how to access them if they have any questions.
- Young people at **97%** are proactively offered access to an advocacy service, including IMHAs for those detained.
- Staff at **92%** of services ask young people for feedback about the food and this feedback is acted upon.

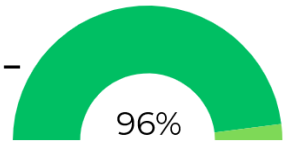
Areas for development

- Young people at **69%** have a seven-day personalised therapeutic/recreational timetable of activities.
- **72%** contribute to a national dataset on routine outcome measurements to allow for information sharing, such as the QNIC-ROSE service.
- **77%** provide educational outings, as appropriate.
- At **87%** of services, teachers and nursing staff have a handover at the beginning and end of each school day.
- At **82%**, every young person has a written care plan, reflecting their individual needs, which young people and parents/carers (with the young person's consent) are involved in developing, and they are offered a copy.

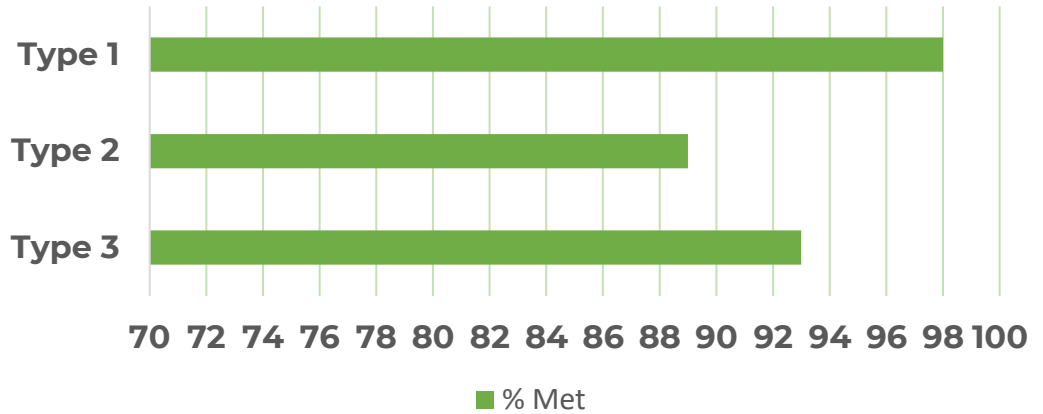
Section 4: Care and Treatment

% Met

Average % of standards met in this subsection – Eating Disorder services:



Average % Met for each Standard Type in this subsection – Eating Disorder services:



Achievements

- **100%** hold a minuted ward community meeting that is attended by young people and staff (held weekly or otherwise agreed by the group of young people).
- **100%** of young people have supported periods of home leave or to an otherwise appropriate setting to develop independent eating, well in advance of discharge.
- Staff at **100%** provide pre- and post-meal/snack support to young people, appropriate to the individual's care plan.
- **100%** update parents/carers on their child's progress at a minimum of once a week, subject to confidentiality.
- At **100%**, young people and parents/carers know who the key people are in their team and how to access them if they have any questions.

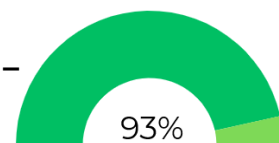
Areas for development

- **80%** provide educational outings, as appropriate.
- Young people at **80%** have a seven-day personalised therapeutic/recreational timetable of activities.
- Young people at **80%** receive psychoeducation on topics including but not limited to stress management and anger management.
- Young people at **80%** have access to interventions that address nutrition, cognitive restructuring, mood regulation, social skills, body image concern, self-esteem, and relapse prevention.
- At **70%**, each young person is offered a pre-arranged session with their key worker or named nurse at least once a week.

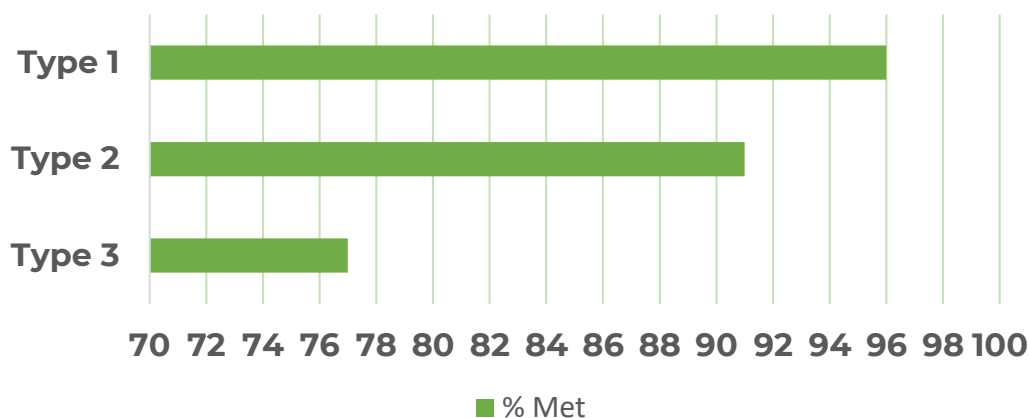
Section 4: Care and Treatment

% Met 

Average % of standards met in this subsection – Secure services:



Average % Met for each Standard Type in this subsection – Secure services:



Achievements

- At **100%**, teachers contribute to multi-disciplinary meetings.
- At **100%**, young people and parents/carers know who the key people are in their team and how to access them if they have any questions.
- Young people at **100%** are proactively offered access to an advocacy service, including IMHAs for those detained.
- **100%** provide young people 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.
- Staff at **100%** ask young people for feedback about the food and this feedback is acted upon.

Areas for development

- **80%** provide educational outings, as appropriate.
- **60%** contribute to a national dataset on routine outcome measurements to allow for information sharing, such as the QNIC-ROSE service.
- **80%** update parents/carers on their child's progress at a minimum of once a week, subject to confidentiality.
- Where there is a therapeutic benefit, **56%** of services have arrangements for families to eat at mealtimes and the cost of the meal is covered by the organisation.
- At **70%**, each young person is offered a pre-arranged session with their key worker or named nurse at least once a week to discuss progress, care plans and concerns.

Section 4: Care & Treatment

QNIC Team Recommendations

Standard criteria

Recommendations

Standard 4.1.1

Every young person has a written care plan, reflecting their individual needs. Staff members collaborate with young people and parents/carers (with the young person's consent) when developing the care plan and they are offered a copy.



A common challenge is that care plans are not written in a young-person friendly way. Services should **clearly include the young person's voice** in their care plan by writing sections, or the whole care plan, in **first person**. Services should add **signature boxes** for the young person and their parents/carers to sign. This could be facilitated digitally using **signature software** such as Carbon, if not in-person. Services could add a **tick box** to confirm whether the young person and their parents/carers have been offered a copy, and whether they have **accepted or declined** this offer.

Standard 4.2.1

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.



It is important for young people to have their own individualised 7-day timetable, incorporating **school lessons, activities and interventions**. This could be **reviewed in key worker sessions** to plan for the week ahead. Service should ensure that young people on the ward at the weekend have a **structured weekend timetable**. Services may benefit from **an activity coordinator** to assist with planning and facilitating activities.

Standard 4.2.8

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.



Services should ensure key worker meetings are **pre-arranged** and included within young people's **timetables**. 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 a pre-arranged session with a least one of their key workers per week. It may be helpful to **keep track of attendance**.

Standard 4.4.3

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

Services can **use the QNIC-ROSE system**, formerly QNIC-ROM, to collect and analyse routine outcome measurement (ROM) data over time. Staff can upload 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.

Section 4: Care & Treatment

Some Review Day Highlights

Brighton and Hove Clinic, Ellern Mede Barnet & Mildred Creak

These services facilitate trips off the ward, including trips to university fairs, a trampoline park, museums and/or residential trips, such as to PGL (risk assessed).

Galaxy House

Galaxy House runs a music programme every year, giving young people the opportunity to express their thoughts and emotions through music. The service also offers supported leave and family visits at a local Ronald McDonald House, which is particularly helpful for young people whose family home is far away from the unit.

Mildred Creak & Opal and Jaspers Ward

These services encourage young people to carry out community duties on the ward, such as cleaning, tidying up and watering the plants. This promotes independence, taking ownership and is an excellent opportunity for young people to acquire life skills.

Phoenix Centre

The service runs family days every two weeks, where parents/carers can spend time with current and former parents/carers.

Sitwell Ward

The school has a book vending machine and young people have the opportunity to earn tokens to buy a book from it. If a young person would like a book that isn't in the vending machine, staff will source this for them.

The Croft

Children can use the kitchen with staff or their parents/carers, to encourage normal family mealtimes and cooking together.

Willow Grove

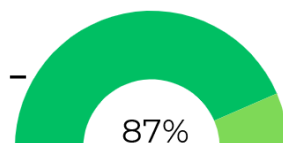
Young people can have visits from their pets on the outdoor basketball court.



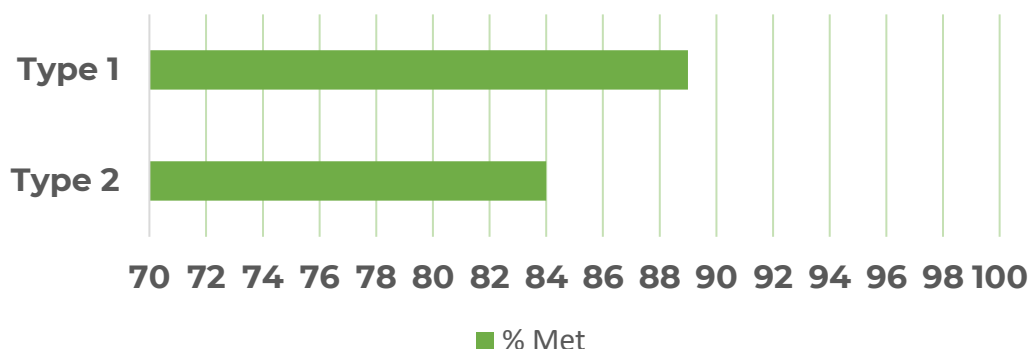
Section 5: Information, Consent & Confidentiality

% Met 

Average % of standards met in this subsection – GAU/HDU/PICU/Children's services:



Average % Met for each Standard Type in this subsection – GAU/HDU/PICU/Children's services:



Please note, there are no Type 3 standards in this section.

Achievements

- **92%** follow a protocol for responding to parents/carers when the young person does not consent to their involvement.
- **87%** of services have a website which provides information about the unit that young people and parents/carers can access prior to admission.
- **95%** use 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.
- At **86%**, parents/carers are supported to access a statutory carers' assessment, provided by an appropriate agency.

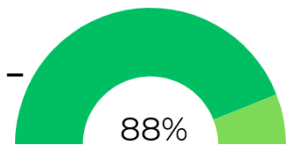
Areas for development

- **77%** provide each parent/carer with accessible carers information.
- At **85%** of services, young people are offered information on their human rights in relation to restrictive practices and the redress they can have in relation to this.
- **77%** provide young people with an information pack on admission that contains the following: A description of the service; The therapeutic programme; Information about the staff team; The unit code of conduct; Key service policies (e.g., permitted items, smoking policy); Resources to meet spiritual, cultural or gender needs.

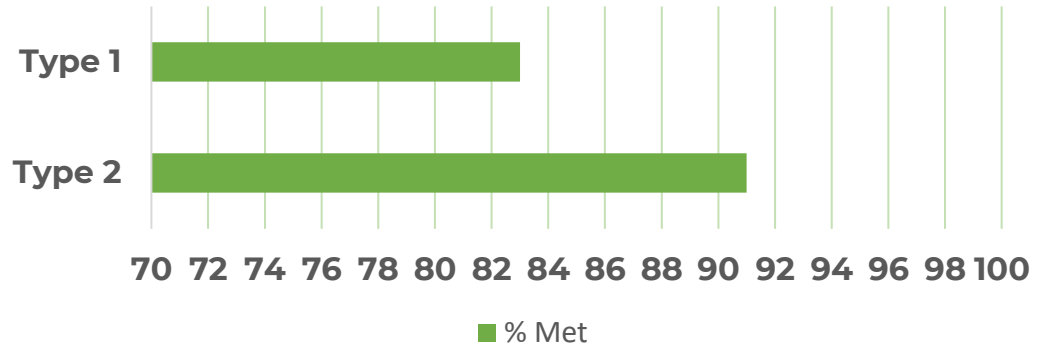
Section 5: Information, Consent & Confidentiality

% Met 

Average % of standards met in this subsection – Eating Disorder services:



Average % Met for each Standard Type in this subsection – Eating Disorder services:



Please note, there are no Type 3 standards in this section.

Achievements

- **90%** follow a protocol for responding to parents/carers when the young person does not consent to their involvement.
- **90%** have a website which provides information about the unit that young people and parents/carers can access prior to admission.
- **100%** provide each parent/carer with accessible carer's information.
- **100%** use 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.
- At **90%**, parents/carers are supported to access a statutory carers' assessment, provided by an appropriate agency.

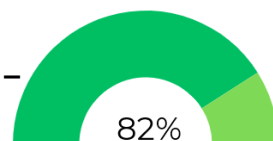
Areas for development

- At **80%**, parents/carers are given information on sources of support for carers that is tailored for people with eating disorders.
- At **60%**, young people and parents/carers are offered written and verbal information about the young person's mental illness.
- **80%** of services explain confidentiality and its limits 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.

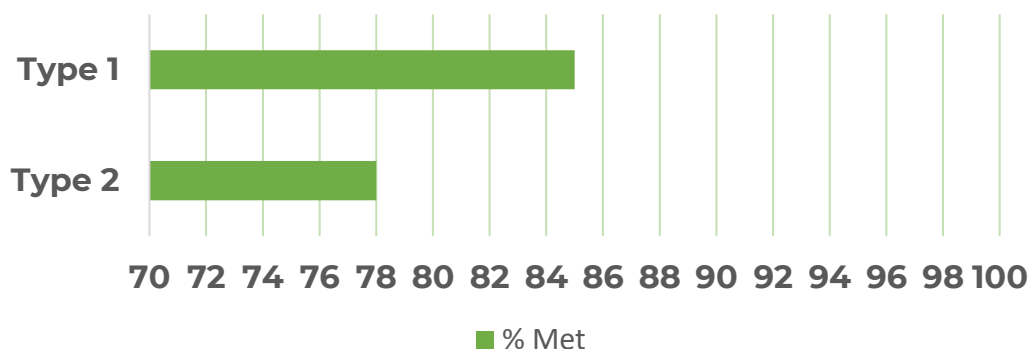
Section 5: Information, Consent & Confidentiality

% Met 

Average % of standards met in this subsection –
Secure services:



Average % Met for each Standard Type in this subsection –
Secure services:



Please note, there are no Type 3 standards in this section.

Achievements

- **100%** of services follow a protocol for responding to parents/ carers when the young person does not consent to their involvement.
- **100%** use interpreters with sufficient knowledge and skilled to provide a full and accurate translation. Relatives are not used in this role unless there are exceptional circumstances.
- **100%** do 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 should be undertaken at every point that a young person is required to participate in decision making.

Areas for development

- At **70%**, young people and parents/carers are offered written and verbal information about the young person's mental illness.
- **70%** have a website which provides information about the unit that young people and parents/carers can access prior to admission.
- **60%** provide young people with an information pack on admission that contains the following: A description of the service; The therapeutic programme; Information about the staff team; The unit code of conduct; Key service policies (e.g., permitted items, smoking policy); Resources to meet spiritual, cultural or gender needs.

Section 5: Information, Consent & Confidentiality

Some Review Day Highlights

**Mulberry Ward,
Cygnet Bury**

The unit provides parents/carers with a jargon buster document, explaining key terminology, before ward round meetings.

**Simmons
House**

There is a display board about 'safeguarding for social media' on the unit. It provides accessible information for young people about how to stay safe online.

QNIC Team Recommendations

Standard criteria

Recommendations

Standard 5.1.1

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



Parents/carers often report that it would have been helpful to see **more information** on the website to help them to prepare for their child's admission, such as mealtimes, visiting times, names/contact details for staff and an idea of what goes on a day-to-day basis. Websites could be **created collaboratively with young people and parents/carers**, including the useful information they'd like to find on the website. Parents/carers have reported that it would be helpful to have a **video tour of the unit** on the website, so they can see the environment beforehand.

Standard 5.1.4

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.

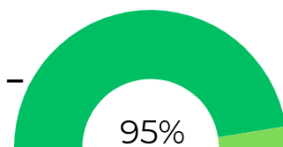


Young people could be **a given a copy of this information for their bedroom**, and **key workers** should read through this with them. Services could **add a checklist to admission paperwork** to record whether confidentiality and its limits has been explained to the young person and their parents/carers, both verbally and in writing. Services could consider reminding young people and their parents/carers of this information **later in the admission**, as there can be a lot of information to remember at admission.

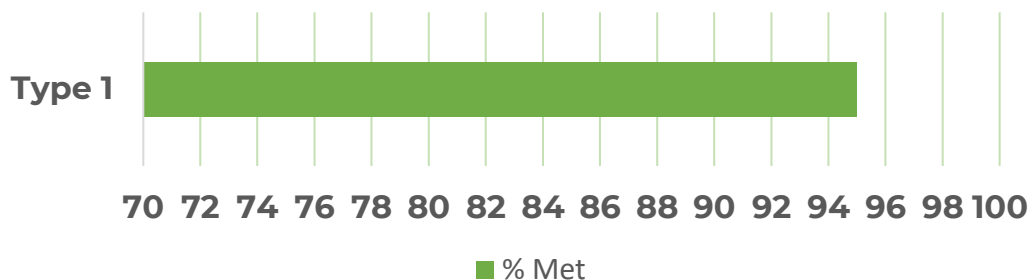
Section 6: Young People's Rights & Safeguarding Children

% Met 

Average % of standards met in this subsection – GAU/HDU/PICU/Children's services:



Average % Met for each Standard Type in this subsection – GAU/HDU/PICU/Children's services:



Please note, there are no Type 2 or Type 3 standards in this section.

Achievements

- **97%** record whether a young person has a child protection plan in place.
- **97%** demonstrated that they use seclusion or segregation only as a last resort, and for brief periods only.
- At **97%**, patients on constant observations receive at least one hour per day being observed by a member of staff who is familiar to them.
- At **100%**, 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.
- Young people at **97%** report feeling listened to and understood by staff.

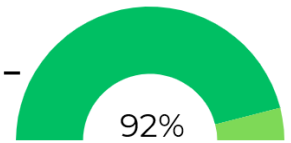
Areas for development

- At **90%**, staff young people and parents/carers who are affected by a serious incident, including control and restraint and rapid tranquilisation, are offered post incident support.
- At **90%** of services, young people are cared for in the least restrictive environment possible.
- At **90%**, 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 QI methodology.
- Young people and parents/carers at **92%** of services reported that staff treated them with compassion, dignity and respect.

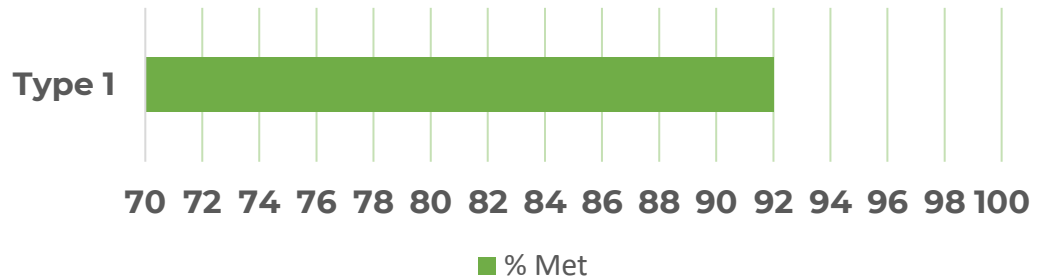
Section 6: Young People's Rights & Safeguarding Children

% Met 

Average % of standards met in this subsection – Eating Disorder services:



Average % Met for each Standard Type in this subsection – Eating Disorder services:



Please note, there are no Type 2 or Type 3 standards in this section.

Achievements

- Parents/carers feel supported by the ward staff members at **100%** of services.
- **100%** involve young people in decisions about their level of observation by staff.
- At **100%**, young people on constant observations receive at least one hour per day being observed by a member of staff who is familiar to them.
- Staff at **100%** of services do not restrain young people in a way that affects their airway, breathing or circulation.
- At **100%** of services, 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.

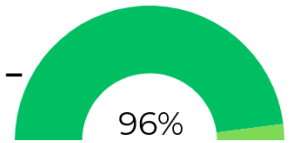
Areas for development

- At **80%**, staff young people and parents/carers who are affected by a serious incident, including control and restraint and rapid tranquilisation, are offered post incident support.
- Young people and parents/carers at **90%** reported that staff treated them with compassion, dignity and respect.
- At **70%**, repeated restraint for the purpose of NG tube feeding is reviewed and a second opinion is sought and recorded.
- **80%** demonstrated that they use seclusion or segregation only as a last resort and for brief periods only.
- Young people at **80%** reported that they feel listened to and understood by staff members.

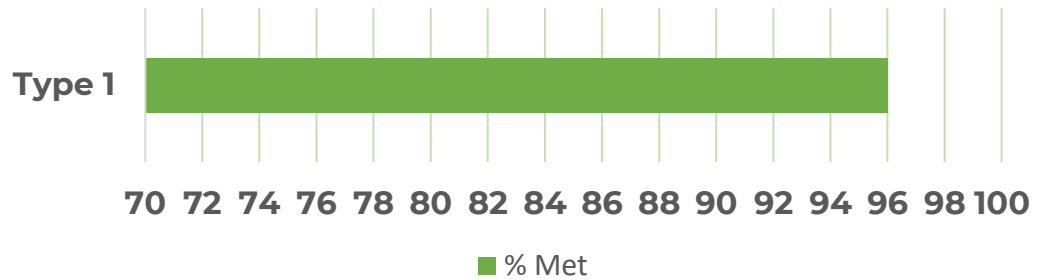
Section 6: Young People's Rights & Safeguarding Children

% Met 

Average % of standards met in this subsection –
Secure services:



Average % Met for each Standard Type in this subsection –
Secure services:



Please note, there are no Type 2 or Type 3 standards in this section.

Achievements




- Staff treat all young people and their parents/carers with compassion, dignity and respect at **100%**.
- **100%** only use seclusion or segregation as a last resort, and for brief periods only.
- Staff at **100%** do not restrain young people in a way that affects their airway, breathing or circulation.
- At **100%**, young people on constant observations receive at least one hour per day being observed by a member of staff who is familiar to them.
- **100%** record parental responsibility in the young person's notes.
- **100%** record whether a young person has a child protection plan in place.

Areas for development

- Young people at **90%** report feeling listened to and understood by staff.
- Parents/carers feel supported by the ward staff members at **90%** of services.
- **90%** are demonstrating the efforts they are making to end any periods of long-term seclusion or segregation.
- At **90%** of services, young people are involved in decisions about their level of observation by staff.
- At **90%** of services, young people are cared for in the least restrictive environment possible, while ensuring appropriate levels of safety and promoting recovery.

Section 6: Young People's Rights & Safeguarding Children

QNIC Team Recommendations

	Standard criteria	Recommendations
Standard 6.3.8	<p>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.</p> 	<p>Services should ensure they follow a post-incident protocol which allows for time to be given for de-briefs with all staff, young people and parents/carers affected, in a timely manner. The MDT could be made more readily available for support during times of high acuity. Offering debriefs could be a checklist criterion on incident forms, and staff could record whether they occurred.</p>
Standard 6.3.1	<p>Young people are cared for in the least restrictive environment possible, while ensuring appropriate levels of safety and promoting recovery.</p>	<p>Staff could ask the young people what they think is restrictive on the ward, and take their feedback into account when reviewing restrictions. Services could discuss restrictive practices in community meetings. Services should work towards removing any blanket restrictions on the ward.</p>
Standard 6.1.2	<p>Young people feel listened to and understood.</p> 	<p>Services should ensure that there are a range of ways for young people to provide their feedback on the unit, and give their views about the treatment and care. Some units have anonymous suggestions boxes, 'you said we did' boards on display, spaces in community meetings for young people to raise concerns, and/or 'drop in' times to see specific members of staff. Services should ensure an advocate comes onto the ward in-person.</p>
Standard 6.2.7	<p>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.</p> 	<p>Services should have a protocol to follow in this instance, for both in and out of hours. The protocol should include key contacts, key staff members involved in each step of the process (e.g., ward manager, social worker), and timeframes for each step (such as within 24 hours). Services would also benefit from information about local authorities in the area, and their contact details.</p>

Section 6: Young People's Rights & Safeguarding Children

Some Review Day Highlights

Linn Dara

The service has a restraint reduction group, focusing on how to most effectively support young people before, during and after an incident. Staff ask the young people how they would like to be supported before, during and after incidents.

The Darwin Centre
(Staffordshire)

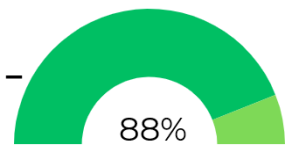
The unit has a 'beef scale' on the wall for young people and staff to rate how they are feeling on the ward by sliding an image of a cow between 1-10. Staff use the beef rating to prompt conversations with young people about how they are feeling on the ward, ensuring young people feel listened to.



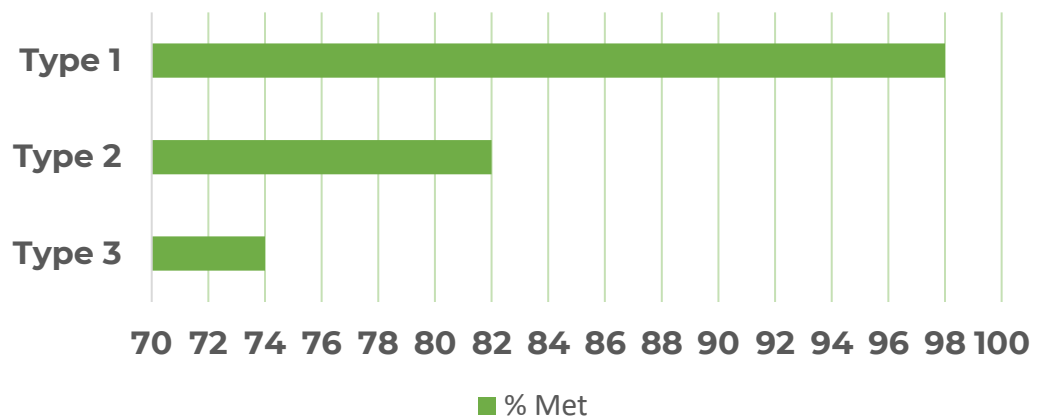
Section 7: Clinical Governance

% Met 

Average % of standards met in this subsection – GAU/HDU/PICU/Children's services:



Average % Met for each Standard Type in this subsection – GAU/HDU/PICU/Children's services:



Achievements

- **100%** have a policy on the use of seclusion and long-term segregation.
- **100%** have systems in place to enable staff members to quickly and effectively report incidents, and managers encourage staff members to do this.
- **90%** of services use QI methods to implement service improvement.
- At **100%**, 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.
- **100%** have policies and procedures on the management of aggression and violence and the use of physical restraint.

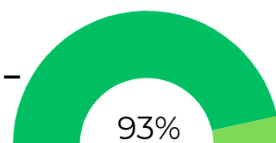
Areas for development

- **77%** formally record all referrals with respect to race, gender, home area and disability, and this is reviewed annually.
- **72%** are developed in partnership with appropriately experienced service users and carers who have an active role in decision making.
- **50%** of services involve the staff, young people and parent/carers in identifying priority audit topics in line with national and local priorities, and feedback received.
- **77%** of teams actively encourages young people and parents/carers to be involved in QI initiatives.

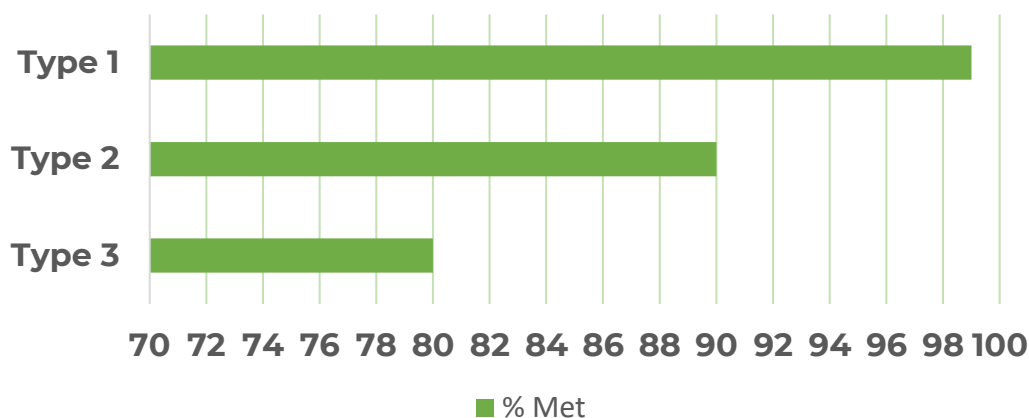
Section 7: Clinical Governance

% Met 

Average % of standards met in this subsection – Eating Disorder services:



Average % Met for each Standard Type in this subsection – Eating Disorder services:



Achievements

- **100%** have a policy on the use of rapid tranquilisation.
- **100%** have systems to enable staff members to quickly and effectively report incidents, and managers encourage staff members to do this.
- **100%** have measures in place to record and audit referrals, terminated referrals and waiting lists.
- At **100%**, 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.
- **100%** have policies and procedures on the management of aggression and violence and the use of physical restraint.

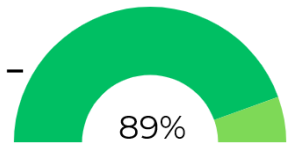
Areas for development

- **89%** have an up-to-date policy on the use of seclusion and long-term segregation.
- **80%** have 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.
- **70%** of services involve the staff, young people and parent/carers in identifying priority audit topics in line with national and local priorities, and feedback received.
- **78%** of teams actively encourages young people and parents/carers to be involved in QI initiatives.

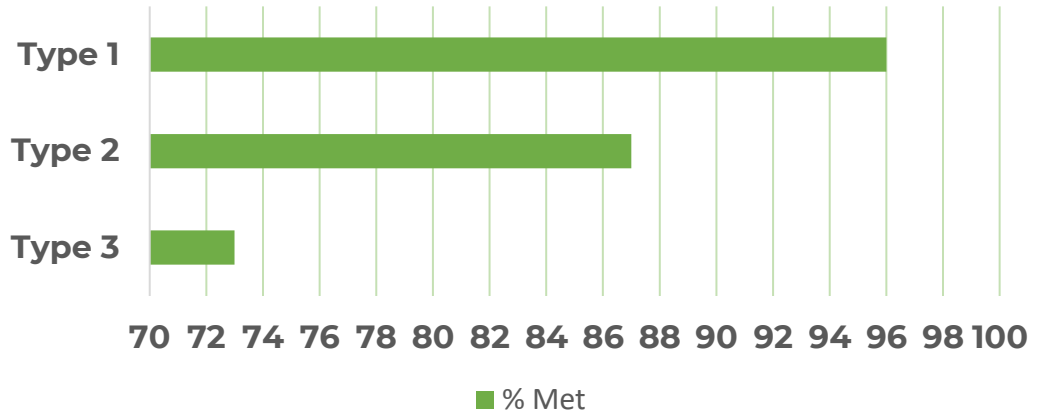
Section 7: Clinical Governance

% Met 

Average % of standards met in this subsection – Secure services:



Average % Met for each Standard Type in this subsection – Secure services:



Achievements

- **100%** have measures in place to record and audit referrals, terminated referrals and waiting lists.
- **100%** have a well-attended business meeting held within the team at least monthly where information and learning is disseminated, and the business of care on the ward can be discussed.
- At **100%**, 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.
- **100%** have policies and procedures on the management of aggression and violence and the use of physical restraint.

Areas for development

- **70%** formally record all referrals with respect to race, gender, home area and disability, and this is reviewed annually.
- **80%** follow an agreed protocol with local police, which ensures effective liaison on incidents of criminal activity/harassment/violence.
- **50%** of services involve the staff, young people and parent/carers in identifying priority audit topics in line with national and local priorities, and feedback received.
- **70%** of teams actively encourages young people and parents/carers to be involved in QI initiatives.

Section 7: Clinical Governance

QNIC Team Recommendations

Standard criteria

Recommendations

Standard 7.2.5

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

Standard 7.2.6

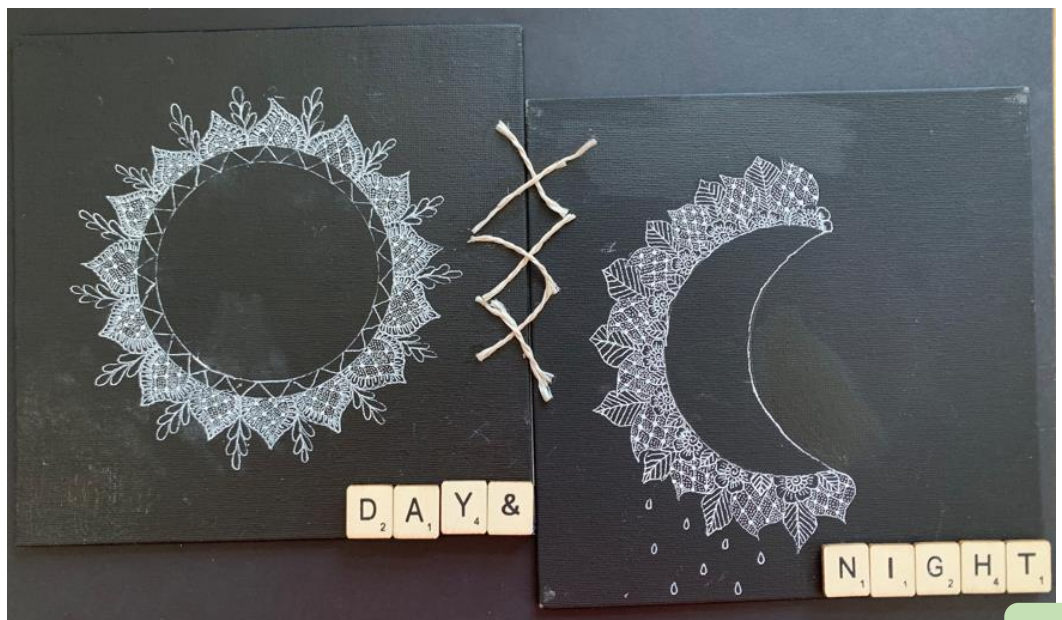
The team uses quality improvement (QI) methods to implement service improvement.

&

Standard 7.2.7

The team actively encourages young people and parents/carers to be involved in QI initiatives.

Services should ensure in supervision and reflective spaces that all staff have the opportunity to **propose and take ownership of new clinical audits/QI initiatives** 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. Services should actively encourage young people and parents/carers to get involved with audits and QI initiatives too. Some services **recruit former patients and their families** to support with these. Some services **use feedback from young people and their families** to inform QI projects, and involve young people and their families in these projects, such as updating the welcome pack together. Services could also **devise a method** for staff, young people and parents/carers to suggest ideas for audits and QI projects.



Section 7: Clinical Governance

Some Review Day Highlights

Coborn Centre & Longview Ward (St Aubyn Centre)

These services have a young people's adviser, a parent/carer adviser and/or a participation lead, all of whom are experts by experience. The participation lead participates in ward rounds and advocates for young people and parents/carers.

Galaxy Ward

The service prioritises a lot of quality improvement projects which staff can take lead on, such as projects on staff wellbeing and LGBTQ+ awareness amongst staff. These projects were based around the needs of the staff members and involved young people to ensure their views were also considered.

Pebble Lodge

The service is conducting a quality improvement project with the Mental Health Forum around the impact of delayed discharges. The team will be examining the impact through young people's personal accounts.

The Cove

The service involves a group of experts by experience, former service users and families (known as The Crew) in delivering training workshops to staff, staff recruitment/interviews and service developments. The Crew meets monthly.



Summary of Recommendations

1

Environment & Facilities

- A method young people can use to request changes to the temperature.
- Dimmer switches or a staged lighting system to allow staff and young people to change the brightness of the lighting.
- Designated space to practice faith.
- Direct access to texts of all faiths.
- Drawers for religious materials on-site.
- Invite a visiting religious leader to the ward.
- Establish links with religious services in the community, such as a church or mosque.
- Include information about accessing materials/facilities associated with cultural and spiritual practices in the young people's welcome or admission booklet.
- Involve young people in the design and layout of the staffing board.
- Include a short bio for each staff member on the staffing board, e.g., interests/pets.

2

Staffing & Training

- Involve young people and parents/carers in the creation of interview questions and/or providing feedback on interview candidates.
- When interviews are facilitated by the Trust, send the Trust these interview questions, and a list of core values young people and parents/carers would like staff to embody.
- Have a young person and/or parent/carer representative on every interview panel.
- Involve young people and parent/carers in the decision making after staff interviews.
- Co-create new training packages with young people and parents/carers.
- Recruit former young people and families to support with staff training, such as sharing their experience on certain elements of care.
- Utilise audio and video clips recorded by young people and parents/carers in training.
- Split team building days across different days to ensure all staff can attend one.

3

Access, Admission & Discharge

- Compile tasks required for discharge paperwork in the lead up to the discharge.
- Develop a checklist system for discharge paperwork.
- Allocate key tasks to different staff, with deadlines.
- Add discharge paperwork tasks to staff handovers.

Summary of Recommendations

4 Care & Treatment

- Clearly include the young person's voice in their care plans, e.g. by writing in first person.
- Add signature boxes to care plans, for young people and parents/carers.
- Digital signature software could be used, if care plans are not signed in-person.
- Add a tick box to confirm whether the young person and their parents/carers have been offered a copy of the care plan, and whether they have accepted or declined.
- Incorporate school, activities and interventions in young people's 7-day personalised timetables.
- Review timetables in key worker sessions.
- Ensure there is a structured weekend timetable, for those without weekend leave.
- Recruit an activity coordinator to assist with planning and facilitating activities.
- Ensure key-worker meetings are pre-arranged and written in the young person's timetable. Keep track of attendance.
- Allocate young people a 'key team' to share the load of the key worker role.
- Use the QNIC-ROSE system to collect and analyse routine outcome measurements.

5 Information, Consent & Confidentiality

- Review/create the ward's website with the young people and parents/carers, adding the useful information they'd like to see on it.
- Add a video tour of the unit on the website, particularly when families cannot attend the unit, or see parts of the unit in-person.
- Provide young people with information on confidentiality and its limits for their bedroom.
- Key workers should explain confidentiality and its limits in key-worker sessions.
- Add a checklist to admission paperwork to record whether confidentiality and its limits has been explained to the young person and their parents/carers, verbally and in writing.
- Services could consider reminding young people and their parents/carers of this information at a later point in the admission.

Summary of Recommendations

6

Young People's Rights & Safeguarding Children

- Follow a post-incident protocol, offering timely de-briefs to everyone affected by incidents.
- The MDT could be made more readily available to support with debriefs in times of high acuity.
- Add 'offered debrief' to incident forms. Record whether the debriefs occurred.
- Ask young people what they think is restrictive on the unit, and review restrictions accordingly.
- Discuss restrictive practices as a group in community meetings.
- Work towards remove any blanket restrictions on the ward (risk assessed).
- Ensure there are ways young people can provide their feedback on the unit, as well as thoughts about their care, e.g., a suggestions box, a 'you said we did' board and 'drop ins' with specific members of staff.
- Ensure an advocate visits the unit in-person.
- Create a protocol for what staff would do when the whereabouts of a young person's carer is unknown, including key contacts, staff involved in each step of the process, and timeframes for each step. Include information about the local authorities in area, and their contact details.

7

Clinical Governance

- Staff should have the opportunity to propose and take ownership of new clinical audits/QI initiatives.
- Where senior members of the MDT oversee specific workstreams, members of staff could rotate amongst these areas.
- Recruit former patients and families to support with audits and QI projects.
- Use feedback from young people and their families to inform the creation of QI projects.
- Devise a method for staff, young people and parents/carers to suggest ideas for audits and QI projects.



Cycle 22 and Cycle 23 Events

Inclusivity Special Interest Day – Tuesday 29 November (Online)



44

delegates attended

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

CAMHS Accreditation Training (Online) – 04 October 2022, 05 December 2022 and 10 February 2023



41

clinicians attended across the three dates

95% of delegates that left feedback rated the training session as '4' or '5' out of 5 overall.

QNIC Annual Forum – Friday 16 June 2023 (in person).

Theme: Complex Eating Disorder Admissions in inpatient CAMHS.

72

delegates attended

94% of delegates that left feedback rated the event 'excellent', 'very good' or 'good' overall.

Planned for Cycle 23

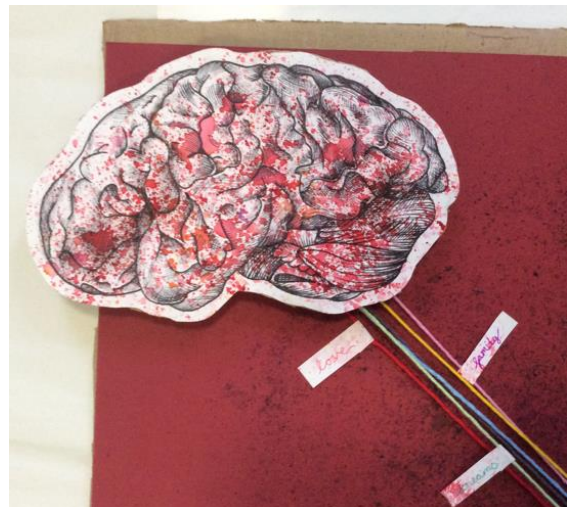
QNIC Special Interest Day, Friday 01 December, Zoom.
Theme: Alternative Provisions and Interventions for Inpatient CAMHS.

CAMHS Accreditation Training, Wednesday 06 December 2023, Zoom

CAMHS Accreditation Training, Friday 09 February 2024, Zoom

QNIC Special Interest Day, Friday 08 March, Zoom.

QNIC Annual Forum, Friday 21 June 2024, 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)

Appendix 1: All standards data

***Key:** [Standard Number] = the standard has a different standard number in this subset.
 -- = the standard is not in this subset.

1	Section 1: Environment and Facilities		Percentage Met*		
			General	ED	Secure
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.	95%	100%	90%
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>	67%	70%	70%
1.1.3	2	There is indoor space for recreation which is large enough to accommodate all young people.	100%	100%	100%
1.1.4	1	There is a designated safe outdoor space which young people are able to access every day, where clinically appropriate.	100%	90%	--
1.1.5	1	The ward/unit has access to rooms for individual and group meetings.	100%	100%	100%
1.1.6	1	The ward/unit has a designated dining area, which is available during allocated mealtimes.	100%	--	100%
1.1.7	2	There is designated teaching space for education which can accommodate all young people in the unit.	97%	100%	100%
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. 	84%	N/A	100%
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>	95%	100%	100% [1.1.10]
1.1.10	2	One computer is provided for every two young people in school.	100%	100%	100% [1.1.11]

Appendix 1: All standards data

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>	92%	--	70% [1.1.12]
1.1.12	3	All young people can access a charge point for electronic devices such as mobile phones (where risk permits).	100%	100%	100% [1.1.13]
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.	95%	100%	100% [1.1.14]
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).	79%	100%	90% [1.1.15]
1.1.15	2	Parents/carers have access to refreshments at the unit.	87%	90%	100% [1.1.16]
1.1.16	2	Ward/unit-based staff members have access to a dedicated staff room.	95%	90%	100% [1.1.17]
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>	100%	100%	100%
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>	90%	70%	100%
1.2.3	2	All young people have single bedrooms.	97%	80%	100%
1.2.4	1	Young people have separate toilets, washing facilities and bedrooms, split according to self-identified gender.	97%	90%	100%
1.2.5	2	The unit has at least one bathroom/shower room for every three young people.	100%	80%	100%
1.2.6	3	Every young person has an en-suite bathroom.	77%	50%	100%
1.2.7	2	There is a separable gender-specific communal space which can be used as required.	92%	80%	86%

Appendix 1: All standards data

1.2.8	1	The ward/ unit has a designated room for physical examination and minor medical procedures.	100%	90%	100%
1.2.9	2	The ward/ unit has at least one quiet room or de-escalation space other than young people's bedrooms.	92%	100%	100%
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.	85%	90%	100%
1.2.11	2	There is a safe place for young people to keep their property.	95%	100%	100%
1.2.12	2	There is a safe place for staff to keep their property.	82%	90%	100%
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.	92%	80%	80%
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.	92%	60%	100%
1.2.15	2	Young people are consulted about changes to the ward/unit environment.	100%	100%	100%
1.2.16	2	Young people can personalise their bedrooms. <i>Guidance: For example, by putting up photos and pictures.</i>	100%	100%	100%
1.2.17	2	There is a board on display with the names and photographs of staff.	92%	90%	70%
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.	97%	100%	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.	97%	100%	90%
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>	77%	80%	90%
1.3.4	1	Young people and staff members feel safe on the ward.	90%	90%	90%
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	97%	90%	100%
1.4.2	1	Emergency medical resuscitation equipment is available immediately and is maintained and checked weekly and after each use.	95%	100%	90%
1.4.3	1	A collective response to fire drills is agreed by the team and is rehearsed annually.	82%	100%	90%

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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.	92%	70%	100%
2	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"> 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 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 Where young people are on low dependency observations there is a ward staff to young people ratio of 1:3. 	87%	80%	80%
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.	85%	80%	--
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.	82%	100%	70% [2.1.4]
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. 	92%	100%	100% [2.1.5]
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%	100%	100% [2.1.6]
2.1.6	1	When the team meets for handover, adequate time is allocated to discuss patients' needs, risks and management plans.	100%	100%	90% [2.1.7]
2.1.7	2	Appropriately experienced young person or parent/carer representatives are involved in the interview process for recruiting potential staff members.	72%	80%	80% [2.1.8]

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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).	92%	100%	--
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).	95%	90%	--
2.2.3	2	A unit with 12 beds includes at least 1 WTE non-consultant child and adolescent psychiatrist.	97%	78%	--
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>	90%	70%	--
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>	87%	90%	80%
2.2.6	2	A typical unit with 12 beds includes at least 1 WTE social worker.	62%	60%	--
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.	87%	60%	--
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>	95%	100%	70% [2.2.11]
2.2.9	2	The unit has formal arrangements to ensure easy access to a dietician.	92%	--	100% [2.2.12]
2.2.10	2	The unit has formal arrangements to ensure easy access to a speech and language therapist.	71%	60%	--
2.2.11	3	There is dedicated sessional input from creative therapists.	74%	90%	100% [2.2.14]
2.2.12	1	A typical unit with 12 beds includes at least 0.5 WTE family therapist.	92%	--	--
2.2.13	2	There is a minimum of one qualified teacher to four students per lesson.	82%	80%	90% [2.2.17]
2.2.14	3	Young people have access to teachers of specialist subjects e.g. language tutors.	82%	100%	100% [2.2.18]
2.2.15	2	A typical unit with 12 beds includes 1 WTE administrator (band 3 or above or local equivalent).	92%	100%	--

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2.2.16	2	A specialist pharmacist is a member of the MDT.	82%	80%	70% [2.2.20]
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.	95%	--	100% [2.2.21]
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.	82%	90%	90% [2.2.22]
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"> • Arrangements for shadowing colleagues on the team • Jointly working with a more experienced colleague • Being observed and receiving enhanced supervision until core competencies have been assessed as met. 	82%	70%	90%
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:		[2.3.3]	
2.3.2a	1	The use of legal frameworks, such as the Mental Health Act (or equivalent) and the Mental Capacity Act (or equivalent).	92%	80% [2.3.3a]	90%
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>	92%	80% [2.3.3b]	80%
2.3.2c	1	Safeguarding vulnerable adults and children. This includes recognising and responding to the signs of abuse, exploitation or neglect.	90%	80% [2.3.3c]	90%
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>	95%	80% [2.3.3d]	90%
2.3.2e	1	Recognising and communicating with young people with cognitive impairment or learning disabilities.	77%	70% [2.3.3e]	80%
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>	79%	80% [2.3.3f]	90%
2.3.2g	1	Statutory and mandatory training. <i>Guidance: Includes equality and diversity, information governance, basic life support.</i>	100%	90% [2.3.3g]	100%

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2.3.2h	2	Parent/carer awareness, family inclusive practice and social systems, including parents/carers' rights in relation to confidentiality.	79%	80% [2.3.3h]	90%
2.3.2i	2	Human rights and the potential harm of restrictive practices such as seclusion and long-term segregation.	92%	80% [2.3.3i]	80%
2.3.2j	3	Quality improvement methodology and identifying priority QI projects.	77%	40% [2.3.3j]	80%
2.3.2k	1	Managing relationships and boundaries between young people and staff, including appropriate touch.	79%	80% [2.3.3k]	90% [2.3.2o]
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.	87%	80% [2.3.3l]	90% [2.3.2p]
2.3.3	1	All qualified nursing and medical staff that administer rapid tranquillisation have completed Intermediate Life Support training.	90%	89% [2.3.4]	80%
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.	95%	80% [2.3.5]	90%
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.	92%	100% [2.3.6]	90%
2.3.6	3	Non-clinical staff have received mental health awareness training.	74%	70% [2.3.7]	70%
2.3.7	1	All staff members who deliver therapies and activities are appropriately trained and supervised.	92%	90% [2.3.8]	100%
2.3.8	2	Young people, parents/carers and staff members are involved in devising and delivering training.	49%	70% [2.3.9]	70%
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>	74%	--	90%
2.4.2	2	All staff members receive line management supervision at least monthly.	82%	80%	80%
2.4.3	1	All staff members receive an annual appraisal and personal development planning (or equivalent).	92%	90%	90%
2.4.4	1	There are written documents that specify professional, organisational and line management responsibilities.	92%	70%	90%

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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>	97%	90%	100%
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>	100%	100%	90%
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.	90%	70%	80%
2.4.8	2	The team has protected time for team building and discussing service development at least once a year.	77%	70%	60%
3	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.	97%	100%	100%
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).	89%	50%	--
3.1.3	1	Young people have a comprehensive mental health assessment which is started within four hours and completed within one week. This involves the multi-disciplinary team and includes young people's: <ul style="list-style-type: none"> • Mental health and medication; • Psychosocial and psychological needs; • Strengths and areas for development. 	97%	100%	80%
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%	100% [3.1.7]	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).	97%	100% [3.1.8]	100% [3.1.6]
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.	97%	100% [3.1.9]	100% [3.1.7]

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3.2 Young people and their parents/carers are supported throughout the admission process					
3.2.1	1	On admission to the ward/unit, young people feel welcomed by staff members who explain why they are in hospital. <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>	100%	100% [3.2.2]	100%
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%	100% [3.2.3]	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.	85%	100% [3.2.4]	70%
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%	100% [3.2.5]	100%
3.2.5	2	The service actively supports families to overcome barriers to access.	97%	100% [3.2.6]	90%
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%	100% [3.2.7]	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%	100%	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.	100%	100%	100%
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>	87%	90%	90%
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%	100%	100% [3.3.5]
3.3.5	1	A transition meeting takes place by the time the young person reaches the age of 17 and a half years.	100%	100%	80% [3.3.6]

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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.	97%	--	100% [3.3.7]
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"> Care in the community/ aftercare arrangements Crisis and contingency arrangements including details of who to contact Medication including monitoring arrangements Details of when, where and who will follow up with the patient. 	97%	100% [3.3.10]	100% [3.3.8]
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.	82%	70% [3.3.11]	100% [3.3.9]
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.	100%	100% [3.3.12]	100% [3.3.10]
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.	97%	100% [3.3.13]	100% [3.3.11]
4	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	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. <i>Guidance: The care plan clearly outlines:</i> <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. 	82%	90%	90%
4.1.2	1	Young people have a risk assessment and management plan which is co-produced, updated regularly and shared where necessary with relevant agencies (with consideration of confidentiality) and parents/carers, as appropriate. The assessment considers risk to self, risk to others and risk from others.	97%	100%	100%

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4.1.3	1	Young people are offered personalised healthy lifestyle interventions such as advice on healthy eating, physical activity and access to smoking cessation services. This should be documented in the young person's care plan.	92%	100%	80%
4.1.4	1	Young people have follow-up investigations and treatment when concerns about their physical health are identified during their admission. <i>Guidance: This is undertaken promptly and a named individual is responsible for follow-up. Advice may be sought from primary or secondary physical healthcare services.</i>	100%	100% [4.1.7]	100%
4.1.5	1	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. <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>	100%	100% [4.1.9]	100%
4.2	There is a structured programme of care and treatment				
4.2.1	1	Every young person has a seven-day personalised therapeutic/recreational timetable of activities to promote social inclusion, which the team encourages them to engage with.	69%	80%	90%
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.	92%	80%	90%
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. 	85%	90% [4.2.4]	67%
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. <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>	90%	100% [4.2.5]	100%

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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.	95%	90% [4.2.6]	100%
4.2.6	1	All young people are proactively offered access to an advocacy service, including IMHAs (Independent Mental Health Advocates) for those detained.	97%	100% [4.2.7]	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.	100%	100% [4.2.8]	100%
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.	92%	70% [4.2.9]	70%
4.2.9	1	Staff update parents/carers on their child's progress at a minimum of once a week, subject to confidentiality.	100%	100% [4.2.10]	80%
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.	95%	100%	100%
4.3.2	1	The unit provides the core educational subjects: maths, English and science.	100%	100%	100%
4.3.3	2	The unit provides a broad and balanced curriculum that is suitable and flexible, appropriate to the students' needs.	97%	90%	100%
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%	100%	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%	100%	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%	100%	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.	92%	90%	100%
4.3.8	3	Educational outings are provided, as appropriate.	77%	80%	80%
4.3.9	1	Teachers contribute to multi-disciplinary meetings.	100%	100%	100%
4.3.10	2	Teachers and nursing staff have a handover at the beginning and end of each school day.	87%	90%	90%
4.3.11	1	The unit is part of an education organisation that is a registered examination centre.	97%	100%	100%
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).	100%	100%	100%
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.	77%	90%	100%

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4.4.3	2	Units contribute to a national dataset to allow for information sharing, e.g. QNIC ROM.	72%	90%	60%
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%	--	100%
4.5.2	2	Staff ask young people for feedback about the food and this is acted upon.	92%	90%	100%
4.5.3	3	Staff eat with the young people at mealtimes and the cost of staff meals are covered by the organisation.	82%	100%	90%
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.	79%	100%	56%
4.6	Leave is planned collaboratively with the young person and their parent/carer				
4.6.1	1	The team develops a leave plan jointly with the young person and their parent/carer that includes: <ul style="list-style-type: none"> • A risk assessment and risk management plan that includes an explanation of what to do if problems arise on leave; • Conditions of the leave; • Contact details of the ward/unit and crisis numbers. 	100%	100%	100%
4.6.2	1	When young people are absent without leave, the team (in accordance with local policy): <ul style="list-style-type: none"> • Activates a risk management plan; • Makes efforts to locate the patient; • Alerts parents/carers, people at risk and the relevant authorities; • Completes an incident form. 	95%	100%	100%
4.7	Medication is prescribed safely and monitored routinely				
4.7.1	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. <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>	97%	100%	100%
4.7.2	1	Young people have their medication reviewed at least weekly. Medication reviews include an assessment of therapeutic response, safety, management of side effects and adherence to medication regime. <p><i>Guidance: Side effect monitoring tools can be used to support reviews.</i></p>	100%	100%	100%

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4.7.3	1	Every young person's PRN (i.e. as required) medication is reviewed weekly in terms of the frequency, dose, and reasons for prescribing.	100%	100% [4.7.4]	100%
4.7.4	1	Young people in hospital for long periods of time who are prescribed mood stabilisers or antipsychotics, have the appropriate physical health assessments at the start of treatment (baseline), at three months, and then six-monthly unless a physical health abnormality arises.	100%	100% [4.7.5]	100%
5	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.	87%	90%	70%
5.1.2	2	Young people are given an information pack on admission that contains the following: - A description of the service; - The therapeutic programme; - Information about the staff team; - The unit code of conduct; - Key service policies (e.g. permitted items, smoking policy); - Resources to meet spiritual, cultural or gender needs.	77%	90%	60%
5.1.3	1	Young people are given accessible written information which staff members talk through with them as soon as is practically possible. The information includes: · 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.	85%	80%	80%
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.	87%	80%	80%
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.	85%	90%	80%
5.1.6	1	Young people and parents/carers are offered written and verbal information about the young person's mental illness.	85%	60%	70%

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5.1.7	2	The team provides each parent/carer with accessible carer's information. <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>	77%	100%	80%
5.1.8	1	Parents and carers are supported to access a statutory carers' assessment, provided by an appropriate agency.	86%	90% [5.1.10]	80%
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.	95%	100% [5.1.11]	100%
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.	100%	100%	100%
5.2.2	1	The team follows a protocol for responding to parents/carers when the young person does not consent to their involvement.	92%	90%	100%
6	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.	92%	90%	100%
6.1.2	1	Young people feel listened to and understood by staff members.	97%	80%	90%
6.1.3	1	Parents/carers feel supported by the ward staff members.	92%	100%	90%
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.	97%	80%	90%
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%	100%	100%
6.2.3	1	Young people are involved in decisions about their level of observation by staff.	95%	100%	90%
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.	97%	100%	100%

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6.2.5	1	Parental responsibility is recorded in the young person's notes.	95%	100%	100%
6.2.6	1	It is recorded as to whether or not a young person has a child protection plan in place.	97%	100%	100%
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.	87%	80%	90%
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%	90%	100%
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>	90%	90%	90%
6.3.2	1	The team uses seclusion or segregation only as a last resort and for brief periods only.	97%	80%	100%
6.3.3	1	Staff members do not restrain young people in a way that affects their airway, breathing or circulation.	97%	100% [6.3.4]	100% [6.3.4]
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%	100% [6.3.5]	100% [6.3.5]
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	95%	90% [6.3.6]	90% [6.3.6]
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	95%	100% [6.3.7]	100% [6.3.7]
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>	90%	100% [6.3.8]	100% [6.3.8]
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.	90%	80% [6.3.9]	90% [6.3.9]

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7 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	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. <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>	87%	90%	100%
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	82%	80%	90%
7.1.3	2	Services are developed in partnership with appropriately experienced service user and carers who have an active role in decision making.	72%	90%	90%
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.	100%	100%	100%
7.2.2	2	Measures are in place to record and audit referrals, terminated referrals and waiting lists.	87%	100%	100%
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%	90%	70%
7.2.4	3	A range of local and multi-centre clinical audits is conducted, which include the use of evidence-based treatments as a minimum. <i>Guidance: This could include an audit of the safe prescription of high-risk medication, for example.</i>	89%	90%	80%
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.	50%	70%	50%
7.2.6	2	The team uses quality improvement (QI) methods to implement service improvement.	90%	89%	90%
7.2.7	2	The team actively encourages young people and parents/carers to be involved in QI initiatives.	77%	78%	70%
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%	100%	100%

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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.	100%	100%	100%
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.	90%	100%	90%
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%	100%	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>	100%	100%	100%
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>	95%	100%	100%
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>	100%	89%	100%
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.	94%	100%	89%



QNIC Secure Standards

1	Section 1: Environment and Facilities		% Met
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>	100%
1.1.9	3	The seclusion room has direct access to a secure outdoor space	33%
1.3.5 [Secure]	1	There is a list of approved visitors for each young person on the unit	100%
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	100%
2	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	100%
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	80%
2.2.1 [Secure]	1	A typical unit with 10 beds includes 1 WTE ward manager (band 7+ or equivalent)	100%
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	70%
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	70%
2.2.4 [Secure]	2	The psychology establishment should include dedicated time from a Consultant Psychologist to provide leadership	80%
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)	70%
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	60%
2.2.8 [Secure]	1	A typical unit with 10 beds includes at least 1 WTE social worker	90%
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	70%

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2.2.10 [Secure]	3	The service should have access to a sensory integration trained therapist	60%
2.2.13 [Secure]	2	A typical unit with 10 beds includes at least 0.5 WTE speech and language therapist	80%
2.2.15 [Secure]	1	For low secure services, a typical unit with 10 beds includes at least 1 WTE family therapist.	33%
2.2.16 [Secure]	1	For medium secure services, a typical unit with 10 beds includes at least 0.5 WTE family therapist.	67%
2.2.19 [Secure]	2	A typical unit with 10 beds includes 1 WTE administrator (band 3 or above or local equivalent)	100%
2.3	Staff are provided with a thorough training programme [that includes]		
2.3.2k [Secure]	1	Relational security;	90%
2.3.2l [Secure]	1	Attachment theory and attachment/trauma-informed approach to care;	80%
2.3.2m [Secure]	1	Adolescent development;	70%
2.3.2n [Secure]	1	Effective strategies to inform behaviour management.	90%
3	Section 3: Access, Admission and Discharge		
3.1.2 [Secure]	1	Agreed occupancy levels are not exceeded	100%
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	100%
6	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>	90%
7	Section 7: Clinical Governance		
7.4.6	1	The team follows an agreed protocol with local police, which ensures effective liaison on incidents of criminal activity/harassment/violence	80%

QNIC Eating Disorder Standards

1		Section 1: Environment and Facilities	% Met
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'	90%
1.1.11 [ED]	1	Young people can use mobile phones, computers (which provide access to the internet and social media), and other electronic equipment on the ward, subject to risk assessment and in line with local policy. <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>	90%
2		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	90%
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	90%
2.3.2 [ED]	1	The staff induction programme covers key aspects of care related to the needs of patient groups. This should cover: <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 <i>Guidance: This should include temporary, bank and agency staff.</i>	70%
2.3.10 [ED]	1	All staff who are involved in supervising and supporting young people's mealtimes have been trained to do so <i>Guidance: This should include demonstrating appropriate eating behaviour and language when eating with young people.</i>	80%
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	80%

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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.	80%
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	100%
2.3.14 [ED]	1	Staff implementing enteral feeding are trained in the physical and psychological aspects of its use	80%
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	90%
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>	60%
3	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>	80%
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>	90%
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	90%
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>	90%

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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>	90%
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	90%
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>	90%
4	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	80%
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	100%
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).	90%
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	100%
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%

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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	90%
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	100%
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%
5	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	80%
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>	90%
6	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>	70%

Appendix 2: Acknowledgments

For their time, effort and insight, the QNIC project team sends a warm thank you to:

QNIC Advisory Group:

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Michael Henderson, CCQI Systems Manager

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[A] indicates an accredited service, as of August 2023

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

Ardenleigh Forensic CAMHS [A], Ardenleigh Hospital, BSMHFT

Ashfield Unit, Birmingham Children's Hospital NHS Foundation Trust

Austen House, Southern Health NHS Foundation Trust

Beechcroft Admissions, Belfast Health and Social Care Trust

Beechcroft Treatment, Belfast Health and Social Care Trust

Bethlem Adolescent Unit, South London and Maudsley NHS Foundation Trust

Birch Ward, Priory Hospital North London, The Priory Group

Bluebird House, Southern Health NHS Foundation Trust

Brighton and Hove Clinic, Elysium Healthcare

Brookside Adolescent Unit [A], North East London NHS Foundation Trust

Buttercup Ward, Cygnet Hospital Bury, Cygnet Health Care

Chalkhill, Sussex Partnership NHS Foundation Trust

Cheshunt Ward, Rhodes Wood Hospital, Elysium Healthcare

Coborn Centre GAU, East London NHS Foundation Trust

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

Coral Ward, Ancora House, Cheshire and Wirral NHS Partnership Foundation Trust

Corner House, South West London and St Georges Mental Health NHS Trust

Cotswold Spa Hospital, Elysium Healthcare

Darwin Centre, North Staffordshire Combined Healthcare NHS Foundation Trust

Dragon Ward, Cygnet Hospital Joyce Parker, Cygnet Healthcare

Dragonfly Unit, Norfolk and Suffolk Foundation Trust

Dudhope Young People's Unit, NHS Tayside

Acknowledgments continued

QNIC Member Services Continued...

[A] indicates an accredited service, as of August 2023

Eist Linn Child and Adolescent Unit, Cork Kerry Mental Health Service, HSE

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Ellern Mede Moorgate, Ellern Mede Group

Ellern Mede Ridgeway, Ellern Mede Group

Emerald Lodge, The Becton Centre, Sheffield Children's NHS Foundation Trust

Forest House, Hertfordshire Partnership NHS Foundation Trust

Galaxy House, Central Manchester University Hospitals NHS Foundation Trust

Galaxy Ward, Coborn Centre, East London NHS Foundation Trust

Griffin Ward, Cygnet Hospital Sheffield, Cygnet Health Care

Hartley Unit, Ivetsey Bank Hospital, Active Care Group UK

Heathlands Unit, Birmingham Children's Hospital NHS Foundation Trust

Hercules Ward – The Look-Out, Nottinghamshire Healthcare NHS Foundation Trust

Highfield Adolescent Unit, Oxford Health NHS Foundation Trust

Hope Unit [A], Pennine Care NHS Foundation Trust

Horizon Unit [A], Pennine Care NHS Foundation Trust

Indigo Ward, Ancora House, Cheshire and Wirral NHS Partnership Foundation Trust

Iveagh Centre, Belfast Health and Social Care Trust

Junction 17 [A], Greater Manchester Mental Health NHS Trust

Jade Ward, Brooklands Hospital, Coventry and Warwickshire NHS Trust

Kennet Unit, Taplow Manor, Active Care Group UK

Kent and Medway Adolescent Hospital, North East London NHS Foundation Trust

Lapwing, Red Kite View, Leeds and York Partnership NHS Foundation Trust

Lavender Walk, Central and North West London NHS Foundation Trust

Leigh House Hospital, Southern Health NHS Foundation Trust

Linn Dara, HSE

Lotus Ward, Northumberland and Tyne and Wear NHS Foundation Trust

Marlborough House, Oxford Health NHS Foundation Trust

Meadows Unit, Priory Hospital Cheadle Royal, 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

Acknowledgments continued

QNIC Member Services Continued...

[A] indicates an accredited service, as of August 2023

Mill Lodge, Leeds and York Partnership NHS Foundation Trust

Mulberry Unit, Cygnet Hospital Bury, Cygnet Health Care

Mulberry Unit, Priory Group Woodbourne, The Priory Group

North Wales Adolescent Service, Betsi Cadwaladr University Health Board

Opal & Jasper Wards, Potters Bar Clinic, Elysium Healthcare

Orchard Unit, Priory Hospital Cheadle Royal, The Priory Group

Pebble Lodge [A], Dorset Healthcare University NHS Foundation Trust

Pegasus Ward, Cygnet Hospital Sheffield, Cygnet Health Care

Pegasus Ward – The Look-Out, 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 Hospital, Cygnet Healthcare

Plym Bridge House, Livewell Southwest

Poplar Adolescent Unit, Essex Partnership University Trust

Primrose Ward, Cygnet Hospital Bury, Cygnet Health Care

Rainbow Ward, Rhodes Wood Hospital, Elysium Healthcare

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

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

Riverdale Grange [A], Riverdale Grange Adolescent Eating Disorder Service

Riverside Adolescent Unit, Avon and Wiltshire Mental Health NHS Trust

Roehampton Adolescent Unit (Lower Court), The Priory Group

Roehampton EDU, The Priory Group

Ruby Lodge, The Becton Centre, Sheffield Children's NHS Foundation Trust

Sapphire Lodge, The Becton Centre, Sheffield Children's NHS Foundation Trust

Schoen Clinic Newbridge, Newbridge Care Systems LTD

Seacole Ward, St Andrews Healthcare

Severn Unit, Taplow Manor, Active Care Group UK

Shepherd Ward, Rhodes Wood Hospital, Elysium Healthcare

Simmons House, Whittington Health

Sitwell Ward, St Andrew's Healthcare

Acknowledgments continued

QNIC Member Services Continued...

[A] indicates an accredited service, as of August 2023

Skye House, Greater Glasgow and Clyde Health Board

Skylark, Red Kite View, Leeds and York Partnership NHS Foundation Trust

Snowsfields Adolescent Unit, South London and Maudsley NHS Foundation Trust

Sowenna [A], Bodmin Community Hospital, Cornwall Partnership NHS Foundation Trust

St Aubyn Centre – Larkwood Ward, Essex Partnership University Trust

St Aubyn Centre – Longview Ward, Essex Partnership University Trust

St Josephs Adolescent Unit, St Vincent's Hospital Fairview

Stowe Ward, St Andrew's Healthcare

Sunflower House (Formerly Dewi Jones), Alder Hey Children's Foundation Trust

Tamar Unit, Taplow Manor, Active Care Group UK

Thames Unit, Taplow Manor, Active Care Group UK

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 Darwin Centre, Cambridge, Cambridgeshire & Peterborough Foundation Trust

The Gardener Unit, Greater Manchester Mental Health NHS Trust

The Sett [A], Northamptonshire Healthcare NHS Foundation Trust

Thorneycroft Unit, Ivetsey Bank Hospital, Active Care Group UK

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

Unicorn Ward, Cygnet Hospital Sheffield, Cygnet Health Care

Ward 4, Royal Hospital for Children, NHS Greater Glasgow and Clyde

Wedgwood Unit, Ivetsey Bank Hospital, Active Care Group UK

Wessex House, Somerset Trust

Willow Grove Adolescent Unit, St Patricks Mental Health Service

Willows Ward, The Priory Group

Wizard House, Cygnet Hospital Bury, Cygnet Health Care

Woodlands Unit, Priory Cheadle Royal Hospital, The Priory Group

