



# **QNIC-ROSE Report 2024**

Outcome Measurement and Service Evaluation Data for  
Inpatient Child and Adolescent Mental Health Services

**Editor: Peter Chang**

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**Artwork by Sana, Priory Hospital Altrincham**

# Foreword



*We all know that the collection of outcome data is essential: not only does it improve patient experience, but it also strengthens collaborative service evaluation by putting patient feedback at the heart of care.*

*This particular annual report is a very special one, as I am delighted that QNIC-ROSE, our newly enhanced and more functional system designed to assist outcome measurement in inpatient CAMHS, has been used for the first time to create the publication. This year, QNIC-ROSE has collected data from 85 young people allowing us to track improvements in clinical scores between admission and discharge, while also capturing valuable insights into patient satisfaction. These comparisons are vital, helping individual patients monitor progress and enabling services to assess effectiveness and drive improvements.*

*By submitting to QNIC-ROSE, units gain access to our new comprehensive benchmarking system, allowing them to compare their performance with similar services. We still need to build up our numbers to realise the potential that the system has, and there are still some units who have yet to join. At QNIC we are committed to offering bespoke training and to explore new ways to facilitate participation. With momentum building, we are confident that next year's annual report will reflect even greater engagement.*

*Join us in making QNIC-ROSE the gold standard for outcome measurement in inpatient CAMHS.*

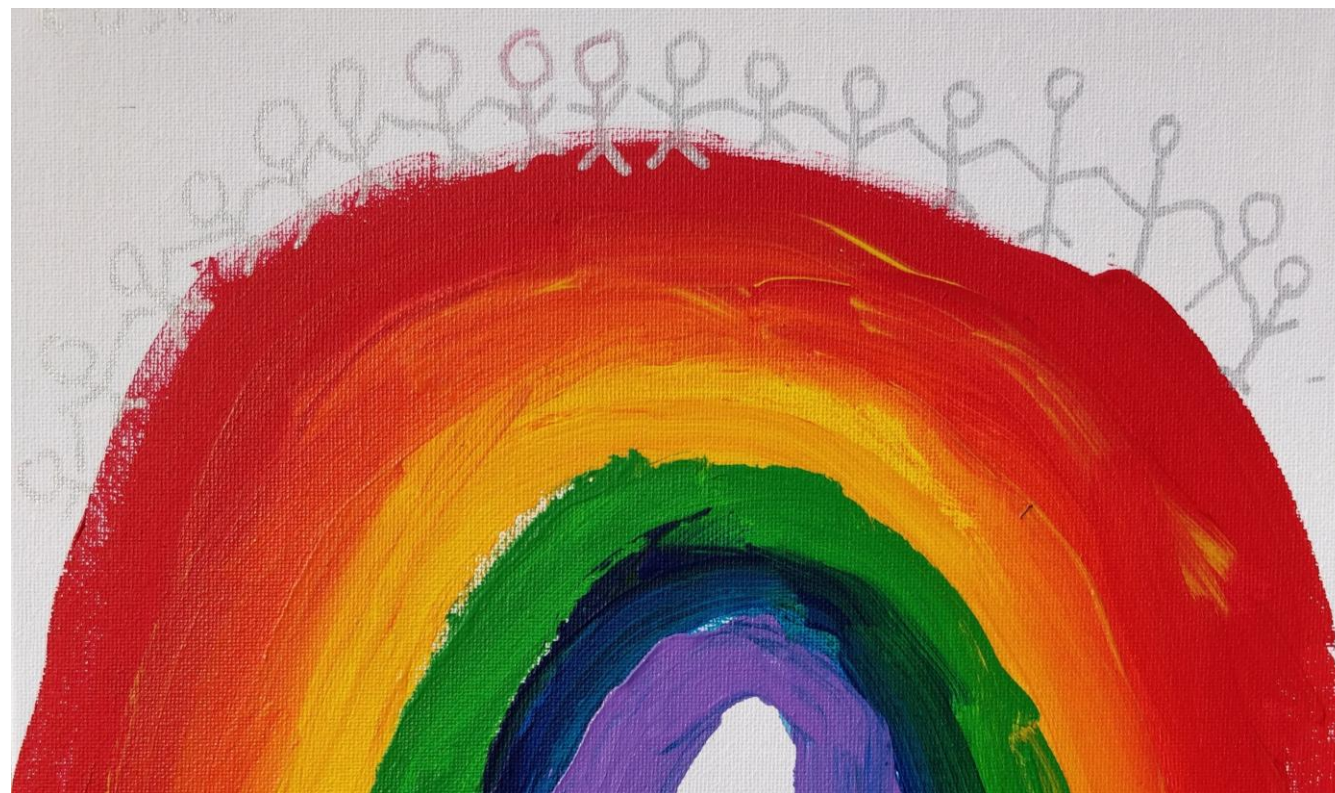
*Dr Paul Abeles, Consultant Clinical Psychologist, Galaxy House, Manchester*

*QNIC-ROSE Development Committee Chair*



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**Artwork by Rosie, Ellern Mede Ridgeway**





# Introduction

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# About QNIC ROSE



The Quality Network for Inpatient CAMHS' Routine Outcome Measure and Service Evaluation system, known as **QNIC-ROSE** (formerly QNIC-ROM), is an additional benefit of being a QNIC member, offering a system through which data collected by member services is collated, and reports are produced on key outcome measures, on both an individual and service level.

This report is based on data collected and submitted by **17** units between **22/02/2022 – 12/09/2024**.

No young person can be identified from the data included in this report.

# Considerations for interpretation



- The report assesses improvement in young people’s symptoms and functioning between admission and discharge based on improvements in clinical outcome measure scores. We have treated the earliest available measure as “admission”, and the last available measure as “discharge”.
- As all data used in this report is confidential, we do not have information on where a young person is discharged to.
- Data for this report has been collected from 17 units. There is likely to be variation in how clinicians have interpreted and scored measures.
- This report assesses the statistical significance of average improvements in scores for groups of young people. Other reports from the QNIC-ROSE system support discussion of the clinical significance of changes for individuals.





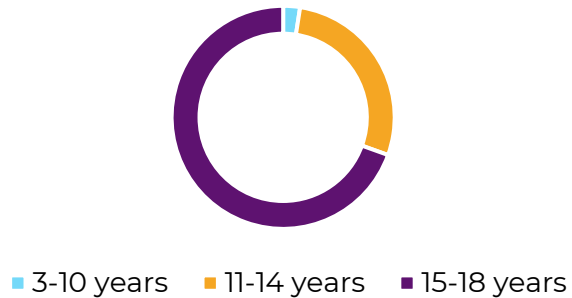
# Demographics

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# Demographic Characteristics

<b>Number of young people*</b>	85
<b>Mean age at admission (years)**</b>	15.16

Age at admission



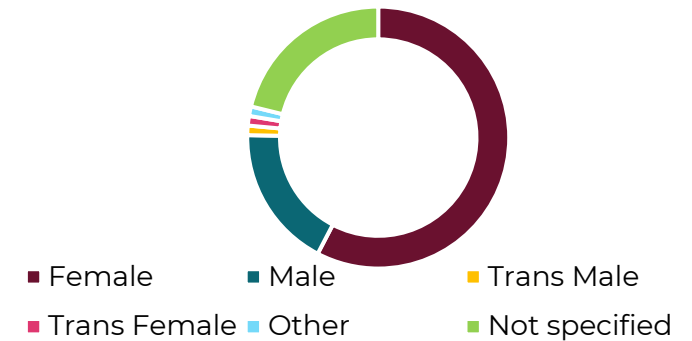
<b>Age at admission**</b>	<b>N</b>
3 – 10 years	2
11 – 14 years	22
15 – 18 years	57

\* Each young person is identified by the unique patient identifier generated by the QNIC ROSE system.

\*\* Based on data provided by 81 young people.

**Mean duration of stay: 207 days**

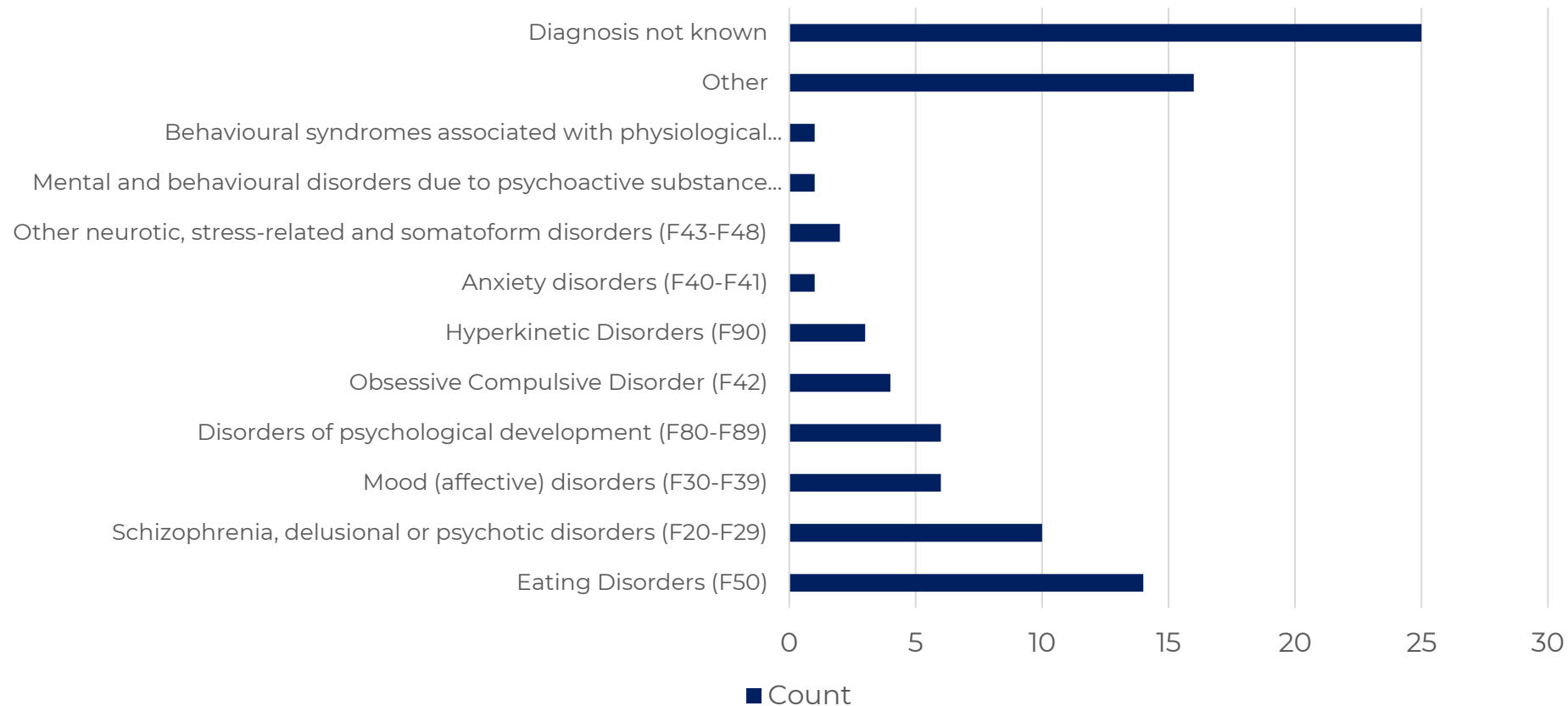
Gender



<b>Gender</b>	<b>N</b>
Female	49
Male	15
Transgender Female	1
Transgender Male	1
Other	1
Not Specified	18



# Diagnoses



# Diagnoses (cont.)

Diagnosis at Admission	Count
Eating Disorders (F50)	14
Schizophrenia, delusional or psychotic disorders (F20-F29)	10
Mood (affective) disorders (F30-F39)	6
Disorders of psychological development (F80-F89)	6
Obsessive Compulsive Disorder (F42)	4
Hyperkinetic Disorders (F90)	3
Anxiety disorders (F40-F41)	1
Other neurotic, stress-related and somatoform disorders (F43-F48)	2
Mental and behavioural disorders due to psychoactive substance use (F10-F19)	1
Behavioural syndromes associated with physiological disturbances (F50-F59)	1
Other	16
Diagnosis not known	24

Please note, the total number of diagnoses recorded in this table may exceed the total number of young people included in the report. This is because some young people may have more than one diagnosis.



# Outcome Measures

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# Data Collected

QNIC ROSE collected data from the following outcome measures:

- HoNOSCA (Clinician, Parent/Carer, Self-Administered)
- ESQ (Parent/Carer, Young Person)
- CGAS

Overviews of each measure can be found on upcoming slides.

# HoNOSCA

## **H**Health **O**f the **N**Nation **O**utcome **S**Scales for **C**Children & **A**Adolescents

**The HoNOSCA assesses the behaviours, impairments, symptoms and social functioning of children and adolescents with mental health difficulties**

**HoNOSCA can be completed from the perspective of:**

- Clinicians
- Parents
- Self-Rated

**The lower the HoNOSCA score, the less severe the young person's difficulties**

# CGAS

## **C**hildren's **G**lobal **A**ssessment **S**cale

CGAS is a measure of global functioning for children and adolescents

The CGAS is completed by clinicians

The higher the CGAS score, the less severe the young person's difficulties

Score values range from:

- 100-91 Doing Very Well
- 90-81-Doing Well
- 80-71 Doing All Right
- 70-61 Some Problems
- 60-51 Some Noticeable Problems
- 50-41 Obvious Problems
- 40-31 Serious Problems
- 30-21 Severe Problems
- 20-11 Very Severely Impaired
- 10-1 Extremely Impaired



# ESQ (Adapted)

## Experience of Service Questionnaire

The ESQ is used as a way of measuring satisfaction of service users in CAMHS

ESQ Items are rated as:

- Certainly True = 3
- Partly True = 2
- Not True = 1

The ESQ can be completed by young people and parents/carers

For the purposes of QNIC-ROSE the original ESQ has been adapted to reflect inpatient settings

# Data used for Analysis

# Exclusion criteria

All data uploaded to the QNIC ROSE system between **22/02/2022** and **12/09/2024** was considered for analysis.

## **Responses to the HoNOSCA and CGAS were excluded if:**

- Young people had not been discharged
- There was only a single entry for a young person
- They were “intermediate” data points (i.e., collected between admission and discharge)
- There was missing data in a survey response
- An item on the clinician-rated HoNOSCA was scored as “Don’t Know”
- They had been uploaded by QNIC ROSE admins as “test data”

## **Responses to the ESQ were excluded if:**

- A blank survey had been submitted
- They had been uploaded by QNIC ROSE admins as “test data”

From an initial sample of **898** data entries, **315** were used for analysis.



# Number of surveys

## HoNOSCA

Two surveys are used for each young person: one from admission and one from discharge\*

Clinician: 60



Young Person: 44



Parent/Carer: 8



Total: 112

## CGAS

Two surveys are used for each young person: one from admission and one from discharge\*

Responses used: 112



## ESQ

All completed responses to the ESQ were included in analysis

Young Person: 60



Parent/Carer: 31



Total: 91

\* The earliest outcome measure submission is considered as the admission score, and the latest outcome measure submission is considered as the discharge score

**HoNOSCA** = Health of the Nation Outcome Scales for Children and Adolescents

**CGAS** = Children's Global Assessment Scale. **ESQ** = Experience of Service Questionnaire

### Key

 = 10 completed surveys

# Scores

Please note:

- HoNOSCA: The **lower** the HoNOSCA score the **less severe** the young person's difficulties.
- CGAS: The **higher** the CGAS score the **less severe** the young person's difficulties.



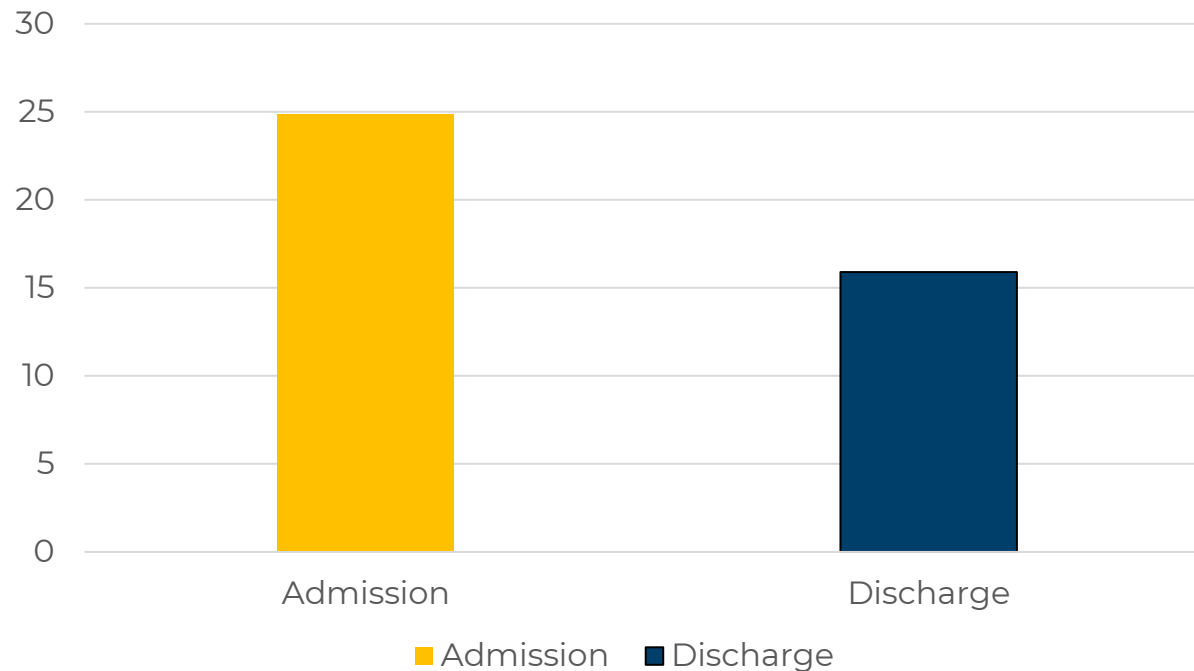
# Results

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**HoNOSCA**



# HoNOSCA: Clinician Rating



**N= 30**

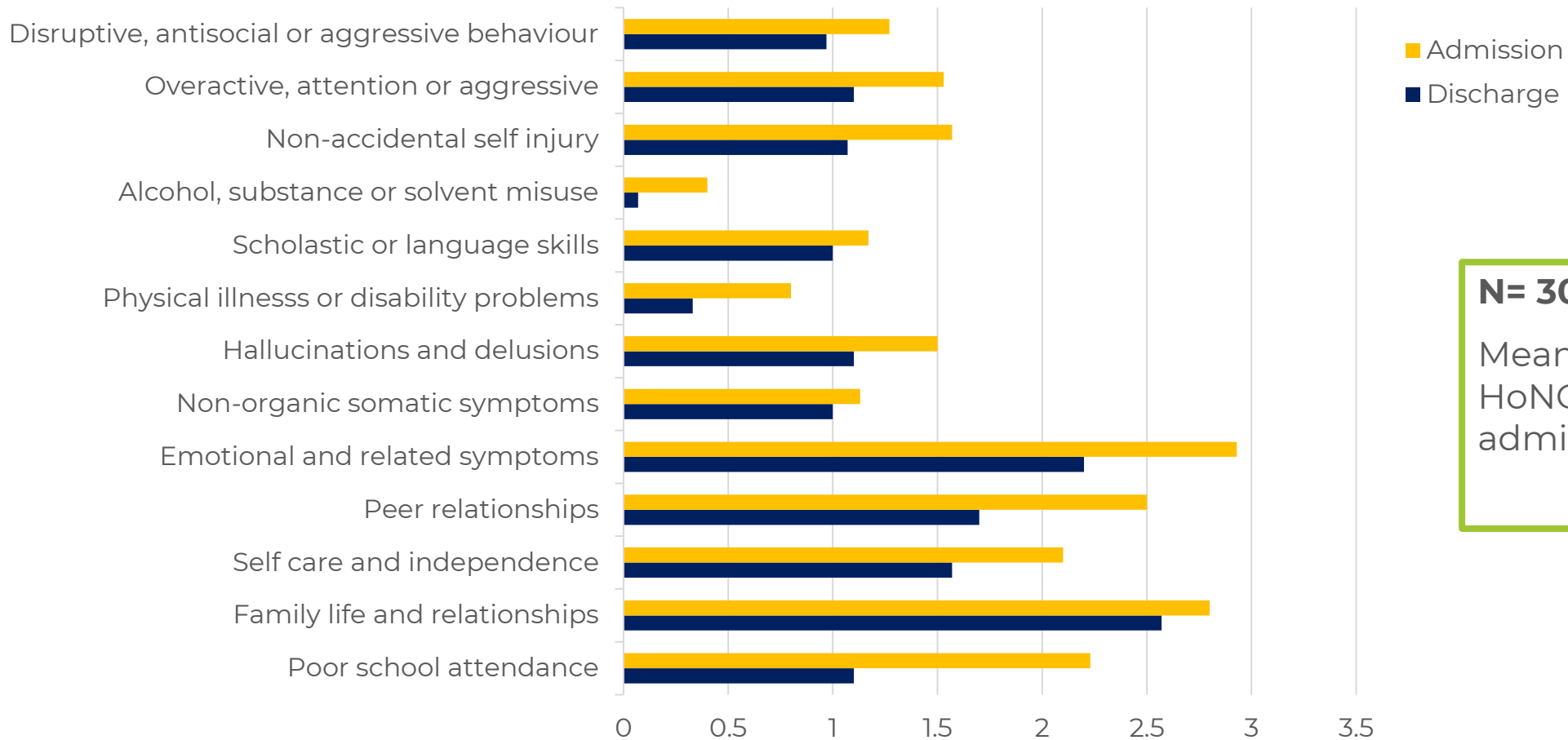
## Mean scores at admission and discharge

N.B. Scores included from young people with HoNOSCA ratings at admission and discharge

Scores at discharge were **significantly lower** than at admission ( $t(29)=5.41$ ,  $p<0.0005$ ).

	Mean	SD
Admission	24.87	9.50
Discharge	15.90	7.60

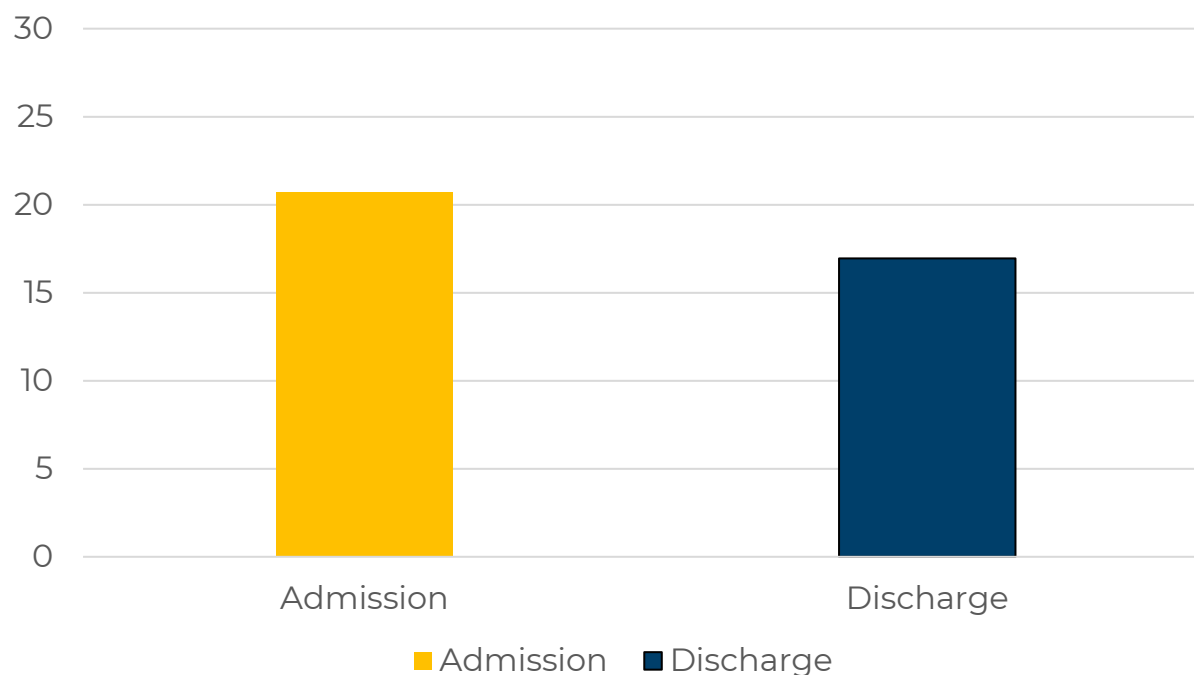
# HoNOSCA: Clinician Rating



**N= 30**

Mean scores for individual HoNOSCA scales at admission and discharge

# HoNOSCA: Young Person Rating



N= 22

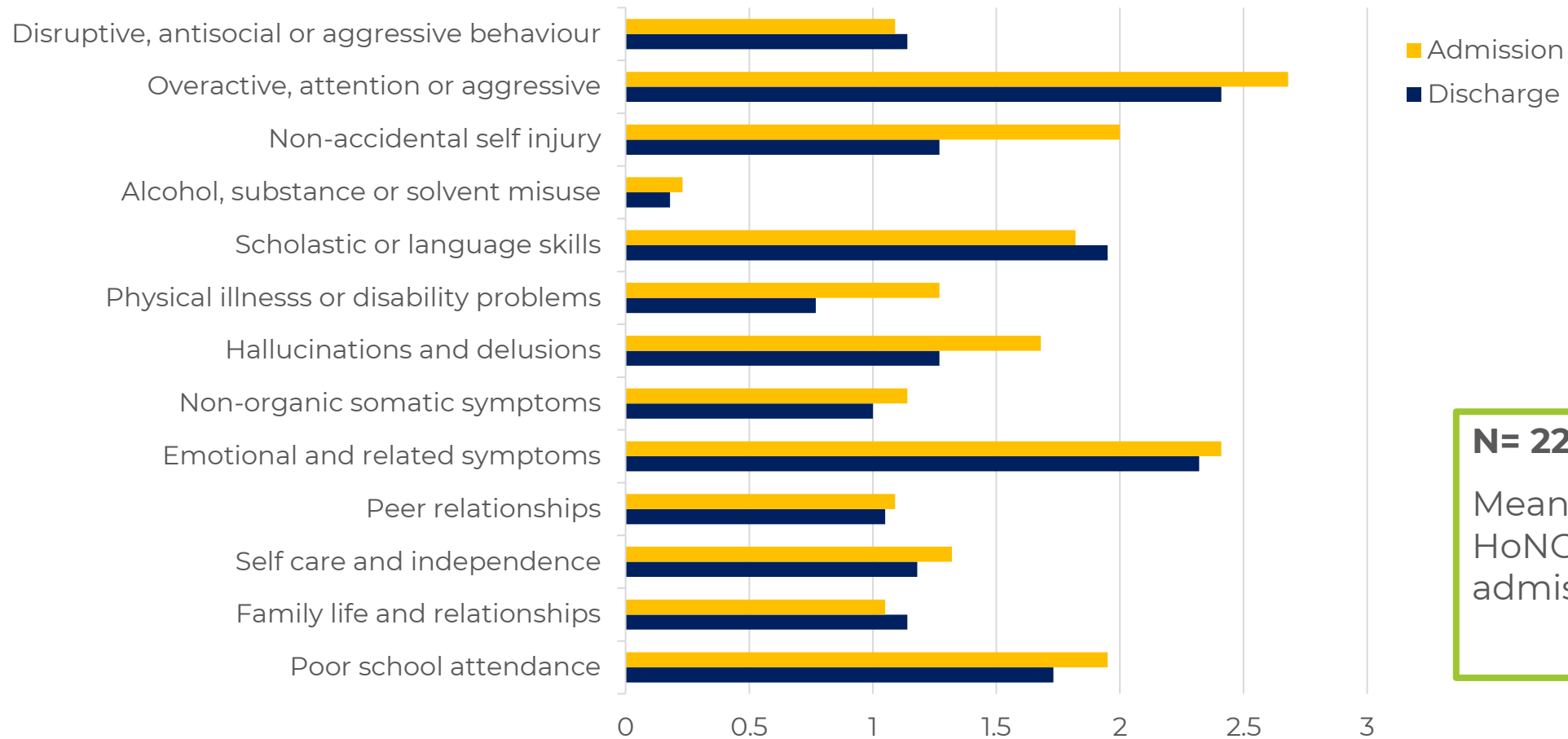
## Mean scores at admission and discharge

N.B. Scores included from young people with HoNOSCA ratings at admission and discharge

Scores at discharge were **significantly lower** than at admission ( $t(21)=1.76$ ,  $p=0.046$ ).

	Mean	SD
Admission	20.68	10.08
Discharge	16.95	10.26

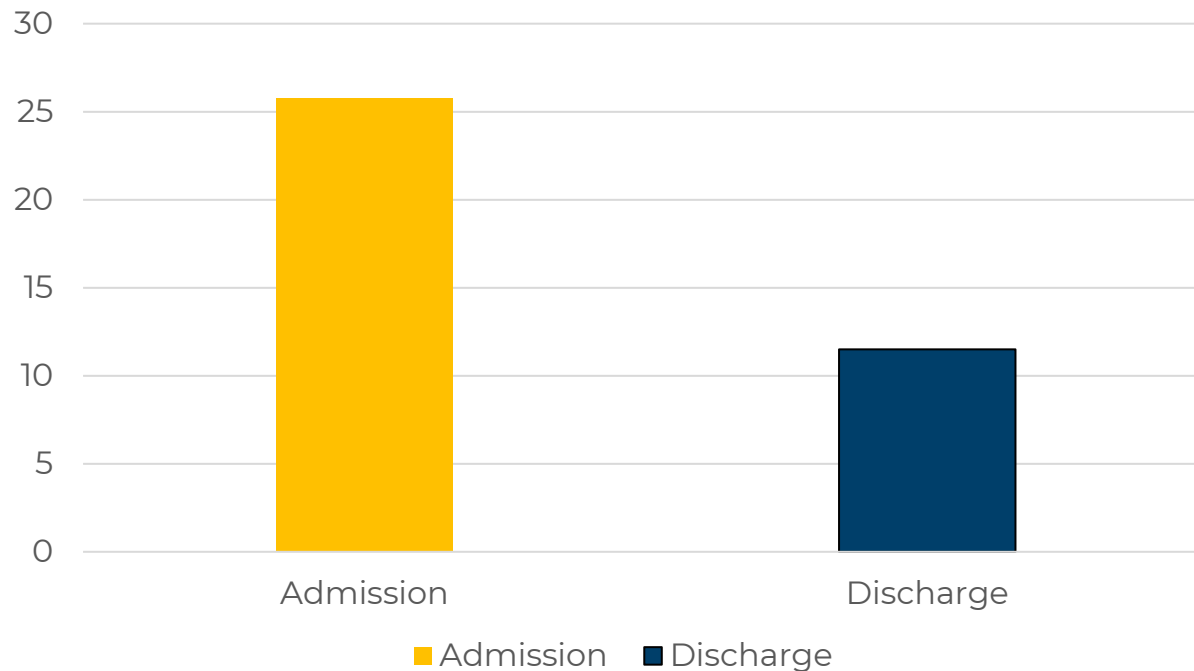
# HoNOSCA: Young Person Rating



**N= 22**  
Mean scores for individual  
HoNOSCA scales at  
admission and discharge



# HoNOSCA: Parent/Carer Rating



N= 4

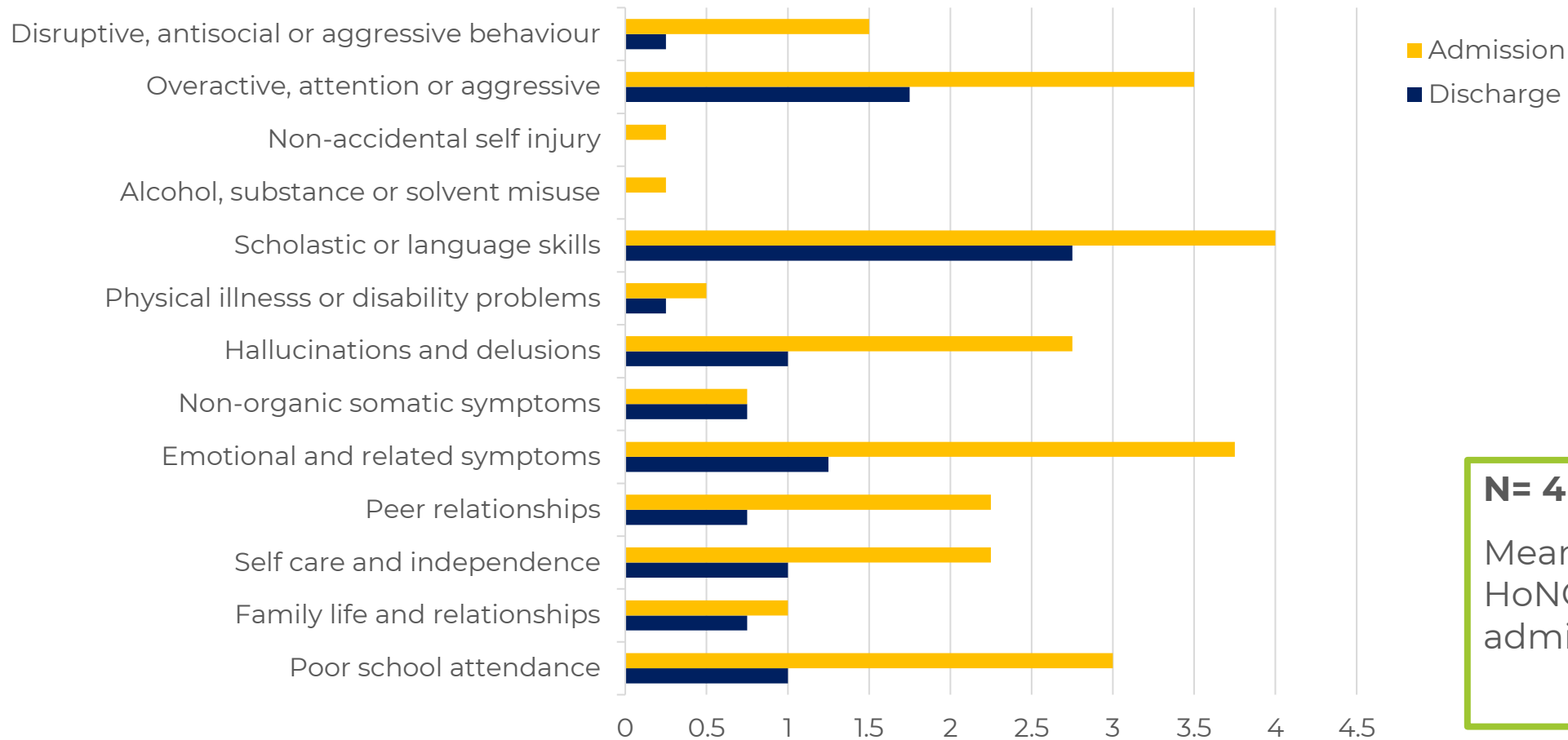
## Average scores at admission and discharge

N.B. Scores included from young people with HoNOSCA ratings at admission and discharge

Scores at discharge were **significantly lower** than at admission ( $t(3)=2.93$ ,  $p=0.031$ ).

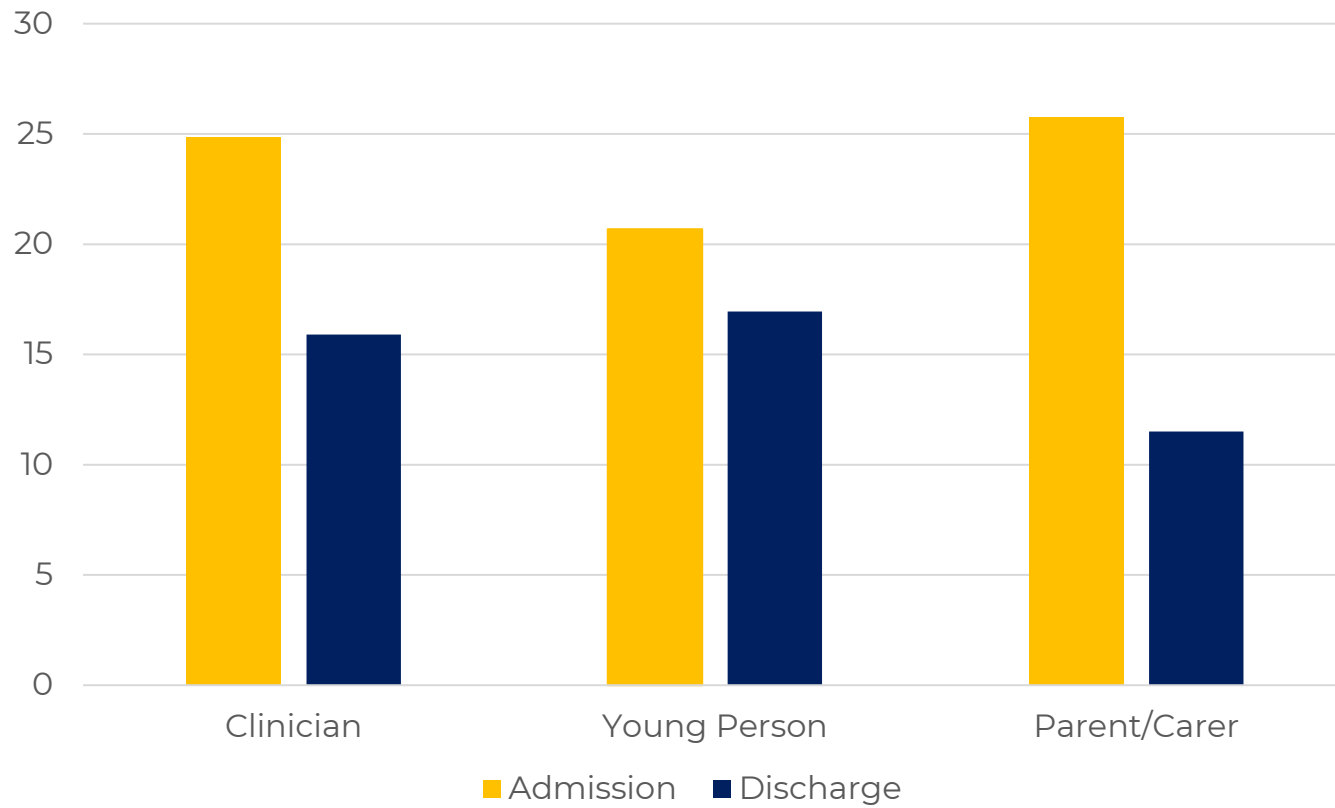
	Mean	SD
Admission	25.75	4.19
Discharge	11.50	6.56

# HoNOSCA: Parent/Carer Rating



**N= 4**  
Mean scores for individual  
HoNOSCA scales at  
admission and discharge

# HoNOSCA: All Perspectives



N= 56

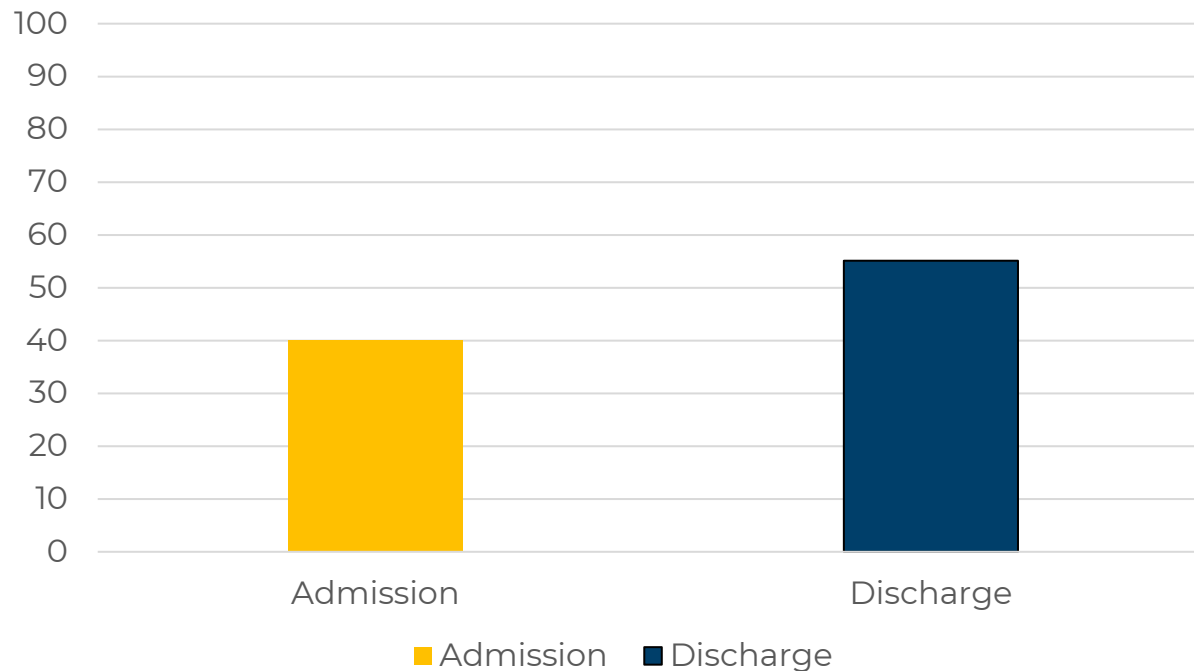
**Mean scores at admission and discharge**

N.B. Scores included from young people with HoNOSCA ratings at admission and discharge

**CGAS**



# CGAS: Clinician Rating



N= 56

## Average scores at admission and discharge

N.B. Scores included from young people with CGAS ratings at admission and discharge

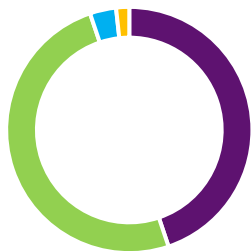
Scores at discharge were **significantly higher** than at admission ( $t(55)=-6.31$ ,  $p<0.001$ ).

	Mean	SD
Admission	40.06	15.42
Discharge	55.12	16.01

**ESQ**

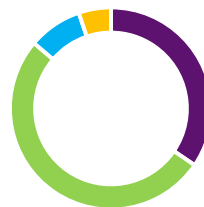
# ESQ: Young Person Ratings

Listened to



■ Certainly True ■ Partly True  
■ Not True ■ Don't know

Easy to talk to



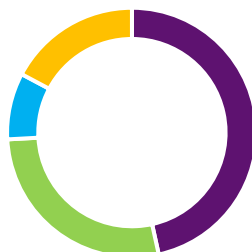
■ Certainly True ■ Partly True  
■ Not True ■ Don't know

Treated well



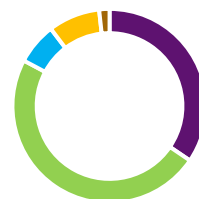
■ Certainly True ■ Partly True  
■ Not True ■ Don't know

Views and worries



■ Certainly True ■ Partly True  
■ Not True ■ Don't know

Know how to help

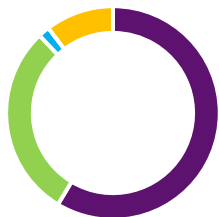


■ Certainly True ■ Partly True  
■ Not True ■ Don't know  
■ N/A

N= 60	Certainly True	Partly True	Not True	Don't Know
Listened to	44.8%	50%	3.4%	1.7%
Easy to talk to	34.5%	51.7%	8.6%	5.2%
Treated well	56.9%	32.8%	6.9%	3.4%
Views and worries	46.6%	27.6%	8.6%	17.2%
Know how to help	34.5%	48.3%	6.9%	8.6%

# ESQ: Young Person Ratings

Give enough explanation



■ Certainly True ■ Partly True  
■ Not True ■ Don't know

People working together



■ Certainly True ■ Partly True ■ Not True  
■ Don't know ■ N/A

Recommend a friend



■ Certainly True ■ Partly True  
■ Not True ■ Don't know

Good help



■ Certainly True ■ Partly True  
■ Not True ■ Don't know

N = 60	Certainly True	Partly True	Not True	Don't Know
Give enough explanation	58.6%	29.3%	1.7%	10.3%
People working together	46.6%	36.2%	8.6%	6.9%
Recommend a friend	29.3%	27.6%	25.9%	17.2%
Good help	51.7%	37.9%	6.9%	3.4%

Please see Appendix A for full ESQ questions

# ESQ: Young Person Comments

## *“What was really good about your care?”*

Key themes identified by young people included:

- Staff being friendly, supportive and engaging with young people
- Being able to develop strong relationships with staff members
- Feeling listened to by staff members
- Positive approach to care (i.e., focusing on strengths and areas where a young person has improved)
- Having a good range of activities to take part in on the unit
- Being able to access help and support when they need it



# ESQ: Young Person Comments

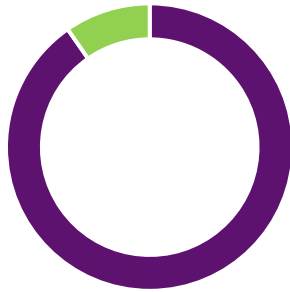
***“Was there anything you didn’t like or anything that needs improving?”***

Key themes identified by young people included:

- Not feeling listened to
- Poor communication from staff regarding care decisions
- Staff being rude, disrespectful, or making unhelpful comments towards young people
- Restrictions that young people feel are unfair (i.e., not being allowed certain items, use of blanket restrictions)
- Quality of food options

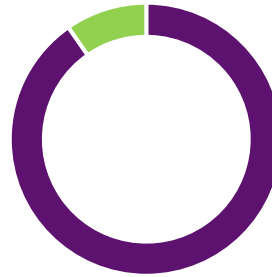
# ESQ: Parent/Carer Ratings

Listened to



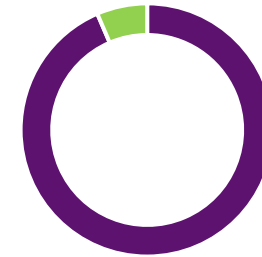
■ Certainly True ■ Partly True

Easy to talk to



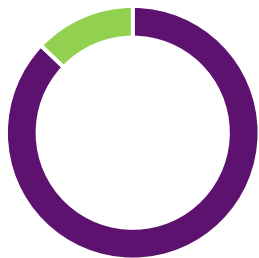
■ Certainly True ■ Partly True

Treated well



■ Certainly True ■ Partly True

Views and worries



■ Certainly True ■ Partly True

Know how to help

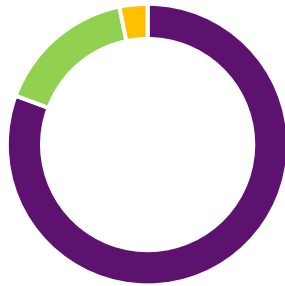


■ Certainly True ■ Partly True ■ Don't know

N= 31	Certainly True	Partly True	Not True	Don't Know
Listened to	90.3%	9.7%	0%	0%
Easy to talk to	90.3%	9.7%	0%	0%
Treated well	93.5%	6.5%	0%	0%
Views and worries	87.1%	12.9%	0%	0%
Know how to help	80.6%	16.1%	0%	3.2%

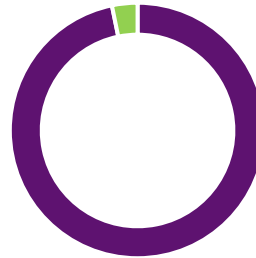
# ESQ: Parent/Carer Ratings

Give enough explanation



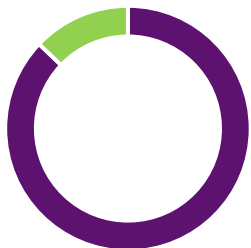
■ Certainly True ■ Partly True ■ Don't know

People working together



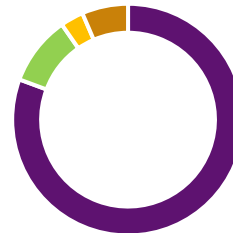
■ Certainly True ■ Partly True

Recommend a friend



■ Certainly True ■ Partly True

Good help



■ Certainly True ■ Partly True  
■ Don't know ■ N/A

N = 31	Certainly True	Partly True	Not True	Don't Know
Give enough explanation	80.6%	16.1%	0%	3.2%
People working together	96.8%	3.2%	0%	0%
Recommend a friend	87.1%	12.9%	0%	0%
Good help	80.6%	9.7%	0%	3.2%

Please see Appendix A for full ESQ questions

# ESQ: Parent/Carer Comments

## *“What was really good about your care?”*

Key themes identified by parents and carers included:

- Feeling that staff members had a strong understanding of their child/loved one
- Staff being friendly and compassionate in their approach to care delivery
- Staff listening to their perspectives and taking time to build relationships with them
- Being regularly informed with regards to their child's care
- Being involved in their child's care journey

# ESQ: Parent/Carer Comments

***“Was there anything you didn’t like or anything that needs improving?”***

Key themes identified by parents and carers included:

- Restrictions or lack of flexibility surrounding visits, including:
  - Visiting hours
  - Availability of visiting spaces
  - Refreshments and/or activities during visiting times.
- Variation in care approach between staff members (i.e., “some staff are good, some staff aren’t”)
- Poor communication between staff and parents/carers regarding their child’s care
- Lack of support or clarity with their child’s leave arrangements



# Further Information

If you have any questions about this report, please feel free to get in touch:

[QNICROSE@rcpsych.ac.uk](mailto:QNICROSE@rcpsych.ac.uk)

For more information on QNIC, please visit [www.rcpsych.ac.uk/qnic](http://www.rcpsych.ac.uk/qnic)



Artwork by Hollie, Ellern Mede Ridgeway

# Appendix A: Participating Units

Data included in this report were submitted from the following units:

- Adriatic Ward
- Ardenleigh Forensic CAMHS
- Chalkhill
- Collingham
- Emerald Lodge
- Galaxy House
- Junction 17
- North Wales Adolescent Service
- Plym Bridge House
- Riverside Adolescent Unit
- Ruby Lodge
- Sapphire Lodge
- Sowenna
- Sunflower House
- The Darwin Centre (Cambridge)
- The Gardener Unit
- The Phoenix Centre (Cambridge)

# Appendix B: ESQ Self-Report Questions

- I feel that the people who saw me listened to me
- It was easy to talk to the people who saw me
- I was treated well by the people who saw me
- My views and worries were taken seriously
- I feel the people here know how to help me
- I have been given enough explanation about the help available here
- I feel that the people who have seen me are working together to help me
- If a friend needed this sort of help, I would suggest to them to come here
- Overall, the help I have received here is good

# Appendix C: ESQ Parent/Carer Questions

- I feel that the people who have seen my child listened to me
- It was easy to talk to the people who have seen my child
- I was treated well by the people who have seen my child
- My views and worries were taken seriously
- I feel the people here know how to help with the problem I came for
- I have been given enough explanation about the help available here
- I feel that the people who have seen my child are working together to help with the problem(s)
- If a friend needed similar help, I would recommend that he or she come here
- Overall, the help I have received here is good