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QNIC
QUALITY NETWORK FOR INPATIENT CAMHS



Quality Network for Inpatient CAMHS Secure Standards

4th Edition

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Foreword

It is a pleasure to have been asked to write the foreword for the Quality Network for Inpatient CAMHS (QNIC) Secure Standards. I recently attended the 2025 QNIC Annual Forum, and we were treated to a day of excellent presentations by young people, parents and professionals on a wide variety of topics including, autism friendly environments, the use of psychotropic medication, education provision, understanding the needs and outcomes for young people with neurodiverse needs in an inpatient setting, sensory pathways and environments. I am always encouraged by the enthusiasm and energy of those who presented and attended, this energy and enthusiasm is such an important part of the continued improvement of the QNIC standards.

The 4th edition of the QNIC Secure Standards have been developed in collaboration with clinicians, managers, young people, and parents/carers. These revised standards reflect the evolving landscape of CAMHS inpatient mental health services, a landscape that will continue to evolve following the recent review (2023) undertaken by NHS England in collaboration with Experts by Experience and Experts by Profession. Following the review there is a plan to redevelop regional, specialist wards into more flexible, local services that can better meet the individual needs of all children and young people in their local area. It will be exciting to be part of the development of the new single service specification and to see how these changes are reflected in future QNIC standards.

Walking into an inpatient hospital, away from family, friends and your own space is an incredibly vulnerable and worrying time for any young person and their loved ones. It is an experience that will never be forgotten by those to whom it happens and will be reflected upon and remembered for many years. We are privileged to have heard from families and young people about what is important and matters to them throughout their time in hospital when developing the 4th edition of the QNIC Secure standards.

This shared understanding of an inpatient admission is central to care delivery. Building high quality inpatient CAMHS units means building environments, cultures and processes in which young people can begin their recovery as individuals, building on what is important to them, and their networks of support and love are central to this.

What should greet families and young people at the door at this time of vulnerability and throughout their admission is a pervading sense of safety, understanding and consistency. The systemic growth towards this aim will never be linear in a complex and dynamic ward environment. We want organisations to feel they can use these standards as a scaffold to support their unit's ongoing development and growth. To be able to provide care that is rooted in expertise and compassion and build an environment that can not only provide structural safety to those who stay and work in it but allow teams the freedom and time to create relational safety, and therapeutic connection, both with each other and the young people and families that they care for.

This latest revision builds on the strong foundation of the 3rd edition, while responding to feedback from young people, parents/carers, services, as well as incorporating learning from recent research, policy changes, and practice developments. The 2025 Standards place increased emphasis on areas such as trauma-informed care, co-production with young people

and families, staff wellbeing, cultural competence, and the importance of smooth transitions into and out of inpatient care. New core standards have been written across each of the seven areas and include standards around ward culture, staffing, activities, addressing inequalities, meaningful activity, to name but a few. Much of the *'guidance'* for the standards has been revised to provide greater clarity for providers when reviewing their services against the standards.

QNIC's model of peer review, underpinned by the standards, continues to provide a unique opportunity for services to learn from one another, celebrate innovation, and tackle shared challenges in a spirit of openness and mutual support. We are proud of the vibrant and collaborative network that has grown around this process, and of the real changes it has helped to drive across inpatient CAMHS.

We would like to thank all those who have contributed to the development of this edition—especially the young people and families who have shared their experiences, and the frontline staff who continue to deliver care with dedication and compassion. Your insights, honesty and expertise have shaped this work, and your voices remain central to the ongoing evolution of these standards.

Stuart Lynch, QNIC Accreditation Committee Chair

September 2025

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- Members of the QNIC Advisory Group;
- The patient and carer representatives that contributed their views and opinions;
- Individuals who attended the standards consultation workshop;
- Individuals who contributed feedback via the e-consultation process;
- NHS England.

QNIC would like to give special thanks to the following individuals who attended the secure standards consultation workshop:

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The artwork featured on the cover of this document was created by Bella from Sunflower House and was a runner-up in the Art Competition at the QNIC Annual Forum. We are grateful to Bella for sharing their work with us.

Introduction

The standards have been drawn from key documents and expert consensus and have been subject to extensive consultation via our standards development group, which includes young people and parents/carers, and email forums with professional groups involved in the provision of inpatient mental health services for children and young people. They incorporate the College Centre for Quality Improvement (CCQI) Core Inpatient Standards, as well as specialist standards relating specifically to inpatient child and adolescent mental health services (CAMHS).

Please contact the team at the CCQI for further information about the process of review and accreditation.

Who are these standards for?

These standards are designed to be applicable to inpatient child and adolescent mental health services and can be used by professionals to assess the quality of the team. The standards may also be of interest to commissioners, young people, parents/carers, researchers and policy makers.

Categorisation of standards

Each standard has been categorised as follows:

To support in their use during the process, each standard has been categorised as follows:

- **Type 1**: Criteria relating to patient safety, rights, dignity, the law and fundamentals of care, including the provision of evidence-based care and treatment;
- **Type 2**: Criteria that a service would be expected to meet;
- **Type 3**: Criteria that are desirable for a service to meet, or criteria that are not the direct responsibility of the service.

The full set of standards is aspirational, and it is unlikely that any service would meet them all. To achieve accreditation, an organisation must meet 100% of type 1 standards, at least 80% of type 2 standards and at least 60% of type 3 standards. QNIC facilitates quality improvement and will support teams to achieve accreditation.

Notation

The CCQI Core Inpatient Standards are marked with the core standard number throughout the document. Those that are not marked with a core number are specialist standards relating to child and adolescent mental health services that are not included in the core set.

Terms used in this document

In this document, the child and adolescent mental health service is referred to as *'the team'*, *'the service'* or *'CAMHS'*. Children and young people who access the inpatient service are referred to as *'young people'* and their carers are referred to as *'parents/carers'*.

Sustainability Principles

The twelfth edition of the QNIC quality standards for inpatient child and adolescent mental health services has been mapped against sustainability principles developed by the Royal

College of Psychiatrists Sustainability Committee (**www.rcpsych.ac.uk/workinpsychiatry/sustainability.aspx**).

The Royal College of Psychiatrists is striving to improve the sustainability of mental health care, by designing and delivering services with the sustainability principles at the core. The aim of this process is to raise awareness around sustainability in mental health services and to work towards making psychiatric services sustainable in the long run.

In recent years, the mounting economic, social and environmental constraints have put mental healthcare system under enormous pressure, and it is vital to ensure that high-value services continue despite these constraints. Developing a sustainable approach to our clinical practice is a crucial step in ensuring that mental health services will continue to provide high-quality care in the 21st century in the face of these constraints.

Sustainability in health services involves improving quality, cost and best practice, with a particular focus on reducing the impact on the environment and the resources used in delivering health interventions. A sustainable mental health service is patient-centred, focused on recovery, self-monitoring and independent living, and actively reduces the need for intervention.

Sustainability is written into the NHS constitution (Department of Health, 2013). In Principle 6, it states that the 'NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources' [20].

It is vital for professionals involved in designing mental health services to have a good understanding of sustainability i.e. the resources needed for each intervention, and to have an awareness of the effects of these interventions across economic, environmental and social domains. Adoption of these principles across mental healthcare would lead to a less resource-intensive and more sustainable service.

The five Sustainability Principles are listed below:

1. **Prioritise prevention** – preventing poor mental health can reduce mental health need and therefore ultimately reduce the burden on health services (prevention involves tackling the social and environmental determinants alongside the biological determinants of health).

2. **Empower individuals and communities** – this involves improving awareness of mental health problems, promoting opportunities for self-management and independent living, and ensuring patients and carers are at the centre of decision-making. It also requires supporting community projects that improve social networks, build new skills, support employment (where appropriate) and ensure appropriate housing.

3. **Improve value** – this involves delivering interventions that provide the maximum patient benefit for the least cost by getting the right intervention at the right time, to the right person, while minimising waste.

4. **Consider carbon** – this requires working with providers to reduce the carbon impacts of interventions and models of care (e.g. emails instead of letters, tele-health clinics instead of face-to-face contact). Reducing over-medication, adopting a recovery approach, exploiting the therapeutic value of natural settings and nurturing support networks are examples that can improve patient care while reducing economic and environmental costs.

5. **Staff sustainability** – this requires actively supporting employees to maintain their health and well-being. Contributions to the service should be recognised and effective teamwork facilitated. Employees should be encouraged to develop their skills and supported to access training, mentorship and supervision.



Services that meet 90% or more of the standards relevant to Sustainability Principles (marked with the logo, left) will be awarded a Sustainable Service Accreditation certification in recognition of provision of a sustainable mental health service.

Sustainability will automatically be examined alongside the usual review process and services will not have to submit extra evidence for this. Whether a service is awarded the sustainability certification or not will not affect the accreditation status of the service.

A range of guidance reports and papers has already been developed by the College to help improve the sustainability of mental health care. Please see below for further information:

- Guidance for commissioners of financially, environmentally, and socially sustainable mental health services

  https://www.jcpmh.info/good-services/sustainable-services/

- Choosing Wisely – shared decision making

  http://www.rcpsych.ac.uk/healthadvice/choosingwisely.aspx

- Centre for Sustainable Healthcare

  https://sustainablehealthcare.org.uk/

- Psych Susnet

  https://networks.sustainablehealthcare.org.uk/network/psych-susnet

- Sustainability in Psychiatry

  https://www.rcpsych.ac.uk/improving-care/working-sustainably

Glossary of terms

Term	Definition
Advocacy services	A service which seeks to ensure that patients are able to speak out, to express their views and defend their rights.
Care plan	A systematic way of looking at the potential risks that may be associated with a particular activity or situation.
CPA	A Care Programme Approach is a package of care that is used by secondary mental health service. A CPA includes a care plan and someone to coordinate your care. A CPA aims to support a patient's mental health recovery by helping them to understand their strengths, goals, support needs and difficulties.
Clinical outcome measurement data	Clinical outcomes are measurable changes in health, function or quality of life that result from our care. Clinical outcomes can be measured by activity data such as re-admissions, or by agreed scales and others forms of measurement.
Clinical supervision	A regular meeting between a staff member and their clinical supervisor. A clinical supervisor's key duties are to monitor employees' work with patients and to maintain ethical and professional standards in clinical practice.
Co-produced	Refers to engaging and communicating with the service user and their family members (where appropriate) in the development of their care plan to ensure that support is person-centred.
Crisis plan	A crisis plan outlines key information to be considered during a mental health crisis, such as contact details, history of mental and physical illnesses, previous anti-depressants and psychotherapies, signs predicting relapse, and instructions for care if a future relapse occurs.
European Working Time Directive	Initiative designed to prevent employers requiring their workforce to work excessively long hours, with implications for health and safety.
Line management supervision	Supervision involving issues relating to the job description or the workplace. A managerial supervisor's key duties are prioritising workloads, monitoring work and work performance, sharing information relevant to work, clarifying task boundaries and identifying training and development needs.
Personal development plan	An action plan that helps to identify learning and development needs to help an individual in their job role or progress in their career.
Reflective practice	The ability for people to be able to reflect on their own actions and the actions of others to engage in continuous learning and development.

Risk assessment	An action plan that helps to identify learning and development needs to help an individual in their job role or progress in their career.
Safeguarding	Protecting people's health, well-being and human rights, and enabling them to live free from harm, abuse and neglect.
Statutory carers' assessment	An assessment that looks at how caring affects a carer's life, including for example physical, mental and emotional needs, the support they may need and whether they are able or willing to carry on caring.

Secure Standards for Inpatient Child and Adolescent Mental Health Services

Section 1: Environment and Facilities

Standard Number	Standard Type	Standard Criteria	CCQI Core Standard
1.1	**The ward/unit is well designed and has the necessary facilities and resources**		
1.1.1	1	The ward/unit is clean and well-maintained.	
1.1.2	2	Staff members and young people can control heating, ventilation and light on the ward/unit. *Guidance: For example, young people are able ventilate their rooms through the use of windows, they have access to light switches, and they can request adjustments to control heating. Dimmable lighting is available.*	**16.16**
1.1.3	2	There is indoor space for recreation to accommodate all young people at any one time.	
1.1.4 [Secure]	1	Young people can access safe outdoor space at least daily, when it is safe to do so. *Guidance: Unless individual risk assessments dictate otherwise. Any exceptions are documented and reviewed regularly to promote least restrictive practice.* **Sustainability Principle: Consider carbon**	**6.11**
1.1.5	1	The ward/unit has access to rooms for individual and group meetings.	
1.1.6	1	The ward/unit has a designated dining area(s).	
1.1.7	1	There is designated teaching space for education which can accommodate all young people in the ward/unit.	
1.1.8	1	In wards/units where seclusion is used, there is a designated room that meets the following requirements: 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 and washing facilities;	**16.19**

		It has safe furnishings (which includes as a minimum; a bed, pillow, mattress and blanket or covering); It is safe and secure, and does not contain anything that could be potentially harmful; It includes a means of two-way communication with the team, such as an intercom; It has a clock that young people can see. *Guidance: Wards that do not have seclusion facilities ensure that local policies fully describe alternatives to seclusion and how young people's safety, dignity, privacy and health and wellbeing needs will be met.*	
1.1.9 [Secure]	3	The seclusion room has direct access to a safe and secure outdoor space.	
1.1.10	2	All young people can access a range of current, culturally specific resources for entertainment, which reflect the ward/unit's population.	**16.9**
1.1.12	2	All young people have access to computers and/or tablets that meet their educational needs.	
1.1.12	1	There is a personal plan co-produced with young people and their parents/carers on the use of electronic devices including those that provide access to the internet and social media on the ward (such as mobile phones, computers, tablets, cameras etc). Young people use these devices subject to risk assessment, care and safety plans, and in line with local policy. *Guidance: Young people can access a charge point for electric devices. 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.*	**16.12**
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.	

1.1.14	2	Young people are supported to access hot and cold drinks and snacks 24 hours a day (where clinically appropriate). *Guidance: Hot drinks may be available on a risk-assessed basis.*	**16.21**
1.1.15	2	Ward/unit-based staff members have access to a dedicated staff room. **Sustainability Principle: Empowering staff**	**16.23** 
1.2	**Premises are designed and maintained 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. *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.*	**15.3**
1.2.2	1	The environment complies with current legislation on disabled access. *Guidance: Relevant assistive technology equipment, such as hoists and handrails, are provided to meet individual needs and to maximise independence.*	**16.10**
1.2.3	2	All young people have single bedrooms.	**16.3**
1.2.4	3	The ward/unit is able to designate gender neutral bedrooms and toilet facilities for those young people who would prefer a non-gendered care environment.	**16.4**
1.2.5	1	Male and female young people have separate bedrooms, toilets and washing facilities. Room allocation is able to accommodate a spectrum of genders. *Guidance: Where room allocation could present risks to the young person or to vulnerable others, this is risk assessed, and all practical steps taken to accommodate the young person's preference. If the young person's preference cannot be safely accommodated, this is discussed between the young person and clinical team, and an agreement is made on the most appropriate environment for care.*	**16.2**

		Care and safety planning should be carried out with the young person to specifically address how to best to support them in this context.	
1.2.6	2	The ward/unit has at least one bathroom/shower room for every three young people.	**16.6**
1.2.7	3	Every young person has an en-suite bathroom.	**16.7**
1.2.8	1	The ward/unit has a designated room for physical examination and minor medical procedures. *Guidance: The room has a couch for physical examination.*	**16.18**
1.2.9	2	The ward/unit has at least one low stimulus quiet room or de-escalation space other than young people's bedrooms.	**16.20**
1.2.10	2	There is space for young people to receive visitors, including children, with appropriate facilities such as toilets and age-appropriate toys and books. *Guidance: Visitors have access to refreshments on the ward/unit.*	
1.2.11	1	There is space for young people to keep their property safe and secure. *Guidance: Restricted items are stored securely by the staff at the ward/unit.*	
1.2.12	2	There is space for staff to keep their property safe and secure.	
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, or access to groups.	**16.8**
1.2.14	1	Young people have access to video technology to communicate with their friends and relatives. Guidance: Access to technology and how it will be supported is addressed within young people's care plans.	**16.11**
1.2.15	2	Young people are consulted about changes to the ward/unit environment.	**16.24**

1.2.16	2	Young people are able to personalise their bedrooms. *Guidance: This may include allowing photos and pictures to be displayed and other personalisations in line with infection control policy.*	**16.5**
1.2.17	1	Accessible key information about the ward/unit is clearly displayed. *Guidance: This includes clear signage, pictures and names of ward staff members, and the ward activity timetable.*	**16.1**
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.	
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.	
1.3.3	1	A risk assessment of all ligature points on the ward/unit is conducted at least annually. Environmental and ligature risk assessments should be repeated following a significant incident, near miss, and environmental changes. An action plan and mitigations are put in place where risks are identified, and staff are aware of the risk points and their management.	**16.13**
1.3.4	1	Young people and staff members feel safe on the ward/unit. *Guidance: Staff and young people's experience is systematically captured, reviewed and acted on.*	**20.2**
1.3.5 [Secure]	1	There is a list of approved visitors for each young person on the ward/unit.	
1.3.6 [Secure]	1	The ward/unit has safety procedures for visits from professionals and families which is agreed.	
1.4	**Equipment and procedures for dealing with emergencies on the ward/unit are in place**		
1.4.1	1	Emergency medical resuscitation equipment is available immediately and is maintained and checked weekly and after each use.	**16.17**

		Guidance: This includes other emergency equipment, such as ligature cutters. Staff know where this is located.	
1.4.2	1	There is an alarm system on the ward/unit for use by staff, young people and visitors. The ward/unit has an agreed response when the alarm is raised. *Guidance: Alarms in young people's rooms should be in accordance with relevant regulatory guidance.*	**16.15**

Section 2: Staffing and Training

Standard Number	Standard Type	Standard Criteria	CCQI Core Standard
2.1	**The number of nursing staff on the ward/unit is sufficient to ensure safety and meet the needs of young people at all times**		
2.1.1	1	There are sufficient levels of staffing which can be adapted to reflect the acuity levels of the ward. *Guidance: There is a minimum ward staff to young people ratio of 1:2, which can be increased to 3:1 for the most highly acute cases (e.g. high levels of observation, use of seclusion, increased risk of violence or self-harm).*	
2.1.2 [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 nurse per shift should have completed preceptorship.	
2.1.3 [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.	
2.1.4	2	The ward/unit is primarily 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 or short-term absence of permanent staff or regular bank/agency staff. *Guidance: There should be at minimum one permanent qualified nurse on each shift at all times.*	**18.2**
2.1.5	1	The ward/unit has a mechanism for responding to low/unsafe staffing levels, when they fall below minimum agreed levels. This should include: - A method for the team to report concerns about staffing levels; - Access to additional staff members; - An agreed contingency plan, such as the minor and temporary reduction of non-essential services. **Sustainability Principle: Empowering staff**	**18.1**
2.1.6	2	If the nursing vacancy rate exceeds 15% there is a workforce recruitment and retention plan in place.	**18.3**

2.1.7	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. **Sustainability Principle: Empowering staff**	**17.2**
2.1.8	1	Those in ward leadership roles are visible and present on the ward and actively role model and promote an open learning culture. They are confident and competent in both listening and following up in line with freedom to speak up principles. *Guidance: Staff know that incident reporting, learning from incidents and responsiveness to feedback are leadership priorities. If staff raise concerns they are confident their leadership will address it.*	**17.3**
2.1.9	1	When the team meets for handover, adequate time is allocated to discuss young people's needs, safety and care plans. **Sustainability Principle: Consider carbon**	**17.4**
2.1.10	2	Young person or parent/carer representatives are involved in the interview process for recruiting potential staff members. *Guidance: The representatives should have experience of the relevant service.* **Sustainability Principle: Empowering individuals**	**19.1**
2.1.11	3	The ward has a system for reviewing culture in the ward and takes action on findings. *Guidance: This may include review of incident and restrictive practice data, young people and parent/carer feedback, staffing and employee relations data and/or use of a validated staff survey, culture of care or safety culture tool/survey.*	**17.5**
2.1.12	3	The ward reviews its current practices against the organisations or NHS green plan. It identifies areas for improvement and develops a plan to increase sustainability in line with principles of sustainable services. Progress against the plan is reviewed at regular time points throughout the year, and the plan is refreshed annually. *Guidance: Good practice includes adopting practices in line with recommendations in RCPsych Net Zero Guidance. This may include for example assigning a Sustainability Champion role and staff undertaking training in sustainable practice.*	**17.6**

		https://www.rcpsych.ac.uk/docs/default-source/improving-care/nccmh/net-zero-mhc/delivering-greener--more-sustainable-and-net-zero-mental-health-care---guidance-and-recommendations.pdf?sfvrsn=c119e9d4_6	
2.2	**There is a core team of professionally qualified MDT staff who work together to deliver assessments and safe and effective evidence-based care. This includes:**		
2.2.1 [Secure]	1	A typical unit with 10 beds includes 1 WTE ward manager (band 7+ or equivalent). *Guidance: For units with more than 10 beds, the WTE staffing should have additional management input that is band 6+ or equivalent e.g. a deputy ward manager.*	
2.2.2 [Secure]	1	A typical unit with 10 beds includes at least 1 WTE consultant child and adolescent psychiatrist.	**6.2.1**
2.2.3 [Secure]	2	A typical unit with 10 beds includes at least 1 WTE non-consultant Psychiatrist input as an integral part of the multidisciplinary team.	
2.2.4 [Secure]	2	The psychology establishment should include dedicated time from a Consultant Psychologist to provide leadership.	
2.2.5 [Secure]	1	A typical unit with 10 beds includes at least 1 WTE registered applied psychologist.	**6.2.2**
2.2.6 [Secure]	2	A typical unit with 12 beds includes an additional 0.5 WTE of other psychological professionals' input. Guidance: This may include support from assistant psychologists and clinical associates in psychology.	
2.2.7 [Secure]	1	A typical unit with 10 beds includes at least 1 WTE social worker.	
2.2.8 [Secure]	1	A typical unit with 10 beds includes at least 1 WTE occupational therapist.	**6.2.4**
2.2.9 [Secure]	2	The service should have access to a professional with sensory integration training.	
2.2.10	1	The unit has formal arrangements to ensure easy access to therapists trained in psychological interventions. *Guidance: For example, CBT, child and adolescent psychotherapy, psychodynamic psychotherapy, MBT, DBT, IPT, EMDR (list is not exhaustive).*	

2.2.11	2	The unit has formal arrangements to ensure easy access to a dietician.	
2.2.12 [Secure]	3	A typical unit with 10 beds includes at least 0.5 WTE dietician. They contribute to the assessment and formulation of the young person's nutritional needs and the safe and effective provision of evidence-based nutritional interventions.	
2.1.13 [Secure]	2	A typical unit with 10 beds includes at least 0.5 WTE speech and language therapist.	
2.2.14	3	There is dedicated sessional input from creative therapists.	
2.2.15 [Secure]	1	For low secure services, a typical unit with 10 beds includes at least 1 WTE family therapist. *Guidance: This must be a professional who is qualified to Master's degree or doctorate level recognised by the Association for Family Therapy and Systemic Practice (AFT).*	
2.1.16 [Secure]	1	For medium secure services or psychiatric intensive care units, a typical unit with 10 beds includes at least 0.5 WTE family therapist. *Guidance: This must be a professional who is qualified to Master's degree or doctorate level recognised by the Association for Family Therapy and Systemic Practice (AFT).*	
2.2.17	3	The unit has formal arrangements to ensure easy access to an activity coordinator.	
2.2.18	3	The unit has formal arrangements to ensure easy access to a peer support worker.	
2.2.19	3	The unit has formal arrangements to ensure easy access to a parent advocate/family ambassador.	
2.2.20	2	The ward has access to other Allied Health Professionals to meet a range of young people's needs that may be identified as a part of the admission treatment plan. There is sufficient sessional time and/or pathway arrangements in place to draw on these staff on an as needed basis. *Guidance: The ward monitors its demand for and access to these services, the response time when input is needed and any delays in accessing input on young people's progression through the inpatient pathway.*	**6.3**
2.2.21	2	There is a minimum of one qualified teacher to four students per lesson.	

2.2.22	3	Young people have access to teachers of specialist subjects.	
2.2.23	2	The ward has appropriate administrative support and infrastructure in place to release clinical time to care. *Guidance: A typical unit with 12 beds includes 1 WTE administrator (band 3 or above or local equivalent).*	**17.7**
2.2.24	2	A specialist pharmacist is a member of the MDT.	**6.2.3**
2.2.25	2	The ward has a staffing model that ensures activities in therapeutic/recreational timetables are routinely delivered and that young people's leave, exercise, access to the outdoors and faith-based needs can be facilitated in line with the RCPsych core standards. *Guidance: The ward may draw on a range of roles including therapies staff, peer workers, healthcare assistants, activity co-ordinators and/or they may partner with organisations such as voluntary, community, faith and social enterprise (VCFSE) sector organisations to meet this standard.*	**6.6**
2.2.26	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 urgent situation. *Guidance: Video consultation for advice / assessment may be used in exceptional circumstances which would include rural settings.*	**18.4**
2.2.27	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.	
2.3	**Staff are provided with a thorough training programme**		
2.3.1	1	New staff members, including bank staff, receive an induction based on an agreed list of core competencies. This includes arrangements for shadowing colleagues on the team, jointly working with a more experienced colleague, and being observed and receiving enhanced supervision until core competencies have been assessed as met. *Guidance: When agency staff are used, they receive a local orientation and safety induction to the ward. The service has an arrangement where agency staff have their core competencies checked prior to their shift.*	**19.2**

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:		**21.1**
2.3.2a	1	The use of relevant mental health and capacity legal frameworks.	**21.1a**
2.3.2b	1	Physical health assessment and management including management of the physically deteriorating patient. *Guidance: This could include training in understanding physical health problems, undertaking physical observations, using early warning scores (e.g. NEWS2, PEWS), identification and management of the medically deteriorating patient and basic life support.* **Sustainability Principle: Prioritise prevention**	**21.1b**
2.3.2c	1	Safeguarding vulnerable adults and children. *Guidance: This includes recognising and responding to the signs of abuse, exploitation or neglect.*	**21.1c**
2.3.2d	1	Risk assessment and management. *Guidance: This includes assessing and managing suicide risk and self-harm, risk from others, from self-neglect and the prevention and management of behaviour that challenges.* **Sustainability Principle: Prioritise prevention**	**21.1d**
2.3.2e	1	Cognitive impairment, learning disability and autism, including awareness of neurodiversity and how to interact appropriately with autistic people and people who have a learning disability.	**21.1e**
2.3.2f	2	Inequalities in mental health access, experiences, and outcomes for young people with different protected characteristics. Training and associated supervision should support the development and application of skills and competencies required in role to deliver equitable care. *Guidance: Training should address all 9 protected characteristics and their relevance to delivering equitable mental health care.*	**21.1f**
2.3.2g	1	Parent/carer awareness, family inclusive practice and social systems, including parents/carers' rights in relation to confidentiality.	**21.1g**
2.3.2h	3	Quality improvement methodology and identifying priority QI projects.	

2.3.2i [Secure]	1	Relational Security.	
2.3.2j [Secure]	2	Staff are trained on human rights-based approaches to care, including trauma-informed and attachment theory-informed principles, to support people at risk of restrictive practices	**21.1i**
2.3.2k [Secure]	1	Adolescent development	
2.3.2l [Secure]	1	Effective strategies to inform behaviour management.	
2.3.2m	1	Managing relationships and boundaries between young people and staff, including appropriate touch.	
2.3.2n	1	New members of staff or those changing ward who prescribe or undertake therapeutic engagement or observation receive an induction which includes: - 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; - Actions to take if the young person absconds; - Trauma informed principles.	**21.1h**
2.3.3	1	All qualified nursing and medical staff that administer rapid tranquillisation have completed Immediate Life Support training or local equivalent.	
2.3.4	2	Shared in-house multi-disciplinary team training, education and practice development activities occur on the ward/unit at least every three months.	
2.3.5	2	Non-clinical staff have received mental health awareness training.	
2.3.6	2	Young people and/or parent and carer representatives are involved in delivering and developing staff training.	**21.2**
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 formal individual clinical supervision at least monthly, or as otherwise specified by their professional body. *Guidance: Supervision should be profession specific as per professional guidelines and provided by someone with appropriate clinical experience and qualifications. Clinical supervision should be in addition to managerial supervision.*	**19.3**

		If the two are provided together there is a clear differentiation between them.	
2.4.2	2	All staff members receive individual line management supervision at least monthly. *Guidance: Managerial supervision should be in addition to clinical supervision. If the two are provided together there is a clear differentiation between them.*	**19.4**
2.4.3	1	All staff members receive an annual appraisal and personal development planning (or equivalent).	
2.4.4	1	There are written documents that specify professional, organisational and line management responsibilities.	
2.4.5	1	The ward/unit actively promotes and supports staff health and well-being. *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, promoting sleep hygiene and known health inequalities facing night staff, reviewing feedback from exit interviews and taking action where needed.* **Sustainability Principle: Empowering individuals**	**20.1**
2.4.6	1	Staff members are able to take breaks during their shift that comply with the European Working Time Directive. *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.*	**20.3**
2.4.7	2	There is regular reflective practice available of sufficient frequency to ensure that all staff can access this at least every six weeks. *Guidance: Reflective practice should be facilitated by someone with experience in managing a group process.* **Sustainability Principle: Empowering staff**	**17.1**
2.4.8	2	The team has protected time for team building at least once a year.	

Section 3: Access, Admission and Discharge

Standard Number	Standard Type	Standard Criteria	CCQI Core Standard
3.1	**Assessment and treatment are offered without unacceptable delay**		
3.1.1	1	There is easily accessible and up-to-date information about the service in the public domain for young people, parent/carers and referrers to view in advance of admission. This includes contact details for the service, information for referrers about how to make a referral and, where relevant, information on waiting times.	**1.1**
3.1.2 [Secure]	1	Occupancy levels, as agreed by the service provider, are not exceeded. *Guidance: This is done in collaboration with the service's commissioners.*	
3.1.3	1	Young people are only admitted when they require assessments, interventions or treatment that can only feasibly be provided in hospital. There is a clearly stated purpose for the admission developed with and taking into account the views of the young person and their parent/carer. **Sustainability Principle: Improving value**	**1.2**
3.1.4	3	The ward/unit ensures that all frontline staff are fully prepared for admissions. *Guidance: To be fully prepared for admission, staff should have the necessary information, resources and skills to facilitate a smooth transition and provide a high standard of care for the young person from the first day of admission.*	
3.1.5	1	Young people have a comprehensive mental health assessment which is started within four hours of admission. For young people already receiving care in the community, their existing mental health assessment and care plan is reviewed and updated. The process involves the young person, their parent/carer(s), community care providers, multi-disciplinary team and includes consideration of the young person's: - Mental health and medication; - Psychosocial and psychological needs;	**2.4**

		- Religious traditions and spiritual beliefs; - Strengths and areas for development; - Advance choices; - Reasonable adjustments; - Clinical outcome measurements. **Sustainability Principle: Improving value**	
3.1.6	1	Following assessment, young people promptly begin evidence-based therapeutic interventions which are appropriate to their bio-psychosocial needs and the identified goals for the admission. *Guidance: Young people already receiving mental health support in the community should have their care plan updated reflecting their change in needs and interventions to be received in an inpatient setting.*	**6.1.**
3.1.7	1	Young people have a comprehensive physical health review. This is started within four hours of admission, or as soon as is practically possible. If all or part of the examination is declined, then the reason is recorded and repeated attempts are made. Following the physical health review the physical health care plan is developed or updated. *Guidance: The comprehensive physical health review should be guided by the principles and components set out in the adolescent Lester tool. People carrying out physical health assessments and investigations are mindful of sensory sensitivities to touch and pain.* **Sustainability Principle: Prioritise prevention**	**2.5**
3.1.8	3	Within 24 hours of admission to a mental health inpatient setting pharmacy staff undertake a full medicines reconciliation, including all medications for physical as well as mental health. *Guidance: For young people admitted over a weekend this may take up to 72 hours.*	**6.14**
3.1.9	1	Teaching staff complete an assessment of each young person's educational needs which is reviewed at each care planning review.	
3.1.10	1	Young people have a formal review of care or ward round within one week of admission. The review should address the young person's, and (where applicable) parent's/carer's, questions, concerns and goals. They should be well supported to attend and engage with this process in advance of the review.	**4.2**

3.1.11	1	The ward/unit reviews demographic data at least annually about young people who are admitted. Data are compared and action is taken to address any inequalities in care planning and treatment. *Guidance: This includes data around the use of seclusion and length of stay in the unit for different groups.*	**1.4**
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. *Guidance: Staff members show young people around and introduce themselves and other young people, offer them refreshments and address them using their preferred name and pronouns. Services could use the NHS England Getting Through Guides as an example of best practice.*	**2.1**
3.2.2	1	The young person's parent/carer is contacted as soon as possible by a staff member on the ward/unit to notify them of the admission and to provide them with contact details for the ward/unit and visiting times. *Guidance: The young person is asked who needs to know they are in hospital.*	**2.2**
3.2.3	1	Parents/carers are offered the opportunity to speak with staff members, within 48 hours of the young person's admission to discuss concerns, their own needs and to share and receive information.	**13.3**
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.	
3.2.5	2	The service actively supports families to overcome barriers in visiting the ward. *Guidance: This may include providing accommodation and transport, reasonable adjustments, and/or using online video conferencing tools.*	
3.2.6	1	Young people admitted to the ward outside the area in which they live have regular reviews of their placement. *Guidance: The minimum frequency of reviews is determined*	**2.8**

		by the care setting. In acute care settings the review would be at minimum weekly.	
3.3	**Discharge plans are agreed with and communicated to all relevant parties**		
3.3.1	1	Proactive discharge planning with the young person and their parent/carer takes place from point of admission focusing on identifying any barriers to discharge and what post discharge support needs to be in place at point of discharge.	**9.1**
3.3.2	1	Follow up appointments for the young person post discharge are arranged with community services prior to the young person being discharged. The details of when, where and with whom this follow up will take place are given to the young person and their parent/carer in written format.	**9.2**
3.3.3	1	The multidisciplinary team (MDT) carry out a thorough assessment of the young person's personal, social, safety and practical needs to reduce the risk of suicide on discharge. *Guidance: Where possible, this should be completed in partnership with young people and their parents/carers, and take into consideration the young person's social and educational needs.*	**9.3**
3.3.4	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. *Guidance: They explore with the young person, their parents/carers and professional network alternative community options to see if they could be a safe and viable alternative.*	**9.9**
3.3.5	2	Teams provide 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. *Guidance: When community and inpatient teams differ, the team provides transition mentors; transition support packs; or education for young people on how to manage transitions. This should be done in collaboration with the young person's professional network and parents/carers. There is a dedicated team or individual who supports the management of discharge planning, such as a transitions team.*	**9.8**

3.3.6 [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. *Guidance: When admissions are refused, the team is able to provide information to referrers about alternative strategies which may be appropriate for the young person concerned.*	
3.3.7	2	The team supports young people to attend healthcare appointments (e.g., community GP, optician, dentist/orthodontist etc.) whilst an inpatient, if they are admitted in the local area. *Guidance: Support may include: planning travel arrangements, appropriate leave planning and risk assessment, and working with families to facilitate this where possible.*	**10.1**
3.3.8	1	The ward/unit has a care pathway for young people who are pregnant or in the postpartum period. *Guidance: Young people who are over 32 weeks pregnant or up to 12 months postpartum should not be admitted to a CAMHS ward unless there are exceptional circumstances.*	**10.3**
3.3.9	1	The inpatient team invites a representative from the young person's community team to attend and contribute to relevant meetings e.g. care planning reviews, discharge planning.	
3.3.10	1	A transition planning meeting takes place by the time the young person reaches the age of 17 and a half years. There is a documented plan with further meetings, agreed actions and who is responsible for these. *Guidance: This should include:* *- Consideration of physical and mental health, social care, and education/employment/training.* *- The process for transition for those young people who have special educational needs and disabilities (SEND) should begin around age 14 (school year 8/9) in line with the SEND code of practice.* *- The unit should check whether the young person has been given a referral for a Care Act assessment, where appropriate, or local equivalent.*	

3.3.11	1	When a young person transfers to adult services, ward/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. *Guidance: This should take place as soon as practically possible.*	
3.3.12	1	The team sends a copy of the young person's care plan or interim discharge summary to everyone identified in the plan as involved in their ongoing care (including parents/carers) within 24 hours of discharge. *Guidance: The plan includes details of:* *- Care in the community/aftercare arrangements;* *- Crisis and contingency arrangements including details of who to contact;* *- Medication including prescribing, dispensing and monitoring arrangements;* *- Details of when, where and who will follow up with the young person.* *- For autistic young people and those with learning disabilities, the most recent Care, Education and Treatment Review (CETR) recommendations (or local equivalent).* **Sustainability Principle: Prioritise prevention**	**9.4**
3.3.13	2	A discharge summary is sent, within a week, to the young person, their parents/carers, their GP and others involved in the young person's ongoing care. *Guidance: This could include social care and school health teams. The summary includes why the young person was admitted, how their presentation has changed, what interventions were offered and their impact, their diagnosis, relapse indicators, medication and follow up plan.*	**9.5**
3.3.14	3	All young people have all medications (including physical health medications) reviewed prior to discharge to ensure that medication is optimised and evidence-based, and that inappropriate medications are withdrawn. Review or end dates for prescriptions initiated in hospital are included in discharge documentation. **Sustainability Principle: Consider carbon**	**9.6**
3.3.15	1	The team makes sure that young people who are discharged from hospital have arrangements in place before they leave the hospital to be followed up within 72 hours of discharge.	**9.7**

		Guidance: Face to face 72 hour follow up should be arranged where possible.	
3.3.16	1	Parents/carers are supported to participate actively in decision making and care planning for the young person they care for. This may include attendance at care planning reviews where the young person consents. **Sustainability Principle: Empowering individuals**	**13.1**

Section 4: Care and Treatment

Standard Number	Standard Type	Standard Criteria	CCQI Core Standard
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 their parent/carer(s) to agree the purpose of admission and admission goals, develop the care plan, and they are offered a copy. *Guidance: Where possible, the young person writes the care plan themselves or with the support of staff.* *The care plan clearly outlines:* *• Agreed intervention strategies for physical and mental health;* *• Measurable goals and outcomes;* *• Strategies for self-management;* *• Any advance directives or statements that the young person has made;* *• Crisis and contingency plans;* *• Reasonable adjustments;* *- Communication needs* *• Review dates and discharge framework.*	**4.3**
4.1.2	1	The purpose of admission, care plan, discharge plan and estimated discharge date are reviewed and updated regularly with young people and their parent/carers. *Guidance: If the purpose of admission is close to being met, additional focus should be given to discharge planning to avoid the discharge being delayed.*	**4.4**
4.1.3	2	The ward uses a regular structured meeting (e.g. MDT huddle/management round) to agree, allocate and follow up actions needed to progress the young person's management plan towards planned discharge. *Guidance: In acute care settings this is a daily meeting.*	**4.5**
4.1.4	1	Young people have a risk assessment and safety plan which is co-produced (where the young person is able to participate), involves parents/carers, is updated regularly and shared where appropriate with relevant agencies. *Guidance: This assessment and plan considers risk to self,*	**2.6**

		risk to others and risk from others, the types of harm that could occur, when they are likely to occur and relatedly how they may be mitigated. This assessment should not be solely reliant on a risk stratification tool, and should take into account formulation alongside clinical judgement, therapeutic engagement and ongoing monitoring. *Information should be presented in a young person friendly manner.* **Sustainability Principle: Prioritise prevention**	
4.1.5	1	Young people are offered personalised healthy lifestyle interventions such as: - Physical health, such as dental and sexual health; - Advice on healthy eating (where clinically appropriate); - Physical activity (where clinically appropriate). They are offered and can access through the ward/unit smoking/vaping cessation and/or drug and alcohol services. These are documented in the young person's care plan. **Sustainability Principle: Consider carbon**	**7.2** 
4.1.6	1	Young people have follow-up investigations and treatment when concerns about their physical health are identified during their admission. *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.*	**7.1**
4.1.7	1	Where a young person is identified as having a learning disability or autism after being admitted to the unit, staff identify and notify all relevant agencies in order to initiate the review of the young person's care, education and treatment. *Guidance: This should include ensuring the young person is appropriately flagged within local systems used to monitor and support individuals at risk of admission or placement breakdown. This may involve processes such as the Care, Education and Treatment Review (CETR) process, or the Getting It Right for Every Child (GIRFEC) framework in Scotland. This should include the relevant Local Authority, Commissioner/Health Board, GP, and the Community CAMHS Team.*	
4.1.8	1	For young people with a learning disability and/or who are autistic, staff make use of existing information about their care needs or any reasonable adjustments identified during the admission and use them in care planning and communication.	**14.4**

		Guidance: Health passports or similar tools should be used.	
4.2	**There is a structured programme of care and treatment**		
4.2.1	1	Every young person has a personalised therapeutic/recreational timetable of activities to promote social inclusion, which the team encourages them to engage with. The young person is offered a copy of their timetable. *Guidance: The timetable covers seven days including unstructured activity time. It may include activities such as physical activity, education, employment, volunteering, faith or spirituality related activities, and other occupations such as leisure activities.*	**6.5**
4.2.2	2	Young people receive psychoeducation to enhance skills in areas such as activities of daily living, interpersonal communication, relationships, sleep hygiene, coping with stigma, stress management and emotional regulation.	**6.4**
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: • Voluntary organisations; • Community centres; • Local religious/cultural groups; • Peer support networks; • Recovery colleges. *Guidance: When a young person is placed out of area, the ward supports the young person's re-integration to their local community.*	**6.13**
4.2.4	2	There is a minuted ward community meeting that is attended by young people and multi-disciplinary staff members. The frequency of this meeting is weekly, unless otherwise agreed with the group of young people. Actions from the meeting are followed up. *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. To promote inclusion, the meeting could be chaired by a young person, peer support worker or advocate.*	**6.9**

4.2.5	1	Young people have access to relevant faith-specific and/or spiritual support, preferably through someone with an understanding of mental health issues.	**6.10**
4.2.6	2	Young people according to their care plan, have access to regular sessions of longer periods of outdoor activities facilitated by staff. *Guidance: Consideration should be given to how all young people are able to access these sessions including, for example, access to appropriate foot or rain wear. Staff should be able to facilitate this at least twice a week in a group or individually.* **Sustainability Principle: Consider carbon**	**6.12** 
4.2.7	1	Young people are offered access to an advocacy service and supported to work with them.	**10.4**
4.2.8	1	Young people and parents/carers know who the key people are in their team including their named nurse and how to contact them if they have any questions.	**4.1**
4.2.9	1	Each young person is offered a one-hour session at least once a week with a nominated member of their care team to discuss progress, care plans and concerns. *Guidance: Young people are encouraged to work together with staff to agree on a pre-arranged meeting time.*	**6.7**
4.2.10	1	Staff update parents/carers on their child's progress at a minimum of once a week, subject to confidentiality. *Guidance: When there are significant events, changes or decisions, staff are encouraged to contact parents/carers as soon as possible.*	
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. *Guidance: This should be included as part of documentation for care planning reviews.*	
4.3.2	1	The ward/unit provides a broad and balanced curriculum that includes the core subjects of maths, English and science, and is appropriate to the student's age, key stage and other needs.	

4.3.3	1	Where the ward/unit caters for young people over the age of 16, young people are able to continue with education.	
4.3.4	1	Educational staff at the ward/unit liaise with the young person's own education provision in order to maintain continuity.	
4.3.5	3	All students have access to appropriate careers education and guidance to prepare them for future life in their communities.	
4.3.6	1	Where young people are returning to their local education provision after discharge, education and ward/unit staff support the young people with their reintegration. The ward/unit can provide information which can enable the education provider to put in place appropriate support for the young person.	
4.3.7	2	The educational staff maintain communication with the young peoples' parents/carers, e.g. providing progress reports for each care planning review.	
4.3.8	3	Opportunities to learn outside the classroom are provided, if appropriate.	
4.3.9	1	Education staff contribute to multi-disciplinary meetings.	
4.3.10	2	Ward/unit based staff support education teams by ensuring that young people are ready in a timely manner for education and encourage them to engage in learning. *Guidance: In situations where the young person is too unwell to access the main education space, reasonable adjustments are made to ensure maintained access to education.*	
4.3.11	1	Education and nursing staff have a handover at the beginning and end of each school day.	
4.3.12	1	The ward/unit is part of an education organisation that is a registered examination centre.	
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 (at assessment and discharge). *Guidance: This includes self-reported outcome measurements where possible.*	**22.1**

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.	**22.2**
4.4.3	2	The service's clinical outcome data are collated, analysed and reported at least bi-annually. The data are shared with commissioners, the team, young people and parents/carers, and used to make improvements to the service. **Sustainability Principle: Improving value**	**22.3** 
4.4.4	2	Units contribute to a national dataset, such as QNIC-ROSE, to allow for information sharing.	
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.	**16.22**
4.5.2	2	Staff ask young people for feedback about the food and this is acted upon. *Guidance: This should be checked at least monthly.*	
4.5.3	3	Staff eat with the young people at mealtimes and the cost of staff meals are covered by the organisation.	
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. *Guidance: Families are able to bring in their own food if preferred.*	
4.6	**Leave is planned collaboratively with the young person and their parent/carer**		
4.6.1	1	The team jointly develop a leave plan with the young person and their parents/carers, which is shared with the young person, that includes: - A risk assessment and safety 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 and ability to access a bed on return; - How the ward will check in with the young person on their wellbeing when on leave.	**5.1**

		Guidance: The leave plan should be reviewed each time the young person goes on leave.	
4.6.2	1	Staff agree leave plans with the young person's parents/carers, allowing them sufficient time to prepare and to provide opportunity to feedback post visit to inform ongoing care and leave planning.	**5.2**
4.6.3	1	When young people are absent without leave, the team (in accordance with local policy): - Activate a safety management plan; - Make efforts to locate the young person; - Alert parents/carers, people at risk and the relevant authorities; - Escalate as appropriate.	**5.3**
4.7	**Medication is prescribed safely and monitored routinely**		
4.7.1	1	When medication is prescribed, the risks and benefits are discussed with the young person and their parent/carer. The following are discussed and recorded: - The intended outcome of the intervention; - Timescale for response; - Monitoring requirements; - Patient consent and capacity to consent.	**6.15**
4.7.2	1	Young people have their medications reviewed at least weekly. Medication reviews include an assessment of therapeutic response, adherence, safety and management of side effects including during medication changes and deprescribing. *Guidance: Side effect monitoring tools can be used to support reviews. This should be in line with best practice, such as STOMP/STAMP, and guided by the adolescent Lester Tool.* **Sustainability Principle: Consider carbon**	**6.16** 
4.7.3	1	Every young person's PRN medication is reviewed at least weekly. This includes frequency, dose and indication.	**6.17**
4.7.4	1	Young people 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. If a physical health abnormality is identified, this is acted upon. This should be in line with best practice, such as STOMP/STAMP, and guided by the adolescent Lester Tool.	**7.3**

4.7.5	2	Young people, parents/cares and prescribers are able to meet with a pharmacist to discuss medications. *Guidance: If possible, the pharmacist will have experience of supporting young people.*	**6.18**

Section 5: Information, Consent and Confidentiality

Standard Number	Standard Type	Standard Criteria	CCQI Core Standard
5.1	**Young people and parents/carers are provided with key information about the ward/unit**		
5.1.1	2	The service has a webpage which provides information about the unit that young people and parents/carers can access prior to admission. This should include: - The contact details of the ward/unit; - Directions to the ward/unit; - Information on outcomes from regulator reports; - Visiting hours for the service; - Information on what young people and visitors can bring onto the ward/unit and restricted items.	
5.1.2	3	The service is able to provide access to a virtual tour of the ward/unit.	
5.1.3	2	Young people are given an information pack on admission that contains the following: • A description of the service; • The therapeutic programme including access to exercise and outdoor space; • Information about the staff team; • The ward/unit mutual expectations of staff and patients; • Key service policies (e.g. permitted items, smoking policy); • Resources to meet spiritual, cultural or gender related needs including signposting to chaplaincy services.	**3.1**
5.1.4	1	Young people and parents/carers are given accessible written information which staff members talk through with them as soon as practically possible. The information includes: - Their rights regarding admission and consent to treatment; - Their rights under the relevant Mental Health legislation; - How to access advocacy services; - How to access a second medical opinion; - How to access interpreting services; - How to view their health records; - How to raise concerns, complaints and give compliments.	**2.3**

5.1.5	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, including their parent/carer, are respected and reviewed at each care planning review.	**15.1**
5.1.6	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.	
5.1.7	1	Young people and parents/carers are offered written and verbal information about the young person's mental health need, individualised formulation and treatment.	**6.8**
5.1.8	2	The team provides each parent/carer with accessible carer's information. *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.*	**13.4**
5.1.9	1	The team inform parents/carers of their right to access a statutory carers' assessment, provided by an appropriate agency, and the team signpost and support parents/carers to access the assessment.	**13.2**
5.1.10	3	Parents/carers are provided with access to parent/carer support groups (sometimes known as parent/carer partnership groups). Ideally these are run in conjunction with family ambassadors. These groups could involve: - Feedback: Gathering input on the service experience and identifying areas for improvement. - Service Development: Participating in projects and initiatives to enhance services. - Sharing Experiences: Providing a space for parents and carers to connect, share experiences, and offer mutual support. - Advocacy: Representing the views of parents and carers to CAMHS professionals. *Guidance: This could be delivered as an in-person or virtual event. This should be delivered on a quarterly basis as a minimum.*	

5.1.11	1	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. *Guidance: If the young person's first language is not English, an assessment is made as to whether they can accurately describe their symptoms, difficulties and needs. If not, an interpreter is booked for subsequent reviews.* *In Wales services and communication (written and spoken) should comply with the Welsh Language Act.*	**14.5**
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.	**11.1**
5.2.2	1	The team know what information can be provided to parents/carers when the young person does not consent to their involvement. *Guidance: The ward may receive information from the parent/carer in confidence. Practitioners should refer to section 13 of the General Medical Council guidance on disclosing patient information. When the young person is aged 16 and over and lacks capacity to make a decision about their care and treatment, a best interests meeting should be held with involvement from parents/carers/independent advocate.*	**15.2**

Section 6: Young People's Rights and Safeguarding Children

Standard Number	Standard Type	Standard Criteria	CCQI Core Standard
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.	**14.1**
6.1.2	1	Young people feel listened to and understood by staff members.	**14.2**
6.1.3	1	Parents/carers feel listened to and supported by staff members.	**13.5**
6.1.4	1	Reasonable adjustments are made to the care and treatment of young people with a disability, including autistic young people and/or young people with a learning disability. Any reasonable adjustments are recorded in the young person's notes.	**14.3**
6.2	**The ward/unit complies with national guidance on safeguarding young people**		
6.2.1	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 ward/unit and other agencies and they are kept informed of developments.	
6.2.2	1	Young people and parent/carers are involved (wherever possible) in decisions about their level of therapeutic observation by staff. *Guidance: Young people and parent/carers are also supported to understand how the level of observation is decided and the factors that influence it.*	**8.1**
6.2.3	2	Young people on constant observations receive at least one hour per day of observations and engagement with a member of staff who is familiar to them.	**8.2**
6.2.4	1	Any use of force (e.g. physical restraint, chemical restraint, seclusion and long term segregation) should be recorded and reported in line with hospital policy, relevant legislation and/or regulatory requirements.	**8.3**

6.2.5	1	Parental responsibility is recorded in the young person's notes.	
6.2.6	1	It is recorded as to whether or not a young person has a child protection plan/child in need plan in place. This is reviewed at each care planning review.	
6.2.7	1	The local authority is contacted if parent/carers or the person with parental responsibility's identity and location is unknown	
6.2.8	1	The young person's local authority (or equivalent) is made aware if a young person remains on the ward/unit for a consecutive period of 12 weeks.	
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. *Guidance: This includes avoiding the use of blanket rules and assessing risk on an individual basis.*	**16.14**
6.3.2	1	The team uses seclusion only as a last resort and for the shortest period possible until a less restrictive management option can be utilised. All incidences of seclusion are recorded and these are reviewed in team governance meetings.	**8.5**
6.3.3 [Secure]	1	The unit is demonstrating the efforts they are making to end any periods of long term seclusion or segregation. *Guidance: Clear care plans are in place towards ending long term seclusion/segregation, reviews and formulation meetings can be examples used to demonstrate this.*	
6.3.4	1	In units where long term segregation is used, the area used conforms to standards prescribed by relevant legislation and/or regulatory frameworks. *Guidance: This includes, for example, young people having access to meaningful and therapeutic activity and outdoor space.*	**8.6**
6.3.5	3	Young people in seclusion or long term segregation have access to independent specialist trained advocacy and specialist free legal advice.	**8.7**

6.3.6	1	Young people who are involved in episodes of restraint, or compulsory treatment including tranquilisation, have their vital signs, including respiratory rate, monitored by staff members and any deterioration is immediately responded to in line with ward/unit policy. *Guidance: If all vital signs cannot be taken because of the young person's presentation, observable signs including respiratory rate and reason for omission of a full set of observations must be recorded.*	**8.8**
6.3.7	1	Parents/carers are informed about all episodes of restrictive interventions within 24 hours. If for any reason this does not occur, reasons are documented in the young person's notes.	
6.3.8	1	In order to reduce the use of restrictive interventions, young people who have been harmful to themselves or others are debriefed and supported to identify triggers and early warning signs and make advance statements about the use of restrictive interventions, with involvement from parents/carers (where appropriate).	**8.4**
6.3.9	1	The multi-disciplinary team collects data on the use of restrictive interventions and actively works to reduce its use year on year through use of audit and/or other quality improvement methodology. *Guidance: Audit data are used to compare the service to national benchmarks where available.*	**8.9**
6.3.10	2	The multi-disciplinary team collects young people's ethnicity data on the use of restrictive interventions and actively works to reduce inequalities year on year through use of audit and/or other quality improvement methodology. *Guidance: Audit data are used to compare the service to national benchmarks where available.*	**8.10**
6.3.11	1	Staff members, young people and parents/carers who are affected by a serious incident, including restraint and rapid tranquilisation, are offered post-incident support as soon as reasonably practical. *Guidance: This includes attention to the physical and emotional wellbeing of the people involved and post-incident reflection.* **Sustainability Principle: Empowering individuals**	**20.4**

Section 7: Clinical Governance

Standard Number	Standard Type	Standard Criteria	CCQI Core Standard
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 governance 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. *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.*	
7.1.2	2	Services are developed in partnership with young people and parents/carers who have relevant lived experience, and who take an active role in informing decision making.	12.3
7.2	**The team engages in audit and quality improvement initiatives to identify areas for improvement and implement change**		
7.2.1	1	The service routinely asks young people and their parents/carers for their feedback about their experiences of using the service and this is used to improve the service. **Sustainability Principle: Empowering individuals**	12.1
7.2.2	1	Feedback received from young people and their parents/carers is analysed to identify and act on any differences of experiences by protected characteristics. *Guidance: Complaints and compliments and other feedback sources include the option to share demographic information.*	12.2
7.2.3	2	The ward/unit audits referrals, terminated referrals and waiting lists at least annually. Data recorded should include demographic information, the young person's home area, and disability.	
7.2.4	2	A range of local and multi-centre clinical audits is conducted, which include the use of evidence-based treatments as a minimum.	

		Guidance: This could include an audit of the safe prescription of high-risk medication, for example.	
7.2.5	2	The team are actively involved in QI activity.	23.4
7.2.6	2	The team actively encourages young people and parents/carers to be involved in QI initiatives.	23.5
7.3	**Unit staff learn from information collected on clinical risks**		
7.3.1	1	Systems are in place to enable staff members to report incidents quickly and effectively and managers encourage staff members to do this.	23.1
7.3.2	1	When serious mistakes are made in care, this is discussed with the young person themselves and their parent/carer, an apology given and actions taken as appropriate to mitigate the outcome of the mistake and/or prevent its recurrence. Any safeguarding concerns that have arisen through the incident should be raised and processed in line with policy.	23.2
7.3.3	1	Lessons learned from incidents and complaints are shared with the team and the wider organisation. There is evidence that changes have been made as a result of sharing the lessons.	23.3
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.	
7.4.2	1	There are policies and procedures on the management of aggression and violence and the use of physical restraint. *Guidance: This policy should specifically reference working with children and young people.*	
7.4.3	1	There is a policy on the use of rapid tranquilisation. *Guidance: This policy should specifically reference working with children and young people.*	
7.4.4	1	The ward/unit has a policy on the use of seclusion and long-term segregation. *Guidance: The ward/unit should have a policy even if seclusion and long-term segregation is not routinely used. The policy should include how staff would work to support safe transport for the young person to the nearest seclusion*	

		unit, and staffing provisions and resources that should be made available while the young person remains in seclusion. This should be in line with current legislation.	
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.	
7.4.6 [Secure]	1	The team follows an agreed protocol with local police, which ensures effective liaison on incidents of criminal activity/harassment/violence.	

QNIC
QUALITY NETWORK FOR INPATIENT CAMHS

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