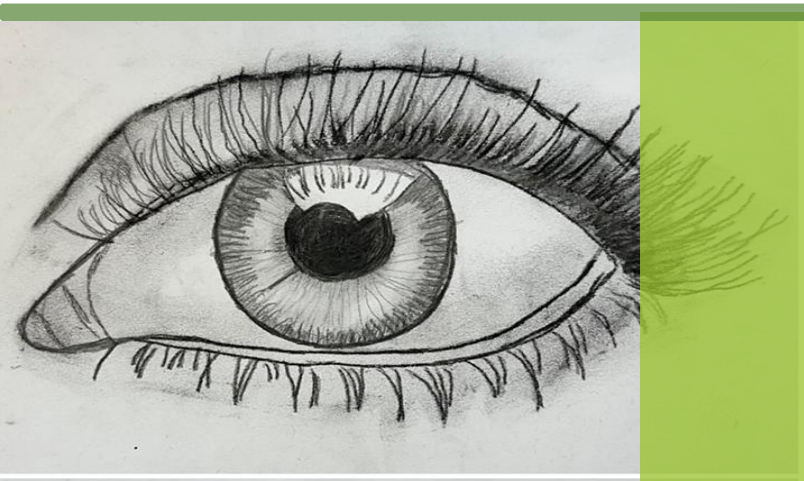
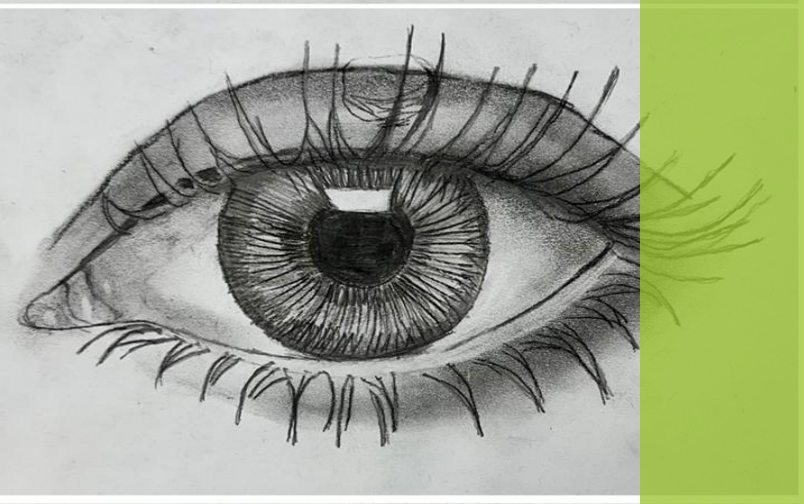
RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

QNIC
QUALITY NETWORK FOR INPATIENT CAMHS





QNIC Cycle 23

ANNUAL REPORT

2023-2024

Editors: Lucy Anderson, Gizem Robinson, Leyla Ury

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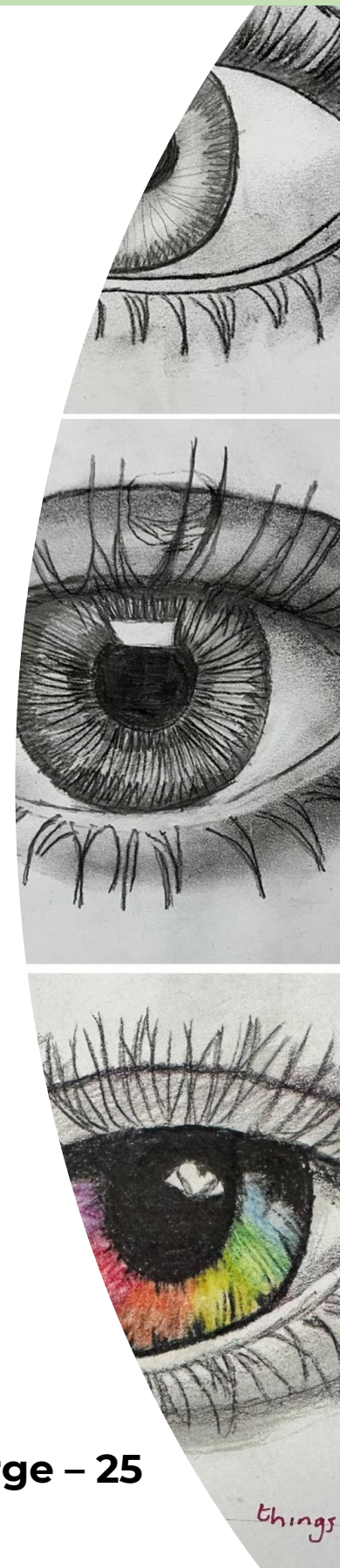

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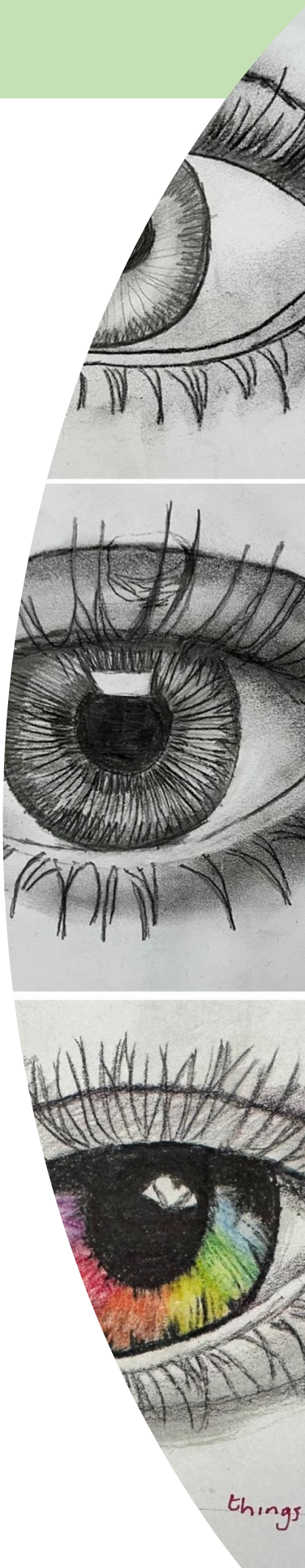

Foreword

Sebastian Rotheray
QNIC Advisory Group Chair
Consultant Child and Adolescent Psychiatrist

The publication of this Cycle 23 report brings together countless hours of learning, dedication, and reflection from QNIC staff and healthcare staff across 62 services over the past year. It comprises data and feedback from 262 young people and their carers, and 314 staff and as such as in an invaluable resource. It's heartening that despite the ever-increasing complexity of the work we do, wards and the QNIC team have been able to do even more reviews this year than last. This is to be celebrated, it's so important to take time away from the 'coal face' and reflect on how we can best meet the needs of those whom we work for. It's also great this year to see day patient and LD wards in the review.

Particular congratulations to teams who achieved accreditation with QNIC this year. Check out the glossary section for an explanation of what this means. It's a lot of hard work and a robust reflection of high-quality care, I am sure all the accredited teams feel rightly pleased with the achievement. It can be such a boost for morale.

It's interesting to note that generally speaking, across speciality sectors, length of stay and occupancy remain fairly static, see the excellent stats and graphics on page 14.

To be celebrated most of all is the continued high average level of compliance to the standards, averaging over 90%, which is a real success story.

However, of most importance here, in the report are the lessons for development. I will pick out a few of my favourites here. Reflecting the themes of this year's excellent annual congress (safe wards) there are some great environmental reminders in Section 1. Section 2 reminds us of the importance of increasing service user participation in CPD and recruitment. The access, admission and discharge section has the excellent suggestion of having a transition lead within the teams, whilst section 4 highlights the importance of families being able to join mealtimes. The confidentiality section is a sobering read, we must all ensure our young people have clear understandings of this on admission, it's so fundamental. Equally, Section 7 highlights the crucial area of respect, something I am sure we all determined to improve upon.

So, there is much to celebrate here and much to learn from. So please do all you can to carve aside 30 mins (at least), get some loose-leaf tea on the brew and take away something to improve the care for your young people.

Foreword

Emilola Johnson
QNIC Patient Representative

The notion of 'cycle' is a series of events that are regularly repeated in the same order. Ironically, I argue that each year in QNIC is, although ordered and organised, a continually advancing evolution

Cycle 23 has brought a plethora of changes, refinements and progress to inpatient services; there is nothing more positive than watching these better the lives of our young people. As an expert by lived experience (EbLE), attending my first review enlightened me to the world of medical professionalism that surpasses the restrictive boundaries of simply being A Doctor; the College and I take the stance that lived experience is a profession in its own right.

This Cycle, I have seen improvements in connecting with services face-to-face, observed meaningful logistical changes on review days to ensure that young people's ward tours and feedback sessions are prioritised, and have noted staff's growing appreciation of what EbLE knowledge provides. Services are proud to share their achievements with us. I have seen brilliant developments in neurodivergent-friendly environments. I've read updates to patient mobile phone and social media contracts, which now consider the complex and evolving necessity of digital connection. I've watched services extend their honesty about their challenges when they understand we are not there to 'get' them, but only to constructively help to improve their (already tremendous!) methods of good practice.

Cycle 23 has followed the CIRCLE values of the College by demonstrating innovation within the Standards, respecting the expertise of EbLEs and by facilitating Special Interest Days which encourage ex-patients and present professionals to collaborate and learn. QNIC is dedicated to the wellbeing of its Representatives, and I have not once felt undervalued as a member of the team. The merits that the Network so aptly encourages services to maintain could not be sustained without the intrinsic excellence of QNIC itself— its dedication to improvement, the attention to behind-the-scenes details and the exceptional support from the Project Officers.

The data for this Cycle reflects the incredible commitment that staff have to the bettering of mental health services and the lives of young people. It's profound, really, that the differences we make in this dark chapter of young people's lives will shape them into the professionals - into the doctors and the advocates and the experts by experience - of the future. The 'cycle' that, at present, may feel to patients like a hopeless and never-ending story, will one day be a book with a happy ending. And an open ending.

Cycle 23 will serve as an excellent benchmark for the next year and beyond, and I look forward to the growth path we will continue to follow.

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Introduction

Who we are

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

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

What we do

Our purpose is to support and engage wards in a process of quality improvement through peer-led reviews against a set of specialist standards for inpatient CAMHS. This process is supportive and promotes sharing of best practice between units.

Involvement in the Network is open to all CAMHS units across the UK and abroad and is strongly encouraged as a support mechanism for positive change and improvement.

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

Introduction

Annual Review Cycle

The review process

The review process has 2 phases:

a) the completion of a self-review questionnaire which is sent out to all member units, and;
b) an external peer-review which takes place between September and June.

Each year, the latest edition of the standards are applied through a process of self-reviews and peer reviews where members visit each other's units. The self-review provides an opportunity for services to rate themselves against each of the QNIC standards.

This is followed by a peer-review visit whereby colleagues from other similar wards review their practices using the data provided from the self-review. During the peer review, further data is collected through interviews with staff, young people and parents/carers.

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

Jargon Buster

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

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

This report

What to expect in this report:

This Annual Report contains the aggregated results of reviews undertaken by **62** member services who completed a review in Cycle 23, against the 11th Edition QNIC Standards, the 3rd Edition Eating Disorder QNIC Standards or the 3rd Edition Secure QNIC Standards. It is aimed at ward staff, senior management, patients and carers, as well as anyone who has an interest in inpatient CAMHS.

The report first presents an overview of the data collection and then examines the contextual data obtained from the self-reviews of the 62 services, including number of beds, average length of stay, average occupancy level and average staffing numbers per profession.

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

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

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

This is followed by some examples of good practice, and then a full summary detailing the average scores for each QNIC Standard for all 62 services who completed a review this cycle (see Appendix 1). This enables teams to benchmark themselves against other teams who participated.

All artwork throughout this report was created independently by young people from our member services, as part of our annual artwork competitions.

Purpose

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

Therefore, it is hoped that this report will help to increase the likelihood that children and young people who use inpatient services will have an improved experience.

QNIC Standards

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

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

Standard Types

QNIC Standards are divided into three types:

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

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

Standards domains

Each set of QNIC Standards are grouped into 7 domains:

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

Jargon Buster

Type-1 Standards
Standards that encompass criteria relating to patient safety, rights, dignity, the law and fundamentals of care, including the provision of evidence-based care and treatment.

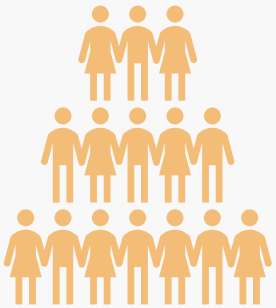
Type-2 Standards
Criteria that a ward would be expected to meet.

Type-3 Standards
Criteria that are desirable for a ward to meet, or criteria that are not the direct responsibility of the service.

DATA COLLECTION

104*
Member Organisations
(as of November 2024)

62
Wards had their self- and peer-reviews in 2023-24



147
Young People took part in interviews

314
Frontline Staff shared their experiences

115
Parent/carers took part in interviews

Where did data come from?

The data in this report comes from **62** member units who undertook their QNIC self-review, peer-review and/or accreditation from September 2023 to June 2024.

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

Data showing whether a ward was marked as 'Met' or 'Not Met' against a given standard was taken from the decisions included in the draft report written following each ward's peer-review visit.

***This number includes 10 units who have closed over the past six months.**

Decisions as to whether a ward had met standards were made by the peer-review teams based on evidence obtained from both a ward's self-review and subsequent peer-review visit.

This evidence included:

- Young people questionnaires
- Parent/carer questionnaires
- Staff questionnaires
- Policy and documentation checks
- Environmental checklists from tours of the premises
- Facilitated discussions on the review day with members of the SMT, MDT and any other staff members present.

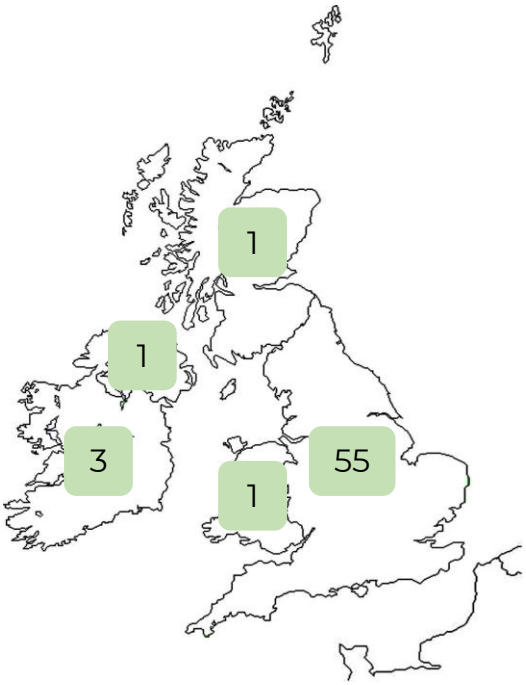
CONTEXTUAL DATA

Location

Of the 62 services that took part in a self-review and peer-review in Cycle 23:

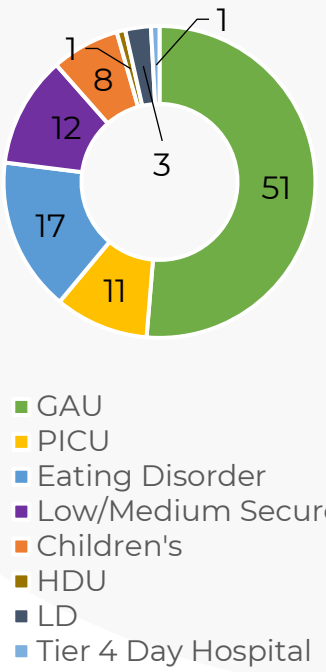
- 55 are based in England
- 1 in Scotland
- 1 in Wales
- 1 in Northern Ireland
- 3 in Republic of Ireland

To compare to the 104 QNIC members (as of November 2024): 94 QNIC members are based in England, 2 in Scotland, 2 in Wales, 3 in Northern Ireland and 3 in Republic of Ireland.

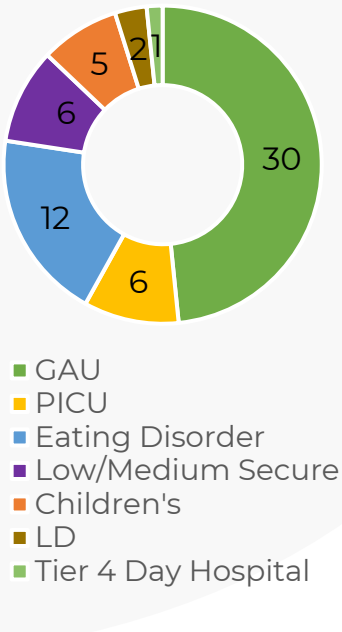


Service Type

All QNIC Members:



The 62 focused on in this analysis:



Contextual data continued

Accredited Status

As of November 2024:

- 12 of the QNIC members are Accredited
- 9 are currently undergoing accreditation or reaccreditation
- 83 wards are developmental members

- Accredited
- Undergoing Accreditation
- Paticipating in Developmental Reviews

Reviews Types 2023-24

Accreditation Reviews	7
Peer Reviews	55

Education:

Average number of education hours per week: **19** (for the 62 services who took part in a review)

Jargon Buster

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

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

Not accredited
Used to describe a ward which has undertaken the accreditation process and has failed to demonstrate that they meet the requirements to be awarded accreditation.

Contextual data continued

All 62 services that participated in a QNIC self-review and peer review this cycle provided up-to-date contextual data, including the number of beds, bed occupancy, and average length of stay.

Number of beds

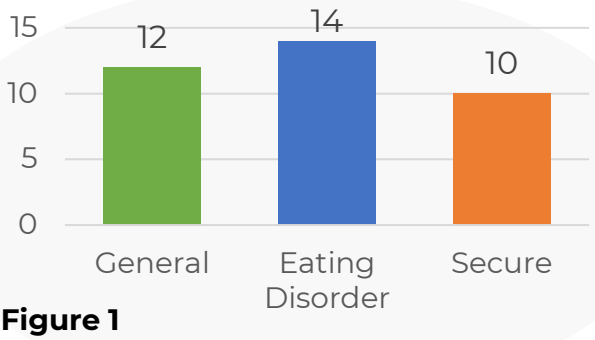


Figure 1

The unit with the smallest number of beds was an Eating Disorder service with 4 beds, and the unit with the largest number of beds was also an Eating Disorder service with 34 beds. The average number of beds across all 62 units was 12.

Figure 1. *This shows the average number of beds for general units, eating disorder units and secure units, rounded up to the nearest whole number.*

Average length of stay (days)

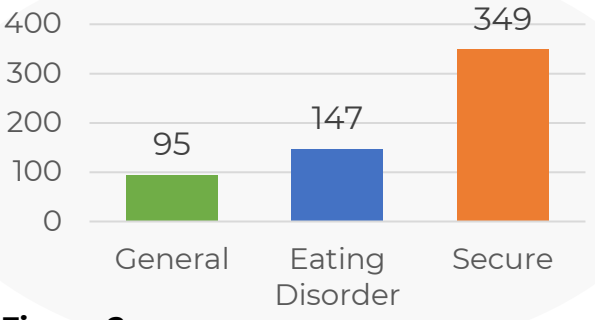


Figure 2

The shortest average length of stay recorded was 27 days (GAU). The longest average length of stay was reported as 434 days (Secure). The average length of stay across all 62 units was 130 days.*

Figure 2. *This shows the average length of stay (days) for general units, eating disorder units and secure units, rounded up to the nearest whole number.*

Bed occupancy (%)

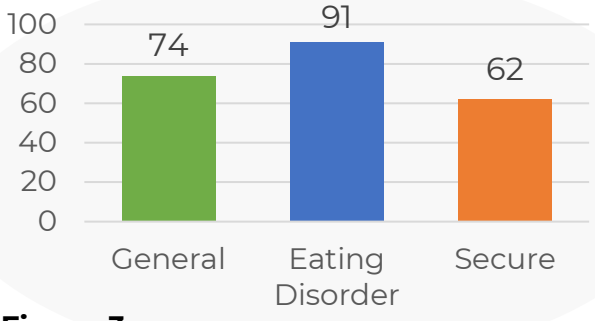


Figure 3

Bed occupancy levels varied considerably across the 62 wards, ranging from 11.5% to 100%. The average bed occupancy level was 68%.*

Figure 3. *This shows the average bed occupancy (%) for general units, eating disorder units and secure units, rounded up to the nearest whole number.*

***One service did not provide data on the average length of stay or bed occupancy, so this service has not been included in analysis.**

Contextual data continued

All units engaging in a QNIC review are also asked to provide a breakdown of their WTE staffing numbers to inform the classification of the QNIC standards, to gain a national picture of any staffing shortages services may be facing, and to promote the mutual exchange of any helpful recruitment materials between our services.

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

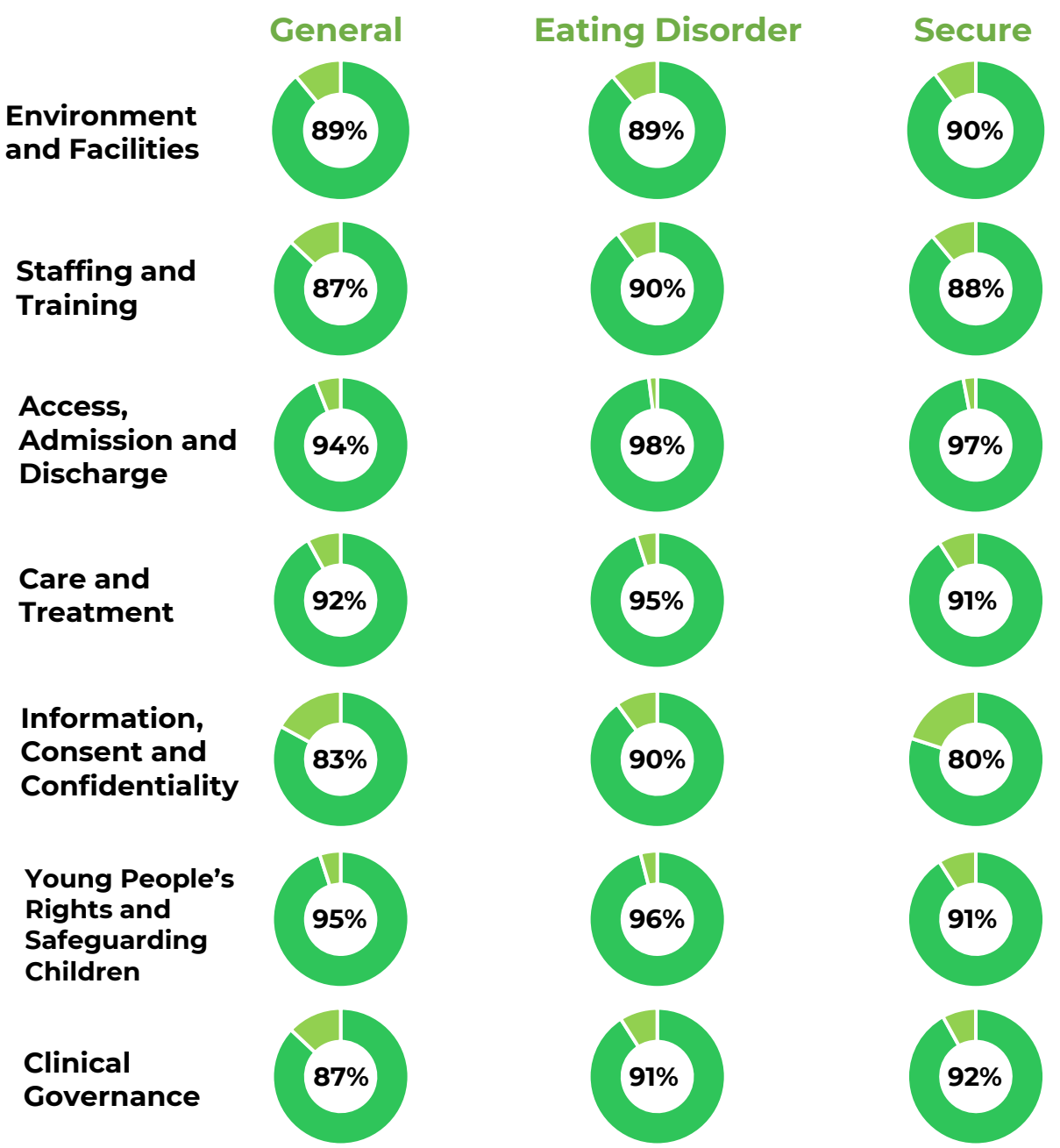
Figure 4	GAU/HDU/PICU/ Children's	Eating Disorder	Secure
Consultant Psychiatrist	1.27	1.17	1.36
Non-Consultant Medical Input * e.g., staff grade, ST4 +	1.62	1.55	1.16
Clinical Psychologist	1.22	0.71	1.27
Occupational Therapist	1.13	1.12	2.06
Family Therapist	0.77	1.06	1.02
Social Worker	0.86	0.73	1.4
**Dietician ** **	0.48	1.23	0.17
Ward Manager * **	1.21	1.19	1.49
Staff Nurses	11.63	8.31	14.21
Healthcare Assistants	20.78	32.99	43.09
Teachers ** **	4.35	4.22	6.33
Administration/ Secretarial staff	2.08	2.89	2.17

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

***= Two services did not provide data on the staffing numbers (WTE) for this profession
**** = Two services did not provide data on the staffing numbers (WTE) for this profession
*****= One service did not provide data on the staffing numbers (WTE) for this profession
******= Five services did not provide data on the staffing numbers (WTE) for this profession

Overall compliance with standards

All services were assessed on their compliance with the 11th edition of the QNIC standards, or the 3rd Standard of the Eating Disorder or Secure QNIC Standards. Below is the average total adherence to each of the subsections of these standards (counting “Partly Met”, and “Not Met” as not adherent, and “Met” as adherent). When standards were marked as N/A they were excluded from the overall analysis.

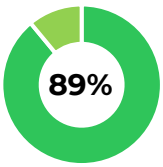


Please see Appendix 1 of this report for the average adherence to each individual standard in all three sets of the QNIC standards.

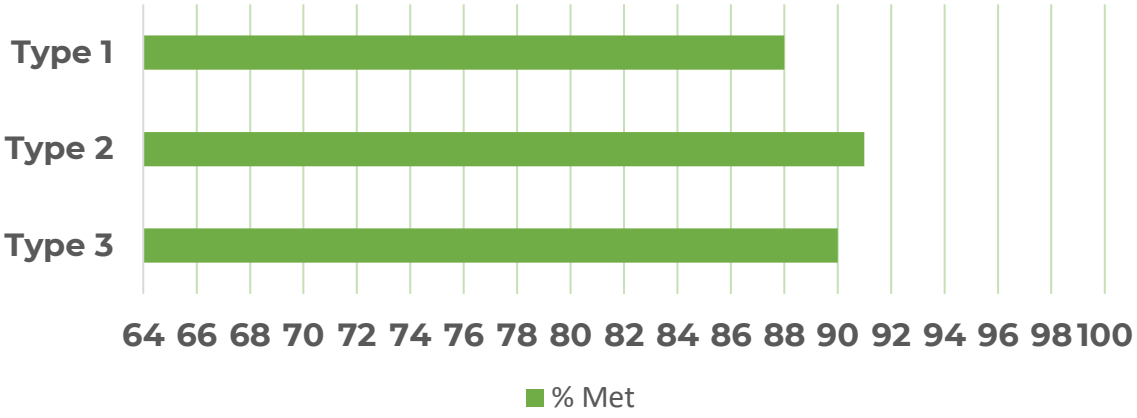
Section 1: Environment & Facilities

% Met

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



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



Achievements

- **100%** of services have a designated dining area for mealtimes.
- **100%** of teams have a safe place for young people to keep their property.
- **98%** of teams have a designated teaching space for education which can accommodate all young people in the unit.
- **98%** of wards have separate toilets, washing facilities and bedrooms, split according to self-identified gender.

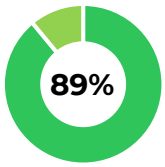
Areas for development

- Staff members, young people and visitors at **75%** of services are able to raise alarms using panic buttons, strip alarms, or personal alarms and there is an agreed response when an alarm is used.
- **70%** of services have a safe environment with clear sightlines and safe external spaces.
- Staff members and young people can control heating, ventilation and light at **70%** of services.

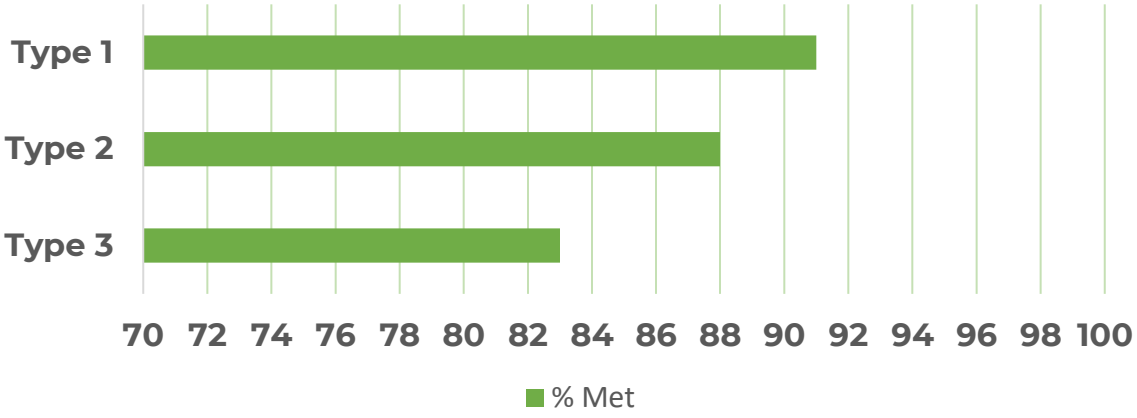
Section 1: Environment & Facilities

% Met

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



Average % Met for each <u>Standard Type</u> in this subsection – Eating Disorder services:



Achievements

- There is capacity for a specific space within the dining area set aside for close supervision and support for young people with eating disorders at **100%** of services.
- At **100%** of services young people can personalise their bedrooms.
- Young people can access a range of current, culturally-specific resources for entertainment, which reflect the ward/unit's population at **100%** of services.

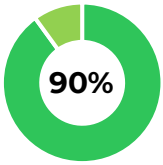
Areas for development

- The ward/unit has at least one quiet room or de-escalation space other than young people's bedrooms at **67%** of services.
- At **67%** of services young people are supported to access materials and facilities that are associated with specific cultural or spiritual practice.
- There is a designated space for young people to receive visitors who are children, with appropriate facilities such as toys and books at **58%** of services.

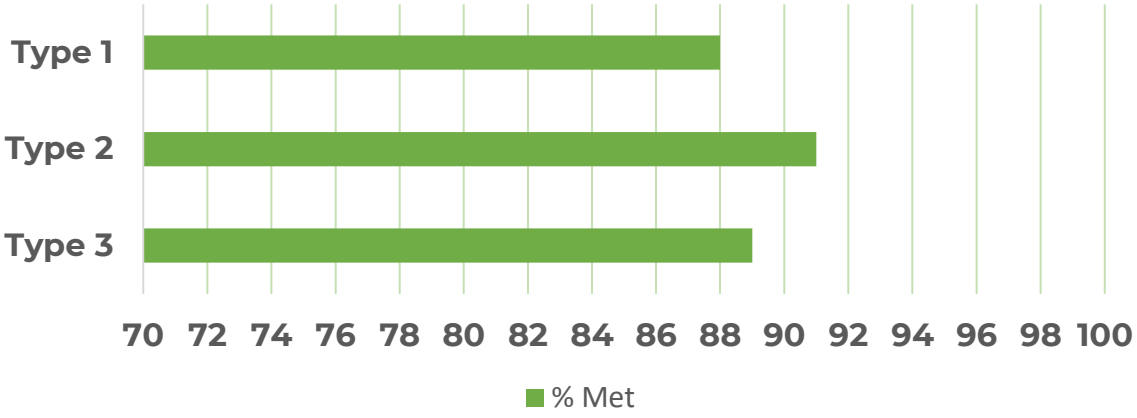
Section 1: Environment & Facilities

% Met

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



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

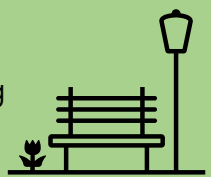


Achievements

- **100%** of services have facilities for young people to make their own hot and cold drinks and snacks which are available 24 hours a day, where risk permits.
- Young people can access a range of current, culturally specific resources for entertainment, which reflect the ward/unit's population at **100%** of services.
- **100%** of services consult young people about changes to their ward/unit environment.

Areas for development

- **67%** of unit's seclusion rooms have direct access to a secure outdoor space.
- **50%** of services ensure that young people can access a safe outdoor space at least daily, when it is requested and when it is safe to do so.
- Staff and young people reported feeling feel safe on the ward at **50%** of services.



Section 1: Environment & Facilities

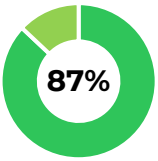
QNIC Team Recommendations

	Standard Criteria	Recommendations
1.1.2	Staff members and young people can control heating, ventilation and light. 	Many services report that controlling heating can be a challenge. Services are often encouraged to discuss heating and temperature issues with their trusts as it is important that the unit is a comfortable space for young people to stay. Staff members and young people should at the very least be able to request changes to the temperature in the bedrooms and other ward spaces. Ventilation and light should be easy to control, especially in bedrooms. Services could also use dimmer switches or a staged lighting system on the ward to allow staff and young people to change the brightness of the lighting, and to further support young people with sensory needs.
1.3.3	The ward is a safe environment with clear sightlines (e.g. with use of mirrors) and safe external spaces. 	Services need to make sure the environment is safe with clear sightlines both indoors and outdoors. For example, they need to consider if there are blind spots that can restrict observations of the young people. Services are encouraged to conduct audits to ensure there are no blind spots, and if there are, it is recommended that they install parabolic mirrors so that all areas are visible for observation.
1.4.4	Staff members, young people and visitors are able to raise alarms using panic buttons, strip alarms, or personal alarms and there is an agreed response when an alarm is used. 	As part of providing a safe environment for all, services need to be prepared with equipment and procedures for dealing with emergencies on the ward. It is important that staff members, young people and visitors are all aware of these procedures and know what to do in emergencies. Should there be an incident it is vital that everyone is empowered with this knowledge. Therefore, services are encouraged to communicate this and ensure those who may struggle to understand are supported with easy-read information and visuals.

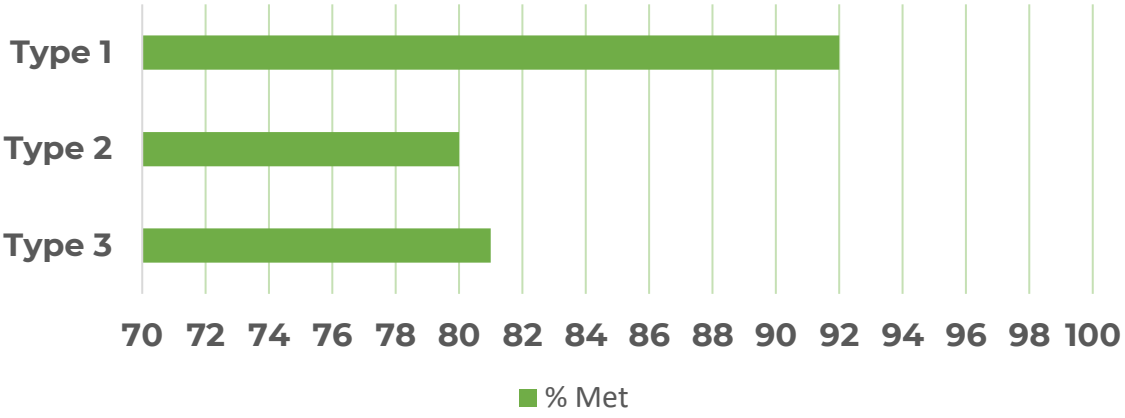
Section 2: Staffing & Training

% Met

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



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



Achievements

- **95%** of teams have a mechanism for responding to low/unsafe staffing levels, when they fall below minimum agreed levels.
- At **95%** of services all staff members who deliver therapies and activities are appropriately trained and supervised.
- **95%** of services actively supports staff health and wellbeing.

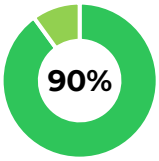
Areas for development

- **63%** of units involve appropriately experienced young person or parent/carer representatives in the interview process for recruiting potential staff members.
- **64%** have formal arrangements to ensure easy access to a speech and language therapist.
- Young people, parents/carers and staff members are involved in devising and delivering training at only **27%** of services.

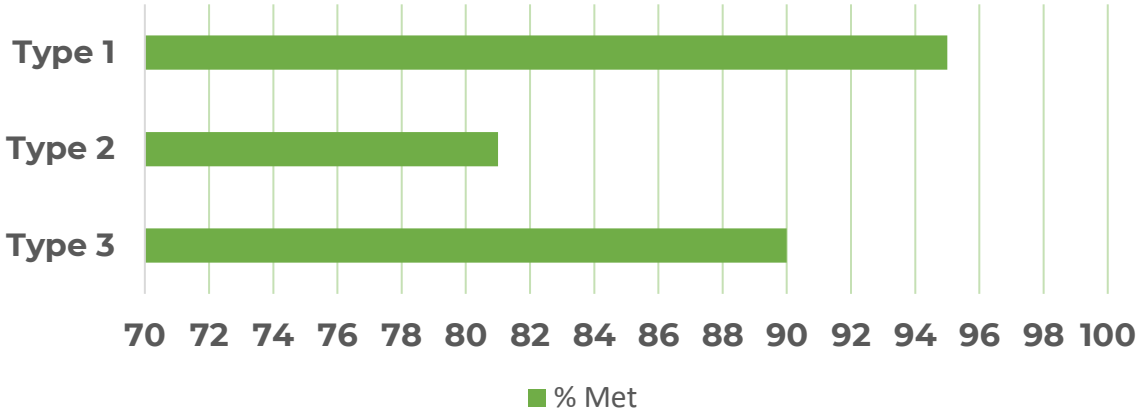
Section 2: Staffing & Training

% Met

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



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



Achievements

- Staff members feel able to challenge decisions and to raise any concerns they may have about standards of care and are aware of the processes to follow when raising concerns or whistleblowing at **100%** of services.
- Young people have access to teachers of specialist subjects such as language tutors at **100%** of services.
- **100%** of services are providing individual monthly clinical supervision to their staff.

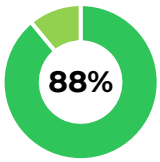
Areas for development

- The team has protected time for team building and discussing service development at least once a year at **75%** of services.
- Young people, parents/carers and staff members are involved in devising and delivering training at **67%** of services.
- There is the required amount of occupational therapist input (1 WTE per 12 beds) at **58%** of services.

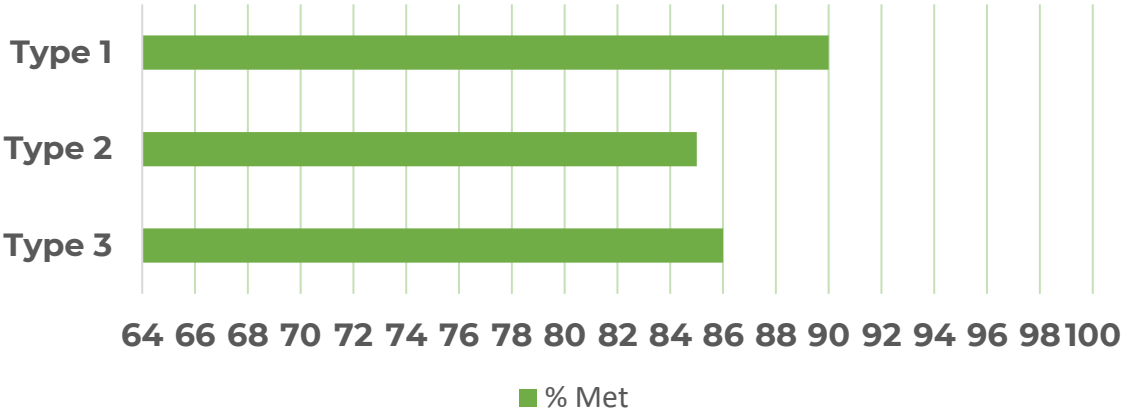
Section 2: Staffing & Training

% Met

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



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



Achievements

- **100%** of services are providing adequate time for handover to discuss young people's needs, risk and management plans.
- **100%** of services ensure young people have access to teachers of specialist subjects.
- Staff members can access reflective practice groups at least once every six weeks at **100%** of services.

Areas for development

- **67%** of services ensure teams have protected time for team building and discussing service development at least once a year.
- Appropriately experienced young people or parent/carer representatives are involved in the interview process for recruiting potential staff members at **67%** of services.
- **50%** of services have 1 WTE non-consultant Child and Adolescent Psychiatrist input as an integral part of the multidisciplinary team.

Section 2: Staffing & Training

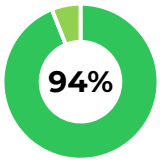
QNIC Team Recommendations

	Standard Criteria	Recommendations
2.1.7	Appropriately experienced young person or parent/carer representatives are involved in the interview process for recruiting potential staff members. 	QNIC recommend that young people and parents/carers are be involved recruiting new staff. For example, young people and parents/carers could be encouraged to create questions that are asked at interviews and could either provide a model answer or be given the opportunity to provide feedback on the interviewees' actual responses. In addition to this they could encourage young people to provide a tour of the unit with prospective candidates, which would give them an opportunity to interact with potential employees and give the service an insight into how the candidate interacts with young people.
2.3.8	Young people, parents/carers and staff members are involved in devising and delivering training. 	Services could co-create any new training packages with young people and parents/carers. Some services recruit former patients and their families to support with the development or delivery of staff training, either as a one off, or throughout the year. Former patients and parents/carers could be invited to training sessions to share their experiences of certain elements of care on the ward, or to share their thoughts on any opportunities for learning. If young people or parents/carers would not like to attend training sessions in person, services could consider utilising virtual methods, such as audio and video clips recorded by them and include these in staff training.

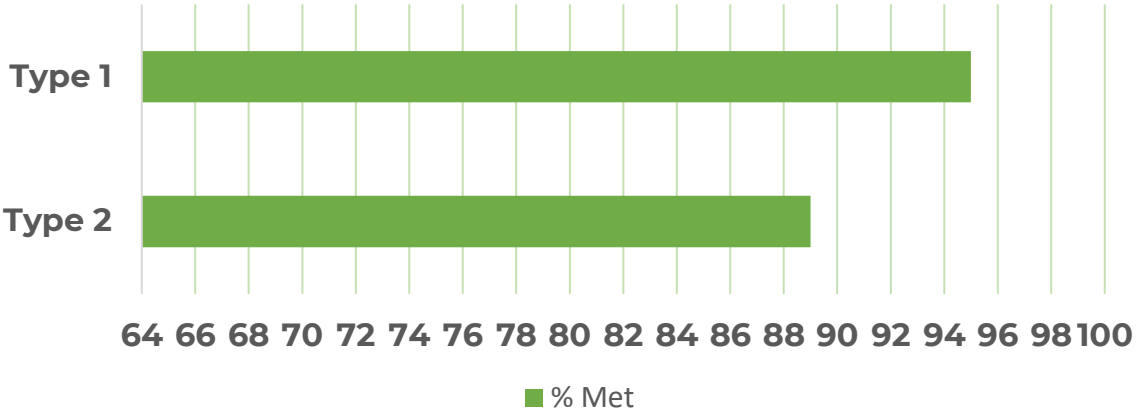
Section 3: Access, Admission & Discharge

% Met

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



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



Achievements

- **100%** of services contact the young person's parent/carer (with the young person's consent) to notify them of the admission and to give them the ward/unit contact details.
- **98%** actively supports families to overcome barriers to access.
- **100%** of services have mental health practitioners carry out a thorough assessment of the young person's personal, social, safety and practical needs to reduce the risk of suicide on discharge.

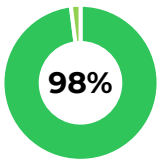
Areas for development

- A transition meeting takes place by the time the young person reaches the age of 17 and a half years at **82%** of services.
- **82%** of teams send a discharge summary within a week to the young person's GP and others identified as involved in their ongoing care, including why the young person was admitted and how their condition has changed, diagnosis, medication and formulation.

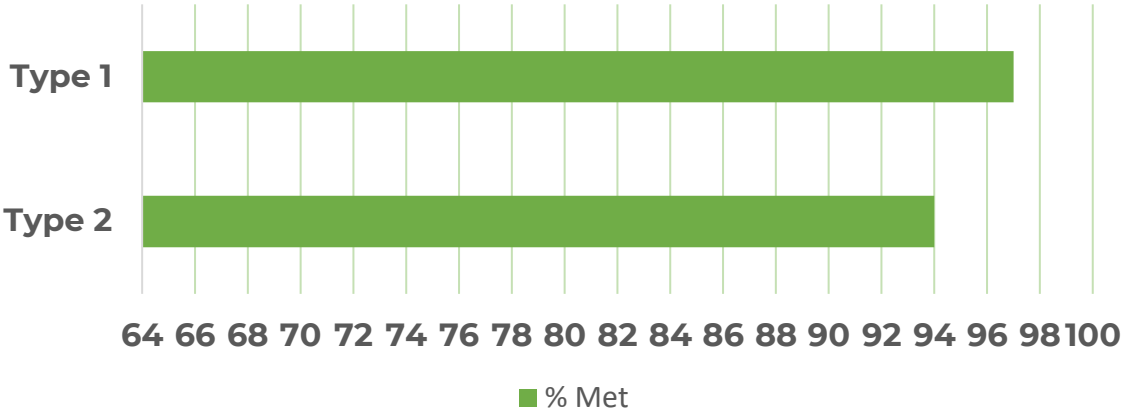
Section 3: Access, Admission & Discharge

% Met

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



Average % Met for each <u>Standard Type</u> in this subsection – Eating Disorder services:



Achievements

- Young people have a structured, eating disorder-specific risk assessment and management plan which is co-produced and updated every four weeks at **100%** of services.
- The inpatient team invites a representative from the young person's community team to attend and contribute to relevant meetings at **100%** of services.
- At **100%** of services, teams provide specific transition support to young people when their care is being transferred to another unit, to a community mental health team, adult services, or back to the care of their GP.

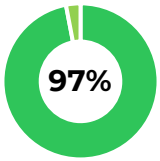
Areas for development

- **92%** of unit links in with local adult eating disorder services to develop a transition policy.
- **92%** of units provide written feedback to referrers, GPs and other relevant professionals at least once every four weeks.
- If units admit young people in cases of emergencies, young people can be admitted within 24 hours at **83%** of units.

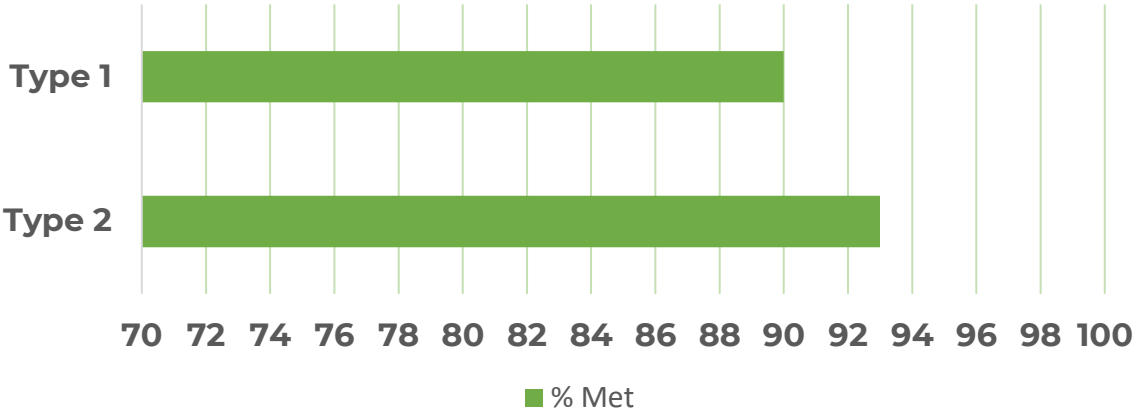
Section 3: Access, Admission & Discharge

% Met

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



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



Achievements

- **100%** of services provide individual time for parents/carers (with the young person's consent) within 48 hours of the admission to discuss concerns, family history and their own needs.
- **100%** of services ensure that when a young person transfers to adult services, they invite staff and other agencies to a joint review to ensure effective handover takes place and there is protocol for collaborative working.
- **100%** of services ensure that parents/carers are involved in discussions and decisions about the young persons care, treatment and discharge planning.

Areas for development

- **83%** of teams actively support families to overcome barriers to access.
- **83%** of teams ensure that there is a documented Care Programme Approach or ward round admission meeting within one week of the young person's admission.

Section 3: Access, Admission & Discharge

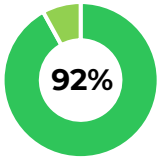
QNIC Team Recommendations

	Standard Criteria	Recommendations
3.3.8	A discharge summary is sent within a week to the young person's GP and others identified as involved in their ongoing care, including why the young person was admitted and how their condition has changed, diagnosis, medication and formulation.	Services could begin to complete tasks required for discharge paperwork in the lead up to the discharge date, which could include writing discharge summaries. Services could also develop a checklist system where tasks required to complete the discharge paperwork are allocated to different staff, with clear deadlines. For example, a keyworker could be responsible for contacting people identified as involved in the young person's care, and a psychiatrist could be responsible for providing a summary on medications. The team could also add discharge paperwork as a standing item on handovers.
3.3.5	A transition meeting takes place by the time the young person reaches the age of 17 and a half years.	Services could appoint a transition lead or a link nurse who is responsible for arranging a meeting with local adult mental health teams. QNIC recommend that teams should be liaising with adult community and inpatient teams in order to prepare young people for this transition.

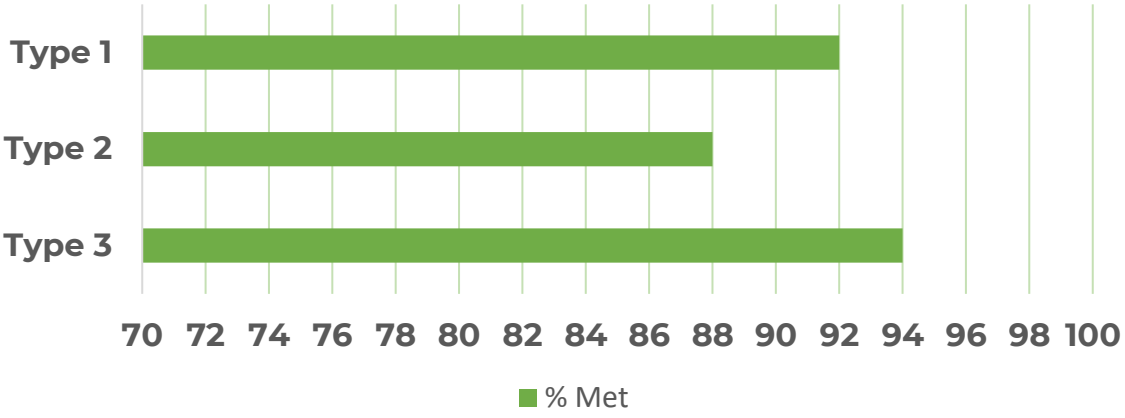
Section 4: Care and Treatment

% Met

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

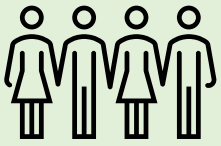


Average % Met for each Standard Type in this subsection – **GAU/HDU/PICU/Children's** services:



Achievements

- **98%** of services provide a broad and balanced curriculum that is suitable and flexible, and appropriate to the students' needs.
- **100%** of teams update parents/carers on their child's progress at a minimum of once a week, subject to confidentiality.
- At **98%** of services, young people and parents/carers know who the key people are in their team and how to access them if they have any questions.



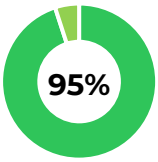
Areas for development

- At **86%** of services young people are offered a key worker session that is pre-arranged at least once a week to discuss progress, care plans and concerns.
- **64%** of units contribute to a national dataset to allow for information sharing, e.g. QNIC ROM (ROSE).
- **66%** of services have a seven-day personalised therapeutic/recreational timetable of activities to promote social inclusion, which the team encourages them to engage with.

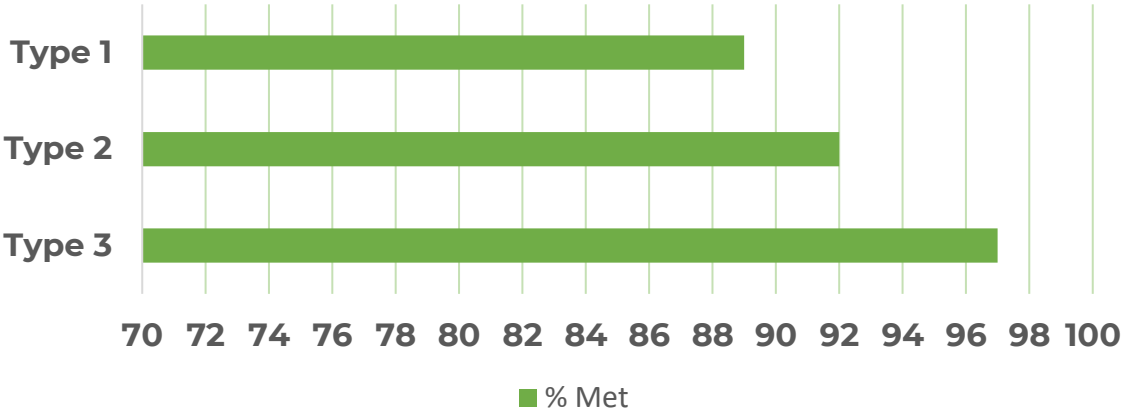
Section 4: Care and Treatment

% Met

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



Average % Met for each <u>Standard Type</u> in this subsection – Eating Disorder services:



Achievements

- At **100%** of services the primary overarching treatment model is a family approach, working towards recovering with support of the family in the community.
- Goals around weight restoration targets are individually planned according to the needs of the young person at **100%** of services.
- Young people have supported periods of home leave or to an otherwise appropriate setting to develop independent eating, well in advance of discharge at **100%** of services.

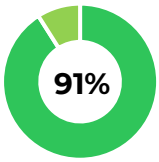
Areas for development

- At **67%** of services, every young person has a written care plan, that has been made in co-production with young people and their parents/carers.
- **83%** of services provide educational outings.
- **75%** of services ensure every young person has a seven-day personalised therapeutic and recreational timetable of activities to promote social inclusion, which the team encourages them to engage with.

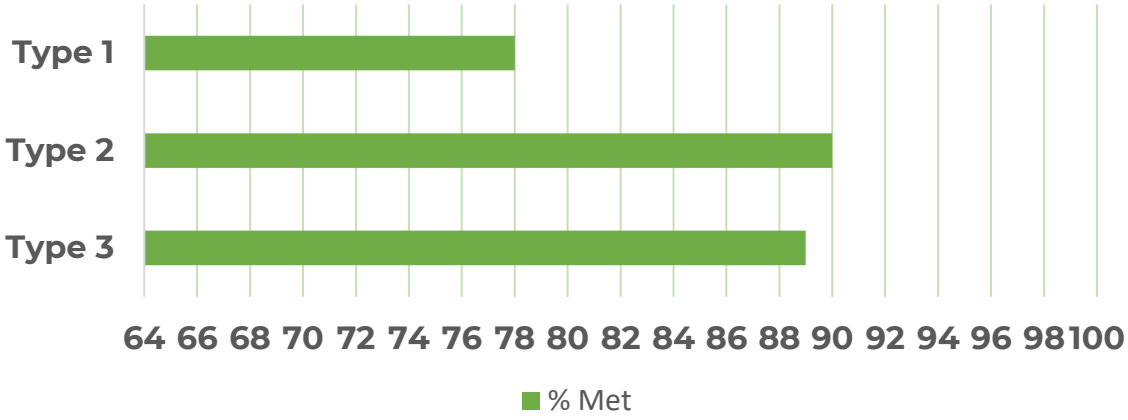
Section 4: Care and Treatment

% Met

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



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



Achievements

- **100%** of services provide young people with psychoeducation on topics about activities of daily living, interpersonal communication, relationships, coping with stigma, stress management and anger management.
- At **100%** of services, teachers contribute to multi-disciplinary meetings and partake in a handover at the beginning and end of each school day.
- Leave plans are developed jointly with young people and their parents/carers at **100%** of services.

Areas for development

- Where there is a therapeutic benefit, there are arrangement for families to eat at mealtimes and the cost of the meal is covered by the organisation at **67%** of services.
- **50%** of services offer a pre-arranged key worker session at least once a week to discuss progress, care plans and concerns.
- **67%** of services ensure every young person has a seven-day personalised therapeutic and recreational timetable of activities to promote social inclusion.

Section 4: Care and Treatment

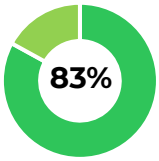
QNIC Team Recommendations

	Standard Criteria	Recommendations
4.1.1	Every young person has a written care plan, reflecting their individual needs. Staff members collaborate with young people and parents/carers (with the young person's consent) when developing the care plan and they are offered a copy.	Care plans are often not written in young person friendly language. This can be because digital systems that wards use to input care plans are universal within hospital trusts and organisations, and not tailored to young people. Services may want to produce a supplementary document with young people, that summarises the young person's care and measurable goals into an easy-read format. This document could also include visuals to support those with communication needs. Ensuring that young people's voice is captured within their care plan is also important, and this can be completed in key-worker sessions, where a copy of the plan is signed and given to young people to keep within their bedrooms.
4.2.1	Every young person has a seven-day personalised therapeutic/recreational timetable of activities to promote social inclusion, which the team encourages them to engage with.	It is important that young people have their own individualised 7-day timetable, that includes specific school lessons, activities, interventions and appointments. Services could consider involving the young people in the development of these, and utilise spaces in their bedrooms such as whiteboards and chalkboards to complete their weekly timetables, so it is on display, easy to for all to read and easy to amend if arrangements change. This could be completed in key-worker sessions. Some services struggle to plan weekend activities consistently, so teams could consider rotating the shifts of activity coordinators and occupational therapists so that they are available during the weekend to facilitate meaningful activities that have been chosen by young people. Those who do not have leave at weekends could be encouraged in community meetings to vote for the activities they would like to take place during weekends.

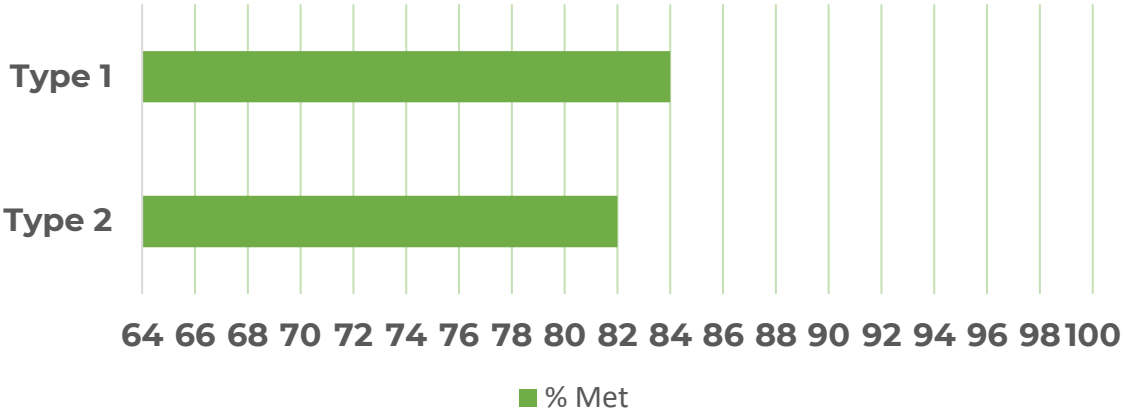
Section 5: Information, Consent and Confidentiality

% Met

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



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



Achievements

- Assessments of young people's capacity (and competency for young people under the age of 16) to consent to care and treatment in hospital are performed in accordance with current legislation and documented in the young person's notes at **100%** of services.

- **95%** use interpreters who are sufficiently knowledgeable and skilled to provide a full and accurate translation.

Areas for development

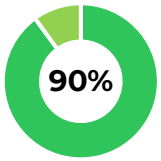
- **75%** of services give accessible written information to young people which staff members talk through with them as soon as is practically possible.

- **75%** of services give young people an information pack on admission.

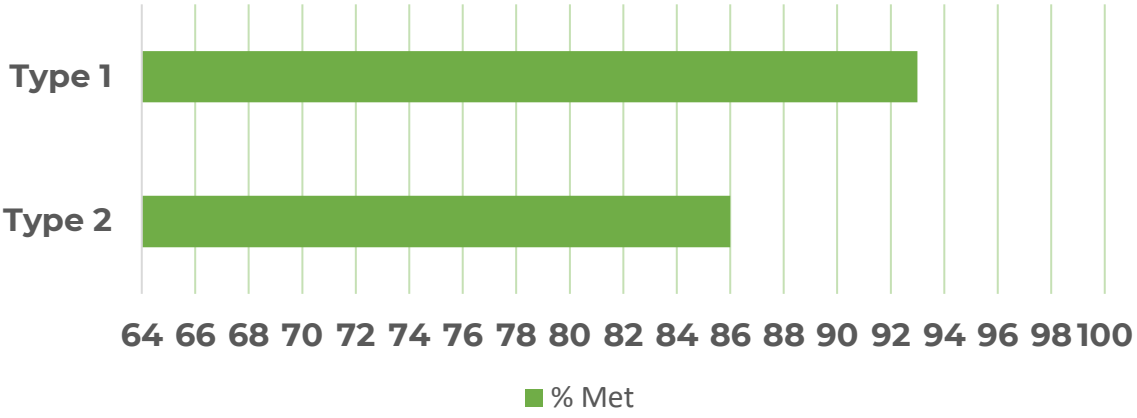
Section 5: Information, Consent and Confidentiality

% Met

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



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



Achievements

- **100%** of services use interpreters who are sufficiently knowledgeable and skilled to provide a full and accurate translation.
- The team provides each parent/carer with accessible carers information at **100%** of services.
- Young people are given an information pack on admission with various relevant materials at **100%** of services.

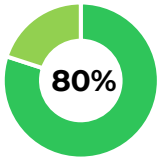
Areas for development

- Confidentiality and its limits are explained to the young person and their parent/carer on admission, both verbally and in writing at **67%** of services..
- **75%** of services are providing written and verbal information about the young person's mental illness to parents/carers and young people.
- **83%** of services have a website which provides information about the unit that young people and parents/carers can access prior to admission.

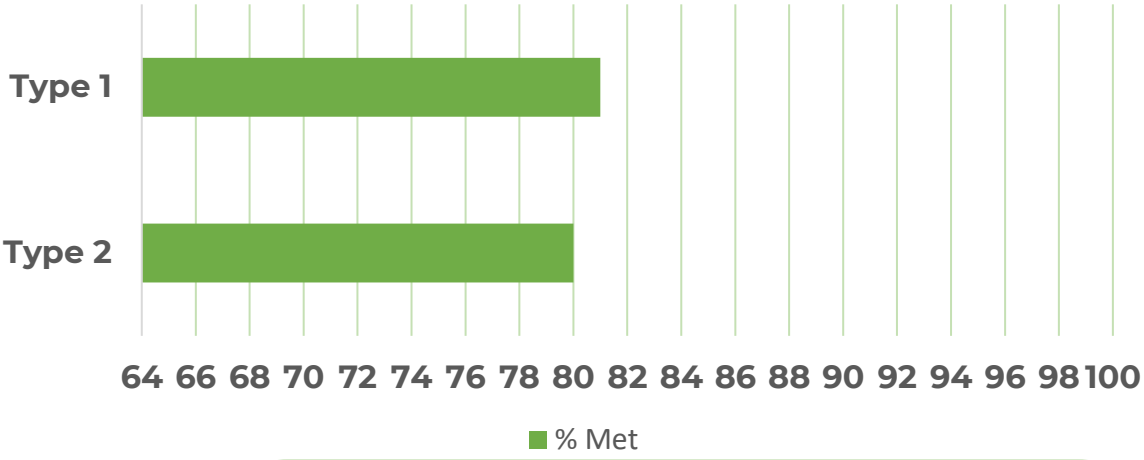
Section 5: Information, Consent and Confidentiality

% Met

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



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



Achievements

- **100%** of services are providing accessible written information, which is talked through by staff with young people. This includes information about their rights regarding admission and consent to treatment, their rights under the Mental Health Act and how to access advocacy services.
- The team provides each parent/carer with accessible carer's information at **100%** of services.
- **100%** of services use interpreters who are sufficiently knowledgeable and skilled to provide a full and accurate translation.

Areas for development

- **67%** of services are providing written and verbal information about the young person's mental illness to parents/carers and young people.
- **67%** of services provide parents and carers support to access a statutory carers assessment.
- **67%** of services are confident their team follows a protocol for responding to parents/carers when the young person does not consent to their involvement.

Section 5: Information, Consent and Confidentiality

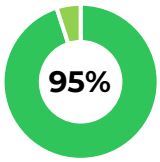
QNIC Team Recommendations

	Standard Criteria	Recommendations
5.1.3	Young people are given accessible written information which staff members talk through with them as soon as is practically possible. The information includes: Their rights regarding admission and consent to treatment; Their rights under the Mental Health Act; How to access advocacy services (including independent mental capacity advocates and independent mental health advocates); How to access a second opinion; How to access interpreting services; How to raise concerns, complaints and compliments; How to access their own health records."	Young people often explain that they cannot remember much of the information given to them on admission and in the days following. Services could consider creating a brief alternative to the welcome booklet, condensing the key information and explaining why they are on the ward into five or six flashcards. Young people can keep these cards on display in the bedrooms and refer to them throughout the early period of their admission. Young people and experienced peer support workers could be involved in the co-production of these, as they will provide valuable feedback on what would have been helpful information for them to have to had at the point of admission. These flashcards could be given to young people as a supplement to the welcome pack to ensure they have access to all the information they need when they are ready.
5.1.10	Parents and carers are supported to access a statutory carer's assessment, provided by an appropriate agency.	Services could consider appointing a dedicated parent/carers lead or champion within the unit to oversee communication and ensure that parent/carer needs are effectively addressed and supported. If a family ambassador is available, signposting parents to information about a statutory carers assessment could be part of their role, alongside parent/carer groups that the service facilitates. These groups could ensure that written information about this assessment is provided as a rolling item during every meeting.

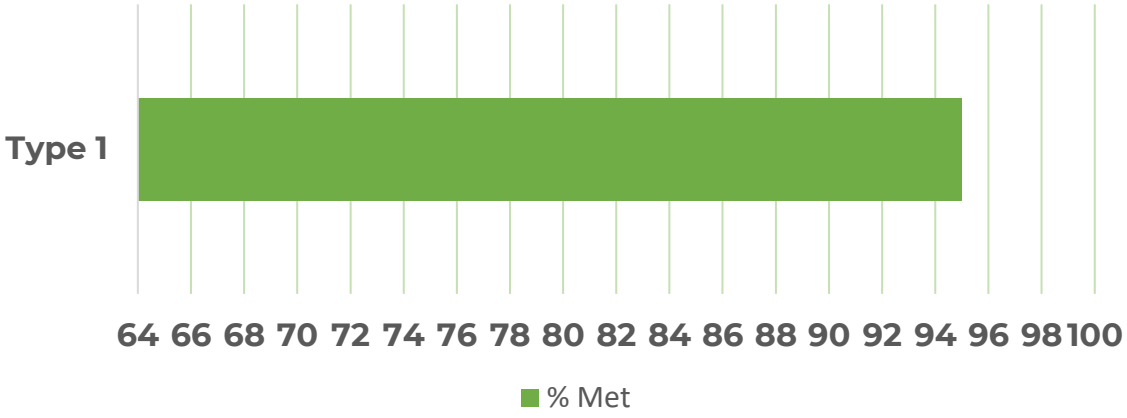
Section 6: Young People's Rights and Safeguarding Children

% Met

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



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



Achievements

- In order to reduce the use of restrictive interventions, young people who have been violent or aggressive are supported to identify triggers and early warning signs and make advance statements about the use of restrictive interventions at **100%** of services.
- The multi-disciplinary team collects audit data on the use of restrictive interventions and actively works to reduce its use year on year through use of audit and/or quality improvement methodology at **100%** of services.

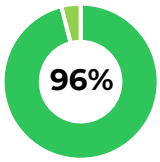
Areas for development

- Young people at **91%** of services feel listened to and understood by staff members.
- Staff members, young people and parents/carers who are affected by a serious incident, including control and restraint and rapid tranquilisation, are offered post incident support at **91%** of services.

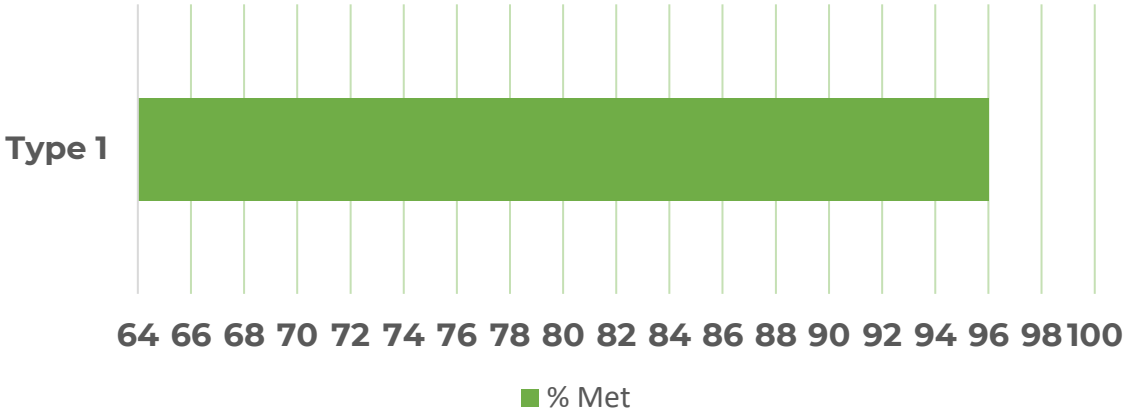
Section 6: Young People's Rights and Safeguarding Children

% Met

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



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



Achievements

- **100%** of services look to reduce the use of restrictive interventions and young people who have been violent or aggressive are supported to identify triggers and early warning signs.
- Parents/carers at **100%** of services feel supported by staff members.
- **100%** of services ensure that young people on constant observations receive at least one hour per day being observed by a member of staff who is familiar to them.

Areas for development

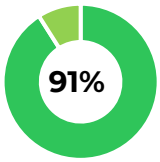
- Young people at **83%** of services feel listened to and understood by staff members.

- Staff members, young people and parents/carers who are affected by a serious incident, including control and restraint and rapid tranquilisation, are offered post incident support at **83%** of services.

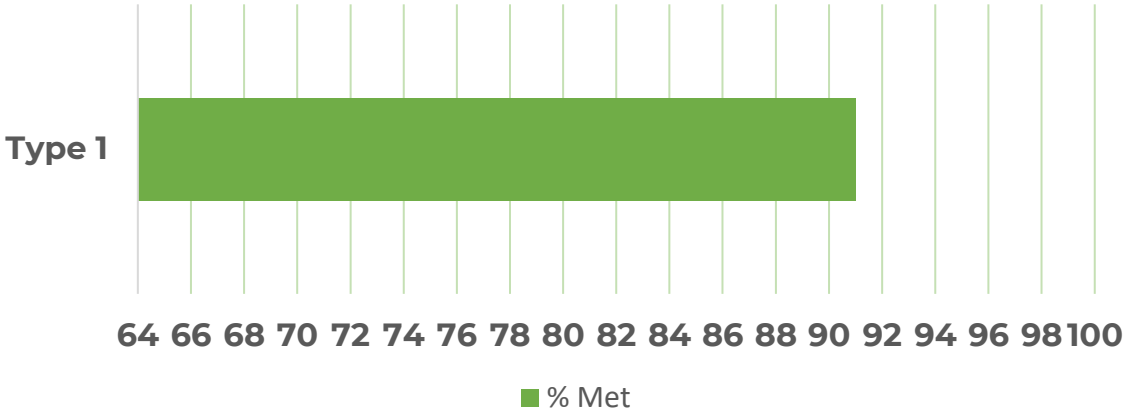
Section 6: Young People's Rights and Safeguarding Children

% Met

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

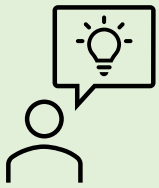


Average % Met for each Standard Type in this subsection – **Secure** services:



Achievements

- Young people are involved in decisions about their level of observation by staff at **100%** of services.
- Parents/carers at **100%** of services feel supported by the ward staff members.
- **100%** of services ensure that young people on constant observations receive at least one hour per day being observed by a member of staff who is familiar to them.



Areas for development

- Young people at **83%** of services feel listened to and understood by staff members.
- At **83%** of services, parents/carers are informed about all episodes of restrictive interventions within 24 hours.

- Young people and parents/carers fed back that staff treated them with compassion, dignity and respect at **67%** of services.

Section 6: Young People's Rights and Safeguarding Children

QNIC Team Recommendations

	Standard Criteria	Recommendations
6.1.1	Staff members treat all young people and their parents/carers with compassion, dignity and respect. 	Services could develop an agreement of mutual expectations with young people and parents/carers, utilising parent/carer support groups to obtain this information. The mutual expectations should be revisited in community meetings as a rolling item, where common breaches in the agreement are addressed from both staff and young people. In addition to this, involving young people in providing training for staff could be a powerful tool in reaffirming the importance of treating each other with compassion, dignity and respect. Young people could provide role-play opportunities with staff, to interpret situations where they feel that staff could be lacking compassion in the care they provide. This could be facilitated by peer-support workers and experts by experience, who would be able to develop the training with young people.
6.1.2	Young people feel listened to and understood by staff members. 	Services could consider various methods to ensure that young people are encouraged to feedback their views, both anonymously and in community meetings. Services could consider anonymous feedback boxes or utilise a QR code that directs young people to feedback through an online form. This feedback could be raised at community meetings and actions points could be displayed on a 'you said, we did' board. Ensuring that young people are chairing community meetings is also an important way to ensure they feel listened to and empowered. Some young people fed back that agency and bank staff often do not listen or try to understand them, and services could provide temporary staff with further guidance around therapeutic conversations and interactions with young people. Services could consider using social stories to explain more complex care decisions, which young people can refer back to if they do not feel that their needs have been understood.

Section 6: Young People's Rights and Safeguarding Children

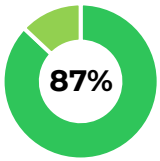
QNIC Team Recommendations

	Standard Criteria	Recommendations
6.3.9	Staff members, young people and parents/carers who are affected by a serious incident, including control and restraint and rapid tranquilisation, are offered post incident support.	Services could consider implementing a model of 'hot' and 'cold' debriefs for all affected by a serious incident. When appropriate, a short 'hot' debrief should be provided as close to the event as is possible, and then in the following days or weeks, a more detailed and reflective 'cold' debrief could be provided. Services could consider using a script or checklist outlining what debriefs should contain, to remind staff what needs to be covered during each discussion. If staff availability prevents debriefs from taking place, members of the multidisciplinary team could be more readily available in times of high acuity. Services may also wish to consider including a debrief as a standing item on handovers.

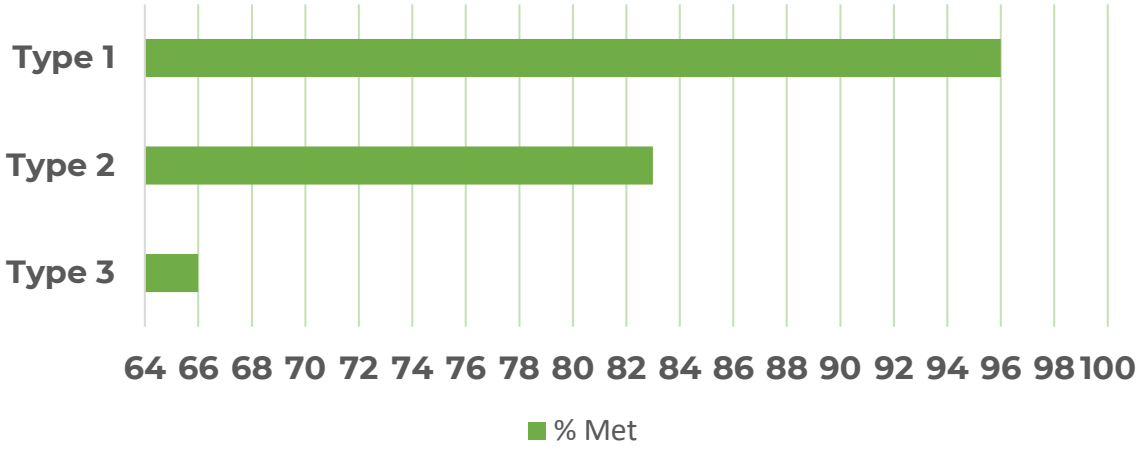
Section 7: Clinical Governance

% Met

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



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



Achievements

- When mistakes are made in care, this is discussed with the young person themselves and their parent/carer, in line with the Duty of Candour agreement at **100%** of services.
- **100%** of teams have managers that ensure that policies, procedures and guidelines are formatted, disseminated and stored in ways that the team find accessible and easy to use.
- **98%** of teams have systems in place to enable staff members to quickly and effectively report incidents and managers encourage staff members to do this.

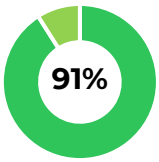
Areas for development

- **73%** of teams actively encourage young people and parents/carers to be involved in QI initiatives
- 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 at **88%** of services.
- **70%** of services have been developed in partnership with appropriately experienced service user and carers who have an active role in decision making.

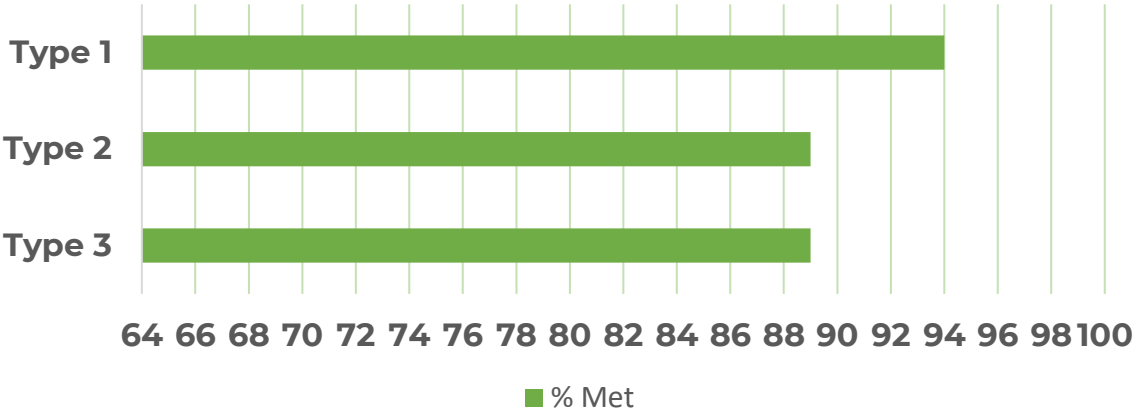
Section 7: Clinical Governance

% Met

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



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



Achievements

- **100%** of services are developed in partnership with appropriately experienced service user and carers who have an active role in decision making.
- Lessons learned from untoward incidents are shared within the team and wider organisation at **100%** of services.
- When mistakes are made in care, this is discussed with the young person themselves and their parent/carer, in line with the Duty of Candour agreement at **100%** of services.

Areas for development

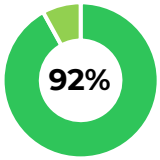
- **75%** of teams actively encourage young people and parents/carers to be involved in QI initiatives
- The team, young people and parent/carers are involved in identifying priority audit topics in line with national and local priorities, and feedback received at **58%** of services.

- The team uses quality improvement (QI) methods to implement service improvement at **83%** of services.

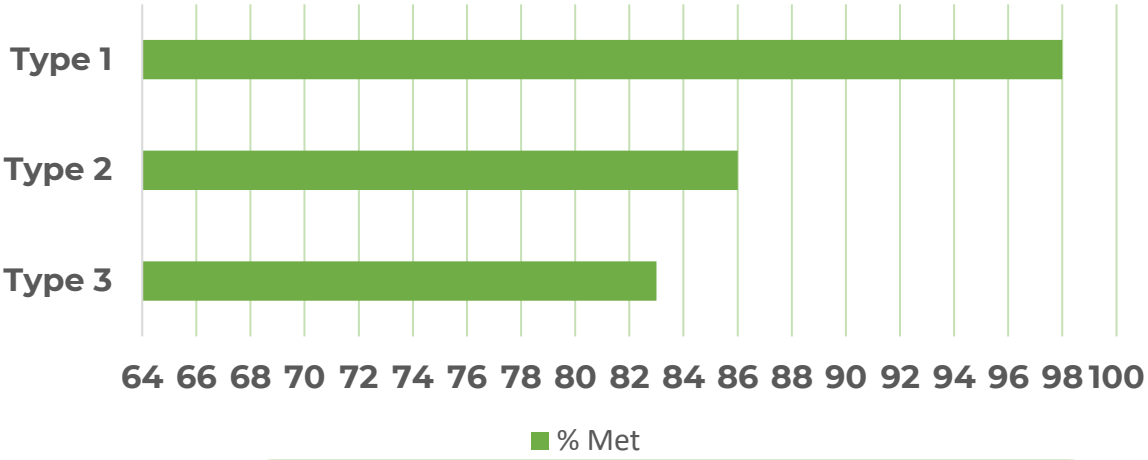
Section 7: Clinical Governance

% Met

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



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



Achievements

- Lessons learned from untoward incidents are shared within the team and wider organisation at **100%** of services.
- **100%** of services are conducting a range of local and multi-centre clinical audits.
- There is a well-attended business meeting held within the team at least monthly in which information and learning can be disseminated, and the business of care on the ward can be discussed at **100%** of services.

Areas for development

- **83%** of services encourage young people and their parents/carers to feedback confidentially about their experiences, and this feedback is used to improve the service.
- The team, young people and parent/carers are involved in identifying priority audit topics in line with national and local priorities, and feedback received at **50%** of services.
- Services are developed in partnership with appropriately experienced service users and carers who have an active role in decision making at **83%** of services.

Section 7: Clinical Governance

QNIC Team Recommendations

	Standard Criteria	Recommendations
7.2.5	The team, young people and parent/carers are involved in identifying priority audit topics in line with national and local priorities, and feedback received.	By regularly reviewing feedback from young people, services can get inspiration for priority audit topics. This could be fed back to young people in community meetings. Some services recruit former patients, peer-support workers and their families to support with this. In addition to this, some services have councils run by the young people, which are facilitated by peer-support workers or experts by experience, which would support with identifying audit topics and sourcing inspiration for quality improvement projects. Additionally, teams could utilise parent-carer support groups, or roles such as family ambassadors, to identify areas that could be undertaken in a QI project. Finally, services should ensure that all staff have the opportunity to propose and take ownership of new clinical audits/QI initiatives for the benefit of the unit and their continued professional development. This could be monitored in supervisions and/or team meetings.
7.2.6	The team uses quality improvement (QI) methods to implement service improvement.	
7.2.5	The team actively encourages young people and parents/carers to be involved in QI initiatives.	

Summary of Recommendations

1 Environment & Facilities

- Staff members and young should be able to request changes to the temperature in their bedrooms and other ward spaces.
- Ventilation and light should be easy to control, especially in bedrooms.
- Dimmer switches or a staged lighting system should be added to wards to allow staff and young people to change the brightness of the lighting, and to support young people with sensory needs.
- Units should conduct audits to ensure the environment is safe with clear sightlines.
- Units without clear sightlines should install parabolic mirrors so that all areas are visible for observation.
- Staff members, young people and visitors should be aware of emergency procedures and be provided with easy-read material.

2 Staffing & Training

- Young people and parents/carers should be empowered to create interview questions that are asked at interviews for new staff and be provided with feedback on this.
- Young people could provide a tour of the unit for prospective candidates.
- Services should co-create any new training packages with young people and parents/carers.
- Services could recruit former patients and their families to support with the development or delivery of staff training.
- Teams could utilise virtual methods, such as audio and video clips recorded by patients and parents/carers and include these in staff training.

3 Access, Admission & Discharge

- Teams should develop a checklist where tasks required to complete the discharge paperwork are allocated to different staff, with clear deadlines.
- Services could consider appointing a transition lead who is responsible for arranging a meeting with adult mental health teams.

Summary of Recommendations

4 Care & Treatment

- Teams should include the young person's voice in their care plans by completing them in key-worker sessions.
- They should also give copies of care plans to young people to keep within their bedrooms.
- They could coproduce a supplementary document with young people that summarises the care and measurable goals into an easy-read format.
- Additionally, they could include visuals to support those with communication needs.
- Wards should incorporate school, activities and interventions in young people's 7-day personalised timetables.
- They should also use spaces in their bedrooms such as whiteboards and chalkboards to involve young people in planning timetables.
- Teams could consider rotating the shifts of activity coordinators and occupational therapists so that they are available during the weekend to facilitate meaningful activities that have been chosen by young people.

5 Information, Consent & Confidentiality

- Teams could create a brief alternative to the welcome booklet, condensing key information and explaining to young people why they are on the ward into five or six flashcards.
- Young people could be encouraged to keep these cards on display in their bedrooms and refer to them throughout the early period of their admission.
- Then, teams could share the full admission and information packs later when young people are more settled into the unit.
- Services should consider appointing a parent/carers lead or champion within the unit to oversee communication and ensure that parent/carer needs are effectively addressed and supported.

Summary of Recommendations

6	Young People's Rights & Safeguarding Children	• Services could implement a model of 'hot' and 'cold' debriefs for all affected by a serious incident. • They could use a checklist outlining what debriefs should contain, to remind staff what needs to be covered during each discussion. • Members of the multidisciplinary team should be more readily available in times of high acuity. • Teams should include a debrief as standard as part of the allocated handover at the end of a shift.
7	Clinical Governance	• Teams should regularly review feedback from young people to get inspiration for priority audit topics. • They could recruit former patients, peer-support workers and their families to support with this. • Teams could embed councils run by young people, which are facilitated by peer-support workers or experts by experience, which would support with identifying audit topics and sourcing inspiration for quality improvement projects. • They could also utilise parent/carer support groups to identify areas that could be undertaken in a QI project as valuable feedback will be obtained from these spaces. • Teams should ensure that staff are given opportunities to propose and take ownership of new clinical audits/QI initiatives for the benefit of the unit and their continued professional development

Examples of Good Practice

Some highlights from the review cycle

Section 1: Environment and Facilities

- If seclusion is used, many teams are compiling a bank of 'seclusion safe' resources that can be used by young people during this period for entertainment and relaxation.
- Visiting spaces at many services have activities for families to enjoy together such pool tables, board games, television and a variety of toys for younger siblings.
- Sensory needs are being recognised and invested in at many services, with sensory rooms a popular location within units. Review teams have been impressed with the variety of sensory resources such as cushions that vibrate in time with music, body bumpers and interactive projectors.

Section 2: Staffing and Training

- Many services are offering internal progression pathways and working closely with local universities to recruit healthcare support workers and nursing staff to ensure they 'grow their own' team in response to recruitment challenges.
- Some services are offering members of their multi-disciplinary (MDT) team flexible working arrangements i.e. the choice to start their shifts later and finish later. This supports their wellbeing and increases presence of MDT staff on wards in later hours of the day.

Section 3: Access, Admission and Discharge

- Services are streamlining and co-producing their admission documents and welcome packs to ensure young people have the most important information, in an easy-read format when they arrive on the unit.

Section 4: Care and Treatment

- Young people are encouraged to chair and co-chair their community meetings with each other at many services.
- Many services are moving to silent and vibrating alarm systems, which demonstrates awareness around sensory needs and how loud sounds can be triggering for some young people.

Examples of Good Practice

Some highlights from the review cycle

Section 5: Information, Consent and Confidentiality

- Many services have virtual tours of their unit on their website, along with testimonials from former patients and parents/carers which can both be supportive and encouraging during the admission period.

Section 6: Young People's Rights and Safeguarding Children

- Several services are co-producing positive behavioural support (PBS) plans with young people and parents/carers. This is encouraging young people to understand their triggers and warning signs and to put strategies in place to regulate themselves with support.

Section 7: Clinical Governance

- Some services are utilising QR codes around the ward, to allow young people and parents/carers to feedback frequently and anonymously using online platforms.

Cycle 23 and 24 Events

Special Interest Day – 01 December 2023 (Online)

100%

of delegates rated the event Excellent-Good.

84 delegates attended the event

CAMHS Accreditation Training – 05 October 2023, 06 December 2023 and 13 February 2024 (Online)

100%

of delegates rated these training session as 4 or 5 out of 5

61 delegates attended across the three dates

QNIC Annual Forum – Friday 21 June 2024 (in person).
Theme: Safe and Responsive Wards

100%

of delegates rated the event Excellent-Good.

72 delegates attended the event

Cycle 24 Events

QNIC Special Interest Day, Friday 29 November 2024, Zoom.
Theme: The Relationship between the Mind and Body

CAMHS Accreditation Training, Wednesday 2 October 2024, Zoom

CAMHS Accreditation Training, Thursday 6 February 2025, Zoom

QNIC Teacher's Special Interest Day, Friday 14 March 2025, Zoom

QNIC Annual Forum, Friday 20 June 2025, Royal College of Psychiatrists

For more information visit our event page: QNIC news and events (rcpsych.ac.uk)

Appendix 1: All standards data

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

1		Section 1: Environment and Facilities	Percentage Met*		
			General	ED	Secure
1.1	**The ward/unit is well designed and has the necessary facilities and resources**				
1.1.1	**1**	The unit is clean and well-maintained.	89%	92%	83%
1.1.2	**2**	Staff members and young people can control heating, ventilation and light. *Guidance: For example, patients are able ventilate their rooms through the use of windows, they have access to light switches and they can request adjustments to control heating.*	70%	83%	50%
1.1.3	**2**	There is indoor space for recreation which is large enough to accommodate all young people.	95%	100%	100%
1.1.4	**1**	There is a designated safe outdoor space which young people are able to access every day, where clinically appropriate.	89%	83%	N/A
1.1.5	**1**	The ward/unit has access to rooms for individual and group meetings.	98%	100%	100%
1.1.6	**1**	The ward/unit has a designated dining area, which is available during allocated mealtimes.	100%	100%	100%
1.1.7	**2**	There is designated teaching space for education which can accommodate all young people in the unit.	98%	100%	100%
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/washing facilities • It has limited furnishings (which include a bed, pillow, mattress and blanket or covering) • It is safe and secure – it does not contain anything that could be potentially harmful • It includes a means of two-way communication with the team • It has a clock that patients can see.	79%	100%	67%
1.1.9	**2**	All young people can access a range of current, culturally-specific resources for entertainment, which reflect the ward/unit's population. *Guidance: This may include recent magazines, daily newspapers, board games, a TV and DVD player with DVDs.*	93%	100%	100%
1.1.10	**2**	One computer is provided for every two young people in school.	100%	100%	83%

1.1.11	**1**	Young people use mobile phones, computers (which provide access to the internet and social media), and other electronic equipment on the ward, subject to risk assessment and in line with local policy. *Guidance: Staff members ensure the use of such equipment respects the privacy and dignity of everyone and know how to manage situations when this is breached.*	93%	100%	100%
1.1.12	**3**	All young people can access a charge point for electronic devices such as mobile phones (where risk permits).	98%	92%	100%
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.	84%	75%	83%
1.1.14	**2**	There are facilities for young people to make their own hot and cold drinks and snacks which are available 24 hours a day (where risk permits).	70%	83%	100%
1.1.15	**2**	Parents/carers have access to refreshments at the unit.	86%	100%	83%
1.1.16	**2**	Ward/unit-based staff members have access to a dedicated staff room.	98%	83%	100%
1.2	**Premises are designed and managed so that young people's rights, privacy and dignity are respected**				
1.2.1	**1**	All information about young people is kept in accordance with current legislation. *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.*	93%	92%	100%
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.*	93%	83%	100%
1.2.3	**2**	All young people have single bedrooms.	98%	83%	100%
1.2.4	**1**	Young people have separate toilets, washing facilities and bedrooms, split according to self-identified gender.	98%	92%	100%
1.2.5	**2**	The unit has at least one bathroom/shower room for every three young people.	95%	91%	100%
1.2.6	**3**	Every young person has an en-suite bathroom.	84%	75%	100%
1.2.7	**2**	There is a separable gender-specific communal space which can be used as required.	89%	92%	50%

1.2.8	**1**	The ward/ unit has a designated room for physical examination and minor medical procedures.	100%	100%	100%
1.2.9	**2**	The ward/ unit has at least one quiet room or de-escalation space other than young people's bedrooms.	95%	67%	100%
1.2.10	**2**	There is a designated space for young people to receive visitors who are children, with appropriate facilities such as toys and books.	77%	58%	83%
1.2.11	**2**	There is a safe place for young people to keep their property.	100%	92%	100%
1.2.12	**2**	There is a safe place for staff to keep their property.	91%	75%	100%
1.2.13	**1**	Young people are supported to access materials and facilities that are associated with specific cultural or spiritual practices e.g. covered copies of faith books, access to a multi-faith room, access to groups.	73%	67%	83%
1.2.14	**1**	Staff members respect the young people's personal space, where risk permits, e.g. by knocking and waiting before entering their bedroom.	86%	83%	67%
1.2.15	**2**	Young people are consulted about changes to the ward/unit environment.	95%	83%	100%
1.2.16	**2**	Young people can personalise their bedrooms. *Guidance: For example, by putting up photos and pictures.*	98%	100%	100%
1.2.17	**2**	There is a board on display with the names and photographs of staff.	93%	92%	83%
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.	93%	100%	83%
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.	93%	100%	100%
1.3.3	**1**	The ward is a safe environment with clear sightlines (e.g. with use of mirrors) and safe external spaces. *Guidance: An audit of environmental risk, including potential ligature points, is conducted annually and a risk management strategy is agreed.*	70%	75%	83%
1.3.4	**1**	Young people and staff members feel safe on the ward.	89%	92%	50%
1.4	**Equipment and procedures for dealing with emergencies on the ward/unit are in place**				
1.4.1	**1**	The team, including bank and agency staff, are able to identify and manage an acute physical health emergency	93%	100%	100%
1.4.2	**1**	Emergency medical resuscitation equipment is available immediately and is maintained and checked weekly and after each use.	98%	100%	100%
1.4.3	**1**	A collective response to fire drills is agreed by the team and is rehearsed annually.	89%	92%	83%

1.4.4	1	Staff members, young people and visitors are able to raise alarms using panic buttons, strip alarms, or personal alarms and there is an agreed response when an alarm is used.	75%	83%	83%
2	**Section 2: Staffing and Training**				
2.1	**The number of nursing staff on the unit is sufficient to ensure safety and meet the needs of the young people at all times**				
2.1.1	**1**	There are sufficient levels of staffing which can be adapted to reflect the acuity levels of the ward. *Guidance:* • *High dependency/high acuity cases (e.g. high levels of observation, use of seclusion, increased risk of violence or self-harm), there is a minimum ward staff to young people ratio of 1:1 which can be increased to 3:1 for the most highly acute cases* • *Medium dependency (e.g. 10-minute checks, intensive support at meal times), there is a minimum ward staff to young people ratio of 1:2* • *Where young people are on low dependency observations there is a ward staff to young people ratio of 1:3.*	84%	75%	83%
2.1.2	**1**	A typical unit with 12 beds includes a minimum of two registered nurses, with relevant experience of working with children and young people, per day shift and one at night, at least one of whom should have completed preceptorship.	93%	100%	N/A
2.1.3	**2**	The ward/unit is staffed by permanent staff members, and unfamiliar bank or agency staff members are used only in exceptional circumstances, e.g. in response to additional clinical need.	82%	83%	N/A
2.1.4	**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.	95%	92%	100%
2.1.5	**1**	Staff members feel able to challenge decisions and to raise any concerns they may have about standards of care. They are aware of the processes to follow when raising concerns or whistleblowing.	91%	100%	83%
2.1.6	**1**	When the team meets for handover, adequate time is allocated to discuss patients' needs, risks and management plans.	91%	100%	100%
2.1.7	**2**	Appropriately experienced young person or parent/carer representatives are involved in the interview process for recruiting potential staff members.	63%	67%	67%

2.2	The ward/unit comprises a core multi-disciplinary team				
2.2.1	**1**	A typical unit with 12 beds includes 1 WTE ward manager (band 7+ or equivalent).	98%	92%	N/A
2.2.2	**1**	A typical unit with 12 beds includes at least 1 WTE consultant child and adolescent psychiatrist input (which may be provided by two clinicians in a split post).	95%	100%	N/A
2.2.3	**2**	A unit with 12 beds includes at least 1 WTE non-consultant child and adolescent psychiatrist.	100%	92%	N/A
2.2.4	**1**	A typical unit with 12 beds includes at least 1 WTE clinical psychologist who contributes to the assessment and formulation of the young people's psychological needs and the safe and effective provision of evidence-based psychological interventions. *Guidance: This does not include assistant psychologists.*	91%	50%	N/A
2.2.5	**2**	A typical unit with 12 beds includes an additional 0.5 WTE of non-consultant psychology input. *Guidance: This may include support from assistant psychologists.*	84%	83%	100%
2.2.6	**2**	A typical unit with 12 beds includes at least 1 WTE social worker.	70%	50%	N/A
2.2.7	**2**	A typical unit with 12 beds includes at least 1 WTE occupational therapist who works with young people requiring an occupational assessment and ensure the safe and effective provision of evidence-based occupational interventions.	86%	58%	N/A
2.2.8	**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).*	93%	100%	100%
2.2.9	**2**	The unit has formal arrangements to ensure easy access to a dietician.	89%	92%	100%
2.2.10	**2**	The unit has formal arrangements to ensure easy access to a speech and language therapist.	64%	75%	83%
2.2.11	**3**	There is dedicated sessional input from creative therapists.	82%	92%	83%
2.2.12	**1**	A typical unit with 12 beds includes at least 0.5 WTE family therapist.	80%	75%	N/A
2.2.13	**2**	There is a minimum of one qualified teacher to four students per lesson.	91%	83%	100%
2.2.14	**3**	Young people have access to teachers of specialist subjects e.g. language tutors.	82%	100%	100%
2.2.15	**2**	A typical unit with 12 beds includes 1 WTE administrator (band 3 or above or local equivalent).	95%	100%	N/A

2.2.16	**2**	A specialist pharmacist is a member of the MDT.	89%	83%	100%
2.2.17	**1**	There is an identified duty doctor available at all times to attend the ward/unit, including out of hours. The doctor can attend the ward/unit within 30 minutes in the event of an emergency.	91%	92%	83%
2.2.18	**1**	There has been a review of the staff capacity and skill mix of the team within the past 12 months. This is to identify any gaps in the team and to develop a balanced workforce which meets the needs of the ward/unit.	89%	100%	83%
2.3	**Staff are provided with a thorough training programme**				
2.3.1	**1**	New staff members, including bank staff, receive an induction programme specific to the ward/unit. This includes: • Arrangements for shadowing colleagues on the team • Jointly working with a more experienced colleague • Being observed and receiving enhanced supervision until core competencies have been assessed as met.	91%	100%	83%
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:	93%	100%	100%
2.3.2a	**1**	The use of legal frameworks, such as the Mental Health Act (or equivalent) and the Mental Capacity Act (or equivalent).	93%	100%	83%
2.3.2b	**1**	Physical health assessment. *Guidance: This could include training in understanding physical health problems, undertaking physical observations and when to refer the patient for specialist input.*	93%	100%	100%
2.3.2c	**1**	Safeguarding vulnerable adults and children. This includes recognising and responding to the signs of abuse, exploitation or neglect.	98%	100%	100%
2.3.2d	**1**	Risk assessment and risk management. *Guidance: This includes: assessing and managing suicide risk and self-harm; prevention and management of aggression and violence.*	93%	100%	100%
2.3.2e	**1**	Recognising and communicating with young people with cognitive impairment or learning disabilities.	95%	91%	100%
2.3.2f	**2**	Supporting and communicating with young people with autism spectrum disorder. *Guidance: This might include training on the use of non-verbal cards, social stories, and understanding a PBS plan.*	91%	100%	83%
2.3.2g	**1**	Statutory and mandatory training. *Guidance: Includes equality and diversity, information governance, basic life support.*	91%	100%	100%

2.3.2h	**2**	Parent/carer awareness, family inclusive practice and social systems, including parents/carers' rights in relation to confidentiality.	82%	100%	83%
2.3.2i	**2**	Human rights and the potential harm of restrictive practices such as seclusion and long-term segregation.	91%	91%	100%
2.3.2j	**3**	Quality improvement methodology and identifying priority QI projects.	77%	67%	67%
2.3.2k	**1**	Managing relationships and boundaries between young people and staff, including appropriate touch.	95%	100%	N/A
2.3.2l	**1**	Therapeutic observation (including principles around positive engagement with young people, when to increase or decrease observation levels and the necessary multi-disciplinary team discussions that should occur relating to this and actions to take if the young person absconds) when they are inducted into a Trust or changing wards.	95%	100%	N/A
2.3.3	**1**	All qualified nursing and medical staff that administer rapid tranquillisation have completed Intermediate Life Support training.	89%	92%	83%
2.3.4	**1**	All staff members who administer medications have been assessed as competent to do so. Assessment is done using a competency-based tool and is repeated at least once every three years.	91%	100%	83%
2.3.5	**2**	Shared in-house multi-disciplinary team training, education and practice development activities occur on the ward/unit at least every three months.	86%	83%	100%
2.3.6	**3**	Non-clinical staff have received mental health awareness training.	77%	100%	83%
2.3.7	**1**	All staff members who deliver therapies and activities are appropriately trained and supervised.	95%	100%	83%
2.3.8	**2**	Young people, parents/carers and staff members are involved in devising and delivering training.	27%	67%	67%
2.4	**The 92%re are processes in place to ensure that staff performance and wellbeing are monitored**				
2.4.1	**1**	All clinical staff members receive individual clinical supervision at least monthly, or as otherwise specified by their professional body. *Guidance: Supervision should be profession-specific as per professional guidelines and provided by someone with appropriate clinical experience and qualifications.*	84%	100%	83%
2.4.2	**2**	All staff members receive line management supervision at least monthly.	77%	83%	83%
2.4.3	**1**	All staff members receive an annual appraisal and personal development planning (or equivalent).	91%	100%	100%
2.4.4	**1**	There are written documents that specify professional, organisational and line management responsibilities.	93%	100%	100%

2.4.5	**1**	The ward/unit actively supports staff health and wellbeing. *Guidance: For example, providing access to support services, providing access to physical activity programmes, monitoring staff sickness and burnout, assessing and improving morale, monitoring turnover, reviewing feedback from exit reports and taking action where needed.*	95%	100%	83%
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.*	91%	92%	83%
2.4.7	**3**	Staff members are able to access reflective practice groups at least once every six weeks where teams can meet together to think about team dynamics and develop their clinical practice.	86%	92%	100%
2.4.8	**2**	The team has protected time for team building and discussing service development at least once a year.	77%	75%	67%
3	**Section 3: Access, Admission & Discharge**				
3.1	**Assessment and treatment are offered without unacceptable delay**				
3.1.1	**1**	The service provides information about how to make a referral.	93%	100%	100%
3.1.2	**1**	If the unit admits young people in cases of emergencies, young people can be admitted within 24 hours (including out of hours).	92%	83%	N/A
3.1.3	**1**	Young people have a comprehensive mental health assessment which is started within four hours and completed within one week. This involves the multi-disciplinary team and includes young people's: • Mental health and medication; • Psychosocial and psychological needs; • Strengths and areas for development.	95%	100%	100%
3.1.4	**1**	Young people have a comprehensive physical health review. This is started within four hours of admission, or as soon as is practically possible. The assessment is completed within one week, or prior to discharge.	100%	100%	100%
3.1.5	**1**	Teaching staff complete an assessment of each young person's educational needs which is reviewed at each CPA review (or local equivalent).	95%	100%	100%
3.1.6	**1**	There is a documented Care Programme Approach (or equivalent) or ward round admission meeting within one week of the young person's admission. Young people are supported to attend this with advanced preparation and feedback.	93%	100%	83%

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 young people refreshments, address young people using the name and pronouns they prefer.*	93%	92%	83%
3.2.2	**1**	The young person's parent/carer is contacted by a staff member (with the young person's consent) to notify them of the admission and to give them the ward/unit contact details.	100%	100%	100%
3.2.3	**2**	Parents and carers are offered individual time with staff members (with the young person's consent), within 48 hours of the young person's admission to discuss concerns, family history and their own needs.	89%	92%	100%
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.	100%	100%	100%
3.2.5	**2**	The service actively supports families to overcome barriers to access.	98%	92%	83%
3.2.6	**1**	Young people admitted to the ward outside the area in which they live have a review of their placement at least every three months.	93%	100%	100%
3.3	**Discharge plans are agreed with and communicated to all relevant parties**				
3.3.1	**1**	Mental health practitioners carry out a thorough assessment of the young person's personal, social, safety and practical needs to reduce the risk of suicide on discharge.	100%	100%	100%
3.3.2	**1**	When staff members are concerned about an informal young person self-discharging against medical advice, the staff members undertake a thorough assessment of the young person, taking their wishes into account as far as possible.	100%	100%	100%
3.3.3	**2**	Teams provide specific transition support to young people when their care is being transferred to another unit, to a community mental health team, adult services, or back to the care of their GP. *Guidance: The team provides transition mentors; transition support packs; or training for young people on how to manage transitions.*	89%	100%	83%
3.3.4	**1**	The inpatient team invites a representative from the young person's community team to attend and contribute to relevant meetings e.g. CPA, discharge planning.	100%	100%	100%
3.3.5	**1**	A transition meeting takes place by the time the young person reaches the age of 17 and a half years.	82%	100%	100%

3.3.6	**1**	When a young person transfers to adult services, unit staff invite adult services and other involved agencies to a joint review to ensure an effective handover takes place and there is a protocol for collaborative working.	97%	100%	100%
3.3.7	**1**	Young people discharged from inpatient care have their care plan or interim discharge summary sent to everyone identified as involved in their ongoing care within 24 hours of discharge. *Guidance: The plan includes details of:* • *Care in the community / aftercare arrangements* • *Crisis and contingency arrangements including details of who to contact* • *Medication including monitoring arrangements* • *Details of when, where and who will follow up with the patient.*	91%	92%	100%
3.3.8	**2**	A discharge summary is sent within a week to the young person's GP and others identified as involved in their ongoing care, including why the young person was admitted and how their condition has changed, diagnosis, medication and formulation.	82%	92%	100%
3.3.9	**1**	The inpatient team makes sure that young people who are discharged from hospital have arrangements in place to be followed up within three days of discharge.	93%	100%	100%
3.3.10	**1**	Parents/carers (with the young person's consent) are involved in discussions and decisions about the young person's care, treatment and discharge planning.	95%	100%	100%
4	**Section 4 : Care & Treatment**				
4.1	**All young people have a written care plan as part of the Care Programme Approach (or local equivalent)**				
4.1.1	**1**	Every young person has a written care plan, reflecting their individual needs. Staff members collaborate with young people and parents/carers (with the young person's consent) when developing the care plan and they are offered a copy. *Guidance: 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 patient has made;* *• Crisis and contingency plans;* *• Review dates and discharge framework.*	86%	67%	83%
4.1.2	**1**	Young people have a risk assessment and management plan which is co-produced, updated regularly and shared where necessary with relevant agencies (with consideration of confidentiality) and parents/carers, as appropriate. The assessment considers risk to self, risk to others and risk from others.	93%	100%	83%

4.1.3	**1**	Young people are offered personalised healthy lifestyle interventions such as advice on healthy eating, physical activity and access to smoking cessation services. This should be documented in the young person's care plan.	91%	100%	83%
4.1.4	**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.*	100%	100%	100%
4.1.5	**1**	Where a young person is identified as having a learning disability or autistic spectrum condition after being admitted to the unit, staff identify and notify all relevant agencies in order to initiate the C(E)TR process. *Guidance: This should include the relevant commissioner (Provider Collaborative, NHSEI Specialised Commissioner, or Clinical Commissioning Group), Local Authority, GP, and the Community CAMHS Team.*	100%	100%	100%
4.2	**There is a structured programme of care and treatment**				
4.2.1	**1**	Every young person has a seven-day personalised therapeutic/recreational timetable of activities to promote social inclusion, which the team encourages them to engage with.	66%	75%	67%
4.2.2	**2**	Young people receive psychoeducation on topics about activities of daily living, interpersonal communication, relationships, coping with stigma, stress management and anger management.	91%	92%	100%
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.	89%	92%	100%
4.2.4	**2**	There is a minuted ward community meeting that is attended by young people and staff members. The frequency of this meeting is weekly, unless otherwise agreed with the group of young people. *Guidance: This is an opportunity for young people to share experiences, to highlight issues of safety and quality on the ward/unit and to review the quality and provision of activities with staff members. The meeting should be facilitated by a professional who has an understanding of group dynamics.*	89%	92%	100%

4.2.5	**2**	Young people have access to relevant faith-specific and/or spiritual support, preferably through someone with an understanding of mental health issues.	82%	83%	83%
4.2.6	**1**	All young people are proactively offered access to an advocacy service, including IMHAs (Independent Mental Health Advocates) for those detained.	91%	100%	83%
4.2.7	**1**	Young people and parents/carers know who the key people are in their team and how to access them if they have any questions.	98%	100%	100%
4.2.8	**1**	Each young person is offered a pre-arranged session with their key worker (or a designated member of the nursing team) at least once a week to discuss progress, care plans and concerns.	86%	83%	50%
4.2.9	**1**	Staff update parents/carers on their child's progress at a minimum of once a week, subject to confidentiality.	100%	92%	83%
4.3	**Young people can continue with their education whilst admitted**				
4.3.1	**1**	All young people have a personal education plan which reflects the focus on wider progress and well-being in education in addition to academic progress.	95%	100%	100%
4.3.2	**1**	The unit provides the core educational subjects: maths, English and science.	98%	100%	100%
4.3.3	**2**	The unit provides a broad and balanced curriculum that is suitable and flexible, appropriate to the students' needs.	98%	100%	83%
4.3.4	**1**	Where the unit caters for young people over the age of 16, young people are able to continue with education.	92%	100%	83%
4.3.5	**1**	If the young person is receiving education, educational staff at the unit liaise with the young person's own school in order to maintain continuity of education provision.	100%	100%	100%
4.3.6	**1**	Where young people are returning to their local educational facility after discharge, education and unit staff support the young people with their reintegration.	100%	100%	100%
4.3.7	**2**	The educational staff maintain communication with the young peoples' parents/carers, e.g. providing progress reports for each CPA review.	98%	100%	100%
4.3.8	**3**	Educational outings are provided, as appropriate.	91%	83%	83%
4.3.9	**1**	Teachers contribute to multi-disciplinary meetings.	98%	100%	100%
4.3.10	**2**	Teachers and nursing staff have a handover at the beginning and end of each school day.	91%	92&	100%
4.3.11	**1**	The unit is part of an education organisation that is a registered examination centre.	89%	92%	100%
4.4	**Outcome measurement is undertaken routinely using validated outcome tools**				
4.4.1	**1**	Clinical outcome measurement data is collected at two time points (admission and discharge) as a minimum, and at clinical reviews where possible (e.g. HoNOSCA).	98%	100%	100%
4.4.2	**2**	Staff members review young people's progress against self-defined goals in collaboration with the young person and parents/carers where appropriate at the start of treatment, during clinical review meetings and at discharge.	89%	100%	100%

4.4.3	**2**	Units contribute to a national dataset to allow for information sharing, e.g. QNIC ROM.	64%	92%	100%
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.	86%	92%	83%
4.5.2	**2**	Staff ask young people for feedback about the food and this is acted upon.	86%	75%	83%
4.5.3	**3**	Staff eat with the young people at mealtimes and the cost of staff meals are covered by the organisation.	91%	92%	83%
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.	95%	92%	67%
4.6	**Leave is planned collaboratively with the young person and their parent/carer**				
4.6.1	**1**	The team develops a leave plan jointly with the young person and their parent/carer that includes: • A risk assessment and risk management plan that includes an explanation of what to do if problems arise on leave; • Conditions of the leave; • Contact details of the ward/unit and crisis numbers.	95%	83%	100%
4.6.2	**1**	When young people are absent without leave, the team (in accordance with local policy): • Activates a risk management plan; • Makes efforts to locate the patient; • Alerts parents/carers, people at risk and the relevant authorities; • Completes an incident form.	95%	100%	100%
4.7	**Medication is prescribed safely and monitored routinely**				
4.7.1	**1**	When medication is prescribed, the risks (including interactions) and benefits are reviewed, a timescale for response is set and the young person's consent is recorded. *Guidance: Leaflets and information around medication being prescribed, the risks and benefits should be provided to young people and parents/carers (with the young person's consent).*	98%	100%	83%
4.7.2	**1**	Young people have their medication reviewed at least weekly. Medication reviews include an assessment of therapeutic response, safety, management of side effects and adherence to medication regime. *Guidance: Side effect monitoring tools can be used to support reviews.*	95%	100%	100%

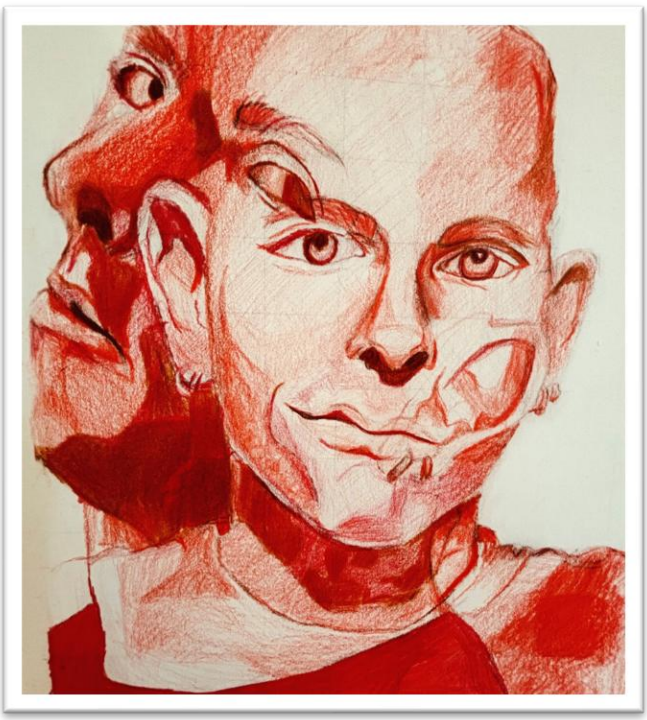
4.7.3	**1**	Every young person's PRN (i.e. as required) medication is reviewed weekly in terms of the frequency, dose, and reasons for prescribing.	98%	100%	100%
4.7.4	**1**	Young people in hospital for long periods of time who are prescribed mood stabilisers or antipsychotics, have the appropriate physical health assessments at the start of treatment (baseline), at three months, and then six-monthly unless a physical health abnormality arises.	100%	100%	100%
5	**Section 5: Information, Consent & Confidentiality**				
5.1	**Young people and parents/carers are provided with key information about the ward/unit**				
5.1.1	**2**	The service has a website which provides information about the unit that young people and parents/carers can access prior to admission.	84%	83%	83%
5.1.2	**2**	Young people are given an information pack on admission that contains the following: - A description of the service; - The theraupetic programme; - Information about the staff team; - The unit code of conduct; - Key service policies (e.g. permitted items, smoking policy); - Resources to meet spiritual, cultural or gender needs.	75%	100%	50%
5.1.3	**1**	Young people are given accessible written information which staff members talk through with them as soon as is practically possible. The information includes: • Their rights regarding admission and consent to treatment; • Their rights under the Mental Health Act; • How to access advocacy services (including independent mental capacity advocates and independent mental health advocates); • How to access a second opinion; • How to access interpreting services; • How to raise concerns, complaints and compliments; • How to access their own health records.	75%	100%	100%
5.1.4	**1**	Confidentiality and its limits are explained to the young person and their parent/carer on admission, both verbally and in writing. The young person's preferences for sharing information with third parties are respected and reviewed regularly.	77%	67%	83%
5.1.5	**2**	Young people are offered information on their human rights in relation to restrictive practices and the redress they can have in relation to this.	77%	92%	67%
5.1.6	**1**	Young people and parents/carers are offered written and verbal information about the young person's mental illness.	82%	75%	67%

5.1.7	**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.*	80%	100%	100%
5.1.8	**1**	Parents and carers are supported to access a statutory carers' assessment, provided by an appropriate agency.	84%	83%	67%
5.1.9	**2**	The ward/unit uses interpreters who are sufficiently knowledgeable and skilled to provide a full and accurate translation. The young person's relatives are not used in this role unless there are exceptional circumstances.	95%	100%	100%
5.2	**All examination and treatment is conducted with the appropriate consent**				
5.2.1	**1**	Assessments of young people's capacity (and competency for young people under the age of 16) to consent to care and treatment in hospital are performed in accordance with current legislation and documented in the young person's notes. These assessments should be undertaken at every point that a young person is required to participate in decision making.	100%	100%	100%
5.2.2	**1**	The team follows a protocol for responding to parents/carers when the young person does not consent to their involvement.	86%	92%	67%
6	**Section 6 : Young People's Rights and Safeguarding Children**				
6.1	**Young people and their parents/carers are supported by staff and treated with respect**				
6.1.1	**1**	Staff members treat all young people and their parents/carers with compassion, dignity and respect.	93%	83%	67%
6.1.2	**1**	Young people feel listened to and understood by staff members.	91%	83%	83%
6.1.3	**1**	Parents/carers feel supported by the ward staff members.	95%	100%	100%
6.2	**The ward/unit complies with national guidance on safeguarding young people**				
6.2.1	**1**	Staff know how to prevent and respond to sexual exploitation, coercion, intimidation and abuse on the ward.	93%	100%	83%
6.2.2	**1**	If a young person raises safeguarding concerns or someone else raises concerns about them, staff inform them of the likely process that will be followed by the unit and other agencies.	93%	100%	83%
6.2.3	**1**	Young people are involved in decisions about their level of observation by staff.	93%	100%	100%
6.2.4	**1**	Patients on constant observations receive at least one hour per day being observed by a member of staff who is familiar to them.	98%	100%	100%

6.2.5	**1**	Parental responsibility is recorded in the young person's notes.	93%	100%	100%
6.2.6	**1**	It is recorded as to whether or not a young person has a child protection plan in place.	100%	100%	100%
6.2.7	**1**	The young person's local authority is alerted if the whereabouts of the person with parental responsibility is not known or if that person has not contacted the young person.	93%	100%	83%
6.2.8	**1**	The young person's local authority (or equivalent) is made aware if a young person remains on the unit for a consecutive period of 3 months (in line with section 85 of the Children Act 1989).	93%	100%	83%
6.3	**Restrictive practice is used in line with appropriate legal frameworks and only as a last resort**				
6.3.1	**1**	Young people are cared for in the least restrictive environment possible, while ensuring appropriate levels of safety and promoting recovery. *Guidance: This includes avoiding the use of blanket rules and any restrictions should be assessed based on individual risk.*	93%	92%	83%
6.3.2	**1**	The team uses seclusion or segregation only as a last resort and for brief periods only.	95%	100%	83%
6.3.3	**1**	Staff members do not restrain young people in a way that affects their airway, breathing or circulation.	100%	100%	100%
6.3.4	**1**	Young people who are involved in episodes of restrictive physical intervention, or compulsory treatment including tranquilisation, have their vital signs monitored by nursing staff in collaboration with medics and any deterioration is responded to.	100%	100%	100%
6.3.5	**1**	Parents/carers are informed about all episodes of restrictive interventions within 24 hours. If for any reason this does not occur, reasons are documented in the young person's notes	98%	92%	83%
6.3.6	**1**	In order to reduce the use of restrictive interventions, young people who have been violent or aggressive are supported to identify triggers and early warning signs, and make advance statements about the use of restrictive interventions	100%	100%	100%
6.3.7	**1**	The multi-disciplinary team collects audit data on the use of restrictive interventions and actively works to reduce its use year on year through use of audit and/or quality improvement methodology. *Guidance: Audit data are used to compare the service to national benchmarks where possible.*	100%	92%	100%
6.3.8	**1**	Staff members, young people and parents/carers who are affected by a serious incident, including control and restraint and rapid tranquilisation, are offered post incident support.	91%	83%	83%

7	**Section 7: Clinical Governance**				
7.1	**Services are developed in collaboration with the ward team, young people, parents/carers, and other key stakeholders**				
7.1.1	**2**	There is a well-attended business meeting held within the team at least monthly in which information and learning can be disseminated, and the business of care on the ward can be discussed. *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.*	95%	92%	100%
7.1.2	**3**	The ward/unit has a meeting, at least annually, with all stakeholders to consider topics such as referral themes, service developments, issues of concern and to re-affirm good practice	75%	83%	100%
7.1.3	**2**	Services are developed in partnership with appropriately experienced service user and carers who have an active role in decision making.	70%	100%	83%
7.2	**The team engages in audit and quality improvement initiatives to identify areas for improvement and implement change**				
7.2.1	**1**	Young people and their parents/carers are encouraged to feed back confidentially about their experiences of using the service, and this feedback is used to improve the service.	95%	92%	83%
7.2.2	**2**	Measures are in place to record and audit referrals, terminated referrals and waiting lists.	89%	100%	83%
7.2.3	**2**	The unit formally records all referrals with respect to race, gender, home area and disability, and this is reviewed annually.	77%	83%	83%
7.2.4	**3**	A range of local and multi-centre clinical audits is conducted, which include the use of evidence-based treatments as a minimum. *Guidance: This could include an audit of the safe prescription of high-risk medication, for example.*	80%	83%	100%
7.2.5	**3**	The team, young people and parent/carers are involved in identifying priority audit topics in line with national and local priorities, and feedback received.	43%	58%	50%
7.2.6	**2**	The team uses quality improvement (QI) methods to implement service improvement.	91%	83%	83%
7.2.7	**2**	The team actively encourages young people and parents/carers to be involved in QI initiatives.	73%	75%	83%
7.3	**Unit staff learn from information collected on clinical risks**				
7.3.1	**1**	Systems are in place to enable staff members to quickly and effectively report incidents and managers encourage staff members to do this.	98%	92%	100%

7.3.2	**1**	When mistakes are made in care, this is discussed with the young person themselves and their parent/carer, in line with the Duty of Candour agreement.	100%	100%	100%
7.3.3	**1**	Lessons learned from untoward incidents are shared with the team and the wider organisation. There is evidence that changes have been made as a result of sharing the lessons.	95%	100%	100%
7.4	**The unit has a comprehensive range of policies and procedures**				
7.4.1	**1**	Managers ensure that policies, procedures and guidelines are formatted, disseminated and stored in ways that the team find accessible and easy to use.	100%	92%	100%
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.*	93%	100%	100%
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.*	98%	100%	100%
7.4.4	**1**	The unit has a policy on the use of seclusion and long-term segregation. *Guidance: The unit should have a policy even if seclusion is not used. This should be in line with current legislation.*	98%	100%	100%
7.4.5	**1**	When a ward/unit is on the same site as an adult ward/unit, there are policies and procedures in place to ensure young people are safely using shared facilities and allow them safe access to wider grounds within the ward/unit.	88%	75%	100%



QNIC Secure Standards

1	Section 1: Environment and Facilities		% Met
1.1.4 [Secure]	**1**	Young people can access safe outdoor space at least daily, when requested and when it is safe to do so. *Guidance: Unless individual risk assessments dictate otherwise. Any exceptions should be documented in case notes.*	50%
1.1.9 [Secure]	**3**	The seclusion room has direct access to a secure outdoor space	67%
1.3.5 [Secure]	**1**	There is a list of approved visitors for each young person on the unit	100%
1.3.6 [Secure]	**1**	All units have agreed safety procedures for patients, professionals and families which are agreed	100%
1.4.5 [Secure]	**1**	There is a personal alarm system in place for staff, which is subject to audit	100%
2	**Section 2: Staffing and Training**		
2.1.2 [Secure]	**1**	At night-time in a 10 bedded unit with general observations there is a minimum of four staff on duty, including one registered member of staff and access to additional support as appropriate	100%
2.1.3 [Secure]	**1**	A typical unit with 10 beds includes a minimum of two registered nurses, with relevant experience of working with children and young people, per day shift and one at night. At least one of these should have completed preceptorship	100%
2.2.1 [Secure]	**1**	A typical unit with 10 beds includes 1 WTE ward manager (band 7+ or equivalent)	100%
2.2.2 [Secure]	**1**	A typical unit with 10 beds includes at least 1 WTE consultant psychiatrist input (which may be provided by two clinicians in a split post); guidance: Clinician should have relevant experience e.g. child and adolescent, learning disability, forensic	83%
2.2.3 [Secure]	**2**	A typical unit with 10 beds includes at least 1 WTE non-consultant Child and Adolescent Psychiatrist input as an integral part of the multidisciplinary team	50%
2.2.4 [Secure]	**2**	The psychology establishment should include dedicated time from a Consultant Psychologist to provide leadership	83%
2.2.6 [Secure]	**1**	A typical unit with 10 beds includes at least 1 WTE registered applied psychologist. This may need to be higher in units where the patient group has high levels of acuity and dependency (e.g. learning disability, high levels of attachment needs)	100%
2.2.7 [Secure]	**2**	The psychology establishment should include a substantive clinical psychologist post and can include other applied psychology posts with relevant competencies	100%
2.2.8 [Secure]	**1**	A typical unit with 10 beds includes at least 1 WTE social worker	83%
2.2.9 [Secure]	**1**	A typical unit with 10 beds includes at least 1 WTE occupational therapist who works with young people requiring an occupational assessment and ensure the safe and effective provision of evidence-based occupational interventions	100%

2.2.10 [Secure]	**3**	The service should have access to a sensory integration trained therapist	83%
2.2.13 [Secure]	**2**	A typical unit with 10 beds includes at least 0.5 WTE speech and language therapist	67%
2.2.15 [Secure]	**1**	For low secure services, a typical unit with 10 beds includes at least 1 WTE family therapist.	60%
2.2.16 [Secure]	**1**	For medium secure services, a typical unit with 10 beds includes at least 0.5 WTE family therapist.	100%
2.2.19 [Secure]	**2**	A typical unit with 10 beds includes 1 WTE administrator (band 3 or above or local equivalent)	100%
2.3	**Staff are provided with a thorough training programme [that includes]**		
2.3.2k [Secure]	**1**	Relational security;	83%
2.3.2l [Secure]	**1**	Attachment theory and attachment/trauma-informed approach to care;	67%
2.3.2m [Secure]	**1**	Adolescent development;	83%
2.3.2n [Secure]	**1**	Effective strategies to inform behaviour management.	83%
3	**Section 3: Access, Admission and Discharge**		
3.1.2 [Secure]	**1**	Agreed occupancy levels are not exceeded	100%
3.1.5 [Secure]	**2**	Young people should have access to primary healthcare for chronic conditions, screening and vaccines. Where indicated, eye tests, hearing tests and dental check-ups are facilitated	83%
3.3.4 [Secure]	**1**	Decisions to admit or transfer patients must involve the ward manager and the responsible clinician with responsibility for the ward (this may be the covering responsible clinician). They can refuse to accept patients if they fear that the mix will compromise safety and/or therapeutic activity	100%
6	**Section 6: Young People's Rights and Safeguarding Children**		
6.3.3 [Secure]	**1**	The unit is demonstrating the efforts they are making to end any periods of long term seclusion or segregation *Guidance: Clear care plans are in place towards ending long term seclusion/segregation, reviews and formulation meetings can be examples used to demonstrate this.*	100%
7	**Section 7: Clinical Governance**		
7.4.6	**1**	The team follows an agreed protocol with local police, which ensures effective liaison on incidents of criminal activity/harassment/violence	100%

QNIC Eating Disorder Standards

1	Section 1: Environment and Facilities		% Met
1.1.6 [ED]	**1**	There is capacity for a specific space within the dining area set aside for close supervision and support for young people with eating disorders'	100%
1.1.11 [ED]	**1**	Young people can use mobile phones, computers (which provide access to the internet and social media), and other electronic equipment on the ward, subject to risk assessment and in line with local policy. *Guidance: Staff members ensure the use of such equipment respects the privacy and dignity of everyone and know how to manage situations when this is breached. The risks and benefits of social networking and pro-anorexia nervosa websites are discussed with young people in an age-appropriate way.*	100%
2	**Section 2: Staffing and Training**		
2.2.9 [ED]	**1**	A typical unit with 12 (ED) beds has a minimum of 0.5 WTE dedicated time with a dietitian who is able to offer young people individualised dietetic interventions to assess nutritional status, prescribe individualised eating plans and support behaviour change around food	92%
2.2.12 [ED]	**1**	A typical unit with 12 beds includes at least 1 WTE family therapist	75%
2.2.17 [ED]	**1**	There is an identified duty doctor able to attend the unit, including out of hours, who has access to expert advice to deal with medical and psychiatric emergencies that occur in eating disorders. The doctor can attend the ward/unit within 30 minutes in the event of an emergency	92%
2.3.2 [ED]	**1**	The staff induction programme covers key aspects of care related to the needs of patient groups. This should cover: • The physical care of young people with eating disorders; • Mealtime protocols; • The highly-structured nature of the eating disorder ward programme; • Access to food, drink and exercise; • Suitable topics of conversation, with particular reference to discussions about weight, shape and eating; • Therapeutic boundaries between staff and young people, and how these are established *Guidance: This should include temporary, bank and agency staff.*	100%
2.3.10 [ED]	**1**	All staff who are involved in supervising and supporting young people's mealtimes have been trained to do so *Guidance: This should include demonstrating appropriate eating behaviour and language when eating with young people.*	92%
2.3.11 [ED]	**1**	Staff who are involved in assessment and the formulation of care-planning have received training on managing distorted perceptions of food, body image and managing young people with any psychiatric comorbidities	100%

2.3.12 [ED]	**2**	Permanent clinical staff who are involved in the day to day care of young people with eating disorders receive eating disorder-specific training on psycho education, motivational enhancement and working with families.	75%
2.3.13 [ED]	**1**	All staff are aware of the risks to a patient's physical health involved with eating disorders as outlined in the Junior MARSIPAN guidelines	100%
2.3.14 [ED]	**1**	Staff implementing enteral feeding are trained in the physical and psychological aspects of its use	100%
2.3.15 [ED]	**1**	Registered nurses, dietetic staff and medical staff are able to recognise signs and symptoms of refeeding and underfeeding syndrome, and have a protocol in place to manage this	100%
2.4.1 [ED]	**1**	All clinical staff members receive 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. Staff delivering evidence-based therapies should be supervised by qualified therapy supervisors of the respective modalities.*	100%
3	**Section 3: Access, Admission and Discharge**		
3.1.4 [ED]	**1**	Young people have a structured, eating disorder-specific risk assessment and management plan which is co-produced and updated every four weeks as a minimum. The assessment considers risk to self, risk to others and risk from others *Guidance: This should be reviewed as clinically indicated and may be daily when first admitted.*	100%
3.1.5 [ED]	**1**	A record or copy of the eating disorder risk assessment is provided to the young person and all those involved in the care plan (including carers with appropriate consent) *Guidance: This also includes informing young people of the level of risk to their physical health.*	100%
3.1.6 [ED]	**1**	If the initial assessment identifies co-existing physical conditions that increase risk (e.g. diabetes, pregnancy), NICE guidelines are followed and the assessing practitioner liaises with/refers to a physician or paediatrician as appropriate. This is documented	100%
3.2.1 [ED]	**1**	The unit provides written feedback to referrers, GPs and other relevant professionals at least once every four weeks	92%
3.3.6 [ED]	**1**	The unit links in with local adult eating disorder services to develop a transition policy *Guidance: Transfer to an adult mental health service should involve the adult service as soon as possible, including multi-agency transition arrangements and review meetings. This should begin at least 6 months before the young person's 18th birthday. The unit should work with adult services to help them understand their responsibilities regarding the young person's transition into their care.*	92%

3.3.7 [ED]	**2**	The unit provides support for parent/carers (with the young person's consent) during the young person's transition from CAMHS to adult services where possible *Guidance: This should include inviting carers to transition meetings with adult services.*	100%
3.3.8 [ED]	**1**	There are local arrangements in place for discussing young people who are at risk and there is a clear process for the medical management of physically compromised young people's transfer into acute medical services that comply with Junior MARSIPAN recommendations	100%
3.3.9 [ED]	**1**	If a young person requires transfer to another ward (e.g. paediatric/medical etc), the eating disorder unit holds good working relationships to ensure that arrangements for nutritional requirements, maintaining physical health and psychosocial interventions are well maintained and there are local policies in place for this *Guidance: Refer to Junior MaRSiPAN recommendations.*	100%
4	**Section 4: Care and Treatment**		
4.1.4 [ED]	**2**	Young people have access to interventions that address nutrition, cognitive restructuring, mood regulation, social skills, body image concern, self-esteem, and relapse prevention	100%
4.1.5 [ED]	**1**	Psychological treatment focuses on psychoeducation, self-monitoring of the eating behaviour, addressing fears about weight gain, and helping young people to recognise the link between their symptoms and their abnormal eating behaviour	100%
4.1.6 [ED]	**1**	Young people receive NICE-informed and formulation-based individualised care, which is appropriate for their bio-psychosocial needs. Any exceptions are documented in the case notes	100%
4.1.8 [ED]	**1**	Fluid and electrolyte balance are assessed in young people with an eating disorder who are believed to be engaging in compensatory behaviours, such as vomiting, taking laxatives or diuretics, or water loading	100%
4.2.3 [ED]	**1**	As far as is possible to achieve, the primary overarching treatment model should be a family approach (working towards recovery with support of the family in the community).	100%
4.5.1 [ED]	**1**	Young people are provided with meals which offer choice, address nutritional/balanced diet and specific dietary requirements and which are also sufficient in quantity. Meals are varied and reflect the individual's cultural and religious needs unless they present a threat to recovery	92%
4.7.3 [ED]	**1**	For young people with eating disorders, a suitably trained member of staff monitors the tolerability and side effects of new medication for the first seven days. *Guidance: When prescribing medication for young people with an eating disorder, staff take into account the impact that malnutrition and compensatory behaviours can have on medication effectiveness and the risk of side effects.*	100%

4.8.1 [ED]	**1**	Goals around weight restoration targets (i.e. rate and amount of weight gain) are individually planned according to the needs of the young person *Guidance: Goals (including nutritional) should be collaboratively agreed and recorded.*	100%
4.8.2 [ED]	**1**	Height and weight are monitored and plotted on centile charts regularly (no more than twice a week) *Guidance: It should be considered whether it is appropriate to have discussions about this with the young person and their parents/carers. A decision not to hold this discussion would need individual rationale and this is documented*	100%
4.8.3 [ED]	**1**	When nasogastric feeding is used, the Royal College of Psychiatrists, NICE and NPSA guidance is adhered to	100%
4.8.5 [ED]	**1**	Restraint to feed and/or nasogastric bridles should only be used in life-threatening situations, or as part of a carefully considered multi-disciplinary care plan which is regularly reviewed	92%
4.8.6 [ED]	**1**	Young people have supported periods of home leave or to an otherwise appropriate setting to develop independent eating, well in advance of discharge	100%
4.8.7 [ED]	**1**	Unit staff provide pre- and post-meal/snack support to young people, appropriate to the individual's care plan	100%
4.8.8 [ED]	**1**	Meal programmes should be tailored to the needs of the individual as part of a shared decision-making process, with the aim to normalise eating behaviours and help the child or young person prepare for transition back to the community	100%
5	**Section 5: Information, Consent and Confidentiality**		
5.1.8 [ED]	**2**	Parents/carers are given information on sources of support for carers that is tailored for people with eating disorders	92%
5.1.9 [ED]	**2**	Unless previously provided, young people and their parents/carers are offered information and harm minimisation advice about short- and long-term risks (e.g. damage to teeth, reproductive system, osteoporosis, bone density, growth and development in children and adolescents) and this is recorded where appropriate *Guidance: As specified in NICE guidelines, information sheets developed by BEAT, Royal College of Psychiatrists, etc.*	83%
6	**Section 6: Young People's Rights and Safeguarding Children**		
6.3.3 [ED]	**1**	Repeated restraint for the purpose of NG tube feeding is reviewed and a second opinion is sought and recorded *Guidance*: This should be reviewed weekly within the MDT, a second opinion can be sought from a CAMHS ED consultant.	92%

Appendix 2: Acknowledgments

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

QNIC Advisory Group:

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Acknowledgments continued

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Michael Henderson, CCQI Systems Manager

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

Ardenleigh Forensic CAMHS [RA], Ardenleigh Hospital, Birmingham and Solihull Mental Health NHS Foundation Trust

Ashfield Unit, Birmingham Women and Children's Hospital NHS Foundation Trust

Austen House, Southern Health NHS Foundation Trust

Beechcroft Admissions, Belfast Health and Social Care Trust

Beechcroft Treatment, Belfast Health and Social Care Trust

Bere Clinic, Elysium Healthcare

Bluebird House, Southern Health NHS Foundation Trust

Brighton and Hove Clinic, Elysium Healthcare

[A] indicates an accredited service, as of November 2024
[RA] indicates a service is going through re-accreditation, as of November 2024

Acknowledgments continued

QNIC Member Services Continued...

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

Buttercup Ward, Cygnet Hospital Bury, Cygnet Health Care

Chalkhill, Sussex Partnership NHS Foundation Trust

Cheshunt, Rhodes Wood Hospital, Elysium Healthcare

Coborn Centre GAU, East London NHS Foundation Trust

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

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

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

Cotswold Spa Hospital, Elysium Healthcare

Darwin Centre, North Staffordshire Combined Healthcare NHS Foundation Trust

Derwent Ward, Ellern Mede Derby, Ellern Mede

Dragon Ward, Cygnet Hospital Joyce Parker, Cygnet Healthcare

Dragonfly Unit, Norfolk and Suffolk Foundation Trust

Dudhope Young People's Unit, NHS Tayside

Ellern Mede Barnet, Ellern Mede Group

Ellern Mede Moorgate, Ellern Mede Group

Ellern Mede Ridgeway, Ellern Mede Group

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

Evergreen Tier 4 Unit, East London NHS Foundation Trust

Forest House, Hertfordshire Partnership NHS Foundation Trust

Galaxy House, Central Manchester University Hospitals NHS Foundation Trust

Galaxy Ward, Coborn Centre, East London NHS Foundation Trust

Griffin Ward, Cygnet Hospital Sheffield, Cygnet Health Care

Hartley, Ivetsey Bank Hospital, Active Care Group UK

Heathlands, Birmingham Women and Children's Hospital NHS Foundation Trust

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

Highfield Adolescent Unit, Oxford Health NHS Foundation Trust

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Acknowledgments continued

QNIC Member Services Continued...

Hope [RA], Pennine Care NHS Foundation Trust

Horizon , Pennine Care NHS Foundation Trust

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

Irwin, Birmingham Women and Children's Hospital NHS Foundation Trust

Iveagh Centre, Belfast Health and Social Care Trust

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

Jade Ward, Brooklands Hospital, Coventry and Warwickshire NHS Trust

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

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

Lavender Walk, Central and North West London NHS Foundation Trust

Linn Dara, HSE

Lotus Ward, Northumberland and Tyne and Wear NHS Foundation Trust

Marlborough House, Oxford Health NHS Foundation Trust

Mermaid Ward, Cygnet Joyce Parker Hospital, Cygnet Health Care

Mildred Creak [RA], Great Ormond Street Hospital

Mill Lodge, Leeds and York Partnership NHS Foundation Trust

Mulberry Unit, Cygnet Hospital Bury, Cygnet Health Care

North Wales Adolescent Service, Betsi Cadwaladr University Health Board

Opal & Jasper Wards, Potters Bar Clinic, Elysium Healthcare

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

Pegasus Ward, Cygnet Hospital Sheffield, Cygnet Health Care

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

Phoenix Ward - The Look-Out, Nottinghamshire Healthcare NHS Foundation Trust

Phoenix Unit, Berkshire Hospital Foundation Trust

Pixie Ward, Cygnet Joyce Parker Hospital, Cygnet Healthcare

Plym Bridge House, Livewell Southwest

Poplar, Essex Partnership University Trust

[A] indicates an accredited service, as of November 2024
[RA] indicates a service is going through re-accreditation, as of November 2024

Acknowledgments continued

QNIC Member Services Continued...

Primrose, Cygnet Hospital Bury, Cygnet Health Care

Rainbow Ward, Rhodes Wood Hospital, Elysium Healthcare

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

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

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

Roehampton Adolescent Unit (Lower Court), The Priory Group

Roehampton EDU, The Priory Group

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

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

Schoen Clinic Newbridge, Newbridge Care Systems LTD

Seacole Ward, St Andrews Healthcare

Serenity Path Hospital, Southern Health NHS Foundation Trust

Shepherd Ward, Rhodes Wood Hospital, Elysium Healthcare

Simmons House, Whittington Health

Skye House, Greater Glasgow and Clyde Health Board

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

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

St Aubyn Centre – Larkwood Ward, Essex Partnership University Trust

St Aubyn Centre – Longview Ward, Essex Partnership University Trust

St Josephs Adolescent Unit, St Vincent's Hospital Fairview

Sunflower House [A], Alder Hey Children's Foundation Trust

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

The Burrows [A], Northamptonshire Healthcare NHS Foundation Trust

The Cove [A], Lancashire Care NHS Foundation Trust

The Croft, Cambridgeshire & Peterborough Foundation Trust

The Darwin Centre, Cambridge, Cambridgeshire & Peterborough Foundation Trust

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

[A] indicates an accredited service, as of November 2024
[RA] indicates a service is going through re-accreditation, as of November 2024

Acknowledgments continued

QNIC Member Services Continued...

The Meadow Unit, Warneford Hospital, Oxford Health NHS Foundation Trust

The Riding, Ferndene Hospital, Cumbria Northumberland Tyne and Wear NHS Foundation Trust

The Sett [RA], Northamptonshire Healthcare NHS Foundation Trust

Thorneycroft Unit, Ivetsey Bank Hospital, Active Care Group UK

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

Unicorn Ward, Cygnet Hospital Sheffield, Cygnet Health Care

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

Wedgwood Unit, Ivetsey Bank Hospital, Active Care Group UK

Wessex House, Somerset Trust

Willow Grove Adolescent Unit, St Patricks Mental Health Service

Willows Ward, The Priory Group

Wizard House, Cygnet Hospital Bury, Cygnet Health Care

Woodlands Unit, Priory Cheadle Royal Hospital, The Priory Group

Artwork

'Seeing in colour', Debbie, age 17, Mulberry, Cygnet Bury Hospital

'Climbing the walls', Debbie, age 17, Mulberry, Cygnet Bury Hospital

'Morphed Collection', RC, age 14, Schoen Clinic Newbridge, James Brindley Academy

'Do it for them', Sophie, age 17, Roehampton Hospital School

'Autumnal Forest', Hannah, age 17, Red Kite View

'Growth', SC, age 13, Schoen Clinic Newbridge, James Brindley Academy

'Hope', Leah, age 14, Parkview Clinic, Birmingham

[A] indicates an accredited service, as of November 2024
[RA] indicates a service is going through re-accreditation, as of November 2024

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