Indicator Name	Indicator Description	Organisation Self Declaration Compliance Y/N/Partial or Data Entry Required	Organisation Comments when indicator has not been met	Commissioner Declaration of Compliance Y/N/Partial	Commissioner Comments	Agreed actions/ QI
Structure and Function Quality metrics as detailed within the service specification which the service is required to self declare against annually and are monitored by the regional team						
There is an MDT in place with membership as per the service specification.	Descriptor: The staffing of the unit is compliant with Royal College of Psychiatrists Quality Network for Inpatient CAMHS (QNIC) essential standards. The staff team will include: Consultant level as well as non-consultant grade medical staff, Clinical Psychology, Nursing staff, Occupational therapist, Teaching staff, Social work, Family Therapist, Staff skilled in group work. Creative therapies, Dietetic advice where services provide care for young people with eating disorders, Access to psychotherapy as appropriate, Access to					

	Speech and Language assessment and intervention when appropriate, Administrative support, Access to physiotherapy, For inpatients with learning disabilities, the following additional staff should be available: Mental health nurses (including learning disability trained nurses), Psychiatrists (child and adolescent psychiatry or learning disability Certificate of Completion of Training (CCT) or dual CCT), Clinical psychologists (learning disability or child psychology trained or dual trained), Social workers, Speech and language therapist, Occupational therapist trained in sensory strategies. Dietetic support Evidence Documents: Operational Policy Data Source: Self declaration				

Each patient has a named psychologist and occupational therapist.	Descriptor: All patients have a named practitioner psychologist who will undertake a needs based assessment, contribute to a multidisciplinary risk assessment, develop a formulation and use this to identify the appropriate psychological treatment programme on either an individual and/or group basis. They will also have a named occupational therapist who will undertake a comprehensive occupational therapy assessment and will deliver an appropriate occupational therapy programme based on identified needs. Evidence Documents: Operational Policy Data Source: Self declaration					

Is the community team involved in discharge planning from admissions ?	Attendance of ward rounds, cpa, professional meetings and visiting the yp on the ward and keeping in touch with the carers/parents.				
Each patient has access to an Independent Mental Health Advocates (IMHA).	Descriptor: Each patient will has access to an Independent Mental Health Advocates (IMHA) who will assist by undertaking the direct advocate role. Notes: Evidence Documents: Operational Policy Data Source: Self declaration				
There are agreed clinical protocols/guidelines.	Descriptor: There are clinical guidelines in place as specified by QNIC and detailed within the service specification. This will include the QNIC routine outcome measures (ROM). Are there guidelines for when English is not the first language. Notes: Evidence Documents:				

	Operational Policy Data Source: Self declaration.				
Legal literacy	Safe use of the MHA, safe use of the MCA, legal documentation such as S117, evidence of legal status in care planning etc, staff awareness of pt status, rights read, pt awareness and understanding of their legal status.				
Education provision in place.	Is there a separate space off the ward ? Alternative/ adaptive if can't attend – what is being offered if can not attend ? Is education individualised, To what extent is the school in touch with the young person's mainstream school. How many hours a week is offered ? Are all options explored/ offered to access. Accessible ? Physical environment. Is there a quiet room to use on their own for education if this wish.				

Agency and Bank Staff	What ways are agency and bank staff supported to do their job ? Induction Grab Sheet Access to IT – how do staff access the system to access care plans and Risk Assessments					
Staff supervision	Staff teams need to have some form of clinical supervision (individual, group or peer).					
Sit and See- to be completed on each visit:						
Environment: How does this ward/unit make me feel, how does it smell? What is the atmosphere like? What interactions are there between staff/ patients/visitors? Is there visible information that is useful and re assuring to people? What is it?	Welcoming reception area. Welcome signs (including accessible signage). Acknowledgement on arrival - eye contact, smiles, a greeting. Information available, clear and visible. Contact information for relatives and visitors is visible. Visiting times are evident. Information about who the staff team are and who the ward manager is. Is there evidence that the					

What have I noticed that builds my confidence and trust that this is a safe and welcoming environment? What makes me less confident?	ward is accessible including easy read information being available? Are there provisions for when English is not the first language. Are staff using interpreters etc ?				
Safety: What do I notice about safety issues? Do staff on this ward appear to think that safety is important? What information tells me about the quality of care here? What tells me that staff are concerned about safety and preventing harm (e.g. infections, falls)? How are medicines managed on the ward? What have I noticed that builds my	A clean and well-maintained environment. Hand gels are available and used. Clear information about infection prevention and control and evidence of staff implementing procedures. Rubbish/dirty items and linen are disposed of appropriately and not visible. Food in fridges is within expiry date. Can I see information that says the ward is improving in identified areas? Is the information clear and understandable? Equipment and environment				

confidence about safety on this ward? What makes me less confident? Does the service use CCTV? Is the environment well maintained, what condition is the environment in, including the bedrooms and bathrooms?	appear to be well maintained. Protected times/areas for staff to manage drugs and essential equipment. Support offered to people who require assistance with eating. Patients always have access to drinks. Security and fire procedures are evident.				

Caring and involving: What behaviours can I see that do or do not inspire confidence? Do staff appear to know their patients well? How have the staff made me feel? What can I understand about patient experience on this ward/unit? Are there any indicators that patients and carers are involved in their own care? How is dignity and privacy being respected? How are staff interacting with patients (e.g. do they talk in lower tones when having private conversations)? Can I observe good team working taking place?	Staff are communicating and interacting positively with patients. Staff are always available for patients. Patient feedback is displayed. Patients are dressed to protect their dignity. Information for patients and carers is available in a clear and user-friendly format. Information that empowers patients (e.g. to choose their own meals, day activities). Signs that equality/diversity needs are being met and reasonable adjustments implemented. Visitors have access to chairs and space to visit. Information about how to complain and compliment is visible and in an accessible format. Signage for how to access advocacy is visible and in an accessible format.					

Is people's clothing in good condition?					
Well organised and calm Does the ward/unit feel calm or chaotic (even if it is busy)? Is essential information about each patient available for staff? Does the unit/ward look well organised, clean and uncluttered?	An uncluttered, clean environment, including nurses' station/office, hallways and communal areas. Clear accessible signage to rooms, toilets, etc. Well maintained, appropriate (e.g. non-slip), clean condition of walls, floors, windows and ceiling. Staff have easy access to patient information: it is visible and organised. There is a transparent and communal information board located in the office				

	(e.g. patient status at a glance board). Patient boards show evidence of co-ordination between different departments. Equipment stored tidily and is managed, e.g. colour-coded, staff return equipment after use, stock cupboards are clearly labelled - including visible management (photos of content).				

Indicator Name	Indicator Description	Organisation Self Declaration Compliance Y/N/Partial or Data Entry Required	Organisation Comments when indicator has not been met	Commissioner Declaration of Compliance Y/N/Partial	Commissioner Comments	Agreed action/QI
Patient Experience Quality metrics as detailed within the service specification which the service is required to self declare against annually and are monitored by the regional team						

All patients receive a questionnaire or are asked about their service experience.	Areas which should be included are: Do you feel safe on the ward? If no, what could be done to make the ward a safer environment? If you have been involved in, or witnessed, an incident were you offered a post incident review/debrief? Do you know how to raise a complaint? Do you have access to advocacy? Do staff treat you with compassion & empathy? Is your leave ever cancelled? Is there anything you would like to add that would improve the care you receive? Is there anything this				

	team does well? Do you get regular visits from family and friends? What was your first impression/ first contact with the ward ? How were you greeted ? What was the process ? Was treatment offered by the ward ? Did staff advise you why you are on the ward ?				

Have carers been asked about their service experience.	Descriptor: All carers receive an experience of service questionnaire. Notes: Evidence Documents: Annual report Data Source: Self-declaration					
Patient information is provided at the point of assessment.	Descriptor: Patient information is provided pre admission or in an emergency within 24hrs of admission and includes details relating to: treatment; information about the team; information about patient involvement groups and patient self-help groups; out of hours contact details/emergency number Welcome Packs Virtual Tours Websites Notes: Evidence Documents: Operational Policy Data Source: Self-declaration					

There is a Key Worker/Primary Nurse	Do patients know who their primary nurse/keyworker is? How many 1:1 session do patients have in a week with primary nurse/keyworker? How is keyworker/primary nurse information recorded Do relatives/carers have access to key work/primary nurse , how is this communicated				
Are patients asked their preferences ?	Documentation, patient feedback Pronouns Cultural Spiritual Language needs How does the young person want to be communicated too ? Interpreters, staff accessing language line, leaflets in different languages, advocates of different languages. Are these respected ?				

	Do staff treat you with compassion & empathy?					
Family/Carer Engagement	Are they allowed on the ward ? What are the visiting arrangement s ? Are they actively involved throughout the process? Are they included in dc planning, ward rounds etc? Do they know how and who to contact? Do they have the email of their local FA ? Are they made aware of a carers assessment					

Indicator Name	Indicator Description	Organisation Self Declaration Compliance Y/N/Partial or Data Entry Required	Organisation Comments when indicator has not been met	Commissioner Declaration of Compliance Y/N/Partial	Commissioner Comments	Agreed actions/QI
Safeguarding Regionally developed safeguarding metrics which are reviewed alongside the quality monitoring annually						
Staff induction has clear guidance to all staff including volunteer, temporary, bank and locum regarding expected values and behaviours, including: Sexualised behaviour in the workplace, what is sexual assault, sexual abuse and boundary setting PiPOT and LADO what is an allegation Respect and dignity Equality and inclusion Freedom to speak up Bullying and harassment Violence and Assault defining what this means in Law to all staff Safeguarding Law defining roles and responsibilities Mental Health Law defining roles and responsibilities	Evidence of these key areas having been identified through a range of staff conversations Clear time allocated for this in all staff induction sessions Staff discussions indicate a clear understanding of terminology, expectations, organisational cultures and expectations					

Mental Capacity Law defining roles and responsibilities						
There is a correctly trained operation lead for safeguarding who can support all staff volunteer, temporary, bank and locums with advice and guidance. This person is visible to staff and patients.	Person allocated to role, is clearly linked with Exec lead and staff can identify who this person is and how to contact them Evidence of CPD and training for safeguarding to a minimum of Level 3					

There is evidence of ongoing staff training and policies in place and accessible regarding: Sexualised behaviour in the workplace, what is sexual assault, sexual abuse and boundary setting PiPOT and LADO what is an allegation Respect and dignity Equality and inclusion Freedom to speak up Bullying and harassment Violence and Assault defining what this means in Law to all staff Safeguarding Law defining roles and responsibilities Mental Health Law defining roles and responsibilities Mental Capacity Law defining roles and responsibilities	Staff training files are clear on training dates and further refresher training dates Timescales are adhered to Staff have CDP files with evidence of their training portfolio. Evidence of policies visible to staff either on PC Desktop or within offices/staff rooms Staff state they know how to access policies and processes Staff can clearly identify what they should do if they have an emergency, or they need help					
There is a Freedom to speak up guardian who is visible to all staff and patients, supporting them to identify any concerns without stigma, bullying or harassment	Person allocated to role, is clearly linked with Exec lead and staff can identify who this person is and how to contact them					

	Evidence of CPD and training relevant to role					
Safeguarding support along with updates for respect and dignity in the work place, equality and inclusion, freedom to speak up are visible to staff in offices and in rest areas. There is a clear notice board to staff encouraging them to keep up to date with current guidance, polices, legal changes, organisation initiatives and remind staff of behaviour and cultural requirements in the work place.	Notice board reviewed and read during visits Information is up to date, clear and engaging Staff can identify information from the notice boards and are clear and up to date ion organisation changes and initiatives					
What quality improvements have been made to the unit following learning from safeguarding investigations.	Evidence of learning and improvements on the unit. De-brief staff Updating patients records.					
There is clear evidence of staff supervision. Super vision is provided for safeguarding as	Staff records Staff conversations					

well as clinical support and case management.						
There is clear evidence of referral procedures for safeguarding. All staff including volunteer, temporary, bank and locum support are aware of the referral process, are clear on how to make a safeguarding referral, what happens after they have made a safeguarding referral, how to participate in Multi-agency/Multi-Dispensary meetings, how to challenge and escalate concerns through the Local Authority escalation process. There is clear monitoring and review of safeguarding referrals, looking at number, themes, learning risks and quality.	Referral pathways information Notice Boards Staff conversations Exec conversation Senior safeguarding lead conversation Review of safeguarding records, theme and trend analysis data Electronic dashboard					

How does the organisation record safeguarding incidents 1) For treatment plans not carried out as outlined in care plan 2) Physical healthcare						
There is admission criteria concerning patients who have had previous episodes of care on forensic/secure services	Yes/No					
Are routines for personal hygiene such as cleaning teeth, bathing, changing clothes, hair washing, nail cutting expected and actively supported	Provider should describe their process for personal hygiene, case manager to assure practice is taking place					
Is there a support mechanism in place for malnourished and/or obese patients to be encouraged and supported to make dietary and lifestyle changes	Yes/No					
Is there a clear escalation process for patients who	Example a patient resists treatment such					

deteriorate or resist essential prescribed treatment	as CPAP, describe the process					
What processes are in place for patients who refuse to participate in activities	Describe the process					
How does the organisation maintain and develop the ability of patients to perform daily tasks including participation in occupations	Describe the process					
How is the service destination of all former inpatients recorded						

Indicator Description	Organisation Self Declaration Compliance Y/N/Partial or Data Entry Required	Organisation Comments when indicator has not been met	Commissioner Declaration of Compliance Y/N/Partial	Commissioner Comments	Agreed action/QI
IPC Team Structure					
Are there effective structures, processes and accountability to support standards of IPC? How do they access IPC support?					
Are there dedicated IPC staff, link nurses/professionals?					
How does the provider ensure it has sufficient capacity for IPC in terms of audits, management time and expertise?					
Is there an IPC committee/meetings? How often are the meetings?					
Who is the Director of Infection prevention and Control (DIPC) who is accountable for IPC?					
IPC Governance					
Are there processes to ensure that policies are up to date and implemented?					

Are systems and processes in place to ensure that staff are supported in adhering to all IPC policies				
How are any changes to the national guidance quickly identified and effectively communicated to staff?				
How are adherence with policies and procedures monitored e.g. hand hygiene, PPE compliance, cleaning standards, decontamination of equipment, water management?				
Is there an annual plan, audit programme and regular reports for IPC? How is this developed, implemented and communicated?				
Is there adequate IPC training for staff?				
Hand Hygiene and PPE				
Is there adequate provision of suitable hand washing facilities and hand rubs where appropriate. Are hand washing sinks identified and accessible?				
Are hand hygiene stations available at all entrances to				

the hospital and each ward/department				
Are there adequate supplies of alcohol gel, are they positioned near patient care or individual staff use?				
Are staff using alcohol gels appropriately				
Are staff adhering to bare below the elbows?				
Are hand hygiene audits carried out? What are the results? How are they monitored?				
Is there adequate supplies of gloves aprons and face masks?				
Patient care/risk assessments				
Are patients risk assessed for signs of infections?				
Are all patient placement decisions and assessment of infection risk (including isolation requirements) clearly documented in the patient notes and reviewed throughout inpatient stay				
Are patients with resistant/alert organisms managed according to local IPC guidance, including				

ensuring appropriate patient placement?				
Is screening for other potential infections still takes place?				
Are risk assessments carried out for residents prior to any home visits/leave?				
Cleaning				**Cleaning**
Are there clear definition of specific roles and responsibilities for cleaning the environment and equipment?				
Are there sufficient resources/equipment dedicated to keeping the environment clean and fit for purpose?				
Do cleaning products meet the national standards.				
Are cleaning products stored safely in accordance with COSHH?				
Is cleaning equipment sored safely and available out of hours?				
Following an outbreak is terminal/deep cleaning available and checked				

Environment and equipment					
Is the environment visibly clean, tidy and free from dust and dirt?					
Is the environment free from clutter? Are all items/equipment essential?					
Is the environment well maintained? Look at décor, walls and floors, ceilings.					
Is the equipment clean and in good working order?					
Is the ventilation system in good working order and regularly maintained?					
Is there water maintenance and water testing? What are the results? How are they monitored?					
Is the laundry room clean and tidy and equipment stored off the floor? Is disposal segregated safely?					
Is waste storage and disposal safely managed, are waste bins available					
How are mattresses, hoist, slings, sliding sheets laundered?					

Is the dirty utility room (sluice) clean and tidy and equipment stored off the floor? Are commodes cleaned regularly?				
Are sharps boxes stored safely (ideally attached to the wall) - dated and lids on securely?				
Are Admin areas/offices cleaned regularly and free from dust and dirt				
Is there clear signage for all staff, patients and visitors when entering the hospital?				
PPE				
Do all staff (clinical and non- clinical) have appropriate training, in line with latest guidance, to ensure their personal safety and working environment is safe.				
Is a record of staff training maintained?				
Do all staff have access to appropriate PPE?				
Are face mask stations available at all entrances, with guidance on usage.				

Is PPE stock appropriately stored and accessible to staff who require it.				
Are all staff compliant with guidance for wearing PPE. Review staff fit test and DON and DOF training.				
Are regular PPE compliance audits carried out? What are the results? How are they monitored?				

Indicator Name	Organisation Self Declaration Compliance Y/N/Partial or Data Entry Required	Organisation Comments when indicator has not been met	Commissioner Declaration of Compliance Y/N/Partial	Commissioner Comments	Agreed actions/QI
Patient Holistic Wellbeing Checks Regionally developed metrics which should be undertaken as part of the case manager review of individual patients/caseload and should be completed every six to eight weeks					
Any evidence of abuse or safeguarding concern in the last 12 months?					
Is there evidence in the last month of cultural competence in the care planning and that staff are aware of the cultural and diversity needs of the person and make reasonable adjustment to their patient care approach to meet the needs of the person?					

Is there evidence in the last month of development and learning throughout the care plan and that activities that mentally stimulate the person are scheduled daily, is there evidence that these activities are maintained and supported by staff?				
Is there identified leisure activities planned for each day, do these activities reflect the person's preferences, is there evidence that these activities are maintained and supported by staff?				

Is there evidence in the last month of person centred decision making, advocacy and support in decision making as part of the plan and that the care planning is a mutually developed and supported process? Is there evidence of any adjustments being made to the plan, when this has happened and for what reason?				
Is there clear evidence in the last month of the person's trigger factors within the plan and how these can be mitigated and de-escalated? There is further evidence that staff know and understand this information, including any bank				

or temporary staff working with the person?				
There is evidence in the last month in the care plan of the person being supported to understand what is abuse, when to be worried about how someone is treating them and what they can do to let someone know?				
There is evidence in the last month that each person has been shown how to raise concerns about safeguarding, any worrying behaviour by others and that they know if this is a lead care worker where they can seek further				

support. There is evidence that this is an ongoing reminder to the person for the length of their stay?				
There is evidence in the last month of keeping the person supported and informed of risk, risk taking and unwise decisions and it's evident in the care plan how risk is managed within a person centred approach?				
There is a clear evidence in the last month of safe eating environment, a nutritional plan is in place with dietary and nutrition requirements relevant to the needs of the person, there is				

evidence of support with eating decisions and how food and nutrition are supported daily, and support if offered as needed?				
There is evidence in the last month of good dental hygiene routines and making decisions are discussed with the person, there is evidence this is monitored and discussed daily and support offered as needed and provision for dental assessments ?				
There is evidence in the last month of good sleeping routines and that sleeping, sleeping well, sleeping safely are discussed with the				

person, there is evidence this is discussed daily and that support is offered as needed?				
There is evidence in the last month of good toileting routines and that toilet habits, what to be worried about, when and how to let someone know if you are in pain or have difficulty when using the toilet, there is evidence this is discussed daily, that monitoring is undertaken and that support is offered as needed?				
There is evidence in the last month of good personal hygiene routines and that person hygiene, poor hygiene and				

making decisions are discussed with the person, there is evidence this is monitored and discussed daily and that support is offered as needed?				
Is there evidence **in the last month** in the care planning of developing the person's knowledge, skills and ability post discharge to include how to keep themselves safe, how to live safely and how to undertake daily routines without ongoing support?				

Care plans for individual patients have clear outline of requirements for support under the equality, diversity and inclusion. All plans identify time for individual residents to enjoy leisure activities and these are followed and encouraged every day. Plans are clear with outlining trigger factors, patient concerns and these are respected by staff at all times.	Care plan review indicates clear evidence of what activities are enjoyed by each individual Evidence via daily patient notes that there are activates relevant to the patient on every day and that they are supported and encouraged to participate Evidence of clear daily notes Patient conversations identify engagement in activities					
There is admission criteria concerning patients who have had previous episodes of care on forensic/secure services	Yes/No					
Are routines for personal hygiene such as cleaning teeth, bathing, changing clothes, hair washing, nail cutting expected and actively supported	Provider should describe their process for personal hygiene,					

	case manager to assure practice is taking place					
Is there a support mechanism in place for malnourished and/or obese patients to be encouraged and supported to make dietary and lifestyle changes	Yes/No					
Is there a clear escalation process for patients who deteriorate or resist essential prescribed treatment	Example a patient resists treatment such as CPAP, describe the process					
What processes are in place for patients who refuse to participate in activities	Describe the process					
How does the organisation maintain and develop the ability of patients to perform daily tasks including participation in occupations	Describe the process					
How is the service destination of all former inpatients recorded						
C(E)T R	How are these organised ? Do the people who should attend attend ? What is going well ? What could be better ? Do the panels recommendations are they					

	measurable and achievable/ realistic to the yp and the ward ? Does the consent process work for the ward ?					