

STATUS IN NHSSCOTLAND  
**BEST PRACTICE GUIDANCE**

**Health Building Note 03-02**  
**Facilities for child and adolescent mental  
health services (CAMHS)**

For queries on the status of this document contact  
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HBN 03-02 Sup A: NHSScotland Status Note amended 10<sup>th</sup> September 2018

## **Health Building Note 03-02 – Facilities for child and adolescent mental health services (CAMHS)**

This document must be read in conjunction with current Scottish Government Policy and NHSScotland Guidance, which take precedence. These include publications in both: [www.sehd.scot.nhs.uk/](http://www.sehd.scot.nhs.uk/) and [www.hfs.scot.nhs.uk/publications/](http://www.hfs.scot.nhs.uk/publications/) .

### **Specific updates for NHSScotland use:**

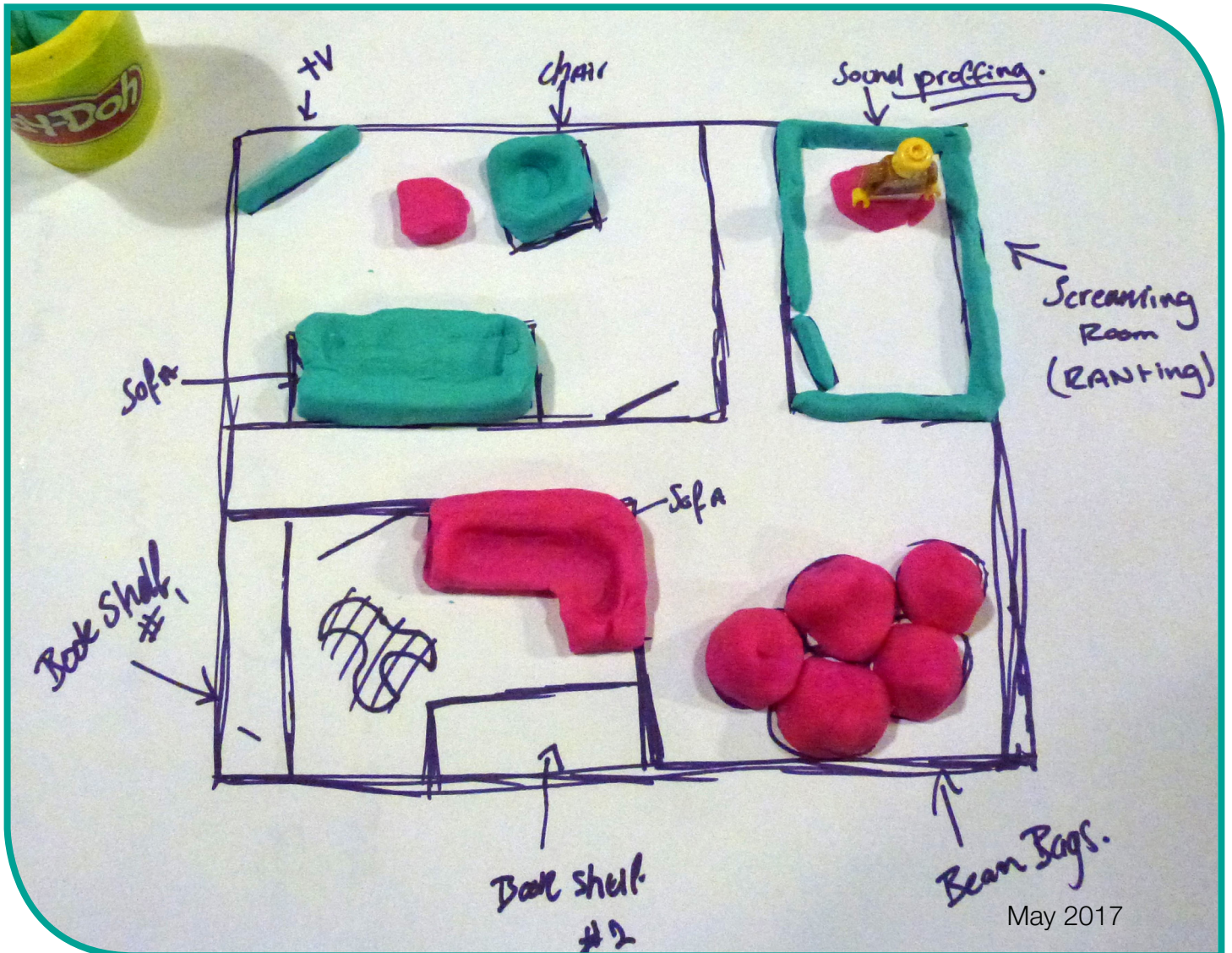
Supplementary information for this Guidance document is available in England and should be referred to in NHSScotland, e.g. schedule of accommodation, checklists, and case studies. [www.gov.uk/government/publications/facilities-for-child-and-adolescent-mental-health-services-hbn-03-02](http://www.gov.uk/government/publications/facilities-for-child-and-adolescent-mental-health-services-hbn-03-02)

This guidance must be read in conjunction with the public sector equality duty in the Equality Act 2010 and the Specific Duties (Scotland) Regulations 2012. These state named Scottish public authorities, including NHSScotland, must have 'due regard' to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. This requires an integrated response across services, facilities, training and communications to ensure the characteristics protected by the Act are appropriately served. An Equality Impact Assessment (EIA) is required for all proposed investments. Scottish Capital Investment Manual's NHSScotland Design Assessment Process will also support the implementation of this public sector equality duty at key business case stages of the facility design process.



Department  
of Health

# Health Building Note 03-02 Facilities for child and adolescent mental health services (CAMHS)



May 2017

# Health Building Note 03-02

## Facilities for child and adolescent mental health services (CAMHS)

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This document is available from our website at [www.gov.uk/government/collections/health-building-notes-core-elements](http://www.gov.uk/government/collections/health-building-notes-core-elements)

# Preface

## About Health Building Notes

Health Building Notes give best practice guidance on the design and planning of new healthcare buildings and on the adaptation/extension of existing facilities.

They provide information to support the briefing and design processes for individual projects in the NHS building programme.

## The Health Building Note suite

Healthcare delivery is constantly changing, and so too are the boundaries between primary, secondary and tertiary care. The focus now is on delivering healthcare closer to people's homes.

The Health Building Note framework (see next page) is based on the patient's experience across the spectrum of care from home to healthcare setting and back.

## Health Building Note structure

The Health Building Notes have been organised into a suite of 17 core subjects.

**Care-group-based** Health Building Notes provide information about a specific care group or pathway but cross-refer to Health Building Notes on **generic (clinical) activities or support systems** as appropriate.

Core subjects are subdivided into specific topics and classified by a two-digit suffix (-01, -02 etc), and may be further subdivided into Supplements A, B etc.

All Health Building Notes are supported by the overarching Health Building Note 00-01 in which the key areas of design and building are dealt with.

### Example

The Health Building Note on accommodation for adult in-patients is represented as follows:

“Health Building Note 04-01:  
Adult in-patient facilities”

The supplement to Health Building Note 04-01 on isolation facilities is represented as follows:

“Health Building Note 04-01:  
Supplement 1 – Isolation facilities for infectious patients in acute settings”

Health Building Note number and series title	Type of Health Building Note
Health Building Note 00 – Core elements	Support-system-based
Health Building Note 01 – Cardiac care	Care-group-based
Health Building Note 02 – Cancer care	Care-group-based
Health Building Note 03 – Mental health	Care-group-based
Health Building Note 04 – In-patient care	Generic-activity-based
Health Building Note 05 – Older people	Care-group-based
Health Building Note 06 – Diagnostics	Generic-activity-based
Health Building Note 07 – Renal care	Care-group-based
Health Building Note 08 – Long-term conditions/long-stay care	Care-group-based
Health Building Note 09 – Children, young people and maternity services	Care-group-based
Health Building Note 10 – Surgery	Generic-activity-based
Health Building Note 11 – Community care	Generic-activity-based
Health Building Note 12 – Out-patient care	Generic-activity-based
Health Building Note 13 – Decontamination	Support-system-based
Health Building Note 14 – Medicines management	Support-system-based
Health Building Note 15 – Emergency care	Care-group-based
Health Building Note 16 – Pathology	Support-system-based

## Other resources in the DH Estates and Facilities knowledge series

### Health Technical Memoranda

Health Technical Memoranda give comprehensive advice and guidance on the design, installation and operation of specialised building and engineering technology used in the delivery of healthcare (for example medical gas pipeline systems, and ventilation systems).

They are applicable to new and existing sites, and are for use at various stages during the inception, design, construction, refurbishment and maintenance of a building.

All Health Building Notes should be read in conjunction with the relevant parts of the Health Technical Memorandum series.

## How to obtain publications

**Health Building Notes** are available from the UK Government's website at:

<https://www.gov.uk/government/collections/health-building-notes-core-elements>

**Health Technical Memoranda** are available from the same site at:

<https://www.gov.uk/government/collections/health-technical-memorandum-disinfection-and-sterilization>

# Executive summary

This Health Building Note (HBN) provides planning guidance specific to CAMHS in-patient accommodation. The note should be used in conjunction with HBN 03-01: Adult acute mental health units.

HBN 03-02 comprises the following elements:

- HBN 03-02: (this document) – guidance covering the design of CAMHS accommodation for children and young people aged up to 18 years. It provides full descriptions of rooms that are specific to CAMHS and are not contained in other HBNs, particularly HBN 03-01;
- HBN 03-02: Schedule of accommodation – a spreadsheet that can be used to

calculate local project-specific requirements by amending area allowances and quantities and changing the circulation, communication and engineering percentages;

- HBN 03-02: Stakeholder needs checklist – an interactive tool that can be used to assess scheme compliance;
- HBN-03-02: Quality of life checklist – an interactive tool that can be used to assess scheme compliance;
- HBN 03-02: Supplement A – case studies, which provides information about recent schemes.

The schedules of accommodation spreadsheet, stakeholder checklist, quality of life checklist and case studies can all be downloaded as separate files along with this document from the HBN 03-02 web page on [www.gov.uk](http://www.gov.uk)



# Acknowledgements

We would like to thank all those who have helped to develop and produce this guidance, including those who commented and sent contributions during the consultation phase, and those involved in the production of the case studies.

Special thanks to:

**Jenny Gill** Design in Mental Health Network

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(See Supplement A acknowledgements for those who have helped with the case studies accompanying this guidance.)

# Foreword

This new Health Building Note puts children and young people absolutely at the heart of the design process. It reflects current thinking and attitudes to the delivery of care and includes case studies focusing on innovative solutions. It should be of great help to everyone involved in commissioning, procuring and designing Tier 4 in-patient units.

The guidance highlights the important role that the physical environment can play in supporting innovation in service delivery and in improving the experience of children and young people, staff, carers and visitors. Improvements to the environment can measurably reduce anxiety and incidents of challenging behaviour – which in turn improves outcomes and reduces lengths of stay. The Woodlands Retreat case study provides an excellent example of this.

## Greater priority

Mental health services for children and adolescents are just beginning to get the priority they need after a period when they have been very sadly neglected. As the service moves forward it is essential that attention is given to the physical environment of in-patient units as part of a wider set of improvements. This means that part of any extra funding for the service should be specifically allocated to improving the care environment, it is too easily neglected otherwise.

Improvement, as this Health Building Note says, is best done through encouraging and enabling local multi-disciplinary teams to work in partnership with service users to improve the environment where care is delivered. Working in close collaboration with all those involved in service delivery, design and day-to-day care – whether receiving or giving – can help to develop modern, exemplary environments that optimise care. Completed projects can then form a body of knowledge and core of expertise for others to draw on for future schemes – creating a cycle of continuous improvement.

Sharing best practice also gives widespread recognition for projects that can be used by others as exemplars, as a catalyst for the NHS to improve the capability of the environment to speed up recovery and provide efficient and effective care.

**Lord Nigel Crisp**

## Inspiring quality

I welcome this new guidance on the planning and design of facilities for Tier 4 CAMHS. The challenge is to provide the expected excellence of care for children, young people and their families in an environment which most assists recovery and improves outcomes. This Health Building Note provides clear and unambiguous technical standards alongside innovations and examples of best practice in case studies of recent schemes. It is intended to inspire the NHS in England to continuously improve not just the levels of service provided but also the environment of the facilities where they are delivered. It will assist in our ambition to provide a consistent national level of excellence for CAMHS.

Successful healthcare puts service users first; supports frontline staff; provides great teamwork; always strives to make care even better. Transforming care is about improving the health and care system of those children and young people with mental health care needs. It is about helping people to live the best lives possible. Our children and young people need the right care in the right place at the right time. To achieve that, we need the right staff in the right place at the right time.

I believe that this can only be achieved when the environment plays its rightful part in the therapeutic process.

Of course, good design makes a huge difference – demonstrably improving clinical outcomes, ensuring safety and enabling care-givers to provide optimal support for children and young people, their families and carers. We know that positive and proactive care requires the development of safe and effective therapeutic environments whilst minimising all forms of restrictive practices and observations.

Equally important is the need to prioritise engagement with children and young people when planning care services. Communication with the public and carers, as well as engagement with front-line clinicians, through collaborative programmes is vital. We must actively seek and reflect on direct feedback on an ongoing basis – keeping service users at the core of our decisions and changes. I particularly welcome the case study and stakeholder needs checklist covering engagement activities, providing exemplars that can be adopted at local level.

## Success – a supportive framework

The built environment must also provide a supportive framework – for instance, by providing facilities that enable professional development activities for our workforce and also offer a safe and pleasant working environment. A workforce that feels supported and comfortable in their surroundings can only assist in delivering exemplar care.

Our national nursing priorities emphasise professional leadership/revalidation; continuing healthcare; transforming care; safe staffing; compassion in practice. These underpin our determination to provide ongoing quality improvements and new models of care. We do this by sharing best practice and reducing variation across NHS providers. Our national approach to improvement supports local capability, aspiration and energy. By focusing on the quality of care, we create a culture of upskilling and continuous improvement in clinical staff, encouraging colleagues to integrate improvement in their daily practice. We must capture the insight and ambition of our staff to learn and promote safe, excellent nursing practice.

**Ruth May**  
**Executive Director of Nursing, NHS Improvement**

The importance of the built environment should not be underestimated: it is not just about looking pretty, being aesthetically pleasing, or being colourful. It is about the direct and indirect effect it has on our mental health, on how we feel, on outcomes and on recovery. Nowhere is this effect more important than in in-patient facilities.

The Design in Mental Health Network (DiMHN) has worked tirelessly over the last decade to bring together all those who have an interest in the design of mental health environments. The network is driven by one critical fact: design matters – it isn't a “nice to have” or an optional extra but is vital to the well-being of everyone who works in, or uses the services of, the mental health sector. Frequently, design can be compromised by competing priorities.

It is important that, at a very vulnerable time in their young lives, the environments in which children and young people may find themselves are suitable for their needs. They should be safe and secure but familiar and homely, and offer space for activities, areas for physical exercise and just to let off steam, and spaces for quiet and calm contemplation.

As Chairman of DiMHN, it gives me great pleasure to commend to you this document which brings together the best of current knowledge for healthcare needs and good practice guidance. This will assist in ensuring that the design of in-patient facilities is not just fit for purpose for our young people but enables staff to deliver the best possible care and aids their retention.

This document will ensure that designers have the knowledge at their fingertips to enable them to go above and beyond in creating a healing environment to suit the requirements of these important members of our community.

**Jenny Gill**  
**Chairman, Design in Mental Health Network**

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# 1.0 Scope of this guidance

**1.1** This guidance covers the design of child and adolescent mental health services (CAMHS) accommodation for children and young people aged up to 18 years. It provides full descriptions of rooms that are specific to CAMHS and are not contained in other HBNs<sup>1</sup>, particularly HBN 03-01<sup>2</sup>.

**1.2** HBN 03-01 is the overarching document for all mental health in-patient accommodation detailing rooms common to all services regardless of specialty. HBN 03-02 identifies areas where the requirements for CAMHS differ from those in an adult acute environment. The purpose of this document is to inform the planning and design of facilities for CAMHS but particularly for Tier 4 (in-patient services), to offer best practice guidance and to support the delivery of care in appropriate surroundings to assist in meeting the national and local service objectives.

**1.3** To promote social inclusion and reduce stigma, the use of facilities within the local community, health centres, general practitioner premises and community team bases should be utilised for out-patient clinics.

**1.4** Specialist services for autistic spectrum disorder, brain injury and eating disorders are not covered by this document and may be the subject of supplements to be produced at a

later date; please check [www.gov.uk](http://www.gov.uk) for updates.

**1.5** HBN quality standards, as described in sister publication HBN 03-01 and this guidance, are expected to be adhered to whether the scheme in question is a new-build, refurbishment of existing premises or reconfiguration involving repurposing of premises currently used for provision of other services or activities.

**1.6** Where derogations from HBN standards are deemed necessary due to constraints of sites and existing buildings, due consideration should be taken to ensure that proposed schemes will provide necessary compliance with the latest essential safety and privacy & dignity requirements, including (but not limited to):

- infection control;
- single-sex accommodation.

**1.7** It is the responsibility of healthcare commissioners and providers and their supply chains to ensure that essential quality standards are provided through high-quality schemes and thereafter maintained through operational excellence.

## 2.0 Policy and service context

### Purpose of CAMHS

**2.1** CAMHS offer assessment and treatment to children and young people who have emotional, behavioural or mental health difficulties.

**2.2** Ideally CAMHS care will be delivered in the community, offering home-based treatments. This setting enables young people to maintain local links, to feel less stigmatised and to maintain relationships with family and friends.

**2.3** In-patient care may be required at some point and whilst coverage will be national, all units need to be part of the local network of services.

**2.4** In-patient care is available for children up to 12 years of age and for young people from 13 to 18 years of age. 16 to 18 year olds who are not in full-time education can be treated by adult services, although this would be by exception and dependent on need and appropriateness regarding safeguarding of young people.

### Service policy background

**2.5** The Mental Health Act 1983<sup>3</sup> identifies the necessity to address the impact of the environment on patient safety, privacy, dignity, behaviour and well-being. Providing a suitable environment involves recognising and respecting the diverse needs, values and circumstances of each patient, including their race, religion, gender, age, sexual orientation and any disability. These are the protected characteristics set out in the Equality Act 2010.

**2.6** Following the publication of The Annual Report of the Chief Medical Officer 2013<sup>4</sup>, the Health Select Committee held an enquiry into children's mental health and CAMHS<sup>5</sup>. The report identified major problems with:

- cuts to early intervention services;
- waiting times for CAMHS; and
- lack of hospital beds.

**2.7** In July 2014, the NHS England<sup>6</sup> review of Tier 4 (in-patient CAMHS) provision was published. This provided an understanding of the current services from the perspective of commissioners and service providers. It made 20 recommendations, with three requiring immediate implementation:

- To procure additional Tier 4 beds in parts of the country where there is insufficient capacity.
- To ensure that all admissions to in-patient services are appropriate for the individual child.
- To increase the number of case managers to enable timely and effective discharge planning and support back to local services.

**2.8** The report identified that children and young people were regularly being placed in beds hundreds of miles from their homes or inappropriately in adult wards. Therefore, it recommended the procurement of additional Tier 4 beds in parts of the country where there is insufficient capacity and ensuring that all

admissions to in-patient services are appropriate for the individual child.

**2.9** The Mental Health Crisis Concordat<sup>7</sup> signed in February 2014 by 22 national bodies involved in health, policing, social care, housing, local government and the third sector set out how these agencies would work together to care and support people in crisis to get the help they need when they are having a mental health crisis. Of concern for children was the inappropriate detention of children, under Section 136 of the Mental Health Act 1983<sup>8</sup>, in police cells, due to a lack of available places of safety.

**2.10** The Children and Young People's Mental Health and Wellbeing Task Force<sup>9</sup> was formed in 2014 and in March 2015 published the report 'Future in Mind: Promoting our children and young people's mental health and wellbeing'.<sup>10</sup> The report identified several next steps to improving services and identified the vision to be leading the world in improving outcomes for children and young people with mental health problems by 2020.

**2.11** The 'NHS Five Year Forward View for Mental Health'<sup>11</sup> (2016) identified the fact that half of mental health problems have been established by the age of 14 and that the inequality of provision for in-patient services means that the small group of children and young people who require in-patient care may be sent anywhere in the country. This leads to long travel distances for family, friends and carers and a disconnect from familiar surroundings.

The 'NHS Five Year Forward View for Mental Health – One Year on'<sup>12</sup> (2017) reports on a review undertaken by NHS England to consider the local requirements for in-patient beds and states:

"This review will underpin the next stage of the process, in which a number of new beds will be opened and other capacity moved to areas of greatest need – with the aim of ending inappropriate placements of children and young people and ensuring care is provided in the right setting, as close to home as possible."

## Education

**2.12** Local authorities have a legal requirement to arrange education for any child of compulsory school age who is prevented from attending school through illness<sup>13,14</sup>. Education within a CAMHS unit may be provided by a local authority or by an independent school provider.

**2.13** The Education Act 1996<sup>15</sup> defines hospital education as "education provided at a community special school or foundation special school established in a hospital, or under any arrangements made by the local authority under section 19 of the 1996 Act, where the child is being provided with such education by reason of a decision made by a medical practitioner".

**2.14** When planning education facilities for a unit, reference should be made to 'Advice on standards for school premises' (2015)<sup>16</sup> and the Royal College of Psychiatrists 'Quality network in-patient CAMHS (QNIC) standards' (2016)<sup>17</sup>.

**2.15** Good practice information is also available from the Office for Standards in Education (Ofsted); Department for Education (DfE) guidance; and DH guidance, including 'Hospital education: a guide for health services' (2015)<sup>18</sup>.

**2.16** The NHS England 'Tier 4 service specification'<sup>19</sup> states that educational provision should be registered by Ofsted and meet the requirements of the Ofsted Framework for Inspection<sup>20</sup>.

**2.17** All schools should be registered with the DfE, whether they are local authority or independent sector, and must meet the standards for inspection standards as set<sup>21,22</sup> by the DfE and Ofsted.

## Regulatory framework and policy drivers

**2.18** The Care Quality Commission (CQC)<sup>23</sup> is responsible for monitoring, inspecting and regulating health and social care services.



**2.19** The CQC has a child safeguarding and looked-after children inspection programme – terms of reference are available.<sup>24</sup>

**2.20** In 2015 the CQC published ‘Brief guide: education arrangements for children in Tier 4 CAMHS settings’<sup>25</sup> which identifies evidence it requires when inspecting. Schools within CAMHS units are subject to Ofsted inspections.

## Compliance with key national policy and guidance for mental health care

### Care closer to home

**2.21** The national picture is of continuing pressures due to increasing demand for CAMHS. This is due in part to the growth in mental ill-health for this age group. Recent reviews show an uneven distribution of Tier 4 facilities and moves are being made to address

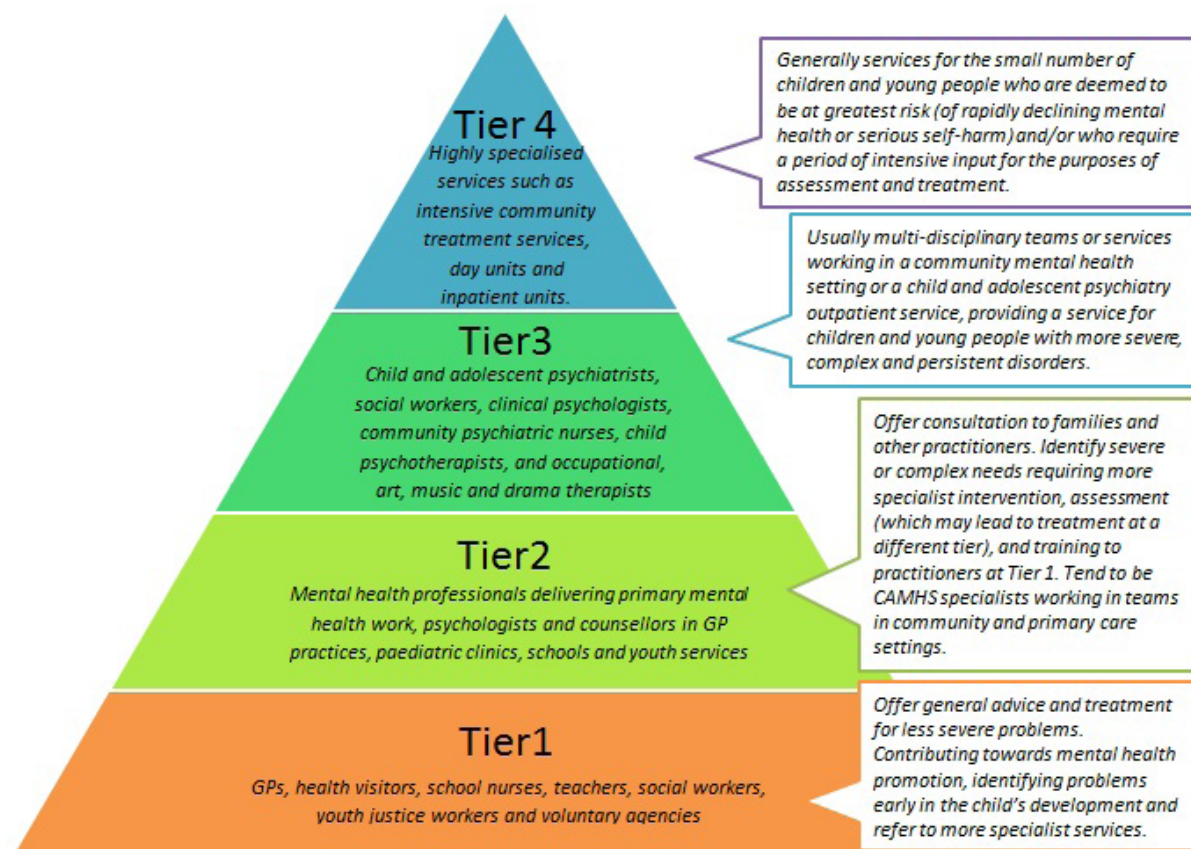
this. Further, there is a need to optimise clinical pathways to support care closer to home in line with best practice in modern healthcare provision.

**2.22** Balancing ongoing demand with the shift towards care in the community is expected to result in roughly equivalent bed numbers, improved equality of distribution nationally, regionally and locally, better local integration and reduced reliance on in-patient care where out-of-hospital care will provide improved outcomes for children and young people and their families.

**2.23** The importance of continuing family/carer support and care for children and young people whilst in hospital is very important and appropriate space should be designed into facilities to allow for families to visit – and families to attend therapy sessions too.

## 3.0 Care pathways

### 3.1 CAMHS services are delivered through a four-tiered model.



Reproduced with thanks to NHS Brighton and Hove CCG

Tier 1 – These services are not primarily delivered as part of a mental health service but are involved with the assessment and/or support of children and young people who may have mental health problems. GPs, health visitors and schools are some of the people delivering this level of service.

Tier 2 – Services for children and young people with less severe problems, or who are within specific groups of children and young people at increased risk of developing mental health problems. Services are delivered by a range of agencies including local authorities and schools.

Tier 3 – This tier is often accessed via a referral from a GP; services are delivered by a multi-disciplinary team of CAMHS professionals in a community setting.

Tier 4 – Services include both day and inpatient services and some specialist outpatient services, including services for gender dysphoria, deaf and autism spectrum disorder.

**3.2** Tier 4 offers in-patient care for children 12 and under and for young people between 13 and 18 years of age. Young people aged between 16 and 18 who are not in full-time education may be treated in adult services, dependent on need (although this would be by exception and dependent on need, clinical risk and appropriateness regarding the safeguarding of young people).

**3.3** When planning CAMHS psychiatric intensive care units (PICUs), the 'National Minimum Standards for Psychiatric Intensive Care Units for Young People' (National Association of Psychiatric Intensive care and Low Secure Units (2015))<sup>26</sup> should be considered.

**3.4** NHS England Service Specifications for all tiers<sup>27, 28, 29</sup> are available for commissioners. The specifications identify care pathways.

## Secure services

**3.5** CAMHS secure services should take account of guidance document 'Environmental Design Guide Medium Secure Services' (DH (2011))<sup>30</sup> where it is appropriate to a CAMHS service. As the service deals with young people who are mainly physically fit and who may have particularly challenging behaviour, consideration should be given to the robustness of construction, fixtures and fittings meeting the minimum medium secure specification – whilst recognising that CAMHS units need to meet the needs of children and young people.

## Specialist services

**3.6** Specialist services such as eating disorder, autistic spectrum disorder and brain injury services have project-specific requirements that are not covered in this document.

## Physical environment

**3.7** The physical environment plays a crucial role in the outcome results particularly for children and young people. The environment should reflect the variety of age groups being

treated: there is a significant difference between the developmental needs of 4-12 year olds and 13-18 year olds. Age-appropriate activities need to be available in the physical environment.

**3.8** It is important to design the CAMHS physical environment to reduce potential anxieties and to create a calm and safe therapeutic environment in which children and young people can receive help.

**3.9** There are many new and innovative technologies and products coming onto the market. Exploring current, innovative equipment solutions can ensure that the unit is designed to meet the changing requirements of the age group.

**3.10** HBN 23 – 'Designing for children and young people'<sup>31</sup>, whilst concentrating largely on non-mental health facilities, offers some useful information for areas common to all services.

**3.11** The Quality Network for In-patient CAMHS (QNIC) aims to improve the quality of in-patient care. Service standards<sup>32</sup> published by the Royal College of Psychiatry suggest that the following factors should be considered:

- Control of heating, ventilation and light (by staff and young people);
- Indoor space for recreation;
- Access to designated outdoor space (an area specifically for use by that area/ward);
- Designated teaching space for education that can accommodate all young people in the unit;
- Signposting;
- Maintenance and cleanliness.

**3.12** Another key factor to consider for children and young people is contact with families/carers and friends to support return home. It is noted that peer relationships are particularly important for young people.

**3.13** In a report to the CQC, 'Getting it right for children and young people', by Dr Sheila Shribman<sup>33</sup>, a key point is that children and young people are not "little adults" and should not be treated as such. This is particularly relevant in CAMHS services, where the environment should be calming and therapeutic but should also reflect the age group of those being treated.

**3.14** The environment should be safe, age-appropriate and child-friendly. It is important that it assists in mitigating the effects of living in a restricted space, away from family and friends, with strangers. It needs to preserve privacy and dignity and offer the patient, as far as possible and where age-appropriate, control over aspects of their environment.

**3.15** A variety of spaces to allow a choice between being in a noisy and busy space or a private and quiet space can assist in integration into the ward community and in improving outcomes.

**3.16** Care will be required to ensure that the need for anti-ligature fixtures and fittings does not compromise a domestic and homely setting by introducing an institutional feel to the environment. Consideration should be given to undertaking a detailed assessment and achieving sign-off with both the clinical and Trust teams to identify where the anti-ligature nature and robustness of fixtures could be reduced in observed areas.

## Accessibility

**3.17** The Equality Act 2010<sup>34</sup>, regarding protection for people with disabilities and other protected characteristics, should be considered when designing the CAMHS unit.

**3.18** The design should be wheelchair-accessible, or easily adaptable for children and young people who are wheelchair users. Changing Places<sup>35</sup> provision should also be considered. Accessible toilets that are designed for disabled people should be included<sup>36</sup>.

**3.19** To assist those with sensory or learning impairments, tonal contrast, pictorial signage, braille and audio induction loops should be considered. The audio induction loop can be included in some rooms where it is most likely to be required, or can be provided via a mobile device; however, good acoustics should be embedded at concept stage to enable speech recognition, privacy, etc., as appropriate.

**3.20** Ease of access to external spaces for wheelchair accessibility is also required.

## Bariatric provision

**3.21** Obesity is increasing in the UK population and the risk of developing co-morbidities increases in line with increases in BMI. The need for healthcare is increased and therefore the number of bariatric children and young people admitted to hospital will increase.

**3.22** Their needs will be related to their weight, weight distribution, girth, mobility and health status. Special equipment and extra support may be required to safely treat a wide range of medical conditions presented by bariatric children and young people.

**3.23** This can increase the size of the spaces required, particularly the bedroom area, if provision is required. It will also be necessary to consider the width of doors, lifts and toilets to support a bariatric patient.

**3.24** Other methods of treating bariatric children and young people should be considered before admission to an in-patient unit, such as maintaining them in the community in the environment already suitable for their needs.

## Education

**3.25** CAMHS units are often located regionally and away from the area where the patient normally attends school. Schooling will need to be provided within the CAMHS unit. The size of the CAMHS unit will influence the size and

requirements of the school provision within the unit.

**3.26** The school should be located away from the living areas to allow for a similar routine to that of home to be continued. However, there will be some children and young people who are too ill to attend school and some provision should be made on the ward to allow for short teaching sessions on a 1:1 basis to be undertaken.

**3.27** In Tier 4 units, it is normal practice to provide education on-site. It should be sufficient to accommodate all pupils and teaching staff in the unit as well as any medical staff that will support them in an education setting.

**3.28** It is important to provide sufficient and suitable spaces to meet the academic needs of the unit.

## 4.0 Principles of planning and design

**4.1** Planning should ideally be centred on planning a service and not just a building. Young people should be cared for in the least-restrictive environment possible, whilst ensuring appropriate levels of safety and promoting recovery.

**4.2** Whilst issues of safety and infection control are very important, they should be managed carefully so that they do not detract from an environment which is designed to promote recovery and good outcomes. In addition, whilst ensuring the safety of children and young people is very important and should not be compromised, the focus should be on recovery and designing an environment which assists with that.

**4.3** 'Humanising Healthcare Framework'<sup>37</sup> (Todres, L; Galvin, KT; Holloway, I) (2009) demonstrates the importance of having a sense of place. Important factors in aiding recovery include a place that is familiar and offers security, comfort and familiarity; a place where the feeling of at-homeness dissipates feelings of loneliness, fear and of being a stranger in the environment.

**4.4** Responding to the new models of care and delivering more care closer to home, with home-based treatments, could mean that in-patient facilities will tend to be regional rather than local and families and friends may have longer distances to travel.

**4.5** The aim is to provide equality of distribution of units across the country.

**4.6** The location of the unit should be considered carefully. To safeguard children and

young people, if the location is within an urban area, or on a hospital site where adults are also treated, issues of overlooking from nearby properties/buildings should be considered and addressed.

**4.7** Entrances and exits should enable staff to see who is entering or leaving the unit. They should be located to enable privacy and dignity to be retained for those entering the premises.

**4.8** Where units admit both male and female children and young people, the requirements for maintaining privacy and dignity and same sex accommodation<sup>38</sup> apply.

**4.9** Consideration should be given at an early stage to the art strategy. Working with children and young people and other stakeholders will assist in ensuring that artworks which are appropriate and pleasing to children and young people are integrated into the design of building.

### Stakeholder involvement

**4.10** Designers and planners should work closely with service commissioners, providers and users to develop an in-depth understanding of their needs. As stated above, the principal functions fulfilled by a successful CAMHS unit include therapy, safety and security; beyond these basics, facilities should incorporate inspirational and innovative designs with an abundance of natural light throughout. Consideration may be required to limiting solar gains in some areas.

**4.11** Stakeholder consultation will assist with the choice of artwork within interior design schemes, helping to ensure that units are welcoming and child- and adolescent-orientated – with an emphasis on de-stigmatising the mental health environment and supporting users and their families and friends.

**4.12** Through stakeholder engagement, designers and planners should determine how to best provide:

- Adequate space and facilities for a homely environment in which a young person can spend the majority of their day;
- Specialist activity spaces to stimulate therapeutic engagement, social interaction and recreation, catering for a range of therapeutic activities;
- Education facilities;
- Separate quiet and noisy areas and a variety of flexible, multi-functional spaces that can be used for various purposes on an as-need basis, e.g. to segregate disturbed patients;
- Increased safety against aggressive, impulsive and unpredictable behaviour towards self and others;
- Designs and layouts that deter absconding.

**4.13** Where the client group comprises young people who display extreme behaviours, the challenge is to create a unique blend of security and domesticity – reconciling disparate needs in a warm and non-threatening environment. It is important that service users feel protected and carers feel confident when management of challenging behaviour is required within an environment that is designed around the daily routine of users. Stakeholder engagement should determine how this will be best achieved.

**4.14** Designers and planners should respond to the specific needs of stakeholders, with

creative solutions aligned to the core design principles for CAMHS units, such as:

- Ensuring welcoming and accessible environments for patients, family and friends;
- Gender-separated sleeping and bathing areas;
- Clean, safe and secure environments – the fabric should be designed to limit potential damage, with light switches, wall and floor finishes, vision panels and doors being carefully chosen for robustness alongside aesthetic appeal;
- A mix of socialising areas from private to public; wide corridors (accommodating three people walking abreast) that create a sense of space, thereby reducing any potential for a pressure-cooker atmosphere;
- High-quality interior design and integration of artwork – responding to the needs and tastes of the patient type;
- Accessible gardens, landscape, nature and fresh air – access to outdoor spaces is essential, as are natural light and ventilation for interior spaces. Views to the external environment from within the building will allow patients, visitors and staff to experience the passage of time, changing weather and seasons. (Artwork can also be used to bring the outside world into the unit);
- Optimal acoustics;
- Ensuring a good working environment for staff and carers;
- A “sense of place” that is valued, instils pride and stimulates innovation;
- An environment that helps to reduce aggression and triggers calming behaviours;
- Unobtrusive, good observation – ensuring line of sight where required.

**4.15** Collaboration with specialist manufacturers in the development of innovative products and design solutions will help to facilitate delivery of the highest standards of care (balancing the requirements for security, privacy, dignity, durability and domesticity) and to future-proof facilities by ensuring that they are capable of flexing to changing needs.

**4.16** Risk-assessment workshops should be carried out in close collaboration with the clinical team to review the robustness of elemental building materials and self-harm/ligature risks to the specific patient type.

### Clinical and operational involvement

**4.17** Consistent clinical and operational input is very important to the project. Ideally, a clinical brief and operational policies will have been developed before the design process commences. This will ensure that the design reflects the philosophy of the service and delivers facilities that are fit for purpose. Involvement should continue throughout the design stages, with sign-off by key stakeholders at key milestones throughout the design stage.

### Involvement of children and young people

**4.18** The involvement of children and young people, their families and carers should commence in the very early stages of the project. Project leads should discuss with clinicians and designers the most effective way in which this can be achieved.

### Infection control involvement

**4.19** It is important that the infection control team is engaged and involved throughout the project to ensure that the design meets infection control requirements and that the homely environment is not compromised later in the process to meet these. See HBN 00-09: Infection control in the built environment<sup>39</sup>

## Stakeholder needs

**4.20** The specific needs of stakeholder groups have been collated in a table (see separate Excel file, 'CAMHS Stakeholder Needs Checklist' on the HBN 03-02 web page at [www.gov.uk](http://www.gov.uk)), which can be used as a project tool to assess compliance using a red/amber/green (RAG) rating.

## Patient care and treatment

**4.21** The provision of a therapeutic and healing environment that is safe and secure and offers privacy and dignity is the primary aim for all mental health services. To achieve this, the design needs to incorporate a range of internal and external communal spaces for differing activities including therapy activities, arts, music and education that are appropriate to the age group. This is in addition to living accommodation including bedrooms, bathrooms, dining and seating areas.

**4.22** Some of the services that may be a part of Tier 4 services include the following:

### Day care

**4.23** Discharge from the safety and security of a CAMHS unit can often leave a child/young person feeling vulnerable and alone. Some units offer day care within the in-patient setting, thus easing transition from the ward environment back to the home. Day care is also sometimes offered as a means of avoiding admission for a child/young person whilst offering more support and maintaining family support.

**4.24** Where a unit is offering this service within the ward area, larger-than-average communal and activity spaces will be required.

**4.25** If day care is offered in an area not associated with the ward, a variety of spaces will be required including rooms for education, therapeutic interventions, activities of daily living and dining facilities.



## Psychiatric intensive care unit (PICU)

**4.26** CAMHS PICUs, sometimes referred to as high dependency units, cater for young people who, for one reason or another, cannot be safely managed within general CAMHS wards.

**4.27** When planning the CAMHS PICU, reference should be made to the National Association of Psychiatric Intensive Care & Low Secure Units (NAPICU) document 'National Minimum Standards for Psychiatric Intensive Care Units for Young People'.<sup>40</sup>

**4.28** CAMHS PICUs are locked wards with a maximum of 10 beds and a short length of stay (up to six weeks). If a longer stay is required, consideration should be given for referral to longer stay environments such as low or medium secure services.

**4.29** Ideally, the CAMHS PICU will be a part of a psychiatric campus – to enable emergency response from other units. However, if the CAMHS PICU is on the same site as an adult PICU, it should be separate. If facilities must be shared between the two, then policies should be in place to ensure that young people do not use them at the same time as adults.

**4.30** There should be access to a wide range of multi-disciplinary team members to deliver optimum treatment for young people.

**4.31** A discrete vehicular entrance may be required.

## De-escalation and seclusion facilities

**4.32** A designated area or room for de-escalation should be considered as this can often reduce the use of seclusion.

**4.33** Where a seclusion room is required, it should be used in accordance with the Mental Health Act 1983, Code of Practice.<sup>41</sup>

## Quality of life

**4.34** In 2011 the Royal College of Psychiatrists published 'Occasional Paper (OP) 77'<sup>42</sup>, which pulled together research data on the quality of life of young people suffering from ill health. It identified that conditions, such as mental health disorders, which continue into adulthood have an impact that is similar to or greater than those with physical disorders. It called for the review and development of a range of services available.

**4.35** Care closer to home is one of recent developments aiming at improving quality of life. When in-patient care is required, it is important that the environment assists in improving quality of life and subsequent outcomes for the young person.

**4.36** This guidance includes a 'CAMHS Quality of Life Checklist', which will assist designers and commissioners to look at how this is achieved. The checklist can be used as a tool to assess individual projects using a RAG rating.

This checklist can be downloaded as a separate file from the HBN 03-02 web page at [www.gov.uk](http://www.gov.uk)

## 5.0 Planning considerations

**5.1** DH guidance ‘Laying the Foundations for better acute mental healthcare’ (2008)<sup>43</sup> is designed to assist in the review, planning and design of adult acute mental health services. Many of the steps described are also relevant to the CAMHS setting. Prior to starting work on projects, Trust project leads may find it helpful to use this workbook when planning services and considering the need for capital investment.

### Size of functional content

**5.2** A CAMHS unit may consist of just one ward with additional rooms for support, or be several wards, each with their own function, staff and requirements. There may be associated support accommodation (such as a school, therapy and activity areas and facilities management).

**5.3** Sizing the service will help to identify the possible site locations, accommodation requirements and project costs.

**5.4** Current practice suggests that the optimum ward size for effective therapeutic engagement is between a 10- and 12-bed allocation.

**5.5** All bedrooms should be single en-suite rooms.

**5.6** Differing age groups and maturities have distinct behaviour requiring very different settings. Providing this can be achieved by ‘clustering’, which can also give greater flexibility of spaces. For example, clustered ‘flats’ within a unit, with living and sleeping areas grouped by

age and clinical need with shared communal day spaces.

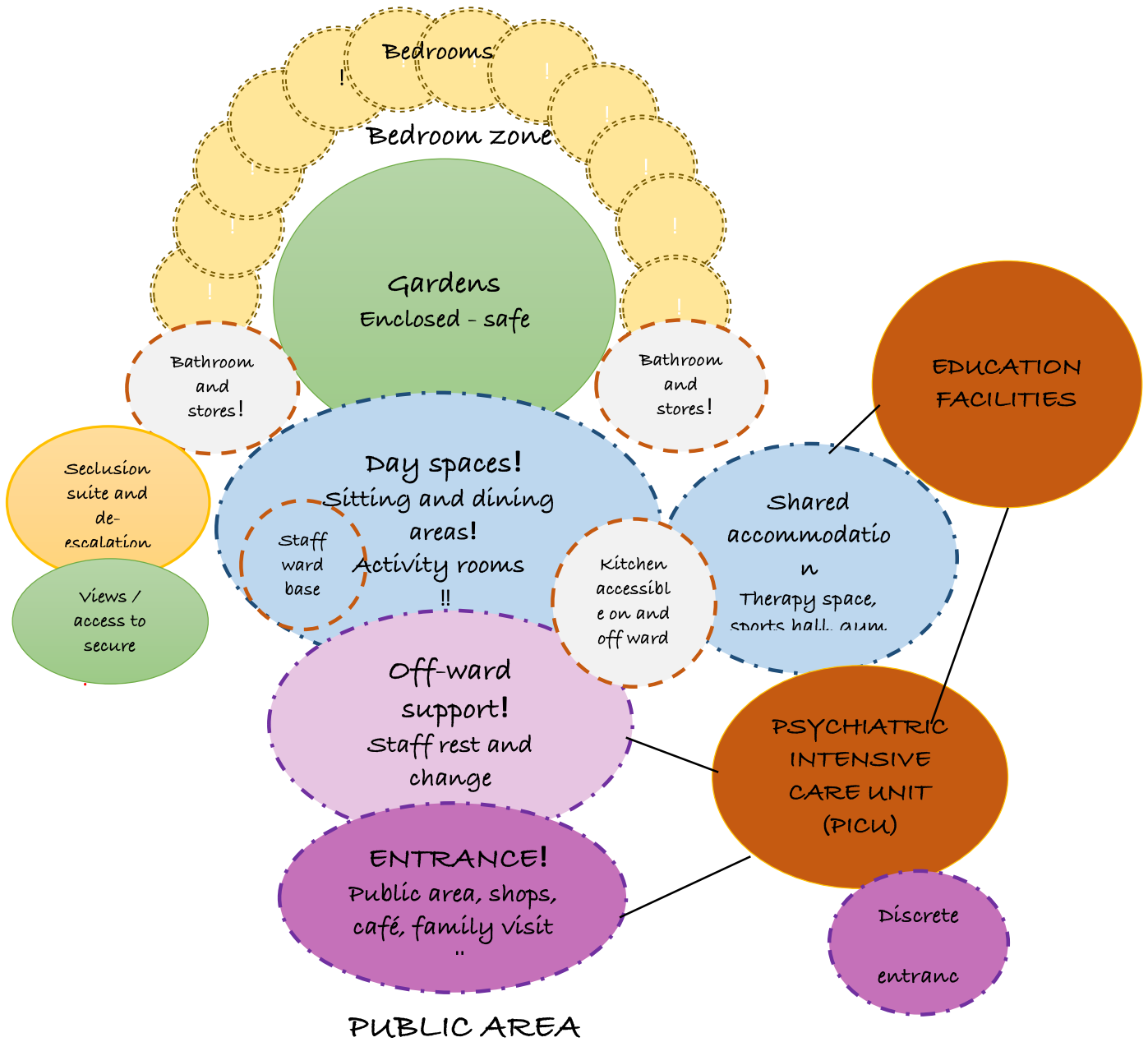
**5.7** Ideally, the ward area will be located on the ground floor and allow for direct access to a safe and secure outside area that is not overlooked by other services or properties located nearby.

### Adjacencies

**5.8** To maintain safety, privacy and dignity, it can be useful at the planning stage to identify zones within each unit.

**5.9** Typically, there are three main areas: public; semi-public; private. With this patient group, it is important that those who use or access certain areas are identified early in the design process. This will assist, not only in maintaining safety, privacy and dignity but also in addressing any safeguarding issues.

PRIVATE AREA



**Key:**

Public: Accessible by anyone entering the building

Semi-public: Accessible only with permission (visitors, visiting professionals, staff, patients etc.)

Private: Only accessible by patients and staff

## 6.0 Design considerations

**6.1** The key challenge in the design and specification of a new or refurbished CAMHS unit is in creating a therapeutic and healing environment that offers a calm, comfortable and age-appropriate atmosphere while meeting the functional requirements for the unit.

**6.2** Research has shown that the built environment affects mental health in direct and indirect ways. The impact is sometimes very evident but at other times is inferred through the effects on physical health. Sometimes the results of the impact are overlooked and therefore unaddressed. (See ‘Adverse Features of the Built Environment’<sup>44</sup>).

**6.3** The quality of the design and environment of a CAMHS unit influences the quality of life for children and young people. It can reduce the feeling of fear and anxiety and increase the feeling of safety and improve outcomes, accelerating recovery. Familiar spaces and items assist in ensuring that the environment feels safe, welcoming and friendly.

**6.4** It is important that the design is bespoke to the service and that it meets patient needs. Stakeholder involvement should commence from the very early stages and continue throughout the process. Employing the ‘CAMHS Stakeholder Needs Checklist’ (see [paragraph 4.20](#) and the separate Excel file on the HBN 03-02 web page at [www.gov.uk](http://www.gov.uk)) that forms part of this guidance will assist the process.

**6.5** Early consideration of the workforce requirements for the unit are recommended, as this can assist in ensuring that the rooms and

spaces within the unit will be used effectively and efficiently (and will not remain unused due to a lack of staff).

**6.6** HBN 03-01<sup>45</sup> should be consulted, as it offers design considerations which are appropriate to the CAMHS setting (including the important requirement of anti-ligature design). The following sections consider those areas where CAMHS may differ or require additional consideration.

### Site layout planning

**6.7** The layout of the building and the location on the site are key considerations for the CAMHS unit. It is important to ensure the privacy, dignity and safety of the children and young people is maintained.

**6.8** First impressions are very important and can increase or decrease anxiety. It is important to carefully consider the approach to the building, to ensure that it is as attractive and welcoming as possible.

**6.9** Issues of being overlooked from adjacent buildings into external areas within the building perimeter that will be used by patients should be considered.

**6.10** Any windows on the external face of the building into rooms to be used by children and young people should not be easily approachable by members of the public.

## Shared accommodation

**6.11** CAMHS units that consist of multiple wards and other accommodation may be shared, where applicable, between wards or across the whole unit.

**6.12** Sharing rooms such as offices, meeting, interview and activity spaces within the unit can assist in providing efficient and cost-effective care. The unit design should ensure that shared spaces can be accessed by other wards/ departments in the unit without incursion into ward areas. Rooms should be bookable in advance and able to accommodate a variety of differing requirements (for example, a formal meeting room should have storage to allow for tables and chairs to be removed and the floor space to be left empty for other activities).

**6.13** Some small rooms which feel sufficiently safe to undertake individual therapy work will be required.

**6.14** Some spaces – such as sports halls – could be shared between units and their schools, for differing activities. Likewise, other activity and therapy spaces can be shared if they are located appropriately to facilitate this.

**6.15** In a small unit located on a larger site serving an adult population it may not be possible to share accommodation. However, it may be that for infrequently used spaces (such as a tribunal room shared with adult facilities), operational policies can be developed that will allow sharing whilst safeguarding vulnerable and possibly distressed patients.

**6.16** Shared rooms such as meeting/interview rooms and rooms suitable for therapeutic group-work and family therapy within the CAMHS unit should be bookable and used for different purposes as required (such as staff training, discussion groups and other activities).

## Circulation space

**6.17** It is important that circulation space is used to its best advantage and not just viewed as a means of getting from A to B. Corridors

should be a minimum width of 1800 mm excluding any opened doors to allow three abreast to pass through. Consideration should be given to including space for seating, particularly where there are views to the outside area or spaces for artworks.

**6.18** Creating a quiet, therapeutic atmosphere within circulation areas can only add to the general therapeutic milieu of the unit, offering a variety of spaces for the children and young people and creating a more pleasing environment.

**6.19** Circulation space is as important as therapy space to overall therapeutic outcomes: care should be taken that financial constraints do not result in it becoming more institutional, less generous – losing the ethos of recovery and focus on a high-quality healing environment.

## Wayfinding

**6.20** Wayfinding should be clear, intuitive and specifically designed with children and young people in mind. Guidance is available from the Department of Health<sup>46</sup>.

**6.21** Linking wayfinding, arts and interior design strategies will ensure that wayfinding is fully integrated and not an add-on.

## Creating a therapeutic environment

**6.22** The importance of a therapeutic environment on recovery has been well documented over the years. Units that are pleasant, homely and comfortable, familiar and not institutional, play an important part in recovery and improving outcomes in mental health.

**6.23** For this age range, we are also talking about care which involves a wide range of stakeholders including family and friends: therefore, the surroundings also need to be family-friendly. They must offer facilities appropriate to the age range including space to

pursue activities they enjoy and sufficient comfortable areas for visiting.

**6.24** The units with high-quality fixtures and fittings retain a good quality environment even after they have been open several years – demonstrating that a larger financial investment in fixtures and fittings, in the long run, proves to be more economical.

**6.25** A variety of different spaces should be available to allow children and young people to choose whether they wish to be in a quiet and calming space or in a larger, noisier, communal area.

**6.26** In addition to easy access to outside space from the ward area, views out of the building to green spaces and pleasant vistas are equally important, particularly from bedrooms and corridors.

## Light, colour and texture

**6.27** Natural light benefits the environment and the recovery process and it is important to provide as much natural light within the unit as possible, whilst minimising the effects of glare, shadows and heat gain.

**6.28** The ability to dim lighting or to have sensory lighting in some areas should be considered.

**6.29** Research into the effects of light on our sleep/wake cycle<sup>47</sup> has shown that there is a clear correlation in promoting recovery and well-being. Time spent in daylight, or artificial light which mimics daylight, improves the circadian rhythm and has a favourable effect on concentration, alertness and mood-improving recovery. It reduces the length of stay for patients and improves the working environment for staff.

**6.30** Sleep can also be disturbed in several other ways, including noise from mechanical equipment which cannot be shut off, or light through windows with no blackout blinds. Staff observations throughout the night, whilst

necessary, can also add to extraneous noise disturbance interrupting sleep.

**6.31** Technological advances relating to lighting, energy saving and controls should be reviewed at an early stage in the project. Subject to safety tests, lighting fixtures other than historic anti-ligature light fittings may provide greater aesthetic appeal and therapeutic and other benefits. For example, LED lighting has the advantage of being more sustainable. (If LED is chosen, consideration should be given to the potential heat gain in the ceiling void.)

**6.32** Colour is equally important and the psychology of colours should be considered when planning colour schemes in different areas.

**6.33** Texture brings another dimension to the environment: ideally, some textile flooring will be used in appropriate places. This helps to soften the environment, deaden sounds and bring a homelier feel to the environment.

**6.34** When using textile flooring, it is advisable to engage with engineering early in the design process – particularly if underfloor heating is the likely heating solution.

**6.35** A literature review<sup>48</sup> looking at some common misconceptions on carpets and infection control failed to discover any papers advising against the use of carpeting in hospital facilities in non-clinical rooms, including bedrooms in a mental health unit.

**6.36** Research has also shown that it takes less time to clean carpet<sup>49</sup> than to clean a hard floor and that the products required to clean a hard floor are very much more expensive. The carpeting to be used should be appropriate for use, cleaned using the appropriate methods and have a realistic replacement programme.

**6.37** At an early and thence continuing stages of the design process, it is important to ensure that the correct cleaning materials and processes will be in place to provide effective infection control and operational maintenance.

## Noise

**6.38** Noise attenuation is very important within any environment but particularly within a CAMHS unit. The design of the unit can help in reducing the impact of noise by ensuring that rooms in which it is anticipated there will be a high level of noise from people or machinery are located away from areas where a quieter environment is required.

**6.39** Whilst noise is more often considered from external sources, the noise within a unit, particularly a child and adolescent unit where young people can often be noisy and exuberant, is more challenging for designers to temper. Young people also have a much wider range of hearing, which can exacerbate the effects of noise for individuals.

**6.40** Good noise and acoustic control is very important to ensure that noise levels are not intrusive, particularly in rooms where personal and confidential discussions will take place.

**6.41** Square rooms and hard surfaces increase the noise levels with sound reverberating around the area; this can be reduced by softening and angling edges, shaping rooms and ceilings differently.

**6.42** Soft furnishings also play an important part in deadening sound within a unit. Carpets, curtains, bean bags, cushions and so on assist in deadening the sound as well as creating a homely atmosphere.

## Thermal comfort

**6.43** Thermal comfort is also very important. With the increase in insulation and building air tightness requirements, problems with overheating can be a problem if not correctly considered. See HTM 07-02 EnCO2de<sup>50</sup> (2015).

**6.44** It is important to engage early in the design process with the engineering designer so that they may fully understand the heating and ventilation requirements for the young people and staff within the various areas.

**6.45** In respect of thermal comfort, it is important at an early design stage to consider the location of rooms. For example, south-facing bedrooms become too hot very quickly. By locating bedrooms on the east of the building, facing the rising sun, they will remain cooler for longer. Being able to see the dawn breaking can also raise the spirits and bring a feeling of hope.

**6.46** Where a day room is located on the south side, consideration should be given to mitigating the effects of solar gain and also having another social space that is north-facing, thus allowing children and young people a choice.

**6.47** Whilst the consumption of energy is important, the design should ensure that there is an area of 'cool respite'. This could be the lounge area where the provision of active cooling is provided. In addition to this, such cooling should be provided in de-escalation and seclusion rooms.

## Communications devices

**6.48** Electronic communications are the normal means of communication for this age group. As many young people are away from their local area, and this means of communicating with friends and family is not permitted, the sense of isolation and anxiety will be increased. It is essential that good Wi-Fi access is available: however, for some young people this may be restricted, following risk assessment. It is important to involve the information technology department at an early stage in the project to ensure that this can be achieved.

**6.49** The use of mobile phones, laptops and similar devices, possibly under supervision, should be carefully considered and appropriate policies developed.

**6.50** The Mental Health Act Code of Practice<sup>51</sup> Chapter 8 recognises that any blanket restriction on access to the outside world, access to the internet, access to (or banning) mobile phones is inappropriate. The use of mobile phones needs to be proportionate, and

implemented to protect the health and safety of the young person and/or others.

**6.51** If mobile devices are to be allowed within the unit, provision for safe storage and charging will be required.

## Anti-ligature fixtures and fittings

**6.52** All areas accessible by children and young people should contain anti-ligature fixtures and fittings where possible and appropriate. Remembering that the aim is to promote recovery, after risk assessment, it may be deemed that anti-ligature fixtures and fittings in certain areas (communal areas, for example, which are continually supervised by staff) are not required – particularly if they detract from the therapeutic and homely environment.

**6.53** The prevention of self-harm and suicide can be assisted by ensuring that spaces where the young people may not be supervised continually are designed, constructed and furnished with anti-ligature fixtures and fittings.

**6.54** Technological advances should be considered in assisting in making areas safer (for example, sensor taps in en-suite facilities).

**6.55** National Patient Safety Agency (NPSA) guidance 'Preventing Suicide: A toolkit for mental health services' (2009)<sup>52</sup> contains best practice regarding the acute in-patient unit environment

as well as audit tools that can be used to check environments.

## External spaces

**6.56** The importance of good quality accessible greenspace should not be underestimated; it improves both mental and physical health outcomes not only for young people but for staff as well. Greenspace also helps to mitigate some of the effects of climate change and improves bio-diversity.

**6.57** External spaces should offer a range of differing activities: therapeutic space with sense-sensitive gardens; activity spaces for walking, cycling, exercise and so on; relaxing areas to just sit and contemplate.

**6.58** Space could be provided for horticultural activities – growing flowers and vegetables. The produce from this area could then be cooked by the young people in the therapy kitchen.

**6.59** A 'pets corner' could be provided, providing children and young people with therapeutic benefits and opportunities to learn to care for small animals.

**6.60** In 2007, NHS Health Scotland, Scottish Natural Heritage and Forestry Commission Scotland established the Green Exercise Partnership (GEP)<sup>53</sup>, with the mission of making green exercise and outdoor therapies mainstream in the design and development of public health facilities in Scotland. The 'NHS Greenspace Demonstration Project' video<sup>54</sup> identifies the benefits to be derived from the inclusion of greenspace in NHS facilities.

**6.61** Greenspace inclusion should be developed from the start of the project. Where possible, consideration should be given to the external areas of the building – having walks, integrated cycle routes and seating. A relaxing space away from the unit to unwind, take exercise and enjoy nature for children and young people, staff and visitors can be very valuable.

**6.62** Access to safe and secure external space from within the ward is very important, particularly for those children and young people who may not be able to leave the unit. This space should be accessible from a communal area, clearly visible from that area for staff observation and available to young people without having to ask for the door to be unlocked.

**6.63** In addition there should be access for children and young people to safe and secure external space, without having to ask for a door



to be unlocked. The area should be clearly visible from the communal space to allow staff observation from within the building.

**6.64** Views out to greenspace from other areas of the building are also very important. The addition of bird boxes and feeding stations to visible areas gives added interest.

**6.65** Other larger external areas which could be used for physical activity, events and other occupations could be considered elsewhere on the site.

## Space for activities

**6.66** It is important that boredom is alleviated for children and young people and to assist with this the design should include sufficient spaces to enable the opportunity for a range of different activities to be offered both inside and outside.

**6.67** Physical exercise is important to all, of course – but particularly to this age group. The opportunities to offer external space sufficiently large to accommodate a range of activities such as ball games, running, outside exercise equipment are all possibilities.

**6.68** For some units, it will not be possible to provide a large sports hall for ball. Where this is the case, other solutions should be considered – for example, an outside space that is shared with other local facilities, or an external sports barn which offers some cover from the elements.

**6.69** Internally, a gym or sports hall, if it is to be provided, could be used for other activities (such as therapy sessions, social events, school assemblies). Additional space could be provided in wards or other areas within the unit, for an electronic games machine (offering physical exercise games) and monitor, with sufficient space for the participant to move around freely.

## External storage

**6.70** Storage may be required for gardening equipment either centrally or in individual outside areas. Other storage may be required for bicycles, sports equipment, tents and other large outdoor equipment.

**6.71** External storage does not need to be a part of the building but could be an unheated external structure such as a garden shed or garage.

## CQC 'Fundamental Standards'

**6.72** The CAMHS unit must meet the requirements of the Care Quality Commission (CQC) thirteen 'fundamental standards'<sup>55</sup>. The table on the next page shows where the design can assist in helping to meet some of the standards.

Standard	Requirement	Design
Person-centred care	You must have care or treatment that is tailored to you and meets your needs and preferences	Sufficient spaces to allow for a variety of treatment, care and therapy to be delivered in an appropriate setting.
Dignity and respect	<p>You must be treated with dignity and respect at all times while you're receiving care and treatment. This includes making sure:</p> <ul style="list-style-type: none"> <li>• You have privacy when you need and want it.</li> <li>• Everybody is treated as equals.</li> <li>• You're given any support you need to help you remain independent and involved in your local community.</li> </ul>	<p>Single bedroom with en-suite. Multiple communal spaces offering quiet and contemplative areas and more noisy active areas.</p> <p>Visiting spaces allowing friends and family to visit.</p>
Consent	You (or anybody legally acting on your behalf) must give your consent before any care or treatment is given to you.	
Safety	You must not be given unsafe care or treatment or be put at risk of harm that could be avoided.	Anti-ligature fixtures and fittings. There are physical, procedural and relational measures in place and the space for these to be undertaken appropriately, that will help to reduce risk, disturbance and vulnerability.
	Providers must assess the risks to your health and safety during any care or treatment and make sure their staff have the qualifications, competence, skills and experience to keep you safe.	
Safeguarding and abuse	<p>You must not suffer any form of abuse or improper treatment while receiving care:</p> <ul style="list-style-type: none"> <li>• neglect</li> <li>• degrading treatment</li> <li>• unnecessary or disproportionate restraint</li> <li>• inappropriate limits on your freedom</li> </ul>	<p>Entrances visible so that staff are aware of who is entering / leaving the unit.</p> <p>Care is taken to ensure that the design incorporates private space.</p>
Food and drink	You must have enough to eat and drink and keep you in good health while you receive care and treatment.	Design includes facilities for access to drinks 24 hours a day. Areas where snacks and drinks can be prepared by the young people with assistance from staff.
Premises and equipment	The places where you receive care and treatment and the equipment used in it must be clean, suitable and looked after properly.	Maintenance and cleaning regimes are appropriate. Operational policies are in place to ensure timely reactions to spillages etc.
	The equipment used in your care and treatment must also be secure and used properly.	Locked cupboards and storage areas for equipment.
Complaints	You must be able to complain about your care and treatment.	

Standard	Requirement	Design
	The provider of your care must have a system in place so that they can handle and respond to your complaint. They must investigate it thoroughly and take actions if problems are identified.	
Good governance	The provider of your care must have plans that ensure they can meet these standards.	Risk assessment of premises is carried out and any defects / problems attended to in a timely manner.
	They must have effective governance and systems to check on the quality and safety of care. These must help the service improve and reduce any risks to your health, safety and welfare.	
Staffing	The provider of your care must have enough suitably-qualified, competent and experienced staff to make sure they can meet these standards.	Staff accommodation includes a rest room where staff may make drinks and prepare snacks. Shower and changing facilities are available. There is space for the storage of staff personal belongings in a locker and / or locked room.
	Their staff must be given the support, training and supervision they need to help them do their job.	Rooms available where training can be undertaken.
Fit and proper staff	The provider of your care must only employ people who can provide care and treatment appropriate to their role. They must have strong recruitment procedures in place and carry out relevant checks such as on applicants' criminal records and work history.	
Duty of candour	The provider of your care must be open and transparent with you about your care and treatment.	
	Should something go wrong, they must tell you what has happened, provide support and apologise.	
Display of ratings	The provider of your care must display their CQC rating in a place where you can see it. They must also include this information on their website and make our latest report on their service available to you.	Design adequate display areas into the entrance area and other relevant spaces.

## 7.0 Room spaces

### HBN 03-01

**7.1** Rooms associated with a mental health unit are detailed in HBN 03-01<sup>56</sup>. Many of those rooms can be designed as described in HBN 03-01 and require no changes to be made in a CAMHS setting. These include:

Unit support spaces<sup>57</sup>:

- Patient property store
- Patient Utility (Laundry)
- Dirty utility
- Disposal hold

Clinical/therapy areas<sup>58</sup>:

- Treatment room
- Sensory room/Snoezelen

Staff and office accommodation<sup>59</sup>:

**7.2** Other rooms may be designed in accordance with HBN 03-01 but fitted and furnished to reflect the patient group.

**7.3** Further information on the rooms for the CAMHS unit can be found in the CAMHS Schedule of Accommodation Excel spreadsheet. The schedule provides a 12-bed, 100% single-bed rooms example and is designed to be used as a tool – the spreadsheet can calculate project-specific requirements by amending area allowances and quantities. Changing the circulation, communication and engineering percentages also updates the Gross Internal Area (GIA).

### CAMHS spaces

**7.4** Areas within the CAMHS unit that are not included within HBN 03-01 or differ in some way to the description above are described in more detail in this section and in the CAMHS Schedule of Accommodation.

#### Entrance area

**7.5** The facilities available at the entrance to the unit will depend on the size of the unit. This is the public area of the building and will be the reception to the unit. The reception desk should be open and welcoming. The entrance area may also include other accommodation such as: café; shop; vending machines; interview room; office space for administration and community mental health teams.

**7.6** As visitors to the unit may include younger siblings, a welcoming play area could be provided in this area. (Further information is available on these areas in HBN 23<sup>60</sup>.)

**7.7** Visiting rooms may be included in this area or within a co-located semi-public area. This will enable family visiting, which may include siblings, to take place without families having to go too far into the building.

**7.8** A tribunal room and interview room may also be located in either area.

#### Assessment, family therapy suite and overnight accommodation

**7.9** The NHS England Service Specification for Tier 4<sup>61</sup> General Adolescent and Children's

Services includes a requirement for accessible overnight accommodation for parents/carers if deemed clinically appropriate.

**7.10** Certain behaviours often manifest when in the family environment and it can therefore be helpful for clinicians to be able to assess children and young people overnight whilst they are in the company of their families. This accommodation could also be used for this purpose. If the accommodation is to be utilised as a family therapy suite, consideration should be given to having video recording equipment and a one-way screen to allow for complex family work to be undertaken.

**7.11** Given the importance of maintaining contact with family and friends, opportunities for providing overnight accommodation should be considered. Where on-site accommodation is not available, it would be helpful for staff to have details of local B&B and hotel accommodation.

**7.12** Depending on the size and requirements of the unit, this accommodation could be a small flat with two or more twin/double bedrooms with shared bathroom, sitting/dining and kitchen facilities.

## Communal spaces

**7.13** The communal areas will include the sitting and dining areas. Designing these as an open plan area, the heart of the ward becomes a light and airy space, with views out and access to greenspace. The spaces can be delineated by use of different flooring materials, moveable

screens, planting and other semi-permanent or moveable furnishings.

**7.14** This allows the space to become multi-purpose: the dining area offers space between meals for board games, jigsaw puzzles and art work to take place, whilst the sitting area will have a television and space for relaxation.

## Therapy spaces

**7.15** The size and location of the therapy space will depend on the size of the unit. In smaller units, it may all be located in the ward area. In larger units, it may be a central unit shared by all wards. (If this is the case, some space may also be required in individual wards to allow for therapy to be undertaken with children and young people too ill to leave the ward.)

**7.16** Co-location to the school may allow some flexibility for sharing of space.

**7.17** The number and type of rooms required will depend on the range of activities to be undertaken. Multi-purpose rooms in a variety of sizes will offer the opportunity to increase or change the activities offered.

**7.18** In a larger unit, therapy kitchens would ideally be shared by two or more wards to ensure good utilisation.

**7.18** A sensory room may be included within the therapy or education department. This should include appropriate lighting and equipment required for therapeutic purposes. Consideration should be given to a swing as this can assist in moderating arousal levels.

## 8.0 Education/school facilities

**8.1** Education should be care plan-driven and individual timetables drawn up for the young people.

**8.2** Some hospital schools do not, as a general rule, have school holidays and lessons continue throughout the year. Others provide education in term time. Consideration should be given to some of the teaching rooms being used out of hours and term time for other activities (such as therapy sessions, meetings, arts and crafts). Adequate storage within the rooms will be required to allow teaching equipment to be cleared and securely stored.

**8.3** The QNIC Standards<sup>62</sup> require a teacher to pupil ratio of one qualified teacher per four pupils. For a small unit, it is noted that this may cause problems in providing specialist teaching at General Certificate of Secondary Education (GCSE) level.

### Teaching rooms

**8.4** A selection of multi-size (catering for 1:1 teaching and for larger numbers with additional staff), multi-functional (for subjects such as mathematics, English, etc.) teaching rooms will be required; ideally, all rooms will be fitted with smart boards.

**8.5** Whilst it is important to provide spaces for individualised learning, if only small rooms are available, these may cause problems for those children and young people who are unable to cope in a small space.

**8.6** Children and young people who are on the autism spectrum may find space, furniture

and noise levels challenging. It is important to consider ways of minimising these challenges.

**8.7** Specialist rooms may also be required to offer teaching in Information and Communications Technology (ICT), art, science and physical education.

**8.8** Where science is to be taught to GCSE standard, there is a requirement for entrants to undertake nine practical experiments. The handling of chemicals and the use of Bunsen burners by young people could be problematic. Young people with a long length of stay could be disadvantaged as they may be unable to complete this section of the examination requirements.

**8.9** Consideration could be given to some possible solutions such as the use of Closed Circuit Television (CCTV) between a staff-only science laboratory and another classroom. Another solution could be a viewing room located between two staff-only science areas with intercom between the rooms.

**8.10** Physical activity is very important and a large sports hall could be shared between and used for several different activities and events, including ball games, therapy sessions and social events for the unit. Locked storage should be provided in the hall to accommodate sports equipment and tables and chairs which may be required when the hall is used for other purposes.

**8.11** Access to an external multi-use games area (MUGA) for the unit could provide space for a variety of sports to be played.

**8.12** A resource area may be required offering a selection of books and journals. This could be located within a waiting area within the school or as a separate room within the teaching area.

## Office accommodation

**8.13** Single office accommodation may be required for the head teacher with shared office accommodation for administration, secretarial and other support staff.

**8.14** Accommodation will be required for teaching staff to prepare for lessons: this could be an open plan office with space for mobile working and informal meetings. This should be dedicated space for teaching staff; it could be shared with other members of the multi-disciplinary team but should be located close to the education facilities.

## Information technology

**8.15** It should be noted that non-NHS teaching staff will require access to NHS records for the children and young people as well as access to their own internet provision.

**8.16** Broadband and Wi-Fi with hidden signal must be specified and commissioned early in the design process. If policies do not allow Wi-Fi access, then computers within the ICT room may require hardwiring only with no Wi-Fi access.

**8.17** Where the education service requires a standalone server, it is important that Trust technicians are familiar with the intricacies of the education set-up.

## Storage

**8.18** If external examinations (such as GCSEs) are to be taken within the school, a small room with a safe for the storage of examination papers will be required. It may also be necessary to have a room without teaching materials where the exams may be taken.

**8.19** There will be a requirement for storage of educational materials and equipment. Some locked storage should be provided in some rooms with additional store rooms located appropriately around the facilities.

## 9.0 Psychiatric intensive care unit (PICU)

**9.1** The CAMHS PICU will care for those young people presenting with a severity of behavioural disturbance, arising from serious mental illness, who cannot be safely treated within a general CAMHS unit.

**9.2** The physical environment should be designed with the needs and expectations of young people in mind, should maximise safety and allow adequate engagement in therapy.

**9.3** Construction should be robust and able to withstand attack whilst allowing for protection against aggressive, impulsive and unpredictable incidents.

**9.4** The PICU – whilst being homely and calming – should be a low-sensory stimuli environment throughout, so care should be taken to ensure that colours are not strident, lighting is not bright and can be dimmed in some areas and the design assists in reducing noise.

**9.5** A sensory room, a space for reducing arousal levels of young people, should be provided.

**9.6** A therapy kitchen where daily living skills can be assessed, maintained or developed is desirable.

**9.7** Bathrooms and toilets should be fitted with locked fish-eye observation lenses to observe high-risk young people. En-suite doors should have a lockable vision panel accessible from inside the bedroom only (not located in the corridor)<sup>63</sup>.

**9.8** There should be access to a safe and secure enclosed external garden space. Fencing should be of a sufficient height to avoid climbing or access to the roof of the building.

### Extra care area (ECA)

**9.9** An ECA area within the PICU can provide a quiet, low-stimulus space and be used for de-escalation, patient support, management and treatment in a bespoke space for high-intensity intervention.

**9.10** Use of an ECA must be compliant with the requirements of the Mental Health Code of Practice<sup>64</sup>.

**9.11** The ECA should provide daily living needs for a single patient for a limited period and should include:

- De-escalation and/or seclusion room
- Shower and toilet facilities
- Sitting room with safe furniture (i.e., robust – difficult-to-lift or lightweight furniture that would not cause injury if thrown).

### PICU doors

**9.12** Door leaves should be solid core and a minimum 54 mm thick to suit varied door hinge/pivot ironmongery.

**9.13** To aid transition between spaces in difficult situations, consideration should be given to open-plan design of communal and day spaces. Where this is not possible, double doors which remain open for free access of



children and young people for the majority of time should be considered.

**9.14** Consideration should be given to whether doors should open outwards to limit risk of barricade. It should be noted that additional floor area is required for outward opening doors, and that additional forces will be placed on the lock and strike plate when the door is being rammed from inside.

**9.15** The provision of inward opening doors with anti-barricade mechanism will have the added benefit of creating a more normal environment. When assessing anti-barricade systems, careful consideration should be given to the speed of access, with a staff member in a stress situation, and the robustness of the solution to withstand attack.

## 10.0 Designing in safety

**10.1** When designing in safety, it is very important to refer to the section on anti-ligature (see paragraphs 6.52–6.55).

**10.2** It is not possible to design a ligature-free environment 100% of the time and therefore designing in safety will be responsive to operational policies and local risk assessment. There are compromises to be made on occasion between the anti-ligature requirements and a therapeutic environment.

**10.3** Good sight lines allowing clear and uninterrupted visibility into all areas of the unit play a major part in designing in safety. This is not always possible and in many areas issues of privacy and dignity require innovative design or the use of technology to achieve unobtrusive but clear observation into a room.

**10.4** The advantages of open plan communal spaces include the light, airy feel they bring, ease of use for the young people and removal of the ‘boxed-in’ feeling. Additionally, and perhaps more importantly, they offer improved sight lines not just within the area but also from other spaces, such as offices, which allow for discrete observation.

**10.5** Bedrooms with en-suites can be particularly problematic for observation, particularly as this is mostly undertaken during the hours of darkness. The design should enable staff to be able to observe the head of the bed from the vision panel, without having to use mirrors.

**10.6** The designs of ProCure 22 (P22) repeatable rooms<sup>65</sup> offer several different layouts for mental health bedrooms for adults,

which may be adaptable for children and young people.

**10.7** It is important to make sure that the layout is not compromised by differing rooms shapes or sizes for individual projects that could result in problems with hiding places or lack of observation. Tweaking the fixtures and fittings at the design stage will ensure that there are no problems later. In the early stages of planning for the project, it can be advantageous to consider including financial support to build a mock-up bedroom. This will allow staff and young people to see and experience the bedroom. It will help to assure staff that the design and layout will work as required and that the furniture and fittings are appropriate for the age group and use.

**10.8** This often requires the use of a night light controlled by staff outside the room. Technology is moving forward and there are now options which include night vision cameras and audio options which pick up the sound of breathing.

**10.9** It is important at the design stage to make sure that there are no areas where a young person may be hidden from sight (for example, behind the en-suite wall in the bedroom, or behind shelving which is deep and wide).

**10.10** The en-suite door opening out into the bedroom can also screen the view from the bedroom vision panel. Having the facility to lock the door in the open position offers the option, following risk assessment, for the door not to be under the control of the young person – but allowing them to be able to use the en-suite

without having to ask staff for it to be opened. There are also several anti-ligature door closers coming onto the market which could assist with the problem of the door being left open.

**10.11** Effort should be made to overcome challenges when presented. For example, within the education department it is possible for Bunsen burners to be used provided that the appropriate cut-offs and safety policies have been implemented.

## 11.0 Innovations

**11.1** New and innovative products are being produced regularly and it is important that the project team consider some of these during the design phase. Today's innovation can become tomorrow's standardisation.

**11.2** Whilst innovative products can be expensive at first, an appraisal of the benefits to patient outcomes should be considered. Financial viability can also be mitigated long term, by identifying savings on other budgets.

**11.3** Equipment does not necessarily have to be purchased: some companies offer leasing arrangements.

**11.4** There could be benefits to the service as a whole to look at bulk-buying options for some of the more modern technological innovations (for instance, pod en-suites and media walls).

## 12.0 Compliance with national policy – healthcare estates and facilities

**12.1** Planning for CAMHS facilities naturally takes place within a wider context of policy initiatives and best practice guidance. At the time of publication, in England, this includes the following:

### The Carter Efficiency initiative

**12.2** The drive to increase the efficiency, effectiveness and quality of public sector services includes the current and future use of estates and facilities. This is being tackled in many ways<sup>66,67</sup>. For health estates, the Carter Efficiency initiative<sup>68,69</sup> has identified significant potential savings to be made. For those planning new-build or refurbished Tier 4 CAMHS facilities, the key considerations are to ensure that schemes contribute to compliance regarding the following:

- NHS Trust unused floor space should not exceed 2.5%;
- floor space used for non-clinical purposes should not exceed 35%.

### Sustainability and Transformation Plans (STPs)

**12.3** STPs are five-year plans covering all areas of NHS spending in England. In December 2015, NHS organisations in different parts of the country were asked to come together to develop ‘place-based plans’ for the future of health and care services in their areas. A total of 44 areas were identified as the geographical footprints for STPs, with an average population size of 1.2

million people (the smallest area covers a population size of 300,000 and the largest 2.8 million). The scope of STPs is broad. Initial guidance from NHS England and other national bodies set out around 60 questions for local leaders to consider in their plans, covering three headline areas: improving quality and developing new models of care; improving health and wellbeing; improving efficiency of services. Leaders have been asked to identify the key priorities for their local area to meet these challenges and deliver financial balance. While the guidance focuses mainly on NHS services, STPs also cover integration with local authority services.

### Strategic estates planning

**12.4** The NHS is in the process of transforming services in line with the NHS Five Year Forward View<sup>70</sup> (2016) and the NHS Five Year Forward View One Year On (2017). This includes the drive for a more efficient estate that will free up resources and support new service models. It is recognised that there are significant opportunities to:

- reduce running and holding costs;
- reconfigure the estate to better meet commissioning needs;
- share property (particularly with social care and the wider public sector);
- generate capital receipts for reinvestment;
- ensure effective future investment.

**12.5** The two NHS property companies, Community Health Partnerships and NHS Property Services, working on behalf of NHS England and DH, provide strategic estates expertise and advice to local health systems to help them develop and implement local estate strategies. This process supports NHS England's drive to ensure that buildings and land operate efficiently for rapidly changing models of patient care.

**12.6** Acknowledging the need to plan in the best interests of whole healthcare systems, the key underpinning principles are:

- independence;
- customer focus;
- adding value.

## The business case process

**12.7** The business case process is designed to ensure fairness, consistency and optimal outcomes, through use of the HM Treasury Five Case Model<sup>71</sup>. Business case submissions to NHS England with an approval value greater than £3 million need to be supported by a completed Consolidated Business Case Checklist<sup>72</sup>. The checklist provides a generic consolidated statement of best practice in terms of the content and level of detailed analysis that should support a capital investment business case proposition.

**12.8** Not all of the checklist content will be required for every business case – since each proposal will vary and have its own specific characteristics. Business case content will inevitably be proportionate to the size, complexity, novelty, innovation or contentiousness of the underlying proposition. The checklist is therefore not mandatory in each and every respect; it is, however, strongly indicative of what good/approvable would look like. Therefore, derogation from it should be a carefully considered and objectively sustainable decision.

**12.9** The expectation is that the Project Senior Responsible Owner (SRO) submitting the business case will have consulted not only with local stakeholders but also relevant commissioning and clinical colleagues locally and nationally, where appropriate.

**12.10** Members of the NHS England Project Appraisal Unit (PAU) provide advice and guidance in relation to business case checklist requirements.

## DH Premises Assurance Model (PAM)

**12.11** Use of the DH self-assessment toolkit, the NHS Premises Assurance Model (NHS PAM)<sup>73</sup> can help to ensure policy compliance with best practice implementation.

## 13.0 Useful resources

### ProCure22 ‘repeatable rooms’

**13.1** ProCure22 (P22)<sup>74</sup> is the recommended procurement Framework for publicly-funded health and social care capital projects over £1 million in England, administered by DH. It operates in line with best practice as set out by HM Treasury and the Cabinet Office.

**13.2** The P22 Framework aims to deliver cost-efficiency savings whilst improving patient outcomes. To achieve this, it has developed a series of standardised products and assemblies, and evidence-based and experience-grounded repeatable room arrangements (including a functional and organic adult mental health bedroom). These arrangements are freely available to all health and social care providers, by way of a licence, which requires post-occupancy feedback to inform and help improve future updates.

### Health Technical Memoranda (HTMs) and sustainability guidance

**13.3** Health Technical Memoranda<sup>75</sup> give comprehensive advice and guidance on the design, installation and operation of specialised building and engineering technology used in the delivery of healthcare. For general design guidance, reference to HBN 00-01 General design principles<sup>76</sup> may be helpful.

**13.4** They are applicable to new and existing sites, and are for use at various stages during the inception, design, construction, refurbishment and maintenance of a building.

**13.5** To ensure sustainability and fitness-for-purpose reference should be made to DH guidance ‘Sustainable development in the NHS (2001)’<sup>77</sup>; Sustainable Development Unit (SDU): Sustainable Development Strategy for the Health and Social Care System 2014 - 2020<sup>78</sup>; HTM 07-03 ‘NHS Car-parking management: environment and sustainability’<sup>79</sup>; HTM 07-07 ‘Sustainable health and social care buildings: Planning, design, construction and refurbishment’<sup>80</sup>.

### Activity Database (ADB)

**13.6** ADB<sup>81</sup> is a CAD-based software application that assists project teams with the briefing and design of the healthcare environment. Data is based on guidance given in the HBNs and HTMs; room data sheets offer guidance on:

- Energy use/carbon footprint;
- Efficient use of activity spaces;
- Space information;
- Flexibility and adaptability;
- Lifecycle costs (capital and revenue costs).

# Endnotes

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- 2 <https://www.gov.uk/government/publications/best-practice-design-and-planning-adult-acute-mental-health-units>  
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  - staffing: the review calls for an improvement in the way the NHS deploys its staff;
  - procurement: as part of the review, from April 2016, trusts will publish their receipts on a monthly basis for the top 100 items bought by the NHS;
  - use of floor space: trusts' unused floor space should not exceed 2.5%, and floor space used for non-clinical purposes should not exceed 35%;
  - administration costs: these should not exceed 7% by 2018 and 6% by 2020;
  - delayed transfers of care;
  - working with neighbouring hospitals.
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The NHS Five Year Forward View sets out how the health service needs to change, arguing for a more engaged relationship with children and young people, carers and citizens so that we can promote wellbeing and prevent ill-health. It represents the shared view of the NHS' national leadership, and reflects an emerging consensus amongst patient groups, clinicians, local communities and frontline NHS leaders. It sets out a vision of a better NHS, the steps we should now take to get us there, and the actions we need from others.
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