Dear Ms Harman

Thank you for inviting me to the Joint Committee on Human Rights on 17 October 2018 to give evidence on behalf of NHS England on youth detention: solitary confinement and restraint. As agreed, due to time constraints on the day, I am writing with additional information the committee has requested.

**Waiting lists for secure places for children**

Current data as of w/c 26 November 2018 shows that there are 25 young people waiting for a placement within CAMHS low secure beds, which are commissioned by NHS England specialised commissioning.

I am pleased to inform the committee that NHS England has agreed an additional 12 low secure beds to be opened on an interim basis for possibly up to 12 months. This is already having an impact on the waiting list as beds are opening this month and will be demonstrated in the updated waiting list at the end of November. Additional low secure beds will be coming on line over the next five to six months as part of NHS England’s already established accelerated bed plan.

**Admission to a secure bed**

Admission to a low or medium secure bed is agreed on the basis of an access assessment by a CAMHS specialist clinical team. Children and young people must meet the threshold of risks, care needs and security level in order to be admitted. Once assessed as requiring a bed allocation to a unit depends on a number of factors which include the clinical assessment process, the urgency of the need for admission and other relevant circumstances, such as distance from home.

The process is monitored weekly by the low secure network referral team which reviews the referrals and outcomes of assessments, any change in presentation and shares intelligence about current and future capacity which allows appropriate clinical prioritisation and allocation against capacity as it becomes available.

**Statistics on action against staff who are found to have imposed restraint or isolation on CYP outside of the rules for doing so**

As the commissioner of CAMHS services, NHS England does not hold details of all staff investigations by their employers nor is NHS England. Every provider will have a policy that outlines the investigation process to be undertaken where a breach of policy is suspected. It is then for their employers and the relevant professional regulatory body, if appropriate, such as the General Medical Council, Nursing and Midwifery Council and the Health and Care Professions Council to take action.

It is a requirement of the NHS England standard contract to inform local commissioners of any serious incidents involving staff conduct and these incidents would be discussed at routine quality monitoring meetings between the provider and the commissioner. Additionally, the provider is obligated under their terms of registration to inform the CQC.

*7 December 2018*