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Title: Community Mental Health Services – Waiting Times Standards (Meaningful Help)

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1 Introduction

In September 2024, NHS England announced the new waiting times metrics for people receiving "meaningful help" for community mental health services.

In community mental health (CMH), the focus has shifted from contact-based metrics (that is, counting the number of contacts a person receives) towards understanding what meaningful activity had taken place within those contacts.

The new waiting times metrics cover all age (children, young people and adults) community mental health services and measure the time to someone starting to receive meaningful help in the form of assessments; co-produced care plans; clinical and social interventions; and baseline outcome measurements.

This procedure outlines the standards for managing waiting times for adult mental health (AMH) and children & young people's mental health (CAMHS) services.

This procedure aligns with and supports the delivery of Our Journey To Change: the next chapter.

2 Purpose

The objective of this procedure is to meet the national standard for referrals into included CMH services. This will ensure waiting times for someone starting to receive meaningful help are managed transparently and fairly, in line with national standards for:

- AMH referral-spells waiting for meaningful help.
- CAMHS referral-spells waiting for meaningful help.

3 Who this procedure applies to

This procedure applies to everyone (except for those in the excluded teams) involved in referral, assessment, and treatment in AMH and CAMHS community teams including administrative, clinical, and managerial roles.

3.1 Teams and referrals included and excluded in the waiting time metrics for AMH and CAMHS.

	Adult CMH	CAMHS
Age	18+ at start of referral	0 – 17 at start of referral
In-patients (excluded)	**Excludes** referrals with hospital spell	**Excludes** referrals with hospital spell
Team types	**Includes:** • Primary Care Mental Health Services • Community Mental Health Teams – Functional • Assertive Outreach Team • Psychotherapy Service • Adult Eating Disorders **Excludes:** • Urgent Care / Crisis • Early Intervention in Psychosis (EIP) • Neurodevelopmental • Adult Learning Disability (ALD) • Organic Teams (e.g. MHSOP) • Perinatal	**Includes:** • Referrals to all teams **Excludes:** • Crisis & Liaison services • EIP - First Episode Psychosis (Other EIP referrals are included) • Community Eating Disorder (unless someone with an eating disorder comes through Single Point of Access (SPA)/Single Point of Contact (SPOC) or Mental Health Support Teams (MHST) in schools/education and then this procedure applies until it's transferred to a community eating disorder team)
Reason for referral	**Includes** referrals to in-scope teams with reason for referral of 'suspected autism'. **Includes** referrals to in-scope teams with reason of 'neurodevelopmental excluding autism'.	**Exclude** where reason for referral is "eating disorder" unless the team types is SPA/SPOC or MHST. **Includes** referrals with reason for referral of 'suspected autism'. **Includes** referrals with reason for referral of 'neurodevelopment excluding autism'.

3.2 Roles and responsibilities

The **Chief Executive** will take overarching responsibility for effective waiting list management within the Trust.

General Managers, Associate Director of Nursing, Associate Medical Director and **Associate Director of Therapies** will:

1. Monitor outcomes related to the Community Mental Health Services – national waiting times standards.
2. Plan delivery of services to meet requirements/achievement of national waiting list standards
3. Use PTL (Patient Tracking List) to proactively manage waiting lists and escalate appropriately.

General Managers and **Service Managers** will Co-ordinate the operational delivery of national waiting list standards and proactively manage waiting lists via:

- Quality and Performance huddles
- Specialty and Care Group Governance

Care Group Directors, General Managers, Service Managers will ensure compliance with the Community Mental Health Services – Waiting Times Standards.

Service Managers and **Team Managers** will ensure staff understand their responsibilities in delivery of the Community Mental Health Services – Waiting Times Standards.

Team Managers and **Service Managers** to:

Ensure data entry is up to date, accurate and suitably maintained on the electronic patient record in line with record keeping standards.

- **Service Managers**:
  - To provide leadership and oversight that team managers are monitoring the PTL on a weekly basis.
- **Team Managers**:
  - should actively monitor PTL's minimum of weekly.
  - Identifying where patients who have been seen in the last week that have still not got full suite of codes/outcome measures reported,
  - Inform relevant clinician to correct/action.
- **Clinicians**:
  - to update the clinical record to reflect the corrective action taken.
  - to ensure that relevant outcome measures and interventions codes are used and recorded.

4 Related documents

This procedure refers to:

Outcome Measure Procedure

Safety and Risk Management Policy

Did Not Attend (DNA) / Was Not Brought (WNB) Policy

Transitions Protocol Child and Adolescent to Adult Services or Primary Care

Personalised Care Planning Policy

CMH Waiting Times Guidance AMH Full Clock Stop: https://heyzine.com/flip-book/d6adbc670e.html

CMH Waiting Time Guidance CAMHS Full Clock Stop: https://heyzine.com/flip-book/3fa7fb1034.html

5 Referrals Process

5.1 Referrals are accepted from:

5.1.1 AMH referrals are accepted from:

- Self (adult over 18)
- Primary Care (GP's, Additional Roles Reimbursement Scheme (ARRS) Mental health Practitioners)
- Voluntary, Community, and Social Enterprise (VCSE)
- Talking Therapies
- Local Authorities
- Patients that have been discharged from CMH teams within the last 12 months can re-refer themselves back into services. Except from the East Integrated Community Mental Health Team
- Community Mental Health Hubs/Neighbourhood Centres
- Urgent Care Services (e.g. Crisis, Intensive Home Treatment, Liaison Psychiatry, In-patient)
- Specialist mental health services (e.g. Perinatal, EIP, Eating Disorders)
- Other mental health trusts

5.1.2 CAMHS referrals are accepted

- From anybody including self-referrals (or parents/carers) - via Single Point of Contact/Single Point of Access e.g.
    - Self (young person, parent/carer)
    - MHST in schools/education
    - Primary Care (GP's, ARRS)
    - Education

- Local Authority
- VCSE
- Community Mental Health Hubs/Neighbourhood Centres
- Urgent Care Services (e.g. Crisis, Intensive Home Treatment, In-patient)
- Specialist mental health services (e.g. Perinatal, EIP, Eating Disorders)
- Other mental health trusts

5.2 Referral Spell Pathway Approach

The new CMH waiting times metrics are designed to look at patient pathways in a more meaningful way by linking internal referrals together rather than merely looking at individual referrals in isolation. This linkage allows us to look at a connected set of referrals – or a referral spell - as a whole, better representing a patient's experience of services. We are then able to identify where different clock-stop elements (such as clinical interventions) have occurred across their different referrals. The referral-spell approach was developed to help make better sense of the many complex pathways for patients and could be used to support understanding of access and to track patient outcomes in future.

5.2.1 Clock starts and Clock stops

5.2.2 Clock start

- The start of the referral-spell i.e. the start of the earliest referral to an in-scope team within the episode.
- Waiting times measured in relation to this time point.



See section 6 for patients that are referred in between 0-17 and then transferred into adult services.



For CAMHS the key rule is:

- a **referral-spell** is a connected sequence of referrals
- a **new journey** only starts if there is a **break greater than 5 days**
- otherwise, the **clock start** is the **earliest referral** in that spell

5.2.3 Clock stop activity

- Clock stop activity (i.e. a meaningful activity, care contacts, interventions) must be recorded against in-scope referrals that make a referral-spell.
- A baseline outcome measure (or patient reported experience measure (PREM) for CAMHS) must be gathered and recorded. This must be a clinically appropriate measure.

- But they do not need to take place within the same referral. Clock stop activity can be spread across multiple referrals within the same referral-spell.

5.2.4 Open waits

- If at least one of the individual referrals within a referral-spell is open at the end of the reporting period, then the entire spell is considered open.

5.2.5 5-day journey

- When a referral is closed, and another one is open within 5 days. The day the referral closed is Day 0.
- A significant break greater than 5 days would result in a new Patient Journey.

5.2.6 What are outcome measures and why should we record them?

Outcome measures are tools used to check whether the support or treatment someone receives is actually helping to improve their mental health and wellbeing. They also help us understand whether the support has been meaningful and made a real difference, considering other factors that might influence progress. For more information please see Outcome Measure Procedure

5.2.7 Types of outcome measures

There are several different measures that report outcomes from different perspectives:

- Patient Reported Outcome Measures (PROMS)
- Clinician Reported Outcome Measures (CROMS)
- Patient Reported Experience Measures (PREMS)

⚠ PROMS and PREMS in CAMHS also includes those measures completed by parents/carers

⚠ If a patient declines to complete a PROM, then the clinician must complete a CROM. Except for CAMHS neurodevelopmental assessments where CROMS are not used.

5.2.8 Baseline outcome measures

Collecting a baseline outcome measure enables us to identify the starting point and then repeating the measure at key points throughout care enables us to see if interventions are having the desired effect. If not, services can respond by considering factors impacting recovery, and where

needed, alter their approach/interventions to ensure we are working towards achieving the service user's goals.

5.2.9 Outcome collection

Whilst baseline outcome collection acts as a clock stop for the waiting time metrics, services should work to routinely collect and monitor paired outcome measures. Using outcome measurement tools in this way allows us to measure change and consider the difference that an intervention/service is making. This is vital to personalising care and is a key focus of the 10 Year Health Plan.

5.3 Visual of meaningful help for AMH:

The table below illustrates the process for meeting the criteria for meaningful help (full clock stop).

Clock starts		**Clock stops**
		
First request for mental health Service received	**Person is seen**	**PLUS**, a person receives one of the following interventions below:
	A meaningful assessment/s takes place	1. Clinical intervention started (e.g. evidence-based psychological therapy)
	A baseline outcome measurement is recorded	2. Social intervention started (e.g. social prescribing, peer support, IPS)
		3. Co-produced personalised care plan completed.

Component	Definition
Person is seen	Date of first attended care contact.
A meaningful assessment takes place	The date of the first recorded SNOMED code from the *Assessments* group of the reference set.
A baseline outcome measure is recorded	Any assessment tool is submitted to the MHSDS, either as part of a referral or within a specific care contact. The date of the first recorded outcome measure is used.
Clinical/social intervention started **OR** **Co-produced personalised care plan**	The date of the first SNOMED code from one of the *Psychological Therapies, Psychosocial Interventions, or Medication & Physical Therapies* sections of the reference set. The date that a care plan was either created or updated.

5.4 Visual of meaningful help for CAMHS:

The visual below illustrates the process for meeting the criteria for meaningful help (full clock stop).

<table>
<tr><td colspan="5">Clock Starts



Clinically Meaningful Help Starts
(Clock stops)</td></tr>
<tr><td>Referral received</td><td>Understanding need and goals</td><td rowspan="4">An intervention code detailing the nature of the contact is flowed to the Mental Health Services Data Set (MHSDS) via SNOMED codes</td><td rowspan="4">Advice
OR
Consultation
OR
Signposting
OR
Formulating/Care planning
OR
Evidence based intervention</td><td rowspan="4">PLUS, an outcome and/or experience measure is flowed to the MHSDS</td></tr>
<tr><td></td><td>Shared decision Making</td></tr>
<tr><td></td><td>Communicate in an Accessible manner</td></tr>
<tr><td></td><td></td></tr>
</table>

Component	Definition
First contact	The date of the first attended care contact or indirect activity.
Outcome/experience measure	Any assessment tool submitted to the MHSDS, either as part of a referral or within a specific care contact. The date of the first recorded outcome measure is used.
Advice, signposting, consultation, evidence-based intervention **Or**	At least one care activity recorded with a SNOMED code from the *Psychological Therapies, Psycho social Interventions, Medication & Physical Therapies* sections of the reference set. The date of the first intervention used.
Formulation/Care Plan	The date that a care plan was either created or updated.

6 When does someone transition from the CAMHS to AMH waiting time metric?

Services should avoid a 'cut off' in services based on age. However, determining which metric should be applied will be based on age.

- Inclusion within CAMHS and AMH metrics will be determined by the age **at which a referral is received**.
- A 17-year-old referred for help would continue to be counted as a CAMHS waiter up until the clock is stopped, even if they're now 19. New referrals for that same person once aged 18+ would be counted as a separate, adult, referral-spell.

Anyone under the age of 18 when referred	**Anyone aged 18 or over when referred**
CAMHS metric	AMH metric

The CAMHS and AMH metrics differ to account for the varying range of severity of their respective caseloads. The key differences are:

- AMH metric – requires recording of assessment.
- CAMHS metric – advice can stop the clock (advice given to the child/young person or parent/carer).
- CAMHS metric – consultation can stop the clock (advice given to another professional working with a young person).
- CAMHS metric – supported signposting should follow another meaningful activity, except in neurodevelopmental assessments where a patient may be signposted based on a clinical decision at triage.
- CAMHS metric – outcome measure **OR** experience measure can stop the clock.
- CAMHS metric – indirect contacts can stop the clock (consultation to a professional working with the child/young person).



All patients that transition from CAMHS to another service, including AMH must have final outcome measure completed in CAMHS before the transfer takes place.

7 Did Not Attend (DNA) and Was Not Brought (WNB)

If an appointment does not go ahead, whether this is due to DNA/WNB or the service cancels the appointment the clock continues.

If the patients cancels or phones to request another appointment, then the clock will still continue.

For further information see Did Not Attend (DNA) / Was Not Brought (WNB) Policy

8 Interventions

The intervention codes that can stop the clock for both CAMHS and AMHs are cited in these documents:

CMH Waiting Times Guidance **AMH** Full Clock Stop: https://heyzine.com/flip-book/d6adbc670e.html

CMH Waiting Time Guidance **CAMHS** Full Clock Stop: https://heyzine.com/flip-book/3fa7fb1034.html

9 Patients moving between NHS providers

For patients that are moving into TEWV this would be classed as a new referral and therefore the clock would start again and all of the above applies.

⚠ For patients moving out of TEWV a final outcome measure needs to be gathered before the referral is closed.

10 Patients moving from Right to Choose providers

For patients that are moving into TEWV this would be classed as a new referral and therefore the clock would start again and all the above applies.

⚠ For patients moving out of TEWV a final outcome measure needs to be gathered before the referral is closed.

11 Patients moving between private and NHS providers

For patients that are moving into TEWV this would be classed as a new referral and therefore the clock would start again and all the above applies.

⚠ For patients moving out of TEWV a final outcome measure needs to be gathered before the referral is closed.

12 Armed Forces

The Trust is signed up to the Armed Forces Covenant, which covers Armed Forces and Veterans. It means if someone had been on a waiting list in a different area and moved into TEWV they should go onto the waiting list where they would have been.

Under the Armed Forces Covenant, veterans and their families should not be disadvantaged when accessing NHS services, with priority treatment given for service-related conditions. This means that if you are a veteran, you may get quicker access to treatment for conditions linked to your service, depending on clinical need. For families, waiting times are often transferred with them to a new location if they need to move due to a posting.

For patients that are moving into TEWV this would be classed as a new referral and therefore the clock would start again and all of the above applies.



For patients moving out of TEWV a final outcome measure needs to be gathered before the referral is closed.

13 Children who are Looked After

A looked after child is a young person under 18 in the UK cared for by a local authority for more than 24 hours, often due to safety, neglect, or lack of parental care. They are typically in foster care, residential homes, or placed with relatives, with the council holding responsibility for their wellbeing.

Children who are Looked After (CLA) are often a transient population due to placement changes and moves across local authority and health boundaries. They should not be disadvantaged when accessing NHS services, including through avoidable delays linked to changes in address, GP registration, or referral routes. In line with clinical need, priority should be given where there are service- or placement-related health needs, recognising that Children who are Looked After have an increased prevalence of biopsychosocial needs.

The clock should continue regardless of DNA/WNB and refers staff to the DNA/WNB policy to ensure supportive engagement rather than punitive responses. Where Children who are Looked After moving between areas, services should proactively support continuity of care and minimise administrative barriers to timely assessment and treatment.

14 Definitions

Term	Definition
Full Clock Stop	• The point at which a referral-spell meets all criteria for meaningful help and waiting time measurement stops.
Clock Start	• The date the earliest referral within a referral-spell begins.
Clock Stop Activity	• A meaningful activity such as assessment, intervention or baseline outcome measure that stops the clock.
Patient Journey	• The continuous time a referral is received without a significant break.
Referral Spell	• A connected sequence of referrals without a break greater than 5 days.
Open Waits	• A referral-spell where at least one referral remains open at the end of reporting.
5-day Journey	• A new journey starts only if the break between referrals exceeds 5 days (the day the referral closed is Day 0).
Meaningful Help	• A combination of assessment, outcome measure and intervention (for CAMHS including advice and consultation) that meets national criteria.
Meaningful Assessment	• A clinically appropriate assessment recorded using SNOMED codes.
SNOMED Codes	• A unique, numeric, machine-readable identifier representing a specific clinical concept such as assessment etc.
Reference Set	• A defined subset of SNOMED codes used for reporting.
MHSDS	• The Mental Health Services Data Set used nationally for reporting activity and outcomes.
Baseline Outcome Measure	• An initial outcome collected to determine a starting point for measuring change.
PROMS	• Patient Reported Outcome Measures.
CROMS	• Clinician Reported Outcome Measures.
PREMS	• Patient Reported Experience Measures.

Social Intervention	• Support such as social prescribing, peer support or IPS.
Co-produced Personalised Care Plan	• A jointly created or updated care plan used in stopping the clock.
Indirect Activity	• A CAMHS activity such as consultation that may count as meaningful help.
SPA/SPOC	• Single Point of Access / Single Point of Contact.
ARRS	• Additional Roles Reimbursement Scheme.
VCSE	• Voluntary, Community and Social Enterprise sector.
PTL	• Patient Tracker List used to monitor waiting times.

15 How this procedure will be implemented

This procedure will be published on the intranet and Trust website

Clinical leaders will disseminate this procedure through either respective professional and clinical meetings.

Operational managers will disseminate this procedure to all Trust employees through an operational management briefing.

15.1 Implementation action plan

Not Applicable – procedure is already being operationalised.

15.2 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
Operational and clinical leads	Use of the PTL	30 minutes	On induction to role or at request.

16 How the implementation of this procedure will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Monitoring the waiting time standard Patient Tracker List (PTL) in IIC. To have oversight of the waiting times for in-scope teams.	Frequency = PTL to be reviewed at least weekly as minimum. Method = IIC Person Responsible = Operational team managers and Clinical Leads	This will be reported through local governance groups.

17 References

NHS England, (2025). Community Mental Health waiting times: Core information. (Must have access to the NHS Futures Platform to access Futures - Futures).

18 Document control (external)

To be recorded on the policy register by Policy Coordinator

Required information type	Information
Date of approval	30 October 2026
Next review date	30 October 2029
This document replaces	N/A – new document
This document was approved	Executive Clinical Leaders Subgroup
This document was approved	16 September 2026
This document was ratified by	Integrated Care Group Board
This document was ratified	30 October 2026

An equality analysis was completed on this policy on	01 April 2026
Document type	Public
FOI Clause (Private documents only)	N/A

Change record

Version	Date	Amendment details	Status
1	30 Oct 2026	New document.	approved

Appendix 1 - Equality Impact Assessment Screening Form

Please note: The Equality Impact Assessment Policy and Equality Impact Assessment Guidance can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	CAMHS and AMH Community Mental Health Teams
Title	Community Mental Health Services – Waiting Times Standards (Full Clock Stop)
Type	Procedure
Geographical area covered	Trust wide
Aims and objectives	The objective of this procedure is to meet the national standard for referrals into included CMH services. This will ensure waiting times for someone starting to receive meaningful help are managed transparently and fairly, in line with national standards for: • AMH referral-spells waiting for a full clock stop. • CAMHS referral-spells waiting for a full clock stop.
Start date of Equality Analysis Screening	06 March 2026
End date of Equality Analysis Screening	01 April 2026

Section 2	Impacts
Who does the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	• People accessing Adult Mental Health (AMH) and Child and Adolescent Mental Health Services (CAMHS) • Families and carers • Clinical, administrative, and operational staff across AMH and CAMHS
Will the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups? Are there any Human Rights implications?	**Race** (including Gypsy and Traveller) **YES / NO** **Disability** (includes physical, learning, mental health, sensory and medical disabilities) **NO** **Sex** (Men and women) **NO** **Gender reassignment** (Transgender and gender identity) **NO** **Sexual Orientation** (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) **NO** **Age** (includes, young people, older people – people of all ages) **NO**

	Religion or Belief (includes faith groups, atheism and philosophical beliefs) **NO** **Pregnancy and Maternity** (includes pregnancy, women / people who are breastfeeding, women / people accessing perinatal services, women / people on maternity leave) **NO** **Marriage and Civil Partnership** (includes opposite and same sex couples who are married or civil partners) **NO** **Armed Forces** (includes serving armed forces personnel, reservists, veterans and their families) **NO** **Human Rights Implications YES / NO** (Human Rights - easy read)
Describe any negative impacts / Human Rights Implications	No significant negative impacts have been identified for people with protected characteristics; however, several *potential risks* have been considered: **• Potential for inconsistent application across teams** Variation in understanding of "meaningful help," referral-spell interpretation, or correct use of SNOMED codes could unintentionally disadvantage certain groups if definitions are not applied consistently. **Mitigation:** Clear training, routine oversight using PTLs, and alignment with national NHS England guidance help ensure fairness and consistency across AMH and CAMHS teams. **• Possible disadvantage for people with fluctuating capacity or chaotic lives** People who struggle to attend appointments (e.g., due to crisis, poverty, caring responsibilities, or severe distress) could risk longer waits if they experience DNAs/WNBs. **Mitigation:** The procedure clarifies that the clock continues regardless of DNA/WNB and refers staff to the DNA/WNB policy to ensure supportive engagement rather than punitive responses. **Possible disadvantage for people living in transient communities such as Gypsy, Romany Travelling community or Children Looked After** Children who are Looked After (CLA) are often a transient population due to placement changes and moves across local authority and health boundaries. They should not be disadvantaged when accessing NHS services, including through avoidable delays linked to changes in address, GP registration, or referral routes. In line with clinical need, priority should be given where there are service- or placement-related health needs, recognising that Children who are Looked After have an increased prevalence of biopsychosocial needs.

	Mitigation: The procedure clarifies that the clock continues regardless of DNA/WNB and refers staff to the DNA/WNB policy to ensure supportive engagement rather than punitive responses. Where Children who are Looked After move between areas, services should proactively support continuity of care and minimise administrative barriers to timely assessment and treatment.
Describe any positive impacts / Human Rights Implications	**• Improved equity of access across AMH and CAMHS** By applying clear, standardised criteria for waiting time measurement and clock-stop activities, the procedure helps ensure that all service users—regardless of age, background, or protected characteristics—receive timely and meaningful help. **• Greater transparency and fairness for patients, families and carers** Clear definitions of referral criteria, meaningful help, clock starts, and clock stops support consistent expectations. **• Better identification of needs and outcomes** The requirement to collect baseline outcomes and PROMs/PREMs ensures that the experiences and progress of people from all demographic groups are captured, supporting personalised care and reducing the risk of inequitable treatment. **• Strengthened accountability and governance** Clear responsibilities for clinical, managerial, and operational roles promote consistent oversight of waiting lists, reducing unwarranted variation between teams and improving fairness for underserved groups. **• Support for Armed Force, including armed forces families** Explicit consideration of Armed Forces Covenant requirements ensures that veterans and families are not disadvantaged by transfers of care, supporting equality of opportunity.

Section 3	**Research and involvement**
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	**• National policy and guidance from NHS England** *Community Mental Health Waiting Times: Core Information* and the national meaningful-help metrics. **• Trust-wide policies, procedures and guidance** Such as the Outcome Measures Procedure, Safety and Risk Management Policy, DNA/WNB Policy,

	Transitions Protocol, and Personalised Care Planning Policy.
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	Yes
If you answered Yes above, describe the engagement and involvement that has taken place	A small group of AMH experts by experience were consulted with regarding their thoughts about what the waiting time standard.
If you answered No above, describe future plans that you may have to engage and involve people from different groups	NA

Section 4	**Training needs**
As part of this equality impact assessment have any training needs/service needs been identified?	No*
Describe any training needs for Trust staff	N/A
Describe any training needs for patients	N/A
Describe any training needs for contractors or other outside agencies	N/A

Check the information you have provided and ensure additional evidence can be provided if asked.

Appendix 2 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

Title of document being reviewed:	Yes / No / Not applicable	Comments
1. Title	Yes	
Is the title clear and unambiguous?	Yes	
Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	Procedure
2. Rationale		
Are reasons for development of the document stated?	Yes	See section 2
3. Development Process		
Are people involved in the development identified?	Yes	
Has relevant expertise has been sought/used?	Yes	
Is there evidence of consultation with stakeholders and users?	Yes	This has been given to through the CAMHS and AMH waiting times task and finish group for members to comment. It has been through a small group of AMH experts by experience.
Have any related documents or documents that are impacted by this change been identified and updated?	Yes	
4. Content		
Is the objective of the document clear?	Yes	
Is the target population clear and unambiguous?	Yes	
Are the intended outcomes described?	Yes	

Are the statements clear and unambiguous?	Yes	
5. Evidence Base		
Is the type of evidence to support the document identified explicitly?	Yes	
Are key references cited?	Yes	
Are supporting documents referenced?	Yes	
6. Training		
Have training needs been considered?	Yes	
Are training needs included in the document?	Yes	
7. Implementation and monitoring		
Does the document identify how it will be implemented and monitored?	Yes	
8. Equality analysis		
Has an equality analysis been completed for the document?	Yes	
Have Equality and Diversity reviewed and approved the equality analysis?	yes	AH 02 April 2026
9. Approval		
Does the document identify which committee/group will approve it?		ECLS & ICGB
10. Publication		
Has the policy been reviewed for harm?	Yes	No harm
Does the document identify whether it is private or public?	Yes	Public
If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	N/A	
11. Accessibility (See intranet accessibility page for more information)		

Have you run the Microsoft Word Accessibility Checker? (Under the review tab, 'check accessibility'. You must remove all errors)	Yes	
Do all pictures and tables have meaningful alternative text?	Yes	
Do all hyperlinks have a meaningful description? (do not use something generic like 'click here')	Yes	