

Summary of Key Revisions to QNIC Standards



Number	Previous Standard Type	Previous Standard	Revised/ New Standard Type	Revision to Standard or New Standard
1.1.1	1	The unit is in a good state of repair and maintenance is carried out in a timely manner	1	The unit is clean and well-maintained
1.1.2	2	Staff members and young people can control heating, ventilation and light or have access to support from facilities	2	Staff members and young people can control heating, ventilation and light. <i>Guidance: For example, patients are able ventilate their rooms through the use of windows, they have access to light switches and they can request adjustments to control heating.</i>
1.1.5	1	Young people are able to access safe outdoor space every day, where clinically appropriate	1	There is a designated safe outdoor space which young people are able to access every day, where clinically appropriate
1.1.7	2	The ward/unit has a designated dining area, which is available during allocated mealtimes	1	The ward/unit has a designated dining area, which is available during allocated mealtimes
1.1.9	1	In ward/units which have a seclusion room, it must meet the following requirements: <ul style="list-style-type: none"> • The room must allow for clear observation • Be well insulated and ventilated • It must have direct access to toilet/washing facilities • The room must be safe and secure – it does not contain anything that could be potentially harmful • It must include a means of two-way communication with the team • It should have a clock that young people can see 	1	In wards/units where seclusion is used, there is a designated room that meets the following requirements: <ul style="list-style-type: none"> • It allows clear observation; • It is well insulated and ventilated; • It has adequate lighting, including a window(s) that provides natural light; • It has direct access to toilet/washing facilities; • It has limited furnishings (which include a bed, pillow, mattress and blanket or covering); • It is safe and secure – it does not contain anything that could be potentially harmful; • It includes a means of two-way communication with the team; • It has a clock that patients can see

Summary of Key Revisions to QNIC Standards



1.1.10	2	All young people can access a range of current age appropriate resources for entertainment, which reflect the ward/unit's population	2	All young people can access a range of current, culturally-specific resources for entertainment, which reflect the ward/unit's population. <i>Guidance: This may include recent magazines, daily newspapers, board games, a TV and DVD player with DVDs</i>
1.1.15	2	There are facilities for young people to make their own hot and cold drinks and snacks where risk permits	2	There are facilities for young people to make their own hot and cold drinks and snacks which are available 24 hours a day (where risk permits)
1.2.1	1	When a unit is on the same site as an adult unit, there are policies and procedures in place to ensure young people are not using shared facilities at the same time as adults; a safeguarding policy is in place to allow safe access to wider grounds within the unit	1	When a ward/unit is on the same site as an adult ward/unit, there are policies and procedures in place to ensure young people are safely using shared facilities; a safeguarding policy is in place to allow safe access to wider grounds within the ward/unit
1.3.1	1	All young people information is kept in accordance with current legislation	1	All information about young people is kept in accordance with current legislation. <i>Guidance: This includes transfer of patient identifiable information by electronic means. Staff members ensure that no confidential data is visible beyond the team by locking cabinets and offices, using swipe cards and having password protected computer access.</i>
1.3.2	1	The environment complies with current legislation on disabled access	1	The environment complies with current legislation on disabled access. <i>Guidance: Relevant assistive technology equipment, such as hoists and handrails, are provided to meet individual needs and to maximise independence.</i>
1.3.7	2	There are areas that may become single-sex lounges as required	2	There is a separable gender-specific communal space which can be used as required.
1.6.2	1	Emergency medical resuscitation equipment, as required by Trust/organisation guidelines, is available immediately, i.e.: available for use within the first minutes of a	1	Emergency medical resuscitation equipment is available immediately and is maintained and checked weekly and after each use

Summary of Key Revisions to QNIC Standards



		cardiorespiratory arrest. This is maintained and checked weekly, and after each use		
1.6.3	1	Staff members can raise alarms using panic buttons, strip alarms, or personal alarms	1	Staff members, young people and visitors are able to raise alarms using panic buttons, strip alarms, or personal alarms and there is an agreed response when an alarm is used
2.1.1	1	Where there are high dependency/high acuity cases (e.g. high levels of observation, use of seclusion, increased risk of violence or self harm), there is a minimum ward staff to young people ratio of 1:1 to 3:1 for the most highly disturbed cases	1	<p>There are sufficient levels of staffing which can be adapted to reflect the acuity levels of the ward.</p> <p><i>Guidance:</i></p> <ul style="list-style-type: none"> • High dependency/high acuity cases (e.g. high levels of observation, use of seclusion, increased risk of violence or self harm), there is a minimum ward staff to young people ratio of 1:1 which can be increased to 3:1 for the most highly disturbed cases • Medium dependency (e.g. 10-minute checks, intensive support at meal times), there is a minimum ward staff to young people ratio of 1:2 • Where young people are on low dependency observations there is a ward staff to young people ratio of 1:3.
2.2.4	NEW		2	A typical unit with 12 beds includes at least 1.5 WTE responsible clinician input, at least 0.5 WTE of which should be provided by an approved consultant psychiatrist. The remaining 1 WTE may be completed by a range of professions from within the senior MDT
2.2.5	1	A typical unit with 12 beds includes at least 1 WTE clinical psychologist	1	<p>A typical unit with 12 beds includes at least 1 WTE clinical psychologist who contributes to the assessment and formulation of the young people's psychological needs and the safe and effective provision of evidence-based psychological interventions.</p> <p><i>Guidance: This does not include assistant psychologists.</i></p>
2.2.7	2	A typical unit with 12 places includes at least 0.5 WTE occupational therapist	2	A typical unit with 12 beds includes at least 1 WTE occupational therapist who works with young people requiring an occupational assessment and ensure the safe and effective provision of evidence-based occupational interventions

Summary of Key Revisions to QNIC Standards



2.2.8	2	The unit has formal arrangements to ensure easy access to therapists trained in psychological interventions (e.g. CBT, child and adolescent psychotherapy, psychodynamic psychotherapy, MBT, DBT, IPT, EMDR); list is not exhaustive	1	The unit has formal arrangements to ensure easy access to therapists trained in psychological interventions (e.g. CBT, child and adolescent psychotherapy, psychodynamic psychotherapy, MBT, DBT, IPT, EMDR); list is not exhaustive
2.5.3	1	The team has received training in observation and engagement	1	All staff undergo specific training in therapeutic observation (including principles around positive engagement with young people, when to increase or decrease observation levels and the necessary multi-disciplinary team discussions that should occur relating to this and actions to take if the young person absconds) when they are inducted into a Trust or changing wards
2.5.8	NEW		1	All staff members who deliver therapies and activities are appropriately trained and supervised
2.6.2	1	Staff members, including bank staff receive an induction programme specific to the ward/unit that covers: <ul style="list-style-type: none"> • The purpose of the ward/unit • The team's clinical approach • The roles and responsibilities of staff members • The importance of family and parent/carers • Care pathways with other services. 	1	New staff members, including bank staff, receive an induction programme specific to the ward/unit. This includes: <ul style="list-style-type: none"> • Arrangements for shadowing colleagues on the team • Jointly working with a more experienced colleague • Being observed and receiving enhanced supervision until core competencies have been assessed as met
2.8.1	3	Young people or parent/carer representatives are involved in the interview process for recruiting potential staff members	2	Appropriately experienced young person or parent/carer representatives are involved in the interview process for recruiting potential staff members
3.1.1	1	Clear information is made available, in paper and/or electronic format, to young people, parents/carers and healthcare practitioners on:	1	The service provides information about how to make a referral

Summary of Key Revisions to QNIC Standards



		<ul style="list-style-type: none"> • A simple description of the ward/unit and its purpose • Admission criteria • Clinical pathways describing access and discharge • Main interventions and treatments available • Contact details for the ward/unit and hospital 		
3.1.4	1	On admission to the ward/unit, young people are welcomed by staff members	1	<p>On admission to the ward/unit, young people feel welcomed by staff members who explain why they are in hospital.</p> <p><i>Guidance: Staff members show young people around and introduce themselves and other young people, offer young people refreshments, address young people using the name and title they prefer.</i></p>
3.1.5	1	<p>Young people have a comprehensive assessment which is started on the day of admission and completed within four weeks This involves the multi-disciplinary team and includes young people's:</p> <ul style="list-style-type: none"> • Mental health and medication • Psychosocial needs • Strengths and weaknesses • Views and personal goals 	1	<p>Young people have a comprehensive mental health assessment which is started within four hours and completed within one week. This involves the multi-disciplinary team and includes young people's:</p> <ul style="list-style-type: none"> • Mental health and medication • Psychosocial and psychological needs • Strengths and areas for development
3.1.6	1	Young people have an updated documented risk assessment and management plan which is co-produced and shared where necessary with relevant agencies (with consideration of confidentiality).	1	Young people have a risk assessment and management plan which is co-produced, updated regularly and shared where necessary with relevant agencies (with consideration of confidentiality). The assessment considers risk to self, risk to others and risk from others.
3.1.8	1	There is a documented admission meeting within one week of the young people's admission	1	There is a documented CPA (or equivalent) or ward round admission meeting within one week of the young person's admission. Young people are supported to attend this with advanced preparation and feedback

Summary of Key Revisions to QNIC Standards



3.2.4	NEW		1	Young people admitted to the ward outside the area in which they live have a review of their placement at least every three months
3.4.2	1	All families have access to an assessment of their needs where appropriate	1	Parents and carers are supported to access a statutory carers' assessment, provided by an appropriate agency.
3.5.2	NEW		1	Any young person in inpatient care should have a transition meeting by age 17 and a half years
3.5.5	NEW		1	<p>Young people discharged from inpatient care have their care plan or interim discharge summary sent to everyone identified as involved in their ongoing care within 24 hours of discharge.</p> <p><i>Guidance: The plan includes details of:</i></p> <ul style="list-style-type: none"> • Care in the community / aftercare arrangements; • Crisis and contingency arrangements including details of who to contact; • Medication including monitoring arrangements; • Details of when, where and who will follow up with the patient.
3.5.8	1	The team makes sure that young people who are discharged from hospital to the care of the community team have arrangements in place to be followed up within one week of discharge, or within 48 hours of discharge if they are at risk. Young people should be aware of the follow up arrangements	1	The inpatient team makes sure that young people who are discharged from hospital have arrangements in place to be followed up within three days of discharge
3.5.9	NEW		1	Mental health practitioners should carry out a thorough assessment of the young person's personal, social, safety and practical needs to reduce the risk of suicide on discharge
3.5.10	NEW		1	Teams provide specific transition support to young people when their care is being transferred to another unit, to a community mental health team, or back to the care of their GP.

Summary of Key Revisions to QNIC Standards



				<p><i>Guidance: The team provides transition mentors; transition support packs; or training for young people on how to manage transitions.</i></p>
3.5.11	3	<p>The team provides information, signposting and encouragement to young people to access local organisations such as:</p> <ul style="list-style-type: none"> • Voluntary organisations • Community centres • Local religious/cultural groups • Peer support networks • Recovery colleges 	2	<p>The team provides information and encouragement to young people to access local organisations for peer support and social engagement. This is documented in the young person's care plan and includes access to:</p> <ul style="list-style-type: none"> • Voluntary organisations; • Community centres; • Local religious/cultural groups; • Peer support networks; • Recovery colleges.
4.1.1	1	<p>Young people have a comprehensive physical health review. This is started within 4 hours of admission and is completed within 1 week, or prior to discharge. It includes: First 4 hours</p> <ul style="list-style-type: none"> • Details of past medical history • Current medication, including side effects and compliance (information is sought from the young people history and collateral information within the first 4 hours. Further details can be sought from medical reconciliation after this) <p>Physical observations including blood pressure, heart rate and respiratory rate</p> <p>First 72 hours:</p> <ul style="list-style-type: none"> • Physical examination • Height, weight • Blood tests (Can use recent blood tests if appropriate) • ECG <p>First 1 week</p> <ul style="list-style-type: none"> • Details of past family medical history 	1	<p>Young people have a comprehensive physical health review. This is started within four hours of admission, or as soon as is practically possible. The assessment is completed within one week, or prior to discharge.</p>

Summary of Key Revisions to QNIC Standards



		<ul style="list-style-type: none"> A review of physical health symptoms and a targeted 		
4.2.1	1	Young people are offered interventions in accordance with the evidence base and good practice	1	Young people begin evidence-based interventions, which are appropriate for their bio-psychosocial needs, within two weeks of admission. Any exceptions are documented in the case notes
4.3.1	1	Every young person has a personalised structured timetable of meaningful activities	1	Every young person has a seven-day personalised therapeutic/recreational timetable of activities to promote social inclusion, which the team encourages them to engage with
4.3.5	NEW		2	Young people receive psychoeducation on topics about activities of daily living, interpersonal communication, relationships, coping with stigma, stress management and anger management
4.4.1	1	Every young person has a written care plan, reflecting their individual needs	1	<p>Every young person has a written care plan, reflecting their individual needs. Staff members collaborate with young people and parents/carers (with the young person's consent) when developing the care plan and they are offered a copy.</p> <p><i>Guidance: The care plan clearly outlines:</i></p> <ul style="list-style-type: none"> Agreed intervention strategies for physical and mental health Measurable goals and outcomes Strategies for self-management Any advance directives or statements that the patient has made Crisis and contingency plans Review dates and discharge framework.
4.6.3	2	Individual outcome measurement data is discussed with the young person as part of their care planning e.g. Goal based outcomes	2	Staff members review young people's progress against self-defined goals in collaboration with the young person and parents/carers where appropriate at the start of treatment, during clinical review meetings and at discharge.
4.8.2	1	<p>When young people are absent without leave, the team (in accordance with local policy):</p> <ul style="list-style-type: none"> Activates a risk management plan 	1	<p>When young people are absent without leave, the team (in accordance with local policy):</p> <ul style="list-style-type: none"> Activates a risk management plan; Makes efforts to locate the patient;

Summary of Key Revisions to QNIC Standards



		<ul style="list-style-type: none"> • Makes efforts to locate the young people • Alerts parent/carers, people at risk and the relevant authorities 		<ul style="list-style-type: none"> • Alerts parents/carers, people at risk and the relevant authorities; • Completes an incident form.
4.8.6	NEW		1	<p>Young people have their medication reviewed at least weekly. Medication reviews include an assessment of therapeutic response, safety, management of side effects and adherence to medication regime.</p> <p><i>Guidance: Side effect monitoring tools can be used to support reviews.</i></p>
4.8.7	1	The team follows a policy when prescribing and dispensing PRN (i.e. as required) medication	1	Every young person's PRN (i.e. as required) medication is reviewed weekly in terms of the frequency, dose, and reasons for prescribing
4.8.9	2	Young people and parents/carers have access to pharmacy staff to discuss medications	2	A specialist pharmacist should be a member of the MDT
4.8.11	1	Young people are told about the level of observation that they are under, how it is instigated and the review process		Young people are involved in decisions about their level of observation by staff.
4.8.12	NEW		2	Patients on constant observations receive at least one hour per day being observed by a member of staff who is familiar to them
4.9.2	NEW		1	Young people feel listened to and understood by staff members
5.2.1	1	<p>Young people are given a 'welcome pack' or introductory information that contains the following:</p> <ul style="list-style-type: none"> • A clear description of the aims of the ward/unit • The current programme and modes of treatment • The ward/unit team membership • Personal safety on the ward/unit • The code of conduct on the ward/unit • Ward/unit facilities and the layout of 	1	<p>The young people are given an information pack on admission that contains the following:</p> <ul style="list-style-type: none"> - A description of the service - The therapeutic programme - Information about the staff team - The unit code of conduct - Key service policies (e.g. permitted items, smoking policy) - Resources to meet spiritual, cultural or gender needs

Summary of Key Revisions to QNIC Standards



		<p>the ward/unit</p> <ul style="list-style-type: none"> • What practical items can and cannot be brought in • Clear guidance on the smoking policy • Resources to meet spiritual, cultural and gender needs • A description of how the ward team will communicate with the young people and their parent/carers and what opportunities they will have to meet with the team 		
5.2.3	2	The team provides each parent/carer with parent/carer's information.		<p>The team provides each parent/carer with accessible carer's information.</p> <p><i>Guidance: Information is provided verbally and in writing (e.g. carer's pack). This includes the names and contact details of key staff members on the unit and who to contact in an emergency. It also includes other local sources of advice and support such as local carers' groups, carers' workshops and relevant charities.</i></p>
5.3.2	2	Staff update parents/carers on their child's progress at a minimum of once a week, subject to confidentiality	1	Staff update parents/carers on their child's progress at a minimum of once a week, subject to confidentiality
5.5.1	1	Young people and their parents/carers are informed verbally and in writing of their right to confidentiality and its limitations	1	Confidentiality and its limits are explained to the young person and their parent/carer on admission, both verbally and in writing. The young person's preferences for sharing information with third parties are respected and reviewed regularly
6.3.2	2	Information provided on complaints assures young people and parents/carers that if they complain they will not be discriminated against and their care will not be compromised	1	Information provided on complaints assures young people and parents/carers that if they complain they will not be discriminated against and their care will not be compromised

Summary of Key Revisions to QNIC Standards



6.4.3	1	Parents/carers are informed about all episodes of restraint within 24 hours. If for any reason this does not occur, reasons are documented in the young person's notes	1	Parents/carers are informed about all episodes of restrictive interventions within 24 hours. If for any reason this does not occur, reasons are documented in the young person's notes
6.4.4	NEW		1	In order to reduce the use of restrictive interventions, young people who have been violent or aggressive are supported to identify triggers and early warning signs, and make advance statements about the use of restrictive interventions
6.4.7	NEW		1	The team uses seclusion or segregation only as a last resort and for brief periods only
6.5.7	NEW		1	Young people and staff members feel safe on the ward
7.4.3	1	The team follows a protocol to manage informal young people who discharge themselves against medical advice. This includes: <ul style="list-style-type: none"> • Recording the young people's capacity to understand the risks of self-discharge • Putting a crisis plan in place • Contacting relevant agencies to notify them of the discharge 	1	When staff members are concerned about an informal young person self-discharging against medical advice, the staff members undertake a thorough assessment of the young person, taking their wishes into account as far as possible
7.4.17	1	The team understands and follows an agreed protocol for the management of an acute physical health emergency	1	The team, including bank and agency staff, are able to identify and manage an acute physical health emergency
7.1.4	NEW		2	The ward team use quality improvement methods to work on service improvements
7.5.6	NEW		3	The ward team actively encourage young people and parents/carers to be involved in quality improvement projects