

## Summary of Key Revisions to QNIC 11<sup>th</sup> Ed. Standards



Standard number	Previous Standard Type	Previous Standard	Standard type	Revised Standards/Criteria	CCQI Core Inpatient Standard	Revision to New Standard or New Standard
1.1.5	2	The ward/unit contains rooms for individual and group meetings	1	The ward/unit <b>has access to</b> rooms for individual and group meetings.		Reworded from 'contains' to 'has access to' and changed to type 1
1.1.13	2	There are sufficient IT resources (e.g. computers) to provide all practitioners with easy access to key information, e.g. information about services/ conditions/ treatment, young people's records, clinical outcome and service performance measurements.	1	There are sufficient IT resources (e.g. computers) to provide all practitioners with easy access to key information, e.g. information about services/ conditions/ treatment, young people's records, clinical outcome and service performance measurements.		Changed to type 1
1.3.3	1	An audit of environmental risk is conducted annually and a risk management strategy is agreed Guidance: This includes a ligature risk assessment.	1	<b>The ward is a safe environment with clear sightlines (e.g. with use of mirrors) and safe external spaces.</b> Guidance: An audit of environmental risk, including potential ligature points, is conducted annually and a risk management strategy is agreed.	17.12	Tweaked in line with consultation feedback (agreed by RC)
1.4.3	1	A collective response to fire drills is agreed by the team and is rehearsed six-monthly	1	A collective response to fire drills is agreed by the team and is rehearsed <b>annually.</b>		Timeframe changed from six-

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						monthly to annually
<b>2.1.6</b>	<b>1</b>	In a typical 12-bedded unit, there is time scheduled in staff rotas to allow 30-minute handover sessions between shifts to discuss the young people's needs, risks and management plans	<b>1</b>	<b>When the team meets for handover, adequate time is allocated</b> to discuss patients' needs, risks and management plans.	18.3	Changed from '30 minute handover' to 'adequate time is allocated' for handover and not specific to amount of beds
<b>2.2.5</b>		<b>NEW</b>	<b>2</b>	A typical unit with 12 beds includes an additional 0.5 WTE of non-consultant psychology input.  <i>Guidance: This may include support from assistant psychologists.</i>		New standard
<b>2.2.6</b>	<b>2</b>	A typical unit with 12 beds includes at least 0.5 WTE social worker	<b>2</b>	A typical unit with 12 beds includes at least <b>1</b> WTE social worker.		Changed from 0.5 to 1 WTE
<b>2.2.11</b>	<b>2</b>	There is dedicated sessional input from creative therapists.	<b>3</b>	There is dedicated sessional input from creative therapists.	6.1.4	Changed to type 3 (CCQI Core Standard)
<b>2.3.2f</b>		<b>NEW</b>	<b>2</b>	Supporting and communicating with young people with autism spectrum disorder.  <i>Guidance: This might include training on the use of non-verbal cards, social stories, and understanding a PBS plan.</i>		New standard

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2.3.2i		<b>NEW</b>	<b>2</b>	Human rights and the potential harm of restrictive practices such as seclusion and long-term segregation.		New standard
2.3.2j		<b>NEW</b>	<b>3</b>	Quality improvement methodology and identifying priority QI projects.		New standard
2.3.8	<b>2</b>	Young people, parents/carers and staff members are involved in devising and delivering training face-to-face	<b>2</b>	Young people, parents/carers and staff members are involved in devising and delivering training.	22.2	Removed 'face-to-face'
2.4.7	<b>2</b>	Staff members are able to access reflective practice groups at least once every six weeks where teams can meet together to think about team dynamics and develop their clinical practice.	<b>3</b>	Staff members are able to access reflective practice groups at least once every six weeks where teams can meet together to think about team dynamics and develop their clinical practice.	18.1	Changed to type 3 (CCQI Core Standard)
3.2.1	<b>1</b>	On admission to the ward/unit, young people feel welcomed by staff members who explain why they are in hospital 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.	<b>1</b>	On admission to the ward/unit, young people feel welcomed by staff members who explain why they are in hospital.  <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 <b>pronouns</b> they prefer.</i>	2.1	Title' changed to 'pronoun'

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3.2.3	2	Parents and carers are offered individual time with staff members, within 48 hours of the young people's admission to discuss concerns, family history and their own needs.	2	Parents and carers are offered individual time with staff members (with the young person's consent), within 48 hours of the young person's admission to discuss concerns, family history and their own needs.	13.3	Added 'with the young person's consent'
3.3.1	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	1	Mental health practitioners carry out a thorough assessment of the young person's personal, social, safety and practical needs to reduce the risk of suicide on discharge.	9.1	Should' removed
3.3.3	3	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 Guidance: The team provides transition mentors; transition support packs; or training for young people on how to manage transitions.	2	Teams provide specific transition support to young people when their care is being transferred to another unit, to a community mental health team, adult services, or back to the care of their GP.  <i>Guidance: The team provides transition mentors; transition support packs; or training for young people on how to manage transitions.</i>	9.5	Change to type 3 from 2; include adult teams
3.3.5	1	Any young person in inpatient care should have a transition meeting by age 17 and a half years	1	A transition meeting takes place by the time the young person reaches the age of 17 and a half years.		Standard wording updated

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3.3.8	1	A discharge summary is sent within a week to the young person's GP and others identified as involved in their ongoing care, including why the young person was admitted and how their condition has changed, diagnosis, medication and formulation	2	A discharge summary is sent within a week to the young person's GP and others identified as involved in their ongoing care, including why the young person was admitted and how their condition has changed, diagnosis, medication and formulation.	9.3	Changed from type 1 to type 2 standard
4.1.5		<b>NEW</b>	1	Where a young person is identified as having a learning disability or autistic spectrum condition after being admitted to the unit, staff identify and notify all relevant agencies in order to initiate the C(E)TR process.  <i>Guidance: This should include the relevant commissioner (Provider Collaborative, NHSEI Specialised Commissioner, or Clinical Commissioning Group), Local Authority, GP, and the Community CAMHS Team.</i>		New standard
4.2.6	1	All young people have access to an advocacy service, including IMHAs (Independent Mental Health Advocates) for those detained	1	All young people are proactively offered access to an advocacy service, including IMHAs (Independent Mental Health Advocates) for those detained.	10.4	Wording tweaked in line with GIRFT feedback (agreed by RC)

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4.2.8	2	Each young person is offered a pre-arranged session with their key worker (or a designated member of the nursing team) at least once a week to discuss progress, care plans and concerns.	1	Each young person is offered a pre-arranged session with their key worker (or a designated member of the nursing team) at least once a week to discuss progress, care plans and concerns.	6.1.7	Changed to type 1 (CCQI Core Standard)
4.4.1	1	Clinical outcome measurement data is collected at two time points (admission and discharge) as a minimum, and at clinical reviews where possible (e.g. HoNOSCA, SDQ etc)	1	Clinical outcome measurement data is collected at two time points (admission and discharge) as a minimum, and at clinical reviews where possible (e.g. HoNOSCA).	23.1	Removed 'SDQ'
4.5.3	2	Staff eat with the young people at mealtimes and the cost of staff meals are covered by the organisation.	3	Staff eat with the young people at mealtimes and the cost of staff meals are covered by the organisation.		Changed from type 2 to type 3
4.5.4	2	Where there is a therapeutic benefit, there are arrangements for families to eat at mealtimes and the cost of the meal is covered by the organisation.	3	Where there is a therapeutic benefit, there are arrangements for families to eat at mealtimes and the cost of the meal is covered by the organisation.		Changed from type 2 to type 3

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4.6.1	1	The team develops a leave plan jointly with the young person and parent/carer that includes: <ul style="list-style-type: none"> <li>· A risk assessment and risk management plan that includes an explanation of what to do if problems arise on leave;</li> <li>· Conditions of the leave;</li> <li>· Contact details of the ward/unit.</li> </ul>	1	<p>The team develops a leave plan jointly with the young person and their parent/carer that includes:</p> <ul style="list-style-type: none"> <li>· A risk assessment and risk management plan that includes an explanation of what to do if problems arise on leave;</li> <li>· Conditions of the leave;</li> <li>· Contact details of the ward/unit <b>and crisis numbers.</b></li> </ul>	5.1; 5.2	Added in 'and crisis numbers'
4.7.1	1	When medication is prescribed, the risks (including interactions) and benefits are reviewed, a timescale for response is set and the young person's consent is recorded.	1	<p>When medication is prescribed, the risks (including interactions) and benefits are reviewed, a timescale for response is set and the young person's consent is recorded.</p> <p><i>Guidance: Leaflets and information around medication being prescribed, the risks and benefits should be provided to young people and parents/carers (with the young person's consent).</i></p>	6.2.1	Guidance added

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4.7.4	1	Young people in hospital for long periods of time who are prescribed mood stabilisers or antipsychotics have the appropriate physical health assessments at the start of treatment (baseline), at six weeks, at three months and then six-monthly unless a physical health abnormality arises.	1	Young people in hospital for long periods of time who are prescribed mood stabilisers or antipsychotics, have the appropriate physical health assessments at the start of treatment (baseline), at three months, and then six-monthly unless a physical health abnormality arises.	7.4	Removed 'at six weeks' requirement
5.1.2	1	The young people are given an information pack on admission that contains the following: · 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	2	Young people are given an information pack on admission that contains the following:  - 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.	3.1	Changed to type 2 (CCQI Core Standard)
5.1.5		<b>NEW</b>	2	Young people are offered information on their human rights in relation to restrictive practices and the redress they can have in relation to this.		New standard



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5.1.9	1	The ward/unit uses interpreters who are sufficiently knowledgeable and skilled to provide a full and accurate translation. The young people's relatives are not used in this role unless there are exceptional circumstances.	2	The ward/unit uses interpreters who are sufficiently knowledgeable and skilled to provide a full and accurate translation. The young person's relatives are not used in this role unless there are exceptional circumstances.	15.1	Changed to type 2 (CCQI Core Standard)
5.2.1	1	Assessments of young people's capacity (and competency for young people under the age of 16) to consent to care and treatment in hospital are performed in accordance with current legislation and documented in the young person's notes. When young people do not have capacity to consent, best interest processes involving professionals and family (where appropriate) are followed. These assessments should be undertaken at every point that a young person is required to participate in decision making	1	Assessments of young people's capacity (and competency for young people under the age of 16) to consent to care and treatment in hospital are performed in accordance with current legislation and documented in the young person's notes. These assessments should be undertaken at every point that a young person is required to participate in decision making.	11.1	Wording updated
6.2.1		<b>NEW</b>	1	Staff know how to prevent and respond to sexual exploitation, coercion, intimidation and abuse on the ward.	8.1	New standard

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6.2.4	2	Patients on constant observations receive at least one hour per day being observed by a member of staff who is familiar to them.	1	Patients on constant observations receive at least one hour per day being observed by a member of staff who is familiar to them.	8.4	Changed from type 2 to type 1 standard
6.3.1	1	Young people are cared for in the least restrictive environment possible, while ensuring appropriate levels of safety and promoting recovery.	1	Young people are cared for in the least restrictive environment possible, while ensuring appropriate levels of safety and promoting recovery.  <i>Guidance: This includes avoiding the use of blanket rules and any restrictions should be assessed based on individual risk.</i>	17.13	Guidance added
6.3.7	1	The multi-disciplinary team collects audit data on the use of restrictive interventions and actively works to reduce its use year on year Guidance: Audit data are used to compare the service to national benchmarks where possible.	1	The multi-disciplinary team collects audit data on the use of restrictive interventions and actively works to reduce its use year on year <b>through use of audit and/or quality improvement methodology.</b>  <i>Guidance: Audit data are used to compare the service to national benchmarks where possible.</i>	8.8	Wording tweaked in line with GIRFT feedback (agreed by RC)

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7.1.1		<b>NEW</b>	<b>2</b>	<p>There is a well-attended business meeting held within the team at least monthly in which information and learning can be disseminated, and the business of care on the ward can be discussed.</p> <p><i>Guidance: This meeting is at unit level and should also be used as a mechanism to feed in and out of the patient community meeting.</i></p>		New standard
7.1.3	<b>2</b>	Services are developed in partnership with appropriately experienced young person and parent/carer representatives, who have an active role in decision making	<b>2</b>	Services are developed in partnership with appropriately experienced <b>service user</b> and carers who have an active role in decision making.	12.2	Young person changed to service user
7.2.7	<b>3</b>	The ward team actively encourage young people and parents/carers to be involved in quality improvement projects	<b>2</b>	The team actively encourages young people and parents/carers to be involved in QI initiatives.	24.5	Standard wording and type changed (CCQI Core Standard)
7.4.2	<b>1</b>	There are policies and procedures on the management of aggression and violence and the use of physical restraint	<b>1</b>	<p>There are policies and procedures on the management of aggression and violence and the use of physical restraint.</p> <p><i>Guidance: This policy should specifically reference working with children and young people.</i></p>		Guidance added

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7.4.3	1	There is a policy on the use of rapid tranquilisation.	1	<p>There is a policy on the use of rapid tranquilisation.</p> <p><i>Guidance: This policy should specifically reference working with children and young people.</i></p>		Guidance added
7.4.4	1	The unit has a policy on the use of seclusion Guidance: The unit should have a policy even if seclusion is not used. This should be in line with current legislation.	1	<p>The unit has a policy on the use of seclusion and long-term segregation.</p> <p><i>Guidance: The unit should have a policy even if seclusion is not used. This should be in line with current legislation.</i></p>		Long term segregation added