

Summary of key changes to QNL

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Standard Number	Previous Standard Type	Previous Standard	Standard Type	Revised Standard	CCQI Core or QNL	Revision to Standard or New Standard
2	-	New	1	Patients are only admitted when they require assessments, interventions or treatment that can only feasibly be provided in hospital. There is a clearly stated purpose for the admission, developed with and taking into account views of the patient and their carer.	Core	New standard
3	-	New	1	Where available, staff have access to a package of existing information and plans from the community team about the patient during the admission process to help inform and plan care and treatment. <i>Guidance: This includes documents such as previous mental health assessments, care plans, health action plans & communication profiles.</i>	Core	New standard
10	1	When a young person under the age of 18 is admitted: <ul style="list-style-type: none"> There is a named CAMHS clinician who is available for consultation and advice; 	1	When a young person under the age of 18 is admitted: <ul style="list-style-type: none"> There is a named CAMHS clinician who is available for consultation and advice; 	Core	Added the final bullet point

		<ul style="list-style-type: none"> • The local authority or local equivalent is informed of the admission; • The CQC or local equivalent is informed if the patient is detained; • A single room is used; • A risk assessment is completed. 		<ul style="list-style-type: none"> • The local authority or local equivalent is informed of the admission; • The relevant regulatory authority is informed if the patient is detained; • The admission is discussed with appropriate safeguarding professionals; • A single room is used; • Transfer to an age-appropriate environment is facilitated as soon as possible. 		
12	1	<p>Patients begin a comprehensive mental health assessment within 4 hours of admission, or as soon as practically possible. This involves the multi-disciplinary team and includes consideration of the patient's:</p> <ul style="list-style-type: none"> • Mental health and medication; • Psychosocial and psychological needs; • Strengths and areas for development; which includes an adaptive functioning assessment and an assessment of sensory needs. 	1	<p>Patients have a comprehensive mental health assessment which is started within four hours of admission. For patients already receiving care in the community, their existing mental health assessment and care plan is reviewed and updated. The process involves the patient, their carer(s), community care providers, multi-disciplinary team and includes consideration of the patient's:</p> <ul style="list-style-type: none"> • Mental health and medication; • Psychosocial and psychological needs; • Religious traditions and spiritual beliefs; • Strengths and areas for development; • Advance choices; • Reasonable adjustments. 	Core	Added highlighted wording
13	1	<p>Patients have a comprehensive physical health review. This is started within 4 hours of admission, or as soon as is practically possible. The assessment is</p>	1	<p>Patients have a comprehensive physical health review. This is started within four hours of admission, or as soon as is practically possible. If all or part of the examination is declined, then the reason is recorded and</p>	Core	Added highlighted guidance note

		completed within 1 week, or prior to discharge.		<p>repeated attempts are made. Following the physical health review, the physical health care plan is developed or updated.</p> <p><i>Guidance: The comprehensive physical health review should be guided by the principles and components set out in the NCEPOD report 'A Picture of Health' (2022) recommendations 1-3. People carrying out physical health assessments and investigations are mindful of sensory sensitivities to touch and pain.</i></p>		
15	1	There is a documented Care Programme Approach (or equivalent) or ward round admission meeting within one week of the patient's admission. Patients are supported to attend this and express their views with advanced preparation and feedback.	1	<p>Patients have a formal review of care or a ward round within one week of admission. The review should address the patient's questions, concerns and goals. Patients should be well supported to attend and engage with this process in advance of the review.</p>	Core	Added highlighted wording
17	1	<p>Patients and carers are given an accessible information pack on admission, which staff talk through with them, 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; • Information on safeguarding; • Key service policies (e.g. permitted items, complaints policy, restrictive practice policy); • Resources to meet spiritual, cultural or gender needs. 	1	<p>Patients are given an accessible information pack on admission, which staff talk through with them, that contains the following:</p> <ul style="list-style-type: none"> • A description of the service; • The therapeutic programme including access to exercise and outdoor space; • Information about the staff team; • How to stay in contact with family and friends; • The unit mutual expectations of staff and patients; • Key service policies (e.g. permitted items, smoking policy); 	Core Adjusted	Added highlighted bullet points

				<ul style="list-style-type: none"> Information on safeguarding; Resources to meet spiritual, cultural or gender related needs including signposting to Chaplaincy services. 		
18	1	<p>Every patient has a written care plan, reflecting their individual needs. Staff members collaborate with patients and their carers (with the patient'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"> <i>Agreed intervention strategies for physical and mental health;</i> <i>How to build on skills, strengths and experiences to achieve goals and aspirations;</i> <i>Plans to keep well;</i> <i>Any advance decisions or statements that the patient has made;</i> <i>Reducing restrictive practice plan;</i> <i>Crisis and contingency plans;</i> <i>Review dates and discharge plans.</i> <p><i>Care plans are adapted to the patients' communication needs.</i></p>	1	<p>Care plans are co-produced and reflect patients' individual needs and strengths.</p> <p><i>Guidance: Documentation sets out how their care support and treatment is delivered. Plans aim to develop the necessary structure of support that can transfer to the community and be sustained by families and support providers in the long term. Care plans are adapted to the patients' communication needs.</i></p>	Core Adjusted	Updated wording
20	1	<p>Patients begin evidence-based interventions, which are appropriate, for their bio-psychosocial needs, as per individual clinical need. Any exceptions</p>	1	<p>Following assessment, patients promptly begin evidence-based therapeutic interventions which are meaningful and appropriate to their bio-psychosocial needs and the identified goals for the admission.</p>	Core	Added highlighted guidance note

		and delays are documented in the case notes.		<i>Guidance: Patients already receiving mental health support in the community should have their care plan updated reflecting their change in needs and interventions to be received in an inpatient setting. The unit should support where possible continuity of aspects in the care plan that were being delivered in the community e.g. access to social or psychological support.</i>		
22	1	Patients are supported to prepare for any formal review of their care. During their review they, along with their carer (where consent has been given), are supported to express their views.	1	<p>Patients are supported to prepare and actively participate for any formal review of their care. During their review they, along with their carers (where consent has been given), are supported to express their views.</p> <p><i>Guidance: Actions from reviews are fed back to the patient and carer (with the patient's consent) and this is documented. Advocates attend these meetings to support, where appropriate.</i></p>	Core	Added highlighted guidance note
26	1	<p>When medication is prescribed, patients are supported to understand:</p> <ul style="list-style-type: none"> • What medication they are taking; • What the benefits are; • What the common side effects are; • Whether the medication is being prescribed off label or in high dose; • How it will work with other medicines; • A timescale for medicine to be stepped down or stopped. 	1	<p>When medication is prescribed, the following is discussed and patients (and carers, with patient's consent) are supported to understand:</p> <ul style="list-style-type: none"> • What medication they are taking; • What the benefits are; • What the common side effects are; • Whether the medication is being prescribed off-label or in high dose; • How it will work with other medicines and other therapeutic interventions; 	Core Adjusted	Added highlighted bullet point

		<i>Guidance: Medication is prescribed in line with the principles of STOMP, where appropriate.</i>		<ul style="list-style-type: none"> • The risks related to other aspects of life; • A timescale for medicine to be stepped down or stopped. 		
32	-	New	2	<p>Within 24 hours of admission to a mental health inpatient setting pharmacy staff undertake a full medicines reconciliation, including all medications for physical as well as mental health.</p> <p><i>Guidance: For people admitted over a weekend this may take up to 72 hours.</i></p>	Core	New standard
33	1	<p>The team and patient jointly develop a leave plan, which is shared with the patient and their carer (with the patient's consent), that includes:</p> <ul style="list-style-type: none"> • A risk assessment and risk management plan that includes protective factors and an explanation of what to do if problems arise on leave; • Conditions of the leave; • Information on medication; • Contact details of the unit and crisis numbers. 	1	<p>The team and patient jointly develop a leave plan, which is shared with the patient and their carer (with the patient's consent), that includes:</p> <ul style="list-style-type: none"> • A risk assessment and risk management plan that includes protective factors and an explanation of what to do if problems arise on leave; • Conditions of the leave; • Information on medication; • Contact details of the unit and crisis numbers; • Ability to access bed on return; • How the unit will check in with the patient on their wellbeing when on leave. 	Core	Added final bullet point
34		Staff agree leave plans with the patient's carer where appropriate, allowing carers sufficient time to prepare.		Staff agree leave plans with the patient's carer allowing them sufficient time to prepare and to provide opportunity to	Core	Added highlighted wording

				feedback post visit to inform ongoing care and leave planning.		
36	-	New	1	Proactive discharge planning with the patient and their carer takes place from point of admission focusing on identifying any barriers to discharge and what post discharge support needs to be in place at point of discharge. <i>Guidance: Patients will be allocated a registered professional who will lead and coordinate the discharge and follow up.</i>	Core	New standard
38	2	Social worker(s) is part of the MDT.	2	The unit has access to social workers who attend regular meetings/reviews throughout the patient's admission and are part of the discharge planning process.	QNLD	Changed wording
40	-	New	1	Follow up appointments for the patient post discharge are arranged with community services prior to the patient being discharged. The details of when, where and with whom this follow up will take place are given to the patient and their carer in accessible format.	Core	New standard
42		When staff members are concerned about an informal patient self-discharging against medical advice, the staff members undertake a thorough assessment of the patient, taking their wishes into account as far as possible.	1	When staff members are concerned about an informal patient self-discharging against medical advice, the staff members undertake a thorough assessment of the patient, taking their wishes into account as far as possible. <i>Guidance: They explore with the patient and support network alternative community</i>	Core	Added highlighted guidance note

				<i>options to see if they could be a safe and viable alternative.</i>		
43	-	New	1	<p>The team sends a copy of the patient's care plan or interim discharge summary to everyone identified in the plan as involved in their ongoing care (including carers) within 24 hours of discharge.</p> <p><i>Guidance: The plan includes details of:</i></p> <ul style="list-style-type: none"> • <i>Care in the community/aftercare arrangements;</i> • <i>Crisis and contingency arrangements including details of who to contact;</i> • <i>Medication including prescribing, dispensing and monitoring arrangements;</i> • <i>Details of when, where and who will follow up with the patient.</i> 	Core	New standard
45	1	The team makes sure that patients who are discharged from the unit have arrangements in place to be followed up within 3 days of discharge.	1	<p>The team makes sure that patients who are discharged from hospital have arrangements in place before they leave the hospital to be followed up within 72 hours of discharge.</p> <p><i>Guidance: Face to face 72-hour follow-up should be arranged where possible.</i></p>	Core	Added highlighted guidance note
63	1	Every patient has a 7-day personalised therapeutic/recreational timetable of activities to promote social inclusion, which the team encourages them to engage with.	1	<p>Every patient has a personalised therapeutic/recreational timetable of meaningful activities to promote social inclusion, which the team encourages them to engage with.</p>	Core Adjusted	Added highlighted wording

		<i>Guidance: This includes activities such as education, employment, volunteering and other occupations such as leisure activities and caring for dependants.</i>		<i>Guidance: The timetable covers seven days including unstructured activity time. It may include activities such as physical activity, education, employment, volunteering, faith or spirituality related activities, and other occupations such as leisure activities and caring for dependants.</i>		
64	-	New	2	<p>Patients according to their care plan have access to regular sessions of longer periods of outdoor activities facilitated by staff.</p> <p><i>Guidance: Consideration should be given to how all patients are able to access these sessions including, for example, access to appropriate foot or rain wear. Staff should be able to facilitate this at least twice a week in a group or individually.</i></p>	Core	New standard
66	-	New	1	<p>The unit has a comprehensive range of approaches to meet the sensory needs of patients.</p> <p><i>Guidance: This could include:</i></p> <ul style="list-style-type: none"> • Individual patient adaptations; • Adaptation to the environment as far as practically possible; • Availability of mobile sensory equipment available for all to use; <p><i>Specific provision of sensory equipment to an individual where this is a core need/care plan.</i></p>	QNLD	New standard
69	2	Patients have access to relevant faith-specific support, preferably through	1	Patients have access to relevant faith-specific support, preferably through someone with	Core Adjusted	Upgraded to type 1

		someone with an understanding of mental health and learning disabilities. <i>Guidance: Patients are supported to maintain pre-existing links with their faith community where possible.</i>		an understanding of mental health and learning disabilities. <i>Guidance: Patients are supported to maintain pre-existing links with their faith community where possible.</i>		
73	-	New	2	Patients in seclusion or long-term segregation should have access to independent specialist trained advocacy and specialist free legal advice.	Core	New standard
74	1	Patients and carers are asked for their feedback about their experiences of using the service and this is used to improve the unit. <i>Guidance: Patients are supported to express their views, through communication adjustments and support that meets their individual need.</i>	1	The service routinely asks patients and carers for their feedback about their experiences of using the service and this is used to improve the service. <i>Guidance: Patients are supported to express their views, through communication adjustments and support that meets their individual need. There are processes for regular formalised feedback as well as opportunities for informal feedback.</i>	Core Adjusted	Added highlighted guidance note
77	1	Patients are offered personalised healthy lifestyle interventions such as advice on healthy eating, physical activity and access to smoking cessation services. This is documented in the patient's care plan.	1	Patients are offered personalised healthy lifestyle interventions such as advice on healthy eating and physical activity. They are offered and can access through the unit smoking cessation and/or drug and alcohol services . These are documented in the patient's care plan.	Core	Added highlighted wording
78	2	Health promotion principles are embedded on the unit and education is offered to patients on the importance of keeping healthy and remaining active.	2	Health promotion principles are embedded on the unit and education is offered to patients on the importance of keeping healthy and remaining active.	QNLD	Added more detail highlighted in guidance note

		<i>Guidance: Patients have access to a range of physical activities based on individual needs and interests.</i>		<i>Guidance: Patients have access to a range of physical activities based on individual needs and interests. This may also include promotion of healthy lifestyle including exercise, sleep, healthy eating and fluid intake, vaccinations, bowel management and pain assessment.</i>		
82	1	The unit uses interpreters who are sufficiently knowledgeable and skilled to provide a full and accurate translation. The patient's relatives are not used in this role unless there are exceptional circumstances.	1	The unit works with interpreters who are sufficiently knowledgeable and skilled to provide a full and accurate translation. The patient's relatives are not used in this role unless there are exceptional circumstances. <i>Guidance: If the patient's first language is not English, an assessment is made as to whether they can accurately describe their symptoms, difficulties and needs. If not, an interpreter is booked for subsequent reviews. In Wales services and communication (written and spoken) should comply with the Welsh Language Act.</i>	Core	Added highlighted guidance note
84	1	The team knows how to respond to carers when the patient does not consent to their involvement.	1	The team know what information can be provided to carers when the patient does not consent to their involvement. <i>Guidance: The team may receive information from the carer in confidence.</i>	Core	Added highlighted guidance note
86	2	Carers are offered individual time with staff members, within 48 hours of the patient's admission to discuss concerns, family history and their own needs.	1	Carers are offered the opportunity to speak with staff members, within 48 hours of the patient's admission to discuss concerns, their own needs and to share and receive information.	Core	Upgraded to type 1

87	1	Carers (with the patient's consent) are involved in discussions and decisions about the patient's care, treatment and discharge planning.	1	Carers are supported to participate actively in decision making and care planning for the person they care for. This includes attendance at unit reviews where the patient consents. <i>Guidance: This could also include inviting carers to provide comment on written documents such as care plans or positive behaviour support plans.</i>	Core	Added highlighted guidance note
88	2	Carers feel supported by staff members.	2	Carers feel listened to and supported by the unit staff members.	Core	Added highlighted wording
89	-	New	2	Carers have regular contact and communication with the responsible clinician when patients are in seclusion or long-term segregation. <i>Guidance: The frequency of contact and communication is agreed with carers.</i>	QNLD	New standard
95	1	The unit has clear and accessible signage.	1	Key information about the unit is accessible and clearly displayed. <i>Guidance: This includes clear signage, pictures and names of unit staff members, unit activity timetable.</i>	Core	Change of wording and expansion
100	1	Male and female patients have separate bedrooms, toilets and washing facilities. Room allocation should accommodate a spectrum of gender and patient gender self-identification should be supported wherever possible.	1	Male and female patients have separate bedrooms, toilets and washing facilities. Room allocation should accommodate a spectrum of genders. <i>Guidance: Where room allocation could present risks to the patient or to</i>	Core	Updated wording

		<p><i>Guidance: Self-identification as male or female should be accepted, and allocation to a gendered room done with patients' agreement. Where this allocation could present risks to the patient or to vulnerable others, this is risk assessed, and all practical steps taken to accommodate patient preference. If patient preference cannot be safely accommodated, this is discussed between the patient and clinical team and agreement made on the most appropriate environment for care.</i></p>		<p><i>vulnerable others, this is risk assessed, and all practical steps taken to accommodate patient preference. If patient preference cannot be safely accommodated, this is discussed between the patient and clinical team and agreement made on the most appropriate environment for care. Care and safety planning should be carried out with the patient to specifically address how to best to support them in this context.</i></p>		
103	2	The unit has a designated room for physical examination and minor medical procedures.	2	<p>The unit/unit has a designated room for physical examination and minor medical procedures.</p> <p><i>Guidance: The room has a couch for physical examination.</i></p>	Core	Added highlighted guidance note
104	-	New	1	When visits cannot be facilitated, patients have access to video technology to communicate with their friends and relatives.	Core	New standard
106	-	New	2	Equipment for physical activity is available to meet patient's physical needs.	QNLD	New standard
110	2	The unit has at least one quiet room or de-escalation space other than patient bedrooms.	2	The unit has at least one low stimulus quiet room or de-escalation space other than patient bedrooms.	Core	Added highlighted wording

111	1	<p>In units where seclusion is used, there is a designated room that meets the following requirements:</p> <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 includes 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; • Therapeutic and meaningful activities are available in line with individualised risk assessment. 	1	<p>In units where seclusion is used, there is a designated room that meets the following requirements:</p> <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 includes a bed, pillow, mattress and blanket or covering); • It is safe and secure, and 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; • Therapeutic and meaningful activities are available in line with individualised risk assessment. <p><i>Guidance: Units that do not have seclusion facilities ensure that local policies fully describe alternatives to seclusion and how patients' safety, dignity, privacy and health and well-being needs will be met.</i></p>	Core Adjusted	Added highlighted guidance note
113	1	<p>Patients are provided with meals which offer choice, ensure a nutritional and balanced diet and specific dietary requirements and which are also sufficient in quantity. Meals are varied and reflect the individual's cultural and religious needs.</p>	1	<p>Patients are provided with meals which offer choice, ensure a nutritional and balanced diet, reflect specific dietary requirements, and are also sufficient in quantity. Meals are varied and reflect the individual's sensory, cultural and religious needs.</p>	Core Adjusted	Added highlighted word

116	1	Staff members, patients 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.	1	There is an alarm system on the unit for use by staff, patients and visitors. The unit has an agreed response when the alarm is raised. <i>Guidance: Alarms in patient rooms should accord with relevant regulatory guidance.</i>	Core	Added highlighted guidance note
126	-	New	2	Peer Support Worker <i>Guidance: people with lived experience to support patients to feel listened to and feedback to the wider MDT.</i>	QNLD	New standard
128	-	New	2	The unit has access to Allied Health Professionals to meet a range of patient needs that may be identified as a part of the admission treatment plan. There is sufficient sessional time and/or pathway arrangements in place to draw on these staff on an as needed basis. <i>Guidance: This includes dietetics and physiotherapy. The unit monitors its demand for and access to these services, the response time when input is needed and any delays in accessing input on patient progression through the inpatient pathway.</i>	Core	New standard
129	-	New	2	The unit has appropriate administrative support and infrastructure in place to release clinical time to care. <i>Guidance: The unit has a dedicated administrator.</i>	Core	New standard

130	-	New	2	The unit has a staffing model or care pathways in place to ensure access to smoking cessation and/or drug and/or alcohol interventions when they are identified as a part of an admission treatment plan.	Core	New standard
132		New	2	<p>The unit has a staffing model that ensures activities in therapeutic/recreational timetables are routinely delivered and that patient leave, exercise, access to the outdoors and faith-based needs can be facilitated in line with QNLD standard 63.</p> <p><i>Guidance: The unit may draw on a range of roles including therapies staff, peer workers, healthcare assistants, activity co-ordinators and/ or they may partner with organisations such as voluntary, community, faith and social enterprise (VCFSE) sector organisations to meet this standard.</i></p>	Core	New standard
133	2	The unit is staffed by permanent staff members, and unfamiliar bank or agency staff members are used only in exceptional circumstances, e.g. in response to additional clinical need.	2	<p>The unit is primarily staffed by permanent staff members. Unfamiliar bank or agency staff members are used only in exceptional circumstances, e.g. in response to additional clinical need or short-term absence of permanent staff or regular bank/ agency staff.</p> <p><i>Guidance: There should be at minimum one permanent qualified nurse on each shift at all times.</i></p>	Core	Added highlighted wording and guidance note

134	-	New	2	If the staff vacancy rate exceeds 15% there is a workforce recruitment and retention plan in place.	Core	New standard
135	1	There is an identified duty doctor available at all times to attend the unit, including out of hours. The doctor can attend the unit within 30 minutes in the event of an emergency.	1	There is an identified duty doctor available at all times to attend the unit, including out of hours. The doctor can attend the unit within 30 minutes in the event of an urgent situation. <i>Guidance: Video consultation for advice/assessment may be used in exceptional circumstances, which would include rural settings.</i>	Core	Added highlighted guidance note
136	1	The unit actively supports staff health and well-being. This includes: <ul style="list-style-type: none"> • Providing access to support services; • Providing access to physical activity programmes; • Monitoring staff sickness and burnout; • Assessing and improving morale; • Monitoring turnover; • Reviewing feedback from exit reports and taking action where needed. 	1	The unit actively promotes and supports staff health and well-being. <i>Guidance: For example, providing access to support services, providing access to physical activity programmes, monitoring staff sickness and burnout, assessing and improving morale, monitoring turnover, promoting sleep hygiene and known health inequalities facing night staff, reviewing feedback from exit interviews and taking action where needed.</i>	Core	Added more detail highlighted in red
137	1	All clinical staff members receive clinical supervision at least monthly or as otherwise specified by their professional body. <i>Guidance: Supervision should be profession specific as per professional guidelines and provided by someone</i>	1	All clinical staff members receive formal individual clinical supervision at least monthly, or as otherwise specified by their professional body. <i>Guidance: Supervision should be profession-specific as per professional guidelines and provided by someone with appropriate</i>	Core	Added highlighted guidance note

		with appropriate clinical experience and qualifications.		clinical experience and qualifications. <i>Clinical supervision should be in addition to managerial supervision. If the two are provided together there is a clear differentiation between them.</i>		
138	2	All staff members receive line management supervision at least monthly.	2	All staff members receive individual line management supervision at least monthly. <i>Guidance: Managerial supervision should be in addition to clinical supervision. If the two are provided together there is a clear differentiation between them.</i>	Core	Added highlighted guidance noted
139	2	Staff members are able to access reflective practice groups at least every six weeks where teams can meet together to think about team dynamics and develop their clinical practice.	2	There is regular reflective practice available of sufficient frequency to ensure that all staff can access this at least every six weeks. <i>Guidance: Reflective practice should be facilitated by someone with experience in managing a group process.</i>	Core	Added highlighted guidance note
143	1	Risk assessment and risk management. <i>Guidance: This includes assessing and managing suicide risk and self-harm; prevention and management of behaviour that challenges.</i> Recognising and communicating with patients with cognitive impairment, communication difficulties or learning disabilities within the context of person-centred care.	1	Risk assessment and risk management. <i>Guidance: This includes assessing and managing suicide risk and self-harm; prevention and management of behaviour that communicates distress.</i> Sustainability Principle: Prioritise Prevention Cognitive impairment, learning disability and autism, including awareness of neurodiversity and how to interact	Core Adjusted	New standard highlighted and updated wording

		<p>Autism awareness training.</p> <p>Restrictive practice training.</p> <p><i>Guidance: Staff are trained in preventative and reactive approaches. This training is certified as complying with the Restraint Reduction Network training standards.</i></p>		<p>appropriately with autistic people and people who have a learning disability;</p> <p><i>Inequalities in mental health access, experiences, and outcomes for patients with different protected characteristics. Training and associated supervision should support the development and application of skills and competencies required in role to deliver equitable care.</i></p> <p><i>Guidance: Training should address all 9 protected characteristics and their relevance to delivering equitable mental health care.</i></p> <p>Restrictive practice training</p> <p><i>Guidance: Staff are trained in de-escalation, preventative, and reactive approaches. This training includes the human rights-based approach and is certified as complying with the Restraint Reduction Network training standards.</i></p> <p>Enhanced Autism awareness training.</p>		
144	-	NEW	1	<p>Mental health nurses within the team have completed learning disability specific post registration training.</p> <p><i>Guidance: This is post-registration training at minimum degree level or equivalent and could include publicly available online CPD modules.</i></p>	QNLD	New standard





146	2	Carer awareness, family inclusive practice and social systems, including carers' rights in relation to confidentiality.	1	Carer awareness, family inclusive practice and social systems, including carers' rights in relation to confidentiality.	Core	Upgraded to type 1
148	1	<p>All staff undergo specific training in therapeutic observation, as part of their induction on the unit. This training includes:</p> <ul style="list-style-type: none"> • Principles around positive engagement with patients; • When to increase or decrease observation levels and the necessary multi-disciplinary team discussions that should occur relating to this; • Actions to take if the patient absconds. 	1	<p>All staff who prescribe or undertake therapeutic engagement and observation receive specific training when they are inducted into a hospital or changing units. This includes:</p> <ul style="list-style-type: none"> • Principles around positive engagement with patients; • When to increase or decrease observation levels and the necessary multi-disciplinary team discussions that should occur relating to this; • Actions to take if the patient absconds; • Trauma informed principles. 	Core	Added highlighted last bullet point
150	-	New	2	<p>The service has a system for reviewing culture in the unit and takes action on findings.</p> <p><i>Guidance: This may include review of incident and restrictive practice data, patient and carer feedback, staffing and employee relations data and/ or use of a validated staff survey, culture of care or safety culture tool/ survey.</i></p>	Core	New standard
151	-	New	2	Those in unit leadership roles are visible and present on the unit and actively role model and promote an open learning culture. They are confident and competent in both listening up and following up in line with freedom to speak up principles.	Core	New standard

				<i>Guidance: Staff know that incident reporting, learning from incidents and responsiveness to feedback are leadership priorities. If staff raise concerns, they are confident their leadership will address it.</i>		
153	1	Patients are cared for in the least restrictive environment possible, while ensuring appropriate levels of safety.	1	<p>Patients are cared for in the least restrictive environment possible, while ensuring appropriate levels of safety.</p> <p><i>Guidance: This includes avoiding the use of blanket rules and assessing risk on an individual basis.</i></p>	Core	Added highlighted guidance note
156	1	The team uses seclusion or segregation only as a last resort and for brief periods only.	1	The team uses seclusion only as a last resort and for the shortest period possible until a less restrictive management option can be utilised. All incidences of seclusion are recorded, and these are reviewed in team governance meetings.	Core	Added highlighted detail
157	-	New	2	<p>Patients on constant observations receive at least one hour per day being observed by a member of staff who is familiar to them.</p> <p><i>Guidance: Staff facilitate patient choice of staff member where possible.</i></p>	Core	New standard
158	-	New	1	Any use of force (e.g. physical, restraint, chemical restraint, seclusion and long-term segregation) should be recorded and reported in line with hospital policy, relevant legislation and/or regulatory requirements.	Core	New standard

162	-	When mistakes are made in care this is discussed with the patient themselves and their carer, in line with the Duty of Candour agreement.	1	When serious mistakes are made in care, this is discussed with the patient, and their carer, an apology given and actions taken as appropriate to mitigate the outcome of the mistake and/or prevent its recurrence. Any safeguarding concerns that have arisen through the incident should be raised and processed in line with policy.	Core	Added highlighted detail of process
166	2	Appropriately experienced patient or carer representatives are involved in the interview process for recruiting potential staff members.	2	Patient or carer representatives are involved in the interview process for recruiting potential staff members. <i>Guidance: The representatives should have experience of the relevant service.</i>	Core	Added highlighted guidance
169	-	New	1	The multi-disciplinary team collects patient ethnicity data on the use of restrictive interventions and actively works to reduce inequalities year on year through use of audit and/ or other quality improvement methodology. <i>Guidance: Audit data are used to compare the service to national benchmarks where available.</i>	Core	New standard
170	-	New	1	Feedback received from patients and carers is analysed to identify and act on any differences of experiences by protected characteristics. <i>Guidance: Complaints and compliments and other feedback sources include the option to share demographic information.</i>	Core	New standard

173	-	New	2	The service's clinical outcome data are collated, analysed and reported at least bi-annually. The data are shared with commissioners, the team, patients and carers, and used to make improvements to the service.	Core	New standard
175	-	New	2	<p>The unit reviews its current practices against the organisation's or NHS green plan. It identifies areas for improvement and develops a plan to increase sustainability in line with principles of sustainable services. Progress against the plan is reviewed at regular time points throughout the year and the plan refreshed annually.</p> <p><i>Guidance: Good practice includes adopting practices in line with recommendations in RCPsych Net Zero Guidance. This may include for example assigning a Sustainability Champion role and staff undertaking training in sustainable practice.</i></p>	Core	New standard

Updates to key principles within the standards

	<p>Involvement of patients and carers within all aspects of care planning and treatment.</p>
	<p>All information provided to patients and carers must be in place in an accessible format, in line with the person's preferences and relevant national standards. Interventions are adapted to meet the person's communication needs.</p>
	<p>If patients lack capacity, decisions are made in their best interest. Information is given to the patients' carer/family and advocate, and efforts are made to maximise their involvement.</p>
	<p>Reasonable adjustments are made in line with equality law.</p>