

# Summary of Key Revisions to QNIC Standards



Number	Previous Standard Type	Previous Standard	Revised/ New Standard Type	Revision to Standard or New Standard
1.1.12	1	In wards/units where seclusion is used, there is a designated room that meets the following requirements: <ul style="list-style-type: none"> <li>• It allows clear observation;</li> <li>• It is well insulated and ventilated;</li> <li>• It has direct access to toilet/washing facilities;</li> <li>• It is safe and secure – it does not contain anything that could be potentially harmful;</li> <li>• It includes a means of two-way communication with the team;</li> <li>• It has a clock that patients can see</li> </ul>	1	In ward/units which have a seclusion room, it must meet the following requirements: <ul style="list-style-type: none"> <li>• The room must allow for clear observation;</li> <li>• Be well insulated and ventilated;</li> <li>• It must have direct access to toilet/washing facilities;</li> <li>• The room must be safe and secure – it does not contain anything that could be potentially harmful;</li> <li>• It must include a means of two-way communication with the team;</li> <li>• It should have a clock that young people can see</li> </ul>
NEW	1		1	All units must have an appropriate policy which highlights how a service secludes. This should include the threshold at which a young person would be transferred to a more secure environment
1.1.16	2	Young people have access to the internet for recreational purpose	1	Young people use mobile phones, computers cameras and other electronic equipment on the ward, which provide access to the internet and social media. This is subject to risk assessment and is in line with local policy. <i>Guidance: Staff members must ensure the use of such equipment respects the privacy and dignity of everyone on the unit or ward Staff should also know how to manage situations in which this is breached</i>
1.1.21	3	Units can provide accommodation for families, where necessary ( <i>Was type 3</i> )	2	Units can provide information for families about local accommodation
1.2.2	1	When a unit is on the same site as an adult unit, there are policies and procedures to ensure young people are	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

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		not using shared facilities at the same time as other adults		
<b>1.3.3</b>	<b>2</b>	All young people have single bedrooms	<b>2</b>	All young people have single bedrooms according to need
<b>1.3.4</b>	<b>1</b>	Male and female patients (self-defined by the patient) have separate bedrooms, toilets and washing facilities and young people do not pass through areas occupied by members of the opposite sex at night to reach the toilet and/or washing facilities	<b>1</b>	Young people have separate bedrooms, toilets and washing facilities, split according to self-identified gender. Young people do not pass through areas occupied by members of the opposite sex at night unsupervised to reach the toilet and/or washing facilities
<b>1.3.16</b>	<b>2</b>	Laundry facilities are available to all young people	<b>1</b>	Laundry facilities are available
<b>NEW</b>			<b>1</b>	Young people can wash and use the toilet in private, unless risk assessment deems they require constant observation
<b>NEW</b>			<b>1</b>	Staff members respect the patient's personal space, where risk permits e.g. by knocking and waiting before entering their bedroom
<b>1.5.1</b>	<b>3</b>	Young people are consulted about changes to the ward/unit environment	<b>2</b>	
<b>1.6.1</b>	<b>1</b>		<b>1</b>	A collective response to alarm calls and fire drills is agreed by the team and both are rehearsed 6 monthly
<b>NEW</b>			<b>1</b>	The ward/unit has a mechanism for responding to low/unsafe staffing levels, when they fall below minimum agreed levels, including: · A method for the team to report concerns about staffing levels; · Access to additional staff members; · An agreed contingency plan, such as the minor and temporary reduction of non-essential services.
<b>2.2.2</b>	<b>2</b>	A typical unit with 12 beds includes 1 WTE ward manager (band 7+ or equivalent)	<b>1</b>	

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<b>2.3.8</b>	<b>3</b>	The unit has formal arrangements to ensure easy access to a speech and language therapist	<b>2</b>	
<b>2.3.17</b>	<b>2</b>	There has been a review of the staff capacity and skill mix of the team within the past 12 months. This is to identify any gaps in the team and to develop a balanced workforce which meets the needs of the ward/unit.	<b>1</b>	
<b>NEW</b>			<b>2</b>	Staff members can access leadership and management training appropriate to their role and specialty.
<b>NEW</b>			<b>1</b>	All staff members who administer medications have been assessed as competent to do so. Assessment is done using a competency-based tool.
<b>NEW</b>			<b>3</b>	The team has received training in reflective practice
<b>NEW</b>			<b>1</b>	Young people returning from ward leave are able to access a bed on their ward within 6 hours.
<b>3.5.2</b>	<b>1</b>	Carers are advised on how to access a statutory carers' assessment, provided by an appropriate agency	<b>2</b>	All families have access to an assessment of their needs where appropriate.
<b>3.6.5</b>	<b>1</b>	A written comprehensive MDT summary is produced and distributed within five working days of discharge		A written comprehensive summary is produced and distributed within ten days of discharge
<b>3.6.7</b>	<b>2</b>	Where there are delayed transfers/discharges: <ul style="list-style-type: none"> <li>• The team can easily raise concerns about delays to senior management;</li> </ul>	<b>1</b>	There is a procedure in place for taking action on delayed discharge

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		<ul style="list-style-type: none"> <li>Local information systems produce accurate and reliable data about delays;</li> <li>Action is taken to address any identified problems</li> </ul>		
<b>3.6.9</b>	<b>1</b>	The team makes sure that patients 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 sooner if they are at particular risk. Guidance: This may be in coordination with the Home Treatment/Crisis Resolution Team.		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
<b>NEW</b>			<b>2</b>	<p>Young people are supported by staff members, where required, to access care from other physical health services to meet their needs. This includes:</p> <ul style="list-style-type: none"> <li>Accident and emergency;</li> <li>Social services;</li> <li>Local and specialist mental health services e.g. liaison, eating disorders, rehabilitation;</li> <li>Secondary physical healthcare.</li> </ul>
<b>4.2.2.7</b>	<b>2</b>	Carers have access to a carer support network or group. This could be provided by the ward/unit or the team could signpost carers to an existing network	<b>1</b>	<p>Parents/carers feel supported by the ward staff members. Guidance: This could be through the provision of or sign-posting to carer support networks or groups. There may be a designated staff member dedicated to carer support</p>
<b>4.3.2</b>	<b>1</b>	Activities are provided in the evenings and weekends		There are a range of accessible activities are provided everyday including evenings, weekends and bank holidays. Guidance: Activities which are provided during working hours, Monday- Friday, are timetabled.

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<b>NEW</b>			<b>1</b>	Young people and the team can obtain a second opinion if there is doubt, uncertainty or disagreement about the diagnosis, formulation or treatment.
<b>NEW</b>			<b>1</b>	Where appropriate, young people are actively involved in shared decision-making about their mental and physical health care, treatment, discharge planning and are supported in self-management
<b>NEW</b>			<b>1</b>	Young people and parents/carers are supported by staff members, before (to prepare), during (to understand and contribute) and after (to feedback outcomes) any formal review of their care
<b>4.5.4</b>	<b>1</b>	<p>Every patient has a written care plan, reflecting their individual needs. Staff members actively seek to collaborate with patients and their carers (with patient consent) when developing the care plan.</p> <p>Guidance: The care plan clearly outlines:            Agreed intervention strategies for physical and mental health;            Measurable goals and outcomes;            Any advance directives or statements that the patient has made;            Crisis and contingency plans;            Review dates and discharge framework.</p>		The team reviews and updates care plans according to clinical need or at a minimum frequency of a month
<b>NEW</b>			<b>1</b>	Young people and parents/carers know who is co-ordinating their care on the unit and how to access them if they have any questions
<b>NEW</b>			<b>2</b>	Parents and 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.

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4.6.5	1	All young people have a personal education plan		All young people have a personal education plan which reflects the focus on wider progress and well-being in education in addition to academic progress. Guidance: Mental Health Functioning in Education can be used to show focus on wider progress
4.6.11	2	Teachers and nursing staff have a handover at the beginning and end of each education session		Teachers and nursing staff have a handover at the beginning and end of each school day
<b>NEW</b>			<b>1</b>	When young people are absent without leave, the team (in accordance with local policy): <ul style="list-style-type: none"> <li>• Activates a risk management plan;</li> <li>• Makes efforts to locate the young people;</li> <li>• Alerts carers, people at risk and the relevant authorities</li> </ul>
5.4.1	2	Staff are easily identifiable (e.g. By wearing appropriate identification)		Staff members wear their Trust/ Organisation ID when working on the ward and this is easily visible.
5.4.2	3	There is a board on display with the names and photographs of staff	<b>2</b>	
5.6.2	1	For all young people, the young person's capacity and/or competency is assessed and recorded when a decision is required about their care		All young people's consent is recorded when a decision is required about their care. Where young people are not able to give consent, their views are ascertained as far as possible and taken into account. The legal basis for giving the proposed treatment or intervention is recorded.
5.6.6	1	Patients have an assessment of their capacity to consent to admission, care and treatment within 24 hours of admission.		Assessments of young people' 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 people' 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

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6.2.2	3	Young people can meet with a staff member of the gender of their choice	1	Young people are asked for their preference of staff member to act as a chaperone for physical examinations. This is provided if feasible and if not the reasons for this are documented
NEW			1	Staff members are able to access training or gather specific information about the mental health needs of young people from minority or hard-to-reach groups. This may include: <ul style="list-style-type: none"> <li>• Black, Asian and minority ethnic groups;</li> <li>• Asylum seekers or refugees;</li> <li>• Lesbian, gay, bisexual or transgender people;</li> <li>• Travellers.</li> </ul>
NEW			3	The ward has a designated equality champion.
6.4.1	1	The team effectively manages patient violence and aggression. Guidance: 1) Staff members do not deliberately restrain patients in a way that affects their airway, breathing or circulation; 2) Restrictive intervention always represents the least restrictive option to meet the immediate need; 3) Individualised support plans, incorporating behaviour support plans, are implemented for all patients who are known to be at risk of being exposed to restrictive interventions; 4) The team does not use seclusion or segregation other than for patients detained under the Mental Health Act (or equivalent); 5) The team works to reduce the amount of restrictive practice used; 6) Providers Services report on the use of restrictive interventions to service commissioners, who monitor and act in the event of concerns		The team effectively manages young people violence and aggression. <i>Guidance:</i> 1) Staff members do not restrain young people in a way that affects their airway, breathing or circulation; 2) Restrictive intervention always represents the least restrictive option to meet the immediate need; 3) Individualised support plans, incorporating behaviour support plans, are implemented for all young people who are known to be at risk of being exposed to restrictive interventions; 4) The team does not use seclusion or segregation other than for young people detained under the Mental Health Act (or equivalent); 5) The team works to reduce the amount of restrictive practice used; 6) Services report on the use of restrictive interventions to service commissioners, who monitor and act in the event of concerns

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<b>NEW</b>			<b>1</b>	Staff know how to prevent and respond to sexual exploitation, coercion, intimidation and abuse on the ward. <i>Guidance: Staff must consider whether sexual incidents that are said to be consensual have been the result of coercion, exploitation or where a person's capacity to consent may have been affected by her mental health. Where there is any doubt, the incident must be investigated. Links must be established with the police in serious untoward incidents and to child protection</i>
<b>NEW</b>			<b>1</b>	Young people who are involved in episodes of restrictive physical intervention, or compulsory treatment including tranquilisation, have their vital signs monitored by nursing staff in collaboration with medics and any deterioration is responded to
<b>6.4.4</b>	<b>1</b>	Parents/carers are informed about all episodes of restraint within 24 hours		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
<b>NEW</b>			<b>1</b>	Individualised support plans, incorporating behaviour support plans, are implemented for all young people who are being managed through the repeated use of restrictive physical interventions. <i>Guidance: The support plans are developed using functional analyses/applied behaviour analyses to understand, manage and prevent incidents</i>
<b>NEW</b>			<b>1</b>	Systems are in place to enable staff members to quickly and effectively report incidents. Managers encourage staff members to do this