



## Quality Network for Inpatient CAMHS General Standards

Key Changes  
12<sup>th</sup> Edition

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## Section 1: Environment and Facilities

Previous Standard Number	Previous Standard Type	Previous Standard	New standard number	New standard type	New standard criteria	Changes made	CCQI Core Standard
1.1.1	1	The unit is clean and well-maintained.	1.1.1	1	The <b>ward</b> /unit is clean and well-maintained.	Standard wording updated	
1.1.2	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>	1.1.2	2	Staff members and young people can control heating, ventilation and light <b>on the ward/unit</b> .  <i>Guidance: For example, <b>young people</b> are able ventilate their rooms through the use of windows, they have access to light switches and they can request adjustments to control heating. <b>Dimmable lighting is available.</b></i>	Standard wording updated  Guidance updated	16.6
1.1.3	2	There is indoor space for recreation which is large enough to accommodate all young people.	1.1.3	2	There is indoor space for recreation to accommodate all young people <b>at any one time</b> .	Standard wording updated	
1.1.4	1	There is a designated safe outdoor space which young people are able to access every day, where clinically appropriate.	1.1.4	1	<b>Young people have access to safe outdoor space every day.</b>  <i>Guidance: Where there are restrictions to accessing outdoor space, these are proportionate and the least restrictive approach is taken and justified.</i>	Standard wording updated  Guidance added	6.11

1.1.6	1	The ward/unit has a designated dining area, which is available during allocated mealtimes.	1.1.6	1	The ward/unit has a designated dining area <b>(s)</b> .	<b>Standard wording updated</b>	
1.1.7	2	There is designated teaching space for education which can accommodate all young people in the unit.	1.1.7	1	There is designated teaching space for education which can accommodate all young people in the <b>ward/unit</b> .	<b>Standard type change</b> <b>Standard wording updated</b>	
1.1.8	1	<p>In wards/units where seclusion is used, there is a designated room that meets the following requirements:</p> <ul style="list-style-type: none"> <li>It allows clear observation;</li> <li>It is well insulated and ventilated;</li> <li>It has adequate lighting, including a window(s) that provides natural light;</li> <li>It has direct access to toilet/washing facilities;</li> <li>It has limited furnishings (which include a bed, pillow, mattress and blanket or covering);</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>	1.1.8	1	<p>In wards/units where seclusion is used, there is a designated room that meets the following requirements:</p> <ul style="list-style-type: none"> <li>It allows clear observation;</li> <li>It is well insulated and ventilated;</li> <li>It has adequate lighting, including a window(s) that provides natural light;</li> <li>It has direct access to toilet <b>and</b> washing facilities;</li> <li>It has safe furnishings (which includes <b>as a minimum</b>; a bed, pillow, mattress and blanket or covering);</li> <li>It is safe and secure, and does not contain anything that could be potentially harmful;</li> <li>It includes a means of two-way communication with the team, <b>such as an intercom</b>;</li> </ul>	<b>Standard wording updated</b> <b>Guidance added</b>	<b>16.19</b>

					It has a clock that <b>young people</b> can see.  <b>Guidance: Wards that do not have seclusion facilities ensure that local policies fully describe alternatives to seclusion and how young people's safety, dignity, privacy and health and well-being needs will be met.</b>		
1.1.9	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>	1.1.9	2	All young people can access a range of current, culturally-specific resources for entertainment, which reflect the ward/unit's population.	<b>Standard wording updated</b>  <b>Guidance removed</b>	<b>16.9</b>
1.1.10	2	One computer is provided for every two young people in school.	1.1.10	2	<b>All young people have access to computers and/or tablets that meet their educational needs.</b>	<b>Standard wording updated</b>	
1.1.11	1	Young people use mobile phones, computers (which provide access to the internet and social media), and other electronic equipment on the ward, subject to risk assessment and in line with local policy.  <i>Guidance: Staff members ensure the use of such equipment respects the privacy and dignity of everyone and know how to manage situations when this is breached.</i>	1.1.11	1	<b>There is a personal plan co-produced with young people and their parents/carers on the use of electronic devices including those that provide access to the internet and social media on the ward (such as mobile phones, computers, tablets, cameras etc).</b>  <b>Young people use these devices subject to risk assessment, care and safety plans, and in line with local policy.</b>  <b>Guidance: Young people can access a charge point for electric devices. Staff members ensure the use of such equipment respects the privacy and</b>	<b>Standard wording updated</b>	<b>16.12</b>

					<b><i>dignity of everyone and know how to manage situations when this is breached.</i></b>		
1.1.13	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.	1.1.12	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.	<b>Standard number change only</b>	
1.1.14	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).	1.1.13	2	<b>Young people are supported to access hot and cold drinks and snacks 24 hours a day (where clinically appropriate).</b>  <b><i>Guidance: Hot drinks may be available on a risk-assessed basis.</i></b>	<b>Standard wording updated</b>  <b>Guidance added</b>	<b>16.21</b>
1.1.16	2	Ward/unit-based staff members have access to a dedicated staff room.	1.1.14	2	Ward/unit-based staff members have access to a dedicated staff room.	<b>Standard number change</b>	16.23
			1.2.4	3	<b>The ward/unit is able to designate gender neutral bedrooms and toilet facilities for those young people who would prefer a non-gendered care environment.</b>	<b>New core standard</b>	16.4
1.2.4	1	Young people have separate toilets, washing facilities and bedrooms, split according to self-identified gender.	1.2.5	1	<b>Male and female young people have separate bedrooms, toilets and washing facilities. Room allocation is able to accommodate a spectrum of genders.</b>  <b><i>Guidance: Where room allocation could present risks to the young person or to vulnerable others, this is risk assessed and all practical steps taken to accommodate</i></b>	<b>Standard number change</b>  <b>Standard wording updated</b>	<b>16.2</b>

					<b><i>the young person's preference. If the young person's preference cannot be safely accommodated, this is discussed between the young person and clinical team and an agreement is made on the most appropriate environment for care. Care and safety planning should be carried out with the young person to specifically address how to best to support them in this context.</i></b>	<b>Guidance added</b>	
1.2.5	2	The unit has at least one bathroom/shower room for every three young people.	1.2.6	2	The <b>ward/unit</b> has at least one bathroom/shower room for every three young people.	<b>Standard wording updated</b>	<b>16.6</b>
1.2.6	3	Every young person has an en-suite bathroom.	1.2.7	3	Every young person has an en-suite bathroom.	<b>Standard number change</b>	<b>16.7</b>
1.2.8	1	The ward/unit has a designated room for physical examination and minor medical procedures.	1.2.8	1	The ward/unit has a designated room for physical examination and minor medical procedures.  <b><i>Guidance: The room has a couch for physical examination.</i></b>	<b>Guidance added</b>	<b>16.18</b>
1.2.9	2	The ward/unit has at least one quiet room or de-escalation space other than young people's bedrooms.	1.2.9	2	The ward/unit has at least one <b>low stimulus</b> quiet room or de-escalation space other than young people's bedrooms.	<b>Standard wording updated</b>	<b>16.20</b>
1.2.10	2	There is a designated space for young people to receive visitors who are children, with appropriate facilities such as toys and books.	1.2.10	2	There is space for young people to receive visitors, <b>including</b> children, with appropriate facilities such as <b>toilets and age-appropriate</b> toys and books.	<b>Standard wording updated</b>	

					<b>Guidance: Visitors have access to refreshments on the unit.</b>	<b>Guidance added</b>	
1.2.11	2	There is a safe place for young people to keep their property.	1.2.11	1	There is <b>space</b> for young people to keep their property <b>safe and secure.</b>  <b>Guidance: Restricted items are stored securely by the staff at the ward/unit.</b>	<b>Standard wording updated</b>  <b>Guidance added</b>  <b>Standard type change</b>	
1.2.12	2	There is a safe place for staff to keep their property.	1.2.12	2	There is <b>space</b> for staff to keep their property <b>safe and secure.</b>	<b>Standard wording updated</b>	
1.2.13	1	Young people are supported to access materials and facilities that are associated with specific cultural or spiritual practices e.g. covered copies of faith books, access to a multi-faith room, access to groups.	1.2.13	1	Young people are supported to access materials and facilities that are associated with specific cultural or spiritual practices e.g. covered copies of faith books, access to a multi-faith room, <b>or</b> access to groups.	<b>Standard wording updated</b>	<b>16.8</b>
			1.2.14	1	<b>Young people have access to video technology to communicate with their friends and relatives.</b>  <b>Guidance: Access to technology and how it will be supported is addressed within young people's care plans.</b>	<b>New core standard</b>	<b>16.11</b>
1.2.16	2	Young people can personalise their bedrooms	1.2.16	2	Young people <b>are able to</b> personalise their bedrooms.  <b>Guidance: This may include allowing</b>	<b>Standard wording updated</b>	16.5

		<i>Guidance: For example, by putting up photos and pictures.</i>			<b>photos and pictures to be displayed and other personalisations in line with infection control policy.</b>		
			1.2.17	1	<p><b>Accessible key information about the ward is clearly displayed.</b></p> <p><b>Guidance: This includes clear signage, pictures and names of ward staff members, and the ward activity timetable.</b></p>	<b>New core standard</b>	<b>16.1</b>
1.3.3	1	<p>The ward is a safe environment with clear sightlines (e.g. with use of mirrors) and safe external spaces.</p> <p><i>Guidance: An audit of environmental risk, including potential ligature points, is conducted annually and a risk management strategy is agreed.</i></p>	1.3.3	1	<p><b>A risk assessment of all ligature points on the ward is conducted at least annually. Environmental and ligature risk assessments should be repeated following a significant incident, near miss, and environmental changes. An action plan and mitigations are put in place where risks are identified, and staff are aware of the risk points and their management.</b></p>	<b>Standard wording updated</b>	<b>16.13</b>
1.3.4	1	Young people and staff members feel safe on the ward.	1.3.4	1	<p>Young people and staff members feel safe on the ward.</p> <p><b>Guidance: Staff and young people's experience is systematically captured, reviewed and acted on.</b></p>	<b>Guidance added</b>	<b>20.2</b>
1.4.2	1	Emergency medical resuscitation equipment is available immediately and is maintained and checked weekly and after each use.	1.4.1	1	Emergency medical resuscitation equipment is available immediately and is maintained and checked weekly and after each use.	<b>Guidance added</b>	<b>16.17</b>

					<b>Guidance: This includes other emergency equipment, such as ligature cutters. Staff know where this is located.</b>		
1.4.4	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.	1.4.2	1	<p><b>There is an alarm system on the ward for use by staff, young people and visitors. The ward has an agreed response when the alarm is raised.</b></p> <p><b>Guidance: Alarms in young people's rooms should be in accordance with relevant regulatory guidance.</b></p>	<p><b>Standard wording updated</b></p> <p><b>Guidance added</b></p>	<b>16.15</b>

## Section 2: Staffing and Training

Previous Standard Number	Previous Standard Type	Previous Standard	New standard number	New standard type	New standard criteria	Changes made	CCQI Core Standard
2.1.1	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"> <li>- 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 acute cases;</li> <li>- 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;</li> <li>- Where young people are on low dependency observations there is a ward staff to young people ratio of 1:3.</li> </ul>	2.1.1	1	<p>There are sufficient levels of staffing which can be adapted to reflect the acuity levels of the ward.</p> <p><b>Guidance: There is a minimum ward staff to young people ratio of 1:2, which can be increased to 3:1 for the most highly acute cases (e.g. high levels of observation, use of seclusion, increased risk of violence or self-harm).</b></p>	<b>Guidance updated</b>	<b>16.13</b>
2.1.3	2	<p>The ward/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.</p>	2.1.3	2	<p>The ward/unit is primarily 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 <b>or short-term absence of permanent staff or regular bank/agency staff.</b></p> <p><b>Guidance: There should be at minimum one permanent qualified nurse on each shift at all times.</b></p>	<b>Standard wording updated</b> <b>Guidance added</b>	<b>20.2</b>

			2.1.5	2	<b>If the nursing vacancy rate exceeds 15% there is a workforce recruitment and retention plan in place.</b>	<b>New core standard</b>	
2.1.5	1	Staff members feel able to challenge decisions and to raise any concerns they may have about standards of care. They are aware of the processes to follow when raising concerns or whistleblowing.	2.1.6	1	Staff members feel able to challenge decisions and to raise any concerns they may have about standards of care. They are aware of the processes to follow when raising concerns or whistleblowing	<b>Standard number change</b>	<b>7.3</b>
			2.1.7	1	<b>Those in ward leadership roles are visible and present on the ward and actively role model and promote an open learning culture. They are confident and competent in both listening and following up in line with freedom to speak up principles.</b>  <b><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></b>	<b>New core standard</b>	<b>16.17</b>
2.1.6	1	When the team meets for handover, adequate time is allocated to discuss patients' needs, risks and management plans.	2.1.8	1	When the team meets for handover, adequate time is allocated to discuss <b>young people's</b> needs, <b>safety and care plans.</b>	<b>Standard wording updated</b>  <b>Standard number change</b>	
2.1.7	2	Appropriately experienced young person or parent/carer representatives are involved in	2.1.9	2	<b>Young person or parent/carer representatives</b> are involved in the interview process for recruiting potential	<b>Standard wording updated</b>	<b>16.15</b>

		the interview process for recruiting potential staff members.			staff members.  <b>Guidance: The representatives should have experience of the relevant service.</b>	<b>Guidance added</b>  <b>Standard number change</b>	
			2.1.10	3	<b>The ward has a system for reviewing culture in the ward and takes action on findings.</b>  <b>Guidance: This may include review of incident and restrictive practice data, young people and parent/carer feedback, staffing and employee relations data and/or use of a validated staff survey, culture of care or safety culture tool/survey.</b>	<b>New core standard</b>	<b>16.13</b>
2.1.11			2.1.11	3	<b>The ward 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 is refreshed annually.</b>  <b>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.</b>  <a href="https://www.rcpsych.ac.uk/docs/default-source/improving-care/nccmh/net-zero-">https://www.rcpsych.ac.uk/docs/default-source/improving-care/nccmh/net-zero-</a>	<b>New core standard</b>	<b>20.2</b>

					<a href="https://www.nhs.uk/consult/condocs/mhc/delivering-greener--more-sustainable-and-net-zero-mental-health-care---guidance-and-recommendations.pdf?sfvrsn=c119e9d4_6">mhc/delivering-greener--more-sustainable-and-net-zero-mental-health-care---guidance-and-recommendations.pdf?sfvrsn=c119e9d4_6</a>		
2.2.1	1	A typical unit with 12 beds includes 1 WTE ward manager (band 7+ or equivalent).	2.2.1	1	A typical unit with 12 beds includes 1 WTE ward manager (band 7+ or equivalent).  <b>Guidance: For units with more than 12 beds, the WTE staffing should have additional management input that is band 6+ or equivalent e.g. a deputy ward manager.</b>	Guidance added	
2.2.2	1	A typical unit with 12 beds includes at least 1 WTE consultant child and adolescent psychiatrist input (which may be provided by two clinicians in a split post).	2.2.2	1	A typical unit with 12 beds includes at least 1 WTE <b>consultant child and adolescent psychiatrist.</b>	Standard wording updated	6.2.1
2.2.3	2	A unit with 12 beds includes at least 1 WTE non-consultant child and adolescent psychiatrist.	2.2.3	2	<b>A typical</b> unit with 12 beds includes at least 1 WTE non-consultant child and adolescent psychiatrist.	Standard wording updated	
2.2.4	1	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.  <i>Guidance: This does not include assistant psychologists.</i>	2.2.4	1	A typical unit with 12 beds includes at least 1 WTE <b>clinical psychologist.</b>	Standard wording updated	6.2.2
2.2.5	2	A typical unit with 12 beds includes an additional 0.5 WTE of non-consultant psychology input.	2.2.5	2	A typical unit with 12 beds includes an additional 0.5 WTE of <b>non-qualified</b> psychology input.  <i>Guidance: This may include support from</i>	Standard wording updated	

		<i>Guidance: This may include support from assistant psychologists.</i>			<i>assistant psychologists <b>and clinical associate psychologist roles.</b></i>		
2.2.7	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.	2.2.7	2	A typical unit with 12 beds includes at least 1 WTE <b>occupational therapist.</b>	<b>Standard wording updated</b>	6.2.4
			2.2.10	3	<b>A typical unit with 12 beds includes at least 0.5 WTE dietician. They contribute to the assessment and formulation of the young person's nutritional needs and the safe and effective provision of evidence-based nutritional interventions.</b>	<b>New standard</b>	
2.2.10	2	The unit has formal arrangements to ensure easy access to a speech and language therapist.	2.2.11	2	The unit has formal arrangements to ensure easy access to a speech and language therapist.	<b>Standard number change</b>	
2.2.11	3	There is dedicated sessional input from creative therapists.	2.2.12	3	There is dedicated sessional input from creative therapists.	<b>Standard number change</b>	
2.2.12	1	A typical unit with 12 beds includes at least 0.5 WTE family therapist.	2.2.13	1	A typical unit with 12 beds includes at least 0.5 WTE <b>family and systemic psychotherapist.</b>  <b><i>Guidance: This must be a professional who is qualified to Master's degree or doctorate level recognised by the Association for Family Therapy and Systemic Practice (AFT)</i></b>	<b>Standard number change</b>  <b>Standard wording updated</b> <b>Guidance added</b>	

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			2.2.14	3	The unit has formal arrangements to ensure easy access to an activity coordinator.	<b>New standard</b>	
			2.2.15	3	The unit has formal arrangements to ensure easy access to a peer support worker.	<b>New standard</b>	
			2.2.16	3	The unit has formal arrangements to ensure easy access to a parent advocate/family ambassador.	<b>New standard</b>	
			2.2.17	2	<p><b>The ward has access to other Allied Health Professionals to meet a range of young people's 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.</b></p> <p><i>Guidance: The ward monitors its demand for and access to these services, the response time when input is needed and any delays in accessing input on young people's progression through the inpatient pathway.</i></p>	<b>New core standard</b>	6.3
2.2.13	2	There is a minimum of one qualified teacher to four students per lesson.	2.2.18	2	There is a minimum of one qualified teacher to four students per lesson.	<b>Standard number change</b>	
2.2.14	3	Young people have access to teachers of specialist subjects e.g. language tutors.	2.2.19	3	Young people have access to <b>teachers of specialist subjects.</b>	<b>Standard number change</b>	

			2.2.20	2	<p><b>The ward has appropriate administrative support and infrastructure in place to release clinical time to care.</b></p> <p><b>Guidance: A typical unit with 12 beds includes 1 WTE administrator (band 3 or above or local equivalent).</b></p>	<b>New core standard</b>	17.7
2.2.16	2	A specialist pharmacist is a member of the MDT.	2.2.21	2	A specialist pharmacist is a member of the MDT.	<b>Standard number change</b>	6.2.3
			2.2.22	2	<p><b>The ward has a staffing model that ensures activities in therapeutic/recreational timetables are routinely delivered and that young people's leave, exercise, access to the outdoors and faith-based needs can be facilitated in line with the RCPsych core standards.</b></p> <p><b>Guidance: The ward 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.</b></p>	<b>New core standard</b>	6.6
2.2.17	1	There is an identified duty doctor available at all times to attend the ward/unit, including out of hours. The doctor can attend the ward/unit within 30 minutes in the event of an emergency.	2.2.23	1	There is an identified duty doctor available at all times to attend the ward/unit, including out of hours. The doctor can attend the ward/unit within 30 minutes in the event of an <b>urgent situation.</b>	<b>Standard number change</b>	18.4

					<b>Guidance: Video consultation for advice / assessment may be used in exceptional circumstances which would include rural settings.</b>	Standard wording updated Guidance added	
2.2.18	1	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.	2.2.24	1	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.	Standard number change	
2.3.1	1	New staff members, including bank staff, receive an induction programme specific to the ward/unit. This includes: - 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.	2.3.1	1	New staff members, including bank staff, receive an induction based on an agreed list of core competencies. This includes arrangements for shadowing colleagues on the team, jointly working with a more experienced colleague, and being observed and receiving enhanced supervision until core competencies have been assessed as met.  <b>Guidance: When agency staff are used, they receive a local orientation and safety induction to the ward. The service has an arrangement where agency staff have their core competencies checked prior to their shift.</b>	Standard wording updated Guidance added	19.2
2.3.2a	1	The use of legal frameworks, such as the Mental Health Act (or equivalent) and the Mental Capacity Act (or equivalent).	2.3.2a	1	<b>The use of relevant mental health and capacity legal frameworks.</b>	Standard wording updated	21.1a

2.3.2b	1	Physical health assessment. Guidance: This could include training in understanding physical health problems, undertaking physical observations and when to refer the patient for specialist input.	2.3.2b	1	Physical health <b>assessment and management including management of the physically deteriorating patient.</b>  <b>Guidance: This could include training in understanding physical health problems, undertaking physical observations, using early warning scores (e.g. NEWS2, PEWS), identification and management of the medically deteriorating patient and basic life support.</b>	Standard wording updated  Guidance added	21.1b
2.3.2c	1	Safeguarding vulnerable adults and children. This includes recognising and responding to the signs of abuse, exploitation or neglect.	2.3.2c	1	Safeguarding vulnerable adults and children.  <b>Guidance: This includes recognising and responding to the signs of abuse, exploitation or neglect.</b>	Guidance added	21.1c
2.3.2d	1	Risk assessment and risk management.  <i>Guidance: This includes: assessing and managing suicide risk and self-harm; prevention and management of aggression and violence.</i>	2.3.2d	1	Risk assessment and management.  <i>Guidance: This includes assessing and managing suicide risk and self-harm, <b>risk from others, from self-neglect and the prevention and management of behaviour that challenges.</b></i>	Standard wording updated	21.1d
2.3.2e	1	Recognising and communicating with young people with cognitive impairment or learning disabilities.	2.3.2e	1	<b>Cognitive impairment, learning disability and autism, including awareness of neurodiversity and how to interact appropriately with autistic people and people who have a learning disability.</b>	Standard wording updated	21.1e
			2.3.2f	2	<b>Inequalities in mental health access, experiences, and outcomes for young people with different protected</b>	New core standard	21.1f

					<p><b>characteristics. Training and associated supervision should support the development and application of skills and competencies required in role to deliver equitable care.</b></p> <p><b><i>Guidance: Training should address all 9 protected characteristics and their relevance to delivering equitable mental health care.</i></b></p>		
2.3.2h	2	Parent/carer awareness, family inclusive practice and social systems, including parents/carers' rights in relation to confidentiality.	2.3.2g	1	Parent/carer awareness, family inclusive practice and social systems, including parents/carers' rights in relation to confidentiality.	<p><b>Standard number change</b></p> <p><b>Standard type change</b></p>	21.1g
2.3.2j	3	Quality improvement methodology and identifying priority QI projects.	2.3.2h	3	Quality improvement methodology and identifying priority QI projects.	<p><b>Standard number change</b></p>	
2.3.2k	1	Managing relationships and boundaries between young people and staff, including appropriate touch.	2.3.2i	1	Managing relationships and boundaries between young people and staff, including appropriate touch.	<p><b>Standard number change</b></p>	
2.3.2l	1	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.	2.3.2j	1	<p><b>New members of staff or those changing ward who prescribe or undertake therapeutic engagement or observation receive an induction which includes:</b></p> <ul style="list-style-type: none"> <li>- Principles around positive engagement with young people;</li> <li>- When to increase or decrease</li> </ul>	<p><b>Standard number change</b></p> <p><b>Standard wording updated</b></p>	21.1h

					<b>observation levels and the necessary multi-disciplinary team discussions that should occur relating to this;</b> <b>- Actions to take if the young person absconds;</b> <b>- Trauma informed principles.</b>		
			2.3.2k	2	Staff are trained on human rights-based approaches to working with people at risk of restrictive practices and in trauma informed principles.	<b>New core standard</b>	21.1i
2.3.3	1	All qualified nursing and medical staff that administer rapid tranquillisation have completed Intermediate Life Support training.	2.3.3	1	All qualified nursing and medical staff that administer rapid tranquillisation have completed Immediate Life Support training <b>or local equivalent.</b>	<b>Standard wording updated</b>	
2.3.5	2	Shared in-house multi-disciplinary team training, education and practice development activities occur on the ward/unit at least every three months.	2.3.4	2	Shared in-house multi-disciplinary team training, education and practice development activities occur on the ward/unit at least every three months.	<b>Standard number change</b>	
2.3.6	3	Non-clinical staff have received mental health awareness training.	2.3.5	2	Non-clinical staff have received mental health awareness training.	<b>Standard number change</b>	
2.3.8	2	Young people, parents/carers and staff members are involved in devising and delivering training.	2.3.6	2	Young people <b>and/or parent and carer representatives</b> are involved in <b>delivering and developing staff training.</b>	<b>Standard number change</b> <b>Standard wording updated</b>	21.2

2.4.1	1	<p>All clinical staff members receive individual clinical supervision at least monthly, or as otherwise specified by their professional body.</p> <p><i>Guidance: Supervision should be profession-specific as per professional guidelines and provided by someone with appropriate clinical experience and qualifications.</i></p>	2.4.1	1	<p>All clinical staff members receive formal individual clinical supervision at least monthly, or as otherwise specified by their professional body.</p> <p><i>Guidance: Supervision should be profession specific as per professional guidelines and provided by someone with appropriate clinical experience and qualifications. <b>Clinical supervision should be in addition to managerial supervision. If the two are provided together there is a clear differentiation between them.</b></i></p>	Standard wording updated	19.3
2.4.2	2	<p>All staff members receive line management supervision at least monthly.</p>	2.4.2	2	<p>All staff members receive <b>individual</b> line management supervision at least monthly.</p> <p><b><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></b></p>	Standard wording updated  Guidance added	19.4
2.4.5	1	<p>The ward/unit actively supports staff health and wellbeing.</p> <p><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, reviewing feedback from exit reports and taking action where needed.</i></p>	2.4.5	1	<p>The ward/unit actively promotes and supports staff health and well-being.</p> <p><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, <b>promoting sleep hygiene and known health inequalities facing night staff</b>, reviewing feedback from exit interviews and taking action where needed.</i></p>	Standard wording updated	20.1

2.4.7	3	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.	2.4.7	2	<p><b>There is regular reflective practice available of sufficient frequency to ensure that all staff can access this at least every six weeks.</b></p> <p><i><b>Guidance: Reflective practice should be facilitated by someone with experience in managing a group process.</b></i></p>	<p><b>Standard wording updated</b></p> <p><b>Guidance added</b></p>	17.1
2.4.8	2	The team has protected time for team building and discussing service development at least once a year.	2.4.8	2	The team has <b>protected time for team building at least once a year.</b>		

## Section 3: Access, Admission and Discharge

Previous Standard Number	Previous Standard Type	Previous Standard	New standard number	New standard type	New standard criteria	Changes made	CCQI Core Standard
3.1.1	1	The service provides information about how to make a referral.	3.1.1	1	<b>There is easily accessible and up-to-date information about the service in the public domain for young people, parent/carers and referrers to view in advance of admission. This includes contact details for the service, information for referrers about how to make a referral and, where relevant, information on waiting times.</b>	<b>Standard wording updated</b>	1.1
3.1.2	1	If the unit admits young people in cases of emergencies, young people can be admitted within 24 hours (including out of hours).	3.1.2	1	If the <b>ward/unit</b> admits young people in cases of emergencies, young people can be admitted within 24 hours (including out of hours).  <b>Guidance: There is a protocol in place for young people who are not able to be admitted within 24 hours due to living in remote locations.</b>	<b>Standard wording updated</b> <b>Guidance added</b>	
			3.1.3	1	<b>Young people 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 the views of the young person and their parent/carer.</b>	<b>New core standard</b>	1.2

			3.1.4	3	<p>The ward/unit ensures that all frontline staff are fully prepared for admissions.</p> <p>Guidance: To be fully prepared for admission, staff should have the necessary information, resources and skills to facilitate a smooth transition and provide a high standard of care for the young person from the first day of admission.</p>	<b>New standard</b>	
3.1.3	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> <p>Mental health and medication;</p> <p>Psychosocial and psychological needs;</p> <p>Strengths and areas for development.</p>	3.1.5	1	<p>Young people have a comprehensive mental health assessment which is started within four hours of admission. <b>For young people already receiving care in the community, their existing mental health assessment and care plan is reviewed and updated. The process involves the young person, their parent/carer(s), community care providers, multi-disciplinary team and includes consideration of the young person's:</b></p> <ul style="list-style-type: none"> <li>- Mental health and medication;</li> <li>- Psychosocial and psychological needs;</li> <li>- <b>Religious traditions and spiritual beliefs;</b></li> <li>- Strengths and areas for development;</li> <li>- <b>Advance choices;</b></li> <li>- <b>Reasonable adjustments;</b></li> <li>- <b>Clinical outcome measurements.</b></li> </ul>	<p><b>Standard number change</b></p> <p><b>Standard wording updated</b></p>	2.4
			3.1.6	1	<p><b>Following assessment, young people promptly begin evidence-based therapeutic interventions which are appropriate to their bio-psychosocial needs and the identified goals for the admission.</b></p> <p><b>Guidance: Young people already</b></p>	<b>New core standard</b>	6.1.

					<b>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.</b>		
3.1.4	1	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.	3.1.7	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. <b>If all or part of the examination is declined, then the reason is recorded and repeated attempts are made. Following the physical health review the physical health care plan is developed or updated.</b></p> <p><b>Guidance: The comprehensive physical health review should be guided by the principles and components set out in the adolescent Lester tool. People carrying out physical health assessments and investigations are mindful of sensory sensitivities to touch and pain.</b></p>	<p><b>Standard number change</b></p> <p><b>Guidance added</b></p>	2.5
			3.1.8	3	<p><b>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.</b></p> <p><b>Guidance: For young people admitted over a weekend this may take up to 72 hours.</b></p>	<b>New core standard</b>	6.14

3.1.5	1	Teaching staff complete an assessment of each young person's educational needs which is reviewed at each CPA review (or local equivalent).	3.1.9	1	Teaching staff complete an assessment of each young person's educational needs which is reviewed at <b>each care planning review.</b>	Standard number change Standard wording updated	
3.1.6	1	There is a documented Care Programme Approach (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.	3.1.10	1	<b>Young people have a formal review of care or ward round within one week of admission. The review should address the young person's, and (where applicable) parent's/carer's, questions, concerns and goals. They should be well supported to attend and engage with this process in advance of the review.</b>	Standard wording updated	4.2
			3.1.11	1	The ward/unit reviews demographic data at least annually about young people who are admitted. Data are compared and action is taken to address any inequalities in care planning and treatment.  <b>Guidance: This includes data around the use of seclusion and length of stay in the unit for different groups.</b>	New core standard	1.4
3.2.1	1	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 pronouns they prefer.</i>	3.2.1	1	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 them refreshments and address them using their preferred name and pronouns. <b>Services</b></i>	Guidance updated	2.1

					<i>could use the NHS England Getting Through Guides as an example of best practice.</i>		
3.2.2	1	The young person's parent/carer is contacted by a staff member (with the young person's consent) to notify them of the admission and to give them the ward/unit contact details.	3.2.2	1	The young person's parent/carer is contacted <b>as soon as possible</b> by a staff member on the ward/unit to notify them of the admission and to provide them with contact details for the ward/unit and visiting times.  <b>Guidance: The young person is asked who needs to know they are in hospital.</b>	Standard wording updated  Guidance added	2.2
3.2.3	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.	3.2.3	1	Parents/carers are offered the opportunity to speak with staff members, within 48 hours of the young person's admission to discuss concerns, their own needs and to share and receive information.	Standard type change  Standard wording updated	13.3
3.2.5	2	The service actively supports families to overcome barriers to access.	3.2.5	2	The service actively supports families to overcome barriers <b>in visiting the ward.</b>  <b>Guidance: This may include providing accommodation and transport, reasonable adjustments, and/or using online video conferencing tools.</b>	Standard wording updated  Guidance added	
3.2.6	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.	3.2.6	1	Young people admitted to the ward outside the area in which they live have <b>regular reviews</b> of their placement.  <b>Guidance: The minimum frequency of</b>	Standard wording updated	2.8

					<b>reviews is determined by the care setting. In acute care settings the review would be at minimum weekly.</b>	<b>Guidance added</b>	
			3.3.1	1	Proactive discharge planning with the young person and their parent/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.	<b>New core standard</b>	9.1
			3.3.2	1	Follow up appointments for the young person post discharge are arranged with community services prior to the young person being discharged. The details of when, where and with whom this follow up will take place are given to the young person and their parent/carer in written format.	<b>New core standard</b>	9.2
3.3.1	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.	3.3.3	1	<b>The multidisciplinary team (MDT)</b> carry out a thorough assessment of the young person's personal, social, safety and practical needs to reduce the risk of suicide on discharge.  <b>Guidance: Where possible, this should be completed in partnership with young people and their parents/carers, and take into consideration the young person's social and educational needs.</b>	<b>Standard number change</b>  <b>Standard wording updated</b>  <b>Guidance added</b>	9.3
3.3.2	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	3.3.4	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	<b>Standard number change</b>	9.9

		young person, taking their wishes into account as far as possible.			account as far as possible.  <b>Guidance: They explore with the young person, their parents/carers and professional network alternative community options to see if they could be a safe and viable alternative.</b>	Guidance added	
3.3.3	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>	3.3.5	2	Teams provide 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: <b>When community and inpatient teams differ, the team provides transition mentors; transition support packs; or education for young people on how to manage transitions. This should be done in collaboration with the young person's professional network and parents/carers. There is a dedicated team or individual who supports the management of discharge planning, such as a transitions team.</b></i>	Standard number change  Guidance updated	9.8
			3.3.6	2	<b>The team supports young people to attend healthcare appointments (e.g., community GP, optician, dentist/orthodontist etc.) whilst an inpatient, if they are admitted in the local area.</b>  <b>Guidance: Support may include: planning travel arrangements, appropriate leave planning and risk assessment, and</b>	New core standard	10.1

					<i>working with families to facilitate this where possible.</i>		
			3.3.7	1	<p>The ward/unit has a care pathway for young people who are pregnant or in the postpartum period.</p> <p><b>Guidance: Young people who are over 32 weeks pregnant or up to 12 months postpartum should not be admitted to a CAMHS ward unless there are exceptional circumstances.</b></p>	New core standard	10.3
3.3.4	1	The inpatient team invites a representative from the young person's community team to attend and contribute to relevant meetings e.g. CPA, discharge planning.	3.3.8	1	The inpatient team invites a representative from the young person's community team to attend and contribute to relevant meetings e.g. <b>care planning reviews</b> , discharge planning.	<p>Standard number change</p> <p>Standard wording updated</p>	
3.3.5	1	A transition meeting takes place by the time the young person reaches the age of 17 and a half years.	3.3.9	1	<p>A transition planning meeting takes place by the time the young person reaches the age of 17 and a half years. <b>There is a documented plan with further meetings, agreed actions and who is responsible for these.</b></p> <p><b>Guidance: This should include</b></p> <ul style="list-style-type: none"> <li>- <b>Consideration of physical and mental health, social care, and education/employment/training.</b></li> <li>- <b>The process for transition for those young people who have special educational needs and disabilities (SEND) should begin around age 14 (school year 8/9) in line with the SEND code of</b></li> </ul>	<p>Standard number change</p> <p>Standard wording updated</p> <p>Guidance added</p>	

					<p><b>practice.</b></p> <p><b>- The unit should check whether the young person has been given a referral for a Care Act assessment, where appropriate, or local equivalent.</b></p>		
3.3.6	1	When a young person transfers to adult services, unit staff invite adult services and other involved agencies to a joint review to ensure an effective handover takes place and there is a protocol for collaborative working.	3.3.10	1	<p>When a young person transfers to adult services, <b>ward/unit</b> staff invite adult services and other involved agencies to a joint review to ensure an effective handover takes place and there is a protocol for collaborative working.</p> <p><b>Guidance: This should take place as soon as practically possible.</b></p>	<p><b>Standard number change</b></p> <p><b>Standard wording updated</b></p> <p><b>Guidance added</b></p>	
3.3.7	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>  <i>Care in the community / aftercare arrangements;</i>  <i>Crisis and contingency arrangements including details of who to contact;</i>  <i>Medication including monitoring arrangements;</i>  <i>Details of when, where and who will follow up with the patient.</i></p>	3.3.11	1	<p><b>The team sends a copy of the young person's</b> care plan or interim discharge summary to everyone identified in the plan as involved in their ongoing care <b>(including parents/carers)</b> within 24 hours of discharge.</p> <p><i>Guidance: The plan includes details of:</i>  <i>- Care in the community/aftercare arrangements;</i>  <i>- Crisis and contingency arrangements including details of who to contact;</i>  <i>- Medication <b>including prescribing, dispensing and</b> monitoring arrangements;</i>  <i>- Details of when, where and who will follow up with the young person.</i>  <b>- For autistic young people and those with learning disabilities, the most recent Care, Education and Treatment Review</b></p>	<p><b>Standard number change</b></p> <p><b>Standard wording updated</b></p> <p><b>Guidance updated</b></p>	9.4

					<b>(CETR) recommendations (or local equivalent).</b>		
3.3.8	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.	3.3.12	2	<p>A discharge summary is sent, within a week, to the young person, their parents/carers, their GP and others involved in the young person's ongoing care.</p> <p><b>Guidance: This could include social care and school health teams. The summary includes why the young person was admitted, how their presentation has changed, what interventions were offered and their impact, their diagnosis, relapse indicators, medication and follow up plan.</b></p>	<p><b>Standard number change</b></p> <p><b>Standard wording updated</b></p> <p><b>Guidance added</b></p>	9.5
			3.3.13	3	<p><b>All young people have all medications (including physical health medications) reviewed prior to discharge to ensure that medication is optimised and evidence-based, and that inappropriate medications are withdrawn. Review or end dates for prescriptions initiated in hospital are included in discharge documentation.</b></p>	<p><b>New core standard</b></p>	9.6
3.3.9	1	The inpatient team makes sure that young people who are discharged from hospital have arrangements in place to be followed up within one week of discharge.	3.3.14	1	<p><b>The team</b> makes sure that young people who are discharged from hospital have arrangements in place <b>before they leave the hospital</b> to be followed up <b>within 72 hours of discharge</b>.</p> <p><b>Guidance: Face to face 72 hour follow up should be arranged where possible.</b></p>	<p><b>Standard number change</b></p> <p><b>Standard wording updated</b></p> <p><b>Guidance added</b></p>	9.7

3.3.10	1	Parents/carers (with the young person's consent) are involved in discussions and decisions about the young person's care, treatment and discharge planning.	3.3.15	1	Parents/carers are <b>supported to participate actively in decision making and care planning for the young person they care for. This may include attendance at care planning reviews where the young person consents.</b>	<p><b>Standard number change</b></p> <p><b>Standard wording updated</b></p>	13.1
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## Section 4: Care and Treatment

Previous Standard Number	Previous Standard Type	Previous Standard	New standard number	New standard type	New standard criteria	Changes made	CCQI Core Standard
4.1.1	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"> <li>• Agreed intervention strategies for physical and mental health;</li> <li>• Measurable goals and outcomes;</li> <li>• Strategies for self-management;</li> <li>• Any advance directives or statements that the patient has made;</li> <li>• Crisis and contingency plans;</li> <li>• Review dates and discharge framework.</li> </ul>	4.1.1	1	<p>Every young person has a written care plan, reflecting their individual needs. Staff members collaborate with young people and their parent/carer(s) <b>to agree the purpose of admission and admission goals, develop the care plan</b>, and they are offered a copy.</p> <p><i>Guidance: <b>Where possible, the young person writes the care plan themselves or with the support of staff.</b></i></p> <p><i>The care plan clearly outlines:</i></p> <ul style="list-style-type: none"> <li>- Agreed intervention strategies for physical and mental health;</li> <li>- Measurable goals and outcomes;</li> <li>- Strategies for self-management;</li> <li>- Any advance directives or statements that the young person has made;</li> <li>- Crisis and contingency plans;</li> <li>- <b>Reasonable adjustments;</b></li> <li>- <b>Communication needs;</b></li> <li>- Review dates and discharge framework.</li> </ul>	<p><b>Standard wording updated</b></p> <p><b>Guidance updated</b></p>	4.3
			4.1.2	1	<p><b>The purpose of admission, care plan, discharge plan and estimated discharge date are reviewed and updated regularly with young people and their parent/carers.</b></p>	<p><b>New core standard</b></p>	4.4

					<b>Guidance: If the purpose of admission is close to being met, additional focus should be given to discharge planning to avoid the discharge being delayed.</b>		
4.1.3			4.1.3	2	<p>The ward uses a regular structured meeting (e.g. MDT huddle/management round) to agree, allocate and follow up actions needed to progress the young person's management plan towards planned discharge.</p> <p><b>Guidance: In acute care settings this is a daily meeting.</b></p>	New core standard	4.5
4.1.2	1	<p>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) and parents/carers, as appropriate. The assessment considers risk to self, risk to others and risk from others.</p>	4.1.4	1	<p>Young people have a risk assessment and <b>safety plan</b> which is co-produced (<b>where the young person is able to participate</b>), <b>involves parents/carers, is updated regularly</b> and shared where appropriate with relevant agencies.</p> <p><b>Guidance: This assessment and plan considers risk to self, risk to others and risk from others, the types of harm that could occur, when they are likely to occur and relatedly how they may be mitigated. This assessment should not be solely reliant on a risk stratification tool, and should take into account formulation alongside clinical judgement, therapeutic engagement and ongoing monitoring.</b></p> <p><b>Information should be presented in a young person friendly manner.</b></p>	<p>Standard number change</p> <p>Standard wording updated</p> <p>Guidance added</p>	2.6

4.1.3	1	<p>Young people are offered personalised healthy lifestyle interventions such as advice on healthy eating, physical activity and access to smoking cessation services. This should be documented in the young person's care plan.</p>	4.1.5	1	<p>Young people are offered personalised healthy lifestyle interventions such as:</p> <ul style="list-style-type: none"> <li>- Physical health, such as dental and sexual health;</li> <li>- Advice on healthy eating (<b>where clinically appropriate</b>);</li> <li>- Physical activity (<b>where clinically appropriate</b>).</li> </ul> <p><b>They are offered and can access through the ward/unit smoking/vaping cessation and/or drug and alcohol services. These are documented in the young person's care plan.</b></p>	<p><b>Standard number change</b></p> <p><b>Standard wording updated</b></p>	7.2
4.1.4	1	<p>Young people have follow-up investigations and treatment when concerns about their physical health are identified during their admission.</p> <p><i>Guidance: This is undertaken promptly and a named individual is responsible for follow-up. Advice may be sought from primary or secondary physical healthcare services.</i></p>	4.1.6	1	<p>Young people have follow-up investigations and treatment when concerns about their physical health are identified during their admission.</p> <p><i>Guidance: This is undertaken promptly and a named individual is responsible for follow-up. Advice may be sought from primary or secondary physical healthcare services.</i></p>	<p><b>Standard number change</b></p>	7.1
4.1.5	1	<p>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.</p> <p><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></p>	4.1.7	1	<p>Where a young person is identified as having a learning disability or autism after being admitted to the unit, staff identify and notify all relevant agencies in order to initiate <b>the review of the young person's care, education and treatment.</b></p> <p><i>Guidance: This should <b>include ensuring the young person is appropriately flagged within local systems used to monitor and support individuals at risk of admission or placement breakdown. This may involve</b></i></p>	<p><b>Standard number change</b></p> <p><b>Standard wording updated</b></p> <p><b>Guidance updated</b></p>	

					<b>processes such as the Care, Education and Treatment Review (CETR) process, or the Getting It Right for Every Child (GIRFEC) framework in Scotland.</b> This should include the relevant Local Authority, Commissioner/Health Board, GP, and the Community CAMHS Team.		
			4.1.8	1	<b>For young people with a learning disability and/or who are autistic, staff make use of existing information about their care needs or any reasonable adjustments identified during the admission and use them in care planning and communication.</b>  <b>Guidance: Health passports or similar tools should be used.</b>	<b>New core standard</b>	14.4
4.2.1	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.	4.2.1	1	Every young person has a personalised therapeutic/recreational timetable of activities to promote social inclusion, which the team encourages them to engage with. <b>The young person is offered a copy of their timetable.</b>  <b>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.</b>	<b>Standard wording updated</b>  <b>Guidance added</b>	6.5
4.2.2	2	Young people receive psychoeducation on topics about activities of daily living, interpersonal communication, relationships,	4.2.2	2	Young people receive psychoeducation <b>to enhance skills in areas such as</b> activities of daily living, interpersonal communication, relationships, <b>sleep hygiene,</b> coping with	<b>Standard wording updated</b>	6.4

		coping with stigma, stress management and anger management.			stigma, stress management and <b>emotional regulation.</b>		
4.2.3	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"> <li>• Voluntary organisations;</li> <li>• Community centres;</li> <li>• Local religious/cultural groups;</li> <li>• Peer support networks;</li> <li>• Recovery colleges.</li> </ul>	4.2.3	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"> <li>- Voluntary organisations;</li> <li>- Community centres;</li> <li>- Local religious/cultural groups;</li> <li>- Peer support networks;</li> <li>- Recovery colleges.</li> </ul> <p><b>Guidance: When a young person is placed out of area, the ward supports the young person's re-integration to their local community.</b></p>	<b>Guidance added</b>	6.13
4.2.4	2	<p>There is a minuted ward community meeting that is attended by young people and staff members. The frequency of this meeting is weekly, unless otherwise agreed with the group of young people.</p> <p><i>Guidance: This is an opportunity for young people to share experiences, to highlight issues of safety and quality on the ward/unit and to review the quality and provision of activities with staff members. The meeting should be facilitated by a professional who has an understanding of group dynamics.</i></p>	4.2.4	2	<p>There is a minuted ward community meeting that is attended by young people and multi-disciplinary staff members. The frequency of this meeting is weekly, unless otherwise agreed with the group of young people. <b>Actions from the meeting are followed up.</b></p> <p>Guidance: This is an opportunity for young people to share experiences, to highlight issues of safety and quality on the ward/unit and to review the quality and provision of activities with staff members. <b>To promote</b></p>	<p><b>Standard wording updated</b></p> <p><b>Guidance updated</b></p>	6.9

					<b>inclusion, the meeting could be chaired by a young person, peer support worker or advocate.</b>		
4.2.5	2	Young people have access to relevant faith-specific and/or spiritual support, preferably through someone with an understanding of mental health issues.	4.2.5	1	Young people have access to relevant faith-specific and/or spiritual support, preferably through someone with an understanding of mental health issues.	<b>Standard type change</b>	6.10
4.2.6			4.2.6	2	<b>Young people according to their care plan, have access to regular sessions of longer periods of outdoor activities facilitated by staff.</b>  <b><i>Guidance: Consideration should be given to how all young people 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></b>	<b>New core standard</b>	6.12
4.2.6	1	All young people are proactively offered access to an advocacy service, including IMHAs (Independent Mental Health Advocates) for those detained.	4.2.7	1	<b>Young people are offered access to an advocacy service and supported to work with them.</b>	<b>Standard number change</b>  <b>Standard wording updated</b>	10.4
4.2.7	1	Young people and parents/carers know who the key people are in their team and how to access them if they have any questions.	4.2.8	1	Young people and parents/carers know who the key people are in their team <b>including their named nurse</b> and how to <b>contact</b> them if they have any questions.	<b>Standard number change</b>	4.1

						<b>Standard wording updated</b>	
4.2.8	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.	4.2.9	1	Each young person is offered <b>a one-hour session</b> at least once a week with a <b>nominated member of their care team</b> to discuss progress, care plans and concerns.  <b>Guidance: Young people are encouraged to work together with staff to agree on a pre-arranged meeting time.</b>	<b>Standard number change</b>  <b>Standard wording updated</b>  <b>Guidance added</b>	6.7
4.2.9	1	Staff update parents/carers on their child's progress at a minimum of once a week, subject to confidentiality.	4.2.10	1	Staff update parents/carers on their child's progress at a minimum of once a week, subject to confidentiality.  <b>Guidance: When there are significant events, changes or decisions, staff are encouraged to contact parents/carers as soon as possible.</b>	<b>Standard number change</b>  <b>Guidance added</b>	
4.3.1	1	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.	4.3.1	1	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.  <b>Guidance: This should be included as part of documentation for care planning reviews.</b>		
4.3.3	2	The unit provides a broad and balanced curriculum that is suitable and flexible, appropriate to the students' needs.	4.3.2	1	The ward/unit provides a broad and balanced curriculum that <b>includes the core subjects of maths, English and science,</b>	<b>Standard wording updated</b>	

					<b>and is appropriate to the student's age, key stage and other needs.</b>	<b>Standard number change</b>	
						<b>Standard number change</b>	
4.3.4	1	Where the unit caters for young people over the age of 16, young people are able to continue with education.	4.3.3	1	Where the ward/unit caters for young people over the age of 16, young people are able to continue with education.	<b>Standard number change</b>	
4.3.5	1	If the young person is receiving education, educational staff at the unit liaise with the young person's own school in order to maintain continuity of education provision.	4.3.4	1	Educational staff at the ward/unit liaise with the young person's own <b>education provision</b> in order to <b>maintain continuity.</b>	<b>Standard number change</b> <b>Standard wording updated</b>	
			4.3.5	3	All students have access to appropriate careers education and guidance to prepare them for future life in their communities.	<b>New standard</b>	
4.3.6	1	Where young people are returning to their local educational facility after discharge, education and unit staff support the young people with their reintegration.	4.3.6	1	Where young people are returning to their local education <b>provision</b> after discharge, education and <b>ward/unit</b> staff support the young people with their reintegration. <b>The ward/unit can provide information which can enable the education provider to put</b>	<b>Standard wording updated</b>	

					<b>in place appropriate support for the young person.</b>		
4.3.7	2	The educational staff maintain communication with the young peoples' parents/carers, e.g. providing progress reports for each CPA review.	4.3.7	2	The educational staff maintain communication with the young peoples' parents/carers, e.g. providing progress reports for each <b>care planning review</b> .	<b>Standard wording updated</b>	
4.3.8	3	Educational outings are provided, as appropriate.	4.3.8	3	<b>Opportunities to learn outside the classroom</b> are provided, <b>if</b> appropriate.	<b>Standard wording updated</b>	
			4.3.10	2	<b>Ward/unit based staff support education teams by ensuring that young people are ready in a timely manner for education and encourage them to engage in learning.</b>  <i><b>Guidance: In situations where the young person is too unwell to access the main education space, reasonable adjustments are made to ensure maintained access to education.</b></i>	<b>New standard</b>	
4.3.10	2	Teachers and nursing staff have a handover at the beginning and end of each school day.	4.3.11	1	<b>Education</b> and nursing staff have a handover at the beginning and end of each school day.	<b>Standard number change</b>  <b>Standard wording updated</b>  <b>Standard type change</b>	

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4.3.11	1	The unit is part of an education organisation that is a registered examination centre.	4.3.12	1	The <b>ward/unit</b> is part of an education organisation that is a registered examination centre.	<b>Standard number change</b>  <b>Standard wording updated</b>	
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).	4.4.1	1	Clinical outcome measurement data is collected at two time points <b>(at assessment and discharge)</b> .  <b>Guidance: This includes self-reported outcome measurements where possible.</b>	<b>Standard wording updated</b>  <b>Guidance added</b>	22.1
			4.4.3	2	The service's clinical outcome data are collated, analysed and reported at least bi-annually. The data are shared with commissioners, the team, young people and parents/carers, and used to make improvements to the service.	<b>New core standard</b>	22.3
4.4.3	2	Units contribute to a national dataset to allow for information sharing, e.g. QNIC ROM.	4.4.4	2	Units contribute to a national dataset, <b>such as QNIC-ROSE</b> , to allow for information sharing.	<b>Standard wording updated</b>	
4.5.2	2	Staff ask young people for feedback about the food and this is acted upon.	4.5.2	2	Staff ask young people for feedback about the food and this is acted upon.  <b>Guidance: This should be checked at least monthly.</b>	<b>Guidance added</b>	
4.5.4	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.	4.5.4	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.		

					<b>Guidance: Families are able to bring in their own food if preferred.</b>		
4.6.1	1	The team develops a leave plan jointly with the young person and their 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 and crisis numbers.</li> </ul>	4.6.1	1	The team jointly develop a leave plan with the young person and their parents/carers, which is shared with the young person, that includes: <ul style="list-style-type: none"> <li>- A risk assessment and safety 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 and crisis numbers <b>and ability to access a bed on return;</b></li> <li>- <b>How the ward will check in with the young person on their wellbeing when on leave.</b></li> </ul> <p><b>Guidance: The leave plan should be reviewed each time the young person goes on leave.</b></p>	<b>Standard wording updated</b>	5.1
			4.6.2	1	<b>Staff agree leave plans with the young person's parents/carers, allowing them sufficient time to prepare and to provide opportunity to feedback post visit to inform ongoing care and leave planning.</b>	<b>New core standard</b>	5.2
4.6.2	1	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 patient;</li> <li>• Alerts parents/carers, people at risk and the relevant</li> </ul>	4.6.3	1	When young people are absent without leave, the team (in accordance with local policy): <ul style="list-style-type: none"> <li>- Activate a safety management plan;</li> <li>- Make efforts to locate the young person;</li> <li>- Alert parents/carers, people at risk and the</li> </ul>	<b>Standard number updated</b>	5.3

		authorities; • Completes an incident form.			relevant authorities; <b>- Escalate as appropriate.</b>	<b>Standard wording updated</b>	
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.  <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>	4.7.1	1	When medication is prescribed, the risks and benefits are discussed with the young person and their parent/carer. The following are discussed and recorded: • <i>The intended outcome of the intervention;</i> • <i>Timescale for response;</i> • <i>Monitoring requirements;</i> • <i>Patient consent and capacity to consent.</i>	<b>Standard wording updated</b>  <b>Guidance removed</b>	6.15
4.7.2	1	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.  <i>Guidance: Side effect monitoring tools can be used to support reviews.</i>	4.7.2	1	Young people have their medications reviewed at least weekly. Medication reviews include an assessment of therapeutic response, <b>adherence</b> , safety and management of side effects <b>including during medication changes and deprescribing.</b>  <i>Guidance: Side effect monitoring tools can be used to support reviews. <b>This should be in line with best practice, such as STOMP/STAMP, and guided by the adolescent Lester Tool.</b></i>	<b>Standard wording updated</b>  <b>Guidance updated</b>	6.16
4.7.3	1	Every young person's PRN (i.e. as required) medication is reviewed weekly in terms of the frequency, dose, and reasons for prescribing.	4.7.3	1	Every young person's PRN medication is reviewed <b>at least</b> weekly. <b>This includes</b> frequency, dose and indication.	<b>Standard wording updated</b>	6.17
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 three months, and	4.7.4	1	Young people who are prescribed mood stabilisers or antipsychotics have the appropriate physical health assessments at the start of treatment (baseline), at three	<b>Standard wording updated</b>	7.3

		then six-monthly unless a physical health abnormality arises.			months and then six-monthly. <b>If a physical health abnormality is identified, this is acted upon. This should be in line with best practice, such as STOMP/STAMP, and guided by the adolescent Lester Tool.</b>		
4.7.5			4.7.5	2	<p><i>Young people, parents/cares and prescribers are able to meet with a pharmacist to discuss medications.</i></p> <p><b>Guidance: If possible, the pharmacist will have experience of supporting young people.</b></p>	<b>New core standard</b>	6.18

## Section 5: Information, Consent and Confidentiality

Previous Standard Number	Previous Standard Type	Previous Standard	New standard number	New standard type	New standard criteria	Changes made	CCQI Core Standard
5.1.1	2	The service has a website which provides information about the unit that young people and parents/carers can access prior to admission.	5.1.1	2	The service has a <b>webpage</b> which provides information about the unit that young people and parents/carers can access prior to admission. <b>This should include:</b> <ul style="list-style-type: none"> <li>- <b>The contact details of the ward/unit;</b></li> <li>- <b>Directions to the ward/unit;</b></li> <li>- <b>Information on outcomes from regulator reports;</b></li> <li>- <b>Visiting hours for the service;</b></li> <li>- <b>Information on what young people and visitors can bring onto the ward/unit and restricted items.</b></li> </ul>	<b>Standard wording updated</b>	
			5.1.2	3	The service is able to provide access to a virtual tour of the ward/unit.	<b>New standard</b>	
5.1.2	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.	5.1.3	2	Young people are given an information pack on admission that contains the following: <ul style="list-style-type: none"> <li>• A description of the service;</li> <li>• The therapeutic programme including access to exercise and outdoor space;</li> <li>• Information about the staff team;</li> <li>• The ward/unit mutual expectations of staff and patients;</li> <li>• Key service policies (e.g. permitted items, smoking policy);</li> <li>• Resources to meet spiritual, cultural or</li> </ul>	<b>Standard number change</b>  <b>Standard wording updated</b>	3.1

					gender <b>related needs including signposting to chaplaincy services.</b>		
5.1.3	1	Young people are given accessible written information which staff members talk through with them as soon as is practically possible. The information includes: Their rights regarding admission and consent to treatment; Their rights under the Mental Health Act; How to access advocacy services (including independent mental capacity advocates and independent mental health advocates); How to access a second opinion; How to access interpreting services; How to raise concerns, complaints and compliments; How to access their own health records.	5.1.4	1	Young people and parents/carers are given accessible written information which staff members talk through with them as soon as practically possible. The information includes: - Their rights regarding admission and consent to treatment; - Their rights under the <b>relevant Mental Health legislation</b> ; - How to access advocacy services; - How to access a second medical opinion; - How to access interpreting services; - How to <b>view</b> their health records; - How to raise concerns, complaints and <b>give</b> compliments.	<b>Standard number change</b>	2.3
5.1.4	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.	5.1.5	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, <b>including their parent/carer</b> , are respected and reviewed <b>at each care planning review.</b>	<b>Standard number change</b>	15.1
5.1.5	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.	5.1.6	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.	<b>Standard number change</b>	

5.1.6	1	Young people and parents/carers are offered written and verbal information about the young person's mental illness.	5.1.7	1	Young people and parents/carers are offered written and verbal information about the young person's <b>mental health need, individualised formulation and treatment.</b>	Standard number change Standard wording updated	6.8
5.1.7	2	The team provides each parent/carer with accessible carer's information.  <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>	5.1.8	2	The team provides each parent/carer with accessible carer's information.  <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>	Standard number change	13.4
5.1.8	1	Parents and carers are supported to access a statutory carers' assessment, provided by an appropriate agency.	5.1.9	1	<b>The team inform parents and carers of their right</b> to access a statutory carers' assessment, provided by an appropriate agency, <b>and the team signpost and support parents/carers to access the assessment.</b>	Standard number change Standard wording updated	13.2
			5.1.10	3	<b>Parents/carers are provided with access to parent/carer support groups (sometimes known as parent/carer partnership groups). Ideally these are run in conjunction with family ambassadors.</b>  <b>These groups could involve:</b> <b>- Feedback: Gathering input on the</b>	New standard	

					<p><b>service experience and identifying areas for improvement.</b></p> <ul style="list-style-type: none"> <li>- <b>Service Development: Participating in projects and initiatives to enhance services.</b></li> <li>- <b>Sharing Experiences: Providing a space for parents and carers to connect, share experiences, and offer mutual support.</b></li> <li>- <b>Advocacy: Representing the views of parents and carers to CAMHS professionals.</b></li> </ul> <p><b>Guidance: This could be delivered as an in-person or virtual event. This should be delivered on a quarterly basis as a minimum.</b></p>		
5.1.19	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.	5.1.11	1	<p>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.</p> <p><b>Guidance: If the young person'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.</b></p> <p><b>In Wales services and communication (written and spoken) should comply with the Welsh Language Act.</b></p>	<p><b>Standard number change</b></p> <p><b>Standard type change</b></p> <p><b>Guidance added</b></p>	14.5
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	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	<b>Standard wording updated</b>	11.1

		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.			treatment in hospital are performed in accordance with current legislation.		
5.2.2	1	The team follows a protocol for responding to parents/carers when the young person does not consent to their involvement.	5.2.2	1	<p>The team <b>know what information can be provided to parents/carers when the young person does not consent to their involvement.</b></p> <p><b><i>Guidance: The ward may receive information from the parent/carer in confidence. Practitioners should refer to section 13 of the General Medical Council guidance on disclosing patient information. When the young person is aged 16 and over, and lacks capacity to make a decision about their care and treatment, a best interests meeting should be held with involvement from parents/carers/independent advocate.</i></b></p>	<p><b>Standard wording updated</b></p> <p><b>Guidance added</b></p>	15.2

## Section 6: Young People’s Rights and Safeguarding Children

Previous Standard Number	Previous Standard Type	Previous Standard	New standard number	New standard type	New standard criteria	Changes made	CCQI Core Standard
6.1.3	1	Parents/carers feel supported by the ward staff members.	6.1.3	1	Parents/carers feel <b>listened to and supported by staff members.</b>	<b>Standard wording updated</b>	13.5
			6.1.4	1	<b>Reasonable adjustments are made to the care and treatment of young people with a disability, including autistic young people and/or young people with a learning disability. Any reasonable adjustments are recorded in the young person's notes.</b>	<b>New core standard</b>	14.3
6.2.2	1	If a young person raises safeguarding concerns or someone else raises concerns about them, staff inform them of the likely process that will be followed by the unit and other agencies.	6.2.1	1	If a young person raises safeguarding concerns or someone else raises concerns about them, staff inform them of the likely process that will be followed by the <b>ward/unit</b> and other agencies <b>and they are kept informed of developments.</b>	<b>Standard number change</b>  <b>Standard wording updated</b>	
6.2.3	1	Young people are involved in decisions about their level of observation by staff.	6.2.2	1	Young people and <b>parent/carers</b> are involved ( <b>wherever possible</b> ) in decisions about their level of <b>therapeutic</b> observation by staff.  <b>Guidance: Young people and parent/carers are also supported to understand how the level of observation</b>	<b>Standard number change</b>  <b>Standard wording updated</b>	8.1

					<b><i>is decided and the factors that influence it.</i></b>	<b>Guidance added</b>	
6.2.4	1	Patients on constant observations receive at least one hour per day being observed by a member of staff who is familiar to them.	6.2.3	2	<b>Young people</b> on constant observations receive at least one hour per day <b>of observations and engagement with</b> a member of staff who is familiar to them.	<b>Standard number change</b> <b>Standard wording updated</b>	8.2
			6.2.4	1	<b>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.</b>	<b>New core standard</b>	8.3
6.2.6	1	It is recorded as to whether or not a young person has a child protection plan in place.	6.2.6	1	It is recorded as to whether or not a young person has a child protection plan/ <b>child in need</b> plan in place. <b>This is reviewed at each care planning review.</b>	<b>Standard wording updated</b>	
6.2.7	1	The young person's local authority is alerted if the whereabouts of the person with parental responsibility is not known or if that person has not contacted the young person.	6.2.7		<b>The local authority is contacted if parent/carers or the person with parental responsibility's identity and location is unknown</b>	<b>Standard wording updated</b>	
6.2.8	1	The young person's local authority (or equivalent) is made aware if a young person remains on the unit for a consecutive period	6.2.8	1	The young person's local authority (or equivalent) is made aware if a young person	<b>Standard wording updated</b>	

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		of 3 months (in line with section 85 of the Children Act 1989).			remains on the ward/unit for a consecutive period of <b>12 weeks</b> .		
6.3.1	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>	6.3.1	1	Young people are cared for in the least restrictive environment possible, while ensuring appropriate levels of safety.  <i>Guidance: This includes avoiding the use of blanket rules <b>and assessing risk on an individual basis</b>.</i>	<b>Standard wording updated</b>	16.14
6.3.2	1	The team uses seclusion or segregation only as a last resort and for brief periods only.	6.3.2	1	The team uses seclusion only as a last resort and for <b>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.</b>	<b>Standard wording updated</b>	8.5
			6.3.3	1	<b>In units where long term segregation is used, the area used conforms to standards prescribed by relevant legislation and/or regulatory frameworks.</b>  <i>Guidance: This includes, for example, young people having access to meaningful and therapeutic activity and outdoor space.</i>	<b>New core standard</b>	8.6
6.3.4			6.3.4	3	<b>Young people in seclusion or long-term segregation have access to independent specialist trained advocacy and specialist free legal advice.</b>	<b>New core standard</b>	8.7
6.3.4	1	Young people who are involved in episodes of restrictive physical intervention, or compulsory treatment including tranquilisation, have their vital signs	6.3.5	1	Young people who are involved in episodes of restraint, or compulsory treatment including tranquilisation, have their vital	<b>Standard number change</b>	8.8

		monitored by nursing staff in collaboration with medics and any deterioration is responded to.			signs, including respiratory rate, monitored by <b>staff members and any deterioration is immediately responded to in line with ward/unit policy.</b>  <b>Guidance: If all vital signs cannot be taken because of the young person's presentation, observable signs including respiratory rate and reason for omission of a full set of observations must be recorded.</b>	<b>Standard wording updated</b>	
6.3.5	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.	6.3.6	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.	<b>Standard number change</b>	
6.3.6	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.	6.3.7	1	In order to reduce the use of restrictive interventions, young people who have <b>been harmful to themselves or others are debriefed</b> and supported to identify triggers and early warning signs and make advance statements about the use of restrictive interventions, <b>with involvement from parents/carers (where appropriate).</b>	<b>Standard number change</b>  <b>Standard wording updated</b>	8.4
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 through use of audit and/or quality improvement methodology. Guidance: Audit data are used to compare	6.3.8	1	The multi-disciplinary team collects data on the use of restrictive interventions and actively works to reduce its use year on year through use of audit and/or other quality improvement methodology.  <b>Guidance: Audit data are used to</b>	<b>Standard number change</b>  <b>Guidance Added</b>	8.9

		the service to national benchmarks where possible.			<b>compare the service to national benchmarks where available.</b>		
			6.3.9	2	<p><b>The multi-disciplinary team collects young people's 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.</b></p> <p><b>Guidance: Audit data are used to compare the service to national benchmarks where available.</b></p>	<b>New core standard</b>	8.10-
6.3.8	1	Staff members, young people and parents/carers who are affected by a serious incident, including control and restraint and rapid tranquilisation, are offered post incident support.	6.3.10	1	<p>Staff members, young people and parents/carers who are affected by a serious incident, including restraint and rapid tranquilisation, are offered post-incident support <b>as soon as reasonably practical.</b></p> <p><b>Guidance: This includes attention to the physical and emotional wellbeing of the people involved and post-incident reflection.</b></p>	<p><b>Standard number change</b></p> <p><b>Standard wording updated</b></p> <p><b>Guidance Added</b></p>	20.4

## Section 7: Clinical Governance

Previous Standard Number	Previous Standard Type	Previous Standard	New standard number	New standard type	New standard criteria	Changes made	CCQI Core Standard
7.1.1	2	<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>	7.1.1	2	<p>There is a <b>governance meeting</b> 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>	<b>Standard wording updated</b>	
7.1.3	2	<p>Services are developed in partnership with appropriately experienced service user and carers who have an active role in decision making.</p>	7.1.2	2	<p>Services are developed in partnership with <b>young people and parents/carers who have relevant lived experience, and who take</b> an active role in <b>informing</b> decision making.</p>	<p><b>Standard number change</b></p> <p><b>Standard wording updated</b></p>	12.3
7.2.1	1	<p>Young people and their parents/carers are encouraged to feed back confidentially about their experiences of using the service, and this feedback is used to improve the service.</p>	7.2.1	1	<p><b>The service routinely asks</b> young people and their parents/carers <b>for their feedback</b> about their experiences of using the service and <b>this is used to improve the service.</b></p>	<b>Standard wording updated</b>	12.1
			7.2.2	1	<p><b>Feedback received from young people and their parents/carers is analysed to identify and act on any differences of experiences by protected characteristics.</b></p>	<b>New core standard</b>	12.2

					<b>Guidance: Complaints and compliments and other feedback sources include the option to share demographic information.</b>		
7.2.2	2	Measures are in place to record and audit referrals, terminated referrals and waiting lists.	7.2.3	2	<b>The ward/unit audits referrals, terminated referrals and waiting lists at least annually. Data recorded should include demographic information, the young person's home area, and disability.</b>	Standard number change Standard wording updated	
7.2.4	3	A range of local and multi-centre clinical audits is conducted, which include the use of evidence-based treatments as a minimum.  <i>Guidance: This could include an audit of the safe prescription of high-risk medication, for example.</i>	7.2.4	2	A range of local and multi-centre clinical audits is conducted, which include the use of evidence-based treatments as a minimum.  <i>Guidance: This could include an audit of the safe prescription of high-risk medication, for example.</i>	Standard number change Standard type change	
7.2.6	2	The team uses quality improvement (QI) methods to implement service improvement.	7.2.5	2	The team <b>are actively involved in QI activity.</b>	Standard number change Standard wording updated	23.4
7.2.7	2	The team actively encourages young people and parents/carers to be involved in QI initiatives.	7.2.6	2	The team actively encourages young people and parents/carers to be involved in QI initiatives.	Standard number change	23.5

7.3.1	1	Systems are in place to enable staff members to quickly and effectively report incidents and managers encourage staff members to do this.	7.3.1	1	Systems are in place to enable staff members to <b>report incidents</b> quickly and effectively and managers encourage staff members to do this.	<b>Standard wording updated</b>	23.1
7.3.2	1	When mistakes are made in care, this is discussed with the young person themselves and their parent/carer, in line with the Duty of Candour agreement.	7.3.2	1	When serious mistakes are made in care, this is discussed with the young person themselves and their parent/carer, <b>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.</b>	<b>Standard wording updated</b>	23.2
7.3.3	1	Lessons learned from untoward incidents are shared with the team and the wider organisation. There is evidence that changes have been made as a result of sharing the lessons.	7.3.3	1	Lessons learned from <b>incidents and complaints</b> are shared with the team and the wider organisation. There is evidence that changes have been made as a result of sharing the lessons.	<b>Standard wording updated</b>	23.3
7.4.4	1	The unit has a policy on the use of seclusion and long-term segregation.  Guidance: <i>The unit should have a policy even if seclusion is not used. This should be in line with current legislation.</i>	7.4.4	1	The <b>ward/unit</b> has a policy on the use of seclusion and long-term segregation.  <i>Guidance: <b>The ward/unit</b> should have a policy even if seclusion <b>and long-term segregation is not routinely used. The policy should include how staff would work to support safe transport for the young person to the nearest seclusion unit, and staffing provisions and resources that should be made available while the young person remains in seclusion.</b> This should be in line with current legislation.</i>	<b>Standard wording updated</b>  <b>Standard guidance updated</b>	





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