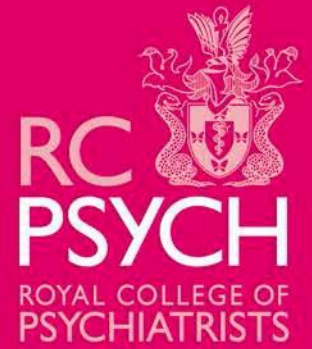


**PERINATAL**  
QUALITY NETWORK FOR PERINATAL  
MENTAL HEALTH SERVICES



# **Standards for Inpatient Perinatal Mental Health Services**

**Seventh Edition**

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# Contents

|  |           |
|--|-----------|
| <b>Section 1. Access and Admission</b>                     | <b>2</b>  |
| <b>Section 2. Environment and Facilities</b>               | <b>6</b>  |
| <b>Section 3. Staffing</b>                                 | <b>10</b> |
| <b>Section 4. Care and Treatment</b>                       | <b>16</b> |
| <b>Section 5. Information, Confidentiality and Consent</b> | <b>22</b> |
| <b>Section 6. Rights and Safeguarding</b>                  | <b>23</b> |
| <b>Section 7. Audit and Policy</b>                         | <b>25</b> |
| <b>Section 8. Discharge</b>                                | <b>27</b> |

## Section 1: Access and Admission

| Standard number | Standard type | Criteria   | CCQI Core Inpatient Standard |
|-----------------|---------------|--|------------------------------|
| <b>1.1</b>      |               | <b>Provision and procedures ensure that inpatient care is available to those who need it</b>   |                              |
| <b>1.1.1</b>    | <b>1</b>      | The unit admits women with moderate to serious mental illness from 32 weeks of pregnancy (including those detained under the Mental Health Act).   |                              |
| <b>1.1.2</b>    | <b>1</b>      | The unit admits women at risk of recurrence of serious mental illness in the early days after delivery.  |                              |
| <b>1.1.3</b>    | <b>1</b>      | The unit admits women directly to the mother and baby unit without prior admission to an acute adult ward unless there are exceptional and documented circumstances.<br><br><i>Guidance: Admission should take place within 24 hours of acceptance. The unit should provide details of the source of all admissions (e.g. a maternity hospital or general adult psychiatric ward).</i> |                              |
| <b>1.1.4</b>    | <b>1</b>      | The unit is open to admissions 24 hours a day, seven days a week.  |                              |
| <b>1.1.5</b>    | <b>1</b>      | The unit is able to manage patients without them having to be transferred to a general adult psychiatric ward due to the severity of behavioural disturbance, unless there are exceptional and documented circumstances.   |                              |
| <b>1.1.6</b>    | <b>2</b>      | Admissions for the purpose of mother and baby parenting assessments are only undertaken in the known or suspected presence of significant/complex mental illness.  |                              |
| <b>1.1.7</b>    | <b>1</b>      | If a mother under the age of 18 is admitted to a mother and baby unit then:<br>- There is a named CAMHS clinician who is available for consultation and advice<br>- The local authority (or local equivalent) is informed of the admission<br>- The Care Quality Commission, or local equivalent, is informed (if the patient is detained)<br>- A single room is allocated             | <b>1.2</b>                   |
| <b>1.2</b>      |               | <b>Referrers and other related professionals have ready access to information about the unit</b>   |                              |
| <b>1.2.1</b>    | <b>1</b>      | The service provides information about how to make a referral  | <b>1.1</b>                   |
| <b>1.2.2</b>    | <b>1</b>      | Referrers can speak to a senior member of the unit team to discuss potential admissions and the care of women who are at risk of being admitted.   |                              |

|       |  |   |      |
|-------|--|---|------|
| 1.2.3 | 1  | Systems are in place to record, audit and evaluate transfers, refusals, waiting lists and the length of prior admission to an adult psychiatric ward.<br><br><i>Guidance: The unit should include the numbers of transfers to other inpatient units, the numbers admitted after a period of 24 hours from acceptance, the numbers separated from their baby for longer than 24 hours and the lengths of any prior admission to an inpatient unit.</i> |      |
| 1.3   | <b>There is equity of access to units in relation to ethnic origin, social status, disability, physical health and location of residence</b> |   |      |
| 1.3.1 | 1  | Staff work in a way that respects the individual needs of patients from different ethnic, cultural or religious backgrounds.  |      |
| 1.3.2 | 1  | The environment complies with current legislation on disabled access.<br><br><i>Guidance: Relevant assistive technology equipment, such as hoists, handrails and accessible access (e.g. lifts or ramps) are provided to meet individual needs and to maximise independence.</i>  | 17.9 |
| 1.3.3 | 2  | The unit works to minimise barriers to access for patients and family members from remote areas.<br><br><i>Guidance: For example, by providing information about local resources and accommodation.</i>   |      |
| 1.3.4 | 1  | The ward/unit uses interpreters who are sufficiently knowledgeable and skilled to provide a full and accurate translation. The patient's relatives are not used in this role unless there are exceptional circumstances.  | 15.1 |
| 1.4   | <b>Patients are made familiar with the unit as soon as possible after admission</b>  |   |      |
| 1.4.1 | 2  | Patients can visit the unit before agreeing to admission (with the exception of emergency admissions).<br><br><i>Guidance: Patients and families are able to see the unit's website and/or see a virtual tour of the unit.</i>  |      |
| 1.4.2 | 1  | On admission to the ward/unit, patients feel welcomed by staff members who explain why they are in hospital.<br><br><i>Guidance: Staff members:</i><br>- Show patients around and introduce themselves and other patients;<br>- Offer patients refreshments;<br>- Address patients using the name and title they prefer.  | 2.1  |
| 1.4.3 | 1  | The patient's significant other/family member is contacted by a staff member (with patient consent) to notify them of the admission and to give them the ward/unit contact details.   | 2.2  |
| 1.5   | <b>All patients are assessed for their health and social care needs</b>  |   |      |

|               |          |  |            |
|---------------|----------|--|------------|
| <b>1.5.1</b>  | <b>1</b> | <p>Patients 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 patients’:</p> <ul style="list-style-type: none"> <li>- Mental health and medication;</li> <li>- Psychosocial and psychological needs;</li> <li>- Strengths and areas for development.</li> </ul>   | <b>2.4</b> |
| <b>1.5.2</b>  |          | Patients have an assessment of their needs and of the needs of their child which is regularly reviewed. This includes:   |            |
| <b>1.5.2a</b> | <b>1</b> | Support and supervision required in caring for themselves and their baby.  |            |
| <b>1.5.2b</b> | <b>1</b> | Mode of infant feeding (breast, bottle, weaning etc.).   |            |
| <b>1.5.2c</b> | <b>1</b> | Care of baby which should include physical care, emotional care, developmental care and the ability to ensure safety.  |            |
| <b>1.5.3</b>  |          | Patients have a risk assessment and management plan which is co-produced, updated regularly and shared where necessary with relevant agencies (with consideration of confidentiality). The assessment considers:   | <b>2.6</b> |
| <b>1.5.3a</b> | <b>1</b> | Risk of self-harm and suicide.   |            |
| <b>1.5.3b</b> | <b>1</b> | Risk to the baby.  |            |
| <b>1.5.3c</b> | <b>1</b> | Risk to others (e.g. patients, babies, staff).   |            |
| <b>1.5.3d</b> | <b>1</b> | Level of substance use.  |            |
| <b>1.5.3e</b> | <b>1</b> | Absconding risk.   |            |
| <b>1.5.3f</b> | <b>1</b> | Sexual vulnerability.  |            |
| <b>1.5.3g</b> | <b>1</b> | Domestic violence.   |            |
| <b>1.5.4</b>  |          | Physical health assessments of the patient are undertaken whereby:   |            |
| <b>1.5.4a</b> | <b>1</b> | <p>Patients have a full physical history and examination including blood pressure, pulse, temperature, respiration rate and urinalysis (dipstick) which are recorded in patient notes within four hours of admission.</p> <p><i>Guidance: When this cannot be done, reasons for this are documented.</i></p>   |            |
| <b>1.5.4b</b> | <b>1</b> | <p>Weight and height, liver function, renal function – electrolytes, creatine and GFR, thyroid function and antibodies, Hb, ESR and film, drug and alcohol screening investigations are undertaken within one working day (no more than 72 hours of admission) and recorded in patient records.</p> <p><i>Guidance: When this cannot be done, reasons for this are documented.</i></p> |            |

|               |          |  |            |
|---------------|----------|--|------------|
| <b>1.5.4c</b> | <b>1</b> | <p>Women admitted within five days of delivery have their temperature/pulse and respiration measured twice daily, and blood pressure measured daily. They must be seen by a midwife within two days of admission and this must be recorded in patient records.</p> <p><i>Guidance: This should continue for as long as clinically indicated.</i></p> |            |
| <b>1.5.5</b>  | <b>1</b> | All babies are weighed and body mapped on admission to the unit.   |            |
| <b>1.5.6</b>  | <b>1</b> | Patients are reviewed by a perinatal consultant or senior doctor (e.g. specialist registrar or staff grade) within one working day of admission.   |            |
| <b>1.5.7</b>  | <b>1</b> | Case notes show evidence of assessment of social care needs and involvement with other agencies.   |            |
| <b>1.5.8</b>  | <b>1</b> | The unit liaises with local safeguarding children/vulnerable adult services if there are any concerns (or out of area if applicable).  |            |
| <b>1.5.9</b>  | <b>1</b> | <p>On admission, the following is given consideration:</p> <ul style="list-style-type: none"> <li>- The security of the patient's home;</li> <li>- Arrangements for dependants (children, people they are caring for);</li> <li>- Arrangements for pets;</li> <li>- Essential maintenance of home and garden.</li> </ul>                             | <b>2.7</b> |
| <b>1.5.10</b> | <b>1</b> | There is a documented CPA or ward round admission meeting within one week of the patient's admission. Patients are supported to attend this with advanced preparation and feedback.  | <b>4.2</b> |
| <b>1.5.11</b> | <b>1</b> | Patients admitted to the ward outside the area in which they live have a review of their placement at least every three months.  | <b>2.8</b> |

## Section 2: Environment and Facilities

| Standard number | Standard type   | Criteria  | CCQI Core Inpatient Standard |
|-----------------|---|---|------------------------------|
| <b>2.1</b>      | <b>The unit is well designed and has the necessary facilities and resources</b> |   |                              |
| <b>2.1.1</b>    | <b>1</b>  | Patients have access to safe outdoor space every day.   | <b>6.1.13</b>                |
| <b>2.1.2</b>    | <b>1</b>  | The unit has a communal lounge area.  |                              |
| <b>2.1.3</b>    | <b>1</b>  | The unit has a dedicated nursery which can be accessed 24 hours a day.  |                              |
| <b>2.1.4</b>    | <b>1</b>  | There is a selection of age-appropriate toys and baby equipment.  |                              |
| <b>2.1.5</b>    | <b>2</b>  | All patients can access a range of current, culturally-appropriate resources for entertainment, which reflect the ward/unit's population.<br><br><i>Guidance: This may include recent magazines, daily newspapers, board games, a TV and DVD player with DVDs.</i>      | <b>17.7</b>                  |
| <b>2.1.6</b>    | <b>1</b>  | The unit has a designated area for the sterilisation of baby items and storage of baby milk.<br><br><i>Guidance: This can be within the same room as adult food if the areas are clearly defined.</i>   |                              |
| <b>2.1.7</b>    | <b>1</b>  | The ward/unit has a designated dining area, which is reserved for dining during allocated mealtimes.  |                              |
| <b>2.1.8</b>    | <b>2</b>  | There are facilities for patients to make their own hot and cold drinks and snacks which are available 24 hours a day.  | <b>17.21</b>                 |
| <b>2.1.9</b>    | <b>3</b>  | There is a kitchen on the unit for the sole use of MBU patients. This can be used both for OT assessments and for mothers to cook their own and infants' foods when clinically appropriate.   |                              |
| <b>2.1.10</b>   | <b>2</b>  | Staff members and patients can control heating, ventilation and light.<br><br><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> | <b>17.15</b>                 |
| <b>2.1.11</b>   | <b>1</b>  | The temperature in the nursery and bedrooms is appropriate for sleeping babies.<br><br><i>Guidance: between 16-20°C.</i>  |                              |
| <b>2.1.12</b>   | <b>2</b>  | The unit has a dedicated office for use by clinical staff.  |                              |
| <b>2.1.13</b>   | <b>2</b>  | There are at least two rooms in addition to the nursing office for individual clinical assessments and interventions.   |                              |

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|--------|---|--|-------|
| 2.1.14 | 2   | There are sufficient IT resources on the unit to provide practitioners with easy access to key information, e.g. information about services/conditions/treatment, patient records, clinical outcome and service performance measurements.  |       |
| 2.1.15 | 2   | Ward/unit-based staff members have a dedicated staff room.   | 17.23 |
| 2.1.16 | 2   | The unit provides internet access for all patients.  |       |
| 2.1.17 | 1   | Patients use mobile phones, computers (which provide access to the internet and social media), cameras and other electronic equipment on the ward, subject to risk assessment and in line with local policy.<br><br><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. Patients must be advised not to take photographs of other patients and their babies.</i> | 7.11  |
| 2.1.18 | 3   | All patients can access plug sockets to charge electronic devices such as mobile phones.   | 17.8  |
| 2.2    | <b>Patients are consulted about the unit environment and have choice when this is appropriate</b> |  |       |
| 2.2.1  | 3   | Patients are consulted about changes to the ward/unit environment.   | 17.24 |
| 2.2.2  | 2   | Patients are able to personalise their bedroom spaces.<br><br><i>Guidance: For example, patients can put up photos and pictures.</i>   | 17.3  |
| 2.3    | <b>The unit is equipped with appropriate medical equipment and this is well-maintained</b>        |  |       |
| 2.3.1  |   | The unit is equipped with medical items for examining mothers including:   |       |
| 2.3.1a | 1   | Weighing scales  |       |
| 2.3.1b | 1   | Ophthalmoscope   |       |
| 2.3.1c | 1   | Thermometer  |       |
| 2.3.1d | 1   | Stethoscope  |       |
| 2.3.1e | 1   | Blood glucose monitoring kit   |       |
| 2.3.1f | 1   | Blood pressure monitoring machine  |       |
| 2.3.1g | 1   | Pulse oximeter   |       |
| 2.3.2  |   | The unit is equipped with medical items for examining babies including:  |       |
| 2.3.2a | 1   | Weighing scales  |       |
| 2.3.2b | 1   | Thermometer  |       |
| 2.3.2c | 1   | Stethoscope  |       |
| 2.3.2d | 1   | Pulse oximeter   |       |
| 2.3.4  | 1   | Resuscitation equipment, including a crash bag and infant face mask and pump, must be available immediately in an emergency. Equipment is maintained and checked weekly and after use.   | 17.16 |



|               |   |  |              |
|---------------|---|--|--------------|
| <b>2.4</b>    | <b>Premises are designed and managed so that mothers' rights, privacy and dignity are respected</b> |  |              |
| <b>2.4.1</b>  | <b>1</b>  | Each patient has their own bedroom with a wash basin.  |              |
| <b>2.4.2</b>  | <b>1</b>  | All bedrooms are equipped so that babies can be roomed with their mothers.   |              |
| <b>2.4.3</b>  | <b>1</b>  | The ward/unit has at least one bathroom/shower room for every three patients.  | <b>17.4</b>  |
| <b>2.4.4</b>  | <b>3</b>  | Every patient has an en-suite bathroom.  | <b>17.5</b>  |
| <b>2.4.5</b>  | <b>2</b>  | All patients have access to lockable storage which may be within their own individual rooms, or access to a safe on the ward.  |              |
| <b>2.4.6</b>  | <b>2</b>  | The ward/unit has a designated room for physical examination and minor medical procedures.   | <b>17.17</b> |
| <b>2.4.7</b>  | <b>2</b>  | The ward/unit has at least one quiet room or de-escalation space other than patient bedrooms.  | <b>17.19</b> |
| <b>2.4.8</b>  | <b>1</b>  | Staff members respect the patient's personal space, e.g. by knocking and waiting before entering their bedroom.  | <b>17.10</b> |
| <b>2.4.9</b>  | <b>2</b>  | The unit has access to private space for meetings with significant others, relatives and other professionals.  |              |
| <b>2.4.10</b> | <b>1</b>  | Patients are involved in decisions about the level of observation they receive.  | <b>8.2</b>   |
| <b>2.4.11</b> | <b>2</b>  | There are sufficient areas to allow for visitors which should be appropriate for children with appropriate facilities such as toys and books, in addition to the mother's bedroom or communal areas.   |              |
| <b>2.4.12</b> | <b>1</b>  | Patients are supported to access materials and facilities that are associated with specific cultural or spiritual practices, e.g. covered copies of faith books and access to a multi-faith room.  | <b>17.6</b>  |
| <b>2.5</b>    | <b>The unit provides a safe environment for staff and patients</b>                                  |  |              |
| <b>2.5.1</b>  | <b>1</b>  | There are clear lines of sight to enable staff to observe mothers and their babies.<br><i>Guidance: This should include mirrors for any blind spots.</i>   |              |
| <b>2.5.2</b>  | <b>1</b>  | The team keeps medication in a secure place, in line with the organisation's medicine management policy.   |              |
| <b>2.5.3</b>  | <b>1</b>  | Patients are cared for in the least restrictive environment possible, while ensuring appropriate levels of safety and promoting recovery.<br><i>Guidance: Blanket rules should be avoided where possible. Reviewers should check whether doors to kitchens/bathrooms/nursery are not routinely locked or separated and whether mothers have access to all the facilities on ward that they need. Mothers and their babies should not be routinely separated e.g. for a period after admission.</i> | <b>17.13</b> |
| <b>2.5.4</b>  | <b>1</b>  | Patients and staff members feel safe on the ward.  | <b>21.2</b>  |

|              |   |   |              |
|--------------|---|---|--------------|
| <b>2.6</b>   | <b>There is equipment and procedures for dealing with emergencies in the unit</b> |   |              |
| <b>2.6.1</b> | <b>1</b>  | Staff members, patients and visitors are able to raise alarms using panic buttons, strip alarms, or personal alarms and there is an agreed response when an alarm is used.                        | <b>17.14</b> |
| <b>2.6.2</b> | <b>1</b>  | A collective response to alarm calls and fire drills is agreed by the team. This is rehearsed at least annually.  |              |
| <b>2.6.3</b> | <b>1</b>  | An audit of environmental risk is conducted annually and a risk management strategy is agreed.<br><br><i>Guidance: This includes an audit of ligature points and potential hazards to babies.</i> | <b>17.12</b> |

## Section 3: Staffing

| Standard number | Standard type | Criteria   | CCQI Core Inpatient Standard |
|-----------------|---------------|--|------------------------------|
| <b>3.1</b>      |               | <b>The number of nursing staff on the unit is sufficient to meet the needs of patients and babies at all times</b>   |                              |
| <b>3.1.1</b>    | <b>1</b>      | A typical unit with six beds includes at least two registered mental health nurses (RMNs) per day shift.   |                              |
| <b>3.1.2</b>    | <b>1</b>      | A typical unit with six beds includes at least two nurses at night (one of which is an RMN).   |                              |
| <b>3.1.3</b>    | <b>1</b>      | There is at least one specialist nursery nurse to cover day duty (including early and late shifts).  |                              |
| <b>3.1.4</b>    | <b>2</b>      | There is at least one specialist nursery nurse covering the unit 24 hours a day.   |                              |
| <b>3.1.5</b>    | <b>1</b>      | The ward/unit has a mechanism for responding to low staffing levels, including: <ul style="list-style-type: none"> <li>- A method for the team to report concerns about staffing levels</li> <li>- Access to additional staff members</li> <li>- An agreed contingency plan, such as the minor and temporary reduction of non-essential services.</li> </ul> | <b>19.1</b>                  |
| <b>3.1.6</b>    | <b>2</b>      | 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.   | <b>19.2</b>                  |
| <b>3.1.7</b>    | <b>1</b>      | The ward manager is rostered as supernumerary and only used in a clinical role if necessary.   |                              |
| <b>3.2</b>      |               | <b>The unit comprises a core multi-professional team with specialist skills and knowledge</b>  |                              |
| <b>3.2.1</b>    | <b>1</b>      | A typical unit with six beds includes at least 0.5 WTE consultant psychiatrist.<br><br><i>Guidance: This may be provided by two clinicians in a split post. Cover from a specialist consultant must be provided at all times during the working week.</i>  |                              |
| <b>3.2.2</b>    | <b>1</b>      | A typical unit with six beds includes at least 0.5 WTE junior doctor or equivalent.  |                              |
| <b>3.2.3</b>    | <b>1</b>      | 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.   | <b>19.3</b>                  |
| <b>3.2.4</b>    | <b>1</b>      | A typical unit with six beds includes at least 0.5 WTE clinical psychologist or there should be clear evidence of formal representations to achieve this by Oct 2020. The psychologist contributes to the assessment and formulation of the patients' psychological needs and the safe and effective provision of evidence-based                             |                              |

|               |  |   |              |
|---------------|--|---|--------------|
|               |  | psychological interventions.<br><i>Guidance: This should be in place by October 2020 and annual evidenced progress reports will be required to maintain accreditation.</i>  |              |
| <b>3.2.5</b>  | <b>1</b>   | A typical unit with six beds includes at least 0.5 WTE occupational therapist or there should be clear evidence of formal representations to achieve this by Oct 2020. The occupational therapist works with patients requiring an occupational assessment and ensures the safe and effective provision of evidence-based occupational interventions.<br><i>Guidance: This should be in place by October 2020 and annual evidenced progress reports will be required to maintain accreditation.</i> |              |
| <b>3.2.6</b>  | <b>2</b>   | A typical unit with six beds includes at least 0.5 WTE social work input.   |              |
| <b>3.2.7</b>  | <b>1</b>   | A typical unit with six beds includes at least 0.5 WTE administrative support.  |              |
| <b>3.2.8</b>  | <b>2</b>   | A specialist pharmacist is a member of the MDT.   | <b>6.2.5</b> |
| <b>3.2.9</b>  | <b>3</b>   | There is dedicated sessional input from creative therapists.  | <b>6.1.5</b> |
| <b>3.2.10</b> | <b>3</b>   | The team includes input from peer support workers.<br><i>Guidance: This could be through a paid or voluntary arrangement.</i>   |              |
| <b>3.2.11</b> | <b>1</b>   | All patients have a designated health visitor.  |              |
| <b>3.2.12</b> | <b>2</b>   | Units should have a designated health visitor who visits at least once a week to advise mothers and clinical staff on childcare issues and liaise with the mother's usual health visitor.   |              |
| <b>3.2.13</b> | <b>1</b>   | All patients have visits and advice from a midwife when clinically appropriate.   |              |
| <b>3.2.14</b> | <b>3</b>   | When the occupancy levels on the mother and baby unit are low, staff are used to provide care in the community where possible.  |              |
| <b>3.2.15</b> | <b>1</b>   | There are written documents that specify professional, organisational and line management responsibilities.   |              |
| <b>3.2.16</b> | <b>2</b>   | There has been a review of the staff members and skill mix of the team within the past 12 months. This is to identify any gaps in the team and to develop a balanced workforce which meets the needs of the ward/unit.  |              |
| <b>3.3</b>    | <b>New staff members receive a comprehensive induction</b> |   |              |

|               |  |   |              |
|---------------|--|---|--------------|
| <b>3.3.1</b>  | <b>1</b>   | New staff members, including bank staff, receive an induction based on an agreed list of core competencies.<br><br><i>Guidance: This should include 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.</i>  | <b>20.2</b>  |
| <b>3.3.2</b>  | <b>1</b>   | All newly qualified nursing staff members are allocated a preceptor to oversee their transition onto the ward/unit.<br><br><i>Guidance: This should be offered to recently graduated students, those returning to practice, those entering a new specialism and overseas-prepared practitioners who have satisfied the requirements of, and are registered with, their regulatory body. For more practical advice, see <a href="http://www.rcn.org.uk/__data/assets/pdf_file/0010/307756/Preceptorship_framework.pdf">http://www.rcn.org.uk/__data/assets/pdf_file/0010/307756/Preceptorship_framework.pdf</a>.</i> |              |
| <b>3.4</b>    | <b>Staff are provided with a thorough training programme</b> |   |              |
| <b>3.4.1</b>  |  | Staff members receive training consistent with their role, which is recorded in their personal development plan and is refreshed in accordance with local guidelines. This training includes:   |              |
| <b>3.4.1a</b> | <b>1</b>   | The use of legal frameworks, such as the Mental Health Act (or equivalent) and the Mental Capacity Act (or equivalent).   | <b>22.1a</b> |
| <b>3.4.1b</b> | <b>1</b>   | Physical health assessment.<br><br><i>Guidance: This could include training in understanding physical health problems, undertaking physical observations and when to refer the patient for specialist input.</i>  | <b>22.1b</b> |
| <b>3.4.1c</b> | <b>1</b>   | Safeguarding vulnerable adults and children.<br><br><i>Guidance: This includes recognising and responding to the signs of abuse, exploitation or neglect.</i>   | <b>22.1c</b> |
| <b>3.4.1d</b> | <b>1</b>   | Risk assessment and risk management.<br><br><i>Guidance: This should cover risk for both the mother and her baby. For the mother, this could include: assessing and managing suicide risk and self-harm; prevention and management of aggression and violence.</i>  | <b>22.1d</b> |
| <b>3.4.1e</b> | <b>1</b>   | Recognising and communicating with patients with cognitive impairment or learning disabilities.   | <b>22.1e</b> |
| <b>3.4.1f</b> | <b>1</b>   | Statutory and mandatory training.<br><br><i>Guidance: This includes equality and diversity, information governance, basic life support.</i>   | <b>22.1f</b> |
| <b>3.4.1g</b> | <b>2</b>   | Carer awareness, family inclusive practice and social systems, including carers' rights in relation to confidentiality.   | <b>22.1g</b> |

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|---------------|---|---|---------------|
| <b>3.4.1h</b> | <b>1</b>  | Pharmacological interventions.<br><i>Guidance: This should be completed annually by medical and qualified nursing staff.</i>  |               |
| <b>3.4.1i</b> | <b>1</b>  | Common physical disorders in pregnancy and the early postnatal period.<br><i>Guidance: This should be completed by all clinical staff and facilitated by an appropriate specialist.</i>   |               |
| <b>3.4.1j</b> | <b>1</b>  | Common physical disorders in infancy.<br><i>Guidance: This should be completed by all clinical staff and facilitated by an appropriate specialist.</i>  |               |
| <b>3.4.1k</b> | <b>1</b>  | Basic infant development including the main development milestones.<br><i>Guidance: This should be completed by all clinical staff.</i>   |               |
| <b>3.4.1l</b> | <b>1</b>  | Understanding and facilitating mother-baby interaction.<br><i>Guidance: This should be completed by all clinical staff.</i>   |               |
| <b>3.4.2</b>  | <b>1</b>  | All staff members who administer medications have been assessed as competent to do so. Assessment is repeated on a yearly basis using a competency-based tool and is repeated at least once every three years.  | <b>6.2.4</b>  |
| <b>3.4.3</b>  | <b>1</b>  | All staff undergo specific training in therapeutic observation (including principles around positive engagement with patients, when to increase or decrease observation levels and the necessary multi-disciplinary team discussions that should occur relating to this and actions to take if the patient absconds) when they are inducted into a Trust or changing wards. | <b>22.1g</b>  |
| <b>3.4.4</b>  | <b>1</b>  | All staff members who deliver therapies and activities are appropriately trained and supervised.  | <b>6.1.15</b> |
| <b>3.4.5</b>  | <b>3</b>  | Shared in-house multi-disciplinary team training, education and practice development activities occur on the ward/unit at least every 3 months.   |               |
| <b>3.4.6</b>  | <b>2</b>  | Experts by experience are involved in delivering and developing staff training face-to-face.  | <b>22.2</b>   |
| <b>3.5</b>    | <b>All staff receive regular supervision and can access appropriate support</b> |   |               |
| <b>3.5.1</b>  | <b>1</b>  | All clinical staff members receive individual clinical supervision at least monthly, or as otherwise specified by their professional body.<br><i>Guidance: Supervision should be profession-specific as per professional guidelines and provided by someone with appropriate clinical experience and qualifications.</i>  | <b>20.3</b>   |
| <b>3.5.2</b>  | <b>1</b>  | All staff members receive line management supervision at least monthly.   | <b>20.4</b>   |

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| <b>3.5.3</b>  | <b>1</b> | All staff members receive an annual appraisal and personal development planning (or equivalent).<br><br><i>Guidance: This contains clear objectives and identifies development needs.</i>  |             |
| <b>3.5.4</b>  | <b>1</b> | All staff are able to contact a senior colleague as necessary 24 hours a day.<br><br><i>Guidance: This will include the on-call system.</i>  |             |
| <b>3.5.5</b>  | <b>1</b> | Staff members, patients and carers who are affected by a serious incident, including control and restraint and rapid tranquilisation, are offered post incident support.   | <b>21.4</b> |
| <b>3.5.6</b>  | <b>2</b> | The team has protected time for team-building and discussing service development at least once a year.   |             |
| <b>3.5.7</b>  | <b>1</b> | The ward/unit actively supports staff health and well-being.<br><br><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>   | <b>21.1</b> |
| <b>3.5.8</b>  | <b>1</b> | Staff members are able to take breaks during their shift that comply with the European Working Time Directive.<br><br><i>Guidance: Staff have the right to one uninterrupted 20-minute rest break during their working day if they work more than 6 hours in a shift. Adequate cover is provided to ensure staff members can take their breaks.</i>  | <b>21.3</b> |
| <b>3.5.9</b>  | <b>2</b> | Staff members are able to access reflective practice groups at least every six weeks, where teams can meet together to think about team dynamics and develop their clinical practice.  | <b>18.1</b> |
| <b>3.5.10</b> | <b>1</b> | 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>18.2</b> |
| <b>3.5.11</b> | <b>1</b> | Staff know how to prevent and respond to sexual exploitation, coercion, intimidation and abuse on the ward.<br><br><i>Guidance: Staff must consider whether sexual incidents that are said to be consensual have been the result of coercion or exploitation or where a person's capacity to consent may have been affected by her mental health. Where there is any doubt the incident must be investigated. Links must be established with the police in serious untoward incidents and to child protection and vulnerable adult policies.</i> | <b>8.1</b>  |

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| <b>3.5.12</b> | <b>1</b>  | When the team meets for handover, adequate time is allocated to discuss patients' needs, risks and management plans.<br><br><i>Guidance: This should be a minimum of 30 minutes.</i> | <b>18.3</b> |
| <b>3.6</b>    | <b>There is a recruitment policy to ensure vacant posts are filled quickly with well qualified and checked candidates</b> |  |             |
| <b>3.6.1</b>  | <b>3</b>  | When posts are vacant or in the event of long term sickness or maternity leave, prompt arrangements are made for temporary staff cover.  |             |
| <b>3.6.2</b>  | <b>2</b>  | Patient or significant other/family member representatives are given the opportunity to be involved in the interview process for recruiting new staff members.                       | <b>20.1</b> |



## Section 4: Care and Treatment

| Standard number | Standard type | Criteria  | CCQI Core Inpatient Standard |
|-----------------|---------------|---|------------------------------|
| <b>4.1</b>      |               | <b>The unit team has good access to a range of services, as appropriate to the needs of the patients. These include the following:</b>  |                              |
| <b>4.1.1</b>    | <b>1</b>      | <p>Patients 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>  | <b>7.1</b>                   |
| <b>4.1.2</b>    | <b>1</b>      | <p>Patients are offered personalised healthy lifestyle interventions such as:</p> <ul style="list-style-type: none"> <li>• Smoking cessation advice</li> <li>• Healthy eating advice</li> <li>• Physical exercise advice and opportunities to exercise</li> </ul> <p>This is documented in the patient's care plan.</p>   | <b>7.2</b>                   |
| <b>4.1.3</b>    | <b>1</b>      | <p>Patients who are prescribed mood-stabilising medication must be treated in accordance with NICE guidelines on antenatal and postnatal mental health with particular regards to the need for informed consent, suitability of use in breastfeeding and the possible adverse effects on pregnancy. Sodium valproate should not be used in women of reproductive potential and in pregnancy.</p> <p><i>Guidance: Reasons for the use of mood stabilisers including anti-epileptic drugs must be documented with signed consent and evidence of the patient's understanding of the risks and benefits.</i></p> | <b>7.4</b>                   |
| <b>4.1.4</b>    | <b>1</b>      | The team, including bank and agency staff, are able to identify and manage an acute physical health emergency.  | <b>7.3</b>                   |
| <b>4.1.5</b>    | <b>3</b>      | The team supports patients to attend an appointment with their community GP whilst an inpatient if they are admitted in the local area.   | <b>10.1</b>                  |
| <b>4.2</b>      |               | <b>All patients have a written care plan as part of the Care Programme Approach (or equivalent)</b>   |                              |

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| 4.2.1 | 1   | <p>Every patient has a written care plan, reflecting their individual needs. Staff members actively seek to collaborate with patients and their significant other/family member (with patient consent) when developing the care plan, and they are offered a copy.</p> <p>Guidance: The care plan clearly outlines:</p> <ul style="list-style-type: none"> <li>- Agreed intervention strategies for physical and mental health;</li> <li>- Measurable goals and outcomes; 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> | 4.3    |
| 4.2.2 | 1   | The team reviews and updates care plans according to clinical need or at a minimum weekly.  |        |
| 4.2.3 | 1   | Patients are supported by staff members, before (to prepare), during (to understand) and after (to feedback outcomes) any formal review of their care.  |        |
| 4.3   | <b>There is a broad programme of care and treatment appropriate for the needs of the mothers and their babies</b> |   |        |
| 4.3.1 | 1   | <p>Every patient has a seven-day personalised therapeutic/recreational timetable of activities to promote social inclusion, which the team encourages them to engage with.</p> <p><i>Guidance: This includes activities such as education, employment, volunteering and other occupations such as leisure activities and caring for dependants.</i></p>   | 6.1.7  |
| 4.3.2 | 1   | Patients' preferences are taken into account during the selection of medication, therapies and activities, and are acted upon as far as possible.   |        |
| 4.3.3 | 2   | <p>There is a minuted ward community meeting that is attended by patients and staff members. The frequency of this meeting is weekly, unless otherwise agreed with the patient group.</p> <p><i>Guidance: This is an opportunity for patients 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>  | 6.1.11 |
| 4.3.4 | 2   | Patients have access to relevant faith-specific support, preferably through someone with an understanding of perinatal mental health issues.  | 6.1.12 |

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| <b>4.3.5</b>  | <b>2</b>   | The team provides information and encouragement to patients to access local organisations for peer support and social engagement. This is documented in the patient's care plan and includes access to:<br><br>- Voluntary organisations;<br>- Community centres;<br>- Local religious/cultural groups;<br>- Peer support networks;<br>- Recovery colleges. | <b>6.1.14</b> |
| <b>4.3.6</b>  | <b>1</b>   | The team supports patients to access support with finances, benefits, debt management and housing.  | <b>10.2</b>   |
| <b>4.3.7</b>  | <b>1</b>   | Patients begin evidence-based interventions, which are appropriate for their bio-psychosocial needs, within four weeks of admission. Any exceptions are documented in the case notes.   | <b>6.1.1</b>  |
| <b>4.3.8</b>  | <b>1</b>   | Mothers are encouraged to engage in activities which promote mother infant attachment and enjoyment.<br><br><i>Guidance: This could include baby massage, play sessions and/or video feedback.</i>  |               |
| <b>4.3.9</b>  | <b>3</b>   | Patients have access to complementary therapies, in accordance with local policy and procedures (and the safety of the baby).   |               |
| <b>4.3.10</b> | <b>2</b>   | Patients receive psychoeducation on topics about activities of daily living, interpersonal communication, relationships, coping with stigma, stress management and anger management.  | <b>6.1.6</b>  |
| <b>4.4</b>    | <b>Drugs are administered according to the relevant guidelines</b> |   |               |
| <b>4.4.1</b>  | <b>1</b>   | Drug charts clearly state whether the patient is breastfeeding or not.  |               |
| <b>4.4.2</b>  | <b>1</b>   | Staff give information to patients about the use of medication in pregnancy and breastfeeding and risks are discussed.  |               |
| <b>4.4.3</b>  | <b>1</b>   | When medication is prescribed, specific treatment goals are agreed with the patient, the risks (including interactions) and benefits are reviewed, a timescale for response is set and patient consent is recorded.   | <b>6.2.1</b>  |
| <b>4.4.4</b>  | <b>1</b>   | Patients have their medications reviewed at least weekly. Medication reviews include an assessment of therapeutic response, safety, side effects and adherence to medication regime.<br><br><i>Guidance: Side effect monitoring tools can be used to support reviews.</i>   | <b>6.2.2</b>  |
| <b>4.4.5</b>  | <b>1</b>   | Every patient's PRN medication is reviewed weekly, with consideration of the frequency dose and reasons.  | <b>6.2.3</b>  |
| <b>4.4.6</b>  | <b>1</b>   | Clinical outcome measurement data is collected at two time points (admission and discharge) as a minimum, and at clinical reviews where possible.   | <b>23.1</b>   |

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| 4.4.7 | 2  | Staff members review patients' progress against patient-defined goals in collaboration with the patient at the start of treatment, during clinical review meetings and at discharge.   | 23.2  |
| 4.5   | <b>Patients can meet easily with members of staff and their key workers</b>                            |  |       |
| 4.5.1 | 1  | Patients know who the key people are in their team and how to contact them if they have any questions.   | 4.1   |
| 4.5.2 | 1  | Patients have the opportunity to meet their consultant or senior doctor on a weekly basis outside of the ward review.  |       |
| 4.5.3 | 1  | Each patient receives a pre-arranged, one-hour session at least once a week with a nominated member of their care team to discuss progress, care plans and concerns.   | 6.1.9 |
| 4.6   | <b>During admission, good communication is maintained with the patient's family and local services</b> |  |       |
| 4.6.1 | 2  | Significant others are offered individual time with staff members, within 48 hours of the patient's admission to discuss concerns, family history and their own needs.   | 13.3  |
| 4.6.2 | 1  | Significant others and family members (with patient consent) are involved in discussions and decisions about the patient's care, treatment and discharge planning.   | 13.1  |
| 4.6.3 | 1  | Significant others and designated family members are involved in decisions about the care of the baby (with the patient's consent).<br><br><i>Guidance: Patient's consent may not be needed in the case of fathers who have legal rights.</i>  |       |
| 4.6.4 | 1  | Significant others are advised on how to access a statutory carer's assessment, provided by an appropriate agency.   | 13.2  |
| 4.6.5 | 2  | Significant others have access to a carer support network or group. This could be provided by the ward/unit or the team could signpost carers to an existing network.<br><br><i>Guidance: This could be a group/network which meets face-to-face or communicates electronically.</i> |       |
| 4.6.6 | 2  | Significant others and family members are offered support, e.g. through partner support sessions, family sessions, or couple sessions.   |       |
| 4.6.7 | 2  | Significant others and family members are encouraged to be involved in the following: parent-infant activities, practical parenting advice/support with the nursery nurse or health visitor etc.   |       |
| 4.6.8 | 2  | Significant others and family members feel supported by the ward staff members.  | 13.5  |
| 4.7   | <b>All babies receive appropriate care and support</b>   |  |       |
| 4.7.1 | 1  | Health visitors are informed of all new babies arriving on the unit within 48 hours of admission.  |       |
| 4.7.2 | 1  | There is a care plan for the baby which is developed with the mother wherever possible, and takes into consideration national guidelines on infant care.   |       |

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| <b>4.7.3</b> | <b>1</b>   | Babies are roomed with their mothers. If this is not possible, the baby is moved into the nursery for the minimum period required and the reasons for this are documented.   |            |
| <b>4.7.4</b> | <b>1</b>   | If the separation of the mother and baby is prolonged, significant others/family members are given the opportunity to provide interim care for the baby, where appropriate.  |            |
| <b>4.7.5</b> | <b>1</b>   | When mothers are unable to consent, breastfed babies are only given formula milk if clinically necessary.  |            |
| <b>4.7.6</b> | <b>1</b>   | Appropriate food is provided for weaning babies when patients are unable to provide it themselves.   |            |
| <b>4.8</b>   | <b>Leave is planned in collaboration with the patient and their family members</b> |  |            |
| <b>4.8.1</b> | <b>1</b>   | The team and patient jointly develop a leave plan, which is shared with the patient, that includes:<br>- A risk assessment and risk management plan that includes an explanation of what to do if problems arise on leave;<br>- Conditions of the leave;<br>- Contact details of the ward/unit and crisis numbers. | <b>5.1</b> |
| <b>4.8.2</b> | <b>1</b>   | Staff agree leave plans with the patient's significant other/family member where appropriate, allowing them sufficient time to prepare.  | <b>5.2</b> |
| <b>4.8.3</b> | <b>1</b>   | Health visitors are informed of all periods of overnight leave.  |            |
| <b>4.8.4</b> | <b>1</b>   | When patients are absent without leave, the team (in accordance with local policy):<br>- Activates a risk management plan;<br>- Makes efforts to locate the patient;<br>- Alerts significant others/family members, people at risk and the relevant authorities;<br>- Completes an incident form.                  | <b>5.3</b> |

## Section 5: Information, Consent and Confidentiality

| Standard number | Standard type   | Criteria   | CCQI Core Inpatient Standard |
|-----------------|---|--|------------------------------|
| <b>5.1</b>      | <b>Patients and families have good access to information</b>  |  |                              |
| <b>5.1.1</b>    | <b>1</b>  | <p>Information, which is accessible and easy to understand, is provided to patients and significant others.</p> <p><i>Guidance: Information can be provided in languages other than English and in formats that are easy to use for people with sight/hearing/cognitive difficulties or learning disabilities. For example; audio and video materials, using symbols and pictures, using plain English, communication passports and signers. Information is appropriate.</i></p> |                              |
| <b>5.1.2</b>    | <b>2</b>  | <p>The patient is given an information pack on admission that contains the following:</p> <ul style="list-style-type: none"> <li>- A description of the service;</li> <li>- The therapeutic programme;</li> <li>- Information about the staff team;</li> <li>- The unit code of conduct;</li> <li>- Key service policies (e.g. permitted items, smoking policy);</li> <li>- Resources to meet spiritual, cultural or gender needs.</li> </ul>                                    | <b>3.1</b>                   |
| <b>5.1.3</b>    | <b>2</b>  | <p>The team provides each significant other/family member with accessible carer information.</p> <p><i>Guidance: Information is provided verbally and in writing (e.g. carer's pack). This includes the names and contact details of key staff members on the unit and who to contact in an emergency. It also includes other local sources of advice and support such as local carers' groups, carers' workshops and relevant charities.</i></p>                                | <b>13.4</b>                  |
| <b>5.1.4</b>    | <b>1</b>  | <p>Patients (and significant others/family members, with patient consent) are offered written and verbal information about the patient's mental illness and treatment.</p> <p><i>Guidance: Verbal information could be provided in a 1:1 meeting with a staff member, a ward round or in a psycho-education group.</i></p>   | <b>6.1.10</b>                |
| <b>5.1.5</b>    | <b>2</b>  | Information given to patients and significant others is developed collaboratively and regularly reviewed.  |                              |
| <b>5.2</b>      | <b>Personal information about patients is kept confidential, unless this is detrimental to their care</b> |  |                              |
| <b>5.2.1</b>    | <b>1</b>  | Confidentiality and its limits are explained to the patient and significant other/family member on admission, both verbally and in writing. The patient's preferences for sharing information with the third parties are respected and reviewed regularly.   | <b>16.1</b>                  |

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| <b>5.2.2</b> | <b>1</b> | <p>All patient information is kept in accordance with current legislation.</p> <p><i>Guidance: This includes transfer of patient identifiable information by electronic means. Staff members ensure that no confidential data is visible beyond the team by locking cabinets and offices, using swipe cards and having password protected computer access.</i></p> | <b>16.3</b> |
| <b>5.2.3</b> | <b>1</b> | <p>The team follows a protocol for responding to significant others/family members when the patient does not consent to their involvement.</p>   | <b>16.2</b> |

## Section 6: Rights and Safeguarding

| Standard number | Standard type | Criteria  | CCQI Core Inpatient Standard |
|-----------------|---------------|---|------------------------------|
| <b>6.1</b>      |               | <b>All examination and treatment is conducted with the appropriate consent</b>  |                              |
| <b>6.1.1</b>    | <b>1</b>      | Assessments of patients' capacity (and competency for patients under the age of 16) to consent to care and treatment in hospital are performed in accordance with current legislation.  | <b>11.1</b>                  |
| <b>6.1.2</b>    | <b>1</b>      | Audio and/or video recording facilities and one-way screens are only used with the written consent of patients.   |                              |
| <b>6.1.3</b>    | <b>1</b>      | The Mental Health Act status of patients (including those who are not detained) is known to all staff and visible on notes.   |                              |
| <b>6.2</b>      |               | <b>The unit is patient-centred and patients have their rights respected</b>   |                              |
| <b>6.2.1</b>    | <b>1</b>      | On admission, patients are given accessible written information which staff members talk through with them as soon as is practically possible. The information includes: <ul style="list-style-type: none"> <li>- Their rights regarding admission and consent to treatment;</li> <li>- Rights under the Mental Health Act;</li> <li>- How to access advocacy services;</li> <li>- How to access a second opinion;</li> <li>- How to access interpreting services;</li> <li>- How to access their records;</li> <li>- How to raise concerns, complaints and compliments.</li> </ul> | <b>2.3</b>                   |
| <b>6.2.2</b>    | <b>1</b>      | Patients are provided with meals which offer choice, address nutritional/balanced diet and specific dietary requirements and which are also sufficient in quantity. Meals are varied and reflect the individual's cultural and religious needs and are appropriate for women in late pregnancy or breastfeeding.  | <b>17.22</b>                 |
| <b>6.2.3</b>    | <b>2</b>      | Staff members ask patients for feedback about the food and this is acted upon.  |                              |
| <b>6.2.4</b>    | <b>1</b>      | Patients feel listened to and understood by staff members.  | <b>14.2</b>                  |
| <b>6.2.5</b>    | <b>1</b>      | All patients have access to an advocacy service including IMHAs (Independent Mental Health Advocates).  | <b>10.4</b>                  |
| <b>6.2.6</b>    | <b>2</b>      | Patients on constant observations receive at least one hour per day being observed by a member of staff who is familiar to them.  | <b>8.4</b>                   |
| <b>6.2.7</b>    | <b>1</b>      | Staff members treat all patients and carers with compassion, dignity and respect.   | <b>14.1</b>                  |
| <b>6.3</b>      |               | <b>The unit monitors and actively works to reduce restrictive</b>   |                              |



|              | <b>practice</b>  |  |             |
|--------------|--|--|-------------|
| <b>6.3.1</b> | <b>1</b>   | Patients who are involved in episodes of control and restraint, or compulsory treatment including tranquilisation, are observed to be breathing, have their vital signs monitored by staff members and any deterioration is responded to.            | <b>8.7</b>  |
| <b>6.3.2</b> | <b>1</b>   | Staff members do not restrain patients in a way that affects their airway, breathing or circulation.   | <b>8.3</b>  |
| <b>6.3.3</b> | <b>1</b>   | In order to reduce the use of restrictive interventions, patients 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.            | <b>8.5</b>  |
| <b>6.3.4</b> | <b>1</b>   | Systems are in place to enable staff members to quickly and effectively report incidents and managers encourage staff members to do this.  | <b>24.1</b> |
| <b>6.3.5</b> | <b>1</b>   | When mistakes are made in care this is discussed with the patient themselves and their carer, in line with the Duty of Candour agreement.  | <b>24.2</b> |
| <b>6.3.6</b> | <b>1</b>   | The multi-disciplinary team collects audit data on the use of restrictive interventions and actively works to reduce its use year on year.<br><br><i>Guidance: Audit data are used to compare the service to national benchmarks where possible.</i> | <b>8.8</b>  |
| <b>6.4</b>   | <b>The status of the baby is clearly documented and child protection procedures are in place</b> |  |             |
| <b>6.4.1</b> | <b>1</b>   | The health record includes a note of who has parental rights and responsibility.   |             |
| <b>6.4.2</b> | <b>1</b>   | The child protection status and responsible social worker is recorded in notes with contact details.<br><br><i>Guidance: The absence of child protection status should also be recorded.</i>   |             |
| <b>6.4.3</b> | <b>1</b>   | The unit has policies and procedures on how to deal with allegations of abuse and child protection concerns during and out of working hours. This should include allegations involving babies, family members, patients, visitors or staff.          |             |

## Section 7: Audit and Policy

| Standard number | Standard type   | Criteria   | CCQI Core Inpatient Standard |
|-----------------|---|--|------------------------------|
| <b>7.1</b>      | <b>All available information is used to evaluate the performance of the unit</b>  |  |                              |
| <b>7.1.1</b>    | <b>1</b>  | <p>Patients and their significant others/significant others are given the opportunity to feed back about their experiences of using the service, and their feedback is used to improve the service.</p> <p><i>Guidance: This might include patient and significant other/family member surveys or focus groups.</i></p>  | <b>12.1</b>                  |
| <b>7.1.2</b>    | <b>2</b>  | Key clinical/service measures and reports are shared between the team and the organisation's board, e.g. findings from serious incident investigations and examples of innovative practice.  |                              |
| <b>7.1.3</b>    | <b>2</b>  | Services are developed in partnership with appropriately experienced patients and carers who have an active role in decision making.   | <b>12.2</b>                  |
| <b>7.2</b>      | <b>Unit staff are involved in clinical audit</b>  |  |                              |
| <b>7.2.1</b>    | <b>1</b>  | <p>There are dedicated resources, including protected staff time, to support clinical audit within the directorate or specialist areas. When staff members undertake audits they should do the following:</p> <ul style="list-style-type: none"> <li>- Agree and implement action plans in response to audit reports</li> <li>- Disseminate information including audit findings and action plan</li> <li>- Complete the audit cycle.</li> </ul> |                              |
| <b>7.2.2</b>    | <b>3</b>  | The team, patients and carers are involved in identifying priority audit topics in line with national and local priorities and patient feedback.   |                              |
| <b>7.3</b>      | <b>The unit has a comprehensive range of policies and procedures which consider the special needs of women, babies and families</b> |  |                              |
| <b>7.3.1</b>    | <b>2</b>  | Managers ensure that policies, procedures and guidelines are formatted, disseminated and stored in ways that the team find accessible and easy to use.   |                              |
| <b>7.3.2</b>    | <b>2</b>  | Clinical staff are consulted in the development of unit specific policies, procedures and guidelines that relate to their practice.  |                              |
| <b>7.3.3</b>    | <b>1</b>  | There is a locked door policy which allows patients to be cared for in the least restrictive environment possible.   |                              |

|              |  |  |             |
|--------------|--|--|-------------|
| <b>7.3.4</b> | <b>1</b>   | There is a visiting policy which includes procedures to follow for specific groups including:<br>- Children<br>- Unwanted visitors (i.e. those who pose a threat to patients, or to staff members) |             |
| <b>7.3.5</b> | <b>1</b>   | The ward/unit has a policy for the care of patients with dual diagnosis.   |             |
| <b>7.3.6</b> | <b>1</b>   | There is a policy for responding to serious incidents requiring investigation.   |             |
| <b>7.3.7</b> | <b>1</b>   | The team follows an agreed protocol with local police, which ensures effective liaison on incidents of criminal activity/harassment/violence.  |             |
| <b>7.4</b>   | <b>The service is actively involved in quality improvement</b> |  |             |
| <b>7.4.1</b> | <b>1</b>   | 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.                     | <b>24.3</b> |
| <b>7.4.2</b> | <b>2</b>   | The ward team use quality improvement methods to implement service improvements.   | <b>24.4</b> |
| <b>7.4.3</b> | <b>3</b>   | The ward team actively encourage service users and carers to be involved in QI projects.   | <b>24.5</b> |

## Section 8: Discharge

| Standard number | Standard type | Criteria   | CCQI Core Inpatient Standard |
|-----------------|---------------|--|------------------------------|
| <b>8.1</b>      |               | <b>Before discharge, decisions are made about meeting any continuing needs</b>   |                              |
| <b>8.1.1</b>    | <b>2</b>      | Discharge planning is initiated at the first multi-disciplinary team review.   |                              |
| <b>8.1.2</b>    | <b>1</b>      | Pre-discharge planning involves all services involved in patient care.<br><br><i>Guidance: For example, representatives from community teams should be invited to reviews and discharge meetings.</i>  |                              |
| <b>8.1.3</b>    | <b>1</b>      | Patients and their significant other/family member (with patient consent) are invited to a discharge meeting and are involved in decisions about discharge plans.  |                              |
| <b>8.1.4</b>    | <b>1</b>      | Patients discharged from inpatient care have their care plan or interim discharge summary sent to everyone identified in the plan as involved in their ongoing care within 24 hours of discharge.<br><br><i>Guidance: The plan includes details of:</i><br><ul style="list-style-type: none"> <li>- Care in the community/aftercare arrangements;</li> <li>- Crisis and contingency arrangements including details of who to contact;</li> <li>- Medication including monitoring arrangements;</li> <li>- Details of when, where and who will follow up with the patient.</li> </ul> | <b>9.2</b>                   |
| <b>8.1.5</b>    | <b>1</b>      | A discharge summary is sent within one week to the patient's GP and others concerned (with the patient's consent), including why the patient was admitted, how her condition has changed, and her diagnosis, medication and formulation.   | <b>9.3</b>                   |
| <b>8.1.6</b>    | <b>1</b>      | The inpatient team makes sure that patients who are discharged from hospital have arrangements in place to be followed up within three days of discharge.  | <b>9.4</b>                   |
| <b>8.1.7</b>    | <b>1</b>      | Mental health practitioners carry out a thorough assessment of the patient's personal, social, safety and practical needs to reduce the risk of suicide on discharge.  | <b>9.1</b>                   |
| <b>8.1.8</b>    | <b>1</b>      | Community professionals are informed of all periods of leave.  |                              |
| <b>8.1.9</b>    | <b>1</b>      | When staff members are concerned about an informal patient self-discharging against medical advice, the staff members undertake a thorough assessment of the patient, taking their wishes into account as far as possible.   | <b>9.6</b>                   |
| <b>8.1.10</b>   | <b>1</b>      | Patients and their families have 24-hour access to telephone advice from the mother and baby unit for at least four weeks after discharge from inpatient care.   |                              |

|                |          |  |            |
|----------------|----------|--|------------|
| <b>8.1.11</b>  | <b>1</b> | Teams provide specific transition support to patients when their care is being transferred to another unit, to a community mental health team, or back to the care of their GP.<br><br><i>Guidance: The team provides transition mentors, transition support packs, or training for patients on how to manage transitions.</i> | <b>9.5</b> |
| <b>8.1.12</b>  |          | Prior to discharge from the unit, patients are given advice and information on:  |            |
| <b>8.1.12a</b> | <b>1</b> | Contraception.   |            |
| <b>8.1.12b</b> | <b>1</b> | The risk of recurrence of problems with subsequent pregnancies.  |            |
| <b>8.1.12c</b> | <b>1</b> | Medication, its side effects and its impact on driving.  |            |
| <b>8.1.13</b>  | <b>2</b> | The unit works to ensure that all patients have a named local community consultant and named clinician as soon as possible to ensure discharge planning begins.  |            |