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Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC)

Welsh Health Specialised Services Committee (WHSSC)

Specialised Services
Service Specification: CP201

Specialist Perinatal Mental Health Inpatient Service (Mother and Baby Unit)

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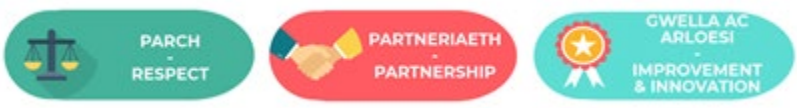

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Description	NHS Wales routinely commission this specialised service in accordance with the criteria described in this document
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Contents

Statement

Welsh Health Specialised Services Committee (WHSSC) will commission a Specialist Perinatal Mental Health Inpatient Service (Mother and Baby Unit), in accordance with the criteria outlined in this specification.

In creating this document WHSSC has reviewed the requirements and standards of care that are expected to deliver this service.

Disclaimer

WHSSC assumes that healthcare professionals will use their clinical judgment, knowledge and expertise when deciding whether it is appropriate to apply this document.

This document may not be clinically appropriate for use in all situations and does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

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1. Introduction

This document has been developed as the Service Specification for the planning and delivery of a Specialist Perinatal Mental Health Inpatient Service (Mother and Baby Unit) for women resident in Wales. This service will only be commissioned by the Welsh Specialised Services Committee (WHSSC) and applies to residents of all seven Health Boards in Wales.

1.1 Background

A Specialist Perinatal Mental Health Inpatient Service (SPMHIS) is a specialist, inpatient unit for women with mental health problems who require admission after 32 weeks of pregnancy or after the birth of their baby. Approximately 1 in 5 pregnant women will have a mental health problem during their pregnancy and in the year after they give birth. For a small number of women (approximately 5%) this will become a serious mental health problem. A very small number of women (around 2 to 4 per 1000 who give birth) need admission to hospital for their mental health problems. These women are usually admitted to a SPMHIS unit[1].

Individuals who experience mental health issues who require admission following a stillbirth or surrogacy are excluded from this policy but would access care through the usual route of acute mental health services. There should be equity of access to the SPMHIS unit regardless of ethnic origin, social status, disability, physical health and location of residence.

Mental illness at this crucial time can affect a woman's relationship with their baby. It can undermine their confidence and belief in their ability to be a good mother. SPMHIS units are designed to keep mothers and their babies together. Specialist staff will assess, formulate and implement individual intervention strategies to nurture, support promote and protect the mother and baby and their relationship on the ward at the same time as the mother has treatment for their mental illness.

SPMHIS units work closely with community perinatal mental health teams, community mental health teams, maternity services and health visitors. The perinatal period is defined as pregnancy and the first 12 months following childbirth[2].

Perinatal mental health problems may have their onset at this time or may be related to pre-existing conditions that may relapse or recur in pregnancy

[1] Perinatal mental health services Recommendations for the provision of services for childbearing women. The Royal College of Psychiatrists, College Report CR197, 2015.
[2] The Perinatal Mental Health Care Pathways. NHS England, NHS Improvement, National Collaborating Centre for Mental Health, 2018

or the postpartum year. Up to 20% of women experience a mental health problem in the perinatal period[3].

Mental health problems can range from mild to extremely severe, and require different pathways, management and care. They include:

- antenatal and postnatal depression
- anxiety disorder including obsessive compulsive disorder
- panic disorder
- eating disorder
- post-traumatic stress disorder (PTSD)
- relapse of known severe mental illnesses including schizophrenia schizoaffective disorder
- bipolar affective disorder
- postpartum psychosis
- emotionally unstable personality disorder.

Mental health problems during the perinatal period have the potential to adversely affect the woman's partner her sibling or wider family. They can also have lasting consequences for the baby's development as an individual in their own right. There is a heightened need for prompt and effective care for both mother and baby at this time. Mental health problems during the perinatal period also impairs maternal care giving interactions and, critically, the ability to regulate their baby's emotional state.

This may include:

- emotional and behavioural problems
- delayed physical development
- reduced cognitive development
- impaired mother-baby interactions
- increased risk of parental conflict and relationship breakdown
- increased risk of a raised number of adverse childhood experiences (ACEs) which in turn is associated with worse mental health outcomes.

Linked to this, the separation of mother and baby can have serious effects on the relationship and be difficult to reverse. For mothers, inadequate or absent treatment can result in a range of adverse psychological, social and employment outcomes, including increased risk of relapse and the long term physical and psychological health of the baby.

Although maternal deaths are generally low in the UK, perinatal mental illness is associated with maternal mortality. Approximately 10% of women who die in the perinatal period, die as a result of completed suicide. 23%

[3] Publications Gateway Reference 06050 NHS England

of women who died in the postnatal period (6 weeks – 12 months postpartum) had a mental health disorder. Maternal suicide is the third largest cause of direct maternal deaths occurring during or within 42 days of the end of pregnancy. Furthermore, it remains the leading cause of direct deaths occurring within a year after the end of pregnancy, with a mortality rate of 2.8 per 100,000 maternities (95% CI 2.2-3.5)[4]. Saving Lives, Improving Mothers' Care Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2014–16.

Postpartum serious mental illness has a number of distinctive clinical features including acute onset in the early days and weeks following delivery, rapid deterioration and severe symptoms and behavioural disturbances.

Women who require specialist treatment for mental health problems in the perinatal period will need different facilities and service response from those provided by general adult mental health services. This has been acknowledged and promoted in a range of evidence-based publications, particularly the NICE Clinical Guideline on antenatal and postnatal mental health: clinical management and service guidance, CG192 (2014, updated 2020)[5] and antenatal and postnatal mental health Quality Standard, QS115 (2016) [6].

Key national strategies have also highlighted perinatal mental health as a priority where improvements in access and outcomes for women and families are required. These include Saving Lives, Improving Mothers' Care Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2014–16 [7] and NHS England's Five-Year Forward View for Mental Health and the maternity review report Better Births, Improving Outcomes of Maternity Services in England [8].

Specialised perinatal mental health services encompass both community teams and SPMHIS units. They enable the treatment and recovery of the mother, whilst ensuring the relationship with the baby is developing and the baby's physical and emotional wellbeing needs are also being met.

SPMHIS units have a specialised perinatal outreach function that provides assessments for vulnerable women who may require possible admission to the unit. The perinatal outreach team would also support early discharge

[4] MBRRACE-UK, November 2018
[5] Overview | Antenatal and postnatal mental health: clinical management and service guidance | Guidance | NICE
[6] Overview | Antenatal and postnatal mental health | Quality standards | NICE
[7] MBRRACE-UK, November 2018
[8] NHS England 2016

of the women and babies by facilitating specialist close monitoring within the community with the aim of preventing relapses and re-admission of discharged inpatients.

SPMHIS units are staffed by clinicians with additional perinatal training knowledge and skills in the impact of childbirth on maternal psychiatric disorder and the effects of maternal psychiatric disorder and its treatment on the baby both in-utero and after birth.

The Welsh Government have supported a twin tracked development for a proposed interim 6 bedded SPMHIS unit whilst developing a longer term plan for a permanent solution. Patients from across Wales will be offered access to the SPMHIS unit. The existing arrangements of accessing mother and baby placements in NHS England will continue to provide geographical alternatives and additional capacity. Access to SPMHIS beds will continue to be based on clinical need irrespective of residency.

1.2 Aims and Objectives

The aim of this service specification is to define the requirements and standards of care essential for delivering mother and baby facilities for people with perinatal mental health needs.

The objectives of this service specification are to:

- ensure minimum standards of care are met
- ensure equitable access to mother and baby facilities
- support possible admission in high risk women to a SPMHIS unit
- prevent recurrences and relapses and re-admissions to the mother and baby facility
- support timely access to high quality care
- reduce mortality and morbidity
- promote the development of the mother-baby relationship to improve mental health and quality of life for both the mother and baby
- ensure women and their families have timely access to the right level of recovery focused care
- ensure admission to a SPMHIS unit is without delay to prevent unnecessary separation of the mother and baby
- safely and effectively meet the emotional and physical needs and requirements for mother and baby
- provide specialist medical, nursing, psychological and statutory social care for the mother and baby
- provide supervision, support, assistance and guidance in the care (both physical and emotional) of the baby whilst the mother is ill
- respond in a timely manner to emergency requests for assessment and advice

- ensure there is seamless integration of all components of care through access to discharge
- achieve the earliest resolution of the maternal mental illness whilst promoting the care and developing relationship with the baby
- assess and proactively manage high risk women with a prior history of serious mental illness to prevent avoidable recurrences in pregnancy and the postpartum period
- assess increased parental capacity in line with recovery
- ensure women, their partners and families are able to make informed decisions about care and treatment, where they are able, including through provision of appropriate information and signposting to other relevant support
- ensure individualised risk management procedures are in place and agreed.

1.3 Relationship with other documents

This document should be read in conjunction with the following documents:

- **NHS Wales**
    - All Wales Policy: Making Decisions in Individual Patient Funding requests (IPFR).

- **Welsh Government**
    - All Wales Child Protection Guidelines (2019)
    - Mental Health Wales Measure (2010)

National Policy Initiatives and Evidence Base

The following evidence based national policy initiatives recommend that all women with serious mental illness in late pregnancy and the postpartum period should receive specialist perinatal psychiatric care. If they require admission, these women should be admitted with their babies to a SPMHIS unit. They also recommend treatment and management guidelines for perinatal conditions and women of reproductive potential. Their aim is to reduce morbidity and mortality in mothers and babies and to improve quality of life and patient satisfaction.

- **National Institute of Health and Care Excellence (NICE) guidance**
    - Ante natal and postnatal mental Health: clinical management and service guidance. NICE Clinical guidance (CG192) 2014, updated 2020

- **NHS England policies**
  - Publications Gateway Reference 06050 NHS England
  - The Perinatal Mental Health Care Pathways. NHS England, NHS Improvement, National Collaborating Centre for Mental Health, 2018.
  - Specialised Perinatal Mental Health Services (In – Patient Specialist Perinatal Mental Health Inpatient Unit s and Linked Outreach Teams), NHS England, December 2016, updated 2017.

- **Other published documents**
  - Standards for Inpatient Perinatal Mental Health Services, Seventh Edition, CCQI Royal College of Psychiatrist, October 2019
  - Children, Young People and Education Committee, Perinatal Mental health in Wales. National Assembly for Wales, October 2017
  - Mental health delivery plan 2019 to 2022 | GOV.WALES, Welsh Government. January 2020
  - Five Year Forward View for Mental Health. Mental Health Task Force, 2016
  - Perinatal Mental health– follow up. Children Young people and Education in Committee (Wales). October 2017.
  - Wales Perinatal Mental Health is Everyone's Business. Maternal Mental Health Alliance February 2018
  - Saving Lives, Improving Mothers Care. Surveillance of maternal deaths in the UK 2011-13 and lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2009-13. MBRRACE-UK, December 2015.
  - Saving Lives, Improving Mothers' Care Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2014–16. MBRRACE-UK, November 2018.
  - Perinatal Mental Health. 1000 lives Improvement Cymru 2018
  - Management of Women with Mental Health Issues during Pregnancy and the Postnatal Period. Royal College of Obstetricians and Gynaecologists (RCOG), Good Practice No 14, 2011
  - https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf. National Maternity Review, (2016)
  - Perinatal mental health services Recommendations for the provision of services for childbearing women. The Royal College of Psychiatrists, College Report CR197, 2015.
  - Perinatal psychology provision in specialist perinatal community mental health services. The British Psychological Society, Position Paper (BP8 2016).

- Falling through the gaps: perinatal mental health and general practice, Centre for Mental Health, Royal College of General Practitioners, Boots Family Trust, Report (2015)
- NHS England's Five-Year Forward View for Mental Health and the maternity review report Better Births, Improving Outcomes of Maternity Services in England.)
- From Bumps to Babies Witcombe-Hayes, S with Jones, I., Gauci, P., Burns, J., Jones, S and O'Leary S (2018)
- The Childrens Act UK Government (1989,2004)

2. Service Delivery

The Welsh Health Specialised Services Committee will commission a Specialist Perinatal Mental Health Inpatient Service (Mother and Baby Unit) for women in-line with the criteria identified in this service specification.

2.1 Service Description

The Regional Specialist Perinatal Mental Health Inpatient Unit (SPMHIS) will form the 'Hub', within a broad 'hub and spoke' model of perinatal care across Wales. This will be delivering highly specialised Specialist Perinatal Mental Health Inpatient care, alongside providing a national hub for training and research. The hub will lead innovative developments within the national perinatal mental health care pathway and be guided by the best evidence available.

2.2 Access Criteria

This service is for women in pregnancy and in the year postpartum with serious mental illness, together with their babies, who require specialist resources and SPMHIS unit admission.

This will include mothers under the age of 18 (where it is expected that they will be the principal carer for the baby).

For mothers under 17 years and 9 months at point of admission, a named worker within Community CAMHS (from the service users host Health Board) should be allocated for the duration of admission to ensure a supported and timely discharge.

Referrals

Referrals will be considered by the Perinatal Mental Health Team based on clinical need. There should be clear written criteria for admission.
Referrals can be made from the following teams/services into the Perinatal Mental Health Team:

- Adult Mental Health Teams
- CAMHS and other mental health services
- Internally from Specialised Perinatal Community Mental Health Teams
- General Practitioners
- Midwifery Services and Obstetrician

Admissions

Admission to the SPMHIS unit is either via an emergency or planned admission route.

Emergency Admissions

These form the majority of admissions to the SPMHIS unit. The individual will be acutely ill.

Prior to admission to the SPMHIS unit , the mother and baby will need to be assessed and accepted by a senior clinical team member leading the unit by telephone or by face to face assessment by a member of unit and/or Outreach function.

The SPMHIS unit should ensure that there is no delay in admission to avoid to the mother being admitted to a general mental health unit without her baby.

Planned admissions

These are the minority of admissions to the SPMHIS unit and include serious/complex conditions including for those individuals who are at high risk of an early postpartum relapse or recurrence of a pre-existing condition but who do not require an emergency admission.

Planned admissions also form part of a perinatal care plan drawn up by the Specialised Perinatal Mental Health Service.

A Senior Clinician should review the referral and assess suitability for admission, including case discussion and review of written referral information with the local community perinatal mental health team or allocated mental health care team who completed the mental state assessment. This is to prevent distressed women from being subjected to multiple assessments and unnecessary delays.

The potential admission should also be discussed with the multidisciplinary team and referrer for both planned and emergency admissions

Wherever possible, mothers will be admitted to the SPMHIS unit. If the unit is full, then referrers should be informed of likely future availability and availability in other SPMHIS units, ensuring that an appropriate plan is made for the woman's immediate care, which has involved the woman and her partner/family.

If the woman is not admitted to an alternative SPMHIS unit, the SPMHIS should make daily contact with the referrer to update plans for their care, until either they are admitted to a SPMHIS unit or their need for admission has passed.

2.3 Service description

In addition to the standards required within the Contract, specific quality standards and measures will be expected. The provider must also meet the standards as set out below.

The SPMHIS unit should:

- undertake the assessment, care and treatment of women after 32 weeks of pregnancy and the postpartum period with serious mental illness that cannot be safely managed by Specialised Perinatal Community Mental Health Teams
- ensure that the baby is admitted with the mother
- provide appropriate facilities, treatments and interventions to meet the special needs of mothers and their babies including both physical and psychological care
- provide support, assistance and supervision to the mother so that the physical and emotional needs of the babies are met and promote the developing mother-baby relationship
- provide care for emergency admissions 24 hours a day, 7 days a week having the ability to care for acute conditions including those detained under the Mental Health Act, without transferring mothers to other inpatient facilities (except in exceptional circumstances)
- accept planned admissions for less urgent but complex cases which cannot be managed in the community or by Adult Mental Health Services
- ensure a safe environment for the care of both mother and baby
- ensure the SPMHIS unit is separate from other acute admission units
- have controlled access and facilities that are not shared by other acute psychiatric admission units
- meet the standards within this service specification and other Standards of the Royal College of Psychiatrists College Centre for Quality Improvement (CCQI) [9]
- treat mothers prescribed psychotropic medication in accordance with NICE guidelines on antenatal and postnatal mental health
- document informed consent when an individual has been prescribed any psychotropic medication
- ensure that mother and babies have access to the same professionals and resources that they would have in the community
- have a link social worker, health visitor and a link midwife to provide advice and assistance to both the mothers and staff of the SPMHIS unit

[9] https://www.rcpsych.ac.uk/docs/default-source/improving-care/ccqi/quality-networks/perinatal/perinatal-inpatient-standards---seventh-ed.pdf?sfvrsn=70f680dd_4

- support partners through admission, this will include enquiries about the needs of partners and sign-posting to appropriate support/services, providing information about the unit and the care provided and psychoeducation around the service users condition.

Specialised Outreach function

In line with the Royal College of Psychiatry CCQI standards for Specialised Perinatal Community Mental Health Teams, the community based perinatal mental health teams should provide the core outreach function.

The 'outreach' functions of the SPMHIS unit should be to:

- Provide advice and consultation to community perinatal teams/acute inpatient setting regarding individuals at risk of admission or presenting complex management issues.
- Delivering training to colleagues across the perinatal pathway on a national basis, sharing good practice and promoting highest standards of knowledge and skills relating to perinatal mental health care across wales, including delivery of training to support the All Wales core competency for perinatal mental health care implementation.
- Provide outreach to support partners of women admitted to the SPMHIS unit, through psychoeducation and support to ensure any systemic needs are identified with signposting to additional services if necessary.
- Support successful discharge and transition from hospital to community including providing out of hours telephone support for patients on home leave/ within 4 weeks of discharge.

Facilities

The SPMHIS unit should provide the facilities as outlined in section 2 of the Standards for Inpatient Perinatal Mental Health Services[10].

The SPMHIS unit should also have:

- a locked door policy which allows patients to be cared for in the least restrictive environment possible
- a visiting policy which includes procedures to follow for specific groups including:
  - children and,
  - unwanted visitors (i.e. those who pose a threat to service users, or to staff members or those that the mother does not wish to see or may be detrimental for her to see).

[10] Section 2, https://www.rcpsych.ac.uk/docs/default-source/improving-care/ccqi/quality-networks/perinatal/perinatal-inpatient-standards---seventh-ed.pdf?sfvrsn=70f680dd_4

- an agreed protocol with local police, which ensures effective liaison on incidents of criminal activity/harassment/violence

Other services

The unit team has good access to a range of services, as appropriate to the needs of the patients. This includes ready access to:

- Accident and emergency
- Social services
- Local and specialist mental health services e.g. liaison eating disorders, rehabilitation
- Secondary physical healthcare
- Neonatal and general paediatric services
- Obstetrics/Maternity and gynaecology services
- Health Visiting Services
- Community GP
- Domestic and sexual violence agencies
- Statutory organisations such as Local Authorities and the Police
- Local safeguarding partners to make sure that the needs of the individual children are met
- Third sector organisations

Staffing

The SPMHIS Unit will have the following clinical staff:

Staff Group	WTE
Consultant	1.0
Junior Doctor	0.5
Ward Administrator	1.0
Service Manager	0.5
Occupational Therapist	0.5
Ward Manager	1.0
Psychologist	0.6
Pharmacist	0.2
Systemic Family Therapist	0.4
Family Support Outreach Worker	0.5
Specialist Midwife	0.2
Specialist Health Visitor	0.2
Social Worker	0.5

Nursing Inpatient Unit 4 or 6 beds (includes Nursery Nurse 24/7)	19.07

If the SPMHIS unit is the only inpatient service on its site. To mitigate the risk of not being able to call upon assistance from a neighbouring ward they need to ensure that there is increased nursing staff at weekends and nights [11] (Standard 3.1.3).

Training

The SPMHIS unit needs to ensure that all clinical staff receive education and training in perinatal mental health through the recognised All Wales Perinatal programme.

Specialist teams

This model of care provides a dedicated, safe and fit for purpose SPMHIS unit for women requiring inpatient care after giving birth in accordance with NICE guidelines and Royal College of Psychiatrists' (RCPsych) Quality Network for Perinatal Mental Health Services' standards; Ensures equality of access to specialised local mother and baby service, improves continuity in care and patient pathways in accordance with best practice, and de-stigmatises and normalise the mother's experience in an appropriate and accessible environment.

2.4 Clinical Standards

These are nationally accepted consensus, appraisal and accreditation standards for SPMHIS units. These set down the minimum requirements for the treatment and management of women with serious postnatal psychiatric disorder who are admitted to the SPMHIS unit, the resources and facilities and staffing of SPMHIS units and the interventions and resources available. For accreditation purposes these are divided into Level 1, 2 and 3. For accreditation, the Unit must meet 100% of Level 1 Standards and 80% of Level 2. Specialised SPMHIS units will be members of the RCPsych College Centre for Quality Improvement (CCQI) and be accredited by them.

The Royal College of Psychiatrists CCQI Standards for Specialised Perinatal Community Mental Health Teams[12]

These are consensus standards for the staffing and function of Specialised Perinatal Community Mental Health Teams and the care and treatment provided by these Teams. It is an appraisal network. Specialised Perinatal

[11] See standard 3.1.3 https://www.rcpsych.ac.uk/docs/default-source/improving-care/ccqi/quality-networks/perinatal/perinatal-inpatient-standards---seventh-ed.pdf?sfvrsn=70f680dd_4

[12] https://www.rcpsych.ac.uk/docs/default-source/improving-care/ccqi/quality-networks/perinatal/pqn-standards-for-community-perinatal-mental-health-services-4th-edition.pdf?sfvrsn=f31a205a_4

Community Mental Health Teams will be members of the relevant RCPsych CCQI and undertake annual appraisals.

The most recent CCQI service standards (seventh edition) for Perinatal Community Services.

Royal College of Psychiatrists College Report 197[13]

These are standards devised by the Perinatal Facility of the Royal College of Psychiatrists. They stipulate the design of perinatal mental health inpatient and community services.

Ante natal and postnatal mental Health: clinical management and service guidance. Clinical guidance (CG192)[14]

These are the current clinical practice standards for care of women in the perinatal period in collaboration with other multi-disciplinary teams including Mental Health, Obstetrics and Midwifery.

2.5 Exclusion Criteria

Women will not be admitted to a SPMHIS unit under the following circumstances:

- For the sole purpose of a parenting assessment unless they are also suffering from, or there is a suspected/potential, serious or complex mental illness.
- Women with substance misuse, head injury or other organic disorder unless they are also suffering from, or there is suspected, serious mental illness, brain injury or other organic disorder including dementia.
- If there is evidence that the mother will not be capable of independent functioning in caring for her baby in the community even with reasonable support.
- If there is evidence of serious violence/aggressive behaviour that might pose a risk of harm or injury to her own or other babies on the SPMHIS unit.

2.6 Acceptance Criteria

The service outlined in this specification is for patients ordinarily resident in Wales, or otherwise the commissioning responsibility of the NHS in Wales. This excludes patients who whilst resident in Wales, are registered with a GP practice in England, but includes patient's resident in England who are registered with a GP Practice in Wales.

[13] https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr197.pdf?sfvrsn=57766e79_2
[14] Overview | Antenatal and postnatal mental health: clinical management and service guidance | Guidance | NICE

2.7 Patient Pathway

The patient pathway for the SPMHIS unit should follow The Perinatal Mental Health Care Pathways[15].

2.8 Service provider/Designated Centre

Tonna Hospital
Swansea Bay University Health Board
Tonna Uchaf
Tonna
Neath
SA11 3LX

2.9 Exceptions

If the patient does not meet the criteria for treatment as outlined in this policy, an Individual Patient Funding Request (IPFR) can be submitted for consideration in line with the All Wales Policy: Making Decisions on Individual Patient Funding Requests. The request will then be considered by the All Wales IPFR Panel.

If the patient wishes to be referred to a provider outside of the agreed pathway, and IPFR should be submitted.

Further information on making IPFR requests can be found at: Welsh Health Specialised Services Committee (WHSSC) | Individual Patient Funding Requests

[15] https://www.rcpsych.ac.uk/docs/default-source/improving-care/nccmh/perinatal/nccmh-the-perinatal-mental-health-care-pathways-short-guide.pdf?sfvrsn=4f52dbb3_2

3. Quality and Patient Safety

The provider must work to written quality standards and provide monitoring information to the provider Health Board and lead commissioner. The quality management systems must be externally audited and accredited.

3.1 Quality Indicators (Standards)

The unit must enable the service users, carers and advocates informed participation and be able to demonstrate this. Provision should be made for patients with communication difficulties.

Service users and their partners/family are given the opportunity to feed back about their experiences of using the service, and their feedback used to improve the service.

Services are developed in partnership with appropriately experienced patients and carers who have an active role in decision making.

Managers should ensure policies, procedures and guidelines are formatted, disseminated and stored in ways that the team find accessible and easy to use. Clinical staff are consulted in the development of unit specific policies, procedures and guidelines that relate to their practice.

The unit has a policy for the care of patients with dual diagnosis.

There is a policy for responding to serious incidents requiring investigation.

Key clinical/service measures, reports and any serious incidents are shared by the team with the organisation's board and WHSSC e.g. findings from serious incident investigations and examples of innovative practice.

Lessons learned from untoward incidents are shared with the team and the wider organisation. There should be evidence changes have been made as a result of sharing the lessons.

There are dedicated resources, including protected staff time, to support clinical audit within the directorate or specialist areas. Staff members undertaking audits, should:

- Agree and implement action plans in response to audit reports, Disseminate information including audit findings and action plan
- Complete the audit cycle.

The unit team use quality improvement methods to implement service improvements.

The unit team actively encourage service users and carers to be involved in QI projects.

3.2 National Standards

- Perinatal CCQI - Quality Network for Perinatal Mental Health https://www.rcpsych.ac.uk/docs/default-source/improving-care/ccqi/quality-networks/perinatal/perinatal-inpatient-standards---seventh-ed.pdf?sfvrsn=70f680dd_4
- Department of Health The Public Health Outcomes Framework for England, 2013 -2016 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/216159/dh_132362.pdf
- A Healthier Wales WG, 2019 https://gov.wales/sites/default/files/publications/2019-04/

3.3 Provider Outcomes

- Service response (implementation) to RCPsych CCQI annual appraisal. https://www.rcpsych.ac.uk/improving-care/ccqi/quality-networks-accreditation/perinatal-community-teams/standards-and-publications and https://www.rcpsych.ac.uk/docs/default-source/improving-care/ccqi/quality-networks/perinatal/perinatal-inpatient-standards---seventh-ed.pdf?sfvrsn=70f680dd_4
- HIW WG and QAIS monitoring processes
- National Audit input on perinatal and maternal health

3.4 Clinical outcome measures

Patient Reported Outcome Measures (PROM) e.g. Patient rated and experience measure (perinatal), Patient Reported Experience Measure (PREM)

Appropriately developed perinatal service evaluation processes with clinician users and families to enable effective service feedback and learning.

Reporting of service evaluation to Health Board provider, Commissioner service users and support groups.

3.5 Other quality requirements

- the provider will have a recognised system to demonstrate service quality and standards
- the service will have detailed clinical protocols setting out nationally (and local where appropriate) recognised good practice for each treatment site
- the quality system and its treatment protocols will be subject to regular clinical and management audit

- the provider is required to undertake regular service user surveys and develop and implement an action plan based on findings.

3.6 Quality performance measures

Key Quality measures will support outcomes to maintain a safe responsive effective and caring service.

Daily reporting within service of some of the key measures will provide data for analysis of themes and trends with quarterly reporting of these to Health Board provider, Perinatal Mental Health project board, Commissioners and relevant service user groups.

Clinical Outcomes	**Frequency**	**Supportive data**	**Other information to support analysis**
Number of inpatients	Daily		
Number of discharges	Daily		
Number of new admissions	Daily		
Number of refusals	daily	Referred to another provider unit (name)/ supported in the community/transferred to mental health unit	Length of time to repatriation to local SPMHIS unit/discharge/other
Method of referral e.g. Perinatal team/CPN Psychiatrist/GP/Obstetric/ midwifery team			
Time from referral to admission			
Length of stay			
Number of re admissions with relapse or recurrent condition			
Patient Experience			
Number of PROM's POEM's or service developed user evaluation tool completed			Trends /Themes
Complaints			Trends/ Themes
Compliments			

Structure and process			
Inpatient Core staff maintained at standard staffing levels	Daily	Number of staff on duty received appropriate Perinatal training	Use of agency/ Bank to support standard numbers
Clinical Supervision and support of staff	Monthly		Description/ detail of compliance

4. Performance monitoring and Information Requirement

4.1 Performance Monitoring

WHSSC will be responsible for commissioning services in line with this policy. This will include agreeing appropriate information and procedures to monitor the performance of organisations.

For the services defined in this policy the following approach will be adopted:

- Service providers to evidence quality and performance controls
- Service providers to evidence compliance with standards of care

WHSSC will conduct performance and quality reviews on an annual basis

4.2 Key Performance Indicators

The providers will be expected to monitor against the full list of Quality Indicators derived from the service description components described in Section 2.2.

The provider should also monitor the appropriateness of referrals into the service and provide regular feedback to referrers on inappropriate referrals, identifying any trends or potential educational needs.

In particular, the provider will be expected to monitor against the following target outcomes:

- Section 3 Quality standards

4.3 Date of Review

This document is scheduled for review before 2024, where we will check if any new evidence is available.

If an update is carried out the policy will remain extant until the revised policy is published.

5. Equality Impact and Assessment

The Equality Impact Assessment (EQIA) process has been developed to help promote fair and equal treatment in the delivery of health services. It aims to enable Welsh Health Specialised Services Committee to identify and eliminate detrimental treatment caused by the adverse impact of health service policies upon groups and individual s for reasons of race, gender re-assignment, disability, sex, sexual orientation, age, religion and belief, marriage and civil partnership, pregnancy and maternity and language (Welsh).

This policy has been subjected to an Equality Impact Assessment.

The Assessment demonstrates the policy is robust and there is no potential for discrimination or adverse impact. All opportunities to promote equality have been taken.

6. Putting Things Right

6.1 Raising a Concern

Whilst every effort has been made to ensure that decisions made under this policy are robust and appropriate for the patient group, it is acknowledged that there may be occasions when the patient or their representative are not happy with decisions made or the treatment provided.

The patient or their representative should be guided by the clinician, or the member of NHS staff with whom the concern is raised, to the appropriate arrangements for management of their concern.

If a patient or their representative is unhappy with the care provided during the treatment or the clinical decision to withdraw treatment provided under this policy, the patient and/or their representative should be guided to the LHB for NHS Putting Things Right. For services provided outside NHS Wales the patient or their representative should be guided to the NHS Trust Concerns Procedure, with a copy of the concern being sent to WHSSC.

6.2 Individual Patient Funding Request (IPFR)

If the patient does not meet the criteria for treatment as outlined in this policy, an Individual Patient Funding Request (IPFR) can be submitted for consideration in line with the All Wales Policy: Making Decisions on Individual Patient Funding Requests. The request will then be considered by the All Wales IPFR Panel.

If an IPFR is declined by the Panel, a patient and/or their NHS clinician has the right to request information about how the decision was reached. If the patient and their NHS clinician feel the process has not been followed in accordance with this policy, arrangements can be made for an independent review of the process to be undertaken by the patient's Local Health Board. The ground for the review, which are detailed in the All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR), must be clearly stated

If the patient wishes to be referred to a provider outside of the agreed pathway, and IPFR should be submitted.

Further information on making IPFR requests can be found at: Welsh Health Specialised Services Committee (WHSSC) | Individual Patient Funding Requests

Annex i Abbreviations and Glossary

Abbreviations

SPMHIS	Specialist Perinatal Mental Health Inpatient Service
AWMSG	All Wales Medicines Strategy Group
IPFR	Individual Patient Funding Request
SMC	Scottish Medicines Consortium
WHSSC	Welsh Health Specialised Services
PTSD	Post Traumatic Stress Disorder
RCPsych	Royal College of Psychiatrists
CCQI	(Royal College of Psychiatry) College Centre for Quality Improvement

Glossary

Individual Patient Funding Request (IPFR)
An IPFR is a request to Welsh Health Specialised Services Committee (WHSSC) to fund an intervention, device or treatment for patients that fall outside the range of services and treatments routinely provided across Wales.

Welsh Health Specialised Services Committee (WHSSC)
WHSSC is a joint committee of the seven local health boards in Wales. The purpose of WHSSC is to ensure that the population of Wales has fair and equitable access to the full range of Specialised Services and Tertiary Services. WHSSC ensures that specialised services are commissioned from providers that have the appropriate experience and expertise. They ensure that these providers are able to provide a robust, high quality and sustainable services, which are safe for patients and are cost effective for NHS Wales.