

## Summary of Key Revisions to the PQN Inpatient 9<sup>th</sup> Edition Standards

Previous Standard Number	Previous Standard Type	Previous Standard	New Standard Number	New Standard Type	New standard Criteria	Changes Made	CCQI Core Standard
1.1.6	2	Admissions for the purpose of parenting assessments are only undertaken in the known or suspected presence of significant/complex mental illness.			Where units are offering formal parenting assessments, admissions for the purpose of parenting assessments are only undertaken in the known or suspected presence of significant/complex mental illness.	PQN Standard wording update	
1.1.8	1	The unit has mechanisms to review data at least annually about the mothers who are admitted. Data are compared and action is taken to address any inequalities in care planning and treatment.			<p>The unit has mechanisms to review data at least annually about the people who are admitted. Data are compared and action is taken to address any inequalities in care planning and treatment.</p> <p><i>Guidance: This includes data around the use of seclusion and length of stay in the unit for different groups.</i></p>	Guidance added to Core Standard	1.3

1.2.3	1	<p>Systems are in place to record, audit and evaluate transfers, refusals, waiting lists and the length of prior admission to an adult psychiatric ward.</p> <p><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></p>			<p>Systems are in place to record and evaluate transfers, <b>declined referrals</b>, waiting lists and the length of prior admission to an adult psychiatric ward.</p> <p><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></p>	PQN Standard wording update	
1.3.1	1	<p>Staff members work in a way that respects the individual needs of patients from different ethnic, cultural or religious backgrounds.</p>			<p>Staff members work in a way that respects the individual needs of patients from different ethnic, cultural or religious backgrounds.</p> <p><i>Guidance: There is equity of access to units in relation to ethnic origin, social status, sexual orientation, disability, physical health and neurodiversity.</i></p>	Updated PQN Standard guidance relating to standard heading	
2.1.6	1	<p>There is a separable gender-specific space which can be used as required.</p>			<p>There is a separable gender-specific space which can be used as required.</p> <p><i>Guidance: When there is a need, a space can be made available, for</i></p>	PQN guidance added to Core standard (to clarify the standard	17.22

					<i>example, when there are male visitors on the unit.</i>	further in its application to an MBU-setting)	
2.1.7	1	The unit has a dedicated nursery which can be accessed 24 hours a day.			The unit has a nursery which can be accessed 24 hours a day.	PQN Standard wording update	
2.1.13	3	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.			There is a kitchen on the unit for the sole use of MBU patients, and their partners/chosen others. This can be used both for OT assessments and for mothers to cook their own and infants' foods when clinically appropriate.	PQN Standard wording update (more inclusive of partners/chosen others)	
2.1.15	1	The temperature in the nursery and bedrooms is appropriate for sleeping babies.  <i>Guidance: Between 16-20°C.</i>			The temperature in the nursery and bedrooms is appropriate for sleeping babies. Temperatures are monitored and recorded continuously throughout the year.  <i>Guidance: Between 16-20°C, based on safer sleep guidance. When temperatures exceed 20 degrees, the team mitigates the risk with trust-approved methods to reduce temperature. There is a mitigation plan which includes a strategy to ensure more permanent solutions (such as installing air conditioning) where temperatures consistently exceed safe levels.</i>	PQN Standard wording update and Guidance added	

2.1.22	1	<p>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.</p> <p><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></p>			<p>Patients use mobile phones and/or 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.</p> <p><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></p>	Standard wording merged with 2.1.21 (re internet access)	17.13
3.1.1	1	<p>There are at least two registered mental health nurses (RMNs) on unit with 6 beds per day shift.</p> <p><i>Guidance: There should be evidence to show that the specialist staffing complement continues to provide safe and effective care for patients and their infants. We would expect higher staff numbers in larger units to ensure patients are safely and effectively cared for. The numbers of nursing staff</i></p>			<p>For all units, there are at least two registered mental health nurses (RMNs) on a unit per day shift.</p> <p>For units with eight beds or more, staffing would be expected to routinely include at least three nursing staff (additional staffing could be from disciplines including RMNs, Nursing Associates, Nursing Assistants, Support Workers, HCAs, RGNs).</p> <p><i>Guidance: There should be evidence to show that the nursing staffing</i></p>	PQN Standard wording update	

		<p><i>should be readily increased, determined by the acuity of the patients on the unit and in an emergency.</i></p> <p><i>For a unit with less than 6 beds, a minimum of two RMNs are expected. For a unit with 8 beds, a minimum of three nurses would be expected.</i></p>			<p><i>complement continues to provide safe and effective care for patients and their infants. Staffing should be proportionately increased to meet nursing requirements, based on unit size, occupancy and acuity.</i></p>		
3.1.2	1	<p>A unit with 6 beds includes at least two nurses at night.</p> <p><i>Guidance: One nurse should be an RMN, the other can be an unqualified nurse. There should be evidence to show that the specialist staffing complement continues to provide safe and effective care for patients and their infants. We would expect higher staff numbers in larger units to ensure patients are safely and effectively cared for.</i></p> <p><i>For a unit with less than 6 beds, a minimum of two nurses (one RMN and the other can be unqualified) are expected. For a unit with 8 beds, a minimum of</i></p>			<p>For all units, there are at least two nurses (at least one RMN, alongside additional nursing staff, which could include additional RMNs, Nursing Associates, Nursing Assistants, Support Workers, HCAs, RGNs) on a unit per night shift.</p> <p>For units with eight beds or more, staffing would be expected to routinely include at least one RMN and two additional nursing staff (as defined above).</p> <p><i>Guidance: There should be evidence to show that the nursing staffing complement continues to provide safe and effective care for patients and their infants. Staffing should be proportionately increased to meet</i></p>	PQN Standard wording update	

		<i>one RMN and two unqualified nurses would be expected.</i>			<i>nursing requirements, based on unit size, occupancy and acuity.</i>		
3.1.6	1	The ward manager is rostered as supernumerary and only used in a clinical role if necessary.		3.1.3		Standard number change	
3.2.2	1	A unit with 6 beds includes at least 0.5 WTE junior doctor or equivalent.  <i>Guidance: There should be evidence to show that the specialist staffing complement continues to provide safe and effective care for patients and their infants. We would expect staffing numbers in larger units to increase to the nearest 0.5 WTE to ensure patients are safely and effectively cared for.</i>			A unit with 6 beds includes at least 0.5 WTE <b>non-consultant</b> medic, or equivalent.  <i>Guidance: There should be evidence to show that the specialist staffing complement continues to provide safe and effective care for patients and their infants. We would expect staffing numbers in larger units to increase to the nearest 0.5 WTE to ensure patients are safely and effectively cared for.</i>	PQN Standard wording update	
3.2.12	2	The unit includes input from peer support workers.  <i>Guidance: This should be through a paid or voluntary arrangement.</i>			The unit has formalised and regular input from peer support workers.	PQN Standard edited and guidance removed	

3.2.13	1	Units have a designated health visitor who visits at least once a week to advise patients and clinical staff on childcare issues and liaise with the mother's usual health visitor.			Units have access to health visitors to advise patients and clinical staff on childcare issues.  <i>Guidance: There is a protocol in place with local primary care/health visitation services to ensure all mothers and babies have access to health visitation when required, supporting discussions about childcare and liaison around discharge. This includes women who are admitted out of area.</i>	PQN Standard edited (to go alongside the Type 2 standard below)	3.1
			3.2.14 (New Standard)	2	Units have a designated health visitor who visits at least once a week to advise patients and clinical staff on childcare issues and liaise with the mother's usual health visitor.	New PQN Standard	
3.3.1	1	New staff members, including bank staff, receive an induction based on an agreed list of core competencies. The induction should include: - arrangements for shadowing colleagues; - jointly working with a more experienced colleague; - being observed and receiving enhanced supervision until core competencies have been assessed as met.			New staff members, including bank staff, receive an induction based on an agreed list of core competencies. The induction should include: - arrangements for shadowing colleagues; - jointly working with a more experienced colleague; - being observed and receiving enhanced supervision until core competencies have been assessed as met.	Guidance edited (to be more inclusive of the devolved nations)	20.2

		<p><i>Guidance: The unit should refer to the NHS HEE Competency Framework for Professionals working with Women who have Mental Health Problems in the Perinatal Period.</i></p>			<p><i>Guidance: The unit should refer to the NHS HEE Competency Framework for Professionals working with Women who have Mental Health Problems in the Perinatal Period. (Or equivalent, e.g. NES Perinatal Curricular Framework)</i></p>		
3.4.4	1	<p>All staff members who deliver therapies and activities are appropriately trained and supervised.</p> <p><i>Guidance: For accreditation, training should be recorded in the PQN training matrix.</i></p>			<p>All staff members who deliver therapies and activities are appropriately trained and supervised.</p>	<p>Sustainability Principle</p> <p>Delete guidance, add explanation to the doc checklist (e.g., incl. supervision tree)</p>	6.1.14
3.4.7	3	<p>Peer support workers are provided with appropriate training, handovers, and supervision.</p> <p><i>Guidance: This standard applies to units where peer support workers have been recruited to work. This should be delivered in units where peer support workers are recruited.</i></p>		2		<p>Changed type</p>	

4.1.4 (New Standard)	1				<p>Patients who are prescribed mood-stabilising medication must be treated in accordance with MHRA and 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 anti-epileptic drugs used as mood stabilisers and lithium must be documented with signed consent and evidence of the patient's understanding of the risks and benefits.</i></p>	New PQN Standard (unmerged from Core Standard 7.4)	
4.3.10	2	Patients receive psychoeducation on topics about activities of daily living, interpersonal communication, relationships, coping with stigma, stress management, anger management, and parent-infant interaction and attachment.			Patients receive information about/psychoeducation on emotional regulation, stress management, coping skills, and parent-infant interaction and attachment, and baby development if clinically needed.	Core Standard edit suggested to reflect perinatal needs	6.1.5

			4.3.11 (New Standard)	2	Staff can recognise, adapt care and make reasonable adjustments for neurodivergent patients specific to the perinatal period.	New PQN Standard (Type 2 currently due to measurability for accreditation, striving for Type 1 in next revision)	
4.4.3	1	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.			When medication is prescribed, specific treatment goals are agreed with the patient, the risks (including interactions) and benefits are <b>discussed</b> , a timescale for response is set and patient consent is recorded.	Core Standard wording update	6.2.1
4.5.2	1	Patients have the opportunity to meet their consultant or senior doctor on a weekly basis outside of the ward review.			Patients have the opportunity to meet their consultant or senior doctor on a weekly basis outside of the ward <b>review/ward round</b> .	PQN Standard wording edit	
4.6.5	2	Partners/chosen others have access to a carer support network or group. This could be provided by the unit or staff members should signpost carers to an existing network.  <i>Guidance: This could be a group/network which meets</i>			Partners/chosen others have access to a carer support network or group. This could be provided by the unit or staff members should signpost carers to an existing network.  <i>Guidance: This could be a group/network which meets face-to-face or <b>virtually</b>.</i>	PQN Standard wording update	

		<i>face-to-face or communicates electronically.</i>					
4.8.1	1	<p>The team and the patient jointly develop a leave plan, which is shared with the patient, that includes:</p> <ul style="list-style-type: none"> <li>- A risk assessment and risk management plan that includes an explanation of what to do if problems arise on leave;</li> <li>- Conditions of the leave;</li> <li>- Contact details of the ward/unit and crisis numbers and ability to access bed on return;</li> <li>- Contact details of other relevant professionals;</li> <li>- Other professionals which have been informed of the period of overnight leave;</li> <li>- Information on how the patient can get help for the infant if needed.</li> </ul>			<p>The team and the patient jointly develop a leave plan, which is shared with the patient, that includes:</p> <ul style="list-style-type: none"> <li>- A risk assessment and risk management plan that includes an explanation of what to do if problems arise on leave;</li> <li>- Conditions of the leave;</li> <li>- Contact details of the ward/unit and crisis numbers and ability to access bed on return;</li> <li>- Contact details of other relevant professionals;</li> <li>- Information on how the patient can get help for the infant if needed (including breastfeeding support).</li> </ul>	Core Standard wording edit (continued to include PQN addition re infant)	5.1
6.2.3	2	Staff members ask patients for feedback about the food and this is acted upon.			Staff members respond to patients' feedback about the food served at the unit.	PQN Standard wording edit	