



COLLEGE CENTRE FOR QUALITY IMPROVEMENT



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Quality Network for Perinatal Mental Health Services

Annual Report

Review Cycle 1: 2007-2008

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Foreword

This first annual report of the Quality Network for Perinatal Mental Health Services is a significant milestone in the development and maturation of perinatal mental health services in the UK. For decades, services have developed in a patchy and opportunistic fashion, often providing excellent care and treatment to women and their families, but in relative isolation. Guidance from the National Institute of Clinical Excellence (NICE), the Scottish Intercollegiate Guidelines Network (SIGN) and the Confidential Enquiry into Maternal and Child Health has enabled existing and new services to focus skills and resources on those most in need. However, the foresight of the College in funding the development of the Network has allowed services, for the first time, to develop national standards and to benchmark practice against those of colleagues. There is a great opportunity for those taking part to share knowledge, highlight examples of good practice, and learn from each other.

There are already important lessons to be learned from the first cycle of reviews. We need to improve both the range of therapies and activities on mother and baby units. A broader mix of disciplines, to include clinical psychology and social work, would help achieve this. But there are many areas of excellent practice, not least the overriding impression that services are focussed on patients as mothers, and on the specific assistance they require to enable them to care effectively for their infants in the face of significant mental illness.

Peter Thompson and Leanne Shinkwin are to be congratulated on their hard work and dedication in making the Network a success over the past year. The initial services who signed up showed a significant degree of courage, although the actual experience has been more enjoyable than any of us might have expected! Information sharing and mutual learning have been the principles underpinning the Network, recently enhanced by the very lively email discussion group. Those volunteering to undertake reviews, to give up their time to visit other units, have been the backbone of ensuring success. Most importantly, the patients and relatives who spoke to reviewers have provided the most vivid information to guide how our services are tailored to respond to patients' needs - ultimately the aim of all of our services.

The Network already has an increased number of participants in the next cycle but there is still a lot to be done. We are closer however to a time when all services can share in the best evidence-based practice and innovation, to the benefit of our patients and their families.

Roch Cantwell
Consultant Psychiatrist
Chair – Perinatal Section, Royal College of Psychiatrists

Contents

Recommendations	7
Introduction	9
Background	9
The review cycle	9
The review process	10
This report	10
Acknowledgements	11
Key Findings Cycle 1 2007-2008	12
Access and Admission	12
Environment and Facilities	14
Staffing	16
Care and Treatment	18
Information and Confidentiality	20
Rights and Consent	22
Audit and Policy	24
Discharge	25
Appendix 1	26
Aggregated results of reviews	26
Appendix 2	43
List of member units - Cycle 1	43
Appendix 3	45
Advisory group members	45

Recommendations

Recommendation 1:

Each unit should have psychology and social work input to the multi-disciplinary team.

Nursing staff are often left to cover the work which should be completed by a social worker and do not have appropriate training to carry out this work. Psychology staff have an important contribution to make to the delivery of treatment.

Recommendation 2:

Units should have a programme of activities and groups for mothers to engage in.

Many mothers interviewed during the pilot felt there was not enough to do on units.

Recommendation 3:

Commissioners should ensure that there are appropriate, well resourced specialist services for those mothers who need to access Perinatal mental health care.

The provision of inpatient and community services is patchy throughout the UK. This means mothers are often not able to get the help they need and if they are able to get an inpatient bed, they often have to travel a long distance.

Recommendation 4:

Service managers throughout the network should work together to identify training opportunities which meet the needs of staff.

Many staff felt that there was limited training specific to the Perinatal context which they were able to access.

Introduction

Background

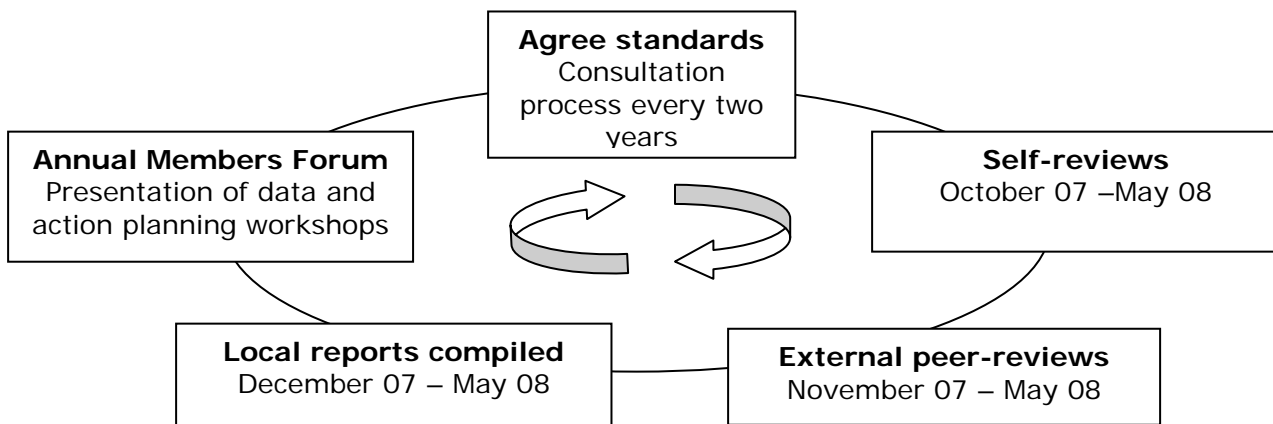
Following the inquiry into the deaths of Daksha and Freya Emson in October 2003 and the publication of the Confidential Enquiries into Maternal Deaths in 2001 and 2004, the college made a commitment to promote Perinatal mental health.

The Quality Network for Perinatal Mental Health Services was launched in 2007, as part of this commitment, to develop and maintain standards for mother and baby inpatient units.

The review cycle

The Network combines the audit cycle with the benefits of a peer-support network. Standards are agreed each year and then applied through a process of self-review, and external peer-review where members visit each other's services. The peer-review process allows for greater discussion on aspects of the service and provides an opportunity to learn from each other in a way that might not be possible in a visit by an inspectorate. The results are fed back in local reports and action is taken to address any development needs that have been identified. The process is ongoing rather than a single iteration.

Annual cycle



The review process

The review process has two phases:

- the completion of a self-review questionnaire which is sent out to all member units
- an external peer-review visit

Self-review

The self-review questionnaire is essentially a checklist of standards against which services rate themselves, supplemented with more exploratory items to encourage discussion around achievements and areas for improvement. The self-review process helps staff in the unit to prepare for the external peer-review and become familiar with the standards.

Cycle 1 2007-2008

The first annual report follows a successful first year of reviews for the Quality Network for Perinatal Mental Health Services. Seven inpatient mother and baby units participated in Cycle 1. Member units undertook the self-review between October 2007 and May 2008 and received an external peer review between November 2007 and May 2008.

Peer review participants	No. of people
Staff participating as peer reviewers	18
Staff interviewed	56
Patients interviewed	21
Partners/family members interviewed	3

This report

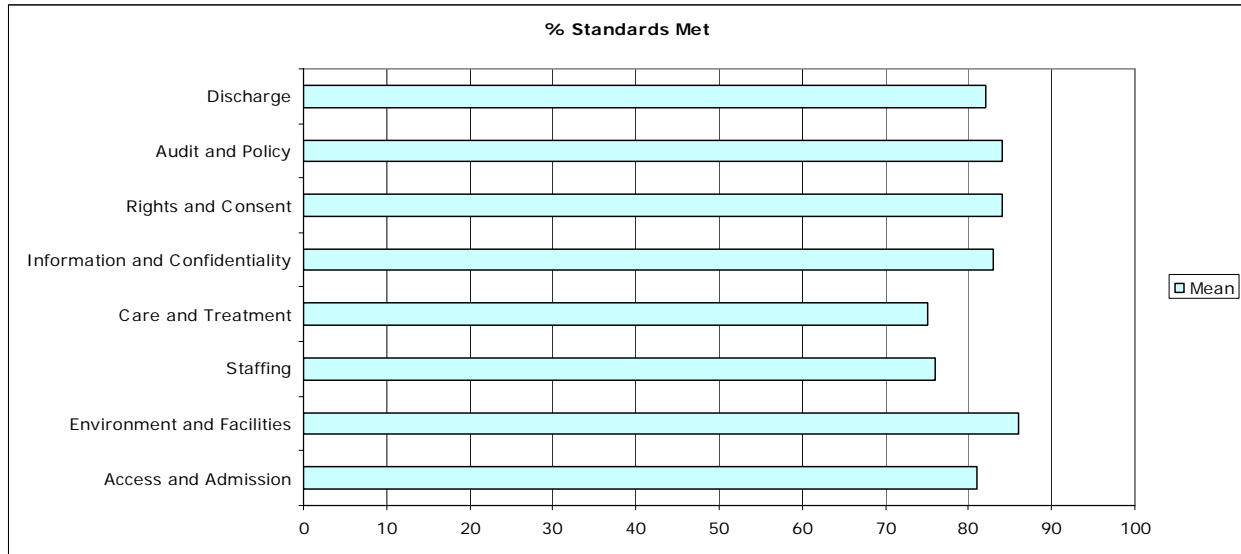
This annual report summarises the aggregated results of the reviews undertaken by the seven pilot mother and baby units in Cycle 1 2007-2008. It is structured around the eight sections of the standards for mother and baby inpatient units:

- Access and Admission
- Environment and Facilities
- Staffing
- Care and Treatment
- Information and Confidentiality
- Rights and Consent
- Audit and Policy
- Discharge

Members of the Quality Network for Perinatal Mental Health Services can use this report to see how well their unit is doing in comparison with the Network. Local reports provided member units with a summary of the number of criteria met, partly met and not met. This then yields an average score for each individual standard. These averages were used to obtain a measure of each unit's overall performance for each section of the standards. Average scores for Cycle 1 are detailed in the key findings and in **appendix 1** so units can immediately see how well their unit is doing compared with the Network overall. Each unit has also been assigned a unique number so the graphs in this report can be used to compare themselves to other units in the network.

Figure 1 shows the average percentage of criteria met by the seven pilot units for each section of the standards.

Figure 1



Acknowledgements

The project team gratefully acknowledges:

- The participating unit staff who organised, attended and received peer reviews
- Patients and ex-patients who took part in interviews
- The network Advisory Group (**see appendix 3**) for their continuing support and advice

Key Findings Cycle 1 2007-2008

Access and Admission

Key Findings

Total number of criteria in Access and Admission 38
 Average percentage of criteria met by the seven pilot units 81%

Standard	Total No. of criteria	Range	Average score for standard
1.1	11	73% - 95%	84%
1.2	6	83% - 100%	92%
1.3	2	50% - 100%	93%
1.4	5	80% - 100%	94%
1.5	3	33% - 100%	74%
1.6	1	100%	100%
1.7	3	67% - 100%	86%
1.8	7	93% - 100%	99%

Areas of Achievement

- All participating units generally scored highly in this section, in particular the standard about mothers receiving assessments for their health and social care needs, where six of the seven pilot units scored 100%
- All seven units had written referral pathways and designated catchment areas
- Six units fully met the standard that treatment was offered without unacceptable delay

Comments from mothers – Areas of Achievement

- *The staff helped me a lot when I first came in. They helped me unpack my luggage which helped me settle in the most*
- *When I first arrived every time new nurses arrived on shift that I hadn't met they introduced themselves to me and my baby and were very welcoming*
- *The staff have been fantastic answering my partner's concerns and once had a confidential one to one with him*
- *The staff ask my partner how he is and give him reassurance that I am getting better*

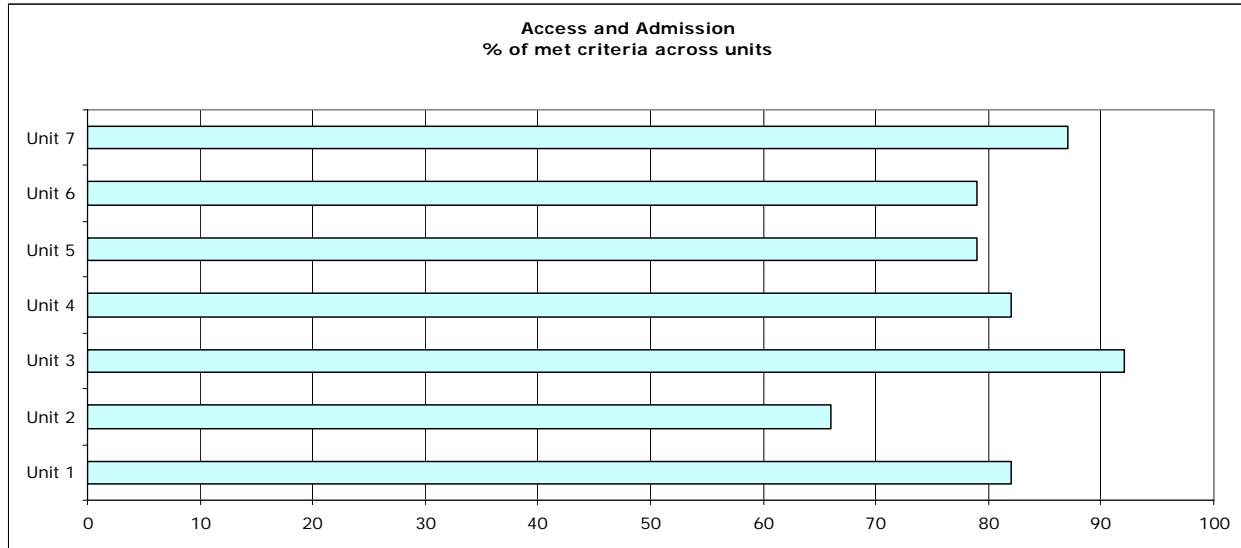
Areas for Improvement

- Only one unit fully met the standard regarding facilities to accommodate overnight stays for partners/families
- Only one unit had comprehensive links to local Perinatal outreach teams

Comments from mothers - Areas for Improvement

- *I was admitted to a different hospital and separated from my baby for 4 days before someone realised there was a mother and baby unit*
- *It took quite a while for me to get admitted. I feel it should have been sooner. I had to make several calls before a CPN visited me at home despite having previous contact with services from the birth of my first child*
- *The unit should be accessible for emergency admissions everyday of the week (including weekends)*

Figure 2



Environment and Facilities

Key Findings

Number of criteria in Environment and Facilities	43
Average percentage of criteria met by the seven pilot units	86%

Standard	Total No. of criteria	Range	Average score for standard
2.1	23	76% - 98%	90%
2.2	1	100%	100%
2.3	5	50% - 100%	87%
2.4	4	88% - 100%	98%
2.5	2	75% - 100%	93%
2.6	8	88% - 100%	94%

Areas of Achievement

- All units met the standard that the unit has a separate entrance with restricted access and visiting, equivalent to that on maternity/neonatal units
- Six units fully met the standard that the unit provides a safe environment for staff and patients, only one unit did not fully meet one criteria which was regarding clear lines of sight
- All units complied with appropriate local and statutory health and safety legislation
- Six of the seven units had an agreed, collective response to alarm calls which was consistently rehearsed and applied. All seven units had a procedure for evacuation in case of fire, although only five units rehearsed this at regular intervals

Comments from mothers – Areas of Achievement

- *It was nice to have normal beds instead of hospital beds*
- *The unit is more like a house than a hospital; the staff don't wear uniforms and eat at meal times with you*
- *The visiting hours until 8 meant my partner could visit after work. It's good it isn't any later as the babies need to get ready for bed after that and I wouldn't really want visitors on the unit when I am having a bath and getting ready for bed*
- *The unit is a home from home*

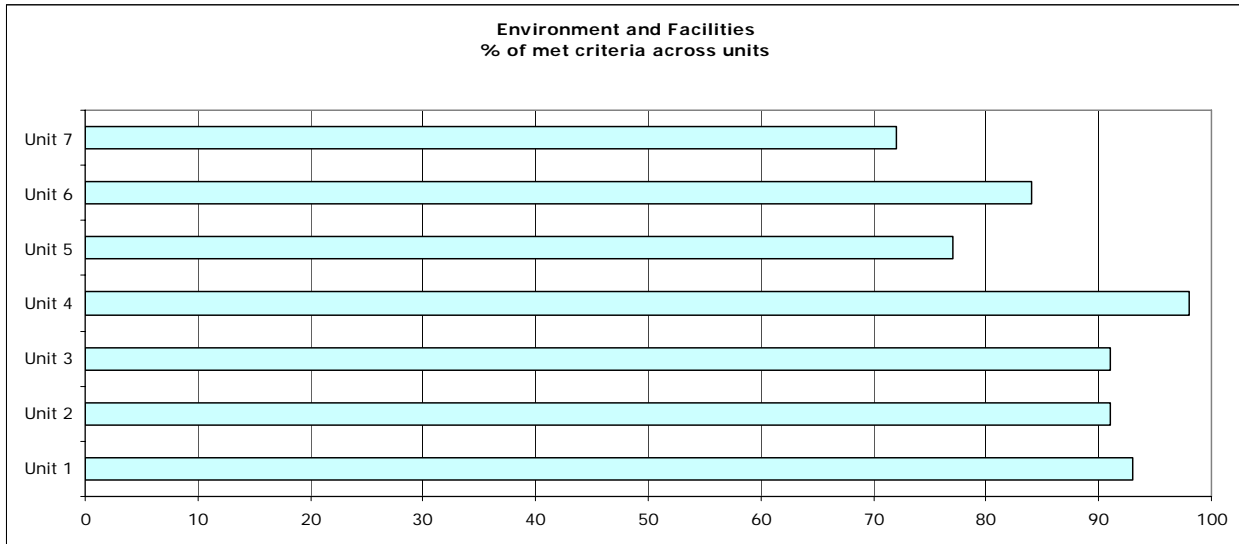
Areas for Improvement

- Only three units had clearly signposted access to adult resuscitation equipment
- Just four units had sufficient areas to allow for visitors, not including the mothers bedroom and communal areas

Comments from mothers – Areas for Improvement

- *There is not enough room to get away. I had to spend a lot of time in my bedroom when I was getting better due to there being very ill people on the unit*
- *There should be better kitchen facilities to enable you to cook for yourself and babies on solids. If the unit had a cooker patients could cook meals and try out recipes*
- *I feel uncomfortable when other people's visitors are here, if I don't want to go back to my room*
- *Sound travels through the unit, if people are talking in the dining room you can hear them if you're in bed and you can hear people walking around upstairs in heels and going to the toilet*
- *It would be nice if there was a TV in another room because if people are in the lounge with visitors then we can't go in there to watch TV*

Figure 3



Staffing

Key Findings

Number of criteria in Staffing	70
Average percentage of criteria met by the seven pilot units	76%

Standard	Total No. of criteria	Range	Average score for standard
3.1	5	60% - 100%	87%
3.2	1	50% - 100%	86%
3.3	7	50% - 86%	67%
3.4	8	75% - 100%	89%
3.5	8	81% - 100%	93%
3.6	3	67% - 100%	90%
3.7	25	74% - 92%	85%
3.8	6	75% - 100%	90%
3.9	7	86% - 100%	92%

Areas of Achievement

- All units had arrangements in place for a designated link health visitor to visit regularly
- All units scored highly in relation to mandatory training, such as the management of imminent violence, resuscitation, legal frameworks, health and safety, culturally-sensitive practice, and other equality issues

Comments from mothers - Areas of Achievement

- *Everyone is doing everything to help me to get better*
- *The staff are great and do an amazing job. I don't know what would have happened to me*
- *Staff normalised things for me, I was afraid of the stigma of mental health problems and the staff reassured me*
- *I was horrible to the staff at first but they still kept trying with me*
- *The staff really helped with the relationship with my baby*
- *They do an amazing job. Absolutely fantastic, every single member of staff*
- *The nursery nurse is wonderful, she is an oracle of information. She is very encouraging and promotes bonding*

Areas for Improvement

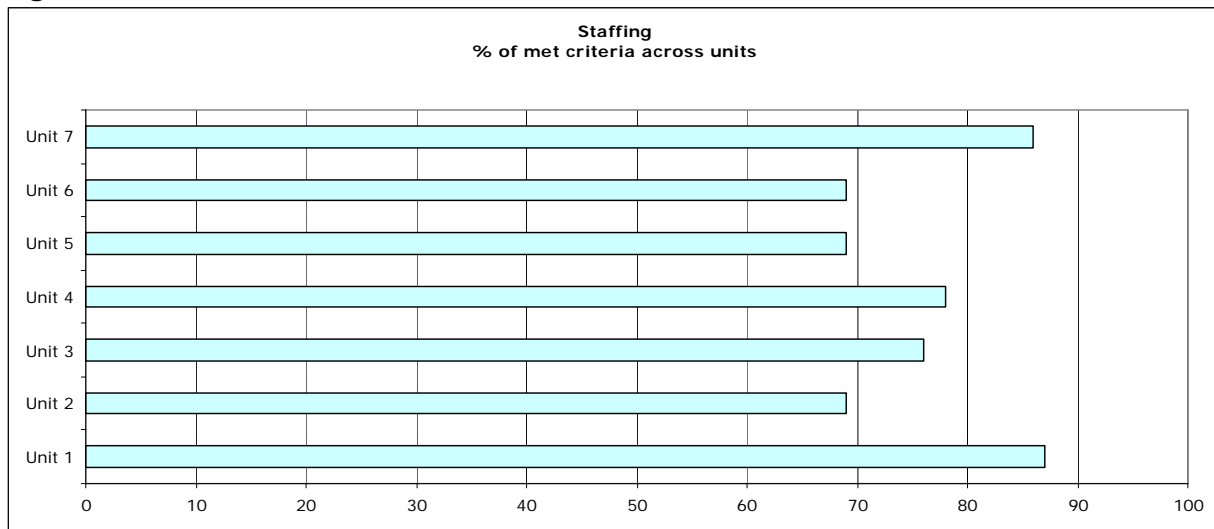
- None of the seven participating units had 0.5 WTE clinical psychologist input, five units had no input at all
- Only one unit had 0.5 WTE social worker input, five units had no input at all
- Two of the seven units did not have arrangements in place for a specialist link midwife to visit regularly
- Only four units were always able to access extra nursing cover when needed i.e. in an emergency
- Only four units fully met the criteria regarding prompt arrangements for temporary staff cover being made in the event of long term sickness, maternity leave or a vacant post

- Three units did not have sufficient administrative and secretarial staff to support the effective running of the unit
- Although units scored highly in mandatory training, most units were lacking in specific training related to the Perinatal context e.g. aetiology, symptoms and assessment of a range of relevant conditions, common disorders in pregnancy and the early post-natal period, common disorders in infancy, normal emotional changes in pregnancy and the postpartum period

Comments from mothers – Areas for Improvement

- *Sometimes there are not enough staff on the ward, when the unit is full and patients are demanding. This affected my stay as sometimes staff weren't available to help me with the baby or when I needed to sleep*
- *I don't think the doctors listen to the nurses enough when they make decisions*
- *There were times when I thought there were not enough staff. Sometimes there was just one staff member on the unit because the other person had to go elsewhere*
- *There are not a lot of staff on the unit at the weekend. Sometimes when there were a lot of patients you could tell the staff were stretched and there were not a lot of opportunities to speak to them*
- *There are no nursery nurses at the weekend. I would have liked there to be as if I had a problem, e.g. with feeding, I would have to wait until Monday*
- *Sometimes there are not enough staff on the unit and groups can be cancelled*
- *The night staff are not always familiar which can be unsettling when you are going to bed*
- *There is no Health Visitor for the unit. A paediatrician is supposed to come in once a week but I have only seen them once in my six weeks on the unit*

Figure 4



Care and Treatment

Key Findings

Number of criteria in Care and Treatment	54
Average percentage of criteria met by the seven pilot units	75%

Standard	Total No. of criteria	Range	Average score for standard
4.1	3	100%	100%
4.2	6	83% - 100%	88%
4.3	9	72% - 100%	93%
4.4	14	39% - 93%	67%
4.5	2	50% - 100%	89%
4.6	1	100%	100%
4.7	2	50% - 100%	89%
4.8	3	83% - 100%	98%
4.9	3	67% - 100%	88%
4.10	3	0% - 100%	52%
4.11	8	81% - 100%	91%

Areas of Achievement

- All units fully met the standard about all mothers receiving appropriate maternity care and support
- Six units fully met the standard that during admission good communication is maintained with the patient's family and local services

Comments from mothers – Areas of Achievement

- *We used to meet with my husband regularly, which I thought was very important*
- *I was involved in writing my care plan and was asked my opinion and if there was anything I wanted to add/change*
- *My partner was sent a letter asking if he wanted to attend ward rounds*
- *I am involved in my care plan. The staff ask me if I agree with it or not, I have to sign it and they give me a copy*
- *My partner has been involved in my care plan, after a conversation with me*
- *The unit has a lot of activities like quizzes, pizza nights, art classes etc.*
- *The pharmacist discussed with me the side effects of my medication*

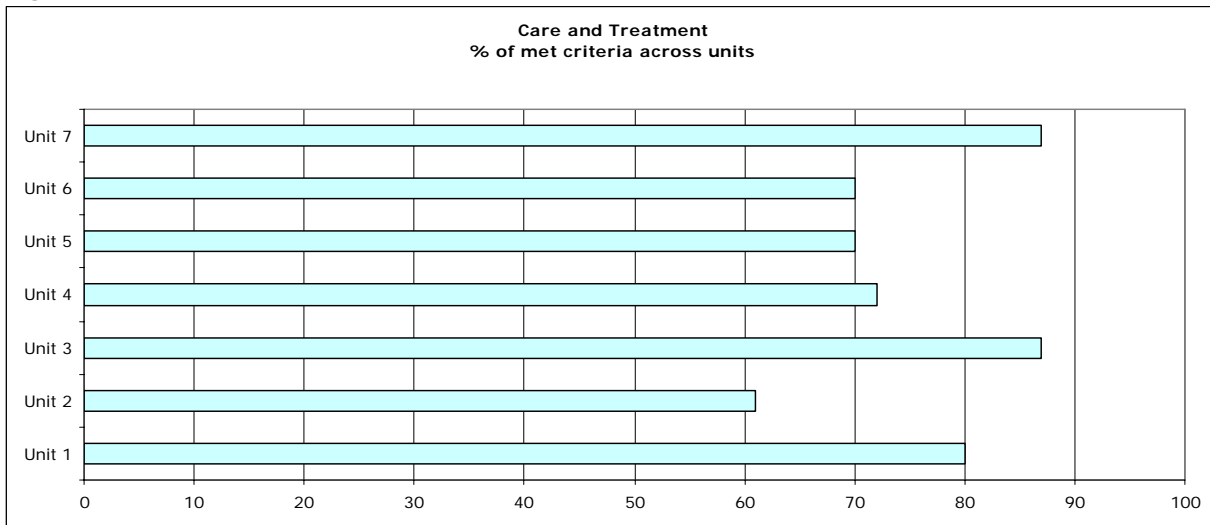
Areas for Improvement

- The standard that all units have access to a range of therapeutic interventions focusing on mother and baby, scored quite poorly across all participating units. Only one of the 14 criteria was fully met by all seven units (drug therapy). Only two units had access to family therapy and family work and only one unit was using video feedback.
- Only one unit fully met the standard 'Outcome measurement is undertaken routinely using validated outcome tools'

Comments from mothers – Areas for Improvement

- *There seemed to be a lot of activities offered but not a lot of it happened*
- *There are no group or mother and baby activities. The staff do not encourage the mothers to talk to each other*
- *The unit does not have any Occupational Therapy. There could be some activities which don't take a lot of organising like painting with the babies or a sing-a-long*
- *I had a care plan with CPN but am not aware of one for when I'm on the unit*
- *It does get pretty boring when you're getting better*

Figure 5



Information and Confidentiality

Key Findings

Number of criteria in Information and Confidentiality	11
Average percentage of criteria met by the seven pilot units	83%

Standard	Total No. of criteria	Range	Average score for standard
5.1	3	67% - 100%	88%
5.2	2	50% - 100%	86%
5.3	3	83% - 100%	95%
5.4	1	0 - 100%	79%
5.5	2	50% - 100%	93%

Areas of Achievement

- Six out of seven units offered a full range of appropriate leaflets and posters relevant to the services and provided a 'welcome pack' or introductory booklet to people when first using the service
- Six units fully met the standard 'Personal information about patients is kept confidential, unless this is detrimental to their care'

Comments from mothers – Areas of Achievement

- *I was put in touch with an ex-patient who had my condition*
- *I was able to visit the unit to have a look around before admission*
- *Staff are willing to go through information and answer any questions*

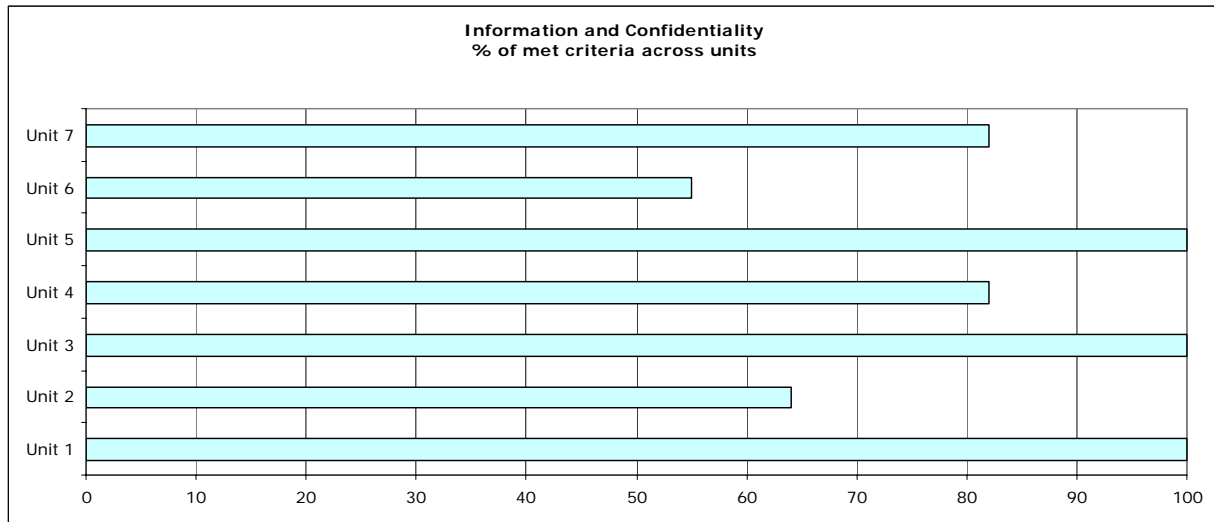
Areas for Improvement

- Four units fully met the criteria that there was a pre-admission meeting to discuss the aims of the admission (with the exception of emergency admissions)

Comments from mothers – Areas for Improvement

- *I would have liked internet access to find out more about my condition and access chat-rooms for support. I have found a lot more information on the internet since I have left the unit*
- *I feel the staff don't understand me because I am from another country*
- *I haven't been given any information since I have been here. It would have been helpful to have been given a leaflet or been able to look things up on the internet*
- *I would have liked to have been given a leaflet about the unit with photos before I came so I would know what to expect and that the unit was informal and not hospital-like*

Figure 6



Rights and Consent

Key Findings

Number of criteria in Rights and Consent	20
Average percentage of criteria met by the seven pilot units	84%

Standard	Total No. of criteria	Range	Average score for standard
6.1	3	0% - 100%	90%
6.2	5	80% - 100%	89%
6.3	2	50% - 100%	93%
6.4	2	50% - 100%	93%
6.5	1	100%	100%
6.6	3	100%	100%
6.7	4	50% - 100%	79%

Areas of Achievement

- Six units fully met the standard 'All examination and treatment is conducted with the appropriate consent'
- All units gave patients clear information on how to raise concerns and complaints, and six out of seven units provided information on how to get independent help and advocacy
- All units fully met the standard that all staff are aware of the legal status of those admitted
- All units fully met the standard that the unit complies with local LSCB procedures and with the guidance contained in "What to do if you're worried a child is being abused" (2003)
- All units had a policy for dealing with allegations of abuse involving babies, patients, visitors or staff

Comments from mothers – Areas of Achievement

- *There is information up on the wall about how to make a complaint*
- *I feel my rights are respected on the unit. The staff are truthful and have no hidden agendas*
- *Thank goodness for this unit. I would have lost my baby if it hadn't been for this unit and the fantastic consultant who has gone 'beyond her duties' to keep my family together*

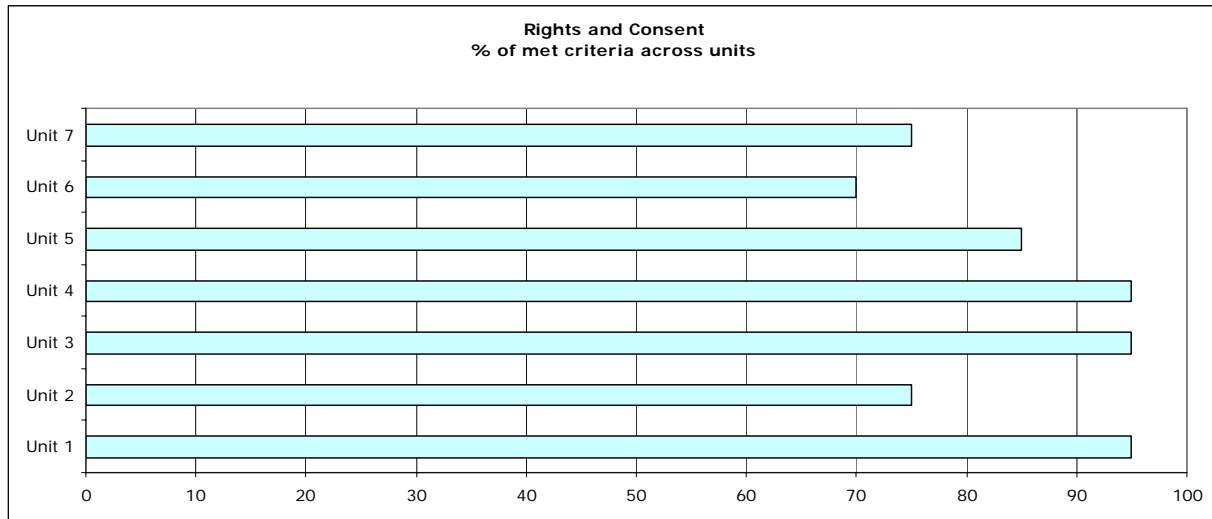
Areas for Improvement

- Only four units met the criteria that patients' rights and what they can expect are explained
- Just three of the seven pilot units had a policy for defining the legal status of the baby whilst on the unit e.g. as patient, guest, visitor, dependent child

Comments from mothers – Areas for Improvement

- *One nurse used to walk into my room without knocking*
- *I don't feel my rights have been respected. I am a private person and I don't want to be here*
- *The food is atrocious. It is often cold and overcooked and the menu is repetitive*
- *I didn't know how to make a complaint but I would have tried to find out if I wanted to*
- *I felt conned into coming to the unit*

Figure 7



Audit and Policy

Key Findings

Number of criteria in Audit and Policy 27
 Average percentage of criteria met by the seven pilot units 84%

Standard	Total No. of criteria	Range	Average score for standard
7.1	4	38% - 100%	68%
7.2	4	63% - 100%	89%
7.3	19	87% - 100%	94%

Areas of Achievement

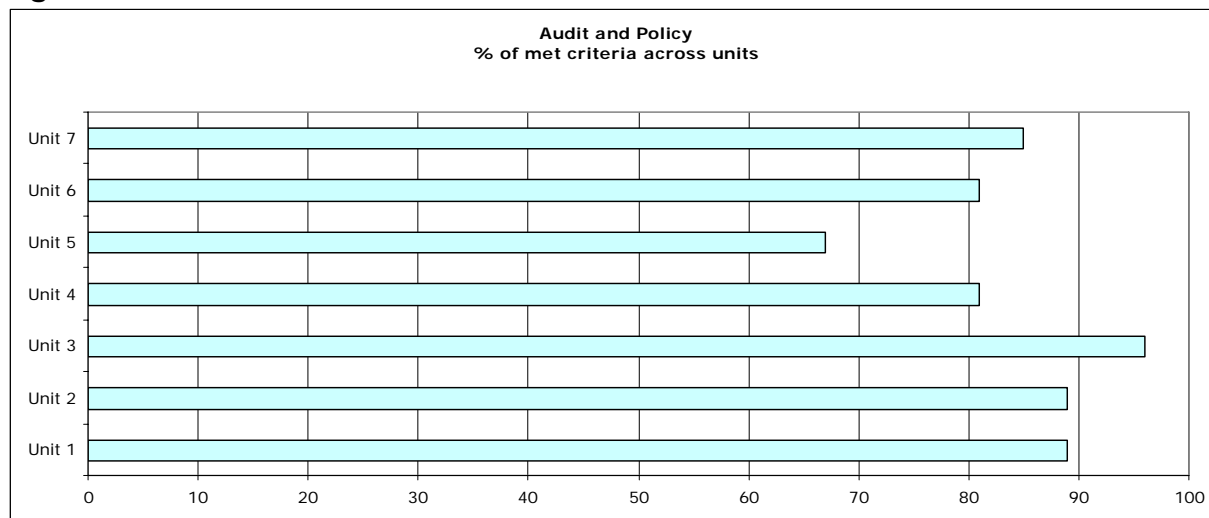
- All units were using feedback from patients to evaluate the unit
- All units fed results from surveys, audits, incident reviews, clinical outcomes and activity to the clinical team
- All units scored highly on the standard that the unit has a comprehensive range of policies and procedures which take into account the special needs of women, babies and families. Ten of the nineteen criteria were fully met by all units. Seven further criteria were met by six out of the seven participating units

Areas for Improvement

- Only one unit used the views of referrers in service evaluation
- Just three units used the views of all unit staff in service evaluation
- Three units did not have a policy on clinical risk assessment specific to the Perinatal context

Note: mothers were not asked to comment on this section of the standards

Figure 8



Discharge

Key Findings

Number of criteria in Discharge 8
 Average percentage of criteria met by the seven pilot units 82%

Standard	Total No. of criteria	Range	Average score for standard
8.1	8	63% - 100%	88%

Areas of Achievement

- All seven units begin discharge planning as soon as possible after admission or after the initial assessment had been completed
- All seven units met the criteria that mothers are seen by a mental health professional within one week following discharge

Comments from mothers – Areas of Achievement

- *I had telephone access to the unit when I was on leave*
- *You can still ring the unit when you have been discharged*

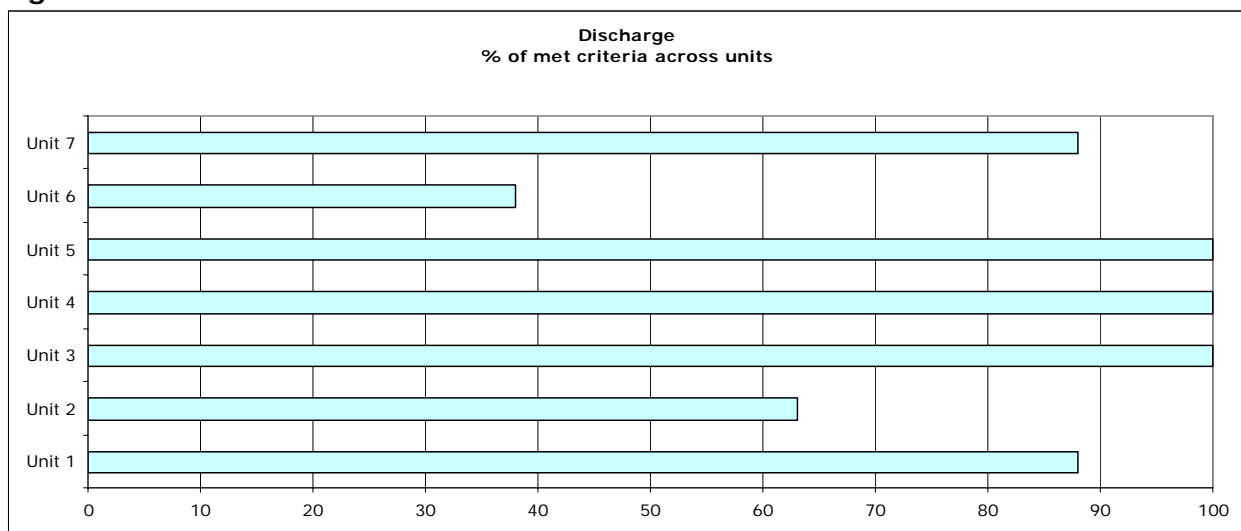
Areas for Improvement

- Two units did not give patients and their families 24-hour access to telephone advice unit for at least four weeks after discharge

Comments from mothers – Areas for Improvement

- *I found it a challenge to adapt to being at home without the support I had on the unit*

Figure 9



Appendix 1

Aggregated results of reviews

	STANDARD	RATING	% MET	% PARTLY MET	% NOT MET	% DK or NA
1	Access and Admission					
1.1	Provision and procedures ensure that inpatient care is available to all those who would need it		73%	22%	5%	0%
1.1.1	There are sufficient beds to match need, i.e. all women with a child under the age of 12 months who require a psychiatric admission will be admitted to the mother and baby unit, unless there are contra-indications	E	86%	14%	0%	0%
1.1.2	The unit has the capacity to admit women with current or enduring serious mental illness within the last weeks of pregnancy (based on individual need)	E	71%	14%	14%	0%
1.1.3	The unit has the capacity to admit women at risk of recurrence of mental illness in the early days after delivery	E	100%	0%	0%	0%
1.1.4	The unit has the capacity to manage women who are acutely psychotic on admission, i.e. patients are not admitted to a general adult psychiatric ward because they are too disturbed	E	71%	14%	14%	0%
1.1.5	The unit has written referral pathways	E	100%	0%	0%	0%
1.1.6	The unit has a designated catchment area	E	100%	0%	0%	0%
1.1.7	There are local perinatal outreach teams related to the unit, so that mothers are not admitted to inpatient units inappropriately, early discharge is promoted and there is good aftercare	E	14%	71%	14%	0%
1.1.8	Patients who are at risk of serious mental illness following delivery are encouraged to receive their psychiatric and maternity care in the same locality	D	57%	29%	14%	0%
1.1.9	All admissions to the unit only take place after discussion with a senior member of the team	E	100%	0%	0%	0%
1.1.10	Patients' psychiatric care notes are available on admission	E	29%	71%	0%	0%
1.1.11	Maternity notes are available for women admitted within 28 days of delivery	E	71%	29%	0%	0%
1.2	Referrers and other related professionals have ready access to information about the unit		86%	10%	2%	2%
1.2.1	Referrers can access a senior member of the unit team during	E	100%	0%	0%	0%

	working hours to discuss potential admissions and the care of women who are at risk of being admitted					
1.2.2	The unit has clear, written criteria for admission.	E	100%	0%	0%	0%
1.2.3	A referral to an alternative mother and baby unit that is closest to the patient is made if the unit is full	D	71%	0%	14%	14%
1.2.4	Mothers and their babies are admitted if appropriate. If it is not appropriate, the referrer is given the reasons and alternatives	D	100%	0%	0%	0%
1.2.5	Information is available (in hard copy and electronically) for referrers and other related professionals, e.g. service directory, information booklet	D	71%	29%	0%	0%
1.2.6	Systems are in place to record and audit refusals and waiting lists	E	71%	29%	0%	0%
1.3	Treatment is offered without unacceptable delay		86%	14%	0%	0%
1.3.1	Patients do not experience delay in treatment that leads to care being offered in inappropriate settings, e.g. in general psychiatric units or community based services	E	86%	14%	0%	0%
1.3.2	Mothers at severe risk can be admitted as emergencies (i.e. within 24 hours), including out-of-hours	E	86%	14%	0%	0%
1.4	There is equity of access to units in relation to ethnic origin, social status, disability, physical health and location of residence		80%	17%	3%	0%
1.4.1	The special needs of patients from different ethnic, cultural or religious backgrounds are reflected in the unit's policies, e.g. there are special dietary arrangements when needed	E	86%	14%	0%	0%
1.4.2	Advocacy services are easily available	E	86%	14%	0%	0%
1.4.3	The environment meets the needs of people with physical disabilities, and complies with current legislation on disabled access	E	71%	14%	14%	0%
1.4.4	Patients' location of residence does not affect their access to services, e.g. patients from remote areas have access to services, and where necessary special arrangements are made for families who need to stay overnight	D	57%	43%	0%	0%
1.4.5	Minimum levels of access to interpreters is agreed. Relatives are not routinely used as interpreters.	E	100%	0%	0%	0%
1.5	Units are family-friendly		62%	24%	14%	0%
1.5.1	The families of out-of-area admissions receive assistance to facilitate the family relationship, e.g. overnight stay/travel	D	14%	43%	43%	0%
1.5.2	The unit information leaflet clearly states that the participation of partners/family members is encouraged	D	86%	14%	0%	0%
1.5.3	The unit provides support to partners in adjusting to their new role and responsibilities and to help develop their parenting skills, if needed	E	86%	14%	0%	0%

	STANDARD	RATING	% MET	% PARTLY MET	% NOT MET	% DK or NA
1.6	All mothers on the unit have a significant mental illness		86%	0%	0%	14%
1.6.1	Admissions for the purpose of mother and infant parenting assessments are only undertaken in the known or suspected presence of significant mental illness	E	86%	0%	0%	14%
1.7	Each patient has a key worker		76%	19%	5%	0%
1.7.1	Referrals must have a named local RMO and care co-ordinator/key worker on admission	E	43%	43%	14%	0%
1.7.2	On the day of admission or as soon as they are well enough, the patient is told the name of their key worker and how to arrange a meeting with them	E	100%	0%	0%	0%
1.7.3	The patient's views are taken into account if they are not satisfied with their key worker, and there is a process in place to deal with this	E	86%	14%	0%	0%
1.8	All mothers are assessed for their health and social care needs		98%	2%	0%	0%
1.8.1	Patients have an assessment of their needs, which is regularly reviewed. This includes: <ul style="list-style-type: none"> • potential risk to themselves and the infant • risk of self-harm • level of substance use • ethnicity • risk of absconding • spiritual needs • support required in caring for themselves and their baby • mode of feeding (breast, bottle, weaning etc.) • care of baby (routine etc.) • consent or refusal of consent to treatment 	E	100%	0%	0%	0%
1.8.2	Patients have an initial assessment (including risk assessment) of their mental state within two hours of admission	E	100%	0%	0%	0%
1.8.3	Patients are seen by a doctor within four hours of admission	E	86%	14%	0%	0%
1.8.4	The unit establishes a level of nursing observation for each new admission as part of the risk assessment	E	100%	0%	0%	0%
1.8.5	Case notes show evidence of assessment of social care needs, including establishing if the patients are involved with or have access to other agencies	E	100%	0%	0%	0%
1.8.6	If there are any child protection concerns, the local social services department is consulted on admission	E	100%	0%	0%	0%
1.8.7	A second opinion can be accessed	E	100%	0%	0%	0%

2	Environment and Facilities					
2.1	The unit is well designed and has the necessary facilities and resources		85%	8%	6%	1%
2.1.1	The unit is comfortable and has a warm, welcoming atmosphere	E	100%	0%	0%	0%
2.1.2	The unit has sufficient outdoor space for exercise and access to fresh air	E	86%	0%	14%	0%
2.1.3	The unit has a range of shared spaces to facilitate social interaction	D	86%	14%	0%	0%
2.1.4	There is a nursery	E	86%	0%	14%	0%
2.1.5	There is a selection of age appropriate toys	E	100%	0%	0%	0%
2.1.6	There are laundry facilities dedicated to the unit	D	86%	0%	14%	0%
2.1.7	The unit has designated areas for the separate preparation of infant and adult food	E	100%	0%	0%	0%
2.1.8	The unit has a separate fridge specifically for baby food and milk	E	100%	0%	0%	0%
2.1.9	The unit has a dedicated office for use by clinical staff	E	100%	0%	0%	0%
2.1.10	There is a designated dining area	E	86%	14%	0%	0%
2.1.11	The unit contains large and small rooms for individual and family interviews	E	71%	0%	29%	0%
2.1.12	All confidential case materials, e.g. notes, are kept in locked cabinets or locked offices	E	100%	0%	0%	0%
2.1.13	Drugs are kept in a secure place with the dispensary book	D	100%	0%	0%	0%
2.1.14	Key clinical areas are clearly signposted	D	100%	0%	0%	0%
2.1.15	There is sufficient car parking space for staff and visitors	E	57%	29%	14%	0%
2.1.16	Heating and ventilation in the unit is adequately regulated	E	71%	29%	0%	0%
2.1.17	The unit has sufficient access to maintenance staff to ensure environmental difficulties are resolved quickly	D	100%	0%	0%	0%
2.1.18	There are sufficient IT resources to support high quality care and the monitoring and evaluation of the service	D	71%	29%	0%	0%
2.1.19	Mother and baby units are on the same site as paediatric and maternity services	E	57%	14%	29%	0%
2.1.20	Patients on high obs do not have access to a private bathroom, e.g. en suite bathrooms can be locked from the outside	E	71%	0%	14%	14%
2.1.21	The unit is equipped with medical items that reflect the requirements of maternity, paediatric and psychiatric care	E	86%	14%	0%	0%
2.1.22	The unit is equipped with basic infant resuscitation equipment	E	100%	0%	0%	0%
2.1.23	The unit has clearly signposted access to adult resuscitation equipment	E	43%	43%	14%	0%
2.2	Mother and baby units are separate from adult units		100%	0%	0%	0%
2.2.1	The unit has a separate entrance with restricted access and visiting, equivalent to that on maternity/neonatal units	E	100%	0%	0%	0%

	STANDARD	RATING	% MET	% PARTLY MET	% NOT MET	% DK or NA
2.3	Premises are designed and managed so that mother's rights, privacy and dignity are respected		77%	20%	3%	0%
2.3.1	All bedrooms are single with a wash basin	D	86%	14%	0%	0%
2.3.2	All bedrooms are equipped with facilities for babies	E	100%	0%	0%	0%
2.3.3	There are facilities for clinical examinations of mothers and their infants	E	71%	29%	0%	0%
2.3.4	There are suitably located quiet room(s) available within the unit, other than bedrooms	D	71%	14%	14%	0%
2.3.5	There are sufficient areas in addition to the mother's bedroom or communal areas, to allow for visitors	D	57%	43%	0%	0%
2.4	The unit provides a safe environment for staff and patients		96%	4%	0%	0%
2.4.1	There are areas with clear lines of sight to enable staff to monitor those who need closer observation	E	86%	14%	0%	0%
2.4.2	There is appropriate security within the unit, e.g. certain doors may be locked if needed	E	100%	0%	0%	0%
2.4.3	Entrances and exits are designed to enable staff to see who is entering or leaving	D	100%	0%	0%	0%
2.4.4	There are arrangements for the safe-keeping of patients' property	D	100%	0%	0%	0%
2.5	Mothers are consulted about the unit environment and have choice when this is appropriate		86%	14%	0%	0%
2.5.1	Mothers are consulted when decisions are made about changes to the unit's environment and have a choice, when this is appropriate	D	71%	29%	0%	0%
2.5.2	Mothers are encouraged to have personal items in their bedrooms	D	100%	0%	0%	0%
2.6	There is equipment and there are procedures for dealing with emergencies in the unit		89%	11%	0%	0%
2.6.1	There is a procedure for evacuation in case of fire, which is rehearsed at regular intervals	E	71%	29%	0%	0%
2.6.2	The procedure for resuscitation (infant and adult) is clearly documented, resuscitation equipment is available and its location is clearly identified	E	86%	14%	0%	0%
2.6.3	There is an alarm/communication system in place, e.g. there are panic buttons or walkie-talkies for the staff	E	86%	14%	0%	0%
2.6.4	There is a way for mothers to raise an alarm in an emergency	D	83%	17%	0%	0%
2.6.5	A collective response to alarm calls is agreed before incidents occur and consistently rehearsed and applied	E	86%	14%	0%	0%
2.6.6	Alarm systems/call buttons are checked and serviced regularly	E	100%	0%	0%	0%
2.6.7	The unit complies with appropriate local and statutory health and	E	100%	0%	0%	0%

	safety legislation					
2.6.8	An audit of environmental risk has been conducted with regard to both adults and infants, e.g. hazardous small objects, unguarded radiators	E	100%	0%	0%	0%
3	Staffing					
3.1	The number of nursing staff on the unit is sufficient to safely meet the needs of women and babies at all times		74%	26%	0%	0%
3.1.1	There are sufficient nursing staff to maintain appropriate observation, care and safety of mothers and babies	E	71%	29%	0%	0%
3.1.2	There are sufficient nursing staff to maintain a therapeutic environment	E	71%	29%	0%	0%
3.1.3	Extra nursing cover is available when needed, e.g. there is access to additional on-call staff or staff from a nearby unit in an emergency	E	57%	43%	0%	0%
3.1.4	The unit is staffed by permanent staff and agency staff are used only in exceptional circumstances	D	86%	14%	0%	0%
3.1.5	If used, bank and agency staff initially work alongside core staff members and are familiar with the unit	E	86%	14%	0%	0%
3.2	There are nurses with a specialist qualification in the unit at all times		71%	29%	0%	0%
3.2.1	There is at least one nurse holding the RMN qualification on duty at all times and one specialist nursery nurse during an extended day period	E	71%	29%	0%	0%
3.3	The unit comprises a core multi-professional team with specialist skills and knowledge		61%	12%	27%	0%
3.3.1	There is an identified duty doctor available at all times to attend the unit	E	86%	14%	0%	0%
3.3.2	A typical unit with six beds includes at least 0.5 WTE consultant psychiatrist	E	86%	14%	0%	0%
3.3.3	A typical unit with six beds includes at least 0.5 WTE junior doctor or equivalent	E	71%	14%	14%	0%
3.3.4	A typical unit with six beds includes at least 0.5 WTE clinical psychologist	E	0%	29%	71%	0%
3.3.5	A typical unit with six beds includes at least 0.5 WTE social work input	E	14%	14%	71%	0%
3.3.6	Arrangements are in place for a designated link health visitor to visit the unit regularly	E	100%	0%	0%	0%
3.3.7	Arrangements are in place for a specialist link midwife to visit the unit regularly	E	71%	0%	29%	0%
3.4	Unit staff work effectively as a multi-disciplinary team		82%	14%	4%	0%

	STANDARD	RATING	% MET	% PARTLY MET	% NOT MET	% DK or NA
3.4.1	There is a line management structure with clear lines of accountability within the unit	E	100%	0%	0%	0%
3.4.2	There are regular multi-disciplinary team meetings for clinical matters and administration, and the team is consulted on relevant management decisions such as developing and reviewing operational policy	E	100%	0%	0%	0%
3.4.3	Good staff morale is recognised as important and efforts to improve morale are made when necessary	E	71%	29%	0%	0%
3.4.4	The roles and responsibilities of unit staff are clearly defined, e.g. in up-to-date job descriptions and in operational policy	E	86%	14%	0%	0%
3.4.5	There is time scheduled in staff rotas to allow handover sessions between shifts	E	100%	0%	0%	0%
3.4.6	Core staff are not required to do duties on other units during their designated working hours	E	57%	43%	0%	0%
3.4.7	There are sufficient administrative and secretarial staff to support the effective running of the unit	D	57%	14%	29%	0%
3.4.8	The unit has a designated clinical risk management lead	D	86%	14%	0%	0%
3.5	There is provision for training relating to perinatal mental health		85%	15%	0%	0%
3.5.1	Members of the nursing team, including all newly appointed senior nurse managers, have undertaken further training in perinatal mental health	E	43%	57%	0%	0%
3.5.2	Induction training is provided for temporary and permanent staff	E	100%	0%	0%	0%
3.5.3	All staff have a comprehensive specialist induction which covers key aspects of care	E	86%	14%	0%	0%
3.5.4	All staff participate in continuing professional development	E	100%	0%	0%	0%
3.5.5	Whenever appropriate staff training and induction is multi-disciplinary and multi-agency	D	100%	0%	0%	0%
3.5.6	Staff have access to books, journals, video tapes and access to the internet, e.g. from a unit library	D	86%	14%	0%	0%
3.5.7	There are arrangements for staff cover to allow staff to attend education and training events	D	86%	14%	0%	0%
3.5.8	All staff are provided with study facilities and time	D	83%	17%	0%	0%
3.6	The training needs of unit staff have been formally assessed		76%	19%	0%	5%
3.6.1	All healthcare professionals who care for mothers and babies work within the relevant competencies developed by skills for health (www.skillsforhealth.org.uk) and in line with the relevant colleges	E	57%	29%	0%	14%

	and professional bodies					
3.6.2	Training needs are informed through the skills needed within the unit, staff appraisal and individual development plans and support and supervision systems - all have been assessed in the last year	E	71%	29%	0%	0%
3.6.3	The Trust has supplied appraisal training and the relevant documentation to managers	E	100%	0%	0%	0%
3.7	Training has been provided in the following:		73%	22%	3%	1%
3.7.1	Aetiology, symptoms and assessment of the range of relevant conditions	E	29%	71%	0%	0%
3.7.2	Pharmacological interventions for medical and qualified nursing staff	E	86%	14%	0%	0%
3.7.3	A range of therapeutic interventions for staff to use with mothers, including cognitive and behavioural techniques, brief psychotherapy techniques, family interventions, counselling	E	14%	71%	14%	0%
3.7.4	Resuscitation (child and adult)	E	100%	0%	0%	0%
3.7.5	Management of imminent and actual violence, breakaway techniques and restraint measures	E	100%	0%	0%	0%
3.7.6	Recognising the risks, signs and symptoms of child abuse, and who to contact for advice and management	E	100%	0%	0%	0%
3.7.7	Recognising the risks, signs and symptoms of domestic abuse, and who to contact for advice and management	E	57%	14%	29%	0%
3.7.8	Legal frameworks such as the Children Act 1989, Mental Health Act 1983 and the revised Code of Practice	E	100%	0%	0%	0%
3.7.9	Culturally-sensitive practice, disability awareness, and other equality issues	E	100%	0%	0%	0%
3.7.10	Relevant health and safety issues	E	100%	0%	0%	0%
3.7.11	Confidentiality	E	100%	0%	0%	0%
3.7.12	Clinical governance	D	86%	14%	0%	0%
3.7.13	Audit and research skills	D	57%	43%	0%	0%
3.7.14	Policy and procedures, e.g. referral procedures	E	100%	0%	0%	0%
3.7.15	The use of support or supervision networks	E	100%	0%	0%	0%
3.7.16	The role of other services and the range of local services and activities	E	71%	29%	0%	0%
3.7.17	Management and team leadership (for Unit Managers who are nursing staff)	D	100%	0%	0%	0%
3.7.18	Relevant mental health awareness training (for non-clinical staff)	D	43%	14%	14%	29%
3.7.19	Common disorders in pregnancy and the early post-natal period	D	43%	57%	0%	0%
3.7.20	Common disorders in infancy	D	29%	57%	14%	0%
3.7.21	Basic infant development	D	86%	14%	0%	0%
3.7.22	Infant feeding, encouraging and maintaining breastfeeding	E	86%	14%	0%	0%
3.7.23	Contraception, including emergency contraception	E	57%	43%	0%	0%

	STANDARD	RATING	% MET	% PARTLY MET	% NOT MET	% DK or NA
3.7.24	Normal emotional changes in pregnancy and the postpartum period	D	43%	57%	0%	0%
3.7.25	Cultural differences in infant feeding/care/interaction, marital and family relationships	D	43%	43%	14%	0%
3.8	All staff receive regular supervision		76%	19%	0%	5%
3.8.1	All staff receive regular supervision totalling at least one hour per month from a person with appropriate experience	E	71%	29%	0%	0%
3.8.2	All staff who have been working for less than six months have at least one hour per week of group and/or individual supervision.	E	57%	29%	0%	14%
3.8.3	Junior staff have regular supervision totalling at least one hour per week and are able to contact a senior colleague as necessary	D	57%	43%	0%	0%
3.8.4	All staff receive annual appraisals and personal development planning	D	100%	0%	0%	0%
3.8.5	Managers and practitioners have agreed clear and realistic clinical performance targets	D	86%	0%	0%	14%
3.8.6	Staff are provided with opportunities for de-briefing	E	86%	14%	0%	0%
3.9	There is a recruitment policy to ensure vacant posts are filled quickly with well qualified and checked candidates		86%	12%	2%	0%
3.9.1	All unit staff are police-checked before their appointment	E	100%	0%	0%	0%
3.9.2	Staff with a professional regulatory body (e.g. Nursing and Midwifery Council, Royal College of Psychiatrists, Council for Professions Supplementary to Medicine or the General Medical Council) are checked for appropriate registration on recruitment and again at renewal date	D	100%	0%	0%	0%
3.9.3	When posts are vacant or in the event of long term sickness or maternity leave, prompt arrangements are made for temporary staff cover	D	57%	29%	14%	0%
3.9.4	Reasons for staff leaving are established, e.g. exit questionnaires or interviews are used	D	100%	0%	0%	0%
3.9.5	Staff vacancies are advertised as widely as possible	E	86%	14%	0%	0%
3.9.6	The unit does not experience particular problems with recruitment.		86%	14%	0%	0%
3.9.7	The unit does not experience particular problems retaining staff.		71%	29%	0%	0%
4	Care and Treatment					
	Physical Care					
4.1	All mothers receive appropriate maternity care and support		100%	0%	0%	0%
4.1.1	Mothers admitted 0 - 10 days postpartum have a daily visit from a midwife in line with standard care	E	100%	0%	0%	0%

4.1.2	Mothers admitted between 11 - 28 days postpartum are seen by a midwife as required in line with standard care	E	100%	0%	0%	0%
4.1.3	Supervision and support is provided for the mother to help care for her baby based on individual need	E	100%	0%	0%	0%
Psychiatric Care						
4.3	All patients have a written care plan as part of the care programme approach (or equivalent)		89%	8%	3%	0%
4.3.1	There is a written management or care plan for every patient, reflecting their individual needs	E	100%	0%	0%	0%
4.3.2	There is a written management or care plan for the infant	E	100%	0%	0%	0%
4.3.3	Patients are actively involved in the development of their management or care plan	E	100%	0%	0%	0%
4.3.4	The views of patients are noted in the management or care plan	D	86%	14%	0%	0%
4.3.5	The plan is signed by the patient when competent	D	71%	14%	14%	0%
4.3.6	Patients are given a copy of the management or care plan or have ready access to it	E	71%	14%	14%	0%
4.3.7	The management or care plan is reviewed at defined and agreed intervals during admission (e.g. a weekly ward round and three monthly CPA (or equivalent) review)	E	100%	0%	0%	0%
4.3.8	The unit holds regular CPA (or equivalent) reviews for every patient to ensure that continuing needs are met, regardless of Mental Health Act status	E	86%	14%	0%	0%
4.3.9	The CPA (or equivalent) and associated documentation reflects the perinatal context (e.g. different professionals involved)	D	86%	14%	0%	0%
4.4	All units have access to a range of therapeutic interventions focusing on mother and baby		54%	27%	19%	0%
4.4.1	Drug therapy	E	100%	0%	0%	0%
4.4.2	Cognitive behavioural therapy	E	43%	43%	14%	0%
4.4.3	Behavioural therapy	E	43%	29%	29%	0%
4.4.4	Family therapy and family work	E	29%	43%	29%	0%
4.4.5	Parenting skills training	D	43%	43%	14%	0%
4.4.6	Creative therapies	D	43%	43%	14%	0%
4.4.7	Dietetic advice	D	71%	0%	29%	0%
4.4.8	Physiotherapy – post-natal exercise	D	57%	29%	14%	0%
4.4.9	Occupational therapy	D	43%	14%	43%	0%
4.4.12	Play therapy	D	71%	14%	14%	0%
4.4.13	Video feedback	D	14%	29%	57%	0%
4.4.14	Physical exercise	E	71%	29%	0%	0%

	STANDARD	RATING	% MET	% PARTLY MET	% NOT MET	% DK or NA
4.5	There is a programme of care and treatment		86%	7%	7%	0%
4.5.1	A therapeutic programme of activities is available	E	71%	14%	14%	0%
4.5.2	There is opportunity for socialisation, recreation and exercise	E	100%	0%	0%	0%
4.6	Wherever possible the treatment provided is evidence-based		100%	0%	0%	0%
4.6.1	Treatments are selected according to the evidence of their effectiveness or according to nationally agreed best practice or guidance	E	100%	0%	0%	0%
4.7	Patients can meet easily with members of staff, and particularly the key worker		79%	21%	0%	0%
4.7.1	Patients have access to the consultant when needed, for example, outside planned meetings	E	71%	29%	0%	0%
4.7.2	Patients can arrange appointments with other staff as needed	E	86%	14%	0%	0%
4.8	During admission good communication is maintained with the patient's family and local services		95%	5%	0%	0%
4.8.1	At admission partners and family members are involved in meetings to explain care etc, with the mother's consent	E	100%	0%	0%	0%
4.8.2	Partners and family members are actively encouraged to attend ward rounds and meetings unless there are specific reasons for not doing so	E	86%	14%	0%	0%
4.8.3	Staff ask partners and family members for their views about the mother and baby's progress and recovery, with the mother's consent	E	100%	0%	0%	0%
4.9	Drugs are administered according to the relevant guidelines		76%	14%	5%	5%
4.9.1	Medication is prescribed in accordance with the NICE guideline 45 Antenatal and Postnatal Mental Health. Reasons for deviation from the NICE guidelines are clearly documented	E	71%	14%	0%	14%
4.9.2	Drug charts clearly state whether the mother is breastfeeding	E	100%	0%	0%	0%
4.9.3	There are written guidelines for the use of rapid tranquillisation (appropriate to pregnancy and early postpartum period)	E	57%	29%	14%	0%
4.10	Outcome measurement is undertaken routinely using validated outcome tools		43%	19%	33%	5%
4.10.1	Outcome is evaluated from the perspective of staff, patients and carers at a minimum	E	71%	14%	14%	0%
4.10.2	Staff have been trained in the use of appropriate clinical outcome measures	E	29%	29%	43%	0%
4.10.3	Information from outcome measurement is fed back to the whole	D	29%	14%	43%	14%

	staff team, users and commissioners					
	Care Of Infant					
4.11	All babies receive appropriate care and support		86%	11%	2%	2%
4.11.1	All babies are seen by the health visitor between 14 and 28 days, and follow-up visits occur where appropriate	E	86%	14%	0%	0%
4.11.2	There is an identified doctor to provide primary medical services to the infant	E	71%	14%	14%	0%
4.11.3	New born infants receive the same level of paediatric care as on maternity wards	E	71%	29%	0%	0%
4.11.4	Whenever possible, infants are roomed in 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 documented	E	100%	0%	0%	0%
4.11.5	If the separation of the mother and infant is prolonged, partners/family members are given the opportunity to provide interim care for the baby if they wish to do so, unless there are specific reasons for not doing so	E	86%	0%	0%	14%
4.11.6	The same level of hygiene is maintained on the unit as that on maternity wards appropriate to the age of the infant	E	86%	14%	0%	0%
4.11.7	Formula milk is not given to breastfed babies unless clinically indicated, with the mother's consent	E	100%	0%	0%	0%
4.11.8	Appropriate food is provided for weaning infants	E	86%	14%	0%	0%
5	Information and Confidentiality					
5.1	Patients and families have good access to information		81%	14%	5%	0%
5.1.1	A full range of appropriate leaflets and posters relevant to the services offered are on clear display and are readily available	D	86%	14%	0%	0%
5.1.2	Information when necessary is accessible and in languages other than English and in forms which people with sight, learning and other disabilities can use	E	71%	14%	14%	0%
5.1.3	A 'welcome pack' or introductory booklet is provided when people first use the service, including unit rules and procedures	E	86%	14%	0%	0%
5.2	Patients and families can find out about the unit before the admission		71%	29%	0%	0%
5.2.1	Patients can visit the unit and find out about the services offered before agreeing to admission (with the exception of emergency admissions)	D	86%	14%	0%	0%
5.2.2	There is a pre-admission meeting to discuss the aims of the admission (with the exception of emergency admissions where aims are discussed upon admission)	E	57%	43%	0%	0%
5.3	Patients and partners are involved in decisions about their treatment		90%	10%	0%	0%

	STANDARD	RATING	% MET	% PARTLY MET	% NOT MET	% DK or NA
5.3.1	There is a process for actively asking what information patients and families need, e.g. about the service, their care and treatment	E	86%	14%	0%	0%
5.3.2	Patients are given a clear explanation of their diagnosis or the assessment programme if diagnosis has not been determined on admission	E	100%	0%	0%	0%
5.3.3	Patients' views are explicitly sought about their condition to help treatment compliance	E	86%	14%	0%	0%
5.4	Patients have access to their health records		71%	14%	14%	0%
5.4.1	Patients are informed of their rights to see their health records and the limitations on those rights	E	71%	14%	14%	0%
5.5	Personal information about patients is kept confidential, unless this is detrimental to their care		93%	0%	7%	0%
5.5.1	Confidentiality and its limits are explained to the patient, e.g. it is made clear that this is extended beyond the clinical team only if the quality of their care and/or the safety of another depends on this, and then only to those who need to know	E	100%	0%	0%	0%
5.5.2	Consent to the sharing of information outside the clinical team is recorded, and if this is not obtained then reasons for this are recorded	E	86%	0%	14%	0%
6	Rights & Consent					
6.1	All examination and treatment is conducted with the appropriate consent		76%	0%	10%	14%
6.1.1	There is documentation to demonstrate that the risks and benefits of specific treatments have been discussed with the patient, partner and any other significant person	E	86%	0%	14%	0%
6.1.2	Audio and/or video recording facilities and one-way screens are not used without the written consent of patients	E	57%	0%	0%	43%
6.1.3	Consent is obtained in writing whenever appropriate	E	86%	0%	14%	0%
6.2	The unit is patient-centred and patients have their rights respected		83%	11%	6%	0%
6.2.1	There is a choice of well-prepared food that suits all nutritional, personal, cultural and clinical dietary needs appropriate to women in late pregnancy and breastfeeding	E	71%	14%	14%	0%
6.2.2	There are facilities for patients to make their own hot and cold drinks and snacks, which are safe for visitors and toddlers	D	100%	0%	0%	0%
6.2.3	Patients are informed of arrangements for seeing staff of a particular gender where this is important to them	E	86%	0%	14%	0%

6.2.4	Patients feel respected by staff and find staff friendly and approachable	E	100%	0%	0%	0%
6.2.5	Patients' rights and what they can expect are explained, e.g. they are given a copy of the Patient's Charter or a similar document	E	57%	43%	0%	0%
6.3	Patients can complain or ask questions if they are unhappy with their care and treatment		93%	0%	7%	93%
6.3.1	Patients are given clear information on how to raise concerns and complaints	E	100%	0%	0%	100%
6.3.2	There is information available on how to get independent help and advocacy	E	86%	0%	14%	86%
6.4	The unit operates within the appropriate legal framework in relation to the use of physical restraint		79%	14%	0%	7%
6.4.1	After restraint the patient is counselled on why it was necessary and their views are sought and included in de-briefing about the incident	E	86%	0%	0%	14%
6.4.2	The senior nurse discusses the incident within the same day or shift and staff meetings include a formal analysis of the event	D	71%	29%	0%	0%
6.5	Staff are aware of the legal status of those admitted		100%	0%	0%	0%
6.5.1	The Mental Health Act status of patients is known to all staff and visible on notes	E	100%	0%	0%	0%
6.6	The unit complies with local LSCB procedures and with the guidance contained in "What to do if you're worried a child is being abused" (2003)		100%	0%	0%	0%
6.6.1	The child protection status and responsible social worker is recorded in the notes with contact details	E	100%	0%	0%	0%
6.6.2	The unit has policies and procedures on how to deal with allegations of abuse and child protection concerns during and out of working hours	E	100%	0%	0%	0%
6.6.3	Local LSCB guidelines, Working Together under the Children Act, Clarification of Arrangements, Medical Responsibilities and Guidance to Senior Nurses are available and accessible to all staff members	E	100%	0%	0%	0%
6.7	The unit has a policy on dealing with allegations of abuse against staff, patients or visitors, including contact visits by relatives or friends		75%	7%	14%	4%
6.7.1	The Trust informs the Home Office or the National Assembly for Wales if there is reason to believe that an offence has been committed against a patient or baby by a member of staff	E	86%	0%	0%	14%
6.7.2	The health record includes a note on who has parental rights and responsibility	E	71%	0%	29%	0%
6.7.3	There is a policy for defining the legal status of the baby, e.g. as patient, guest, visitor, dependent child and the implications of this are defined	D	43%	29%	29%	0%

	STANDARD	RATING	% MET	% PARTLY MET	% NOT MET	% DK or NA
6.7.4	There is a policy for dealing with allegations of abuse involving babies, patients, visitors or staff	E	100%	0%	0%	0%
7	Audit and Policy					
7.1	All available information is used to evaluate the performance of the unit		57%	21%	21%	0%
7.1.1	Information from patients is used to evaluate the unit through a number of means, e.g. suggestion boxes, surveys and user groups	D	100%	0%	0%	0%
7.1.2	The views of referrers are used in the service evaluation	D	14%	43%	43%	0%
7.1.3	The service evaluation includes the views of all unit staff	D	43%	14%	43%	0%
7.1.4	The service evaluation includes accident and incident records, key performance data (e.g. waiting times, number of rejected referrals, bed occupancy, non attendance, adverse occurrences) and the findings of key audits	D	71%	29%	0%	0%
7.2	Unit staff are involved in clinical audit		79%	21%	0%	0%
7.2.1	A range of local and multi-centre clinical audits is conducted	E	71%	29%	0%	0%
7.2.2	There are dedicated resources to support clinical audit within the directorate or specialist areas e.g. staff time and dedicated budget	E	71%	29%	0%	0%
7.2.3	Practitioners are involved in identifying priority audit topics in line with national and local priorities	D	71%	29%	0%	0%
7.2.4	The results of surveys, audits, incident reviews, clinical outcomes and activity are fed back to the clinical team, and action plans and resulting quality improvement is monitored	D	100%	0%	0%	0%
7.3	The unit has a comprehensive range of policies and procedures which take into account the special needs of women, babies and families		91%	4%	4%	2%
7.3.1	There are written referral criteria	E	100%	0%	0%	0%
7.3.2	There is a written procedure for emergency referrals	E	86%	0%	14%	0%
7.3.3	There are written admission and discharge procedures	E	100%	0%	0%	0%
7.3.4	There is a policy on clinical risk assessment specific to the perinatal context	E	57%	0%	43%	0%
7.3.5	There are policies and procedures regarding patients' self-harm	E	86%	0%	14%	0%
7.3.6	There are policies and procedures regarding the involvement of the police if offences are committed in the unit	E	100%	0%	0%	0%
7.3.7	There is a contingency plan and procedures to cover accidents and emergencies and disasters such as suicide	E	100%	0%	0%	0%
7.3.8	There are policies relating to the safety of the environment and baby safety, e.g. detailed fire procedures	E	86%	14%	0%	0%

7.3.9	There is a locked door and restriction-of-liberty policy	E	71%	14%	0%	14%
7.3.10	There are policies on visiting, and contact between patients and their family and friends is encouraged	E	86%	14%	0%	0%
7.3.11	There are policies and procedures in place for the management of unwanted visitors (i.e. those who pose a threat)	E	100%	0%	0%	0%
7.3.12	There are policies, procedures and guidance for infection control practice specific to childhood ailments	D	100%	0%	0%	0%
7.3.13	There are policies and procedures regarding searches of patients' rooms and of visitors	D	100%	0%	0%	0%
7.3.14	Policies, procedures and guidelines are formatted, disseminated and stored in ways front-line staff find accessible and easy to use	E	100%	0%	0%	0%
7.3.15	There is a policy on the day-to-day care of the infant, e.g. baby feeding, hygiene, use of milk kitchen	E	86%	14%	0%	0%
7.3.16	There is a policy on the use of drugs and alcohol, and on the management of those who may be abusing drugs and alcohol	E	100%	0%	0%	0%
7.3.17	There are clear policies and procedures for managing complaints	E	100%	0%	0%	0%
7.3.18	There is evidence of action and feedback from complaints	E	86%	0%	0%	14%
7.3.19	Unit policies and procedures are reviewed at regular intervals and audits of their use are undertaken where appropriate	E	86%	14%	0%	0%
8	Discharge					
8.1	Before discharge, decisions are made about meeting any continuing needs		82%	13%	5%	0%
8.1.1	Discharge planning begins as soon as possible after admission or after the initial assessment has been completed	E	100%	0%	0%	0%
8.1.2	Pre-discharge planning involves the health visitor, midwife, GP and (if involved) social services, as well as the care co-ordinator, patient and key family members	E	71%	29%	0%	0%
8.1.3	All periods of leave are co-ordinated with community professionals	D	86%	14%	0%	0%
8.1.4	All key professionals receive copies of the discharge plan including details of when they will next be seen, who by and emergency contact details	E	86%	14%	0%	0%
8.1.5	Following discharge, women are seen by a mental health professional within one week	E	100%	0%	0%	0%
8.1.6	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	D	71%	0%	29%	0%
8.1.7	Prior to discharge from the unit, patients are given advice and information on contraception, the risk of recurrence of problems with subsequent pregnancies and medication	D	71%	14%	14%	0%
8.1.8	Before discharge patients are advised about medication and their	E	71%	29%	0%	0%

	side effects, e.g. driving					
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Appendix 2

List of member units - Cycle 1

Beadnell Mother and Baby Unit

St Georges Hospital, Morpeth, Northumberland NE61 2NU
Angela Walsh, Consultant Psychiatrist

T: 01670 501869
E: angela.walsh@ntw.nhs.uk

Brockington Mother and Baby Unit

St Georges Hospital, Corporation Street, Stafford ST16 3AG
Caroline Carr, Clinical Nurse Specialist

T: 01785 221560/01785 221554
E: caroline.carr@ssh-tr.nhs.uk

Cyd Mother and Baby Unit

Monmouth House, University Hospital of Wales, Cardiff CF14 4XW
Yvonne O'Donnell, Ward Manager

T: 02920 744066
E: yvonne.odonnell@cardiffandvale.wales.nhs.uk

Mother and Baby Mental Health Unit

Dept of Psychiatry, Southern General Hospital, Glasgow G51 4TF
Clare Donnelly, Clinical Nurse Manager

T: 0141 232 7635
E: clare.donnelly@ggc.scot.nhs.uk

Mother and Baby Unit

Homerton Hospital, Homerton Row, Hackney, London E9 6SR
Liz McDonald, Consultant Psychiatrist

T: 020 8510 8240
E: liz.mcdonald@eastlondon.nhs.uk

Mother and Baby Unit

Melbury Lodge, Romsey Road, Winchester SO22 5DG
Alain Gregoire, Consultant Psychiatrist

T: 01962 825507
E: alain.gregoire@hantspt-sw.nhs.uk

Perinatal Psychiatric Inpatient Unit

A Floor, South Block, Queens Medical Centre, Nottingham NG7 2UH
Judy Gardiner, Ward Manager

T: 0115 9249924 ext 64479
E: judith.gardiner@nottshc.nhs.uk

Appendix 3

Advisory group members

Dr Roch Cantwell

Consultant Perinatal Psychiatrist, NHS Greater Glasgow and Clyde

Michelle Cree

Consultant Clinical Psychologist. Derby Childbearing and Mental Health Service

Mary Croney

Social Worker, Hampshire Partnership NHS Trust

Judith Gardiner

Team Manager, Perinatal Psychiatric Service, Nottinghamshire Healthcare NHS Trust

Dr Alain Gregoire

Consultant/Perinatal Service Lead Clinician, Hampshire Partnership NHS Trust

Jo Holmes

Health Visitor, Nottinghamshire Healthcare NHS Trust

Nicola Muckelroy

Service User Representative

Dr Margaret Oates

Senior Lecturer & Consultant Psychiatrist, Nottinghamshire Healthcare NHS Trust

Karen Robertson

Nurse Consultant Perinatal Mental Health, NHS Greater Glasgow and Clyde

Leanne Shinkwin

Quality Improvement Worker, Royal College of Psychiatrists' Centre for Quality Improvement

Peter Thompson

Programme Manager, Royal College of Psychiatrists' Centre for Quality Improvement

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