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PQN
PERINATAL QUALITY NETWORK

PQN INPATIENT

ANNUAL REPORT

2023 - 2025

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FOREWORD

I have been delighted to be a Patient Representative with the Perinatal Quality Network for the last four years, and in this role, have been privileged to visit a number of inpatient mother and baby units (MBUs) in England, where I have seen firsthand the marvelous work being done to support those experiencing challenges with their mental health in the perinatal period. I, myself, experienced perinatal mental health problems when I had my daughter, nearly seven years ago and was admitted to an inpatient MBU when she was six months old.

This report highlights some of the brilliant things being done by services, particularly utilising lived experience. It is wonderful that all units are able to offer input from peer support workers, since this can give real hope for recovery to the women and birthing people they help. It is also great to see that all units are meeting the standard around being developed in partnership with those with lived experience and their loved ones. However, there is still some work to be done with consistently involving those with lived experience in developing and delivering training.

Given current financial and human resource pressures, it is not surprising that the area where standards are less likely to be met is in staffing. This makes the work that the inpatient MBUs do all the more remarkable. It is impressive that so many units now have video tours and Instagram accounts, as these extra resources are invaluable for patients who may be apprehensive about being admitted. With a full staffing complement, units can achieve unmet standards and build on the ideas in this report.

So much has been achieved in the two years covered by this report, and I would like to thank everyone who has worked so hard to continue to improve the care offered on inpatient MBUs. I would also like to thank those who have contributed to the network including Patient Representatives, peer reviewers, members of the PQN Advisory Group and Accreditation Committee, and of course, the PQN team who have led on producing this report.

❖ ***Verity Westgate***, *PQN Patient Representative*

It has been a great honour to be Chair of the Perinatal Quality Network (PQN) Advisory Group. The expansion of perinatal mental health services has ensured a better understanding and screening of the common mental health problems that occur within this vulnerable period of any mother's life. Despite the evident pressures on services and across the NHS, it is impressive to see how Mother and Baby Units (MBUs) across the country are able to accommodate the patients who needed a higher level of mental health support and to provide an excellent level of care.

It is important to note how this report clearly reflects an inclusive environment within the MBUs, with a strong emphasis on respecting patients' dignity and confidentiality.

Though we acknowledge that some units were unable to fully meet all the standards, especially given the difficulties around maintaining permanent staffing, the feedback from patients reflects the immense efforts that all teams have made, driven by their passion for their work and their endless care for their patients.

I am very grateful for all the patients who provided invaluable feedback to the PQN reviewers and helped us to gather this information. Knowing how hard everyone works, I really appreciate how the PQN liaised with the different MBUs to reach the point of publishing this report and to continue celebrating ongoing success.

❖ ***Dr Sarah Abdelsayed***, *PQN Advisory Group Chair*

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INTRODUCTION

Who we are

The Perinatal Quality Network (PQN) works with inpatient mother and baby units (MBUs) and community services to ensure and enhance the quality of care provided to individuals experiencing perinatal mental health difficulties and their families. Established as an independent network in 2007, PQN is part of a larger initiative by the Royal College of Psychiatrists Centre for Quality Improvement (CCQI), which includes approximately 30 quality networks, accreditation projects, and audit programmes.

What we do

Through a thorough review process, we recognise and celebrate high standards of organisation and patient care, while also supporting other services in reaching these benchmarks. Inpatient units and community services are actively engaged in a peer-led quality improvement journey, guided by a set of specialist standards for perinatal mental health. This collaborative approach fosters a supportive environment that encourages the sharing of best practices across services. A key priority for PQN is the involvement of service users and carers, with individuals who have first-hand experience of perinatal mental health services encouraged to participate in every stage of the review process.

The network is supported by two essential groups that contribute significantly to its development and integrity. The Advisory Group is a dedicated team that offers strategic guidance to ensure the network's continued growth and visibility. Their input is instrumental in shaping national recommendations for both inpatient and community perinatal mental health services. Alongside them, the Accreditation Committee plays a pivotal role in informing key accreditation decisions and maintaining consistency throughout the process. Made up of professionals and experts by experience, both groups bring a wealth of knowledge and insight, representing a broad spectrum of expertise within the field of perinatal mental health.

Annual review cycle

The review process has 2 phases:

- Completion of a self-review questionnaire
- External peer-review

For teams that undergo accreditation, their status remains valid for three years from the date of their initial presentation to the Accreditation Committee. During this period, the team's adherence to the PQN standards is continuously assessed and upheld.

REPORT INFORMATION

The PQN Inpatient report provides an overview of the adherence to the PQN 8th Edition Inpatient Standards from 14 services across England, Scotland and Wales. Overall, 12 services took part in a review in the 2023 - 2024 cycle and two took part in the 2024 - 2025 cycle. The team collated the data from the 14 reviews and carried out quantitative analysis to ascertain overall compliance to the PQN 8th Edition Inpatient Standards.

What to expect in this report:

This national report contains the aggregated results of the reviews undertaken by 14 MBUs during the 2023-2024 and 2024-2025 cycles. It examines contextual data obtained from all services, including average number of beds, average length of stay, average occupancy level, as well as Whole Time Equivalent (WTE) staffing numbers.

PQN inpatient member services' local reports provide teams with a summary of the number of standard criteria 'met', 'not met', 'partly met' or 'N/A', which then yields an average score for each individual standard. These averages enabled us to obtain a measure of the team's overall performance for each section of the service standards. The overall compliance for standard domains can be found on **page 10.**

The main body of the report presents average 'met' scores across two review cycles, showcasing key achievements and identifying areas for improvement within each standard domain of the PQN Standards. Recommendations, best practice examples and feedback from patients, carers or staff members are also provided for each standard domain.

How to use the findings:

Within each section, the PQN team have highlighted best practice seen on peer review days to make recommendations on how to meet the most commonly 'unmet' standards. Clinicians working in MBUs can view these and consider implementation within their own units.

Service locations:

Nearly all MBUs across the UK are members of the PQN, ensuring broad geographical coverage across England, Scotland, and Wales. In England, PQN membership is mandatory due to NHS England's requirement for MBUs to undergo the PQN accreditation process.

PQN 8TH EDITION INPATIENT STANDARDS

The PQN assesses perinatal mental health services according to a set of standards. The network undergoes a standards revision process every two years. These standards are drawn from a variety of authoritative sources and incorporate feedback from patient and carer representatives, as well as experts from relevant professions.

The standards are used to develop a suite of data-collection tools to support both self-review and peer-review processes. Participating teams rate themselves against the standards during their self-review. This model aims to facilitate incremental improvements in service quality.

The standards are split into eight subsections:

1. Access and Admission
2. Environment and Facilities
3. Staffing
4. Care and Treatment
5. Information, Consent and Confidentiality
6. Rights and Safeguarding
7. Audit and Policy
8. Discharge

Standards are categorised as a Type 1, 2 or 3.

Type 1 Essential standards. Failure to meet these standards would result in a significant threat to patient safety, rights or dignity and/or would breach the law. These standards also include the fundamentals of care, including the provision of evidence-based care and treatment. Accredited services are expected to meet **100%** of these.

Type 2 Expected standards that most services should meet. Accredited services are expected to meet at least **80%** of these.

Type 3 Desirable standards that high performing services should meet or standards that are not the direct responsibility of the team. Accredited services are expected to meet at least **60%** of these.

Type 1 Standards
100% need to be met

Type 2 Standards
80% need to be met

Type 3 Standards
60% need to be met

CONTEXTUAL DATA

All units participating in a PQN review were asked to submit data on **the number of beds**, **average length of stay** and **average occupancy level** within their unit. The data presented reflects responses from 14 units assessed against the 8th Edition Inpatient Standards, covering two review cycles: September 2023–June 2024 and September 2024–June 2025.

2023 - 2025

7.57

Average number of beds, ranging from 4 to 12 beds

39.93

Average length of stay (days), ranging from 24 to 60 days

79.09%

Average occupancy level (%), ranging from 64% to 91%

*The average length of stay and average bed occupancy figures were calculated using data provided by individual units. Therefore, the time periods used to calculate these figures may have varied. Additionally, one unit did not provide occupancy level data, therefore the average was calculated across 13, rather than 14 units.

CONTEXTUAL DATA CONTINUED

All units engaging in a PQN review were also asked to provide a breakdown of their **Whole Time Equivalent (WTE)** staffing numbers to gain a national picture of any staffing shortages services may be facing.

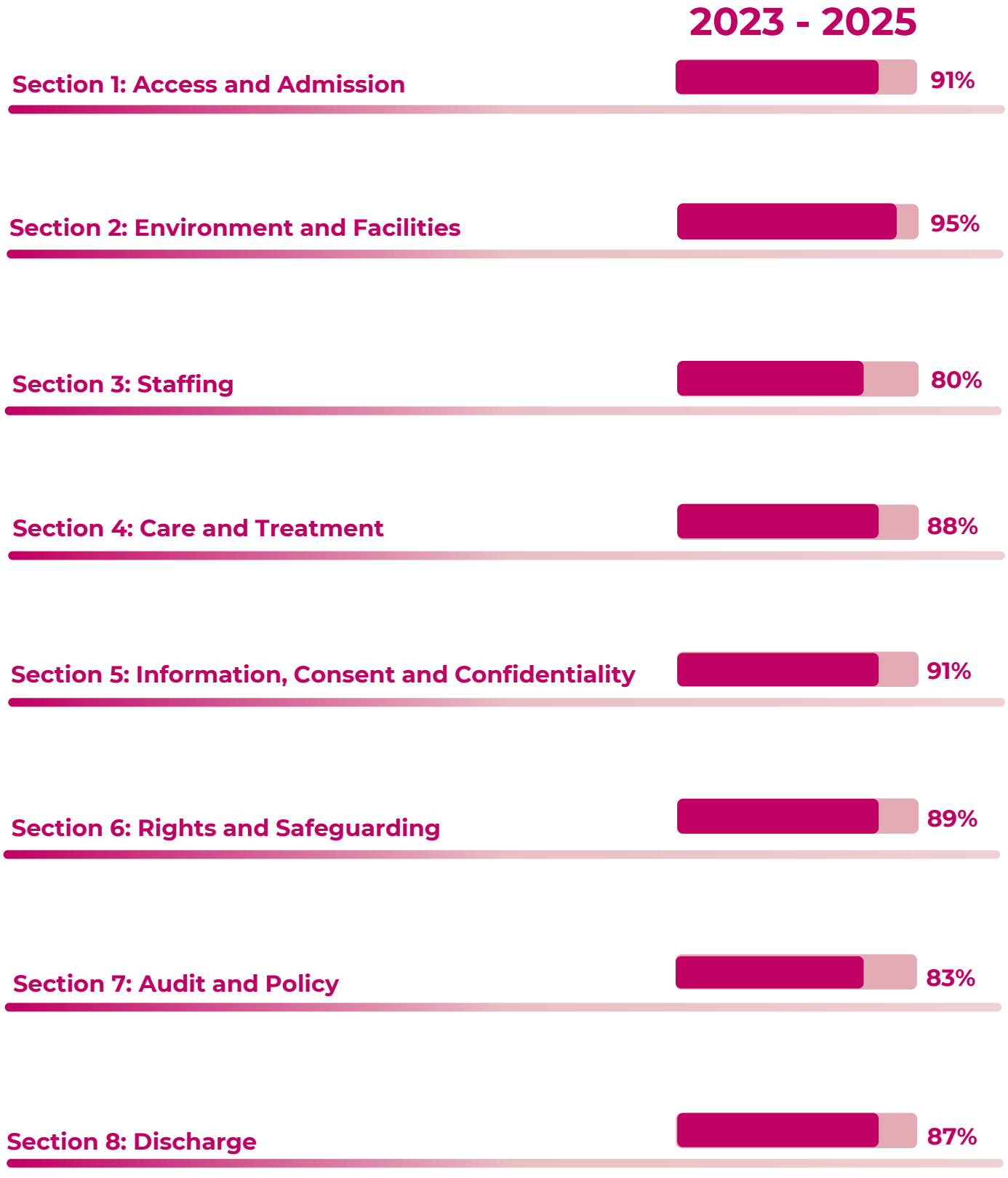
Average WTE of service occupations calculated for a 6-bedded unit*

Staffing Type	2023 - 2025
Consultant Psychiatrist	0.60
Non-Consultant Medical Input	1.02
Clinical Psychologist	0.60
Occupational Therapist	0.66
Social Worker	0.42
Ward Manager	0.90
Assistant Ward Manager / Clinical Practice Lead	2.40
Staff Nurses	7.98
Healthcare Assistants	3.60
Nursery Nurses	5.10
Midwifery input	0.18
Health Visitor input	0.30
Administrative	0.90

*Due to missing data, these figures were calculated based on 12 inpatient teams, rather than the full 14 that participated in reviews for the 2023–2024 and 2024–2025 cycles. For each service, the Whole Time Equivalent (WTE) for each staff group was divided by the number of beds on the unit. These values were then averaged across units and multiplied by six to calculate the average WTE of service occupations standardised to a 6-bedded unit.

OVERALL COMPLIANCE WITH STANDARDS

All services were assessed on their **compliance** with the **8th Edition PQN Inpatient Standards**, using data from both the 2023-24 and 2024-25 cycles. Below is the average total compliance for each subsection of the standards, with only "Met" counted as compliant (and "Partly Met" and "Unmet" counted as non-compliant).

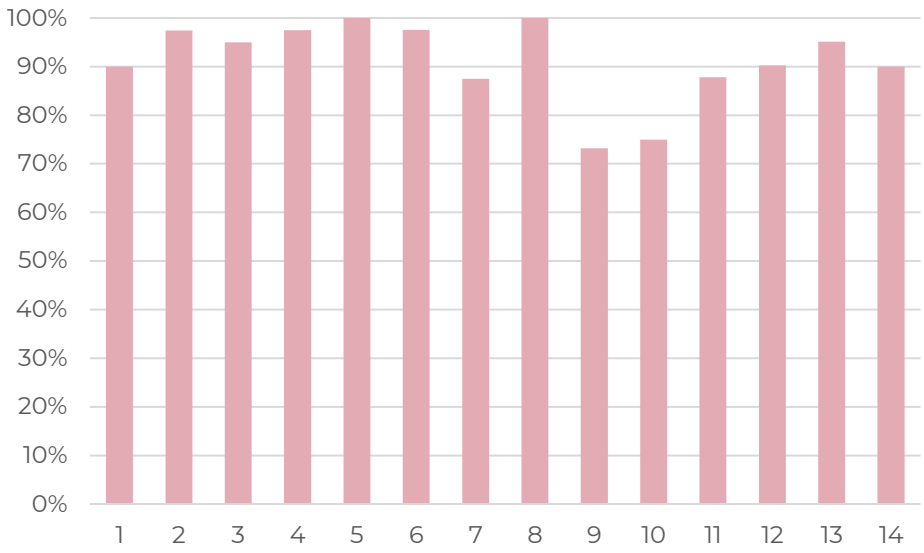


*2023 – 2025 data based on 14 inpatient units

SECTION ONE:
ACCESS AND ADMISSION

Total Met standards (%)

2023 - 2025



*Each bar represents an inpatient ward/unit

Key Achievements

- **100%** of units work to minimise barriers to access for patients and partners/chosen others from remote areas (*1.3.3, Type 2*).
- **93%** of units work with interpreters who are sufficiently knowledgeable and skilled to provide a full and accurate translation. The patient's relatives are not used in this role unless there are exceptional circumstances (*1.3.4, Type 1*).
- For **93%** of units, patients can visit the unit or access a video tour before agreeing to admission (with the exception of emergency admissions) (*1.4.1, Type 2*).
- For **93%** of units, the patient's partner/chosen other is contacted as soon as possible by a staff member (with patient consent) to notify them of the admission and to give them the unit contact details (*1.4.3, Type 1*).

Areas of Development

- **50%** of units have mechanisms to review data at least annually about the mothers who are admitted; this data is compared, and action is taken to address any inequalities in care planning and treatment *(1.1.8, Type 1).*
- **64%** of units have systems in place to record, audit and evaluate transfers, refusals, waiting lists and the length of prior admission to an adult psychiatric ward *(1.2.3, Type 1).*
- **71%** of units give consideration to the following on admission: arrangements for dependants (children, people they are caring for), security of the patient's home, and arrangements for pets *(1.5.11, Type 1).*

SECTION ONE: ACCESS AND ADMISSION

	Standard Criteria	Recommendations
Standard 1.1.8	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.	Establishing a centralised system for capturing demographic and clinical data, alongside outcomes, can support meaningful comparisons across time. Embedding this into governance cycles and involving multidisciplinary teams in the analysis can help ensure that responses to identified inequalities are both timely and effective. Services should also consider how to involve patient representatives in interpreting the data and shaping the resulting improvements.
Standard 1.2.3	Systems are in place to record, audit and evaluate transfers, refusals, waiting lists and the length of prior admission to an adult psychiatric ward.	To support consistency and transparency, services should consider adopting a standardised method for recording and auditing admission-related data. Using a simple Excel-based log can help teams capture key information clearly and consistently. Presenting this data in an accessible format supports shared understanding and collaborative problem-solving across staff teams.
Standard 1.5.11	On admission the following is given consideration: arrangements for dependants, the security of the patient's home and arrangements for pets.	As done by some services, these checks could be incorporated into the admission checklist to help staff respond promptly and ensure that these considerations are not overlooked.

Example of Good Practice

- Clover Ward MBU introduced an Instagram account to improve accessibility and engagement. The account features a virtual tour of the ward and shares key information to help patients, families, and partners better understand the service.
- Another team provides nearby accommodation for partners of patients who do not live locally, allowing up to three partners to stay close to the ward. Staff and reviewers highlighted the value of this resource in supporting family involvement and reducing stress during admission.

> ***My loved one had access to an interpreter when they were admitted to the ward.***
> ***- Chosen Other***

SECTION TWO: ENVIRONMENT AND FACILITIES

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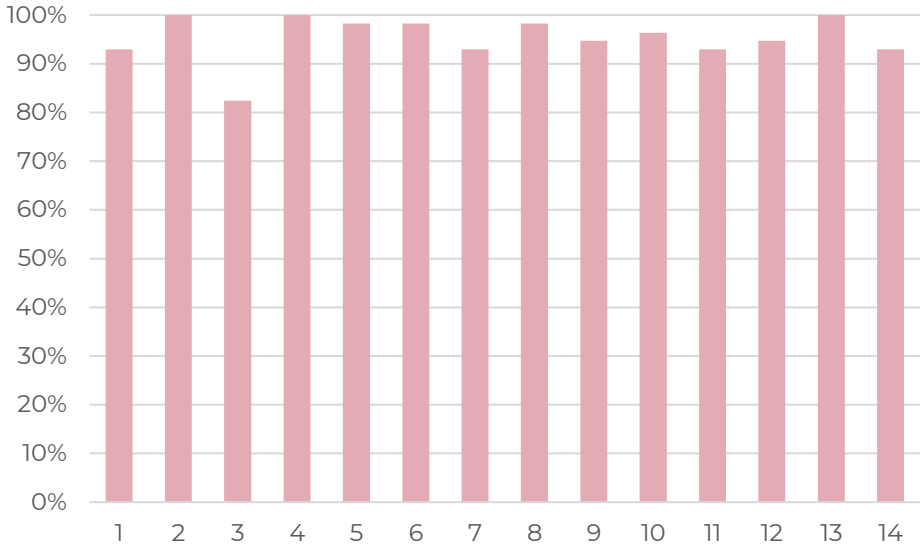
Total Met standards (%)

2023 - 2025



*Each bar represents an inpatient ward/unit

Key Achievements

- For **86%** of units, patients, according to risk assessment, have access to regular 'green' walking sessions (*2.1.2, Type 2*).
- **100%** of wards are able to designate gender neutral bedrooms and toilet facilities for those patients who would prefer a non-gendered care environment (*2.1.4, Type 3*).
- **100%** of units have facilities for patients to make their own hot and cold drinks and snacks which are available 24 hours a day (*2.1.12, Type 2*).
- **93%** of units have a kitchen for the sole use of MBU patients. This can be used both for Occupational Therapy (OT) assessments and for mothers to cook their own and infants' food when clinically appropriate (*2.1.13, Type 3*).
- For **100%** of units, patients are consulted about changes to the unit environment (*2.2.1, Type 2*) and are able to personalise their bedroom spaces (*2.2.2, Type 2*).

Areas of Development

- For **79%** of units, staff members and patients can control heating, ventilation and light on the unit (*2.1.14, Type 2*).
- For **57%** of units, the temperature in the nursery and bedrooms is appropriate for sleeping babies (Between 16-20°C) (*2.1.15, Type 1*).
- For **71%** of units, every patient has an en-suite bathroom (*2.4.4, Type 3*).
- For **79%** of units, patients are involved, wherever possible, in decisions about the level of observation by staff (*2.4.10, Type 1*).

SECTION TWO: ENVIRONMENT AND FACILITIES

	Standard Criteria	Recommendations
Standard 2.1.14	Staff members and patients can control heating, ventilation and light on the unit. **Guidance:** For example, patients are able to ventilate their rooms through the use of windows, they have access to light switches, and they can request adjustments to control heating.	To support comfort and autonomy, services could ensure patients and staff have access to clear mechanisms for adjusting heating, ventilation and lighting. Rather than applying blanket restrictions, individual patients should be risk assessed to determine the level of access that is safe and appropriate. This should be balanced with the need to maintain safe sleeping temperatures, particularly in areas used by babies.
Standard 2.1.15	The temperature in the nursery and bedrooms is appropriate for sleeping babies. **Guidance:** Between 16-20°C.	To ensure safe sleeping conditions for babies, services should monitor nursery and bedroom temperatures consistently, with recordings taken at least twice daily. Temperature logs should clearly document any actions taken to adjust the environment when readings fall outside the recommended range. Where maximum temperatures are repeatedly exceeded, these records should be used to escalate concerns within the Trust, Health Board (or equivalent) so that appropriate action can be taken to address any underlying environmental or facilities issues.
Standard 2.4.10	Patients are involved (wherever possible) in decisions about the level of observation by staff. **Guidance:** Patients are also supported to understand how the level can be reduced.	Services should embed patient involvement in observation decisions into care planning discussions, ensuring that patients understand the rationale and have opportunities to share their views. Staff should document these conversations and review them regularly.

Example of Good Practice

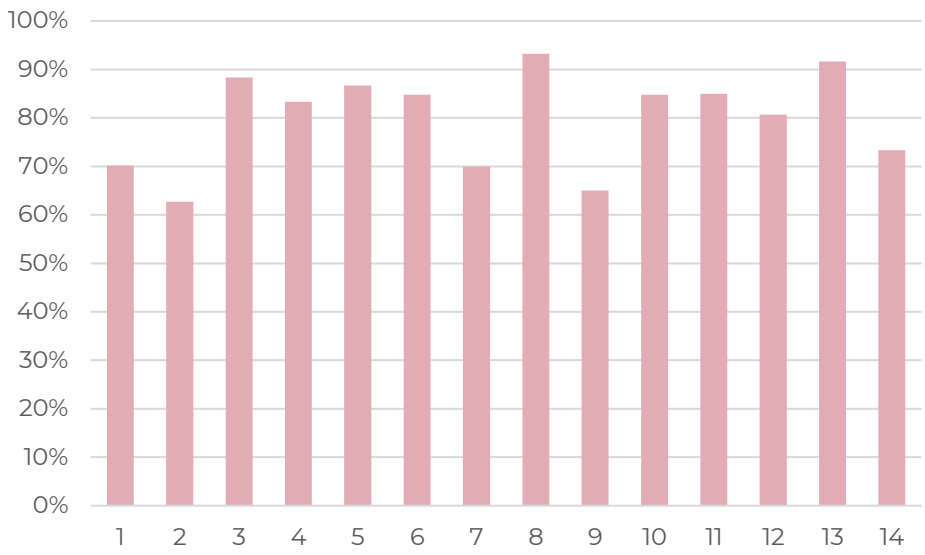
Several wards have demonstrated best practice in creating therapeutic, welcoming spaces that support both patient recovery and staff wellbeing. This includes:

- **Attention to Detail**: Brockington Parent and Baby Unit has calming colour schemes, music, artwork, and soft furnishings which contribute to a warm and personalised environment, even in non-purpose-built setting.
- **Encouraging Connection**: Jasmine Lodge MBU has open communal areas that promote peer interaction and provide opportunities for partners and families to engage meaningfully during visits.
- **Co-Designed Spaces**: Margaret Oates MBU Involved former patients in the design process of the unit, resulting in an environments that feel spacious, thoughtfully decorated, and tailored to patient needs.

SECTION THREE: STAFFING AND TRAINING

Total Met standards (%)

2023 - 2025



*Each bar represents an inpatient ward/unit

Key Achievements

- **79%** of units are staffed by permanent staff members with unfamiliar bank or agency staff only used in exceptional circumstances (*3.1.5, Type 2*).
- **100%** of units include input from peer support workers (*3.2.12, Type 2*).
- For **93%** of units, there is protected time for team-building and discussing service development at least once a year (*3.5.6, Type 2*), and for **100%** of units, staff members have access to reflective practice groups at least every six weeks (*3.5.9, Type 3*).
- For **93%** of units, staff members feel able to challenge decisions and to raise any concerns they may have about standards of care. They are aware of the processes to follow when raising concerns or whistleblowing (*3.5.10, Type 1*).
- For **79%** of units, patient or partner/chosen other representatives are given the opportunity to be involved in the interview process for recruiting new staff members (*3.6.2, Type 2*).

Areas of Development

- For **57%** of units, there are at least two RMNs per day shift on units with 6 beds (*3.1.1, Type 1*) and at least one specialist nursery nurse covering the unit 24 hours a day (*3.1.3, Type 1*)
- **57%** of units with 6 beds include at least 0.5 WTE social work input. The expectation is that in larger units, this would increase to the nearest 0.5 WTE to ensure patients are safely and effectively cared for (*3.2.8, Type 2*).
- For **43%** of units, all staff members who deliver therapies and activities are appropriately trained and supervised (*3.4.4, Type 1*).
- For **36%** of units, patient and/or carer representatives are involved in delivering and developing staff training (*3.4.6, Type 2*).

SECTION THREE: STAFFING AND TRAINING

	Standard Criteria	Recommendations
Standard 3.2.8	A unit with 6 beds includes at least 0.5 WTE social work input. **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.	Services that currently include social worker input have consistently praised its value. This input has been shown to enhance safeguarding, support holistic assessments, and strengthen multi-agency collaboration. Social workers bring vital expertise in navigating complex caseloads, particularly where there are intersecting needs around mental health, parenting capacity, and child protection. Their involvement also promotes shared learning across the clinical team, contributing to a more integrated and reflective practice environment.
Standard 3.4.4	All staff members who deliver therapies and activities are appropriately trained and supervised.	Services that prioritise appropriate training and supervision for staff delivering therapies and activities consistently report improved quality of care and team confidence. Ensuring staff are well-trained and supported promotes safe, effective, and person-centred practice. It is recommended that services implement clear frameworks to support ongoing training and supervision for all relevant staff.
Standard 3.4.6	Patient and/or carer representatives are involved in delivering and developing staff training.	By embedding patient and carer representatives in the development and delivery of staff training, services can ensure that lived experience meaningfully informs practice. This could include co-facilitating induction sessions or contributing to safeguarding and trauma-informed care and training.

Example of Good Practice

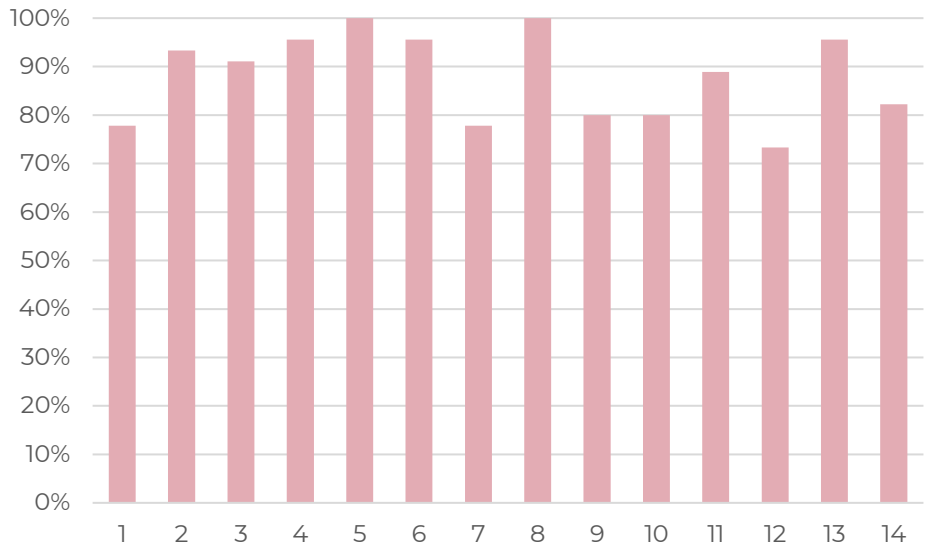
- One unit established monthly shared learning sessions across the service, featuring a diverse range of speakers. These have included team members, external professionals, and former patients, some of whom have delivered presentations on topics such as autism.
- One unit fostered a non-hierarchical team culture, where frontline staff felt empowered to share ideas and feedback openly. This inclusive approach helped staff feel they had an equal voice within the team, contributing to a collaborative and supportive working environment.

> ***I want to thank everyone for how invested they were in mine and my baby's care. They were really warm and welcoming.***
> ***- Patient***

SECTION FOUR: CARE AND TREATMENT

Total Met standards (%)

2023 - 2025



*Each bar represents an inpatient ward/unit

Key Achievements

- For **86%** of units, patients' preferences are taken into account during the selection of medication, therapies and activities, and are acted upon as far as possible (*4.3.2, Type 1*).
- For **93%** of units, patients have access to relevant faith-specific support, preferably through someone with an understanding of perinatal mental health issues (*4.3.4, Type 2*).
- For **100%** of units, staff members review patients' progress against patient-defined goals in collaboration with the patient at the start of treatment, during clinical review meetings and at discharge (*4.4.7, Type 2*).
- For **86%** of units, partners/chosen others are offered individual time with staff members within 48 hours of the patient's admission to discuss concerns, family history and their own needs (*4.6.2, Type 2*).
- For **100%** of units, babies are roomed with their mothers. If this is not possible, the baby is moved into the nursery for the minimum period required and the reasons for this are documented (*4.7.3, Type 1*).

Areas of Development

- For **57%** of units, every patient has a written care plan, reflecting their individual needs. Staff members actively seek to collaborate with patients and their partner/chosen other (with patient consent) when developing the care plan, and they are offered a copy (*4.2.1, Type 1*).
- For **57%** of units, every patient has a seven-day personalised therapeutic/recreational timetable of activities to promote social inclusion, which the team encourages them to engage with (*4.3.1, Type 1*).
- For **57%** of units, each patient receives a one-hour session at least once a week with a nominated member of their care team to discuss progress, care plans and concerns. (*4.5.3, Type 1*).

SECTION FOUR: CARE AND TREATMENT

	Standard Criteria	Recommendations
Standard 4.2.1	Every patient has a written care plan, reflecting their individual needs. Staff members actively seek to collaborate with patients and their partner/chosen other (with patient consent) when developing the care plan, and they are offered a copy.	While all services develop written care plans, there is inconsistency in how these reflect patient and carer involvement. It is common for care plans to lack the patient's or carer's voice (with patient consent). Services could strengthen person-centred practice by using care plan templates that include first-person sections to reflect the patient's views and preferences. Where carers are not involved due to lack of consent, this should be clearly indicated in the care plan. Additionally, services could include a tick box or digital signature section to show whether the patient has been offered a copy of the care plan and whether they accepted or declined it.
Standard 4.3.1	Every patient has a seven-day personalised therapeutic/recreational timetable of activities to promote social inclusion, which the team encourages them to engage with.	Services could assign a staff member (e.g. occupational therapist or activity coordinator) to work with each patient on a set day each week to co-create and update a seven-day activity timetable. The format could be personalised to suit the patient's preferences, for example, using visual layouts, pictorial symbols, or colour-coded charts to make it more engaging and accessible. Activities should reflect both therapeutic goals and the patient's interests to promote meaningful social inclusion.

Example of Good Practice

- **Celebrating Patient Voice**: On one ward, a folder of patient stories in the quiet room helps current patients feel supported and understood.
- **Enhancing Holistic Support**: Recent funding on one ward enabled the introduction of regular reflexology and head massage sessions, further enriching the holistic offer available to patients.
- **Commitment to Least Restrictive Practice**: Another ward was commended for its approach to risk assessment, with a clear emphasis on least restrictive care. Staff described their focus on "assessing the mum, not the environment," which contributes to a positive, open, and respectful ward culture.

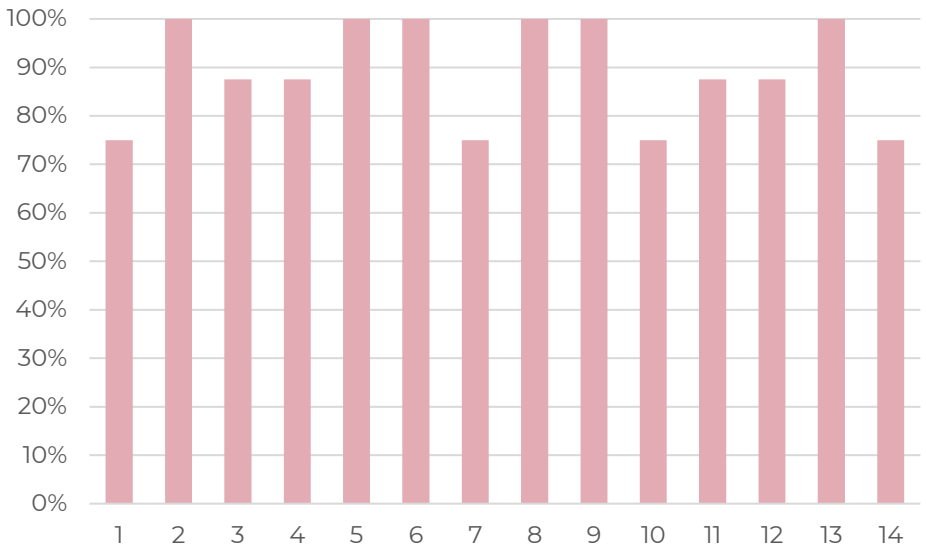
> ***We have been given the opportunity to be involved in decisions around the care of our baby. I was allowed to take my baby home for a few nights, which was great.***
> ***- Chosen Other***

SECTION FIVE: INFORMATION, CONSENT AND CONFIDENTIALITY

RC PSYCH ROYAL COLLEGE OF PSYCHIATRISTS | PQN PERINATAL QUALITY NETWORK

Total Met standards (%)

2023 - 2025



*Each bar represents an inpatient ward/unit

Key Achievements

- For **100%** of units, information, which is accessible and easy to understand, is provided to patients and partners/chosen others (*5.1.1, Type 1*).
- For **86%** of units, the team provides each partner/chosen other with accessible carer information (*5.1.3, Type 2*).
- For **100%** of units, patients and partners/chosen others (with patient consent) are offered written and verbal information about the patient's mental illness and treatment (*5.1.4, Type 1*).
- For **100%** of units, information given to patients and significant others is developed collaboratively and regularly reviewed (*5.1.5, Type 2*).

Areas of Development

- For **79%** of units, the patient is given an information pack on admission that contains a description of the service, the therapeutic programme, information about the staff team, the unit code of conduct, key service policies and resources to meet spiritual, cultural or gender needs (*5.1.2, Type 2*).
- For **79%** of units, confidentiality and its limits are explained to the patient and their partner/chosen other on admission, both verbally and in writing. Patients' preferences for sharing information with third parties are respected and reviewed regularly (*5.2.1, Type 1*).
- For **71%** of units, the team knows how to respond to the partner/chosen other when the patient does not consent to their involvement (*5.2.3, Type 1*).

SECTION FIVE: INFORMATION, CONSENT AND CONFIDENTIALITY

	Standard Criteria	Recommendations
Standard 5.1.2	The patient is given an information pack on admission that contains the following: • A description of the service; • The therapeutic programme; • Information about the staff team; • The unit code of conduct; • Key service policies (e.g. permitted items, smoking policy); • Resources to meet spiritual, cultural or gender needs.	Services could offer the admission information pack in multiple formats, such as printed, digital, easy-read, or translated versions to ensure accessibility for all patients. An admission checklist could be used to confirm the pack has been provided and discussed, helping staff document delivery and tailor the content to meet individual needs, including spiritual, cultural, or gender-specific considerations.
Standard 5.2.1	Confidentiality and its limits are explained to the patient and their partner/chosen other on admission, both verbally and in writing. Patient's preferences for sharing information with third parties are respected and reviewed regularly.	Services could use an admission checklist to ensure that confidentiality and its limits are explained both verbally and in writing to the patient and their partner/chosen other (with consent). The checklist could include a section to record whether the patient's preferences for sharing information have been discussed, and whether the partner was present during the admission conversation. This would help standardise practice and ensure documentation is consistent.
Standard 5.2.3	The team knows how to respond to the partner/chosen other when the patient does not consent to their involvement. **Guidance:** The ward may receive information from the carer in confidence.	Services should develop a clear protocol for staff to follow when a patient does not consent to partner/chosen other involvement. This protocol should include guidance on considering parental responsibility, patient capacity, and safeguarding concerns. Staff could be routinely reminded of this protocol, for example through team meetings and supervision, to ensure consistent and informed responses across the unit.

Example of Good Practice

- One unit ensured patients received both written and verbal information about their observation level. This was included in the welcome pack and incorporated into the care plan, supporting transparency and helping patients feel informed and involved in their care.

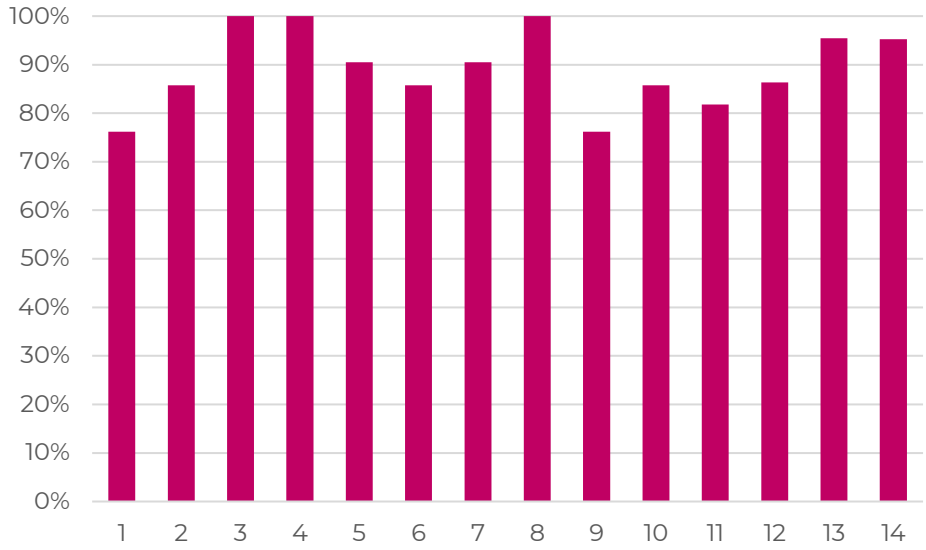
> ***"Although I didn't need access to information in another language, I did see this information around the hospital."***
> ***- Chosen Other***

SECTION SIX: RIGHTS AND SAFEGUARDING

RC PSYCH ROYAL COLLEGE OF PSYCHIATRISTS | PQN PERINATAL QUALITY NETWORK

Total Met standards (%)

2023 - 2025



*Each bar represents an inpatient ward/unit

Key Achievements

- For **86%** of units, patients are provided with meals which offer choice, address nutritional/balanced diet and specific dietary requirements and which are also sufficient in quantity. Meals are varied and reflect the individual's cultural and religious needs and are appropriate for late pregnancy or breastfeeding (*6.2.2, Type 1*).
- For **86%** of units, staff members ask patients for feedback about the food, and this is acted upon (*6.2.3, Type 2*).
- For **100%** of units, patients on constant observations receive at least one hour per day being observed by a member of staff who is familiar to them (*6.2.6, Type 2*).
- For **100%** of units, in order to reduce the use of restrictive interventions, patients who have been harmful to themselves or others are supported to identify triggers and early warning signs and make advance statements about the use of restrictive interventions (*6.3.5, Type 1*).
- For **100%** of units, there are systems in place to enable staff members to quickly and effectively report incidents and managers encourage staff members to do this (*6.3.7, Type 1*).

Areas of Development

- For **64%** of units, staff members restrain in adherence with accredited restraint techniques when restraint is used (*6.3.2, Type 1*).
- For **71%** of units, when mistakes are made in care, this is discussed with the patient themself and their partner/chosen other, in line with the Duty of Candour agreement (*6.3.8, Type 1*).
- For **43%** of units, the multi-disciplinary team collects audit data on the use of restrictive interventions, including the ethnicity of the patients, and actively works to reduce its use year on year through use of audit and/or quality improvement methodology (*6.3.9, Type 1*).

SECTION SIX: RIGHTS AND SAFEGUARDING

	Standard Criteria	Recommendations
Standard 6.3.2	When restraint is used staff members restrain in adherence with accredited restraint techniques.	Services should maintain a training log to ensure all relevant staff are up to date with accredited restraint techniques. Refresher training should be scheduled annually, and new staff should be required to complete this training as part of their induction. A quick-reference guide on restraint protocols could also be made available on the unit to support adherence in high-pressure situations.
Standard 6.3.8	When mistakes are made in care this is discussed with the patient themself and their partner/chosen other, in line with the Duty of Candour agreement.	Services could develop a structured approach for discussing care mistakes with patients and their partner/chosen other, in line with the Duty of Candour. This could include a template or checklist to guide the conversation and ensure key points are covered. Staff could be supported through supervision or reflective practice sessions to build confidence in having these discussions sensitively and transparently.
Standard 6.3.9	The multi-disciplinary team collects audit data on the use of restrictive interventions, including the ethnicity of the patients, and actively works to reduce its use year on year through use of audit and/or quality improvement methodology.	Services should embed a routine audit process that captures data on restrictive interventions, including patient ethnicity. This data could be reviewed quarterly by the multi-disciplinary team and used to inform quality improvement initiatives aimed at reducing restrictive practices. A named staff member could lead on this work and share findings with the wider team to promote accountability and learning.

Example of Good Practice

- Clover Ward MBU has been working to reduce restrictive interventions guided by feedback from patients and carers. As part of this effort, changes have been made to practices such as visiting times, reflecting a flexible and person-centred approach.

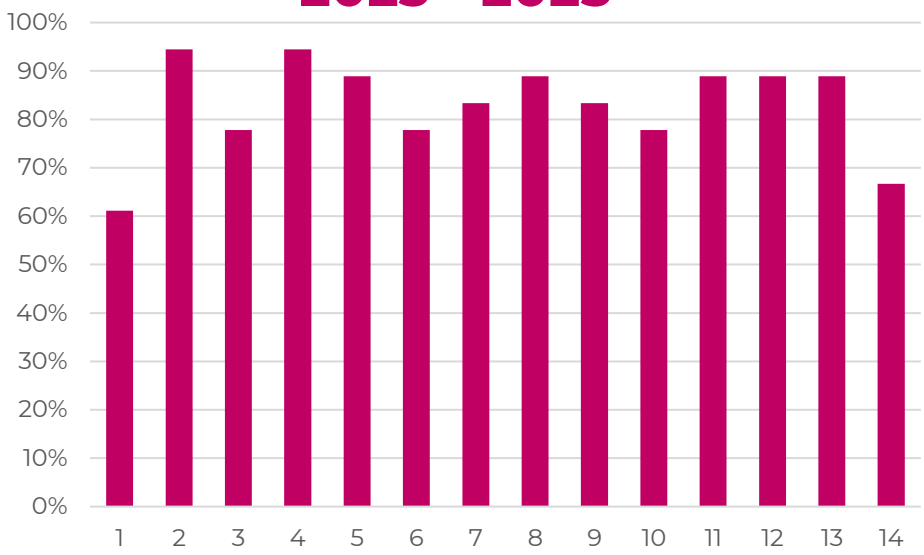
> ***We were regularly asked for feedback on food. We had community meals with staff and patients together.***
> ***- Patient***

> ***We have a comments and suggestions box.***
> ***- Patient***

SECTION SEVEN: AUDIT AND POLICY

Total Met standards (%)

2023 - 2025



*Each bar represents an inpatient ward/unit

Key Achievements

- For **86%** of units, patients and their partners/chosen others are given the opportunity to feed back about their experiences of the unit, and their feedback is used to improve the service (*7.1.1, Type 1*).
- **100%** of units are developed in partnership with appropriately experienced patients and partners/chosen others who have an active role in decision making (*7.1.4, Type 2*).
- For **93%** of units, lessons learned from untoward incidents are shared with unit staff and the wider organisation. There is evidence that changes have been made as a result of sharing the lessons (*7.4.1, Type 1*).
- For **79%** of units, the team actively encourages patients and partners/chosen others to be involved in Quality Improvement (QI) initiatives (*7.4.3, Type 3*), and in audits and research (*7.4.4, Type 3*).

Areas of Development

- For **64%** of units, feedback received from patients and partners/chosen others is analysed and explored to identify any differences of experiences by protected characteristics (*7.1.3, Type 2*).
- **43%** of units review the environmental and social value of their current practices against the organisation's or NHS green plan. This is used to identify areas for improvement and develop a plan to increase sustainability in line with principles of sustainable services. Progress against this improvement plan is reviewed at least quarterly with the team (*7.1.5, Type 3*).
- For **64%** of units, there is a locked door policy which allows patients to be cared for in the least restrictive environment possible (*7.3.3, Type 1*).

SECTION SEVEN: AUDIT AND POLICY

	Standard Criteria	Recommendations
Standard 7.1.3	Feedback received from patients and partners/chosen others is analysed and explored to identify any differences of experiences by protected characteristics.	Services could collect patient and partner feedback at key points in the patient journey (e.g., admission and discharge), including prompts for protected characteristics such as ethnicity, gender, and disability. Embedding this into routine communications—such as feedback forms sent to patients and partners—can support consistent data collection. A nominated staff member could review the feedback quarterly, identify patterns, and share findings with the team to inform improvements and promote equity.
Standard 7.1.5	The ward reviews the environmental and social value of its current practices against the organisation's or NHS green plan. It identifies areas for improvement and develops a plan to increase sustainability in line with principles of sustainable services (prevention, service user empowerment, maximising value/ minimising waste and low carbon interventions). Progress against this improvement plan is reviewed at least quarterly with the team.	Services may benefit from assigning a sustainability lead to review current practices against the NHS Green Plan or local organisational goals. Completing relevant training, such as the RCPsych Net Zero Mental Healthcare e-learning module, can help build staff understanding around sustainable practice. A self-assessment checklist could help identify areas for improvement and progress could be reviewed quarterly in team meetings to keep sustainability goals visible and actionable.
Standard 7.3.3	There is a locked door policy which allows patients to be cared for in the least restrictive environment possible.	Services should ensure their locked-door policy is clearly written and regularly reviewed to reflect the principle of least restriction. The reasons for restricted access (e.g., kitchens, laundry rooms) could be explained to patients on admission, and access considered individually through care planning or risk assessments. Patient feedback on how the policy affects their experience could also be gathered to inform future updates.

Example of Good Practice

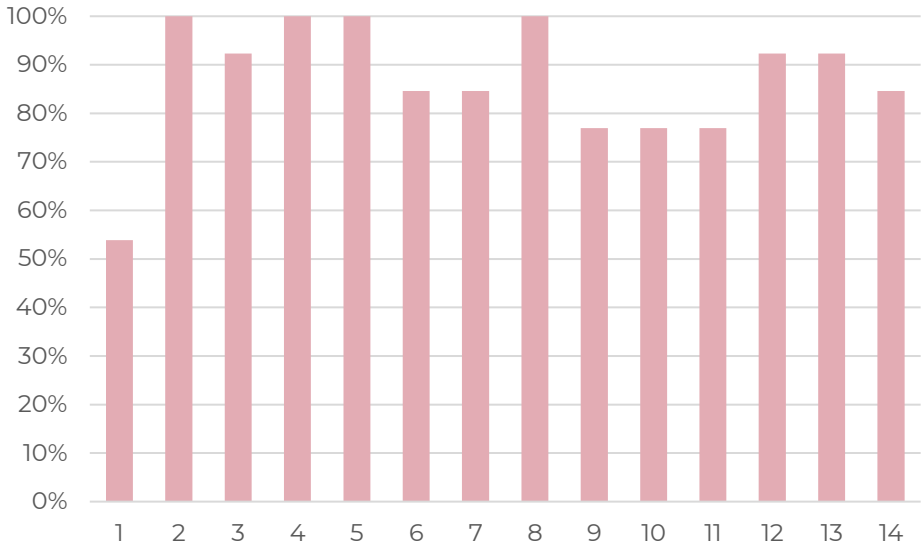
- Clover Ward MBU has placed a strong emphasis on sustainability, with each staff member making an individual sustainability pledge. The team is actively working to embed sustainable practices throughout the service, including in their work with mothers and efforts to transition towards a paperless ward.

> ***"We are asked for our views on working at the MBU as part of the unit's annual service evaluation."***
> ***- Frontline Staff***

SECTION EIGHT: DISCHARGE

Total Met standards (%)

2023 - 2025



*Each bar represents an inpatient ward/unit

Key Achievements

- For **86%** of units, discharge planning is initiated at the first multi-disciplinary team review (*8.1.1, Type 2*).
- For **100%** of units, pre-discharge planning involves all services involved in patient care (*8.1.2, Type 1*).
- For **93%** of units, patients and their partner/chosen other (with patient consent) are invited to a discharge meeting and are involved in decisions about discharge plans (*8.1.3, Type 1*).
- For **93%** of units, patients and their partners/chosen others have 24-hour access to telephone advice from the mother and baby unit for at least four weeks after discharge from inpatient care (*8.1.9, Type 1*).

Areas of Development

- For **50%** of units, the team sends a copy of the patient's care plan or interim discharge summary to everyone identified in the plan as involved in their ongoing care within 24 hours of discharge (*8.1.4, Type 1*).
- For **71%** of units, the team makes sure that patients who are discharged from hospital have arrangements in place to be followed up within 72 hours of discharge (*8.1.6, Type 1*).

SECTION EIGHT: DISCHARGE

	Standard Criteria	Recommendations
Standard 8.1.4	The team sends a copy of the patient's care plan or interim discharge summary to everyone identified in the plan as involved in their ongoing care within 24 hours of discharge. **Guidance:** The plan includes details of: • Care in the community/aftercare arrangements; • An update about the infant's health for the patient's health visitor; • Crisis and contingency arrangements including details of who to contact; • Medication including monitoring arrangements; • Details of when, where and who will follow up with the patient.	Within the discharge checklist, services might consider including a prompt to send the patient's care plan or interim discharge summary to all identified professionals within 24 hours of discharge. This process could be supported by a standardised template and a nominated staff member responsible for ensuring timely communication. Whether the summary has been sent, and if not, the reason why should be consistently recorded in the patient record to support both continuity of care and future auditing.
Standard 8.1.6	The team makes sure that patients who are discharged from hospital have arrangements in place to be followed up within 72 hours of discharge.	Services could embed a 72-hour follow-up planning step into the discharge process to ensure arrangements are in place before the patient leaves the unit. A simple tracking tool, such as an Excel spreadsheet, could be used to record planned follow-ups, monitor whether arrangements were made, and document reasons why if they were not. A nominated staff member could oversee this process and review it regularly to support consistency and service improvement.

Example of Good Practice

- Margaret Oates MBU introduced a post-discharge debriefing process as part of a Quality Improvement initiative. Patients who had been detained under the Mental Health Act or experienced post-partum psychosis were invited to return to the ward for a reflective session with the team. Initial feedback was highly positive, with patients describing the opportunity as invaluable. This practice supports emotional processing, strengthens therapeutic relationships, and promotes recovery beyond discharge.

> ***[Prior to discharge] I had home visits and built-up leave.***
> ***- Patient***

9TH EDITION INPATIENT STANDARDS

Both the inpatient and community PQN standards are reviewed every two years to ensure they remain valid, accessible, and responsive to the evolving needs of the population. In August 2024, PQN published the 9th Edition Inpatient Standards as part of this regular review cycle. Regularly reviewing the standards is essential to maintaining their relevance and practical application in a changing care landscape.

The standards have been developed based on key national documents and expert consensus and have undergone extensive consultation through the PQN Standards Development Group. This group includes patient representatives, staff from the Royal College of Psychiatrists, PQN inpatient services, the PQN Advisory Group, the PQN Accreditation Committee, and relevant Voluntary Community and Social Enterprise (VCSE) organisations. They incorporate the College Centre for Quality Improvement (CCQI) Core Inpatient Standards, alongside specialist standards tailored specifically to Mother and Baby Units (MBUs). Additionally, the 9th Edition of the PQN Quality Standards for inpatient perinatal mental health services has been mapped against sustainability principles developed by the Royal College of Psychiatrists Sustainability Committee.

Who are these standards for? These standards are designed to be applicable to inpatient perinatal mental health services and can be used by professionals to assess the quality of the team. The standards may also be of interest to commissioners, patients, carers, researchers and policy makers.

Some noteworthy changes (from 8th to 9th edition standards) include:

- Inclusive language and guidance: Updates have been made to promote equity of access, including revised terminology and added guidance around ethnicity, neurodiversity, sexual orientation, and social status.
- Clarification of standards: Guidance added for clarification e.g., temperature monitoring now includes continuous recording and mitigation planning (Standard 2.1.15).
- Updated terminology: Wording changes reflect current practice, such as replacing “junior doctor” with “non-consultant medic” (Standard 3.2.2).
- New standards introduced: These include standards on mood-stabilising medication aligned with MHRA and NICE guidance (Standard 4.1.4), and neurodivergent patient support (Standard 4.3.11).
- Revised staffing expectations: Clearer guidance provided on minimum staffing levels for units of different sizes, including day and night shifts (Standards 3.1.1 & 3.1.2).
- Health visitor access: Standards now reflect the need for formalised access to health visitors, including protocols for mothers admitted from out of area.
- Sustainability integration: Several standards have been mapped against sustainability principles, including environmental considerations and documentation practices.

Acknowledgements

For their time, effort and insight, the PQN Project Team send a warm thank you to the PQN Patient Representatives, the PQN Advisory Group, the PQN Accreditation Committee, colleagues at the College Centre of Quality Improvement and Royal College of Psychiatrists, as well as all PQN member services.

PQN Inpatient Member services:

Andersen Mother and Baby Unit, Greater Manchester Mental Health NHS Foundation Trust

Beadnell Mother and Baby Unit, Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Brockington Parent and Baby Unit, Midlands Partnership NHS Foundation Trust

Chamomile Suite, Birmingham and Solihull Mental Health NHS Foundation Trust

Channi Kumar Mother and Baby Unit, South London and Maudsley NHS Foundation Trust

Clover Ward Mother and Baby Unit, Hampshire and Isle of Wight Healthcare NHS Foundation Trust

Coombe Wood Perinatal Service, Central and North West London NHS Foundation Trust

East London Mother and Baby Unit, East London NHS Foundation Trust

Florence House Mother and Baby Unit, Dorset HealthCare University NHS Foundation Trust

Jasmine Lodge Mother and Baby Unit, Devon Partnership NHS Trust

Kingfisher Mother and Baby Unit, Norfolk and Suffolk NHS Foundation Trust

Livingston Mental Health Mother and Baby Unit, NHS Lothian

Margaret Oates Mother and Baby Unit, Nottinghamshire Healthcare NHS Foundation Trust

New Horizon Mother and Baby Unit, Avon and Wiltshire Mental Health Partnership NHS Trust

Rainbow Mother and Baby Unit, Essex Partnership NHS Foundation Trust

Ribblemere Mother and Baby Unit, Lancashire and South Cumbria NHS Foundation Trust

Rosewood Lodge Mother and Baby Unit, Kent and Medway NHS and Social Care Partnership Trust

The Beeches, Derbyshire Healthcare NHS Foundation Trust

The Yorkshire and Humber Mother and Baby Unit, Leeds and York Partnership NHS Foundation Trust

Thumbswood Mother and Baby Unit, Hertfordshire Partnership University NHS Foundation Trust

Uned Gobaith, Swansea Bay University Health Board

West of Scotland Mother and Baby Unit, NHS Greater Glasgow and Clyde

Further Resources

Patient-Rated Outcome & Experience Measure (POEM)

POEM supports both inpatient and community perinatal mental health services to understand patient and partner/chosen other experience and identify opportunities for quality improvement. If you are a PQN member service, and would like support getting set up on POEM, please contact the PQN team.

Learn more: **https://rom.rcpsych.ac.uk/**

PQN Knowledge Hub

We invite staff from all member services to join us on the PQN Knowledge Hub, a space designed to bring the perinatal mental health community together and provide easy access to everything you need in one place.

- Start discussions, ask questions, and keep up with project updates.
- Access PQN standards, annual reports, peer-review resources and examples of best practice in the Library tab.
- See upcoming network events in the Events tab.

Join the community: **https://khub.net/**

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A full list of standards and raw data used within this report is available upon request.