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Foreword



It's a great privilege to be able to introduce the results of the 9th cycle of the Royal College's Quality Network for Inpatient Mother and Baby Units. Seventeen units – all the MBUs in the UK – are members of the network and this report reflects the continued improvement in achieving standards that benefit our patients, their relatives and staff.

The network has become increasingly important as a benchmark for commissioners and providers of mental health services and, just as importantly, a reassurance for patients, families and referrers that they will receive the best care during their inpatient stay.

Although the achievements are impressive, we cannot afford to rest on our laurels. This report highlights the work that still needs to be done in ensuring that women and their babies have access to the full range of professionals – including nursery nurses and clinical psychologists - essential to their care. Providing an adequately staffed service is core to safe, effective care. We should use this report, and its recommendations, in arguments to our managers and commissioners to ensure these are posts are funded.

High standards are set and achieved through the hard work and amazing organisational skills of staff from the CCQI, and the day in day out efforts of MBU staff, clinical and non-clinical, up and down the UK. Some may not be aware of the important contribution they make to the success of the network so please bring this report to your colleagues' attention – and, of course, to the attention of those managers and commissioners who can help you improve standards further.

Roch Cantwell

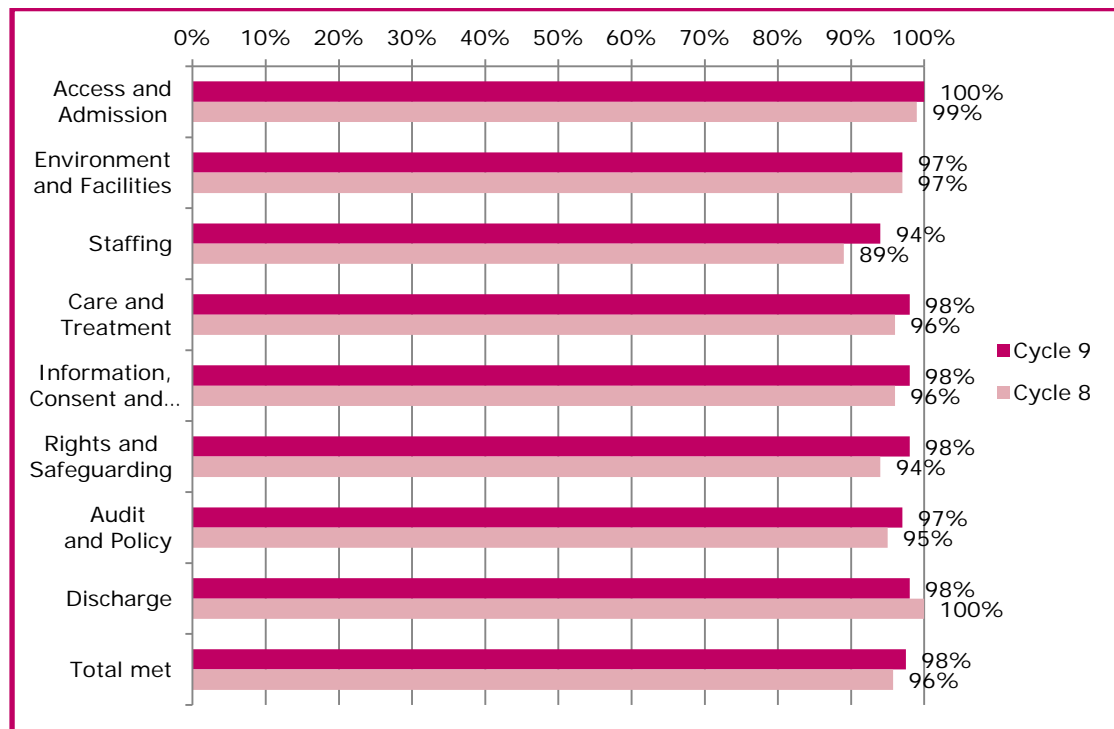
Perinatal Psychiatrist

West of Scotland Mother and Baby Unit

Introduction

The Perinatal Quality Network's annual report will examine the aggregated data from all inpatient reviews that took place during Cycle 9, identifying achievements and recommendations throughout. The report examines standards from all 17 units who were reviewed in Cycle 9 between December 2015 and July 2016.

The graph below outlines the overall percentage met for each section of the service standards for all units who took part in Cycle 9, compared to the same data from Cycle 8.



All Mother and Baby Units in the UK participate in the Perinatal Quality Network. Of the 17 units that were reviewed, five participated in the accreditation process in Cycle 9. The data in this report describes the performance of services against the standards at the point of the peer-review visit. Some units provided extra evidence after their review for the consideration of the Accreditation Committee. For a list of accredited services please visit our website.

<http://www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement/ccqiprojects/perinatal/perinatalqualitynetwork/currentmembers.aspx>

As part of the peer-review and accreditation process, the Perinatal Quality Network conduct semi-structured interviews with frontline staff, patients and partners/family members. This year saw an increase in the number of interviews that took place, with:

- 94 staff
- 77 patients
- 44 partners/ family members

Cycle 10 will be the first year that all inpatient services use the College's Accreditation and Review System (CARS) to complete their self-review workbook online. The fifth edition of standards are integrated with CARS and this will help to streamline the review process for services and reviewers.

The fifth edition of standards were published in October 2015 and are available online. The standards were revised by a group of clinicians and patient representatives in August 2015. The standards revision process takes places every two years and we welcome contributions from across the network.

<http://www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement/qualityandaccreditation/perinatal/perinatalqualitynetwork.aspx>).

All teams in the network have been reviewed against the new set of standards for the perinatal quality network which were developed in February 2016.

Recommendations

Recommendation 1

Access to outdoor space

Standard and Data

2.1.1 - Patients are able to access safe outdoor space which is available every day. 88% of units met this standard in Cycle 9, which is a decrease from 94% of teams last year

What does the PQN suggest?

In order for more units to meet this standard in the next cycle, outdoor space must be safe, ensuring that there are no risks which could affect the mother or baby's health or safety. Outdoor space must also be easily accessible to patients and there should be a policy if doors are locked

Recommendation 2

Access to Nursery Nurses

Standard and Data

3.2.3 – There is one specialist nursery nurse covering the unit 24 hours a day. While 88% of teams are able to provide at least one specialist nursery nurse covering their unit for day duty, only three units have specialist nursery nurse cover 24 hours a day

What does the PQN suggest?

Mother and baby units will need to ask for additional funding in order to increase nursery nurse posts to cover night shifts. Units could also ask their current nursery nurses if they would be interested in working night shifts and this could be trialled before advertising for further positions. Feedback received from staff, patients and partners/family members showed that having a nursery nurse covering the unit 24 hours a day was extremely important for the wellbeing and recovery of mothers and their babies

Recommendation 3

Access to a Clinical Psychologist in inpatient units

Standard and Data

3.3.5 - A typical unit with six beds includes at least 0.5 WTE clinical psychologist. Half of the teams across the network are meeting this standard, which is a slight increase from 41% of teams in Cycle 8

What does the PQN suggest?

Although 50% of all units are currently meeting this standard compared to 41% in Cycle 8, it is extremely important for services who are not meeting this standard to continue to apply for additional funding in order to appoint a 0.5 WTE clinical psychologist. It was noted that patients and partners/family members felt that the availability and regularity of clinical psychologist time was low and needed to be increased, in order to offer a varied range of therapeutic interventions and support their recovery

Recommendation 4

Video consent

Standard and Data

6.1.2 - Audio and/or video recording facilities and one-way screens are only used with the written consent of patients. Cycle 9 has seen a drop in the units that seek the consent of patients before using audio or video equipment. 69% of units meet standard 6.1.2 in Cycle 9, in comparison to all teams from last cycle

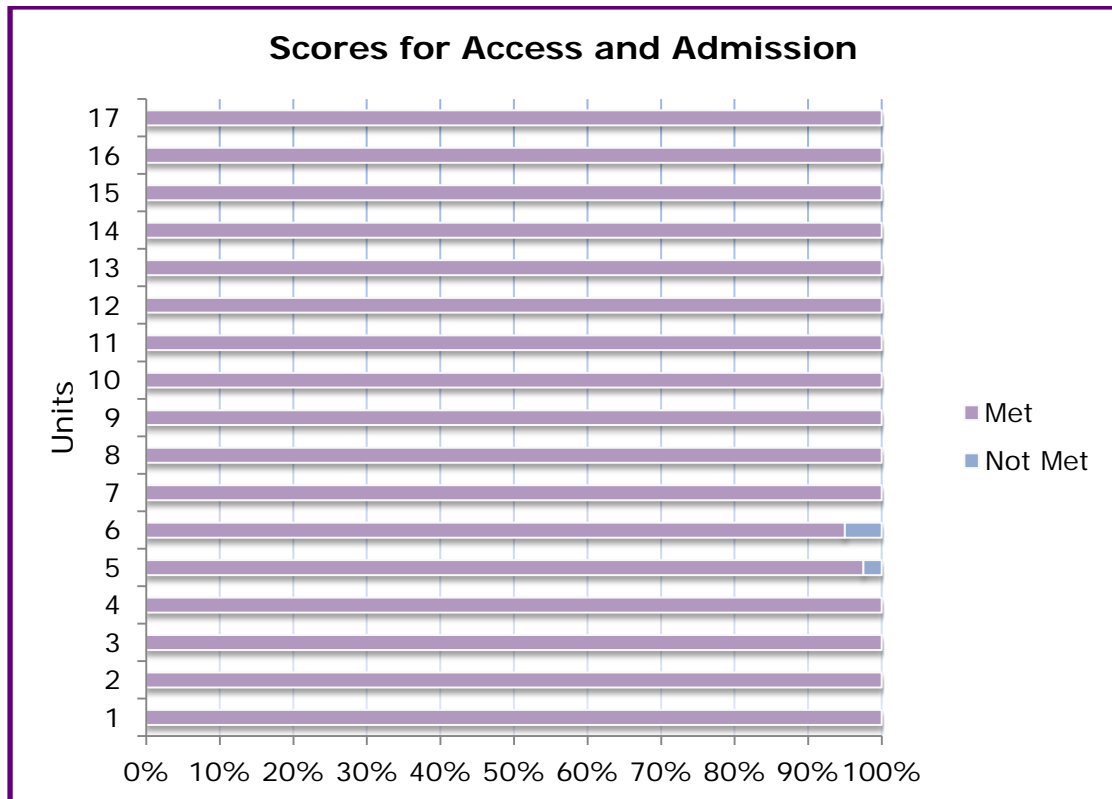
What does the PQN suggest?

It is crucial that units ensure informed consent is given by patients prior to audio or video equipment and one-way screens being used, and that evidence of consent is kept. Units should have a written policy regarding the use of audio and video equipment and one-way screens, stating that patient consent must be provided and, if consent is not provided, reasons for this must be recorded

Access and Admission

Key Findings

- Number of criteria in Access and Admission: 40
- Average percentage of criteria met by units: 100%
- Number of criteria in Access and Admission in Cycle 8: 37
- Average percentage of criteria met by units in Cycle 8: 99%
- Range of percentages met in Access and Admission: 94% - 100%



Areas of Achievement

- Access and Admission is a consistently high scoring section of the standards, with teams meeting 100% of all standards on average
- 100% of units provide information for referrers and other professionals, in either hard or electronic format. This is an improvement over 88% in the last cycle (1.2.4)
- All units now provide an environment that complies with current legislation on disabled access, which is a marked increase from 94% of teams in cycle 8 (1.3.2)

'What I liked'

From Patients:

Staff helped me put my things away and made me feel at home. There isn't anything else I could have asked for when I was first settling in

The unit is able to meet any personal, cultural or religious needs we may have (such as access to an interpreter)

The service has provided me with home comforts such as extra pillows and toiletries, which made me feel very welcome and comfortable when I was first admitted

We were introduced to our named nurse when we first were settling into the unit which really helped

The staff were really helpful and talked to me all the time which helped me settle in to the unit more

From Partners/ Family Members:

My partner has access to an interpreter and this happens as required

I speak to the ward manager on a weekly basis and he also speaks with my children to explain about my wife's care

Areas for Improvement

- 94% of units have access to interpreters and staff commented that they were not always aware of the process when engaging with an interpreter (1.3.4)
- 94% of units are able to admit women directly to the mother and baby unit without prior admission to an acute adult ward (1.1.3)

'What could be better'

From Patients:

Accessibility for services e.g. IAPT wasn't so good

I don't think I received a welcome pack when I was first settling in; this would have been really useful

When I was settling in, I would have found it useful to be told who my named nurse was and about the medical structure in place on the unit

For me it would have been useful to have a tour of the unit when I was first settling in

From Partners/ Family Members:

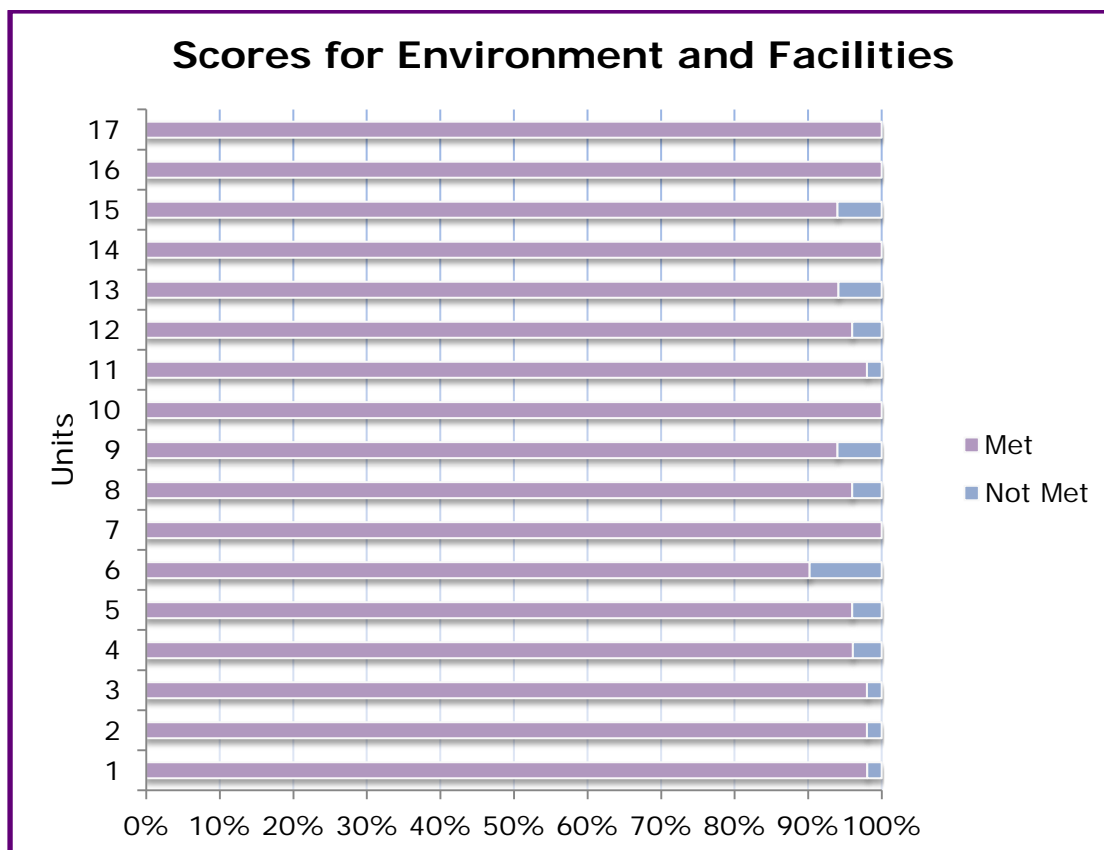
I was not able to speak to my partner on the phone and ask her how she was, because of confidentiality

I felt very worried about my partner and it was frustrating not being able to find out how she was

Environment and Facilities

Key Findings

- Number of criteria in Environment and Facilities: 51
- Average percentage of criteria met by units: 97%
- Number of criteria in Environment and Facilities in Cycle 8: 41
- Average percentage of criteria met by units in Cycle 8: 97%
- Range of percentages met in Environment and Facilities: 41%-100%



Areas of Achievement

- All units now provide patients with lockable storage or access to a safe in their room (2.3.9). This is an improvement compared to 88% of units in Cycle 8
- Teams are meeting 100% of the new environment and facilities standards. This includes all teams keeping medications in a secure place (2.4.2) and units having a separate entrance with restricted access (2.2.1)
- There has been a 6% increase in units being able to provide a private space for meetings with partners, relatives and other professionals. All units can now accommodate this provision of space (2.1.9)

'What I liked'

From Patients:

The garden is a lovely spacious area and the staff even said my dog could come to the unit to go in the garden which I found really helpful

I really think the unit is a comfortable place to stay because it doesn't feel too much like a hospital. The unit is as much like a home as possible

I was able to access the garden and the occupational therapist said we might get a vegetable patch in the garden

The unit's environment and facilities definitely meets the needs of our babies

From Partners/ Family Members:

Whenever I have visited my partner, there has always been sufficient space on the unit to meet with my partner, other than their bedroom

The environment is a very suitable place to stay and staff have done a fantastic job to make the unit feel as comfortable as possible

They have encouraged us to visit and we have been able to stay overnight nearby

Areas for Improvement

- A relatively low number of units provide internet access for patients (2.1.25). While the number of services that offer computer access is increasing, the accessibility of internet has not significantly risen since Cycle 8 (71% up from 65%). Feedback from mothers indicated that access to the internet for Skype and FaceTime was a useful way of keeping in contact with family
- Feedback from patients demonstrates that there has been a decrease in the number of units that can provide safe daily access to outdoor space (2.1.1). Two units were unable to meet this standard in Cycle 9, an increase from one unit in Cycle 8
- A number of services continue to struggle in providing adequate patient access to an external or en-suite bathroom. 94% of units are meeting 2.3.3 and 41% are meeting 2.3.4

'What could be better'

From Patients:

It would be better if there were more quiet areas available on the unit as sometimes it is hard to find a quiet space other than our bedrooms

There is not enough access to outdoor space and I feel I only get good access to outdoors when I am on leave

I think it would be nice to have a swing or slide in the garden for when older children visit me

I thought the unit's environment and facilities met my baby's needs but only up until a certain age

From Partners/ Family Members:

It would be useful if there was more of a private dining area for me and my partner so we could be together away from other patients

The crèche on the unit can get very busy making it hard to find space on the unit to meet with our partner/family member

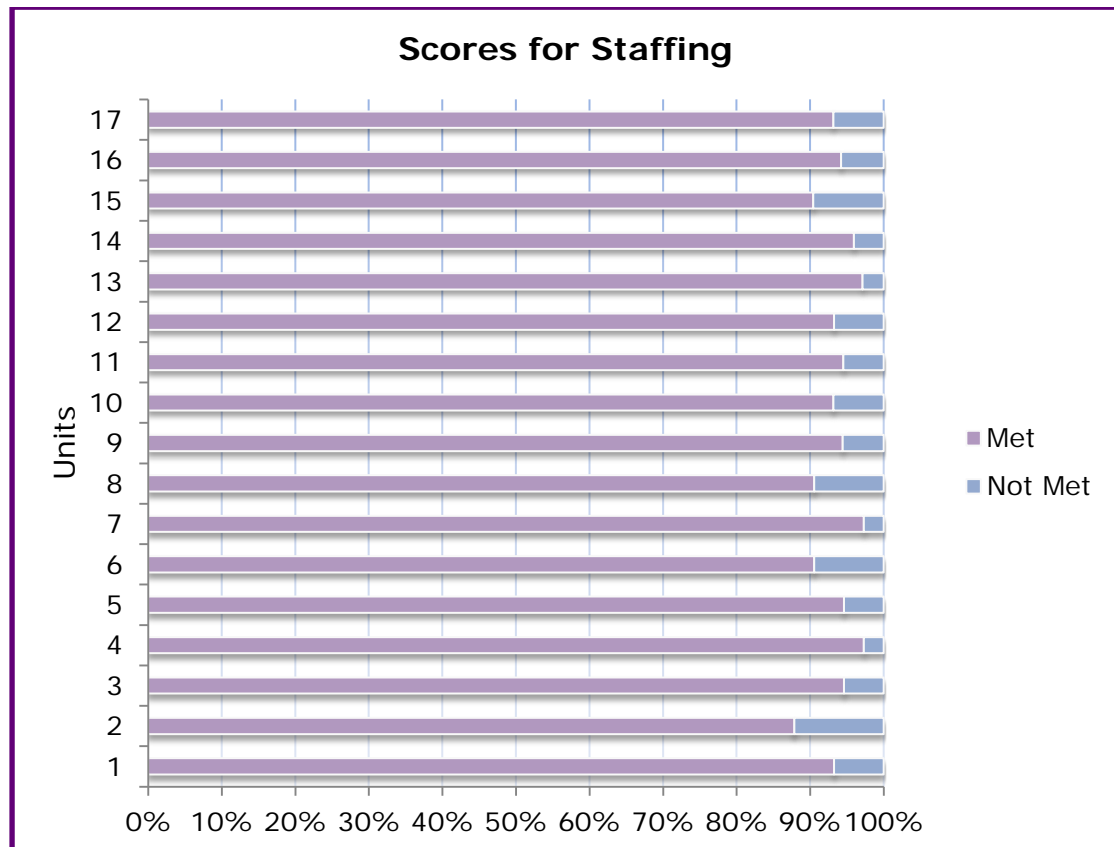
Not being able to co-sleep at the unit has been quite a challenge and I would like to see this option in the future

Generally, there is enough space available on the unit during visiting times to meet with my partner but because of some patient's culture and religion, it isn't always appropriate for them for me to be in the same room

Staffing

Key Findings

- Number of criteria in Staffing: 74
- Average percentage of criteria met by units: 94%
- Number of criteria in Staffing in Cycle 8: 53
- Average percentage of criteria met by units in Cycle 8: 89%
- Range of percentages met in Staffing: 24% - 100%



Areas of Achievement

- 65% of teams have sufficient input from a clinical psychologist, which is an increase from the 41% of teams that met this standard in Cycle 8 (3.3.5)
- 100% of new staff and 94% bank and agency staff receive an induction based on an agreed list of core competencies, when they first start working at the service (3.4.2, 3.4.3). These are new standards in Cycle 9 and it's positive that such a high number of teams are providing this
- Cycle 9 has seen an increase in the provision of nursery nurses covering day duty, including early and late shifts. 14 units are now able to provide this cover, which is an increase from 11 teams in Cycle 8 (3.2.2)

'What I liked'

From Patients:

We always feel comfortable asking to speak to staff if we feel we need to and have good access to doctors and nurses

It's a massive credit to the staff that so many of us have turned up today to give our positive feedback

We think the handovers are really good. The staff coming on the next shift are always up to date with your current care and your moods

Staff trained me to be a mum

From Partners/ Family Members:

I think the staff on the unit are amazing and are definitely well trained in caring for my partner and our baby

Staff always ask us if we have any concerns when we visit

Staff are very well trained compared to my experience of mental health settings in the past

I have been blown away by the professionalism of staff. The staff have amazing listening skills and the respect they have for our partners and us is incredible

Areas for Improvement

- Only three units are able to provide specialist nursery nurse 24 hour cover (3.2.3). This is a new standard to Cycle 9 and remains an area of focus across the network to explore ways to help increase this provision
- 59% of units involve patients, carers and staff members in devising and delivering face to face training (3.5.18). This is a new standard and teams are encouraged to explore creative ways of involving these parties in developing and delivering training
- There has been a decrease in the number of units that can provide care in the community, during times with low occupancy levels (3.3.10). 75% of teams are meeting this standard compared to 92% last year
- There has only been a slight improvement in the number of units that only use bank and agency staff in exceptional circumstances (3.1.4). While an additional unit is now meeting this standard, only 76% of services are staffed by a permanent team with occasional use of bank and agency staff

'What could be better'

From Patients:

There are lots of agency staff which can be quite unsettling during both the days and nights

Although there is a health visitor who comes to the unit, we are usually not told when this will happen in the week so some of us will go on leave and might miss the health visitor coming in

Sometimes there are so many people on the unit coming and going it can be hard to properly get to know people. When staff stay longer this is not an issue though

I feel that I can't really feedback to anyone about a member of the team as it is fed back to all of the staff team

It would have been helpful to have had more access to a GP as my baby was due to have an immunisation but this couldn't be provided

From Partners/ Family Members:

I am concerned about the staff who are on shift during the night sometimes. The staff I am concerned about are the bank staff. I don't feel confident that they are adequately trained in caring for my partner/family member

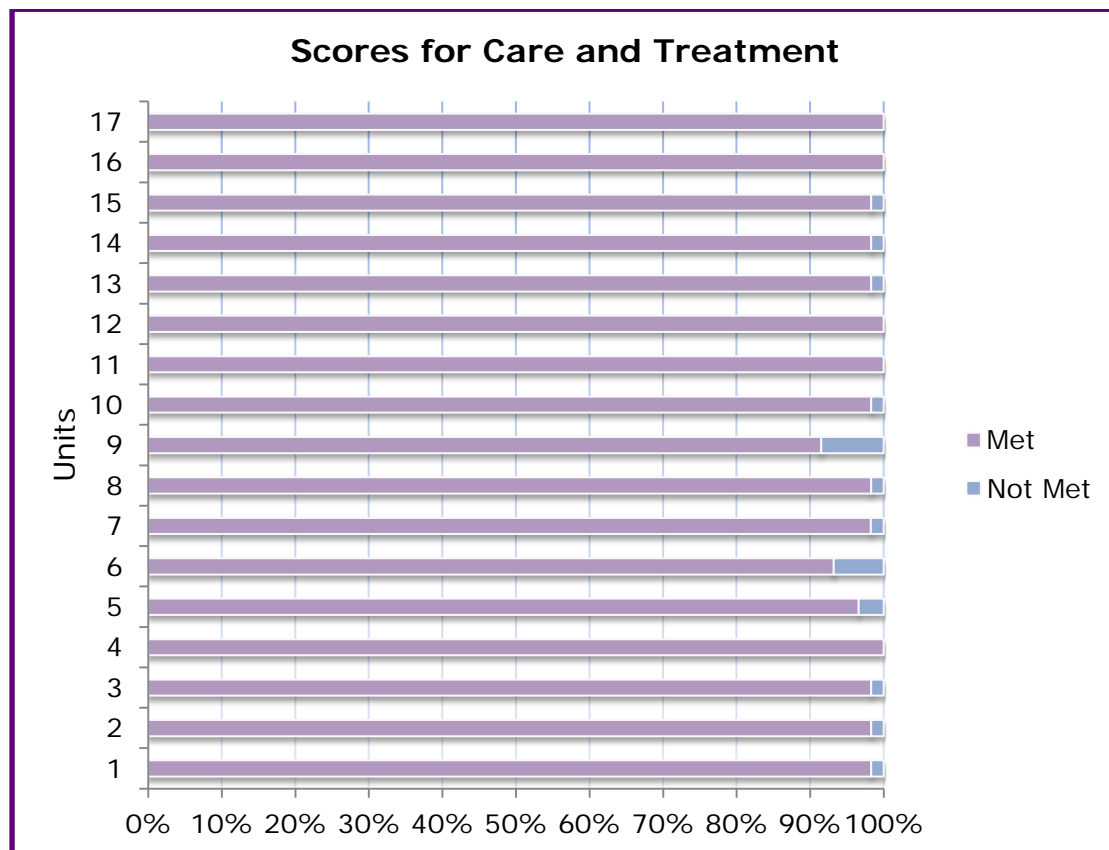
There have been some recent staff changes and some of the familiar staff have left the unit

At times, I feel there could have been more 'care' or interaction to help my other half, as it is very difficult to know what to do without some direction

Care and Treatment

Key Findings

- Number of criteria in Care and Treatment: 59
- Average percentage of criteria met by units: 98%
- Number of criteria in Care and Treatment in Cycle 8: 43
- Average percentage of criteria met by units in Cycle 8: 96%
- Range of percentages met in Care and Treatment: 75% - 100%



Areas of Achievement

- All units that took part in Cycle 9 ensured that there is a care plan for the baby, which has been developed with input from the mother (4.9.2). This is an improvement compared to 88% of units in Cycle 8
- There has been an increase in the standard regarding the provision of activities being provided 7 days a week and planned in consultation with patients (4.5.1). This shows an improvement from 71% of units in Cycle 8 to 94% of units in Cycle 9
- Cycle 9 saw the introduction of two new type 1 standards which measure whether teams are able to provide targeted lifestyle advice for patients (4.2.5), and whether patients on mood stabilising medication are treated in accordance with the NICE guidelines (4.2.6). The network is delighted that 100% of units are now meeting both of these standards
- All units offer carers individual time with staff members within 48 hours of admission (4.7.4), provide access to a carer support group

(4.75), and ensure that all partners and significant others are seen by a senior clinician within one week of admission (4.7.6). This highlights the commitment units have to supporting carers and significant others

'What I liked'

From Patients:

My partner and family have been involved in decisions around my care and get asked how I have been. My mother and partner have felt very included in this process

There are definitely more activities available on the unit now and staff always ask our opinions on what activities we would like to do

There are always enough therapeutic activities available on the unit and staff ask our opinions on what activities we would like to do

From Partners/ Family Members:

I have been involved in my partner's care as I was invited into a meeting regarding her care. This was reviewed and staff always kept me involved in this

Care plans have been discussed with me and I understand and agreed to these

Yes, I have had the opportunity to be involved in decisions around my partner's care. I went on a few ward rounds. I feel there is a very good approach to this

Staff spoke to me very early on about any needs I may have in helping to support my partner. I feel like I have really good family support

Areas for Improvement

- 100% of teams in Cycle 8 were able to demonstrate that patients had written care plans that reflected their individual means. In Cycle 9, 94% of units met this standard (4.3.1)

'What could be better'

From Patients:

I don't feel like there are enough therapeutic activities on the unit. They tend to be organised but do not always take place

I think having a patient head massage and infant massage sessions would be really beneficial. If possible I would really like the opportunity to access some gym equipment or attend an aerobics class

Sometimes the ward rounds can be a bit overwhelming as there are so many staff members there but this has now been changed. You are allowed to leave if you wish to

Staff did not change my medication when I stopped breastfeeding even though I was experiencing side effects. My medication has now changed

From Partners/ Family Members:

I haven't been able to have a 1-1 meeting with a member of staff to discuss how I am feeling in helping to support my partner/family member

I felt like I was left in the dark a bit, I had to really hunt to find out what was going on with my partner

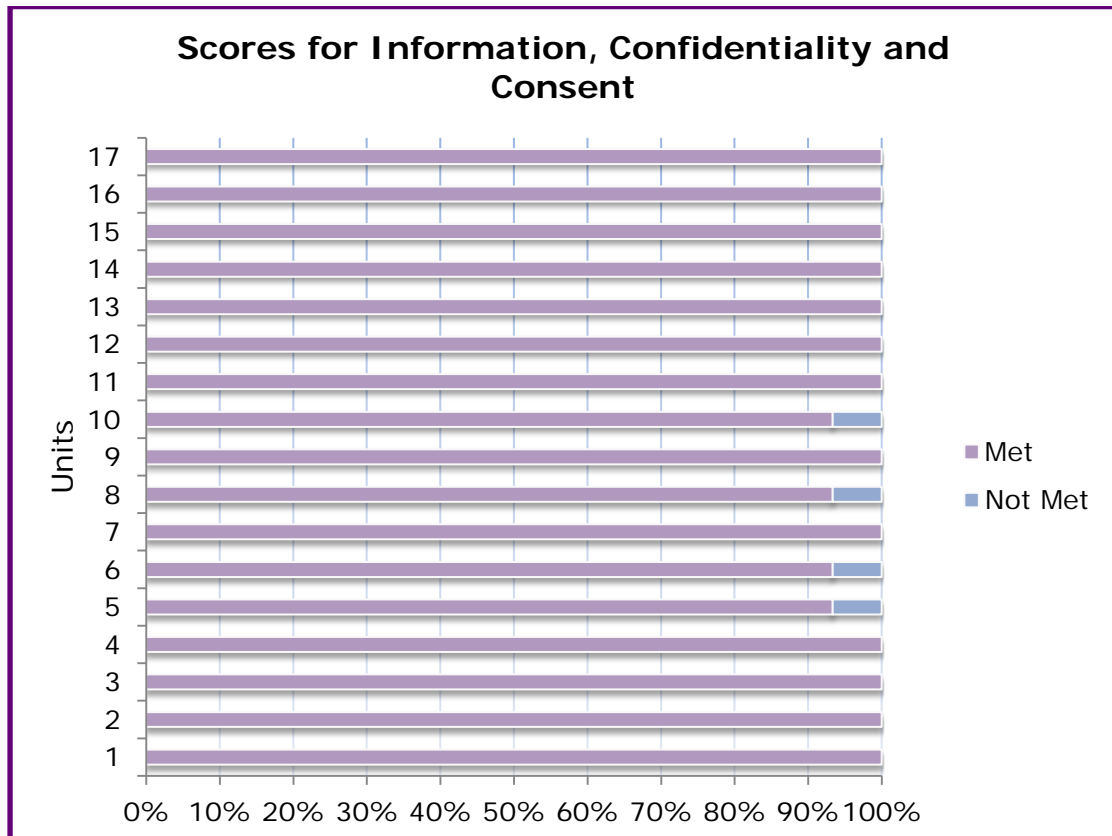
There isn't a carer's group and I would find it really useful if there was one

I'm not aware if the unit offers video conference calls for assessments and appointments

Information, Confidentiality and Consent

Key Findings

- Number of criteria in Information, Confidentiality and Consent: 15
- Average percentage of criteria met by units: 98%
- Number of criteria in Information, Confidentiality and Consent in Cycle 8: 13
- Average Percentage of criteria met by units in Cycle 8: 96%
- Range of percentages met in Information, Confidentiality and Consent: 94% - 100%



Areas of Achievement

- Teams are meeting 98% of Information, Confidentiality and Consent standards compared to 94% in Cycle 8. There have been 7 new standards in this section in Cycle 9, and units are performing well against these
- 100% of units are informing patients about the level of observation that they are under, how it is instigated and how their perspectives are taken in to account (5.1.6)
- Cycle 9 has seen an increase in communication from staff in explaining confidentiality and its limits to patients and carers, on admission (5.3.1). 94% of teams are now meeting this type 1 standard

'What I liked'

From Patients:

I was told enough about the unit prior to admission, I was able to see the unit before I was admitted which was really useful

I received a welcome booklet when I was first admitted and have been given written and verbal information about my observation levels and confidentiality

Yes my CPN told me about the unit and it made a huge difference knowing this place was here and available for me

There is not any other information we would have liked to have received that we did not receive

From Partners/ Family Members:

Our partners/family members were given the opportunity to visit the unit before agreeing to admission

There is also a board showing different groups which the service offers for both ourselves and our partner's/family member's

Areas for Improvement

- There has been a decrease in the number of units that are able to provide accessible and easy to understand information for patients and carers. 94% of units are now meeting this standard, in comparison to 100% of units in Cycle 8 (5.1.2)

'What could be better'

From Patients:

Confidentiality and its limitations has not been discussed with me. I'm not sure what is confidential and what may be shared with other parties

It would be good to discuss more mental health related information in the antenatal classes and receive notes after our ward rounds

Receiving so much information could be a little overloading sometimes

We do not feel we have been given enough information about our condition and the type of treatment we will receive. While this has been written on a form, it would be useful to have it explained in greater detail, in person

I would have liked to have had more information on what to expect when I got home after being discharged. Preparing for home is really important

I'm not sure what is recorded on paper and what is recorded on the computer. I sometimes feel that I can't trust the information and how it is being kept

From Partners/ Family Members:

It was not formally discussed with us that we could attend the unit before admission to be given a tour of the environment. This may have helped with my anxiety a bit

I think my partner would have liked to have seen the unit beforehand but she wasn't able to as she was brought in under section

Rights and Safeguarding

Key Findings

- Number of criteria in Rights and Safeguarding: 21
- Average percentage of criteria met by units: 98%
- Number of criteria in Rights and Safeguarding in Cycle 8: 22
- Average percentage of criteria met by units in Cycle 8: 96%
- Range of percentages met in Rights and Safeguarding: 88% - 100%



Areas of Achievement

- New standards which measure how staff share information about any serious or untoward incidents and teams effectively managing patient violence and aggression have been met by all teams (6.4.4, 6.4.5)
- 100% of units demonstrated that they treat patients with compassion, dignity and respect, and patients commented that they felt listened to and understood in consultations (6.2.6, 6.2.7)

'What I liked'

From Patients:

We know how to make a complaint and believe it would be taken seriously if we were to do so

Staff always ask me how I am doing and if anything could be improved at all which is nice

If there is something on the menu we are not happy with, staff will make all efforts to ensure that there is something else to eat

Areas for Improvement

- There has been a significant decrease in seeking written consent from patients before using audio and/or video recording facilities (6.1.2). All teams were meeting this standard in Cycle 8, while only 69% are meeting this in Cycle 9

'What could be better'

From Patients:

The food on the unit has not been great and sometimes I did not receive what was ordered

I would like to make a formal complaint but I feel worried about it staying within the team and not being passed on

From Partners:

As an outsider looking in I have not been impressed with the food provided. Many meals do not look that healthy

Audit and Policy

Key Findings

- Number of criteria in Audit and Policy: 36
- Average percentage of criteria met by units: 97%
- Number of criteria in Audit and Policy in Cycle 8: 22
- Average Percentage of criteria met by units in Cycle 8: 95%
- Range of percentages met in Audit and Policy: 81% - 100%



Areas of Achievement

- There has been an increase in the number of teams that annually evaluate feedback from referrers (7.1.2). 81% of services are meeting this standard, which is an increase from 59% in Cycle 8
- Teams are performing well against new Rights and Safeguarding standards. Notably, 100% of teams are auditing: the safe use of high risk medication (7.2.4), the use of restrictive practice (7.2.5), and measure how often patients are restrained (7.2.6)
- The privacy and dignity of patients is continually supported with 100% of staff in Cycle 9 following a policy on managing patients' use of cameras, mobile phones and other electronic equipment (7.3.11)

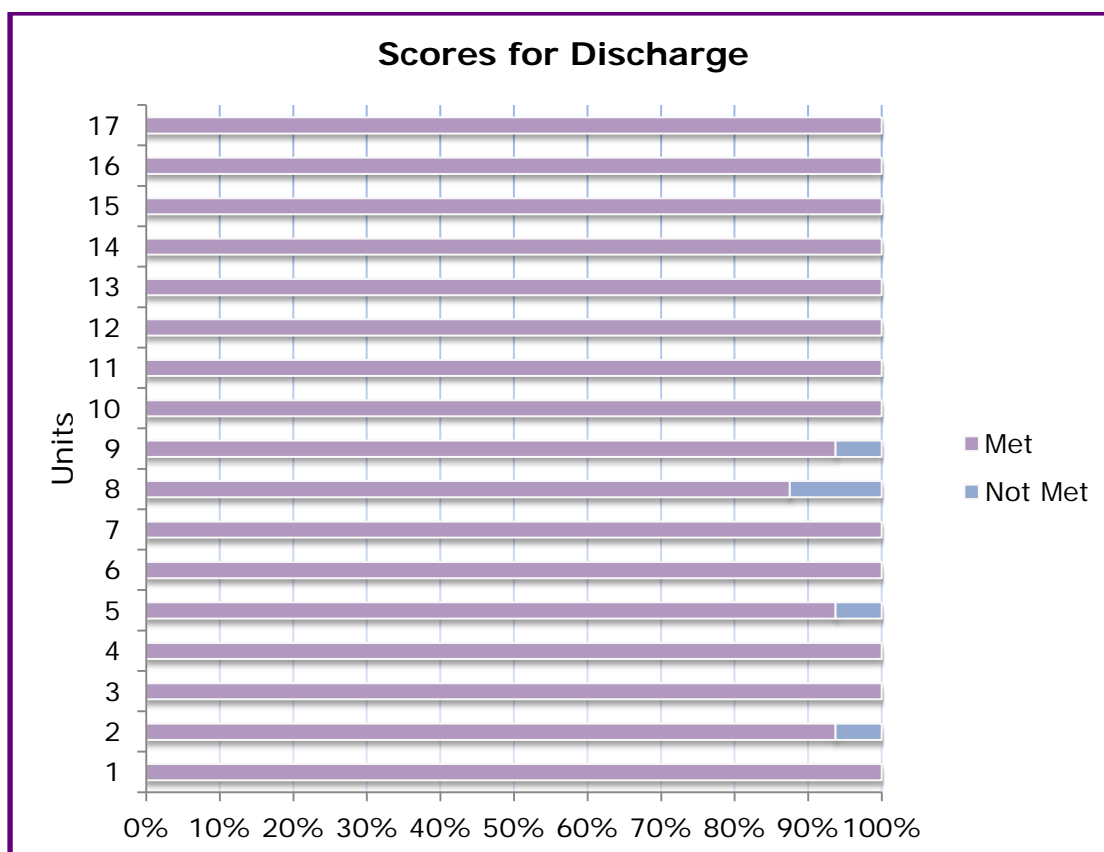
Areas for Improvement

- Fewer patients and carers have been involved in identifying clinical audit topics using local feedback with 82% in Cycle 9 compared to 88% in Cycle 8 (7.2.3)
- While there has been an increase in the number of referrers that are consulted for feedback, there is still room to improve in this area with 81% of teams meeting this standard (7.1.2)

Discharge

Key Findings

- Number of criteria in Discharge: 16
- Average percentage of criteria met by units: 98%
- Number of criteria in Discharge in Cycle 8: 14
- Average Percentage of criteria met by units in Cycle 8: 100%
- Range of percentages met in Discharge: 88% - 100%



Areas of Achievement

- This section has seen the introduction of two new type 1 standards. 100% of teams are ensuring that a handover takes place when patients are transferred between wards/units (8.1.10) and that there is a joint working protocol/care pathway with community/home treatment/crisis teams (8.1.11)
- A significantly high number of standards around discharge have been met across the network, with 98% of this section being met overall

'What I liked'

From Patients:

I was definitely given enough information/advice before discharge. My discharge was followed up a week after I went home

I was invited to case reviews and my partner is now coming home for a weekend to get an idea of how it will be when she returns home

The discharge process can be more complicated if the baby is under the care of children's services

From Partners/ Family Members:

It feels that there is no pressure around discharge and that my partner will only be discharged when she is ready

The unit staff have been really good at involving me and my partner/family member in the post discharge plan. We are currently in the process of this

I know that this unit would be my partner's first point of call if they experienced any problems after discharge

Areas for Improvement

- Fewer units are initiating discharge planning for patients at their first multi-disciplinary review (8.1.1). All teams were achieving this in Cycle 8 with a drop to 88% in Cycle 9
- A number of services have been unable to send out a letter containing a clear discharge plan which is given to the patient to take home with them (8.1.4). 100% were achieving this in cycle 8 compared to 88% in Cycle 9

'What could be better'

From Patients:

I would have found it helpful if the out of area services had been more joined in working with each other when I was discharged

I would have like to have known about any options of being readmitted in the next year if I needed it. I only found this out at the last meeting and it would have been useful to know earlier on in the year

From Partners/ Family Members:

I would have liked to have been involved in the discharge process to a greater extent and have more input on the care available at home, and how I can help provide support

GP's knowledge is lacking in regards to my partner's condition but this is not a reflection of the service

I feel that my partner needed more support as she went from having 24/7 care and support to having about 10 minutes a week

Appendix 1: Aggregated Results of Reviews

The table below outlines the aggregated scores for the 17 units that received a review in Cycle 8, which includes peer review and accreditation visits. It highlights the percentage met for each standard. This is compared to the percentage met in Cycle 8.

The criteria are split into three types:

- **Type 1:** failure to meet these standards would result in a significant threat to patient safety, rights or dignity and/or would breach the law.
- **Type 2:** standards that an accredited ward would be expected to meet.
- **Type 3:** standards that an excellent ward should meet or standards that are not the direct responsibility of the ward.

No.	Type	Standard	% met	% met Cycle 8
1		Access and Admission		
1.1		Provision and procedures ensure that inpatient care is available to those who need it		
1.1.1	1	The unit can admit women with serious mental illness within the last weeks of pregnancy	100%	100%
1.1.2	1	The unit can admit women at risk of recurrence of serious mental illness in the early days after delivery	100%	100%
1.1.3	1	The unit can admit women directly to the mother and baby unit without prior admission to an acute adult ward GUIDANCE: The unit should provide details of the source of all admissions (e.g. a maternity hospital or general adult psychiatric ward)	94%	100%
1.1.4	1	The unit can accept admissions at all times (including out of hours emergencies and those detained under the Mental Health Act)	100%	n/a

No.	Type	Standard	% met	% met Cycle 8
1.1.5	1	The unit is able to manage patients without them having to be transferred to a general adult psychiatric ward due to the severity of behavioural disturbance, unless there are exceptional circumstances <i>GUIDANCE: The unit should provide details of any patients transferred out of the mother and baby unit to another inpatient service within the past 12 months</i>	100%	100%
1.1.6	1	All decisions to admit to the unit are made by a senior clinical staff member. They can refuse to accept patients if they fear that the mix will compromise safety and/or therapeutic activity Guidance: Senior clinical staff members include the ward/unit manager or nurse in charge	100%	n/a
1.1.7	2	Admissions for the purpose of mother and baby parenting assessments are only undertaken in the known or suspected presence of significant/complex mental illness	94%	92%
1.1.8		If a mother under the age of 18 is admitted to a mother and baby unit then:		
1.1.8a	1	A single room must be available	100%	100%
1.1.8b	1	The local authority (or local equivalent) is informed of the admission	100%	100%
1.1.8c	1	The Care Quality Commission, or local equivalent, is informed (if the patient is detained)	100%	100%
1.1.8d	1	There is a named CAMHS clinician who is available for consultation and advice	100%	100%
1.2		Referrers and other related professionals have ready access to information about the unit		
1.2.1	1	Referrers can access a senior member of the unit team during working hours to discuss potential admissions and the care of women who are at risk of being admitted	100%	100%

No.	Type	Standard	% met	% met Cycle 8
1.2.2	1	The unit has clear, written criteria for admission.	100%	100%
1.2.3	1	The unit maintains a list of other mother and baby units with contact details to provide to referrers if the unit is full	100%	100%
1.2.4	1	Information is available (in hard copy and electronically) for referrers and other related professionals e.g. an information booklet etc.	100%	88%
1.2.5	2	Systems are in place to record, audit and evaluate transfers, refusals, waiting lists and the length of prior admission to an adult psychiatric ward	100%	94%
1.3		There is equity of access to units in relation to ethnic origin, social status, disability, physical health and location of residence		
1.3.1	1	Staff work in a way that respects the individual needs of patients from different ethnic, cultural or religious backgrounds	100%	100%
1.3.2	1	The environment complies with current legislation on disabled access. Guidance: Relevant assistive technology equipment, such as hoists and handrails, are provided to meet individual needs and to maximise independence	100%	94%
1.3.3	2	The unit works to overcome barriers to access for patients from remote areas GUIDANCE: For example by providing information about local resources or providing accommodation	100%	100%
1.3.4	1	The unit has access to interpreters and relatives are not routinely used in this role	94%	100%
1.4		Units are family-friendly		

No.	Type	Standard	% met	% met Cycle 8
1.4.1	2	The unit information leaflet clearly states that the participation of partners/family members is encouraged	100%	94%
1.5		Patients are made familiar with the unit as soon as possible after admission		
1.5.1	1	Patients are introduced to a member of staff who will act as their point of contact for the first few hours of admission	100%	100%
1.5.2	1	Patients are shown around the ward within an hour of their admission, or as soon as they are well enough	100%	100%
1.6		All patients are assessed for their health and social care needs		
1.6.1		Patients have an assessment of their needs of their child which is regularly reviewed. This includes:		
1.6.1a	1	Risk to themselves, the baby and others	100%	100%
1.6.1b	1	Support and supervision required in caring for themselves and their baby	100%	100%
1.6.1c	1	Mode of infant feeding (breast, bottle, weaning etc.)	100%	100%
1.6.1d	1	Care of baby which should include physical care, emotional care, developmental care and the ability to ensure safety	100%	100%

No.	Type	Standard	% met	% met Cycle 8
1.6.2		The immediate risk assessment of the patient includes:		
1.6.2a	1	Risk of self harm and suicide	100%	100%
1.6.2b	1	Level of substance use	100%	100%
1.6.2c	1	Absconding risk	100%	100%
1.6.2d	1	Sexual vulnerability	100%	100%
1.6.2e	1	Domestic violence	100%	100%
1.6.2f	1	Patients have a full physical history and examination including blood pressure, pulse, temperature, respiration rate and urinalysis (dipstix) which are recorded in patient notes within 4 hours of admissions.	100%	100%
1.6.2g	1	Weight and height, liver function, renal function – electrolytes, creatine and GFR, thyroid function and antibodies, Hb, ESR and film, drug and alcohol screening investigations are undertaken within 1 working day (no more than 72 hours of admission) and recorded in patient records	100%	n/a
1.6.2.h	1	Women admitted within 14 days of delivery have twice daily temperature/pulse, respiration and daily blood pressure and must be seen by a midwife within 2 days of admission and this must be recorded in patient records	100%	n/a
1.6.3	1	Risk assessments and management plans are updated weekly or more frequently if there is a change in the mental state of the mother or the needs of the infant or if the mother is acutely ill	100%	n/a

No.	Type	Standard	% met	% met Cycle 8
1.6.4	1	Patients are reviewed by a consultant or senior doctor (e.g. specialist registrar or staff grade) within one working day of admission	100%	100%
1.6.5	1	Case notes show evidence of assessment of social care needs and involvement with other agencies	100%	100%
1.6.6	1	The unit liaises with local safeguarding children/vulnerable adult services if there are any concerns	100%	100%
1.6.7	1	Patients have an assessment of their capacity to consent to admission, care and treatment within 24 hours of admission	100%	n/a
2		Environment and Facilities		
2.1		The unit is well designed and has the necessary facilities and resources		
2.1.1	2	Patients are able to access safe outdoor space which is available every day	88%	94%
2.1.2	2	The unit has a communal lounge area	100%	94%
2.1.3	1	The unit has a dedicated nursery which can be accessed 24 hours a day	100%	94%
2.1.4	2	There is a selection of age appropriate toys	100%	100%
2.1.5	2	There are laundry facilities for the exclusive use of patients on the unit	100%	100%
2.1.6	1	The unit has a designated area for the separate preparation and storage of baby food Guidance: This can be within the same room as adult food if the areas are clearly defined	100%	100%

No.	Type	Standard	% met	% met Cycle 8
2.1.7	1	The unit has a dedicated office for use by clinical staff	100%	100%
2.1.8	1	The ward/unit has a designated dining area, which is reserved for dining only during allocated mealtimes	100%	100%
2.1.9	2	The unit has access to private space for meetings with partners, relatives and other professionals	100%	94%
2.1.10	2	Staff members and patients can control heating, ventilation and light	94%	100%
2.1.11	1	The temperature in the nursery and bedrooms is appropriate for sleeping babies Guidance: between 16-20°C	100%	100%
2.1.12	2	There are sufficient IT resources (e.g. computer terminals) to provide all practitioners with easy access to key information, e.g. information about services/conditions/treatment, patient records, clinical outcome and service performance measurements	100%	100%
2.1.13	2	The ward/unit entrance and key clinical areas are clearly signposted	100%	100%
2.1.14	3	All patients can access plug sockets to charge electronic devices such as mobile phones	100%	100%
2.1.15	1	If in exceptional circumstances seclusion is used, there is a designated room that meets the following requirements: <ul style="list-style-type: none"> • It allows clear observation; • It is well insulated and ventilated; • It has direct access to toilet/washing facilities; • It is safe and secure – it does not contain anything that could be potentially harmful; • It includes a means of two-way communication with the team; • It has a clock that patients can see. GUIDANCE: Units should provide evidence of the frequency of use of seclusion in the previous 12 months 	83%	94%
2.1.16	2	There are facilities for patients to make their own hot and cold drinks and snacks	100%	n/a

No.	Type	Standard	% met	% met Cycle 8
2.1.17	3	Patients are consulted about changes to the ward/unit environment	100%	100%
2.1.18		The unit is equipped with medical items for examining mothers including:		
2.1.18a	1	Weighing scales	100%	100%
2.1.18b	1	Ophthalmoscope	100%	100%
2.1.18c	1	Thermometer	100%	100%
2.1.18d	1	Stethoscope	94%	100%
2.1.18e	1	Blood glucose monitoring kit	100%	100%
2.1.18f	1	Blood pressure monitoring machine	100%	100%
2.1.19		The unit is equipped with medical items for examining babies including:		
2.1.19a	1	Weighing scales	100%	100%
2.1.19b	1	Thermometer	100%	100%
2.1.19c	1	Stethoscope	100%	100%
2.1.20	1	Emergency medical resuscitation equipment for infant and adult (crash bag), as required by Trust/organisation guidelines, is available within 3 minutes <i>Guidance: This must include masks and pumps for babies</i>	100%	100%
2.1.21	1	The crash bag is maintained and checked weekly, and after each use	100%	n/a

No.	Type	Standard	% met	% met Cycle 8
2.1.21	1	Patients are cared for in the least restrictive environment possible, while ensuring appropriate levels of safety and promoting recovery	100%	n/a
2.1.22	2	Ward/unit-based staff members have access to a dedicated staff room	94%	94%
2.1.23	2	All staff have access to a locker or locked area to store personal belongings	100%	100%
2.1.24	2	All patients can access a range of current culturally appropriate resources for entertainment which reflect the ward/unit's population. Guidance: This may include recent magazines, daily newspapers, board games, a TV and DVD player with DVDs, computers and internet access (where risk assessment allows this).	100%	100%
2.1.25	2	The unit provides internet access to all patients	71%	65%
2.2		Mother and baby units are separate from adult units		
2.2.1	1	The unit has a separate entrance with restricted access equivalent to that on maternity/neonatal units	100%	n/a
2.3		Premises are designed and managed so that mother's rights, privacy and dignity are respected		
2.3.1	1	Each patient has their own bedroom with a wash basin	100%	100%
2.3.2	1	All bedrooms are equipped so that babies can be roomed with their mothers	100%	100%
2.3.3	2	The ward/unit has at least one bathroom/shower room for every three patients	94%	88%

No.	Type	Standard	% met	% met Cycle 8
2.3.4	3	Every patient has an en-suite bathroom	41%	n/a
2.3.5	2	The ward/unit has a designated room for physical examination and minor medical procedures	82%	82%
2.3.6	2	The ward/unit has at least one quiet room other than patient bedrooms	94%	94%
2.3.7		There are sufficient areas to allow for visitors, in addition to the mother's bedroom or communal areas Guidance: The area should be appropriate for children	94%	100%
2.3.8	2	There is a designated space for patients to receive visits from children, with appropriate facilities such as toys, books.	100%	n/a
2.3.9	2	All patients have access to lockable storage which may be within their own individual rooms, or access to a safe on the ward	100%	88%
2.3.10	1	There is access to the day room at night for patients who cannot sleep	100%	100%
2.3.11	1	Patients are supported to access materials and facilities that are associated with specific cultural or spiritual practices, e.g. covered copies of faith books, access to a multi-faith room	100%	100%
2.4		The unit provides a safe environment for staff and patients		
2.4.1	1	There are clear lines of sight to enable staff to monitor patients who need closer observation	100%	100%

No.	Type	Standard	% met	% met Cycle 8
2.4.2	1	The team keeps medications in a secure place, in line with the organisation's medicine management policy	100%	n/a
2.5		There is equipment and procedures for dealing with emergencies in the unit		
2.5.1	1	There is an alarm system in place (e.g. panic buttons) and this is easily accessible	100%	100%
2.5.2	2	Alarm systems/call buttons/personal alarms are available to patients and visitors, and instructions are given for their use	100%	100%
2.5.3	1	A collective response to alarm calls and fire drills is agreed by the team before incidents occur. This is rehearsed at least annually	100%	100%
2.5.4	1	An audit of environmental risk is conducted annually and a risk management strategy is agreed. GUIDANCE: This includes an audit of ligature points and potential hazards to babies	100%	100%
3		Staffing		
3.1		The number of nursing staff on the unit is sufficient to safely meet the needs of patients and babies at all times		
3.1.1a	1	A typical unit with six beds includes at least two qualified nurses per day shift	88%	88%
3.1.1b	1	A typical unit with six beds includes at least two nurses at night (one of which is qualified)	100%	n/a

No.	Type	Standard	% met	% met Cycle 8
3.1.1c	2	A typical unit with six beds includes at least three qualified nurses per day shift and two at night	71%	n/a
3.1.2	1	The ward/unit has a mechanism for responding to low staffing levels, including: <ul style="list-style-type: none"> • A method for the team to report concerns about staffing levels; • Access to additional staff members; • An agreed contingency plan, such as the minor and temporary reduction of non-essential services. 	100%	100%
3.1.3	1	In an emergency, extra nursing cover is available from nearby wards GUIDANCE: For example, there is access to additional on-call staff or staff from a nearby unit	100%	100%
3.1.4	2	The ward/unit is staffed by permanent staff members, and unfamiliar bank and agency staff members are used only in exceptional circumstances, e.g. in response to additional clinical need	94%	76%
3.1.5	2	If the ward/unit uses bank and agency staff members, the service manager monitors their use on a monthly basis. An overdependence on bank and agency staff members results in action being taken	100%	n/a
3.1.6	1	If used, bank and agency staff work alongside core staff members and are familiar with the unit	94%	88%
3.1.7	1	Staff carrying out physical examinations are either of the same sex, or there is a same-sex chaperone present.	100%	100%
3.1.8	1	When the team meets for handover, adequate time is allocated to discuss patients' needs, risks and management plans Guidance: This should be a minimum of 15 minutes	100%	n/a

No.	Type	Standard	% met	% met Cycle 8
3.2		There are nurses with a specialist qualification in the unit at all times		
3.2.1	1	A typical unit with six beds includes at least one nurse holding the RMN qualification on duty at all times	100%	100%
3.2.2	2	There is at least one specialist nursery nurse to cover day duty (including early and late shifts)	82%	65%
3.2.	3	There is one specialist nursery nurse covering the unit 24 hours a day	19%	n/a
3.2.4	1	The ward manager is supernumary for a proportion of their time to allow for managerial responsibilities	100%	n/a
3.3		The unit comprises a core multi-professional team with specialist skills and knowledge		
3.3.1	1	There is an identified duty doctor available at all times to attend the ward/unit, including out of hours. The doctor can: <ul style="list-style-type: none"> • Attend the ward/unit within 30 minutes in the event of a psychiatric emergency; • Attend the ward/unit within 1 hour during normal working hours; • Attend the ward/unit within 4 hours when out of hours. 	100%	100%
3.3.2	1	A typical unit with six beds includes at least 0.5 WTE consultant psychiatrist GUIDANCE: This may be provided by two clinicians in a split post. Cover from a specialist consultant must be provided at all times during the working week	100%	94%
3.3.3	2	A typical unit with six beds includes at least 0.5 WTE junior doctor or equivalent	94%	100%
3.3.5	2	A typical unit with six beds includes at least 0.5 WTE clinical psychologist	47%	41%
3.3.5	2	A typical unit with six beds includes at least 0.5 WTE occupational therapist	65%	41%

No.	Type	Standard	% met	% met Cycle 8
3.3.6	3	A typical unit with six beds includes at least 0.5 WTE social work input	24%	18%
3.3.7	1	All patients have access to a health visitor	100%	100%
3.3.8	1	All patients have access to a midwife when clinically appropriate	100%	100%
3.3.9	2	Core staff are not required to do duties on other units during their designated working hours that would impact on the safe running of the unit; other than reasonable contributions to duty rotas	100%	100%
3.3.10	3	When the occupancy levels on the mother and baby unit are low, staff are used to provide care in the community where possible	75%	92%
3.3.11	2	A typical unit with six beds includes at least 0.5 WTE administrative support	94%	88%
3.3.12	2	At least two members of the team are trained to deliver psychological and/or psychosocial interventions that facilitate mother-infant care, interaction and enjoyment	94%	n/a
3.3.13	2	Patients have access to a specialised pharmacist and/or pharmacy technician to discuss medications	100%	n/a
3.3.14	3	Carers have access to a specialised pharmacist and/or pharmacy technician to discuss medications	100%	n/a
3.3.15	1	There are written documents that specify professional, organisational and line management responsibilities	100%	n/a
3.3.16	2	There has been a review of the staff members and skill mix of the team within the past 12 months. This is to identify any gaps in the team and to develop a balanced workforce	100%	n/a

No.	Type	Standard	% met	% met Cycle 8
		which meets the needs of the ward/unit		
3.4		There is provision for training relating to perinatal mental health		
3.4.1	1	<p>Staff members receive an induction programme specific to the ward/unit that covers:</p> <ul style="list-style-type: none"> • The purpose of the ward/unit; • The team's clinical approach; • The roles and responsibilities of staff members; • The importance of family and carers; • Care pathways with other services. <p>Guidance: This induction should be over and above the mandatory Trust or organisation-wide induction programme</p>	100%	94%
3.4.2	1	<p>New staff members receive an induction based on an agreed list of core competencies.</p> <p>Guidance: This should include arrangements for shadowing colleagues on the team; jointly working with a more experienced colleague; being observed and receiving enhanced supervision until core competencies have been assessed as met.</p>	100%	n/a
3.4.3	1	Bank and agency staff, receive a service induction based on an agreed list of core competencies.	94%	n/a
3.4.4	1	There are arrangements to allow staff to attend mandatory education and training events	100%	100%
3.4.5	2	There are arrangements to allow staff to attend at least 1 day of non-mandatory training each year	100%	100%
3.4.6	2	Staff members have access to study facilities (including books and journals on site or online) and protected time to support relevant research and academic activity	100%	94%
3.4.7	2	The unit has a budget for staff training and development	100%	100%

No.	Type	Standard	% met	% met Cycle 8
3.4.8	1	All newly qualified staff members are allocated a preceptor to oversee their transition onto the ward/unit. Guidance: This should be offered to recently graduated students, those returning to practice, those entering a new specialism and overseas-prepared practitioners who have satisfied the requirements of, and are registered with, their regulatory body. See http://www.rcn.org.uk/__data/assets/pdf_file/0010/307756/Preceptorship_framework.pdf for more practical advice	100%	n/a
3.4.9	2	All new staff members are allocated a mentor to oversee their transition onto the ward/unit	100%	n/a
3.4.10	1	Practitioners only perform in line within their professional qualification and if still in training are practising under the supervision of a senior qualified clinician	100%	n/a
3.5		Training has been provided in the following:		
3.5.1	1	Pharmacological interventions for medical and qualified nursing staff (this is completed annually)	100%	88%
3.5.2	1	Resuscitation (child and adult) (this is completed annually)	100%	88%
3.5.3	1	The team receives training, consistent with their roles, on risk assessment and risk management. This is refreshed in accordance with local guidelines. This includes, but is not limited to, training on: <ul style="list-style-type: none"> • Safeguarding vulnerable adults and children (Level 2 minimum); • Assessing and managing suicide risk and self-harm; • Prevention and management of aggression and violence. 	100%	88%
3.5.4	1	Culturally-sensitive practice, disability awareness, and other equality issues	100%	100%

No.	Type	Standard	% met	% met Cycle 8
3.5.5	1	Staff who undertake assessment and care planning have received appropriate training (e.g. CPA or local equivalent) GUIDANCE: This should include training on discharge planning	100%	88%
3.5.6	1	A range of therapeutic interventions for staff to use with patients, for example, cognitive and behavioural techniques, brief psychotherapy techniques, family interventions and counselling	100%	94%
3.5.7	1	All staff members who deliver therapies and activities are appropriately trained and supervised	100%	n/a
3.5.8	2	Relevant mental health awareness training (for all non-clinical staff working on the unit) GUIDANCE: <i>This may be covered at induction</i>	100%	94%
3.5.9	1	Common physical disorders in pregnancy and the early postnatal period (for all clinical staff facilitated by an appropriate specialist)	100%	88%
3.5.10	2	Common physical disorders in infancy (for all clinical staff facilitated by an appropriate specialist)	100%	88%
3.5.11	1	Basic infant development including the main development milestones (for all clinical staff)	100%	100%
3.5.12	1	Staff who undertake assessment and care planning have received training in risk management and risk assessment for both mother and baby	94%	94%
3.5.13	1	Clinical staff have training in understanding and facilitating mother-baby interaction	100%	94%
3.5.14	1	The use of legal frameworks, such as the Mental Health Act (or equivalent) and the Mental Capacity Act (or equivalent)	100%	88%

No.	Type	Standard	% met	% met Cycle 8
3.5.15	2	Staff members can access leadership and management training appropriate to their role and specialty	100%	n/a
3.5.16	1	All staff members who administer medications have been assessed as competent to do so. Assessment is repeated on a yearly basis using a competency-based tool	100%	94%
3.5.17	2	Carer awareness, family inclusive practice and social systems, including carers' rights in relation to confidentiality	94%	n/a
3.5.18	2	Patients, carers and staff members are involved in devising and delivering training face-to-face	59%	n/a
3.5.19	3	Shared in-house multi-disciplinary team training, education and practice development activities occur on the ward/unit at least every 3 months	100%	n/a
3.6		All staff receive regular supervision and can access appropriate support		
3.6.1	1	All clinical staff members receive clinical supervision at least monthly, or as otherwise specified by their professional body. Guidance: Supervision should be profession-specific as per professional guidelines and provided by someone with appropriate clinical experience and qualifications.	100%	82%
3.6.2	2	All staff members receive monthly line management supervision	94%	100%
3.6.3	1	Staff members in training and newly qualified staff members are offered weekly supervision	100%	100%
3.6.4	2	All staff members receive an annual appraisal and personal development planning (or equivalent).	100%	88%

No.	Type	Standard	% met	% met Cycle 8
		Guidance: This contains clear objectives and identifies development needs.		
3.6.5	1	All staff are able to contact a senior colleague as necessary 24 hours a day GUIDANCE: <i>This will include the on-call system</i>	100%	100%
3.6.6	1	Staff members, patients and carers who are affected by a serious incident are offered a debrief and post incident support	100%	88%
3.6.7	2	The team has protected time for team-building and discussing service development at least once a year	88%	65%
3.6.8	2	All supervisors have received specific training to provide supervision. This training is refreshed in line with local guidance	88%	n/a
3.6.9	1	The ward/unit actively supports staff health and well-being. Guidance: For example, providing access to support services, monitoring staff sickness and burnout, assessing and improving morale, monitoring turnover, reviewing feedback from exit reports and taking action where needed.	100%	n/a
3.6.10	2	Staff members are able to take breaks during their shift that comply with the European Working Time Directive	94%	n/a
3.6.11	2	Staff members have access to reflective practice groups	94%	n/a

No.	Type	Standard	% met	% met Cycle 8
3.7		There is a recruitment policy to ensure vacant posts are filled quickly with well qualified and checked candidates		
3.7.1	3	When posts are vacant or in the event of long term sickness or maternity leave, prompt arrangements are made for temporary staff cover	100%	65%
3.7.2	3	Patient or carer representatives are involved in interviewing potential staff members during the recruitment process	88%	76%
3.7.3	1	Staff members feel able to raise any concerns they may have about standards of care	100%	n/a
3.7.4	2	The team attends business meetings that are held at least monthly	94%	n/a
4		Care and Treatment		
		Physical care		
4.1		All mothers receive appropriate maternity care and support		
4.1.1	1	Mothers admitted 0 - 28 days postpartum are seen by a midwife as required in line with standard care needs	100%	100%
4.2		The unit team has good access to a range of services, as appropriate to the needs of the patients. These include the following:		
4.2.1	1	Neonatal and general paediatric services	100%	100%

No.	Type	Standard	% met	% met Cycle 8
4.2.2	2	There are joint working protocols/care pathways in place to support patients in accessing the following services: <ul style="list-style-type: none"> • Accident and emergency; • Social services; • Local and specialist mental health services e.g. liaison, eating disorders, rehabilitation, substance and alcohol misuse, LD; • Secondary physical healthcare 	100%	100%
4.2.3	1	Obstetrics and gynaecology services	100%	100%
4.2.4	1	Primary Care	100%	100%
4.2.5	1	The team gives targeted lifestyle advice and provides health promotion activities for patients. This includes: <ul style="list-style-type: none"> • Smoking cessation advice; • Healthy eating advice; • Physical exercise advice and opportunities to exercise. 	100%	n/a
4.2.6	1	Patients who are prescribed mood stabilising medication should be treated in accordance with NICE guidelines on antenatal and postnatal mental health with particular regard to the need for informed consent, suitability of use in breastfeeding and the possible adverse effects on pregnancy. Sodium valproate should not be used in women of reproductive potential and in pregnancy.	100%	n/a
		Psychiatric care		
4.3		All patients have a written care plan as part of the Care Programme Approach (or equivalent)		
4.3.1	1	Every patient has a written care plan, reflecting their individual needs. Guidance: This clearly outlines: <ul style="list-style-type: none"> • Agreed intervention strategies for physical and mental health; 	94%	100%

No.	Type	Standard	% met	% met Cycle 8
		<ul style="list-style-type: none"> • Measurable goals and outcomes; • Strategies for self-management; • Any advance directives or stated wishes that the patient has made; • Crisis and contingency plans; • Review dates and discharge framework. 		
4.3.1a	1	Patients having a section addressing physical health in their care plan	100%	100%
4.3.2	1	The practitioner develops the care plan collaboratively with the patient and their carer (with patient consent)	94%	94%
4.3.3	1	The patient and their carer (with patient consent) are offered a copy of the care plan and the opportunity to review this	100%	88%
4.3.4	1	The team reviews and updates care plans according to clinical need or at a minimum weekly	100%	100%
4.3.5	1	Actions from reviews are fed back to the patient (and carer, with the patient's consent) and this is documented	100%	94%
4.3.6a	1	A full multi-disciplinary ward round/review occurs at least one a week which the patient has the opportunity to attend	100%	100%
4.3.7	1	Patients are supported to prepare for any formal review of their care	100%	n/a
4.3.8	1	Patients and carers are able to contribute and express their views during reviews	100%	n/a

No.	Type	Standard	% met	% met Cycle 8
4.4		All units have access to a range of therapeutic interventions focusing on mother, baby, and family		
4.4.1	1	Patients are offered pharmacological and psychological interventions in accordance with the evidence base and good practice	100%	100%
4.4.2	1	Patients' preferences are taken into account during the selection of medication, therapies and activities, and are acted upon as far as possible	100%	n/a
4.4.3	2	Patients have access to art/creative therapies	88%	82%
4.4.4	1	Patients have access to occupational therapy	100%	100%
4.4.5	1	Mother and baby interventions <i>GUIDANCE: This could include baby massage, play sessions and/or video feedback</i>	100%	100%
4.4.6	3	Patients have access to complementary therapies, in accordance with local policy and procedures	94%	n/a
4.4.7	2	Patients have access to family and couples interventions	88%	88%
4.4.8	1	Staff make a record of mother-infant care and interaction and the mother's need for supervision and assistance at least once daily and more frequently depending on clinical need	100%	n/a
4.5		There is a programme of care and treatment		
4.5.1	1	Activities are planned in consultation with patients and provided 7 days a week and out of hours.	94%	71%

No.	Type	Standard	% met	% met Cycle 8
		Guidance: Activities which are provided during working hours, Monday- Friday, are timetabled		
4.5.2	3	There is a weekly minuted community meeting that is attended by patients and staff members. Guidance: This is an opportunity for patients to share experiences, to highlight issues on the ward/unit and to review the quality and provision of activities with staff members. The meeting should be facilitated by a professional who has an understanding of group dynamics	88%	n/a
4.5.3	2	Patients have access to relevant faith-specific support, preferably through someone with an understanding of mental health issues	100%	n/a
4.6		Patients can meet easily with members of staff, and their key workers		
4.6.1	1	Patients have the opportunity to meet their consultant or senior doctor on a weekly basis outside of the ward review	100%	88%
4.6.2	1	Each patient receives a pre-arranged session at least once a week with their key worker (or equivalent) to discuss progress, care plans and concerns	100%	n/a
4.7		During admission good communication is maintained with the patient's family and local services		
4.7.1	1	The patient's chosen contacts are identified and contact details recorded	100%	100%
4.7.2	1	Carers are advised on how to access a statutory carers' assessment, provided by an appropriate agency	94%	100%
4.7.3	1	Partners and designated family members are involved in decisions about the care of the baby, where the patient consents	100%	100%

No.	Type	Standard	% met	% met Cycle 8
4.7.4	2	Carers are offered individual time with staff members, within 48 hours of the patient's admission to discuss concerns, family history and their own needs	100%	n/a
4.7.5	2	Carers have access to a carer support network or group. This could be provided by the ward/unit or the team could signpost carers to an existing network. Guidance: This could be a group/network which meets face-to-face or communicates electronically	100%	n/a
4.7.6	1	All partners and significant others are seen within 1 week of admission by a senior clinician to discuss the mother's condition (with the patient's consent)	100%	n/a
4.7.7	2	Partners and significant others are offered the opportunity to attend ward reviews and significant meetings (with the patient's consent)	100%	n/a
4.7.8	3	Partners and significant others are offered at least one of the following which is documented in a care plan: partner support sessions, family sessions, couple sessions	93%	n/a
4.7.9	3	Partners and significant others are offered at least one of the following: parent-infant activities, practical parenting advice/support with the nursery nurse/health visitor etc	100%	n/a
4.7.10	3	Partners and significant others are offered access to at least one of the following: written/video narratives of experience and recovery of perinatal patients, meeting patient representatives (e.g. service/family days, charities)	100%	n/a
4.8		Drugs are administered according to the relevant guidelines		
4.8.1	1	Drug charts clearly state whether the patient is breastfeeding or not	100%	94%
4.8.2	1	Staff give information to patients about the use of medication in pregnancy and breastfeeding and risks are discussed	100%	100%

No.	Type	Standard	% met	% met Cycle 8
4.8.3	1	When medication is prescribed, specific treatment targets are set for the patient, the risks and benefits are reviewed, a timescale for response is set and patient consent is recorded	100%	n/a
4.8.4	1	Patients have their medications reviewed at least weekly. Medication reviews include an assessment of therapeutic response, safety, side effects and adherence to medication regime. Guidance: Side effect monitoring tools can be used to support reviews	100%	n/a
4.8.5	1	Clinical outcome measurement data is collected at two time points (admission and discharge) as a minimum, and at clinical reviews where possible	100%	n/a
4.8.6	2	Clinical outcome monitoring includes reviewing patient progress against patient-defined goals in collaboration with the patient	100%	n/a
4.8.7	2	Outcome data is used as part of service management and development, staff supervision and caseload feedback. Guidance: This should be undertaken every 6 months as a minimum	100%	n/a
		Care of baby		
4.9		All babies receive appropriate care and support		
4.9.1	1	Health visitors are informed of all new babies arriving on the unit within 48 hours of admission	100%	100%
4.9.2	1	There is a care plan for the baby which is developed with the mother wherever possible	100%	88%
4.9.3	1	Care planning for the baby takes into consideration national guidelines on infant care	100%	100%
4.9.4	1	Babies are roomed with their mothers whenever possible. If this is not possible, the baby is moved into the nursery for the minimum period required and the reasons for this are	94%	94%

No.	Type	Standard	% met	% met Cycle 8
		documented		
4.9.5	1	If the separation of the mother and baby is prolonged, partners/family members are given the opportunity to provide interim care for the baby, where appropriate	100%	100%
4.9.6	1	When mothers are unable to consent, breastfed babies are only given formula milk if clinically necessary. Where appropriate, the baby's father is consulted in making this decision	100%	100%
4.9.7	1	Appropriate food is provided for weaning babies when patients are unable to provide it themselves	100%	88%
4.9.8	2	All babies are weighed and body mapped on admission to the unit	88%	88%
4.9.9	1	The team develops a leave plan jointly with the patient that includes: <ul style="list-style-type: none"> • A risk assessment and risk management plan that includes an explanation of what to do if problems arise on leave; • Conditions of the leave; • Contact details of the ward/unit • Driving/DVLA guidance 	100%	n/a
4.9.10	1	Staff members follow a lone working policy and feel safe when escorting patients on leave	94%	n/a
4.9.11	1	Patients are sent on leave only after consultation with carers	100%	n/a
4.9.12	2	The health visitor and GP are informed of all periods of leave	75%	n/a

No.	Type	Standard	% met	% met Cycle 8
4.9.13	1	The team follows a protocol for managing situations where patients are absent without leave	100%	n/a
5		Information, Confidentiality and Consent		
5.1		Patients and families have good access to information		
5.1.1	2	A full range of leaflets and posters relevant to the services offered are on clear display and are readily available to patients	100%	100%
5.1.2	1	Information, which is accessible and easy to understand, is provided to patients and carers. Guidance: Information can be provided in languages other than English and in formats that are easy to use for people with sight/hearing/cognitive difficulties or learning disabilities. For example; audio and video materials, using symbols and pictures, using plain English, communication passports and signers. Information is appropriate	94%	100%
5.1.3	2	4.1 The patient is given a 'welcome pack' or introductory information that contains the following: <ul style="list-style-type: none"> • A clear description of the aims of the ward/unit; • The current programme and modes of treatment; • The ward/unit team membership; • Personal safety on the ward/unit; • The code of conduct on the ward/unit; • Ward/unit facilities and the layout of the ward/unit; • What practical items can and cannot be brought in; • Clear guidance on the smoking policy in smoke-free hospitals and how to access smoking breaks off the hospital grounds; • Resources to meet spiritual, cultural and gender needs. 	100%	100%

No.	Type	Standard	% met	% met Cycle 8
5.1.4	2	Staff members explain the main points of the welcome pack to the patient and ask if they need further information on anything explained. This discussion is documented in patient notes	100%	n/a
5.1.5	2	The team provides each carer with a carer's information pack. Guidance: This includes the names and contact details of key staff members on the unit. It also includes other local sources of advice and support such as local carers' groups, carers' workshops and relevant charities	94%	n/a
5.1.6	1	Patients are told about the level of observation that they are under, how it is instigated, the review process and how their own patient perspectives are taken into account	100%	82%
5.1.7	1	Patients and carers are offered written and verbal information about the patient's mental illness. Guidance: Verbal information could be provided in a 1:1 meeting with a staff member, a ward round or in a psycho-education group	100%	n/a
5.2		Patients and families can find out about the unit before admission		
5.2.1	2	Patients can visit the unit before agreeing to admission (with the exception of emergency admissions)	100%	100%
5.3		Personal information about patients is kept confidential, unless this is detrimental to their care		
5.3.1	1	Confidentiality and its limits are explained to the patient and carer on admission, both verbally and in writing. Guidance: For carers this includes confidentiality in relation to third party information	94%	71%

No.	Type	Standard	% met	% met Cycle 8
5.3.2	1	The patient's consent to the sharing of clinical information outside the clinical team is recorded. If this is not obtained the reasons for this are recorded	100%	100%
5.3.3	1	All patient information is kept in accordance with current legislation. Guidance: Staff members ensure that no confidential data is visible beyond the team by locking cabinets and offices, using swipe cards and having password protected computer access.	100%	100%
5.3.4	1	Capacity assessments are performed in accordance with current legislation	100%	n/a
5.3.5	1	When patients lack capacity to consent to interventions, decisions are made using the best interests decisions making framework or local equivalent	100%	n/a
5.3.6	1	The team follows a protocol for responding to carers when the patient does not consent to their involvement	94%	n/a
5.3.7	1	There are systems in place to ensure that the ward/unit takes account of any advance directives that the patient has made	100%	n/a
6		Rights and Safeguarding		
6.1		All examination and treatment is conducted with the appropriate consent		
6.1.1	1	There is documentation to demonstrate that the risks and benefits of specific treatments have been discussed with the patient	100%	94%
6.1.2	1	Audio and/or video recording facilities and one-way screens are only used with the written consent of patients	92%	100%

No.	Type	Standard	% met	% met Cycle 8
6.2		The unit is patient-centred and patients have their rights respected		
6.2.1	1	Patients are provided with meals which offer choice, address nutritional/balanced diet and specific dietary requirements and which are also sufficient in quantity. Meals are varied and reflect the individual's cultural and religious needs and are appropriate for women in late pregnancy or breastfeeding	100%	76%
6.2.2	2	Staff members ask patients for feedback about the food and this is acted upon	100%	100%
6.2.3	1	Patients are given verbal and written information on: <ul style="list-style-type: none"> • Their rights regarding consent to care and treatment; • How to access advocacy services; • How to access a second opinion; • How to access interpreting services; • How to raise concerns, complaints and compliments; • How to access their own health records 	88%	n/a
6.2.4	1	Detained patients are given verbal and written information on their rights under the Mental Health Act (or equivalent) and this is documented in their notes. This should include their rights to access a mental health tribunal and/or managers hearing	100%	100%
6.2.5	1	Patients can make and receive telephone calls in private, where clinically appropriate	100%	100%
6.2.6	1	Patient feel that they are treated with compassion, dignity and respect. GUIDANCE: This includes respect of a patient's race, age, sex, gender reassignment, marital status, sexual orientation, maternity, disability and social background	100%	n/a
6.2.7	1	Patients feel listened to and understood in consultations with staff members	100%	n/a

No.	Type	Standard	% met	% met Cycle 8
6.3		Patients can complain or ask questions if they are unhappy with their care and treatment		
6.3.1	2	All patients have access to an advocacy service	100%	94%
6.3.2	1	The patient and the team can obtain a second opinion if there is doubt, uncertainty or disagreement about the diagnosis or treatment	100%	n/a
6.4		The unit operates within the appropriate legal framework in relation to the use of physical restraint		
6.4.1	1	After any episode of control and restraint, or compulsory treatment including rapid tranquillisation, the team spends time with the patient reflecting on why this was necessary. The patient's views are sought and they are offered the opportunity to document this in their care record along with any disagreement with healthcare professionals	100%	94%
6.4.2	1	After any episode of control and restraint, or compulsory treatment including rapid tranquillisation, the team makes sure that other patients on the ward/unit who are distressed by these events are offered support and time to discuss their experiences	100%	n/a
6.4.3	1	Systems are in place to enable staff members to quickly and effectively report incidents and managers encourage staff members to do this	94%	100%
6.4.4	1	Staff members share information about any serious untoward incidents involving a patient with the patient themselves and their carer, in line with the Duty of Candour agreement	100%	n/a
6.4.5	1	The team effectively manages patient violence and aggression. Guidance: 1) Staff members do not restrain patients in a way that affects their airway, breathing or circulation; 2) Restrictive intervention always represents the least restrictive option to meet the immediate need;	100%	n/a

No.	Type	Standard	% met	% met Cycle 8
		3) Individualised support plans, incorporating behaviour support plans, are implemented for all patients who are known to be at risk of being exposed to restrictive interventions; 4) The team does not use seclusion or segregation other than for patients detained under the Mental Health Act (or equivalent); 5) The team works to reduce the amount of restrictive practice used; 6) Providers report on the use of restrictive interventions to service commissioners, who monitor and act in the event of concerns		
6.5.1	1	The Mental Health Act status of patients (including those who are not detained) is known to all staff and visible on notes	100%	100%
6.6		The unit complies with local LSCB procedures and with guidance contained in "What to do if you're worried a child is being abused" (2003) or local equivalent		
6.6.1	1	The child protection status and responsible social worker is recorded in notes with contact details <i>GUIDANCE: The absence of child protection status should also be recorded</i>	100%	94%
6.6.2	1	The unit has policies and procedures on how to deal with allegations of abuse and child protection concerns during and out of working hours. This should include allegations involving babies, patients, visitors or staff	100%	100%
6.6.3	1	The health record includes a note of who has parental rights and responsibility	100%	100%
6.6.4	3	There is a policy for defining the status of the baby and the implications of this are defined <i>GUIDANCE For example: as patient, guest, visitor, dependent child</i>	88%	94%

No.	Type	Standard	% met	% met Cycle 8
7		Audit and Policy		
7.1		The unit evaluates annually:		
7.1.1	2	Patients and their carers are given the opportunity to feed back about their experiences of using the service, and their feedback is used to improve the service. Guidance: This might include patient and carer surveys or focus groups	94%	88%
7.1.2	2	Feedback from referrers	81%	59%
7.1.3	2	Feedback from unit staff	94%	82%
7.1.4	2	Key clinical/service measures and reports are shared between the team and the organisation's board, e.g. findings from serious incident investigations and examples of innovative practice	100%	n/a
7.1.5	2	Analysis of complaints	100%	100%
7.1.6	2	The findings of audits	100%	100%
7.1.7	2	Key performance data (e.g. bed occupancy and outcome measurement data)	100%	94%
7.1.8	2	Action plans are developed based on the service evaluation and resulting quality improvement is monitored	100%	94%
7.2		Unit staff are involved in clinical audit		
7.2.1	3	A range of local and multi-centre clinical audits is conducted which include the use of evidence based treatments, as a minimum	100%	100%

No.	Type	Standard	% met	% met Cycle 8
7.2.2	3	There are dedicated resources to support clinical audit within the directorate or specialist areas e.g. staff time, dedicated budget and training in clinical audit for appropriate staff	88%	94%
7.2.3	3	The team, patients and carers are involved in identifying priority audit topics in line with national and local priorities and patient feedback	82%	88%
7.2.4	1	The safe use of high risk medication is audited, at least annually and at a service level. Guidance: This includes medications such as lithium, high dose antipsychotic drugs, antipsychotics in combination, benzodiazepines	100%	n/a
7.2.5	1	The team audits the use of restrictive practice, including face-down restraint	100%	n/a
7.2.6	1	Staff members know how often patients are restrained and how this compares to benchmarks, e.g. by participating in multi-centre audits or by referring to their previous years' data	100%	n/a
7.2.7	2	When staff members undertake audits they; <ul style="list-style-type: none"> • Agree and implement action plans in response to audit reports; • Disseminate information (audit findings, action plan); • Complete the audit cycle 	100%	n/a
7.2.8	1	Lessons learned from incidents are shared with the team and disseminated to the wider organisation	100%	n/a
7.3		The unit has a comprehensive range of policies and procedures which take into account the special needs of women, babies and families		
7.3.1	2	Clinical staff are consulted in the development of unit specific policies, procedures and guidelines that relate to their practice	100%	100%
7.3.2	1	There is a written procedure for emergency referrals	100%	100%

No.	Type	Standard	% met	% met Cycle 8
7.3.3	2	There are written admission and discharge procedures	100%	100%
7.3.4	2	There are policies and procedures regarding patients' self-harm	100%	94%
7.3.5	1	There are policies relating to the safety of the environment and baby safety e.g. detailed fire procedures	100%	100%
7.3.6	1	There is a locked door and restriction-of-liberty policy	100%	100%
7.3.7	1	There is a visiting policy which includes procedures to follow for specific groups including: <ul style="list-style-type: none"> • Children; • Unwanted visitors (i.e. those who pose a threat to patients, or to staff members). 	100%	100%
7.3.8	1	There are policies, procedures and guidance for infection control practice including childhood ailments	94%	100%
7.3.9	1	There is a policy on the use of drugs and alcohol, and on the management of those who may be abusing drugs and alcohol	100%	100%
7.3.10	1	There is a restraint policy which includes procedures for the review of each incident of restraint	94%	100%
7.3.11	1	Staff members follow a policy on managing patients' use of cameras, mobile phones and other electronic equipment, to support the privacy and dignity of all patients on the ward/unit	100%	94%
7.3.12	1	The team follows a policy when prescribing PRN (i.e. as required) medication	100%	n/a

No.	Type	Standard	% met	% met Cycle 8
7.3.13	1	The ward/unit has a policy for the care of patients with dual diagnosis	100%	n/a
7.3.14	1	The team follows an agreed protocol with local police, which ensures effective liaison on incidents of criminal activity/harassment/violence	100%	n/a
7.3.15	1	Staff members follow a protocol when conducting searches of patients and their personal property	100%	n/a
7.3.16	1	Staff members follow inter-agency protocols for the safeguarding of vulnerable adults and children. This includes escalating concerns if an inadequate response is received to a safeguarding referral	100%	n/a
7.3.17	3	The ward/unit has a meeting, at least annually, with all stakeholders to consider topics such as referrals, service developments, issues of concern and to re-affirm good practice. Guidance: Stakeholders could include staff member representatives from inpatient, community and primary care teams aswell as patient and carer representatives	88%	n/a
7.3.18	2	Patient representatives attend and contribute to local and service level meetings and committees	81%	n/a
7.3.19	3	Commissioners and service managers meet at least 6 monthly	100%	n/a
7.3.20	2	Managers ensure that policies, procedures and guidelines are formatted, disseminated and stored in ways that the team find accessible and easy to use	100%	n/a
8		Discharge		
8.1		Before discharge, decisions are made about meeting any continuing needs		

No.	Type	Standard	% met	% met Cycle 8
8.1.1	2	Discharge planning is initiated at the first multi-disciplinary team review and a provisional discharge date is set	88%	100%
8.1.2	1	Pre-discharge planning involves all services involved in patient care	100%	100%
8.1.3	1	Patients and their carer (with patient consent) are invited to a discharge meeting and are involved in decisions about discharge plans	100%	100%
8.1.4	1	A letter setting out a clear discharge plan, which the patient takes home with them, is sent to all relevant parties before or on the day of discharge. The plan includes details of: <ul style="list-style-type: none"> • Care in the community/aftercare arrangements; • Crisis and contingency arrangements including details of who to contact; • Medication; • Details of when, where and who will follow up with the patient 	88%	100%
8.1.5	1	The inpatient team invites a community team representative to attend and contribute to ward rounds and discharge planning	100%	100%
8.1.6	1	Community professionals are informed of all periods of leave	94%	100%
8.1.7	1	The team follows a protocol to manage informal patients who discharge themselves against medical advice. This includes: <ul style="list-style-type: none"> • Recording the patient's capacity to understand the risks of self-discharge; • Putting a crisis plan in place; • Contacting relevant agencies to notify them of the discharge 	100%	100%
8.1.8	2	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	100%	100%

No.	Type	Standard	% met	% met Cycle 8
8.1.9	1	The team makes sure that patients who are discharged from hospital to the care of the community team have arrangements in place to be followed up within one week of discharge, or within 48 hours of discharge if they are at risk. Guidance: This may be in coordination with the Home Treatment/Crisis Resolution Team	100%	100%
8.1.10	1	When patients are transferred between wards/units there is a handover which ensures that the new team have an up to date care plan and risk assessment	100%	n/a
8.1.11	1	The team follows a joint working protocol/care pathway with the specialist community teams/Home Treatment/Crisis Resolution team in wards/units that have access to one. Guidance: This includes the team inviting the Home Treatment Team to attend ward rounds, to screen for early discharge, to undertake joint acute care reviews and to jointly arrange supported leave	100%	n/a
8.1.12		Prior to discharge from the unit, patients are given advice and information on:		
8.1.12a	1	Contraception	100%	100%
8.1.12b	1	The risk of recurrence of problems with subsequent pregnancies	100%	100%
8.1.12c	1	Medication, its side effects and its impact on driving	100%	100%
8.1.13	2	Where there are delayed transfers/discharges: <ul style="list-style-type: none"> • The team can easily raise concerns about delays to senior management; • Local information systems produce accurate and reliable data about delays; • Action is taken to address any identified problems 	100%	94%
8.1.14	2	The unit works to ensure that all patients have a named local community consultant and named nurse as soon as possible to ensure discharge planning begins	100%	100%

Appendix 2: Units Participating in Cycle 9

Andersen Mother and Baby Unit

Laureate House, Wythenshawe Hospital, Southmoor Road, Manchester, M23 9LT

Carla Mobear, Ward Manager

0161 291 6916822

Carla.mobear@mhsc.nhs.uk

Beadnell Mother and Baby Unit

Beadnell Ward, St George's Park, Morpeth, Northumberland, NE61 2NU

Allison Speirs, Ward Manager

01670 501869

Allison.speirs@ntw.nhs.uk

Brockington Mother and Baby Unit

St George's Hospital, Corporation Street, Stafford, ST16 3AG

Wendy Hallows, Head of Operations

01785 221560

Wendy.Hallows@sssft.nhs.uk

Chamomile Suite

The Barberry, 25 Vincent Drive, Edgbaston, Birmingham, B15 2FG

Mark Cox, Ward Manager

0121 301 2190

Mark.cox@bsmhft.nhs.uk

Channi Kumar Mother and Baby Unit

Bethlem Royal Hospital, Monks Orchard Road, Beckenham, Kent, BR3 3BX

Trudi Seneviratne, Consultant Psychiatrist

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Gertrude.seneviratne@slam.nhs.uk

Coombe Wood

Park Royal Centre for Mental Health, Central Way, Acton Lane, London, NW10 7FL

Jona Lewin, Consultant Psychiatrist

0208 955 4495

Jona.lewin@nhs.net

Florence House Mother and Baby Unit

47 Alumhurst Road, Westbourne, Bournemouth, BH4 8EP
Paul Hutchings, Ward Manager

01202 584309

Paul.hutchings@dhuft.nhs.uk

Livingston Mother and Baby Unit

St John's Hospital, Howden Road West, Livingston, West Lothian, EH54 6PP
Lisa Canale, Acting Charge Nurse

01506 524175

Lisa.canale@nhslothian.scot.nhs.uk

Margaret Oates Mother and Baby Unit

Homerton Hospital, Homerton Row, Hackney, London, E9 6SR
Sasha Singh, Modern Matron

0208 510 8420

Justine.cawley@eastlondon@nhs.uk

Margaret Oates Mother and Baby Unit

A Floor, South Block, Queens Medical Centre, Nottingham, NG7 2UH
Debbie Sells, Ward Manager

0115 8493391

Deborah.sells@nottshc.uk

New Horizon Mother and Baby Unit

Southmead Hospital, Westbury on Trym, Bristol, BS10 5NB
Julie Mitchard, Centre Manager

0117 3232285

Julie.mitchard@nhs.net

Rainbow Mother and Baby Unit

Linden Centre, Puddings Wood Drive, Chelmsford, Essex, CM1 7LF
Claire Knight, Ward Manager

01245 318847

Claire.Knight10@nhs.net

The Beeches

Radbourne Unit, Uttoxeter Road, Derby, DE22 3WQ
Cheryl Sticka, Ward Manager

01332 623921

Cheryl.sticka@derbyshcft.nhs.uk

Thumbswood Mother and Baby Unit

Queen Elizabeth II Hospital, Howlands, Welwyn Garden City, AL7 4HQ
Ann Roberts, Consultant Psychiatrist

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Ann.roberts@hertspartsft.nhs.uk

West of Scotland Mother and Baby Unit

Leverndale Hospital, 510 Crookston Road, Glasgow, G53 7TU
Roch Cantwell, Consultant Perinatal Psychiatrist

0141 2327635

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Winchester Mother and Baby Unit

Melbury Lodge, Romsey Road, Winchester, SO22 5DG
Chris Bailey, Ward Manager

01962 825011

Chris.bailey@southernhealth.nhs.uk

Yorkshire and Humber Mother and Baby Unit

The Mount, 44 Hyde Terrace, Leeds, LS2 9LN
Deborah Page, Clinical Team Manager

0113 3055505

Deborah.page3@nhs.net