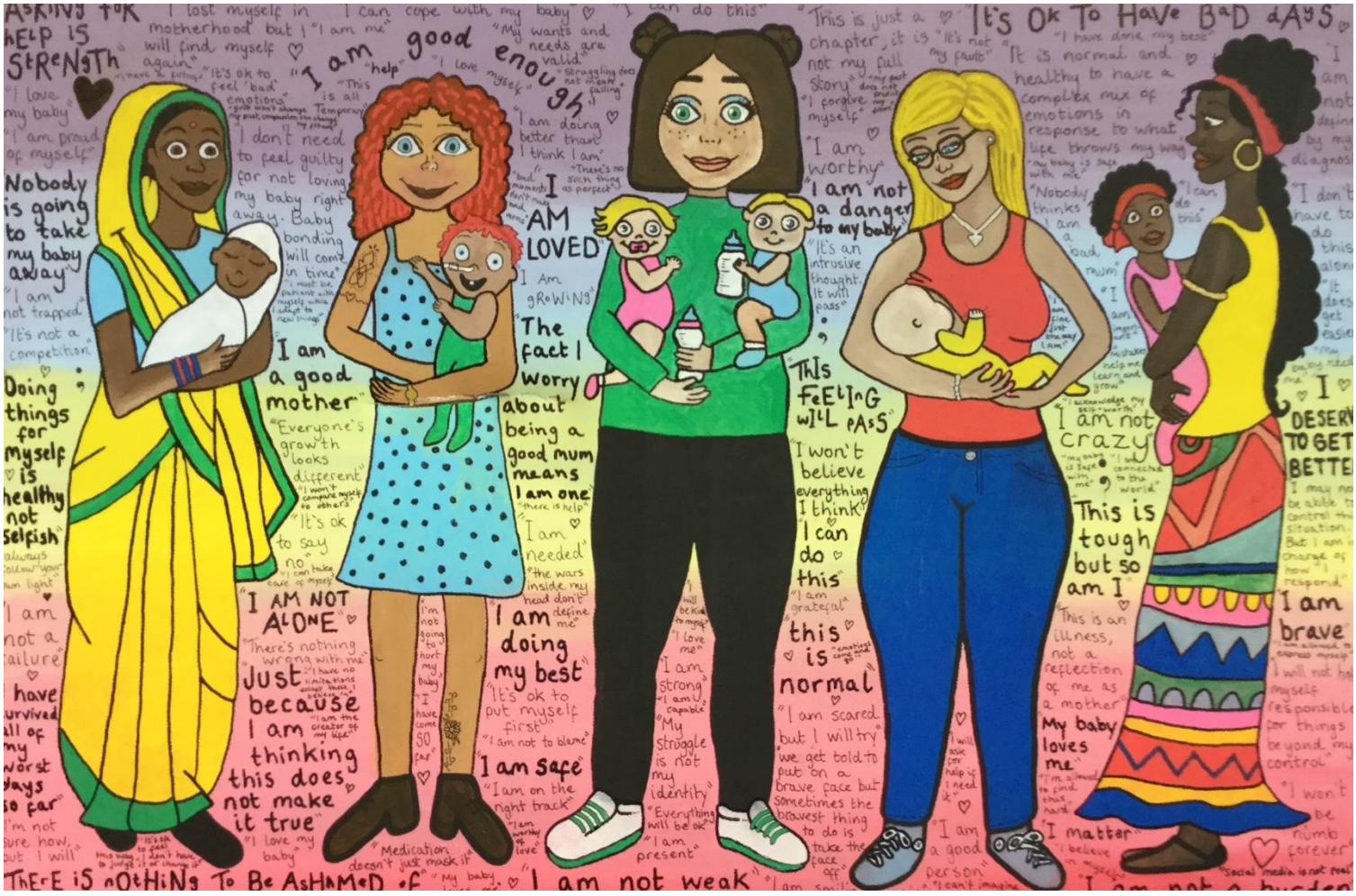
PERINATAL CCQI
QUALITY NETWORK FOR PERINATAL MENTAL HEALTH SERVICES

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS



Inpatient Perinatal Mental Health Services

Cycle 13 Report

Editors: Thea Walker and Jessica Butler

Foreword

Rarely have services encountered such challenges as those faced by women, their infants and families, and the staff who care for them, over the past two years. Covid-19 has brought a whirlwind of additional pressures on hard-pressed services and on families already going through some of the most momentous – and difficult – periods in their lives. MBUs have had to manage infection control measures which at very least have challenged the ability to maintain therapeutic engagement and, at the height of the pandemic, have faced illness in patients and staff which has threatened to prevent some services from operating at all. MBUs have had to respond in different ways, to learn new skills in terms of physical health care, to maintain links with families in novel ways.

What is so striking is that, in the midst of the storm, this report shows services adapting while maintaining core standards of care and treatment and, where possible, using new skills to improve the experiences of women and their infants who require inpatient care.

It has also been a challenge for services to respond to the changed process of evidence gathering, evaluation and accreditation necessitated by the pandemic. While we have seen an increase in unmet Type 1 standards, it is likely that this reflects restrictions outwith the control of services themselves and the Perinatal Quality Network has worked hard to ensure as much as possible that pandemic-related factors do not impede the route to accreditation. I'd particularly like to thank the PQN team at the College who have undergone the same journey of increased workloads and adaptation to novel challenges.

I hope you find the report informative and useful in highlighting areas of achievement and areas for improvement. Thanks and congratulations to all the MBUs who took part in reviews over the course of the last year – for your continued engagement at a really difficult time, for your desire to maintain and improve standards, and for your dedication to the women, infants and families under your care at a time when they have most needed it.

Dr Roch Cantwell
Consultant Perinatal Psychiatrist
Chair of the PQN Accreditation Committee

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Introduction

The Perinatal Quality Network (PQN) works with inpatient and community services to assure and improve the quality of services treating women in the perinatal period who are living with a mental illness. Through a comprehensive process of review, we identify and acknowledge high standards of organisation and patient care, and support other services to achieve these.

Involving service users and carers in PQN is a priority, and people with first-hand experience of using perinatal mental health services are encouraged to get involved in all stages of the accreditation process.

Cycle 13

Eighteen inpatient Mother and Baby Units (MBUs) participated in Cycle 13. There were three peer reviews, 11 accreditation reviews, and four annual self-reviews. The cycle ran from October 2020 to February 2021 and all reviews were held virtually using Microsoft Teams. Cycle 13 was due to run from March to May 2020 but all face-to-face reviews were cancelled due to restrictions brought about by COVID-19.

Review process

The reviews aim to improve services incrementally by applying standards and using the principles of the clinical audit cycle. The standards are applied through a process of self-review and external peer review where members visit each other's service. The self-review questionnaire is essentially a checklist of PQN standards against which teams rate themselves, supplemented with more exploratory items to encourage discussion around achievements and ideas for improvement. The self-review process helps staff to prepare for the external peer review and become familiar with the standards.

During the peer review, data is collected through interviews with frontline staff, patients and carers about the service. An environmental tour is also conducted so that reviewers can see what the unit looks like and how it functions.

The results are fed back in local reports. Services then take action to address any developmental needs that have been identified.

This report

What is in this report?

This national report contains the aggregated results of reviews undertaken by 18 MBUs. It examines contextual data obtained from all services, including staff mix, number of beds, number of days open a year, typical wait for admittance, average length of stay, and average occupancy levels. Included throughout the report are quotes from mothers, significant others/ family members, and staff members we spoke to as part of the reviews, as well as examples of good practice, and recommendations for standards which were consistently not met by all services.

The PQN facilitated virtual peer reviews based on the self-reported data from services. The standards were then scored by the review team accordingly. Quantitative analysis was conducted using these scores. The main body of the report highlights key achievements and areas for improvement across services from each domain of the Seventh Edition of the PQN Inpatient Standards. The overall adherence (those marked as met or N/A) to these subsections are shown on page 9 of this report. The number of standards met by each MBU in each domain are shown in graphs. Averages have been taken based on available data, where data has been given in inconsistent formats then an approximate average has been calculated.

Finally, a full summary detailing the average scores for each criterion for all teams is included (see Appendix A). This enables teams to benchmark themselves against other teams who participated in Cycle 13.

This report is a standalone report and does not provide comparison with the previous cycle. This decision was made in light of the pandemic and the changes the network had to make to the review process but also the changes services had to make to their service provision.

How to use this report

Average scores for teams involved in Cycle 13 are detailed in this report so services can see how well they are doing compared with the other inpatient teams. Teams can also compare their activity, resources and outcomes with those of the network as a whole. We recommend that services use this report in conjunction with their local report to inform discussions with their commissioners and to demonstrate their team's performance.

Each team's local report provides a summary of the number of criteria met, partly met and not met, which then yields an average score for each individual standard. These averages enabled us to obtain a measure of each team's overall performance for each section of the PQN standards.

The standards

The Seventh Edition of the PQN Inpatient Standards against which the performance was assessed, can be found in Appendix 1.

The standards are drawn from a range of authoritative sources and incorporates feedback from patient and carer representatives, and experts from a range of relevant professions.

The standards were used to generate a series of data collection tools for use in the self, peer, and accreditation review processes. Participating teams rated themselves against the eight sections of the PQN Inpatient Standards via an annual process of self and peer review. This model aims to facilitate incremental improvements in service quality.

Types of standard

Throughout the report standards are referred to as a type 1, 2 or 3.

Type 1 standards relate to patient safety, rights or dignity. Failure to meet these standards would represent a significant threat to patients and/or would break the law.

Type 2 standards are standards we expect services to meet.

Type 3 standards are criteria that an excellent service should meet or are standards that are not the direct responsibility of the team.

Standards sections

The PQN Inpatient Standards are grouped into 8 domains:

1. Access and admission
2. Environment and facilities
3. Staffing and training
4. Care and treatment
5. Information, confidentiality and consent
6. Rights and safeguarding
7. Audit and policy
8. Discharge

Report data

Overall performance of member services

The infographic below shows the percentage of met standards in each standard domain.

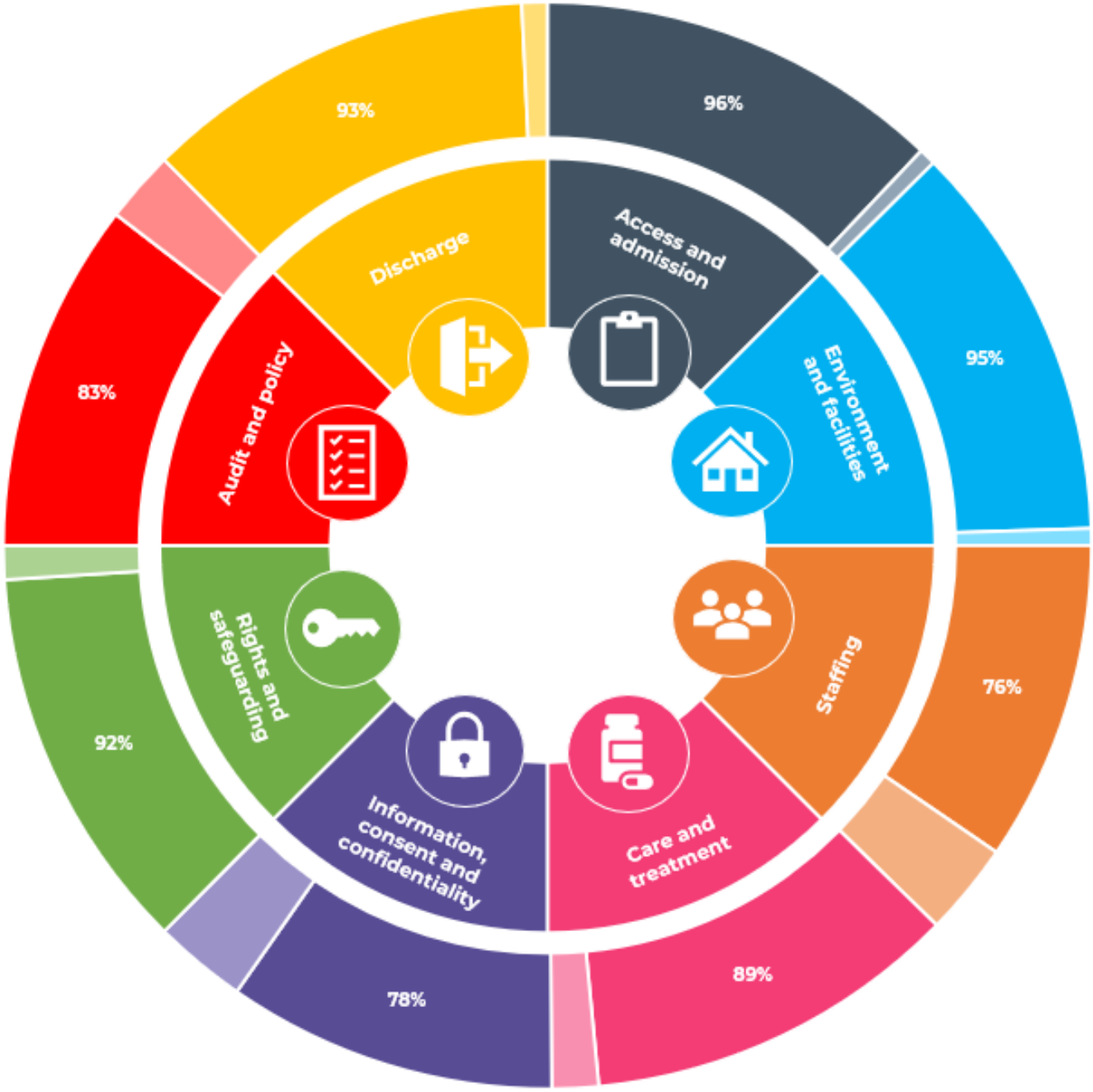
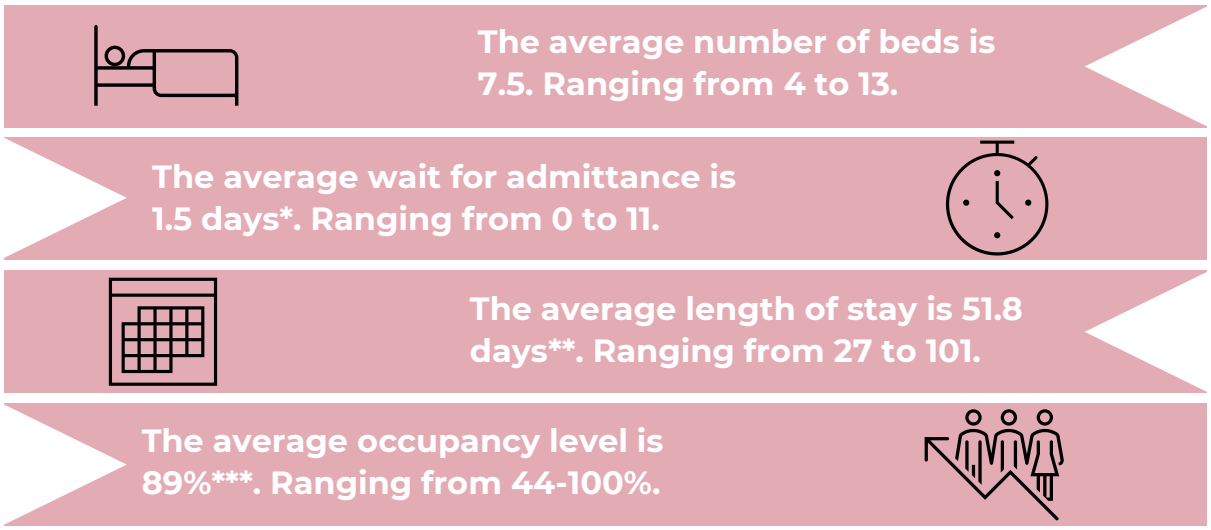


Figure 1: Percentage of met standards across all standard domains

Contextual data

All services were asked to provide up-to-date contextual data, including number of beds, number of days open a year, typical wait for admittance, average length of stay, and average occupancy levels. We also asked teams to complete a staffing table, showing the numbers and types of different types of professionals employed at the service.



*Based on data from 17 services. Where data has been given in an inconsistent format, the PQN team has taken an approximate average.
**Based on data from 15 services.
***Based on data from 14 services.

Figure 2: Overview of C13 contextual data

Profession	Average Whole Time Equivalent (WTE)	Average WTE - 6 bed unit	Average WTE - 8 bed unit	Average WTE - 10 bed unit
Consultant Psychiatrist	0.8	0.5	1.0	1.0
Non-Consultant Medical Input, e.g. Staff Grade, ST4+	1.0	0.5	1.0	1.0
Clinical Psychologist	0.8	0.4	0.8	0.9
Occupational Therapist	0.9	0.3	0.8	1.9
Social Worker	0.4	0.3	0.6	0
Ward Manager	1.0	1.0	1.0	1.0
Assistant Ward Manager/Clinical Practice Lead	2.1	1.6	1.7	3.5
Staff Nurses	8.8	9.5	9.6	8.9
Healthcare Assistants	5.1	3.2	7.3	6.5
Nursery Nurses	5.4	4.9	5.8	7.0
Midwifery Input	0.2	0.0	0.6	0.0
Health Visitor Input	0.3	0.2	0.6	0.1
Administration/Secretarial staff	1.1	0.6	1.5	1.0

Table 1: Average staffing complement in MBUs

Survey and questionnaire data

In order to get a comprehensive overview of the service being provided by each inpatient unit, teams were asked to provide contact details of patients who were either currently under the care of the unit/ward or had been discharged within three months prior to the review, as well as for significant others/family members, and frontline staff. These groups were either spoken to on the phone prior to the review or during the review using Microsoft Teams. These interviews helped the review team get a clearer picture of the care being provided.

For teams undergoing accreditation we also gathered data using online questionnaires, which services were asked to distribute to patients, significant others/family members, all staff, and referrers. Services were asked to complete a case note audit using five sets of notes. Questionnaires were completed via CARS using Snap Surveys. This data was used during reviews to inform discussion of standards services were not meeting.

The infographic below gives an overview of the data collected.

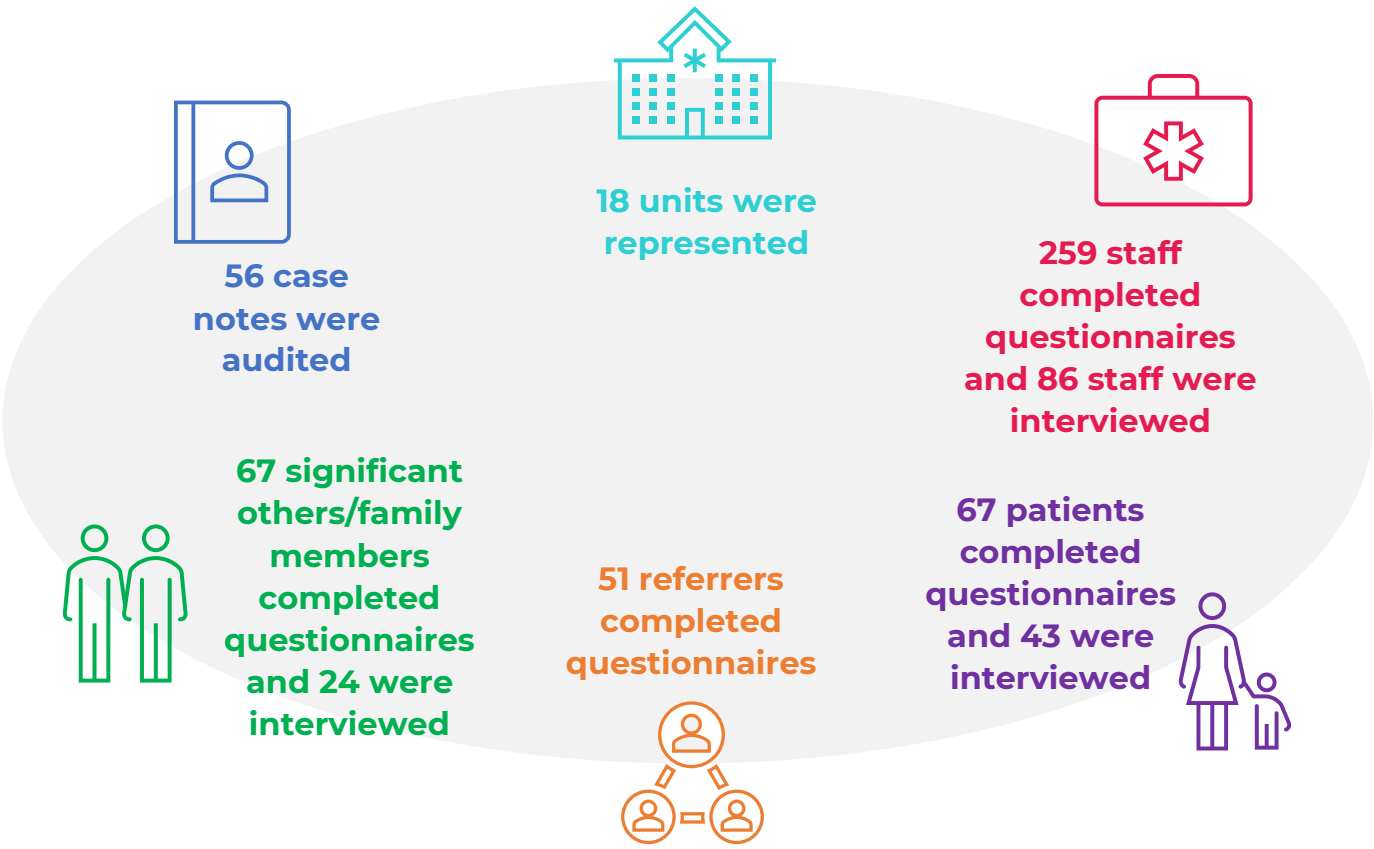


Figure 3: Overview of the data collected during C13

Access and admission

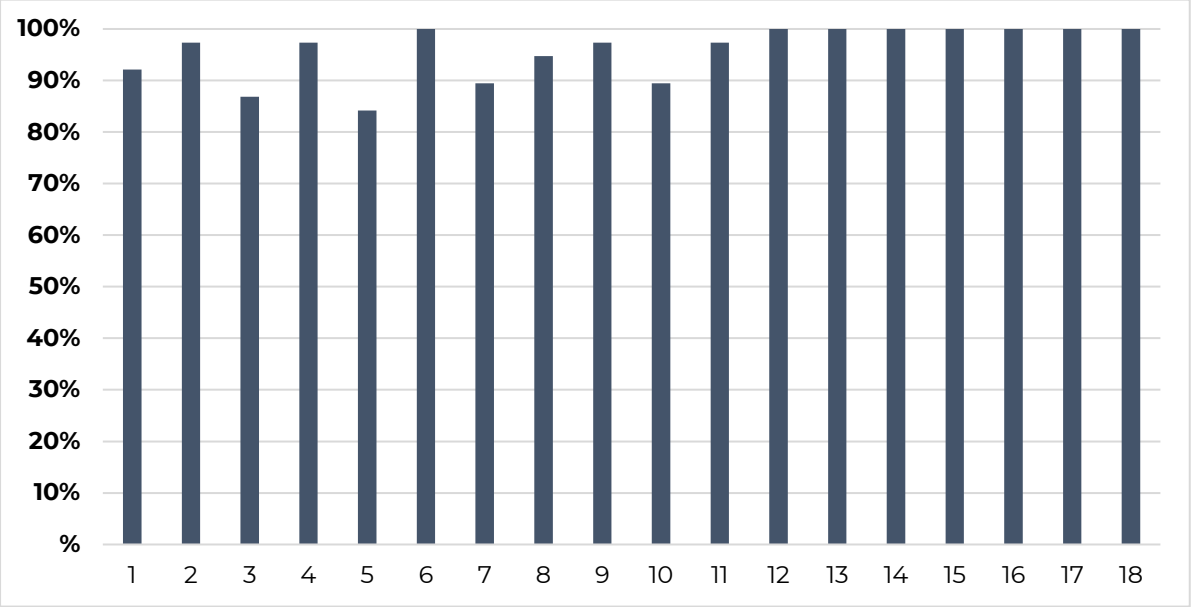


Figure 4: Access and admission: percentage of met standards

Key achievements

In 100% of services, referrers can speak to a senior member of the unit team to discuss potential admissions and the care of women who are at risk of being admitted.

100% of services work in a way that respects the individual needs of patients from different ethnic, cultural or religious backgrounds.

100% of services make patients feel welcome and explain why they are in hospital.

100% of services liaise with local safeguarding children/vulnerable adult services if there are any concerns (or out of area if applicable).

Areas for improvement

33% of services do not have systems in place to record, audit and evaluate transfers, refusals, waiting lists and the length of prior admission to an adult psychiatric ward.

Example of good practice

The West of Scotland MBU is located in Leverndale Hospital which has hugely enhanced the number of opportunities for joint working. The unit works closely with the Glasgow Community Perinatal Team, and are considered to be one united service, making for smoother transitions for mums. Co-location also allows for in-reach work in the unlikely event that women are transferred to an acute unit, either due to a lack of beds or high levels of risk.

> When I first arrived, the staff introduced themselves and checked in on me regularly. They offered to get me drink and food and talked me through what would happen on the unit.
> ***Patient***

> The peer supporters were very helpful when I first got to the unit and a nurse came to introduce herself, which made me feel at ease.
> ***Patient***

> There is a room available if you need time for religion and its easily accessible.
> ***Patient***

> When I was first admitted I was on hourly observations and a different member of staff sat with me each hour. This was a bit overwhelming, especially given how vulnerable I was feeling.
> ***Patient***

Recommendations for services

1. Services should develop and regularly update a spreadsheet to record, audit and evaluate transfers, refusals, waiting lists and the length of prior admission to an adult psychiatric ward.
2. Services should utilise the PQN Knowledge Hub discussion forum to share challenges and seek advice from other perinatal professionals outside of the reviews process.

Environment and facilities

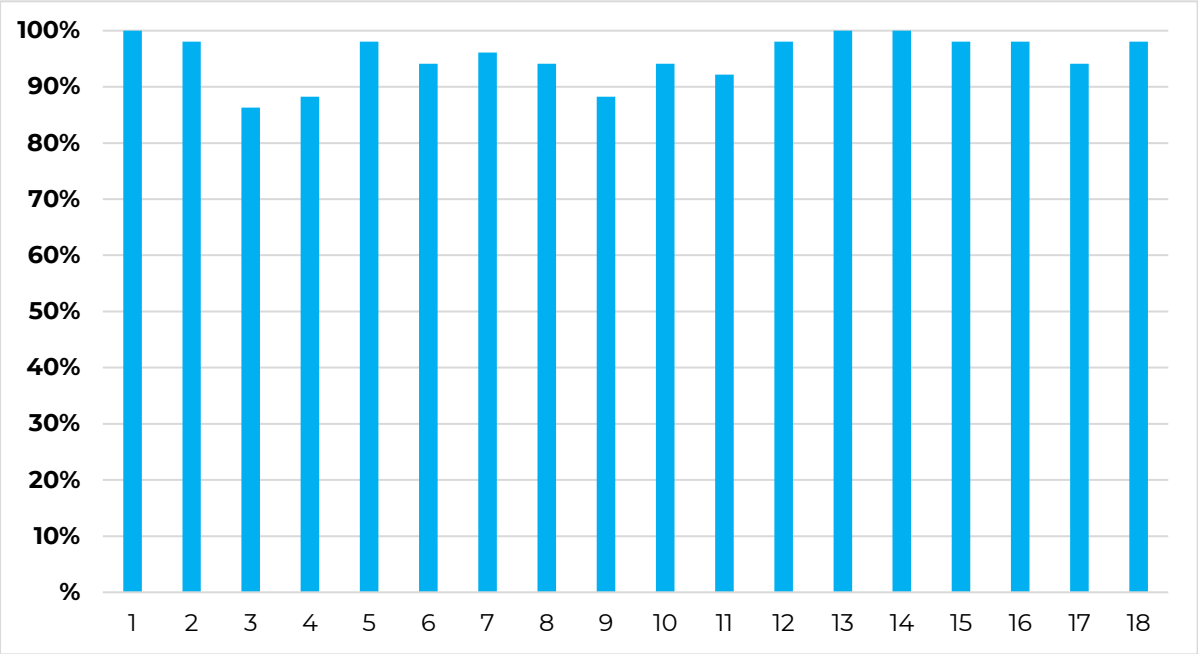


Figure 5: Environment and facilities: percentage of met standards

Key achievements

In 100% of services, patients have access to safe outdoor space which they can access every day.

In 100% of services, staff members respect the patient's personal space.

100% of services keep medication in a secure place, in line with the organisation's medicine management policy.

100% of services have sufficient IT resources on the unit to provide practitioners with easy access to key information, e.g. information about services/conditions/treatment, patient records, clinical outcome and service performance measurements.

Areas for improvement,

33% of services do not have en-suite bathrooms for every patient.

22% of services do not conduct an annual audit of environmental risk and a risk management strategy is agreed.

22% of services do not have an agreed collective response to alarm calls and fire drills. This is rehearsed at least annually.

17% of services do not maintain the temperature in the nursery and bedrooms appropriately for sleeping babies.

Example of good practice

The Margaret Oates MBU recently moved into a new and purpose-built building. The opinions of patients regarding the colour scheme and the layout of the rooms were taken into account for the design. The unit has a separate two-bedded area which is a really supportive space. It provides a quieter environment with extra staff support to help keep mother and baby together and could aid a quicker recovery.

> I really appreciated having access to such a big garden with plants and trees. I would often go there to calm down, as well as being a space I could take my baby.
> ***Patient***

> I could not visit my loved one on the unit but a consulting room was provided for visits. Staff went out of their way to make space available.
> ***Significant other***

> There were lots of toys available for me to use with my baby and mats that could be moved to different spaces. There was always a clean and inviting space available for me to spend time with my baby.
> ***Patient***

> I can't access the kitchen. I find I don't drink as much as I should because I don't want to keep asking the staff to let me in.
> ***Patient***

Recommendations for services

1. Services should ensure they keep an up-to-date written record of fire drills at the unit.
2. Services should ensure that any potential hazards to babies are included in the annual audit of environmental risk.
3. Services should monitor the temperature in nurseries and bedrooms to ensure. If the temperature falls below or above 16-20 degrees Celsius, this should be escalated.

Staffing

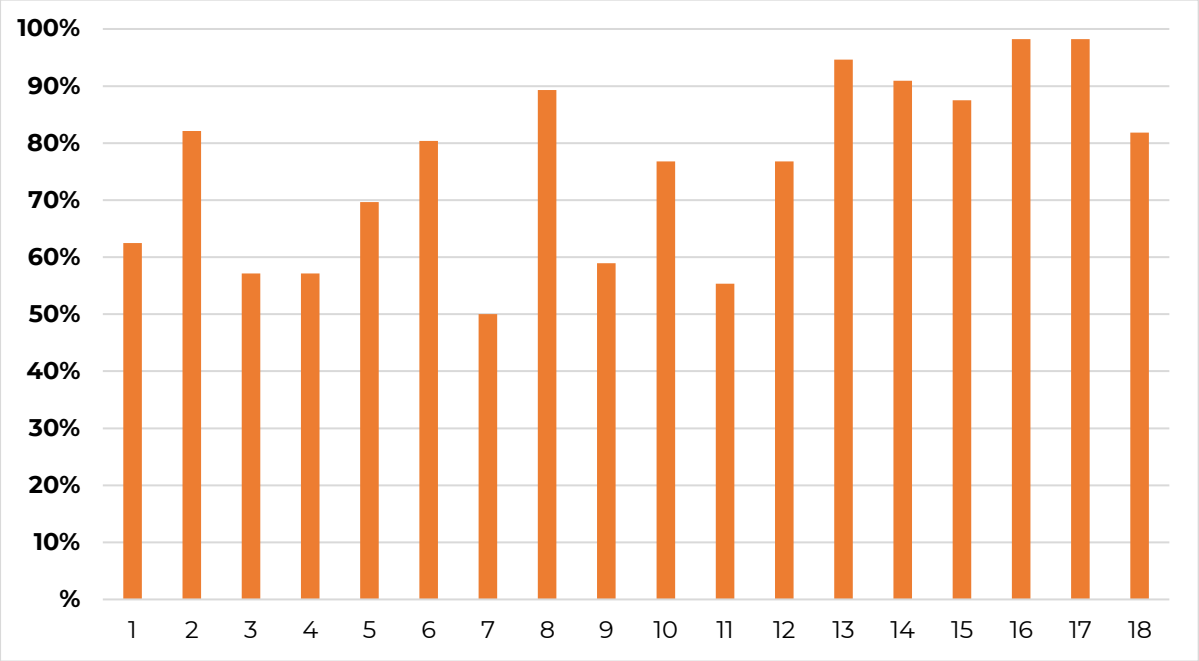


Figure 6: Staffing: percentage of met standards

Key achievements

100% of services actively support staff health and well-being.

In 100% of services, staff members, patients and carers who are affected by a serious incident, including control and restraint and rapid tranquilisation, are offered post incident support.

100% of services enable all patients to have visits and advice from a midwife when clinically appropriate.

In 100% of services, all staff are able to contact a senior colleague as necessary 24 hours a day.

Areas for improvement

In 67% of services, a typical unit with six beds does not include at least 0.5 WTE social work input.

56% of services do not have at least one specialist nursery nurse covering the unit 24 hours a day.

In 56% of services, staff members do not receive training in carer awareness, family inclusive practice and social systems, including carers' rights in relation to confidentiality.

In 50% of services, staff members do not receive training in recognising and communicating with patients with cognitive impairment or learning disabilities.

Examples of good practice

The team at Jasmine Lodge MBU has a daily huddle meeting first thing in the morning where they discuss updates concerning the pandemic. Connecting and communicating regularly in this way was helpful in reducing staff anxieties around changes in practice.

The staff at the Yorkshire and Humber MBU use a staff WhatsApp group to cover shifts and minimise the use of unfamiliar bank and agency staff wherever possible.

> The night staff were very good at their jobs and always spoke to me about the night care I wanted my baby to have. I felt reassured to leave my baby with them overnight.
> ***Patient***

> I found it difficult to get to know who was who and what their role was. I think the fact that everyone was in scrubs and facemasks made this difficult.
> ***Patient***

> Staff were very knowledgeable. I learnt baby massage and how to do a bedtime routine from the nursery nurses. They were always willing to share and teach you different things.
> ***Patient***

> Staff always found time to talk to me and were willing to discuss my loved one's care once they had established she had given consent.
> ***Significant other***

Recommendations for services

1. Services should work with the local Learning Disabilities (LD) service to develop annual training for staff. They could work with a carer's group, peer support workers or patients to develop the carer awareness training. Services may also utilise the PQN's training matrix template to clearly evidence training standards.
2. Services should seek funding to allow for at least one specialist nursery nurse to cover the unit 24 hours a day.

Care and treatment

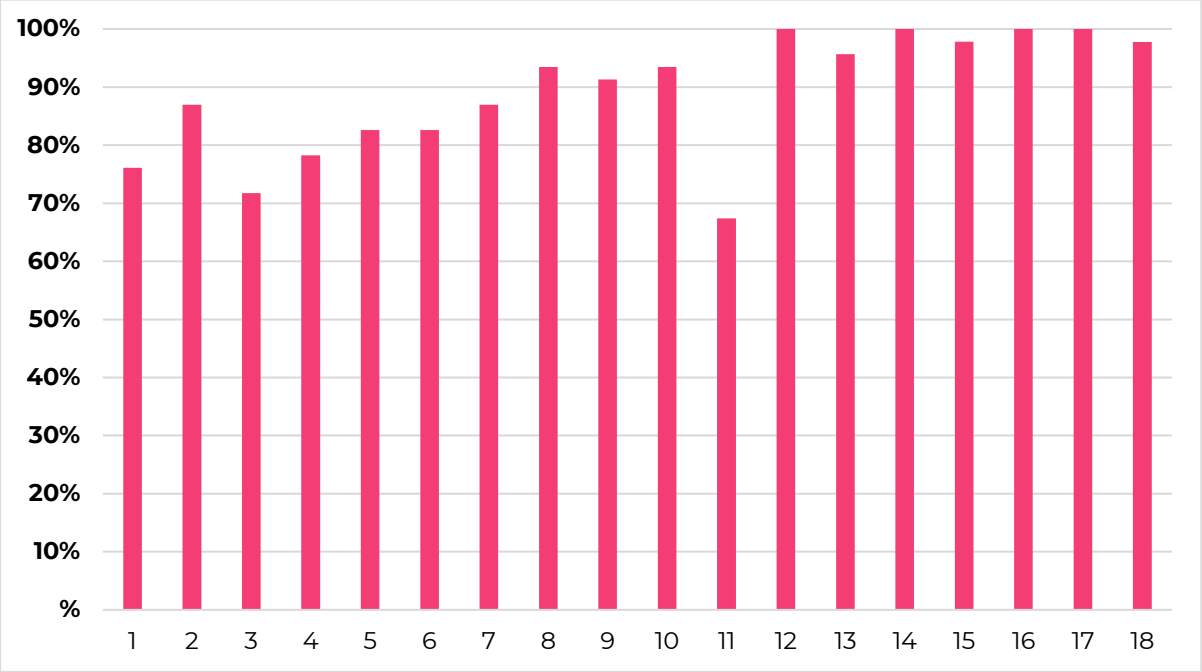


Figure 7: Care and treatment: percentage of met standards

Key achievements

In 100% of services, patients are supported by staff members, before (to prepare), during (to understand) and after (to feedback outcomes) any formal review of their care.

In 100% of services, patients' preferences are taken into account during the selection of medication, therapies and activities, and are acted upon as far as possible.

In 100% of services, mothers are encouraged to engage in activities which promote mother infant attachment and enjoyment.

Areas for improvement

In 61% of services, every patient does not have a seven-day personalised timetable of activities to promote social inclusion.

In 39% of services, significant others and family members are not offered support, e.g., through partner support sessions, family sessions, or couple sessions.

In 39% of services, significant others and family members are not encouraged to be involved in the following: parent-infant activities, practical parenting advice/support with the nursery nurse or health visitor etc.

Example of good practice

At Channi Kumar MBU the team found that virtual working meant that attendance at CPA (Care Programme Approach) meetings was good as professionals did not need to travel. The team were also able to include significant others and family members in virtual ward rounds. The team thought about additional activities they could provide for mums during the height of the pandemic, such as ballet and pamper sessions.

> The staff make sure I am aware of my care plan and go through it properly. My doctor was brilliant in asking for my opinion and listening to how I felt.
> ***Patient***
>
> My husband has always been welcomed in ward rounds when I need him. When he has attended he has been asked how he is feeling and his views on mine and our baby's care.
> ***Patient***

> Staff are really transparent and try to explain what is going on.
> ***Significant other***
>
> Due to the pandemic many of the groups were stopped and there could have been more activities on the ward.
> ***Patient***
>
> The pharmacist talked to me about medications and gave me more information about how they work.
> ***Patient***

Recommendations for services

1. Services should develop a reliable timetable of activities and ensure there are enough staff members to lead the activities. Input could be gathered from mothers during community meetings to inform this timetable.
2. As restrictions ease, services should explore ways to provide support and promote significant other/carer engagement through support sessions, parent-infant activities, practical parenting advice/support.

Information, confidentiality and consent

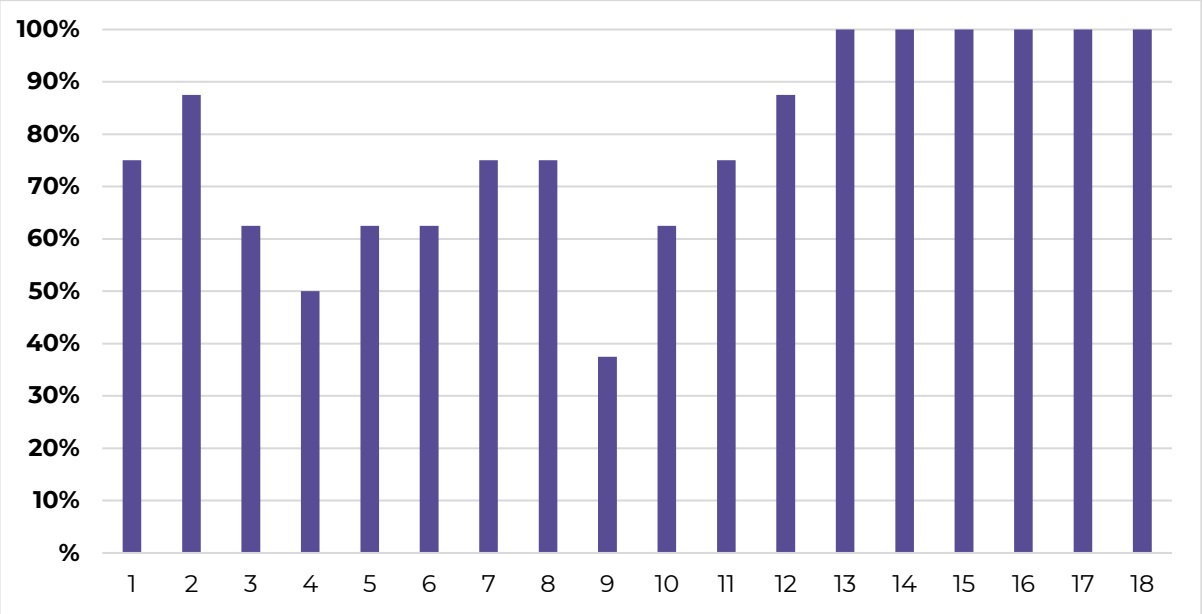


Figure 8: Information, confidentiality and consent: percentage of met standards

Key achievements

In 100% of services, information given to patients and significant others is developed collaboratively and regularly reviewed.

In 94% of services, all patient information is kept in accordance with current legislation.

In 83% of services, confidentiality and its limits are explained to the patient and significant other/family member on admission, both verbally and in writing. The patient's preferences for sharing information with the third parties are respected and reviewed regularly.

Areas for improvement

In 33% of services, teams do not follow a protocol for responding to significant others/family members when the patient does not consent to their involvement.

In 33% of services, patients (and significant others/family members, with patient consent) are not offered written and verbal information about the patient's mental illness and treatment.

In 33% of services, patients are not given an information pack on admission.

Examples of good practice

At Melbury Lodge there is a 'get to know me' staff board which allows patients to get to know the team better from the point of admission.

At Brockington MBU the team have a developed an 'information for significant others' document.

Beadnell MBU provides educational materials and self-help books for patients to find out more about their mental health, which is a great way to support patients.

> I was given verbal information about my observation level. When I felt it was too much, we had a discussion and could bring it down.
> ***Patient***

> I would have liked some information on what it was like to be admitted prior to my admission, such as things to bring onto the unit, my care, and the care of my son.
> ***Patient***

> I was not told enough about the unit prior to my admission. It would have been reassuring to know how homely it is and how friendly the staff are. Knowing this would have made me less anxious.
> ***Patient***

> I was not advised how to access a statutory carer's assessment or how to access a carer's support network.
> ***Significant other***

Recommendations for services

1. Services should ensure that their policy for responding to significant others/family members when the patient does not consent to their involvement includes how to liaise with significant others who have parental rights.
2. Services could develop an admission checklist which includes information related to mental illness and treatment as well as general information about the ward/unit being given to and discussed with each patient and their significant other/family member.

Rights and safeguarding

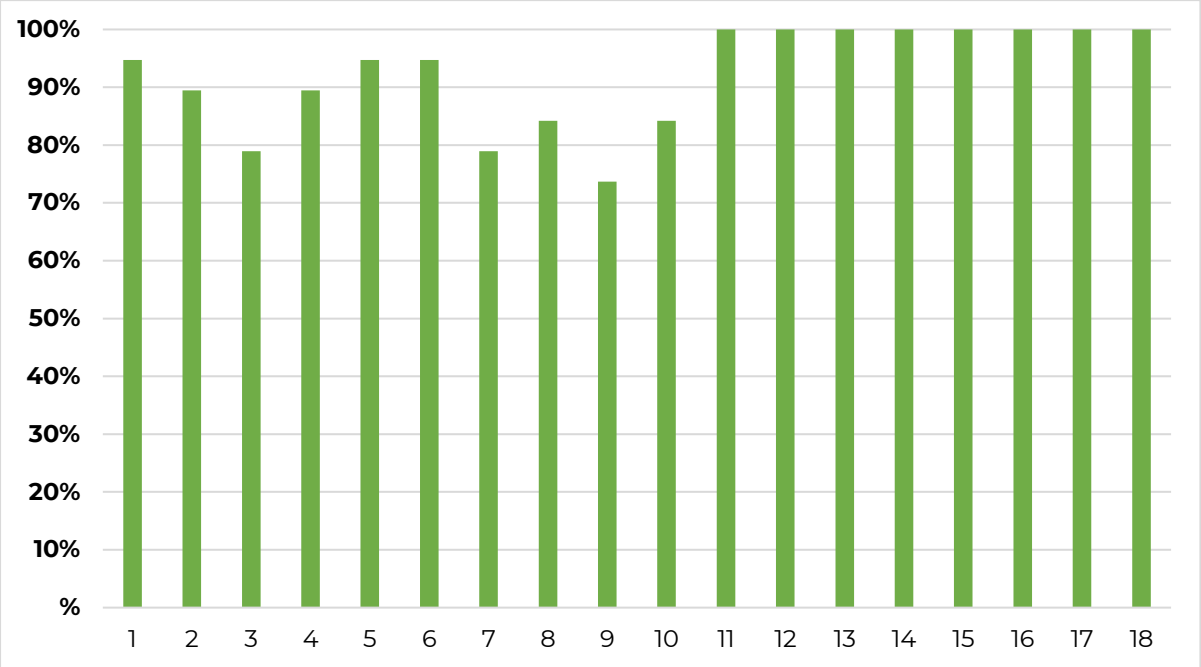


Figure 9: Rights and safeguarding: percentage of met standards

Key achievements

In 100% of services, systems are in place to enable staff members to quickly and effectively report incidents and managers encourage staff members to do this.

In 100% of services, patients feel listened to and understood by staff members.

In 100% of services, the Mental Health Act status of patients (including those who are not detained) is known to all staff and visible on notes.

In 100% of services, staff members treat all patients and carers with compassion, dignity and respect.

Areas for improvement

In 28% of services, patients are not given accessible written information about their rights regarding admission and consent to treatment; rights under the Mental Health Act; advocacy services; accessing a second opinion; interpreting services; accessing their records; and complaints.

In 22% of services, the team does not collect audit data on the use of restrictive interventions and actively works to reduce its use year on year.

22% of services do not have policies and procedures on how to deal with allegations of abuse and child protection concerns.

Example of good practice

At New Horizons MBU the team are responsive to feedback from patients and regularly gather feedback in community meetings. Patients fed back that they wanted to know who was going to be on shift the next day, and this information is now displayed on a board on the unit. Staff also gather feedback about activities that patients would like to do each week, and this feedback is incorporated into the group and individual timetables.

> The meals were filling and nutritious and there was always a vegetarian option. Staff were really mindful of allergies and they were careful to label food appropriately.
> ***Patient***

> Whilst on the unit I knew how to make a complaint and I think that complaints would be taken seriously.
> ***Patient***

> The food could be improved, such as healthier options and asking the opinion of mums.
> ***Significant other***

> I don't recall having my rights explained to me. I didn't know if I could leave or would be sectioned – none of that was explained to me.
> ***Patient***

> Staff respected me as a patient and respected my rights.
> ***Patient***

Recommendations for services

1. Services could develop an admission checklist which includes information related to rights on the ward/unit being given to and discussed with each patient.
2. Services could develop a spreadsheet which tracks incidents of restrictive practice and details any actions taken to reduce these.
3. Services should work with senior management to ensure there is a child abuse and protections procedure in place. Services may find it useful to create a flow diagram which clearly yet simply explains the process.

Audit and policy

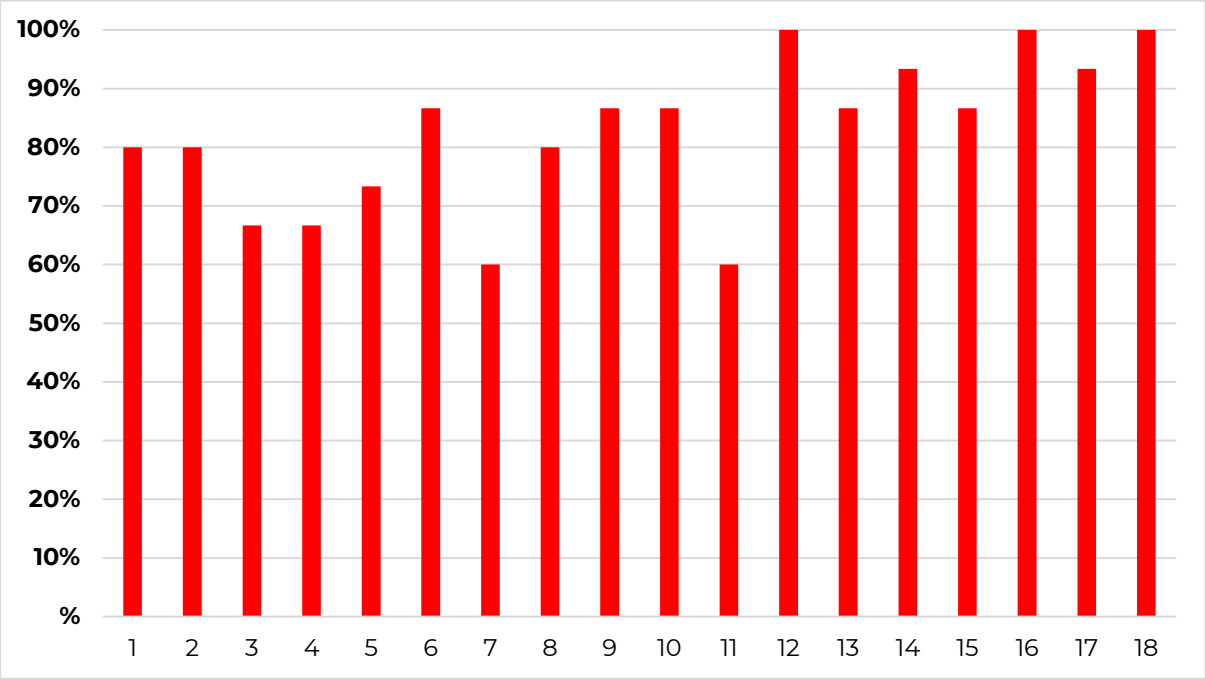


Figure 10: Audit and policy: percentage of met standards

Key achievements

In 100% of services, there are dedicated resources, including protected staff time, to support clinical audit within the directorate or specialist areas.

In 100% of services, managers ensure that policies, procedures and guidelines are formatted, disseminated and stored in ways that the team find accessible and easy to use.

In 100% of services, lessons learned from untoward incidents are shared with the team and the wider organisation. There is evidence that changes have been made as a result of sharing the lessons.

Areas for improvement

In 44% of services, the team, patients and carers are not involved in identifying priority audit topics in line with national and local priorities and patient feedback.

In 39% of services, the ward team does not actively encourage service users and carers to be involved in QI projects.

In 44% of services, there is not a visiting policy which includes procedures to follow for specific groups including:
- Children
- Unwanted visitors (i.e., those who pose a threat to patients, or to staff members).

Examples of good practice

The audit of restrictive practice used by Beadnell MBU is a useful document which clearly details the number of incidents of restrictive practise as well as actions to reduce these.

The visitor policy used by the Margaret Oates MBU contains thorough guidance about interacting with unwanted visitors.

The protocol for liaising with police developed by the West of Scotland MBU shows evidence of good joint working.

> During the pandemic, policies are being updated and made more appropriate for the current situation.
> ***Staff***

> We are asked for their views on working at the mother and baby unit as part of the unit's annual service evaluation.
> ***Staff***

> We are not always given information on self harm policies. This information should be provided and specific instructions should be provided, such as guidance around what to do if someone is head-banging etc.
> ***Staff***

Recommendations for services

1. To involve staff members, patients and carers in identifying audit topics and ideas for QI projects, services could ask about this in community meetings, feedback forms, or discuss at team away days.
2. Services should ensure that their visiting policies include reference to children who may come onto the ward/unit as well how to liaise with significant others who have parental rights.

Discharge

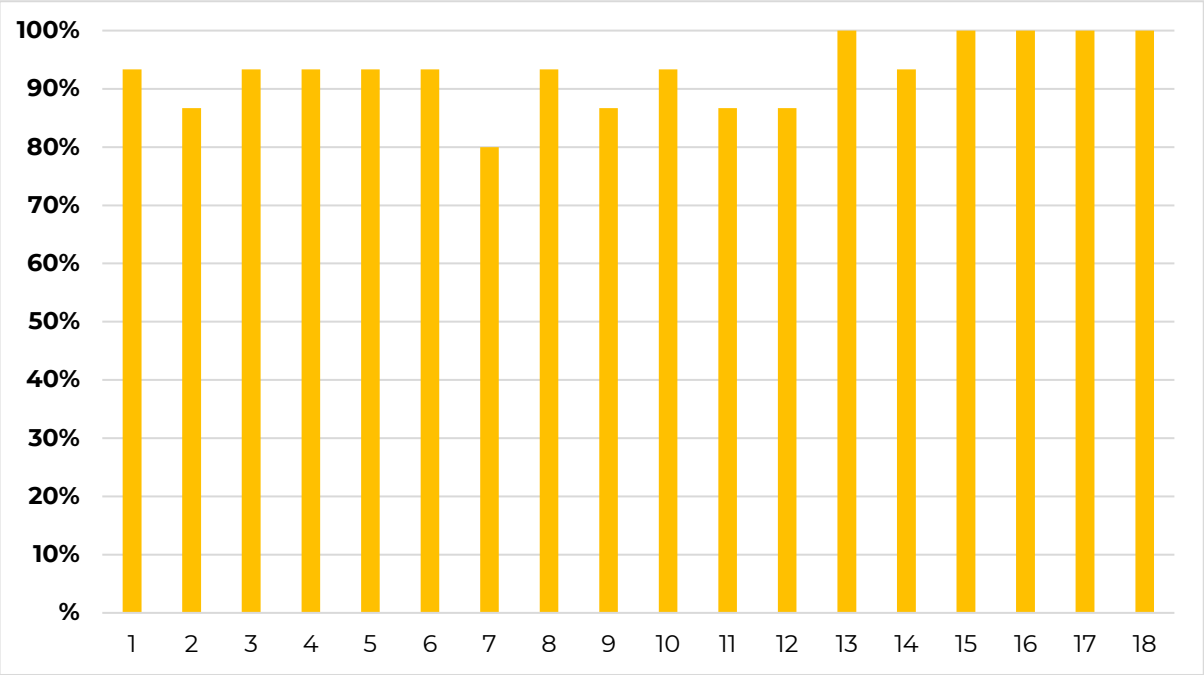


Figure 11: Discharge: percentage of met standards

Key achievements

In 100% of services, pre-discharge planning involves all services involved in patient care.

In 100% of services, the inpatient team makes sure that patients who are discharged from hospital have arrangements in place to be followed up within three days of discharge.

In 100% of services, patients and their families have 24-hour access to telephone advice from the MBU for at least four weeks after discharge from inpatient care.

Areas for improvement

In 39% of services, discharge planning is not initiated at the first multi-disciplinary team review.

In 28% of services, a discharge summary is not sent within one week to the patient's GP and others concerned (with the patient's consent).

In 22% of services, discharged patients do not have their care plan or interim discharge summary sent to everyone identified in the plan as involved in their ongoing care within 24 hours of discharge.

Example of good practice

The team at the Margaret Oates MBU has strong links with mums who have been discharged and some have raised money for different items on the unit. Discharged patients are invited to the Christmas party and many patients come back to visit. There is also a folder of patient stories and significant others' stories on display in the unit which is a helpful resource for mums and provides reassurance from those who have been through the process.

> I was given enough about information about my discharge. Staff went out of their way to facilitate this for me. They took my thoughts into consideration.
> ***Patient***

> I spoke to the team who assured me they would be there to support [my loved one] and that we could call if needed.
> ***Significant other***

> Prior to my partner's discharge I spoke to the team who assured me they would be there to support her and that we could call if needed.
> ***Significant other***

> Although we discussed my medication before my discharge, it would have been helpful to have more information about when I should be taking it.
> ***Patient***

Recommendations for services

1. To ensure discharge planning is initiated at the first multi-disciplinary team review, services could develop a proforma with a discharge section which is reviewed at each meeting.
2. To ensure discharge summaries are sent out within one week and that care plans are sent out within 24 hours to everyone involved in ongoing care, services could keep track of these in a post-discharge checklist for each patient.

Full list of recommendations

Access and admission

1	Services should develop and regularly update a spreadsheet to record, audit and evaluate transfers, refusals, waiting lists and the length of prior admission to an adult psychiatric ward.
2	Services should utilise the PQN Knowledge Hub discussion forum to share challenges and seek advice from other perinatal professionals outside of the reviews process.

Environment and facilities

1	Services should ensure they keep an up-to-date written record of fire drills at the unit.
2	Services should ensure that hazards to babies are included in the annual audit of environmental risk.
3	Services should ensure the temperature in nurseries and bedrooms is maintained within 16-20 degrees Celsius and escalate this if there are issues.

Staffing

1	Services should work with the local Learning Disabilities (LD) service to develop annual training for staff. They could work with a carer's group, peer support workers or patients to develop the carer awareness training. Services may also utilise the PQN's training matrix template to clearly evidence training standards.
2	Services should seek funding to allow for at least one specialist nursery nurse to cover the unit 24 hours a day.

Care and treatment

1	Services should develop a reliable timetable of activities and ensure there are enough staff members to lead the activities. Input could be gathered from mothers during community meetings to inform this timetable.
2	As restrictions ease, services should explore ways to provide support and promote significant other/carer engagement through support sessions, parent-infant activities, practical parenting advice/support.

Information, confidentiality and consent

1	Services should ensure that their policy for responding to significant others/family members when the patient does not consent to their involvement includes how to liaise with significant others who have parental rights.
2	Services could develop an admission checklist which includes information related to mental illness and treatment as well as general information about the ward/unit being given to and discussed with each patient and their significant other/family member.

Rights and safeguarding

1	Services could develop an admission checklist which includes information related to rights on the ward/unit being given to and discussed with each patient.
2	Services could develop a spreadsheet which tracks incidents of restrictive practice and details any actions taken to reduce these.
3	Services should work with senior management to ensure there is a child abuse and protections procedure in place. Services may find it useful to create a flow diagram which clearly yet simply explains the process.

Audit and policy

1	To involve staff members, patients and carers in identifying audit topics and ideas for QI projects, services could ask about this in community meetings, feedback forms, or discuss at team away days.
2	Services should ensure that their visiting policies include reference to children who may come onto the ward/unit as well how to liaise with significant others who have parental rights.

Discharge

1	To ensure discharge planning is initiated at the first multi-disciplinary team review, services could develop a proforma with a discharge section which is reviewed at each meeting.
2	To ensure discharge summaries are sent out within one week and that care plans are sent out within 24 hours to everyone involved in ongoing care, services could keep track of these in a post-discharge checklist for each patient.

Appendix 1: Aggregated results

Standard number	Standard type	Standard	Percentage of services meeting the standard
Section 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 admits women with moderate to serious mental illness from 32 weeks of pregnancy (including those detained under the Mental Health Act).	**100%**
1.1.2	1	The unit admits women at risk of recurrence of serious mental illness in the early days after delivery.	**100%**
1.1.3	1	The unit admits women directly to the mother and baby unit without prior admission to an acute adult ward unless there are exceptional and documented circumstances.	**94%**
1.1.4	1	The unit is open to admissions 24 hours a day, seven days a week.	**100%**
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 and documented circumstances.	**94%**
1.1.6	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.	**85%**
1.1.7	1	If a mother under the age of 18 is admitted to a mother and baby unit then: - There is a named CAMHS clinician who is available for consultation and advice; - The local authority (or local equivalent) is informed of the admission; - The Care Quality Commission, or local equivalent, is informed (if the patient is detained); - A single room is allocated.	**100%**
1.2		**Referrers and other related professionals have ready access to information about the unit**	
1.2.1	1	The service provides information about how to make a referral	**100%**

1.2.2	1	Referrers can speak to a senior member of the unit team to discuss potential admissions and the care of women who are at risk of being admitted.	**100%**
1.2.3	1	Systems are in place to record, audit and evaluate transfers, refusals, waiting lists and the length of prior admission to an adult psychiatric ward.	**67%**
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%**
1.3.2	1	The environment complies with current legislation on disabled access.	**100%**
1.3.3	2	The unit works to minimise barriers to access for patients and family members from remote areas.	**89%**
1.3.4	1	The ward/unit uses 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.	**100%**
1.4		**Patients are made familiar with the unit as soon as possible after admission**	
1.4.1	2	Patients can visit the unit before agreeing to admission (with the exception of emergency admissions).	**94%**
1.4.2	1	On admission to the ward/unit, patients feel welcomed by staff members who explain why they are in hospital.	**100%**
1.4.3	1	The patient's significant other/family member is contacted by a staff member (with patient consent) to notify them of the admission and to give them the ward/unit contact details.	**100%**
1.5		**All patients are assessed for their health and social care needs**	
1.5.1	1	Patients have a comprehensive mental health assessment which is started within four hours and completed within one week. This involves the multi-disciplinary team and includes patients': - Mental health and medication; - Psychosocial and psychological needs; - Strengths and areas for development.	**100%**
1.5.2a	1	Support and supervision required in caring for themselves and their baby.	**100%**
1.5.2b	1	Mode of infant feeding (breast, bottle, weaning etc.).	**100%**
1.5.2c	1	Care of baby which should include physical care, emotional care, developmental care and the ability to ensure safety.	**100%**

1.5.3a	1	Risk of self-harm and suicide.	**100%**
1.5.3b	1	Risk to the baby.	**100%**
1.5.3c	1	Risk to others (e.g. patients, babies, staff).	**100%**
1.5.3d	1	Level of substance use.	**89%**
1.5.3e	1	Absconding risk.	**89%**
1.5.3f	1	Sexual vulnerability.	**89%**
1.5.3g	1	Domestic violence.	**89%**
1.5.4a	1	Patients have a full physical history and examination including blood pressure, pulse, temperature, respiration rate and urinalysis (dipstick) which are recorded in patient notes within four hours of admission.	**89%**
1.5.4b	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 one working day (no more than 72 hours of admission) and recorded in patient records.	**94%**
1.5.4c	1	Women admitted within five days of delivery have their temperature/pulse and respiration measured twice daily, and blood pressure measured daily. They must be seen by a midwife within two days of admission and this must be recorded in patient records.	**100%**
1.5.5	1	All babies are weighed and body mapped on admission to the unit.	**94%**
1.5.6	1	Patients are reviewed by a perinatal consultant or senior doctor (e.g. specialist registrar or staff grade) within one working day of admission.	**94%**
1.5.7	1	Case notes show evidence of assessment of social care needs and involvement with other agencies.	**94%**
1.5.8	1	The unit liaises with local safeguarding children/vulnerable adult services if there are any concerns (or out of area if applicable).	**100%**
1.5.9	1	On admission, the following is given consideration: - The security of the patient's home; - Arrangements for dependants (children, people they are caring for); - Arrangements for pets; - Essential maintenance of home and garden.	**100%**
1.5.10	1	There is a documented CPA or ward round admission meeting within one week of the patient's admission. Patients are supported to attend this with advanced preparation and feedback.	**100%**

1.5.11	1	Patients admitted to the ward outside the area in which they live have a review of their placement at least every three months.	**94%**
Section 2: Environment and Facilities			
2.1		**The unit is well designed and has the necessary facilities and resources**	
2.1.1	1	Patients have access to safe outdoor space every day.	**100%**
2.1.2	1	The unit has a communal lounge area.	**100%**
2.1.3	1	The unit has a dedicated nursery which can be accessed 24 hours a day.	**94%**
2.1.4	1	There is a selection of age-appropriate toys and baby equipment.	**100%**
2.1.5	2	All patients can access a range of current, culturally-appropriate resources for entertainment, which reflect the ward/unit's population.	**100%**
2.1.6	1	The unit has a designated area for the sterilisation of baby items and storage of baby milk.	**100%**
2.1.7	1	The ward/unit has a designated dining area, which is reserved for dining during allocated mealtimes.	**100%**
2.1.8	2	There are facilities for patients to make their own hot and cold drinks and snacks which are available 24 hours a day.	**100%**
2.1.9	3	There is a kitchen on the unit for the sole use of MBU patients. This can be used both for OT assessments and for mothers to cook their own and infants' foods when clinically appropriate.	**89%**
2.1.10	2	Staff members and patients can control heating, ventilation and light.	**94%**
2.1.11	1	The temperature in the nursery and bedrooms is appropriate for sleeping babies.	**83%**
2.1.12	2	The unit has a dedicated office for use by clinical staff.	**100%**
2.1.13	2	There are at least two rooms in addition to the nursing office for individual clinical assessments and interventions.	**89%**
2.1.14	2	There are sufficient IT resources on the unit to provide practitioners with easy access to key information, e.g. information about services/conditions/treatment, patient records, clinical outcome and service performance measurements.	**100%**
2.1.15	2	Ward/unit-based staff members have a dedicated staff room.	**100%**
2.1.16	2	The unit provides internet access for all patients.	**100%**

2.1.17	1	Patients use mobile phones, computers (which provide access to the internet and social media), cameras and other electronic equipment on the ward, subject to risk assessment and in line with local policy.	**94%**
2.1.18	3	All patients can access plug sockets to charge electronic devices such as mobile phones.	**94%**
2.2		**Patients are consulted about the unit environment and have choice when this is appropriate**	
2.2.1	3	Patients are consulted about changes to the ward/unit environment.	**100%**
2.2.2	2	Patients are able to personalise their bedroom spaces.	**100%**
2.3		**The unit is equipped with appropriate medical equipment and this is well-maintained**	
2.3.1a	1	Weighing scales	**100%**
2.3.1b	1	Ophthalmoscope	**100%**
2.3.1c	1	Thermometer	**100%**
2.3.1d	1	Stethoscope	**100%**
2.3.1e	1	Blood glucose monitoring kit	**100%**
2.3.1f	1	Blood pressure monitoring machine	**100%**
2.3.1g	1	Pulse oximeter	**100%**
2.3.2a	1	Weighing scales	**100%**
2.3.2b	1	Thermometer	**94%**
2.3.2c	1	Stethoscope	**89%**
2.3.2d	1	Pulse oximeter	**83%**
2.3.4	1	Resuscitation equipment, including a crash bag and infant face mask and pump, must be available immediately in an emergency. Equipment is maintained and checked weekly and after use.	**89%**
2.4		**Premises are designed and managed so that mothers' rights, privacy and dignity are respected**	
2.4.1	1	Each patient has their own bedroom with a wash basin.	**94%**
2.4.2	1	All bedrooms are equipped so that babies can be roomed with their mothers.	**100%**
2.4.3	1	The ward/unit has at least one bathroom/shower room for every three patients.	**94%**
2.4.4	3	Every patient has an en-suite bathroom.	**67%**

2.4.5	2	All patients have access to lockable storage which may be within their own individual rooms, or access to a safe on the ward.	**94%**
2.4.6	2	The ward/unit has a designated room for physical examination and minor medical procedures.	**94%**
2.4.7	2	The ward/unit has at least one quiet room or de-escalation space other than patient bedrooms.	**94%**
2.4.8	1	Staff members respect the patient's personal space, e.g. by knocking and waiting before entering their bedroom.	**100%**
2.4.9	2	The unit has access to private space for meetings with significant others, relatives and other professionals.	**100%**
2.4.10	1	Patients are involved in decisions about the level of observation they receive.	**94%**
2.4.11	2	There are sufficient areas to allow for visitors which should be appropriate for children with appropriate facilities such as toys and books, in addition to the mother's bedroom or communal areas.	**100%**
2.4.12	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 and access to a multi-faith room.	**100%**
2.5		**The unit provides a safe environment for staff and patients**	
2.5.1	1	There are clear lines of sight to enable staff to observe mothers and their babies.	**89%**
2.5.2	1	The team keeps medication in a secure place, in line with the organisation's medicine management policy.	**100%**
2.5.3	1	Patients are cared for in the least restrictive environment possible, while ensuring appropriate levels of safety and promoting recovery.	**89%**
2.5.4	1	Patients and staff members feel safe on the ward.	**100%**
2.6		**There is equipment and procedures for dealing with emergencies in the unit**	
2.6.1	1	Staff members, patients and visitors are able to raise alarms using panic buttons, strip alarms, or personal alarms and there is an agreed response when an alarm is used.	**100%**
2.6.2	1	A collective response to alarm calls and fire drills is agreed by the team. This is rehearsed at least annually.	**78%**
2.6.3	1	An audit of environmental risk is conducted annually and a risk management strategy is agreed.	**78%**

Section 3: Staffing			
3.1		**The number of nursing staff on the unit is sufficient to meet the needs of patients and babies at all times**	
3.1.1	1	A typical unit with six beds includes at least two registered mental health nurses (RMNs) per day shift.	**72%**
3.1.2	1	A typical unit with six beds includes at least two nurses at night (one of which is an RMN).	**83%**
3.1.3	1	There is at least one specialist nursery nurse to cover day duty (including early and late shifts).	**67%**
3.1.4	2	There is at least one specialist nursery nurse covering the unit 24 hours a day.	**44%**
3.1.5	1	The ward/unit has a mechanism for responding to low staffing levels, including: - 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.	**94%**
3.1.6	2	The ward/unit is staffed by permanent staff members, and unfamiliar bank or agency staff members are used only in exceptional circumstances, e.g. in response to additional clinical need.	**72%**
3.1.7	1	The ward manager is rostered as supernumerary and only used in a clinical role if necessary.	**94%**
3.2		**The unit comprises a core multi-professional team with specialist skills and knowledge**	
3.2.1	1	A typical unit with six beds includes at least 0.5 WTE consultant psychiatrist.	**100%**
3.2.2	1	A typical unit with six beds includes at least 0.5 WTE junior doctor or equivalent.	**100%**
3.2.3	1	There is an identified duty doctor available at all times to attend the ward/unit, including out of hours. The doctor can attend the ward/unit within 30 minutes in the event of an emergency.	**94%**
3.2.4	1	A typical unit with six beds includes at least 0.5 WTE clinical psychologist or there should be clear evidence of formal representations to achieve this by Oct 2020. The psychologist contributes to the assessment and formulation of the patients' psychological needs and the safe and effective provision of evidence-based psychological interventions.	**83%**

3.2.5	1	A typical unit with six beds includes at least 0.5 WTE occupational therapist or there should be clear evidence of formal representations to achieve this by Oct 2020. The occupational therapist works with patients requiring an occupational assessment and ensures the safe and effective provision of evidence-based occupational interventions.	**94%**
3.2.6	2	A typical unit with six beds includes at least 0.5 WTE social work input.	**33%**
3.2.7	1	A typical unit with six beds includes at least 0.5 WTE administrative support.	**94%**
3.2.8	2	A specialist pharmacist is a member of the MDT.	**83%**
3.2.9	3	There is dedicated sessional input from creative therapists.	**72%**
3.2.10	3	The team includes input from peer support workers.	**56%**
3.2.11	1	All patients have a designated health visitor.	**94%**
3.2.12	2	Units should have a designated health visitor who visits at least once a week to advise mothers and clinical staff on childcare issues and liaise with the mother's usual health visitor.	**67%**
3.2.13	1	All patients have visits and advice from a midwife when clinically appropriate.	**100%**
3.2.14	3	When the occupancy levels on the mother and baby unit are low, staff are used to provide care in the community where possible.	**63%**
3.2.15	1	There are written documents that specify professional, organisational and line management responsibilities.	**61%**
3.2.16	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 which meets the needs of the ward/unit.	**83%**
3.3		**New staff members receive a comprehensive induction**	
3.3.1	1	New staff members, including bank staff, receive an induction based on an agreed list of core competencies.	**61%**
3.3.2	1	All newly qualified nursing staff members are allocated a preceptor to oversee their transition onto the ward/unit.	**89%**
3.4		**Staff are provided with a thorough training programme**	
3.4.1a	1	The use of legal frameworks, such as the Mental Health Act (or equivalent) and the Mental Capacity Act (or equivalent).	**72%**
3.4.1b	1	Physical health assessment.	**61%**
3.4.1c	1	Safeguarding vulnerable adults and children.	**78%**

3.4.1d	1	Risk assessment and risk management.	**67%**
3.4.1e	1	Recognising and communicating with patients with cognitive impairment or learning disabilities.	**50%**
3.4.1f	1	Statutory and mandatory training.	**61%**
3.4.1g	2	Carer awareness, family inclusive practice and social systems, including carers' rights in relation to confidentiality.	**44%**
3.4.1h	1	Pharmacological interventions.	**67%**
3.4.1i	1	Common physical disorders in pregnancy and the early postnatal period.	**56%**
3.4.1j	1	Common physical disorders in infancy.	**61%**
3.4.1k	1	Basic infant development including the main development milestones.	**61%**
3.4.1l	1	Understanding and facilitating mother-baby interaction.	**61%**
3.4.2	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 and is repeated at least once every three years.	**72%**
3.4.3	1	All staff undergo specific training in therapeutic observation (including principles around positive engagement with patients, when to increase or decrease observation levels and the necessary multi-disciplinary team discussions that should occur relating to this and actions to take if the patent absconds) when they are inducted into a Trust or changing wards.	**67%**
3.4.4	1	All staff members who deliver therapies and activities are appropriately trained and supervised.	**61%**
3.4.5	3	Shared in-house multi-disciplinary team training, education and practice development activities occur on the ward/unit at least every 3 months.	**50%**
3.4.6	2	Experts by experience are involved in delivering and developing staff training face-to-face.	**50%**
3.5		**All staff receive regular supervision and can access appropriate support**	
3.5.1	1	All clinical staff members receive individual clinical supervision at least monthly, or as otherwise specified by their professional body.	**94%**
3.5.2	1	All staff members receive line management supervision at least monthly.	**83%**
3.5.3	1	All staff members receive an annual appraisal and personal development planning (or equivalent).	**94%**
3.5.4	1	All staff are able to contact a senior colleague as necessary 24 hours a day.	**100%**

3.5.5	1	Staff members, patients and carers who are affected by a serious incident, including control and restraint and rapid tranquilisation, are offered post incident support.	**100%**
3.5.6	2	The team has protected time for team-building and discussing service development at least once a year.	**94%**
3.5.7	1	The ward/unit actively supports staff health and well-being.	**100%**
3.5.8	1	Staff members are able to take breaks during their shift that comply with the European Working Time Directive.	**78%**
3.5.9	2	Staff members are able to access reflective practice groups at least every six weeks, where teams can meet together to think about team dynamics and develop their clinical practice.	**67%**
3.5.10	1	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.	**94%**
3.5.11	1	Staff know how to prevent and respond to sexual exploitation, coercion, intimidation and abuse on the ward.	**100%**
3.5.12	1	When the team meets for handover, adequate time is allocated to discuss patients' needs, risks and management plans.	**94%**
3.6		**There is a recruitment policy to ensure vacant posts are filled quickly with well qualified and checked candidates**	
3.6.1	3	When posts are vacant or in the event of long term sickness or maternity leave, prompt arrangements are made for temporary staff cover.	**89%**
3.6.2	2	Patient or significant other/family member representatives are given the opportunity to be involved in the interview process for recruiting new staff members.	**67%**
Section 4: Care and Treatment			
4.1		**The unit team has good access to a range of services, as appropriate to the needs of the patients. these include the following:**	
4.1.1	1	Patients have follow-up investigations and treatment when concerns about their physical health are identified during their admission.	**100%**
4.1.2	1	Patients are offered personalised healthy lifestyle interventions such as: - Smoking cessation advice - Healthy eating advice - Physical exercise advice and opportunities to exercise	**94%**

		This is documented in the patient's care plan.	
4.1.3	1	Patients who are prescribed mood-stabilising medication must be treated in accordance with NICE guidelines on antenatal and postnatal mental health with particular regards to the need for informed consent, suitability of use in breastfeeding and the possible adverse effects on pregnancy. Sodium valproate should not be used in women of reproductive potential and in pregnancy.	**89%**
4.1.4	1	The team, including bank and agency staff, are able to identify and manage an acute physical health emergency.	**89%**
4.1.5	3	The team supports patients to attend an appointment with their community GP whilst an inpatient if they are admitted in the local area.	**100%**
4.2		**All patients have a written care plan as part of the Care Programme Approach (or equivalent)**	
4.2.1	1	Every patient has a written care plan, reflecting their individual needs. Staff members actively seek to collaborate with patients and their significant other/family member (with patient consent) when developing the care plan, and they are offered a copy.	**78%**
4.2.2	1	The team reviews and updates care plans according to clinical need or at a minimum weekly.	**94%**
4.2.3	1	Patients are supported by staff members, before (to prepare), during (to understand) and after (to feedback outcomes) any formal review of their care.	**100%**
4.3		**There is a broad programme of care and treatment appropriate for the needs of the mothers and their babies**	
4.3.1	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.	**39%**
4.3.2	1	Patients' preferences are taken into account during the selection of medication, therapies and activities, and are acted upon as far as possible.	**100%**
4.3.3	2	There is a minuted ward community meeting that is attended by patients and staff members. The frequency of this meeting is weekly, unless otherwise agreed with the patient group.	**89%**
4.3.4	2	Patients have access to relevant faith-specific support, preferably through someone with an understanding of perinatal mental health issues.	**94%**

4.3.5	2	The team provides information and encouragement to patients to access local organisations for peer support and social engagement. This is documented in the patient's care plan and includes access to: - Voluntary organisations; - Community centres; - Local religious/cultural groups; - Peer support networks; - Recovery colleges.	**78%**
4.3.6	1	The team supports patients to access support with finances, benefits, debt management and housing.	**89%**
4.3.7	1	Patients begin evidence-based interventions, which are appropriate for their bio-psychosocial needs, within four weeks of admission. Any exceptions are documented in the case notes.	**100%**
4.3.8	1	Mothers are encouraged to engage in activities which promote mother infant attachment and enjoyment.	**100%**
4.3.9	3	Patients have access to complementary therapies, in accordance with local policy and procedures (and the safety of the baby).	**83%**
4.3.10	2	Patients receive psychoeducation on topics about activities of daily living, interpersonal communication, relationships, coping with stigma, stress management and anger management.	**72%**
4.4		**Drugs are administered according to the relevant guidelines**	
4.4.1	1	Drug charts clearly state whether the patient is breastfeeding or not.	**100%**
4.4.2	1	Staff give information to patients about the use of medication in pregnancy and breastfeeding and risks are discussed.	**94%**
4.4.3	1	When medication is prescribed, specific treatment goals are agreed with the patient, the risks (including interactions) and benefits are reviewed, a timescale for response is set and patient consent is recorded.	**94%**
4.4.4	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.	**100%**
4.4.5	1	Every patient's PRN medication is reviewed weekly, with consideration of the frequency dose and reasons.	**100%**
4.4.6	1	Clinical outcome measurement data is collected at two time points (admission and discharge) as a minimum, and at clinical reviews where possible.	**94%**

4.4.7	2	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.	**100%**
4.5		**Patients can meet easily with members of staff and their key workers**	
4.5.1	1	Patients know who the key people are in their team and how to contact them if they have any questions.	**100%**
4.5.2	1	Patients have the opportunity to meet their consultant or senior doctor on a weekly basis outside of the ward review.	**100%**
4.5.3	1	Each patient receives a pre-arranged, one-hour session at least once a week with a nominated member of their care team to discuss progress, care plans and concerns.	**94%**
4.6		**During admission, good communication is maintained with the patient's family and local services**	
4.6.1	2	Significant 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.	**78%**
4.6.2	1	Significant others and family members (with patient consent) are involved in discussions and decisions about the patient's care, treatment and discharge planning.	**94%**
4.6.3	1	Significant others and designated family members are involved in decisions about the care of the baby (with the patient's consent).	**89%**
4.6.4	1	Significant others are advised on how to access a statutory carer's assessment, provided by an appropriate agency.	**83%**
4.6.5	2	Significant others 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.	**72%**
4.6.6	2	Significant others and family members are offered support, e.g. through partner support sessions, family sessions, or couple sessions.	**61%**
4.6.7	2	Significant others and family members are encouraged to be involved in the following: parent-infant activities, practical parenting advice/support with the nursery nurse or health visitor etc.	**61%**
4.6.8	2	Significant others and family members feel supported by the ward staff members.	**94%**
4.7		**All babies receive appropriate care and support**	
4.7.1	1	Health visitors are informed of all new babies arriving on the unit within 48 hours of admission.	**89%**

4.7.2	1	There is a care plan for the baby which is developed with the mother wherever possible, and takes into consideration national guidelines on infant care.	**72%**
4.7.3	1	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.	**100%**
4.7.4	1	If the separation of the mother and baby is prolonged, significant others/family members are given the opportunity to provide interim care for the baby, where appropriate.	**100%**
4.7.5	1	When mothers are unable to consent, breastfed babies are only given formula milk if clinically necessary.	**100%**
4.7.6	1	Appropriate food is provided for weaning babies when patients are unable to provide it themselves.	**100%**
4.8		**Leave is planned in collaboration with the patient and their family members**	
4.8.1	1	The team and patient jointly develop a leave plan, which is shared with the patient, that includes: - 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 and crisis numbers.	**67%**
4.8.2	1	Staff agree leave plans with the patient's significant other/family member where appropriate, allowing them sufficient time to prepare.	**100%**
4.8.3	1	Health visitors are informed of all periods of overnight leave.	**72%**
4.8.4	1	When patients are absent without leave, the team (in accordance with local policy): - Activates a risk management plan; - Makes efforts to locate the patient; - Alerts significant others/family members, people at risk and the relevant authorities; - Completes an incident form.	**94%**
Section 5: Information, Consent and Confidentiality			
5.1		**Patients and families have good access to information**	
5.1.1	1	Information, which is accessible and easy to understand, is provided to patients and significant others.	**78%**

5.1.2	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.	**67%**
5.1.3	2	The team provides each significant other/family member with accessible carer information.	**72%**
5.1.4	1	Patients (and significant others/family members, with patient consent) are offered written and verbal information about the patient's mental illness and treatment.	**67%**
5.1.5	2	Information given to patients and significant others is developed collaboratively and regularly reviewed.	**100%**
5.2		**Personal information about patients is kept confidential, unless this is detrimental to their care**	
5.2.1	1	Confidentiality and its limits are explained to the patient and significant other/family member on admission, both verbally and in writing. The patient's preferences for sharing information with the third parties are respected and reviewed regularly.	**83%**
5.2.2	1	All patient information is kept in accordance with current legislation.	**94%**
5.2.3	1	The team follows a protocol for responding to significant others/family members when the patient does not consent to their involvement.	**67%**
Section 6: Rights and Safeguarding			
6.1		**All examination and treatment is conducted with the appropriate consent**	
6.1.1	1	Assessments of patients' capacity (and competency for patients under the age of 16) to consent to care and treatment in hospital are performed in accordance with current legislation.	**100%**
6.1.2	1	Audio and/or video recording facilities and one-way screens are only used with the written consent of patients.	**83%**
6.1.3	1	The Mental Health Act status of patients (including those who are not detained) is known to all staff and visible on notes.	**100%**
6.2		**The unit is patient-centred and patients have their rights respected**	

6.2.1	1	On admission, patients are given accessible written information which staff members talk through with them as soon as is practically possible. The information includes: - Their rights regarding admission and consent to treatment; - Rights under the Mental Health Act; - How to access advocacy services; - How to access a second opinion; - How to access interpreting services; - How to access their records; - How to raise concerns, complaints and compliments.	**72%**
6.2.2	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.	**78%**
6.2.3	2	Staff members ask patients for feedback about the food and this is acted upon.	**89%**
6.2.4	1	Patients feel listened to and understood by staff members.	**100%**
6.2.5	1	All patients have access to an advocacy service including IMHAs (Independent Mental Health Advocates).	**94%**
6.2.6	2	Patients on constant observations receive at least one hour per day being observed by a member of staff who is familiar to them.	**94%**
6.2.7	1	Staff members treat all patients and carers with compassion, dignity and respect.	**100%**
6.3		**The unit monitors and actively works to reduce restrictive practice**	
6.3.1	1	Patients who are involved in episodes of control and restraint, or compulsory treatment including tranquilisation, are observed to be breathing, have their vital signs monitored by staff members and any deterioration is responded to.	**100%**
6.3.2	1	Staff members do not restrain patients in a way that affects their airway, breathing or circulation.	**100%**
6.3.3	1	In order to reduce the use of restrictive interventions, patients who have been violent or aggressive are supported to identify triggers and early warning signs, and make advance statements about the use of restrictive interventions.	**94%**
6.3.4	1	Systems are in place to enable staff members to quickly and effectively report incidents and managers encourage staff members to do this.	**100%**
6.3.5	1	When mistakes are made in care this is discussed with the patient themselves and their carer, in line with the Duty of Candour agreement.	**100%**

6.3.6	1	The multi-disciplinary team collects audit data on the use of restrictive interventions and actively works to reduce its use year on year.	**78%**
6.4		**The status of the baby is clearly documented and child protection procedures are in place**	
6.4.1	1	The health record includes a note of who has parental rights and responsibility.	**94%**
6.4.2	1	The child protection status and responsible social worker is recorded in notes with contact details.	**100%**
6.4.3	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, family members, patients, visitors or staff.	**78%**
Section 7: Audit and Policy			
7.1		**All available information is used to evaluate the performance of the unit**	
7.1.1	1	Patients and their significant others/significant others are given the opportunity to feed back about their experiences of using the service, and their feedback is used to improve the service.	**83%**
7.1.2	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%**
7.1.3	2	Services are developed in partnership with appropriately experienced patients and carers who have an active role in decision making.	**94%**
7.2		**Unit staff are involved in clinical audit**	
7.2.1	1	There are dedicated resources, including protected staff time, to support clinical audit within the directorate or specialist areas. When staff members undertake audits they should do the following: - Agree and implement action plans in response to audit reports - Disseminate information including audit findings and action plan - Complete the audit cycle.	**100%**
7.2.2	3	The team, patients and carers are involved in identifying priority audit topics in line with national and local priorities and patient feedback.	**56%**
7.3		**The unit has a comprehensive range of policies and procedures which consider the special needs of women, babies and families**	
7.3.1	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%**

7.3.2	2	Clinical staff are consulted in the development of unit specific policies, procedures and guidelines that relate to their practice.	**83%**
7.3.3	1	There is a locked door policy which allows patients to be cared for in the least restrictive environment possible.	**67%**
7.3.4	1	There is a visiting policy which includes procedures to follow for specific groups including: - Children - Unwanted visitors (i.e. those who pose a threat to patients, or to staff members)	**56%**
7.3.5	1	The ward/unit has a policy for the care of patients with dual diagnosis.	**78%**
7.3.6	1	There is a policy for responding to serious incidents requiring investigation.	**89%**
7.3.7	1	The team follows an agreed protocol with local police, which ensures effective liaison on incidents of criminal activity/harassment/violence.	**83%**
7.4		**The service is actively involved in quality improvement**	
7.4.1	1	Lessons learned from untoward incidents are shared with the team and the wider organisation. There is evidence that changes have been made as a result of sharing the lessons.	**100%**
7.4.2	2	The ward team use quality improvement methods to implement service improvements.	**89%**
7.4.3	3	The ward team actively encourage service users and carers to be involved in QI projects.	**61%**
Section 8: Discharge			
8.1		**Before discharge, decisions are made about meeting any continuing needs**	
8.1.1	2	Discharge planning is initiated at the first multi-disciplinary team review.	**61%**
8.1.2	1	Pre-discharge planning involves all services involved in patient care.	**100%**
8.1.3	1	Patients and their significant other/family member (with patient consent) are invited to a discharge meeting and are involved in decisions about discharge plans.	**94%**
8.1.4	1	Patients discharged from inpatient care have their care plan or interim discharge summary sent to everyone identified in the plan as involved in their ongoing care within 24 hours of discharge.	**78%**
8.1.5	1	A discharge summary is sent within one week to the patient's GP and others concerned (with the patient's consent), including why the patient was admitted, how her condition has changed, and her diagnosis, medication and formulation.	**72%**

8.1.6	1	The inpatient team makes sure that patients who are discharged from hospital have arrangements in place to be followed up within three days of discharge.	**100%**
8.1.7	1	Mental health practitioners carry out a thorough assessment of the patient's personal, social, safety and practical needs to reduce the risk of suicide on discharge.	**100%**
8.1.8	1	Community professionals are informed of all periods of leave.	**94%**
8.1.9	1	When staff members are concerned about an informal patient self-discharging against medical advice, the staff members undertake a thorough assessment of the patient, taking their wishes into account as far as possible.	**100%**
8.1.10	1	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%**
8.1.11	1	Teams provide specific transition support to patients when their care is being transferred to another unit, to a community mental health team, or back to the care of their GP.	**94%**
8.1.12a	1	Contraception.	**100%**
8.1.12b	1	The risk of recurrence of problems with subsequent pregnancies.	**100%**
8.1.12c	1	Medication, its side effects and its impact on driving.	**100%**
8.1.13	2	The unit works to ensure that all patients have a named local community consultant and named clinician as soon as possible to ensure discharge planning begins.	**100%**

Appendix 2: Cycle 13 participating services

- Andersen Mother and Baby Unit, Greater Manchester Mental Health NHS Foundation Trust
- Beadnell Mother and Baby Unit, Northumberland, Tyne and Wear Foundation Trust
- Brockington Mother and Baby Unit, South Staffordshire and Shropshire 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
- East London Mother and Baby Unit, East London Foundation Trust
- Florence House Mother and Baby Unit, Dorset HealthCare University NHS Foundation Trust
- Jasmine Lodge Mother and Baby Unit, Devon Partnership
- Kingfisher Mother and Baby Unit, Norfolk and Suffolk NHS Foundation Trust
- Margaret Oates Mother and Baby Unit, Nottinghamshire Healthcare NHS Trust
- Melbury Lodge, Southern Health NHS Foundation Trust
- New Horizon Mother and Baby Unit, Avon and Wiltshire Mental Health NHS Trust
- Rainbow Mother and Baby Unit, North Essex Partnership NHS Foundation Trust
- Ribblemere Mother and Baby Unit, Lancashire Care NHS Trust
- Rosewood Lodge Mother and Baby Unit, Kent and Medway NHS
- The Beeches Mother and Baby Unit, Derbyshire Mental Health Services NHS Trust
- Thumbswood Mother and Baby Unit, Hertfordshire Partnership NHS Trust
- West of Scotland Mother and Baby Unit, NHS Greater Glasgow and Clyde
- Yorkshire and Humber Mother and Baby Unit, Leeds and York Partnership Foundation Trust

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