

Freedom of Information Request	FOI 23-253	15 th June 2023
--------------------------------	------------	----------------------------

This FOI request relates to people admitted to psychiatric inpatient wards who are parents.

By 'inpatient ward' we refer to: any ward that provides primarily psychiatric care, that has provision for overnight use, including locked and unlocked wards; including male, female, and mixed wards; including rehabilitation and forensic wards.

We do not need data relating to wards that are (or were during time period in question) exclusively delivering care to patients with dementia, or exclusively delivering care to older adults, or exclusively delivering care to children and adolescents (CAMHS).

Where possible please provide data on forensic wards separately from other types of ward.

By 'parent', we refer to any individual who has a child/children aged under 18 years (this can include step/foster/adopted/biological children). These parents need not necessarily have current caring responsibility (e.g. their child/children could be in temporary foster care).

We also include as a 'parent' any individual who has any other formal residential caring responsibility for a child aged under 18 years (e.g. where a grandparent has parental responsibility for a grandchild).

We are seeking data covering the period from 1st January 2018 to 31st December 2019 inclusive.

Please provide the following data, as far as is reasonably possible:

- 1. Admissions Data
 - a. How many individual admissions (for one night or more) were made to each psychiatric inpatient ward in the Trust. This question refers to all patient admissions, not just parents.

If possible, please provide this information disaggregated by ward, and for each ward, please indicate:

- Ward gender type (male/female/mixed)
- Mean age of patients admitted during reporting period

Ward Data	Year

		2018	2019	Total	
Ward	Service Type	Ward Type	2018	2019	TOTAL
Ward 1	Adult MH	Mixed	478	418	896
Ward 2	PICU	Mixed	37	37	74
Ward 3	Longer term complex care	Female	2	1	3
Ward 4	Adult MH	Mixed	156	141	297
Ward 5	Forensic	Male	11	6	17
Ward 6	Adult MH	Mixed	620	510	1130
Ward 7	Adult MH	Mixed	294	293	587
Ward 8	Forensic	Male	5	11	16
		Total	1603	1417	3020

	2018	2019	Overall
Mean Age (yrs)	37	38	38

b. How many of the patients reported under 1.a. were parents (as defined above)?

Any information relating to parenthood is written as free text as part of assessment information. In order to provide this information, the Health Board would have to review each record. Therefore, in order to comply with your request, the Health Board has established that this would exceed the appropriate costs limit under Section 12 of the Freedom of Information Act 2000 which is currently £450. We estimate that it would take Health Board staff approximately 503 hours to review. This figure is based on a timescale of 10 minutes per record. The Health Board's staff will have a total of 3020 records to review, to obtain the data this would work out at approximately 503 hours @ £25.00 per hour (cost permitted under the Act) = £12,583. As you will be aware this is not an exemption which requires us to consider the application of the public interest test. We have calculated that it would take in excess of 18 hours to review each patient record.

If possible, please provide this information disaggregated by ward, and for each ward, please indicate:

Ward gender type (male/female/mixed)

• Mean age of patients admitted during reporting period

- 2. Parental Status Data Collection
 - a. What data are routinely collected on parental status when inpatients are admitted or during their care? For example, are any of the following recorded: parenthood status, parental responsibility, children's age, involvement of statutory services, where child currently resides? Is any other related information routinely recorded?

Information relating to parenthood status, parental responsibility, children's ages, involvement of statutory services and any other information related to parenthood and childcare is routinely collected as part of assessment information. Information would also be collected as part of caring responsibilities and family networks in addition to parental status. For example, where grandparents have childcare responsibilities. Please refer to Q1b for exemption.

3. Trust/ward policies and procedures

- a. Please provide copies of Trust policy documents which include reference to the needs of psychiatric inpatients who are parents and their families (e.g. family visit policies). Please see attached 'Children Visiting Inpatient Settings' policy
 - b. Please provide copies of any internal guidelines/SOPs used by wards to manage child visits to wards. Please see attached 'Acute wards Standard Operating Policy'
- Please provide a copy of each inpatient ward induction/welcome pack for inpatients.
 Please see attached a ward leaflet. The same leaflet is in place for each ward (with amended information relevant to each ward e.g. name, phone numbers etc)
 - d. Please provide a copy of any written information provided to carers of inpatients.
 Please refer to O3c.
- e. Please provide a copy of information provided to the carers of children of inpatients while they are inpatients (e.g. foster carer, grandparent).

The Health Board does not have specific information for the carers of children.

f. Please provide a copy of any information provided to child(ren) of inpatients.

The Health Board does not have specific information for children of inpatients.

For items a-f, please state if no such materials exist.

- 4. Child visits
 - a. During the reporting period, how many parents received at least one visit from their child/ren during their inpatient ward admission?

The Health Board does not record this information.

b. During the reporting period, how many individual visits were made by children to inpatient psychiatric wards? The Health Board does not record this information.

5. Family-friendly facilities

a. Please provide a description of any family visit room(s) on each inpatient ward (include details of fixtures and fittings).

The room used to facilitate a family visit in each ward will be a nonclinical room, and not a communal room. Visits are prohibited in patients' bedrooms. Rooms vary in terms of fixtures and fittings, but will have chairs and/or a sofa, perhaps a side table and wall art. Children's toys/books/games are available in ward areas for children's use during visits. b. For each family room, state whether it is used solely for the purpose of family visits.

There are no rooms in any of our mental health facilities that are solely used for family visits. However, family visits will always be prioritised over other room use.

c. Please provide a photograph of each family room (a snapshot from a phone is fine)

Please find attached photographs as requested.