

PQN Community

ANNUAL REPORT

2023 - 2025

Authors: Naomi Cross-Stuart & Indira
Randhawa-Hiscock
Date: March 2026
Publication Number: CCQI 526



FOREWORD

I have been delighted to be a Patient Representative with the Perinatal Quality Network for the last four years, and in this role have had the privilege of visiting a number of community perinatal mental health services in England, where I have seen firsthand the marvellous work being done to support those experiencing challenges with their mental health in the perinatal period. I myself experienced perinatal mental health problems when I had my daughter nearly seven years ago, and the help I received from my community team was invaluable, both in helping me recover and in ensuring good outcomes for her. I always like to remind my community team of the long reach of their work by sharing the progress in our lives.

One of the most encouraging findings of this report is the increase over time in the number of services offering support up to 24 months after birth; extended care beyond 12 months was something from which I personally benefited greatly. It is wonderful to see an increase in the number of peer support workers available to support this.

It is also great to see progress in so many areas in 2024–2025 compared with 2023–2024, particularly around providing patients with written information about what to expect from services, giving patients and their loved ones the opportunity to discuss their medication with pharmacists, and the involvement of partners or chosen supporters in discussions around patient care. I hope that by the next report, we will see all services carrying out these important activities, as they really do influence a patient's experience of care.

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

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

It has been a delight to be Chair of the Perinatal Quality Network (PQN) Advisory Group. Being a community consultant perinatal psychiatrist myself, this report reflects the huge amount of work that every single member from the included teams has contributed to.

It is really encouraging to see how the teams have been accepting more referrals and providing care for up to 24 months. This, in turn, indicates wider access to services for a broader range of patients, as well as a better ability to target certain groups who might otherwise have been missed.

We still acknowledge that certain patients' needs are not fully met yet, especially with regard to joint working with other teams. However, the figures comparing the current cycle with the previous one remain encouraging and indicate clear improvement in this regard.

We are also aware of other funding and staffing challenges, but the patients' support and feedback have given everyone wonderful enthusiasm to provide the best care possible. We have seen in our daily work many colleagues who have gone above and beyond their capacities, and we believe that the feedback reflected in this report is the result of these efforts, many of which were carried out professionally yet behind the scenes.

I am very grateful to all the patients who supported the PQN reviewers with their feedback. Additionally, I would like to congratulate all the perinatal community teams who were included in this report on their achievements. I would also like to express my deepest gratitude to the whole PQN team for writing this report and for objectively highlighting both the achievements and the challenges across the different teams.

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

TABLE OF CONTENTS

5

Introduction

6

Report Information

7

6th Edition Community
Standards

8 - 11

Contextual Data

12

Overall Compliance with
Standards

13 - 14

Section 1: Access and
Referral

15 - 16

Section 2: Assessment

17 - 18

Section 3: Discharge and
Transfer of Care

19 - 20

Section 4: Care and
Treatment

21 - 22

Section 5: Rights, Infant
Welfare and Safeguarding

TABLE OF CONTENTS

CONTINUED

23 - 24

Section 6: Staffing and Training

25 - 26

Section 7: Recording and Audit

27 - 30

Acknowledgements

31

Standards Revision

32

Further Resources



INTRODUCTION

Who we are

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

What we do

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

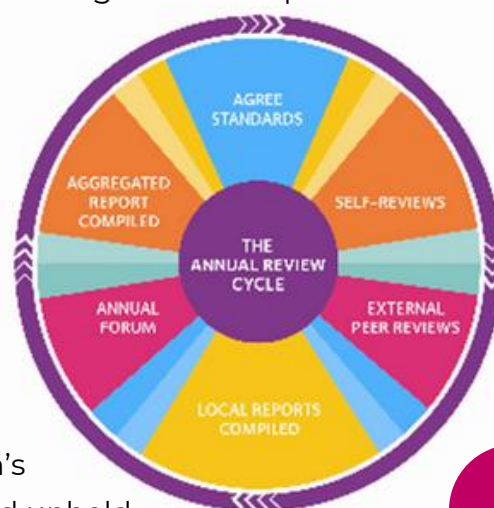
The network is supported by two essential groups that contribute significantly to its development and integrity. The Advisory Group is a dedicated team that offers strategic guidance to ensure the network's continued growth and visibility. Their input is instrumental in shaping national recommendations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

Annual review cycle

The review process has 2 phases:

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

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



REPORT INFORMATION

The PQN community report provides an overview of adherence to the PQN 6th Edition Community Standards from 47 services across England, Scotland and Wales. Overall, 39 community perinatal mental health services took part in a review in the 2023-2024 cycle, and 47 services took part in the 2024-2025 cycle. The PQN project team collated the data from both review cycles and carried out quantitative analysis to ascertain overall compliance to the PQN 6th Edition Community Standards.

What to expect in this report:

This national report presents aggregated findings from reviews conducted across 39 community services in the 2023–2024 cycle and 47 community services in the 2024–2025 cycle. It examines contextual data obtained from all services, including staff mix, average number of accepted referrals, average birth rate, average wait time for assessment, the number of services reporting that they provide care up to 24 months postpartum, and average caseload.

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

The overall compliance for standard domains can be found on [page 12](#).

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

How to use the findings:

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

Service locations:

Nearly all community services across the UK are members of the PQN, ensuring broad geographical coverage across England, Scotland, and Wales

PQN 6TH EDITION COMMUNITY STANDARDS

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

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

The standards are split into seven subsections:

1. Access and Referral
2. Assessment
3. Discharge and Transfer of Care
4. Care and Treatment
5. Rights, Infant Welfare and Safeguarding
6. Staffing and Training
7. Recording and Audit

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

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

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

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

Type 1 Standards
100% need to be met

Type 2 Standards
80% need to be met

Type 3 Standards
60% need to be met

CONTEXTUAL DATA

All community services participating in a PQN review were asked to submit data on the **average number of accepted referrals, birth rate** and **average wait for assessment**. The data represents responses from 39 services in the first review cycle (September 2023–June 2024) and 47 services in the second review cycle (September 2024–June 2025), both evaluated against the 6th Edition Community Standards.

2023 - 2024

2024 - 2025

72%

Average number of accepted referrals



75%

Average number of accepted referrals



It is important to note services have different definitions of 'accepting' referrals.

10,013

Average birth rate across all services with a range of 2,000 to 37,000

7,656

Average birth rate across all services with a range of 1,619 to 21,388



In both the 2023-2024 and 2024-2025 cycles
there was a 3.5 week
average wait for assessment



It is important to note there are likely variations in how services record this.

CONTEXTUAL DATA CONTINUED

2023 - 2024

2024 - 2025

46.2%

Of services provided care for up to 24 months



59.6%

Of services provided care for up to 24 months

375

The average total case load for services (active cases) was **375**, ranging from 64 and 1178

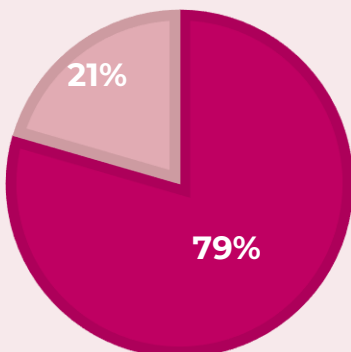


322

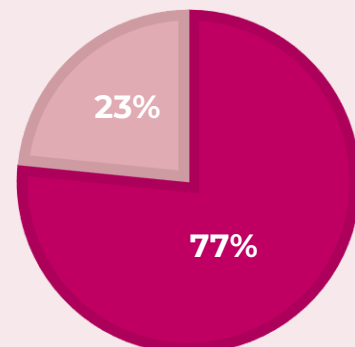
The average total case load for services (over the last 6 months) was **322**, ranging from 64 and 1243

Percentage of reviews that were completed as peer reviews or accreditation reviews.

■ Peer Review ■ Accreditation



■ Peer Review ■ Accreditation



CONTEXTUAL DATA

CONTINUED – 12 month

All units engaging in a PQN review were also asked to provide a breakdown of their **Whole Time Equivalent (WTE)** staffing numbers to gain a national picture of any staffing shortages services may be facing. These figures are based on services offering up to a **12-month service**.

Average WTE of service occupations in relation to a birth rate of 10,000

Staffing Type	2023 – 2024	2024-2025
Consultant Psychiatrist	2.05	1.98
Non-Consultant Medical Input	0.73	0.77
Community Psychiatric Nurses	9.59	10.23
Social Worker	0.88	1.33
Clinical Psychologist	2.91	2.52
Additional Clinical or Counselling Psychologist	1.27	1.01
Team Manager	1.28	1.89
Nursery Nurses	3.09	3.28
Occupational Therapist	1.92	1.88
Parent-Infant Therapist (or staff trained in parent-infant therapy)	0.34	0.60
Administrators	3.84	4.16

*Due to missing data, these figures are based on 14 out of the 39 community teams that participated in the 2023-2024 cycle, and 22 out of the 47 that participated in the 2024-2025 cycle, offering up to a 12-month service. To ensure that staffing levels could be compared across services with different birth rates, all WTE figures were converted to a common denominator of 10,000 births before calculating the average.

CONTEXTUAL DATA

CONTINUED – 24 month

All units engaging in a PQN review were asked to provide a breakdown of their **Whole Time Equivalent (WTE)** staffing numbers to gain a national picture of any staffing shortages services may be facing. These figures are based on services offering up to a **24-month service**.

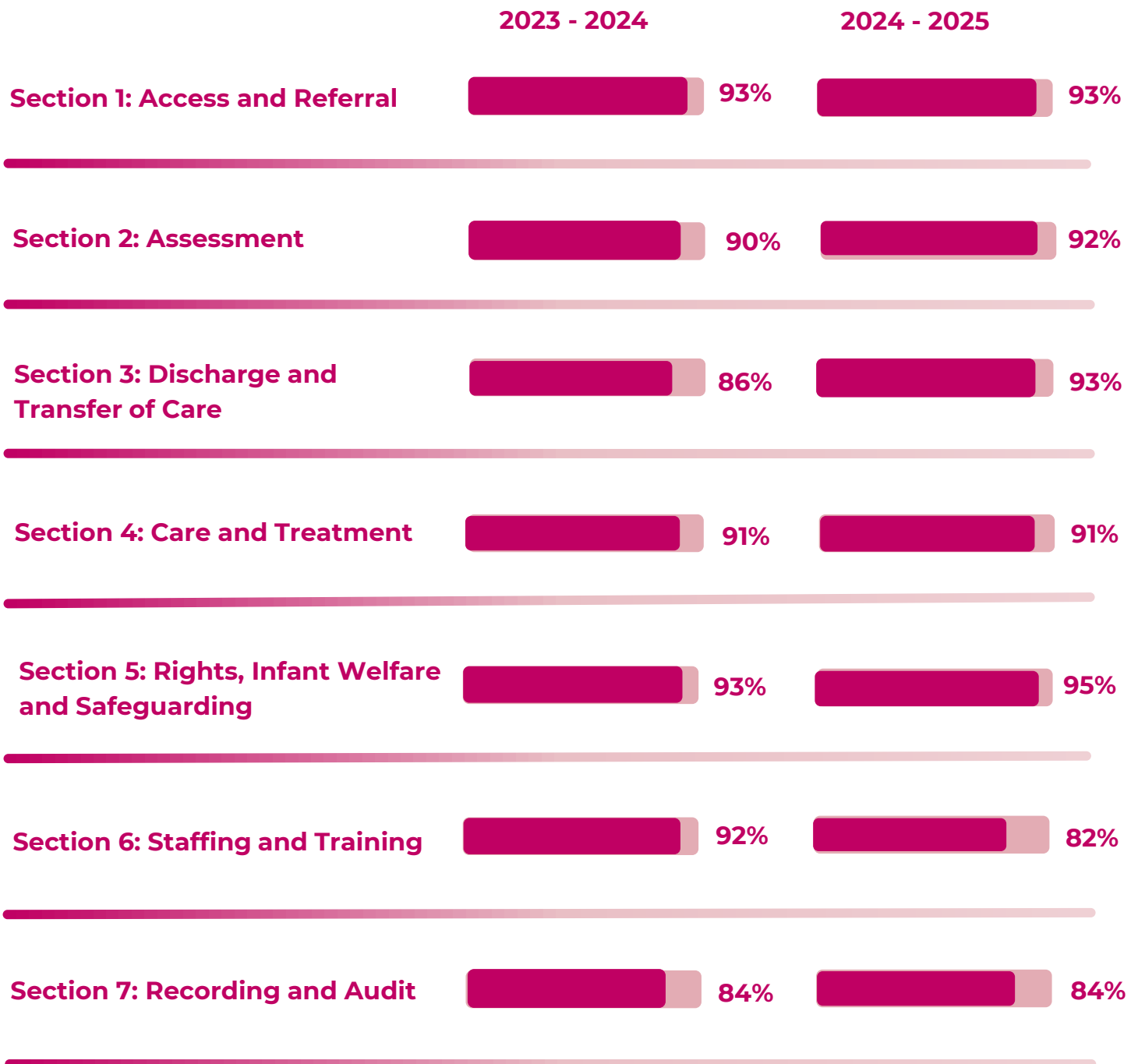
Average WTE in of service occupations in relation to the birth rate of 10,000

Staffing Type	2023 – 2024	2024-2025
Consultant Psychiatrist	2.57	2.68
Non-Consultant Medical Input	1.34	1.67
Community Psychiatric Nurse	11.46	11.28
Social Worker	1.76	1.69
Psychological Professionals (e.g. CBT therapist, systemic or adult psychotherapist)	5.00	5.56
Team Manager	1.90	2.32
Nursery Nurse	3.69	4.58
Occupational Therapist	2.65	2.90
Parent-Infant Therapist (or staff trained in parent-infant therapy)	0.86	0.85
Peer Support Worker	1.54	2.50
Administrator	5.27	5.89
Pharmacist	0.58	0.31

*These figures are based on the 18 out of 39 community teams that participated in the 2023–2024 cycle, providing a 24-month service, and 25 out of the 47 services that offered a 24-month service in the 2024–2025 cycle. While 28 services in total provided a 24-month service during the 2024–2025 cycle, data is currently available for 25 of them. To ensure that staffing levels could be compared across services with different birth rates, all WTE figures were converted to a common denominator of 10,000 births before calculating the average.

OVERALL COMPLIANCE WITH STANDARDS

All services were assessed on their compliance with the **6th Edition of the PQN Community Standards**. Below is the average total compliance to each of the subsections of these standards (counting “Partly Met”, and “Not met” as non-compliant, and “Met” as compliant).

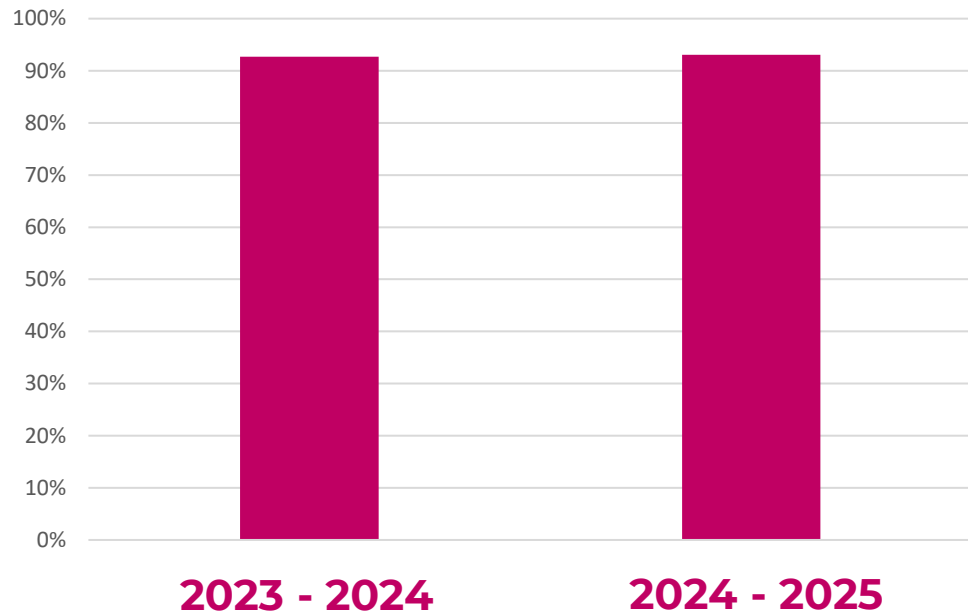


*2023-2024 data based on 39 community services

*2024-2025 data based on 47 community services

SECTION ONE: ACCESS AND REFERRAL

Average total compliance to this subsection:



Total Met standards (%)



Key Achievements

- Since the 2023-2024 cycle, there has been a **12%** increase in services working with the local Children and Young People Service to provide care to patients under the age of 18 (79%). **91%** of services in the 2024-2025 cycle met this standard (1.16, Type 1).
- In the 2023-2024 cycle, **90%** of services provided a telephone advice line for professional (e.g. midwives, GPs) at specific times of the week. This was the case for **89%** of services in the 2024-2025 cycle (1.11, Type 3).
- In the 2023-2024 and 2024-2025 cycle, **100%** and **96%** of services, respectively, offered appointments both in person and virtually, and patient preference was taken into account (1.17, Type 2).
- **95%** of services in the 2023-2024 cycle had face-to-face appointments in accessible settings, where everyone could access the service using public transport or transport provided by the service. In the 2024-2025 cycle, this was the case for **94%** of services (1.18, Type 3).

Areas of Development

- In the 2024-2025 cycle, for **79%** of services, outcomes of accepted referrals were fed back to the referrer and patient within ten working days of the referral. If a referral was not accepted, the team advised the referrer and patient on alternative options. This is a 11% decrease as **90%** of services were meeting this in the 2023-2024 cycle (1.14, Type 1).
- For **51%** of services in the 2023-2024 cycle and **66%** in the 2024-2025 cycle, there were clear joint working protocols regarding working with
 - Patients with disordered eating;
 - Patients with substance misuse problems;
 - Patients with a severe, diagnosed personality disorder;
 - Patients with a learning disability ;
 - Unscheduled care teams/home treatment/crisis/ liaison teams (1.15, Type 1).

SECTION ONE: ACCESS AND ADMISSION

Standard Criteria

Recommendations

Standard 1.14



Outcomes of accepted referrals are fed back to the referrer and patient within ten working days of the referral. If a referral is not accepted, the team advises the referrer and patient on alternative options.

To support timely communication with referrers, teams are encouraged to:

- Implement alerts or reminders for when the ten-day deadline is approaching.
- Develop template letters for accepted and declined referrals to reduce admin time and ensure consistency.
- Complete an audit to determine the reasons why referral outcomes are not being sent within this timeline and then develop an action plan going forward.

There should be a mechanism for recording the reasons for delay.

Standard 1.15



The service has clear joint working protocols regarding working with:

- Patients with disordered eating;
- Patients with substance misuse problems;
- Patients with a severe, diagnosed personality disorder;
- Patients with a learning disability;
- Unscheduled care teams/home treatment/crisis/ liaison teams

To strengthen collaboration and improve care pathways, it is recommended that services develop a formal ratified joint working protocol with the relevant teams. This could help streamline processes and build on existing positive working relationships.

Additionally, to raise awareness of the perinatal service to external teams, services can explore the appointment of 'champions' within the team to help raise awareness and create links with various external teams.

Example of Good Practice



- Dorset Perinatal Mental Health Team use graded referrals to allow for triaged assessments and do team-based assessments to manage caseloads. For remote assessments, the team use a remote video conferencing tool "Attend Anywhere". Additionally, the team developed a "Memorandum of Understanding" with maternity services to allow for smooth signposting and transitions. The team's streamlined assessment process has enabled them to exceed the national access rate target.

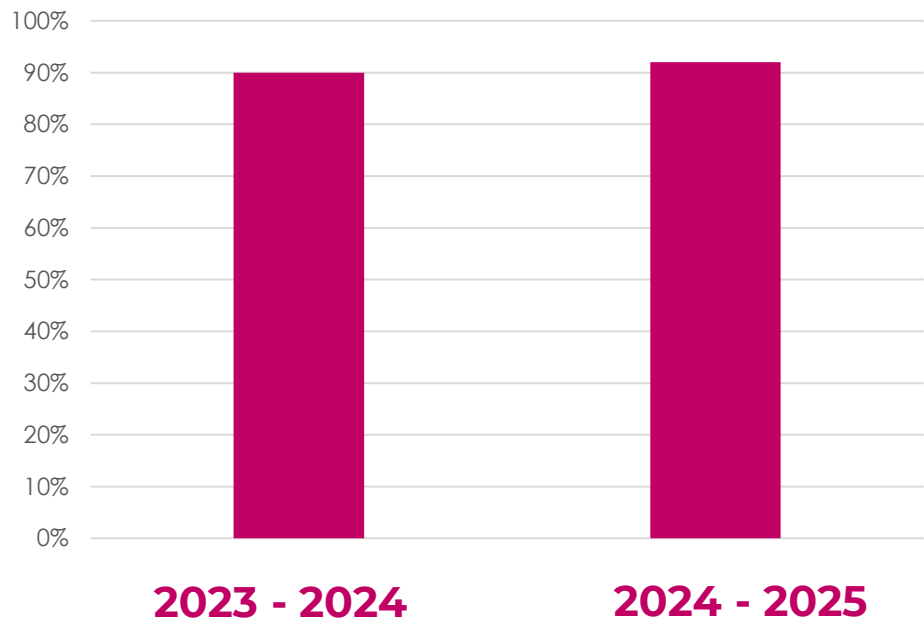
The referral process was straightforward; I didn't need to do anything myself which was good given it is already hard navigating a newborn. The timing was good, and help came when it was most needed.
- Patient

SECTION TWO: ASSESSMENT

Total Met
standards (%)



Average total compliance to this subsection:



Key
Achievements

- For **92%** of services in the 2023-2024 cycle, patients had a risk assessment and management plan which was co-produced where possible, updated regularly and shared where necessary with relevant agencies (with consideration of confidentiality). This was a similar result in the 2024-2025 cycle with **91%** of services meeting this standard (2.9, Type 1).
- **90%** of services in the 2023-2024 cycle asked patients if they and their partner and/or chosen others wished to have copies of letters about their health and treatment. This was the case for **83%** of services in the 2024-2025 cycle (2.15, Type 1).
- In the 2023-2024 and 2024-2025 cycle, **95%** and **96%** of services respectively, conducted assessments in a variety of settings and, where possible, patients were offered a choice (2.20, Type 2).
- For **91%** of services in the 2024-2025 cycle, the environment was clean, comfortable and welcoming. **82%** of services in the earlier cycle were meeting this (2.21, Type 2).

Areas of
Development

- In the 2024-2025 cycle, for **49%** of services, patients identified as requiring a formal psychological intervention were offered an assessment with a qualified psychological practitioner and any treatment commenced within 28 days. **54%** of services were meeting this in the 2023-2024 cycle (2.13, Type 1).
- In the 2023-2024 cycle, **49%** of services had available facilities suitable for small babies and siblings. This was the case for **68%** of services in the later 2024-2025 cycle (2.26, Type 2).

SECTION TWO: ASSESSMENT

Standard Criteria

Recommendations

Standard 2.13



Women identified as requiring a formal psychological intervention are offered an assessment with a qualified psychological practitioner and any treatment commenced within 28 days of the assessment.

Guidance: Any exceptions and reasons for this are documented in the patient's notes. Practitioners delivering therapy must be appropriately trained and supervised.

For patients facing extended waiting times, services should consider offering intermediate support, such as psychoeducation or stabilisation work, (where appropriate), or access to digital platforms, ensuring patients receive some form of therapeutic input whilst awaiting treatment.

Importantly, it is recommended that services have a mechanism for recording reasons for delay and the interim support offered, enabling teams to distinguish operational delays from clinically appropriate ones. Tracking and auditing this information will help services identify barriers and develop targeted action plans to reduce waiting times.

Standard 2.26



The service has facilities available that are suitable for small babies and siblings.

Guidance: E.g. suitable toys and a room for baby-changing and breast feeding.

It is recommended that services ensure venues used for sessions are safe and suitable for babies and young children. Where dedicated spaces are not available, teams should consider partnering with family hubs or community centres to provide a child-friendly environment. Additionally, services could invest in portable resources such as baby mats and age-appropriate equipment, enabling staff to create a comfortable space wherever sessions take place.

Example of Good Practice

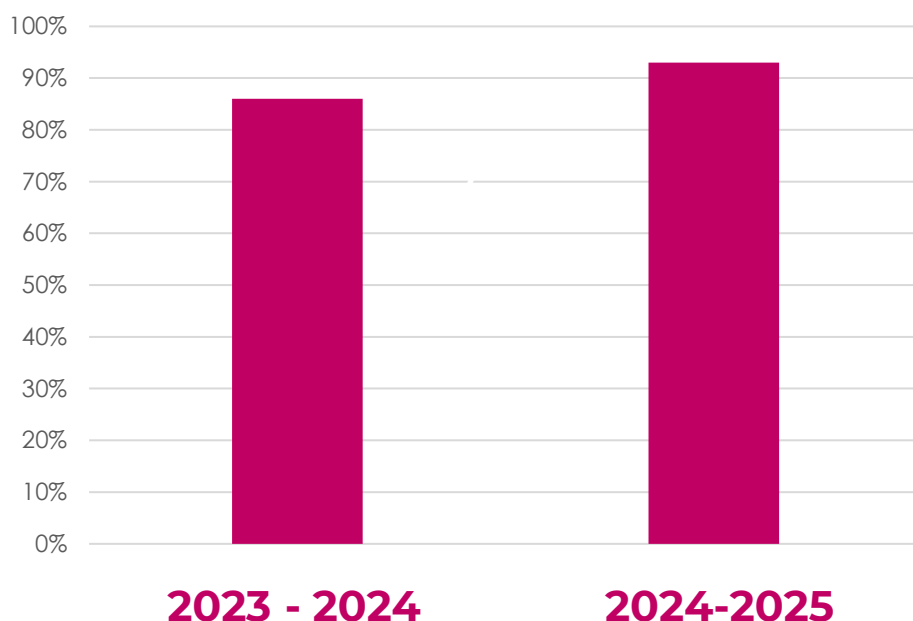


- Buckinghamshire Perinatal Mental Health Team has a dedicated duty team. After receiving and assessing a referral, the duty team hold joint assessments and miniature care and treatment reviews (CTRs) with other teams to minimise the need for multiple patient assessments. This has improved the experience for both patients and external teams, leading to consistent assessments and streamlined handovers.

“**At assessment, staff were very supportive and made me feel I was able to let down that wall. I was able to open up quite quickly and felt able to trust them.**”
- Patient

SECTION THREE: DISCHARGE AND TRANSFER OF CARE

Average total compliance to this subsection:



Total Met standards (%)



Key Achievements

- In the 2023-2024 and 2024-2025 cycles, **100%** and **98%** of services respectively, provided support to patients when their care was transferred to another community team, or back to the care of their GP (3.3, Type 2).
- For **100%** of services in the 2024-2025 cycle, when a patient was admitted to an inpatient mental health unit, a community perinatal mental health team representative contributed and attended ward rounds and discharge planning in-person (where possible) or remotely. **97%** of services met this standard in the 2023-2024 cycle (3.7, Type 2).
- For **94%** of services in the 2024-2025 cycle, partners and/or chosen others (with patient consent) were involved in discussions and decisions about the patient's care, treatment and discharge planning. This included attendance at review meetings. This is an improvement from the 2023-2024 cycle, where **90%** of services were meeting this standard (3.8, Type 1).

Areas of Development

- For **74%** of services in the 2023-2024 cycle, and **62%** of services in the 2024-2025 cycle, discharge letters were consistently sent to the patient (with patient consent) and all relevant parties within 10 working days of discharge. The letter includes plans for:
 - Ongoing care in the community/ aftercare arrangements;
 - Crisis and contingency arrangements including details of who to contact;
 - Medication including monitoring arrangements;
 - Details of when, where and who will follow up with the patient as appropriate;
 - Assessment of the quality of mother-infant interaction;
 - Risk assessment (mother and child) (3.1, Type 2).

SECTION THREE: DISCHARGE AND TRANSFER OF CARE

Standard Criteria

Recommendations

Standard 3.1



A discharge letter is sent to the patient (with the patient's consent) and all relevant parties within 10 working days of discharge. The letter includes the plan for:

- On-going care in the community/aftercare arrangements;
- Crisis and contingency arrangements including details of who to contact;
- Medication, including monitoring arrangements;
- Details of when, where and who will follow up with the patient as appropriate;
- Assessment of the quality of mother-infant interaction;
- Risk assessment (mother and child).

It is important that comprehensive discharge documentation is sent promptly, ensuring all relevant parties have the required information and that patients remain fully supported. To support this, teams are encouraged to:

- Streamline the discharge process by implementing template letters or dictation software to reduce admin time and make personalised letters more manageable despite high caseloads.
- Record patient consent clearly at admission and flag it in the electronic record system.
- Implement alerts or reminders for cases where consent has not been given.
- Audit discharge-related data regularly to identify patterns, track reasons for non-compliance or delays, and inform targeted service improvements.

Example of Good Practice



***She definitely received good advice [upon leaving the service].
- Carer***

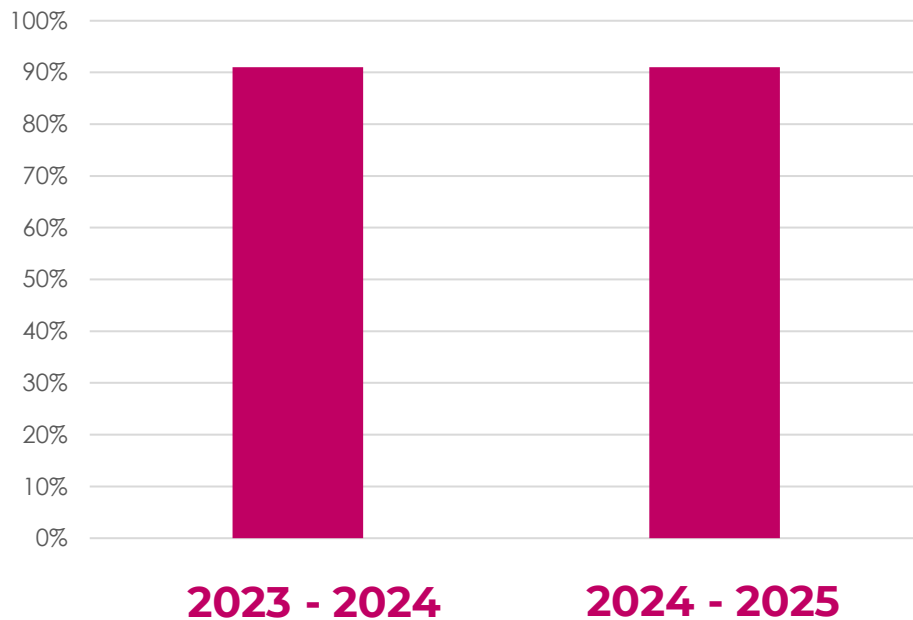
***We felt the discharge process has been well planned. We were able to be present to develop the plan for discharge.
- Carer***

***Discharge was well planned. I found it difficult to let go of the support I received as the service had done so much for me, but I knew they would be there if I needed to access the service again. It came at the right time.
- Patient***



SECTION FOUR: CARE AND TREATMENT

Average total compliance to this subsection:



Total Met standards (%)



Key Achievements

- In the 2023–2024 and 2024–2025 cycle, **95%** and **94%** of services respectively supported patients to access organisations offering assistance with housing, finances, benefits and debt management, social services, domestic abuse, immigration, and drug and alcohol support (4.9, Type 1).
- For **96%** of services in the 2024-2025 cycle, progress against patient-defined goals was reviewed collaboratively between the patient and staff members during clinical review meetings and at discharge. In the 2023-2024 cycle, this was similarly achieved by **97%** of services (4.16, Type 2).
- **100%** of services in the 2023-2024 cycle used interpreters sufficiently knowledgeable and skilled to provide a full and accurate translation. The patient's relatives were not used in this role unless there were exceptional circumstances. **94%** of services met this standard in the 2024-2025 cycle (4.31, Type 1).

Areas of Development

- In both cycles, **85%** of services ensured that patients prescribed mood stabilisers or antipsychotics received the appropriate physical health assessments at baseline, at three months, and then annually (or six-monthly for young people). The team retained responsibility for monitoring physical health and the effects of antipsychotic medication for the entire period the patient was under their care, either directly or through a shared-care arrangement with the patient's GP (4.13, Type 1).
- For **74%** of services in the 2024-2025 cycle, patients and carers were able to discuss medications with a specialist pharmacist. **62%** of services in the 2023-2024 cycle met this standard (4.14, Type 3).
- In the 2024–2025 cycle, **77%** of services offered patients personalised healthy-lifestyle interventions, including advice on healthy eating, physical activity, and access to smoking-cessation support. These interventions were documented in the patient's care plan. In comparison, **87%** of services met this standard in the 2023–2024 cycle (4.18, Type 1).

SECTION FOUR: CARE AND TREATMENT

Standard Criteria

Recommendations

Standard 4.13



Patients who are prescribed mood stabilisers or antipsychotics have the appropriate physical health assessments at the start of treatment (baseline), at three months and then annually (or six-monthly for young people). The team maintains responsibility for monitoring their physical health and the effects of antipsychotic medication for the duration that the patient is under the team (carried out by the team or in a shared care arrangement with the patient's GP).

Services can strengthen physical health pathways by formalising shared care protocols with GPs and partner services. It would be useful to explore opportunities to collaborate with Trust-based physical health clinics and local phlebotomy services to improve access for patients, particularly those outside the immediate locality. In addition, services could consider developing a standardised physical health checklist embedded within assessments, with a follow-up system to track completion of requested checks. Further, continued liaison with NHS England and adoption of shared care protocols (e.g. for lithium monitoring) can support consistency and safety.

Standard 4.14



Patients and carers are able to discuss medications with a specialist pharmacist.

Services could consider initiating a QI project to formalise the role of a perinatal pharmacist. Using a QI approach would allow teams to identify current gaps in medication-related processes, test small changes to improve access to specialist advice, and measure the impact on patient safety and clinical decision-making. Beyond direct patient support, a dedicated pharmacist would enhance multidisciplinary collaboration by providing specialist medication expertise, supporting consultants, and contributing to more consistent and evidence-based prescribing across the team.

Standard 4.18



Patients are offered personalised healthy lifestyle interventions, such as advice on healthy eating, physical activity and access to smoking cessation services. This is documented in the patient's care plan.

Ensure that staff routinely signpost patients to relevant resources and support options, and that these discussions take place consistently and are explicitly documented within care plans. This can also be included in the assessment checklist to identify any needs early on and ensure consistency in capturing this information.

Example of Good Practice



- Tri-Borough Perinatal Mental Health Service runs a weekly 'Nurture & Nutrition Group', a well-being programme focused on promoting healthy lifestyles. The sessions are facilitated by occupational therapists, nursery nurses, and a volunteer, and are consistently well-attended, with 4–6 women participating each week. The groups take place within local Family Hubs.

“**You've got different elements in the team providing reassurance and I've not felt like a burden with all my questions.**
- Patient

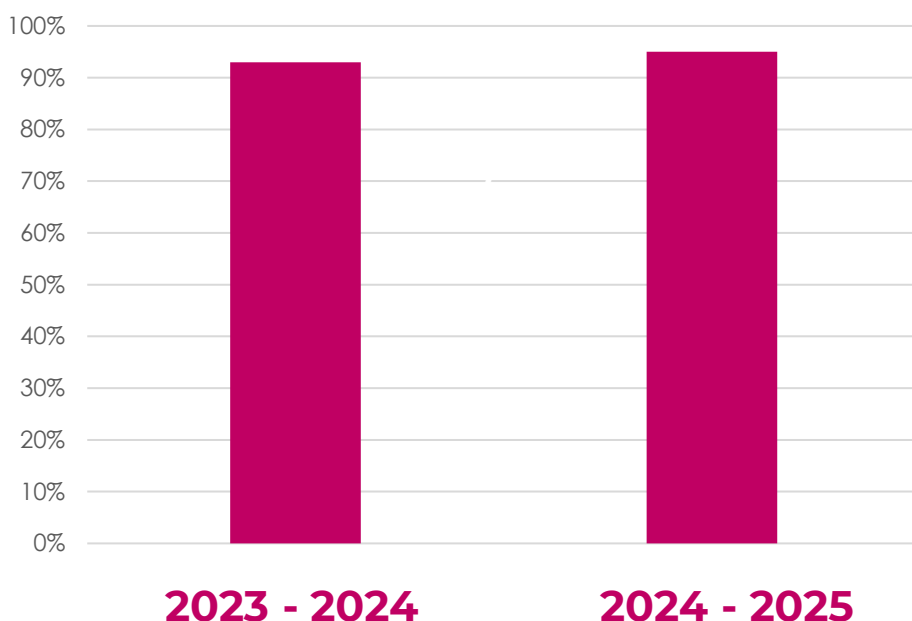
Staff are so caring and professional. We have never experienced care like this before. They were the lifeline for our family.
- Carer

SECTION FIVE: RIGHTS, INFANT WELFARE AND SAFEGUARDING

Total Met standards (%)



Average total compliance to this subsection:



Key Achievements

- In the 2024-2025 cycle, **87%** of services had a risk assessment tool designed or modified for use by perinatal community mental health services. This is a **13%** increase since the 2023-2024 cycle (74%) (5.10, Type 2).
- In both cycles, **100%** of services prescribing psychotropic medication for breastfeeding patients ensured that treatment was tailored to their needs - including the choice of medication, its dosage, and the frequency of administration (5.13, Type 1).
- **100%** of services in both cycles had local safeguarding and child protection guidance available and accessible to all staff members (5.15, Type 1).

Areas of Development

- For **69%** of services in the 2023-2024 cycle, and **79%** of services in the 2024-2025 cycle, patients were given accessible written information which staff members talked through with them as soon as practically possible. The information included:
 - Their rights regarding consent to treatment;
 - How to access advocacy services;
 - How to access a second opinion;
 - How to view their health records;
 - How to raise concerns, complaints and give compliments
 - Where relevant, how to access interpreting services
 - Where relevant, their rights under the Mental Health Act (5.1, Type 1).
- For **28%** of services in the 2023-2024 cycle, If a patient and infant or older children were seen in an outpatient clinic or other mental health facility, the waiting area was exclusively for the use of the perinatal and/or maternity services during that session. This increased to **36%** in the 2024-2025 cycle (5.14, Type 3)

SECTION FIVE: RIGHTS, INFANT WELFARE AND SAFEGUARDING

Standard Criteria

Recommendations

Standard 5.1



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 consent to treatment;
- How to access advocacy services
- How to access a second opinion
- How to view their health records
- How to raise concerns, complaints and give compliments
- Where relevant, how to access interpreting services
- Where relevant, their rights under the Mental Health Act

It is recommended that services develop a consolidated patient information pack or leaflet that brings together all relevant information and signposting to appropriate resources, including website links. Services should also consider integrating this into their assessment checklist to ensure the verbal component of the standard is addressed consistently. Embedding this within routine assessment processes will support teams to document and track these discussions systematically.

Standard 5.14



If a patient and infant or older children are seen in an outpatient clinic or other mental health facility, the waiting area is exclusively for the use of the Perinatal and/or maternity services during that session.

Many services share rooms with other departments across the trust. If possible, it may be beneficial to consider reserving rooms in advance, particularly for patients visiting the base with children. Additionally, it would be beneficial to provide a curated toy box with wipeable toys in the reserved rooms for children to play with.

Example of Good Practice



- One team has external support from a social worker who presents the team's perinatal cases at inter-agency meetings. This promotes shared learning and collaboration.



***I was always kept informed about the next steps in my care. They would say “we’re going to look at this with you now” and “now we’re going to move onto this phase.”
- Patient***

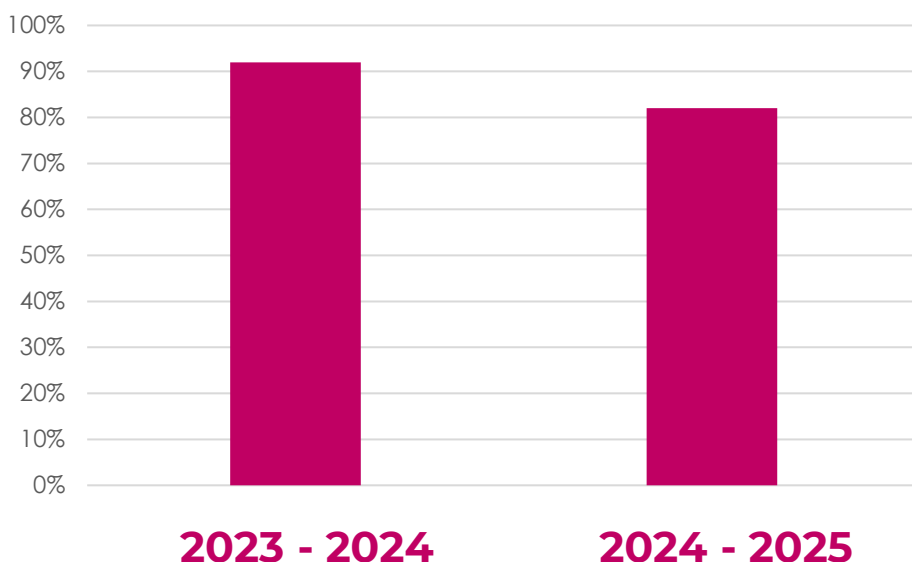


SECTION SIX: STAFFING AND TRAINING

Total Met standards (%)



Average total compliance to this subsection:



Key Achievements

- For **93%** of services in the 2024-2025 cycle, staff members in training and newly qualified staff members received weekly supervision, in line with professional requirements. The 2023-2024 cycle demonstrated similar results with **100%** of services meeting this standard (6.21, Type 2).
- In the 2024-2025 cycle, **98%** of frontline staff members were involved in key decisions about the service provided. **95%** of services in the 2023-2024 cycle met this standard (6.25, Type 2).
- For **87%** of services in the 2024-2025 cycle, staff members were able to access reflective practice groups at least every six weeks, providing a space for staff to think about team dynamics and develop their clinical practice. This is an **8%** improvement from the previous cycle (79%) (6.33, Type 3).
- In the 2024-2025 cycle, **91%** of community teams had protected time for team building and discussing service development at least once a year. This was the case for **95%** of services in the 2023-2024 cycle (6.38, Type 2).

Areas of Development

- In the 2024-2025 cycle, **70%** of services had a 0.5 WTE social worker, compared with **74%** in the earlier cycle (6.1d, Type 2).
- In the 2023-2024 cycle, **42%** of services had a 1 WTE Parent-Infant Therapist, increasing to **48%** in the 2024-2025 cycle (6.1i, Type 2).
- In the 2024-2025 cycle, **36%** of services had a 0.5 WTE pharmacist, compared with **30%** in the 2023-2024 cycle (6.2l, Type 3).
- For **72%** of services in the 2024-2025 cycle, patient or carer representatives were involved in the interview process for recruiting potential staff members. **77%** of services met this standard in the 2023-2024 cycle (6.8, Type 2).
- **62%** of staff members have received training on contraception and sexual health. This is a **10%** decrease since the 2023-2024 cycle (72%) (6.14l, Type 2).
- For **46%** of services in the 2023-2024 cycle, the team has a fixed base and office accommodation which meets the need of the staffing group, including adequate clinical space. This was a similar result in the 2024-2025 cycle, with **47%** of services meeting this standard (6.27, Type 1).

SECTION SIX: STAFFING AND TRAINING

Standard Criteria

Recommendations

Standard 6.8



Patient or carer representatives are involved in the interview process for recruiting potential staff members.

It is important that patients and carer representatives are actively involved in the recruitment process for potential staff members, as this helps ensure candidates demonstrate the values and behaviours that matter most to those receiving care. It may be helpful to initiate a QI project to identify and prepare a pool of patients and carers who are willing and able to participate in interviews in the future.

Standard 6.14b 6.14l



Staff members receive training consistent with their role, which is recorded in their personal development plan and is refreshed in accordance with local guidelines.

Services should identify key training topics aligned with PQN training standards (6.14) and develop a structured training program. This could involve drawing on skills from across the multidisciplinary team, with staff delivering training relevant to their professional expertise. Additionally, the service should consider collaborating with other local perinatal services to potentially formalise joint training initiatives or co-deliver sessions.

Standard 6.27



The team has a fixed base and office accommodation which meets the need of the staffing group, including adequate clinical space

It is recognised that these challenges are outside the control of individual services. Teams are encouraged to continue monitoring, recording, and escalating these issues to their trust, health board, or equivalent, highlighting the impact on team cohesion, collaboration, and opportunities for in-person development. Until a sufficient response is provided by the relevant body, services may need to use private clinic space to see patients. Exploring options such as securing dedicated clinic slots within Family Hubs or community centres can help maintain consistent and reliable service delivery.

Example of Good Practice



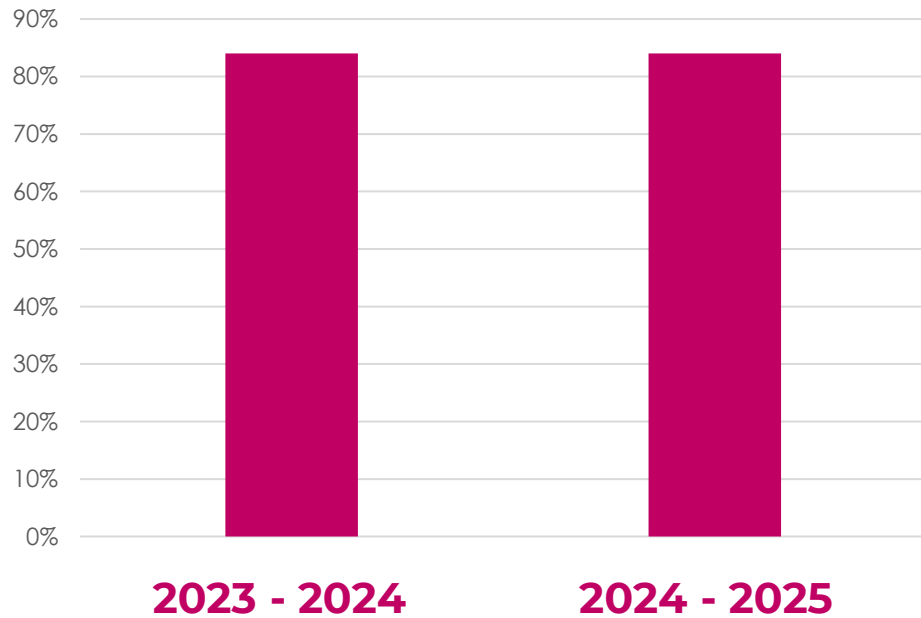
- One team offers extensive training opportunities, such as clinical placements and weekly masterclasses. In addition, training sessions with partner agencies, including Midwifery and Community Mental Health Teams, foster collaborative practice and learning, enriching service delivery.

They are an amazing team. They are really helpful. They feel like part of the family.

- Carer

SECTION SEVEN: RECORDING AND AUDIT

Average total compliance to this subsection:



Total Met standards (%)



Key Achievements

- For **96%** of services in the 2024-2025 cycle, feedback from staff is evaluated annually. This is a **9%** increase compared to the earlier 2023-2024 cycle (87%) (7.2b, Type 2).
- For **96%** of services, action plans are developed based on service evaluation, and resulting quality improvement is monitored. This is a similar figure for the 2023-2024 cycle, where **95%** of services met this standard (7.3, Type 2).
- In the 2024-2025 cycle, **96%** of community teams shared lessons learned from untoward incidents and complaints with both the team and the wider organisation, with evidence that changes were implemented as a result. In comparison, **100%** of services met this standard in the 2023-2024 cycle (7.8, Type 1).
- In both the 2023-2024 and 2024-2025 cycles, **95%** and **96%** of services respectively, reported having a research-friendly culture that provides staff with opportunities to participate in research projects (7.16, Type 3).

Areas of Development

- In the 2023-2024 cycle, **72%** of services evaluated feedback from referrers annually, decreasing to **70%** in the 2024-2025 cycle (7.2a, Type 2).
- In the 2023-2024 cycle, **72%** of services evaluated data on patients involved in care proceedings or child safeguarding protection plans annually, increasing to **77%** in the 2024-2025 cycle (7.2f, Type 1).
- In the 2024-2025 cycle, **74%** of community services reviewed clinical outcome data at least six-monthly, sharing the findings with commissioners, the team, and patients or carers, and using the information to inform service improvements. This represents an 8% decrease from the 2023-2024 cycle, when **82%** of services met this standard (7.5, Type 2).
- In the 2024-2025 cycle, **77%** of services analysed feedback from patients and partners/chosen others to identify differences in experience according to protected characteristics, compared with **69%** in the earlier cycle (7.11, Type 2).

SECTION SEVEN: RECORDING AND AUDITING

Standard Criteria

Recommendations

Standard 7.2a 7.2f



The service evaluates annually:

- Feedback from referrers;
- [Data on] Patients involved in care proceedings/ child safeguarding protection plans.

Establishing a structured feedback mechanism would be a valuable quality improvement initiative. This could involve developing a formal review process and creating tools to collect and evaluate data. Potential approaches could include engaging master's students or junior doctors to lead a project focused on gathering data.

Standard 7.5



The service has a meeting, at least annually, with all stakeholders to consider topics such as referrals, service developments, issues of concern and to reaffirm good practice.

Stakeholder meetings provide opportunities for shared learning and service improvement. To implement this, services can identify all relevant stakeholders and develop a structured meeting agenda. If distance is a barrier, services can offer virtual or hybrid meetings to increase attendance.

Standard 7.11



Services are developed in partnership with appropriately experienced patient and carers who have an active role in decision making.

Services should engage their trusts, health boards (or equivalent) to strengthen involvement of Experts by Experience and carers in service development. To support this, services could implement a QI project focused on enhancing how feedback is collected from patients and carers, ensuring that this feedback directly informs service improvements. Additionally, services could nominate a dedicated feedback champion to lead improvements and facilitate meaningful engagement.

Example of Good Practice



- Derbyshire Perinatal Community Mental Health Team actively gathers and evaluates feedback (e.g., POEM, Family & Friends Test) and outcome measures to shape patient pathways.
- South London and Maudsley NHS foundation trusts community perinatal services has a "Families Like Us" event to provide patients, partners and chosen others a structured opportunity to share feedback about service development.

We were invited into discussions around developing the care plan. Staff asked us about our opinions as part of this.
- Carer

Acknowledgements

For their time, effort and insight, the PQN project team send a warm thank you to the PQN Patient Representatives, PQN Advisory Group, PQN Accreditation Committee, colleagues at the College Centre of Quality Improvement, Royal College of Psychiatrists and the PQN Member services:

PQN Community Member services:

Aneurin Bevan Specialist Perinatal Mental Health Team, Aneurin Bevan University Health Board

Berkshire Community Service, Berkshire Healthcare NHS Foundation Trust

Birmingham and Solihull Community Perinatal Team, Birmingham and Solihull Mental Health NHS Foundation Trust

BNSSG Community Perinatal Mental Health Service (Bristol, North Somerset and South Gloucestershire), Avon and Wiltshire Mental Health Partnership NHS Trust

Bradford Specialist Mother and Baby Wellbeing Service, Bradford District Care NHS Trust

Brent and Harrow Perinatal Mental Health Team, Central and North West London NHS Foundation Trust

BSW Specialist Perinatal Mental Health Service (Bath and North East Somerset, Swindon and Wiltshire), Avon and Wiltshire Mental Health Partnership NHS Trust

Buckinghamshire Perinatal Mental Health Team, Oxford Health NHS Foundation Trust

Cardiff Perinatal Community Mental Health Team, Cardiff and Vale University Health Board

Cheshire and Mersey Specialist Perinatal Service, Mersey Care NHS Foundation Trust

City and Hackney Perinatal Service, East London NHS Foundation Trust

CNTW Perinatal Community Mental Health Team, Cumbria, Northumberland, Tyne and Wear Foundation Trust

Cornwall Perinatal Mental Health Team, Cornwall Partnership NHS Foundation Trust

Coventry and Warwickshire Perinatal Mental Health Team, Coventry and Warwickshire Partnership NHS Trust

CPFT Perinatal Mental Health Team, Cambridgeshire and Peterborough NHS Foundation Trust (CPFT)

Croydon Perinatal Mental Health Team, South London and Maudsley NHS Foundation Trust

Cwm Taf Perinatal Mental Health Team, Cwm Taf Morgannwg University Health Board

Acknowledgements

PQN Community Member services:

Derbyshire Perinatal Community Mental Health Team, Derbyshire Healthcare NHS Foundation Trust

Devon Partnership Trust Perinatal Service, Devon Partnership Trust NHS Trust

Dorset Perinatal Mental Health Team, Dorset HealthCare University NHS Foundation Trust

Dudley and Sandwell Perinatal Mental Health Service, Black Country Healthcare NHS Foundation Trust

Durham and Darlington Perinatal Service, Tees, Esk and Wear Valleys NHS Foundation Trust

Essex Perinatal Service, Essex Partnership NHS Foundation Trust

Glasgow Community Perinatal Mental Health Team, NHS Greater Glasgow and Clyde

Gloucestershire Perinatal Community Mental Health Team, Gloucestershire Health and Care NHS Foundation Trust

Greater Manchester Specialist Perinatal Community Mental Health Team, Greater Manchester Mental Health NHS Foundation Trust

Hampshire and Isle of Wight Community Perinatal Mental Health Service, Hampshire and Isle of Wight Healthcare NHS Foundation Trust

Hereford Perinatal Mental Health Service, Herefordshire and Worcestershire Health and Care NHS Trust

Hertfordshire Community Perinatal Team, Hertfordshire Partnership University NHS Foundation Trust

Hillingdon Perinatal Community Mental Health Service, Central and North West London NHS Foundation Trust

Hull, East Riding, North and North East Lincolnshire Community Perinatal Mental Health Liaison Service, Humber Teaching NHS Foundation Trust

Hywel Dda Perinatal Mental Health Service, Hywel Dda University Health Board

Kensington and Chelsea Perinatal Mental Health Team, Chelsea and Westminster Hospital NHS Foundation Trust

Kent and Medway Perinatal Mental Health Community Service, Kent and Medway NHS and Social Care Partnership Trust

Lambeth Perinatal Community Service, South London and Maudsley NHS Foundation Trust

Acknowledgements

PQN Community Member services:

Lancashire and South Cumbria Specialist Community Perinatal Mental Health Service, Lancashire and South Cumbria NHS Foundation Trust

Leeds Perinatal Community Mental Health Service, Leeds and York Partnership Foundation Trust

Leicester Perinatal Mental Health Service, Leicestershire Partnership NHS Trust

Lewisham Perinatal Mental Health Team, South London and Maudsley NHS Foundation Trust

Lincolnshire Perinatal Team, Lincolnshire Partnership NHS Foundation Trust

Livewell Southwest Perinatal Mental Health Team (Plymouth), Livewell Southwest

Lothian Perinatal Mental Health Service, NHS Lothian

NELFT Perinatal Parent Infant Mental Health Service, North East London NHS Foundation Trust

Norfolk and Waveney Perinatal Team, Norfolk and Suffolk NHS Foundation Trust

North Cumbria Perinatal Team, Cumbria, Northumberland, Tyne and Wear Foundation Trust

North London Partners, Specialist Perinatal Mental Health Service, North London NHS Foundation Trust

North Staffordshire Parent and Baby Day Service, North Staffordshire Combined Healthcare NHS Trust

North Wales Community Perinatal Mental Health Service, Betsi Cadwaladr University Health Board

Northamptonshire Specialist Perinatal Mental Health Service, Northamptonshire Healthcare NHS Foundation Trust

Nottinghamshire Perinatal Community Mental Health Team, Nottinghamshire Healthcare NHS Foundation Trust

Oxleas Perinatal Mental Health Team, Oxleas NHS Foundation Trust

Oxon Specialist Perinatal Mental Health Service (Oxford), Oxford Health NHS Foundation Trust

Powys Specialist Perinatal Mental Health Team, Powys Teaching Health Board

Rotherham Perinatal Mental Health Team, Rotherham Doncaster and South Humber NHS Foundation Trust

Acknowledgements

PQN Community Member services:

Sheffield Perinatal Mental Health Service, Sheffield Health and Social Care NHS Foundation Trust

Shropshire Community Perinatal Team, Midlands Partnership NHS Foundation Trust

Sidra Medicine Perinatal Mental Health Service, Sidra Medicine

Somerset Perinatal and Maternal Mental Health Service, Somerset NHS Foundation Trust

South Staffordshire Perinatal and Maternal Mental Health Team, Midlands Partnership NHS Foundation Trust

South West Yorkshire Perinatal Team, South West Yorkshire Partnership NHS Foundation Trust

Southwark Perinatal Mental Health Team, South London and Maudsley NHS Foundation Trust

Surrey Perinatal Mental Health Service, Surrey and Borders Partnership NHS Foundation Trust

Sussex Specialist Perinatal Mental Health Service, Sussex Partnership NHS Foundation Trust

Swansea Community Perinatal Service, Swansea Bay University Health Board

SWLSTG Perinatal Mental Health Service, South West London and St George's Mental Health NHS Trust

Tees Specialist Perinatal Community Team, Tees, Esk and Wear Valleys NHS Foundation Trust

Tower Hamlets Community Perinatal Health Team, East London NHS Foundation Trust

Tri-Borough Perinatal Mental Health Service (West London), West London NHS Trust

Walsall and Wolverhampton Perinatal Community Service, Black Country Healthcare NHS Foundation Trust

Westminster Perinatal Team, Central and North West London NHS Foundation Trust

Worcester Perinatal Mental Health Team, Herefordshire and Worcestershire Health and Care NHS Trust

STANDARDS REVISION

Both the inpatient and community standards are reviewed every two years to improve the standards validity and accessibility. Regularly reviewing the PQN standards is essential to ensure they stay practical and applicable to the evolving requirements of this population.

The standards have been drawn from key documents and expert consensus and have been subject to extensive consultation via our standards development group, which includes patient/carer representatives, staff from the Royal College of Psychiatrists, PQN community services, PQN Advisory Group and the PQN Accreditation Committee and relevant Voluntary, Community and Social Enterprise (VCSE) organisations. They incorporate the College Centre for Quality Improvement (CCQI) Core Community Standards, as well as specialist standards relating specifically to community perinatal mental health services. Additionally, the sixth edition of the PQN quality standards for community perinatal mental health services has been mapped against sustainability principles developed by the Royal College of Psychiatrists Sustainability Committee.

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

The PQN Community standards are due for revision in 2026.

Patient-Rated Outcome & Experience Measure (POEM)

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

Learn more: <https://rom.rcpsych.ac.uk/>

PQN Knowledge Hub

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

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

Join the community: <https://khub.net/>

Email	Website	Phone
PERINATAL-CHAT@rcpsych.ac.uk	www.rcpsych.ac.uk/PQN	020 8618 4009

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