PERINATAL
QUALITY NETWORK FOR PERINATAL MENTAL HEALTH SERVICES

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

Community Cycle 6 Annual Report

Perinatal Quality Network

Editors: *Emily Rayfield & Hannah Lucas*

Publication ref: CCQI323

Contents

Foreword

What a difference a few years make! The PQN Community Network started out in 2014 with eight services as trailblazers. For Cycle 6, 25 perinatal mental health community teams have participated. This is a reflection of the huge developments which have taken place in service provision over the past three years, particularly in England and Wales, though with Scotland catching up and Northern Ireland having plans in development. While all of this is very welcome, with such rapid expansion – and so many new professionals - there is a need, more than ever, for a means of ensuring common standards and philosophies of care. The Perinatal Quality Network is ready-made to provide such a role.

There are some great achievements reflected in this report. What I've taken out of it is that services are getting better at seeing patients rapidly and starting treatment within accepted timeframes. We're providing better information to patients about their illnesses. We're getting more thorough at identifying infants who may be at risk and seeking appropriate support for them. We've seen significant increases in staffing levels for doctors, nurses and psychologists.

However, we can't be complacent. There is much work still to be done to improve our engagement with partners and relatives. We have wait times for psychological therapies which are too long and many teams need to recruit more nursery nurses, social workers and OTs to become truly multidisciplinary. We have a novel challenge with regard to peer workers. While many services have provided for this innovative role, we still need to develop support structures and role descriptions to ensure they can work effectively.

There are continuing challenges for the PQN. The number of participating community teams is now over 50. Team design and structure may vary considerably, particularly in areas which are more remote or rural. We need to ensure our current models of team provision continue to be fit for purpose. We also need to take into account the diverging landscape of service design and provision across the four nations of the UK. However, core standards of good care should be common to all healthcare systems. The PQN retains a lead role in reminding us of what we should aim for in order to provide our patient and their families with the best care possible.

Dr Roch Cantwell
Consultant Psychiatrist and Co-Chair of the PQN Advisory Group

Introduction

The Perinatal Quality Network (PQN)

- Develops and applies service standards for inpatient and community perinatal mental health services through a system of self-review and external peer reviews
- Supports local implementation of best practice and national policy, as identified in the PQN standards
- Produces reports for participating services that highlight areas of achievement and areas for improvement
- Provides a national "benchmarking" service to allow services to compare their activity with other services
- Facilitates information-sharing about best practice between staff in the network

The Review Process

The real benefit for member services is in taking part in the PQN review process. The reviews aim to improve services incrementally by applying standards and using the principles of the clinical audit cycle (see Figure 1 below).

Figure 1: The Annual Review Cycle

Each year, the standards are applied through a process of self-review and external peer review where members visit each other's services. 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 perinatal staff, women accessing the service, and their partners and family members. Representatives from local agencies (other health services, social services and the voluntary sector) are also invited to take part in a discussion about multi-agency working.

The results are fed back in local and national reports. Services then take action to address any developmental needs that have been identified. The process is ongoing rather than a single iteration.

How PQN members can use this report:

How well are we doing overall in comparison with other teams in the network?

Your team's local report provides you with 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 your team's overall performance for each section of the service standards. Average scores for teams involved in Cycle 6 are detailed in this report so you can immediately see how well you are doing compared with the other teams in the network. You can also compare your team's activity, resources and outcomes with those of the network as a whole. We recommend that you use this report in conjunction with your local report(s) to inform discussions with your commissioners and to demonstrate your team's performance.

The project team gratefully acknowledges:

- The staff in member teams who organised, attended and hosted peer reviews
- The women, partners and family members who met with the review team and took part in the PQN review process
- Professionals from partner agencies who participated in the multi-agency discussions during peer reviews
- The PQN Advisory Group for their continuing support and advice

Types of Standards:

Throughout the report standards are referred to as type 1, 2 or 3. Please find below a definition of the types of standards

Standard Type	Definition
1	Failure to meet these standards would result in a significant threat to patient safety, rights or dignity and/or would breach the law
2	Standards that an accredited service would be expected to meet
3	Standards that an excellent service should meet or standards that are not the direct responsibility of the team

Cycle 6 (2018-19)

This national report contains the aggregated results of the reviews undertaken by 23 community perinatal services during Cycle 6 (October 2018 – May 2019). The main body of the report highlights key achievements and areas for improvement in each section across services (a combination of most/least met standards, and any significant changes in performance over time) and also provides graphs showing the mean scores met across the different types of standard.

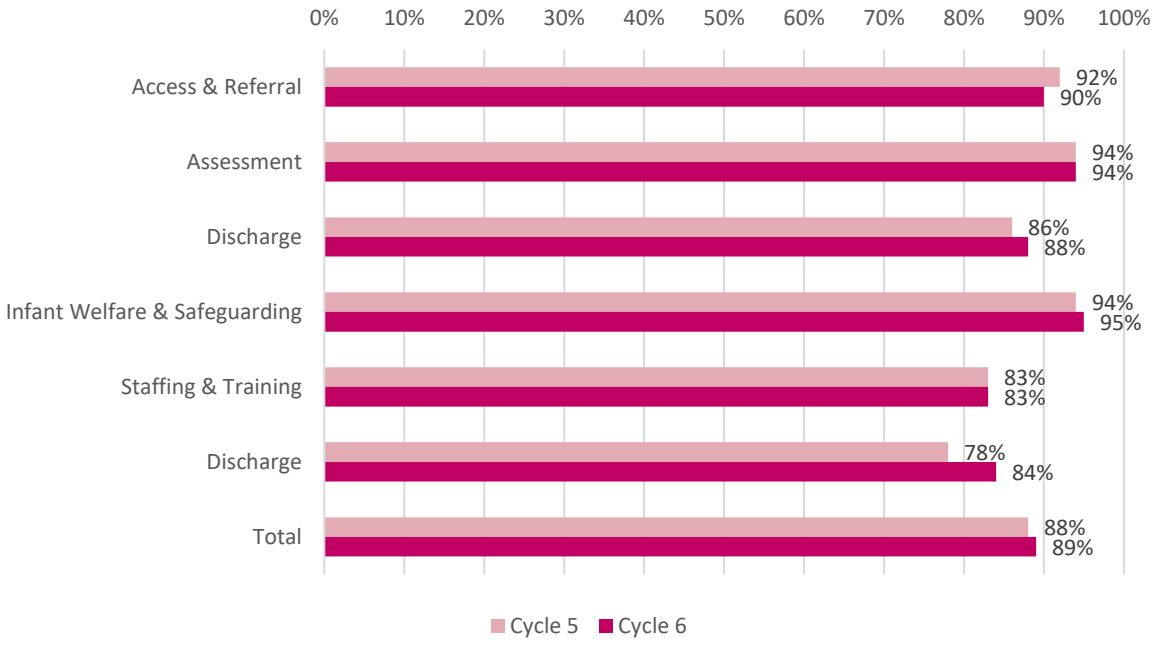
Finally, a full summary detailing the average scores for each criterion for all teams in the Cycle 6 is included (see Appendix A). This enables teams to benchmark themselves against other teams in the network. Indicators of teams' activity, resources and outcomes can be found on page 31.

Overall view

The graph below outlines the overall percentage met for each section of the service standards for all units who took part in Cycle 6, compared to the same data from Cycle 5.

Of the services that were reviewed, two participated in the accreditation process in Cycle 6. The data in this report describes the performance of services against the standards at the point of the peer review visit. Some services provided extra evidence after their review for the consideration of the Accreditation Committee. For a list of accredited services please visit our website: (https://www.rcpsych.ac.uk/improving-care/ccqi/quality-networks-accreditation/perinatal-community-teams/contact-us).

Five of the visits were the host team's first peer review, with the network expanding significantly throughout the cycle due to the securing of Wave 2 funding. Cycle 7, currently in progress, has seen further growth with an anticipated 44 review visits scheduled between September 2019 and March 2020.



Involving patients and significant others

As part of the peer-review and accreditation process, the Perinatal Quality Network conducts semi-structured interviews with patients, significant others, and representatives from partner agencies. This year saw an increase in the number of interviews that took place, with:

- 73 women
- 7 significant others
- 63 multi-agency representatives

The feedback given by all spoken to as part of the review days is always felt to be very valuable for staff and management when thinking about the structure of teams and the way that care is provided. For teams that were unable to involve patients and significant others in the review days, the project team would like to remind services that phone interviews are a way to engage with groups in harder to reach areas.

The PQN Standards

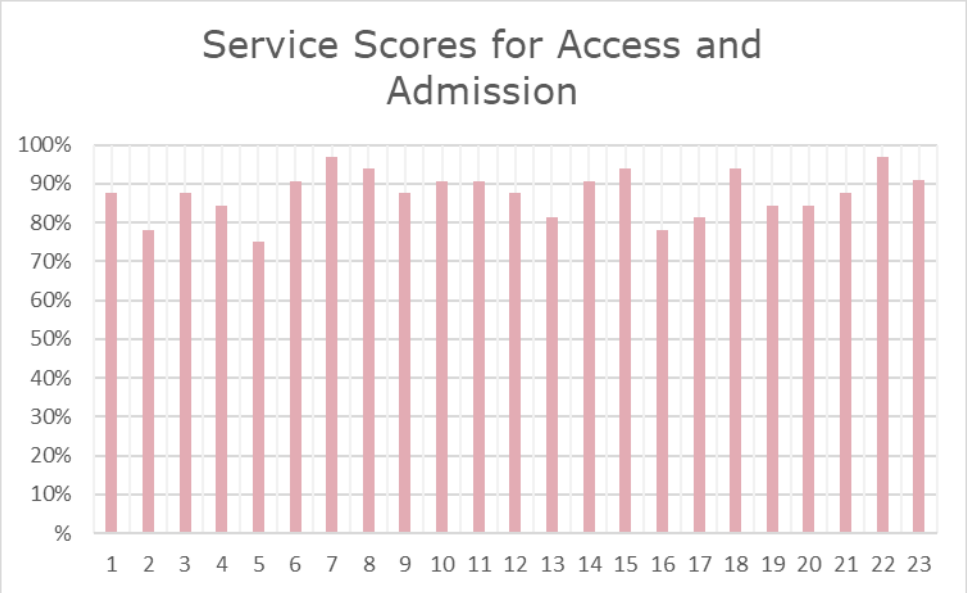
The fourth edition of standards for community perinatal teams was published in July 2018 and is available online. The standards were revised by a group of clinicians and patient representatives representing members of the network via a thorough consultation process. The revision process takes places every two years and all members are welcome to contribute, whether in person at our workshop or through emailed feedback. Consultation for the fifth edition of community standards will begin in March 2020.

The fourth edition of the standards, against which the performance in Cycle 6 was assessed, can be found here:

https://www.rcpsych.ac.uk/improving-care/ccqi/quality-networks-accreditation/perinatal-community-teams/standards-and-publications

Access and Admission

Overall	Cycle 6	Cycle 5
No. of standards	30	30
% met	90%	92%
Range of % met	52-100%	71-100%
Cycle 6	**Accreditations**	**Peer-Reviews**
% met	97%	89%
Range of % met	50-100%	48-100%



Key achievements

- There has been an 11% increase in the number of services providing information on waiting times for patients and significant others (1.19, type 1). This has increased from 76% in cycle 5 to 87% in cycle 6
- 14 standards (46%) are met by 100% of services
- 100% of services are meeting new standard 1.7 (type 1), and are accepting patients onto their caseload within a timeframe which complies with national standards
- All services are responding to urgent requests for advice within one working day (1.11, type 1)
- At all services, there is a clinical member of staff available to discuss emergency referrals (1.12, type 1)

Areas for improvement

- There has been a 19% decrease in referrals that are made through a single point of access being passed on to the team within one working day (1.16, type 2). This has decreased from 71% in cycle 5 to 52% in cycle 6
- There has been a 17% decrease in services providing clear information to patients, significant others, and referrers on the service, the referral pathway, and the interventions and treatments that are available (1.1, type 1). This has decreased from 95% in cycle 5 to 78% in cycle 6
- 65% of services are meeting new standard 1.4 (type 1), and have clear, joint working protocols for working with patients with disordered eating, substance misuse problems, or a diagnosed personality disorder
- 70% of services are able to promptly access notes (past and current) from primary and secondary care (1.21, type 2). This has fallen 6% from 76% in cycle 5

Areas of Achievement

Feedback from women and significant others

"Staff made me feel comfortable throughout the referral process and were really understanding about what I was going through. They gave me hope"

"I was given a welcome pack and staff explained everything about the service before my first appointment"

"When my daughter was in hospital, the midwives were able to speak to us about the perinatal team, so we knew a bit about what to expect"

Areas for Improvement

Feedback from women and significant others

"I had no idea what to expect at my first appointment"

"My GP didn't know how to refer me, which made it more difficult to access the service"

"When my partner was referred, we were not given any written information about the service"

Recommendations

- Ensure that information packs are created or developed to include comprehensive, clear information for patients and significant others when entering the service. Use the PQN standards for guidance, and

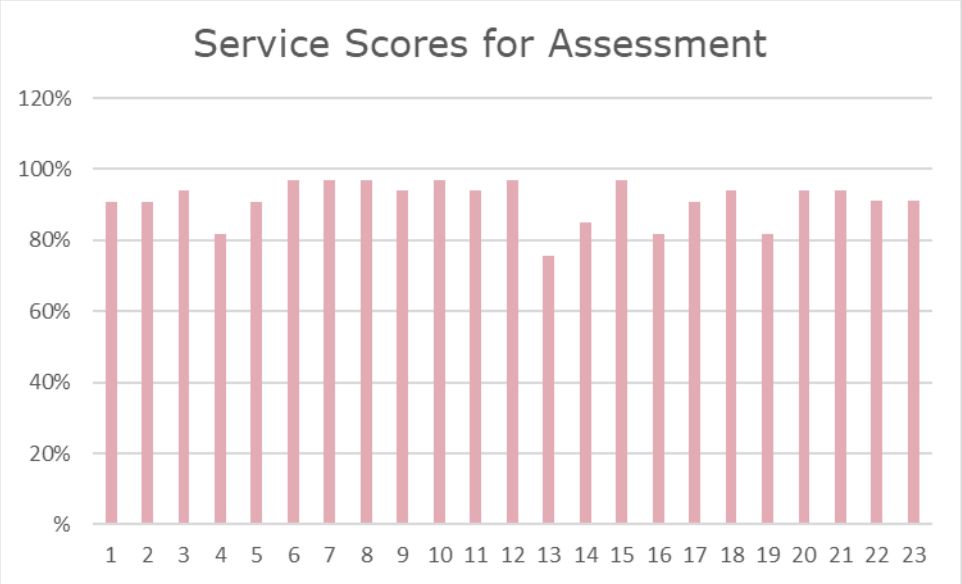
set up focus groups to involve patients / significant others in each stage of the process, asking them what information they would have liked to receive, and for feedback on new resources

- Reflect on your current relationships other specialist teams, such as eating disorder services, drug and alcohol services, and personality disorder services. There may be a need to set up meetings to establish joint-working processes, set up regular meetings for discussing complex cases, or formalising informal arrangements into a written protocol

Assessment

Overall	Cycle 6	Cycle 5
No. of standards	32	35
% met	94%	94%
Range of % met	65-100%	62-100%

Cycle 6	Accreditations	Peer-Reviews
% met	94%	90%
Range of % met	50-100%	62-100%



Key achievements

- There has been a 29% increase in women who are at high-risk of serious illness bring seen regularly until the period of maximum risk has passed (2.17, type 1). This has increased from 71% in cycle 5 to 100% in cycle 6
- 24% more services are now offering an assessment for all women referred with a history of Serious Affective Disorder, psychosis, anxiety, eating disorders, or Obsessive Compulsive Disorder (2.6, type 1). This has increased from 76% to 100% in cycle 6
- All services are conducting assessments in a variety of settings and where possible, patients are offered a choice (2.4, type 2). This has increased from 90% in cycle 5
- All services are, where best for the patient, working collaboratively with secondary care mental health teams to provide treatment (2.3, type 1). This has increased from 95% in cycle 5

- 17 standards (53%) are being met by 100% of services

Areas for improvement

- There has been a 30% decrease in services that are providing psychological interventions within one month of assessment (2.7, type 1). This has fallen from 95% to 65% in cycle 5
- There has been has a 30% decrease in services reviewing care plans at least every three months (2.13, type 1). This has decreased from 95% in cycle 5 to 65% in cycle 6
- There has been a 17% decrease in services sending a letter detailing the outcomes of the assessment to the referrer, the GP and other relevant services within a week of the assessment (2.19, type 2). This has fallen from 95% in cycle 5 to 78% in cycle 6
- 13% fewer services in cycle 6 are offering a copy of the care plan to significant others (2.15, type 1). This has fallen from 100% to 87%
- Although risk assessments are being completed by all services, only 91% of services are including emergency contact details (2.16e, type 1). This has fallen 9% in cycle 5

Areas of Achievement

Feedback from women and significant others

"The telephone call at the first point of contact felt more immediate and human. It was nice to have a number I could ring back"

"I'd been reluctant to engage with the service initially due to previous experience, but the team understood this and spoke to my partner on the phone instead. They were flexible and were able to speak to him at a time that suited him"

Areas for Improvement

Feedback from women and significant others

"It would have been better if the team were aware of my mental health history, so I didn't have to explain at my first appointment"

Recommendations

- Invest in training for nursing staff so that there is a wide skill base within the team for delivering psychological interventions. Conduct a regular audit to monitor waiting times for these appointments
- Ensure that care plan reviews are documented in patient notes and, if irregular, discuss the reasons for this with staff. Reviewing at every

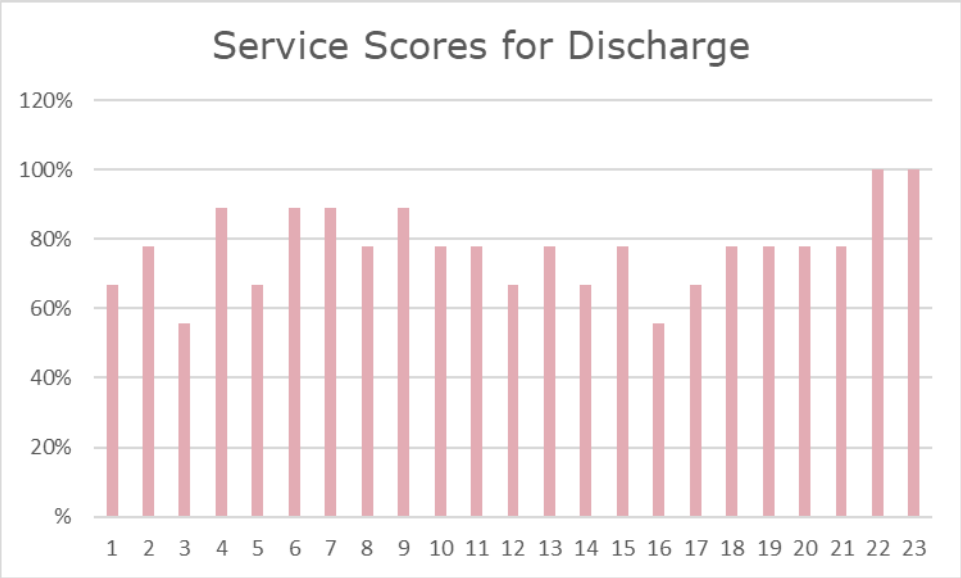
appointment may be simpler than remembering the three-monthly deadline

- Amend the template used for risk assessments so that staff are prompted to include all key information

Discharge

Overall	Cycle 6	Cycle 5
No. of standards	8	9
% met	85%	96%
Range of % met	52-100%	86-100%

Cycle 6	Accreditations	Peer-Reviews
% met	94%	85%
Range of % met	50-100%	48-100%



Key achievements

- 100% of services are discussing discharge planning at care plan reviews (3.1, type 2)
- 100% of services are contributing to ward rounds and discharge planning when a patient is admitted to hospital (3.4, type 2)

Areas for improvement

- There has been a 25% decrease in services sending out a full MDT discharge letter within 10 days (3.7, type 1). This has fallen from 90% in cycle 5 to 65% in cycle 6
- 17% fewer services in cycle 6 are following a protocol to manage patients who disengage from the service (3.3, type 1). This has fallen from 100% in cycle 5 to 83% in cycle 6

Areas of Achievement

Feedback from women and significant others

"The team has been amazing at preparing me for discharge. I've been able to see the same person which meant I didn't have to keep opening up to different people"

"The discharge process has been gradual and well-planned"

"Upon leaving the service, my partner received sufficient advice and she was more than happy with it. She has a plan in place"

Areas for Improvement

Feedback from women and significant others

"I feel uncertain about when my discharge will happen. It hasn't been mentioned"

"I'm nervous about discharge as there seems to be a lack of community support"

"My partner has had three key workers who have all left. She is now planning the discharge process, but partly to avoid starting again with a new person. Perhaps she would have stayed on longer if there had been more continuity"

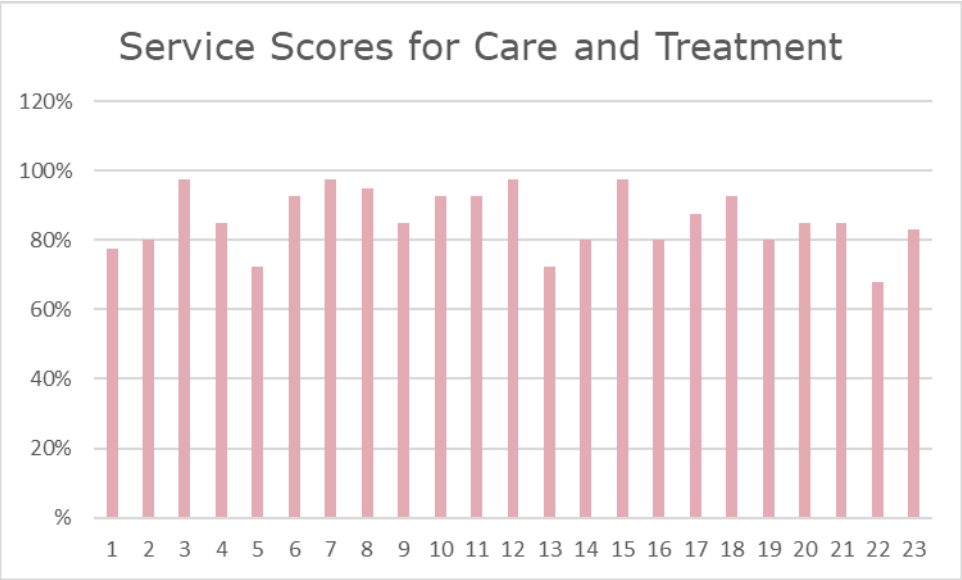
Recommendations

- Discuss patients who are approaching discharge at MDT meetings, and check in on the progress of discharge letters. It may also be useful for discharge letters to be sent in batches, e.g. once a week, so that this process is regulated by administrative staff
- Email PERINATAL-CHAT@rcpsych.ac.uk to ask another service to share the protocol they use for patients who disengage. This can be easily adapted for use within your own team

Care and Treatment

Overall	Cycle 6	Cycle 5
No. of standards	39	48
% met	88%	86%
Range of % met	43-100%	48-100%

Cycle 6	Accreditations	Peer-Reviews
% met	79%	89%
Range of % met	0-100%	48-100%



Key achievements

- There has been a 26% increase in services providing recreational and creative activities (4.1e, type 3). This has increased from 48% to 74% in cycle 6
- There has been a 19% rise in service following a protocol for the management of physical health emergencies (4.9, type 1). This has increased from 81% in cycle 5 to 100% in cycle 6
- 16% more services are now offering individual time with staff members for significant others (4.16, type 1). This has risen from 71% to 87%
- Following admission to a Mother and Baby Unit, all services are allocating a practitioner to the patient (4.22, type 1). This has increased 10% from cycle 5
- All services are providing written and verbal information about the patient's mental illness. This has increased from 90% in cycle 5

Areas for improvement

- There has been a 22% decrease in services informing Mother and Baby Units about the potential for admission (4.21a, type 2). This has fallen from 100% to 78%
- Only 48% of services are providing evidence-based family and couple's interventions (4.1d, type 3). This has fallen 19% from 67% in cycle 5
- Only 43% of services are providing an information pack for significant others (4.15, type 2). This has fallen from 48% in cycle 5
- Occupational therapy is only provided by 65% of services (4.1f, type 1). However, this has seen a small increase from 62% in cycle 5
- 70% of services are following a protocol for caring with women with a dual diagnosis (4.10, type 1). This is a 3% increase from cycle 5
- Only 70% of services are providing or signposting to a support group for significant others (4.17, type 2). However, this has risen from 57% in cycle 5

Areas of Achievement

Feedback from women and significant others

"My husband didn't believe in depression before but was given a lot of support from the service. He gets it a bit more now"

"Being able to text the service was really helpful"

"The service was an absolute life line, and kept me sane during those days when I needed contact"

"I had a named perinatal professional in the team, so I knew who to contact and how to reach them"

"Staff discussed the next steps in my care with me. There were constant reviews of care plans and new suggestions"

"I am very confident in my partner's care plan and feel that I could have input if I wanted. I am always aware of what is going on with it"

Areas for Improvement

Feedback from women and significant others

"I would have liked someone from the team on the labour ward, or someone there to ensure that the birth plan is actioned"

"Staff didn't tell me when they had spoken to other professionals who were working with me"

"Staff haven't spoken to me about my post-partum care plan. I don't know what's going to happen when the baby comes"

"The team were not really in contact with others involved in my care. I had to do a lot of liaising between, which was hard"

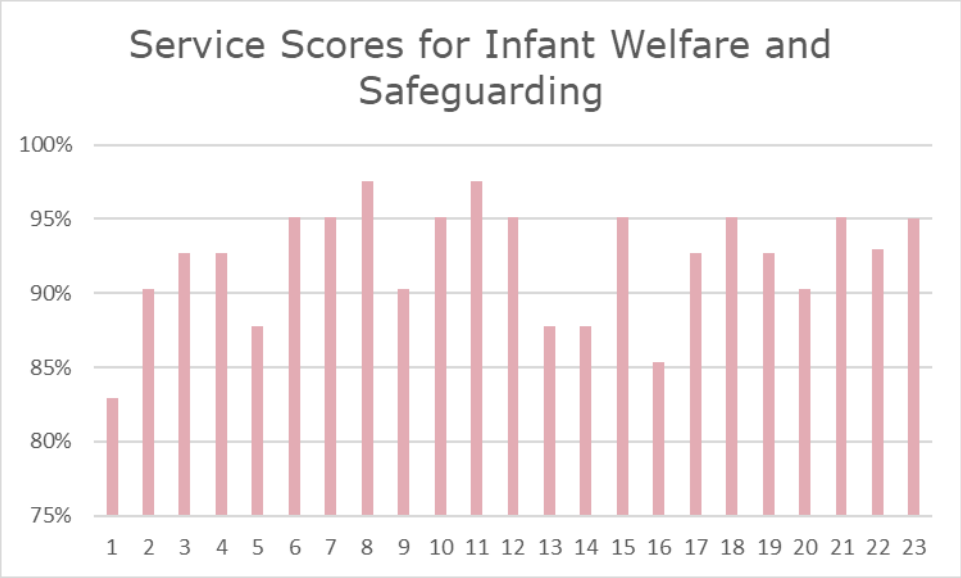
Recommendations

- Establish regular contact with your local Mother & Baby Unit(s), attending weekly ward rounds where possible or, alternatively, speaking regularly over the phone
- Ask significant others for feedback on what information they would have liked to receive, and use the PQN standards for guidance on what other information to include. This can be a valuable tool for instigating significant other involvement, establishing what support is available for them, and signposting them to information on parental mental health
- Think about providing a drop-in group for significant others, with a different member of the MDT facilitating each session. This will act as a forum for significant others to access information and peer support at the same time

Infant Welfare and Safeguarding

Overall	Cycle 6	Cycle 5
No. of standards	40	43
% met	95%	94%
Range of % met	22-100%	40-100%

Cycle 6	Accreditations	Peer-Reviews
% met	96%	94%
Range of % met	50-100%	24-100%



Key achievements

- Twenty-eight standards (70%) were met by 100% of services
- 92% of type 1 standards in this section are being met by 96% of services or more
- All services are now encouraging significant others to be involved in the care of the mother and infant (5.11, type 2). This has increased from 90% in cycle 5
- If areas of concern are highlighted, all professionals are now ensuring that the appropriate referrals are made (5.2, type 1). This has increased from 90% in cycle 5
- 95% of services are completing risk assessments prior to discharge and sending copies to all relevant agencies (5.8, type 1). This has increased from 90% in cycle 5

- 5% more services are documenting if the infant is absent from an appointment, and then reason why (5.10d, type 1). This has risen from 90% to 95% in cycle 6

Areas for improvement

- 61% of services are providing women with written information on: consent to care and treatment, advocacy services, accessing a second opinion, accessing interpreting services, raising a concern or complaint, or accessing health records (5.21, type 1). This figure has fallen 9% from cycle 5
- 65% of services are involved with the local safeguarding or child protection group (5.16, type 3). This has fallen 5% since cycle 5
- There has been a 17% decrease in annual training for clinical staff on prescribing and breastfeeding (5.12b, type 1). This has fallen from 100% to 83%
- Only 83% of services are using a risk assessment tool that is modified or designed for perinatal use (5.7, type 1). This figure is unchanged
- Only 22% of services have a private waiting area for the perinatal team (5.13, type 3). This has fallen from 40% in cycle 5

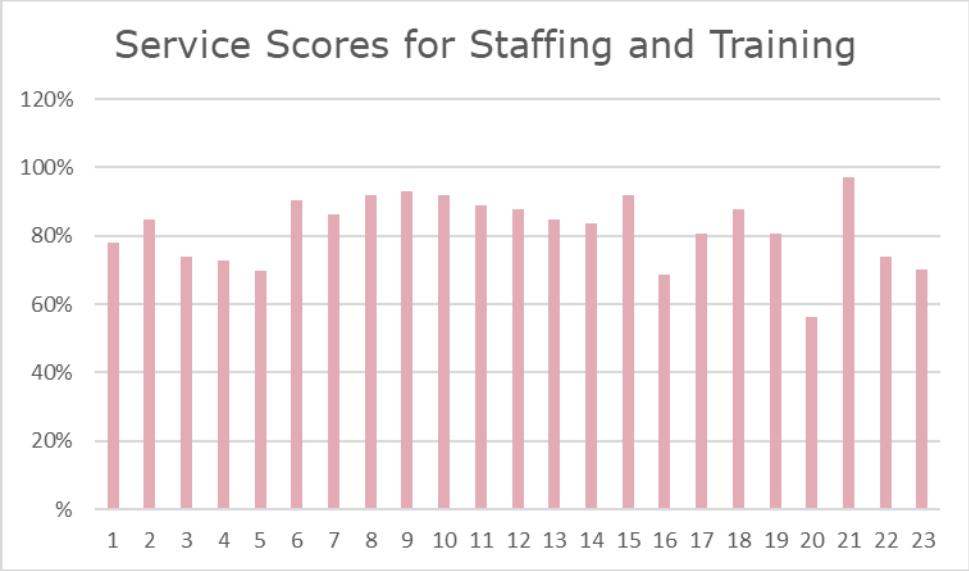
Recommendations

- Develop a leaflet to be provided to all patients, including information on consent to care and treatment, advocacy services, accessing a second opinion, accessing interpreting services, raising a concern or complaint, and accessing health records. Alternatively, include this in the welcome pack so there is one central information source
- Consider filming training sessions for staff who were unable to attend to watch at a later date. Alternatively, schedule a recurring, protected session for training or learning, e.g. quarterly and on the same day as a whole team meeting

Staffing and Training

Overall	Cycle 6	Cycle 5
No. of standards	72	78
% met	83%	83%
Range of % met	39-100%	19-100%

Cycle 6	Accreditations	Peer-Reviews
% met	72%	85%
Range of % met	0-100	34-100%



Key achievements

- There has been an increase in the training provision for staff
  - 16% more services are now providing infant feeding training to staff (6.2p, type 1). This has increased from 62% to 78% in cycle 6
  - 16% more services are providing training in supporting parents in a culturally sensitive way (6.2d, type 1). This has increased from 71% to 87% in cycle 6
  - 16% more services are providing training on infant feeding (6.2p, type 1). This has increased from 62% to 78%
  - 11% more services are providing training on common physical disorders in pregnancy (6.2j, type 1). This has increased from 76% to 87% in cycle 6

    - 11% more services are providing training on clinical outcome measures for relevant staff (6.2b, type 2). This has increased from 76% to 87%
- There has been a 15% increase in services meeting the recommended threshold for psychiatry revision, 1 WTE per 10,000 births (6.16b, type 2). This has increased from just 76% in cycle 5 to 91% in cycle 6
- There has been a 33% increase in services meeting the recommend threshold for psychology provision, 1 WTE per 10,000 births (6.16e, type 1). This has increased from 45% to 78%
- There has been a 17% rise in services meeting the recommended provision for psychiatric nurses (5 WTE per 10,000 births, 6.16c,
- Services are scoring well against 5 out of 6 the new cycle 6 standards
- Frontline staff are involved in making key decisions at all services (6.14, type 2). This is a 5% improvement on cycle 5

Areas for improvement

- 13% fewer services this cycle are providing training in mother-infant interaction and attachment (6.2f, type 1). This has fallen from 95% to 82% in cycle 6
- There has been a 13% decrease in services providing annual training for staff on pharmacological interventions, risks and benefits in pregnancy and breastfeeding (6.2k, type 1). This has fallen from 95% to 82% in cycle 6
- Staffing and Training is a relatively low-scoring section of the standards this cycle; only 43% of the standards are met by 90% or more of services
- There has been a 29% decrease in there being a fixed base and office space which meets the needs of staff (6.21, type 1). This has fallen from 86% in cycle 5 to 57% in cycle 6
- Only 39% of services are meeting the recommendation for nursery nurse provision, 2.5 WTE per 10,000 births (6.16f). This has increased from 24% in cycle 5
- Only 39% of services are meeting the recommended social work input, 0.5 WTE per 10,000 births (6.16d, type 2). This has increased from 38% in cycle 6
- Just 52% of services are meeting the requirement for occupational therapy, 1 WTE per 10,000 births (6.16g). This has, however, increased from 34% in cycle 5
- Only 43% of services are meeting new standard 6.41 (type 1), *where peer support workers are used by the service (whether in a voluntary or paid role) they have both a defined role description and regular supervision*
- 65% of services are providing training on infant mental health (6.2h, type 2)

- 17% fewer services now provide time for research or academic activity (6.6, type 2). This has decreased from 100% to 82%
- Only 48% of services involve staff, patients, and significant others in devising and delivering training (6.4, type 2). This figure is unchanged between cycles 5 and 6

Areas of Achievement

Feedback from women and significant others

"I think the staff are brilliant. I cannot fault the service at all. Everyone I talk to knows my situation, and they adapt treatment to my needs and time frame"

"They staff are amazing. They are helpful and professional, and I never felt judged"

"I would have experienced mental health issues myself if it wasn't for the help of the staff. It would have been very difficult for me, supporting my partner without any guidance, and without having the staff there to talk to, I don't know where we would be"

Areas for Improvement

Feedback from women and significant others

"We would really appreciate if staff asked us about what information we would like for them to share with our partners. At the end of a session we could be asked 'are there any parts of what we spoke about today that you would find helpful for us to share with your partner, or that you don't want to be shared?'"

"The only thing that could have been improved was communication within the team. Sometimes I found myself repeating the same thing"

"I was given a number to call if I needed to speak to the team, but staffing levels are lower at the weekend, so it was difficult to speak to someone at the point when I really needed immediate help"

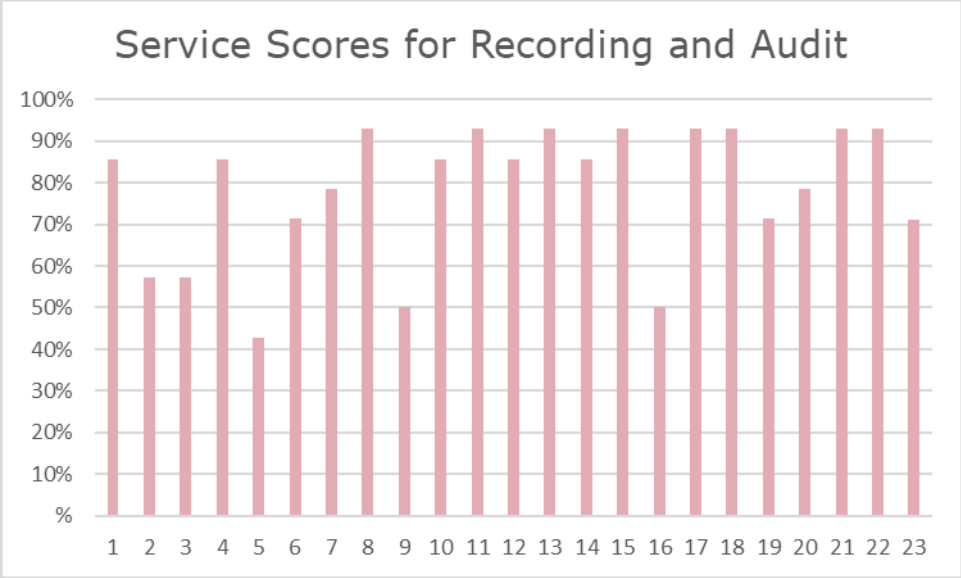
Recommendations

- Use a training matrix for monitoring training needs, and to ensure that training is organised for new starters
- Make arrangements with other services and organisations for training to be swapped, e.g. health visiting and charities
- When peer support workers are used by the service, ensure that they are appropriately supported and that there is a clear role description in place. Approach peer support charities or other perinatal services (via PERINATAL-CHAT@rcpsych.ac.uk) for guidance

Recording and Audit

Overall	Cycle 6	Cycle 5
No. of standards	13	27
% met	84%	78%
Range of % met	70-100%	62-95%

Cycle 6	Accreditations	Peer-Reviews
% met	88%	84%
Range of % met	50-100%	71-100%



Key achievements

- 21% more services are now collecting feedback from service staff (7.1b, type 2). This has increased from 62% to 83%
- 16% more services are now collecting feedback from referrers (7.1a). This has increased from 62% to 78%
- There has been a 14% increase in services who are consulting clinical staff in the development of policies, procedures, and guidelines (7.5, type 2). This standard is now being met by all participating teams
- No standards were met by significantly fewer services in cycle 6. As a general trend, more services are now meeting Recording and Audit standards

Areas for improvement

- Only 31% of Recording and Audit standards are being met by 90% of services or more
- Although more services are now meeting these standards, scores are generally lower in this section than other sections
- Only 70% of services are conducting a range of clinical audits (7.2, type 2). This has increased from 57% in cycle 5

Recommendations

- Allocate a member of staff to lead on audits and feedback, and report regularly on data. Utilise feedback from staff, women and their significant others, as well as your team's PQN peer-review reports, to identify future priority topics

Activity, Resources and Outcome Indicators

Evaluation of a service's quality should take into account indicators of activity, resources and outcome. The following measures were collected as part of PQN's annual self-review process: aggregated data are presented to allow benchmarking.

Please Note: These data are provided as a guide only. The accuracy of these figures is dependent on the quality of information supplied by member teams. Responses from some members were based on estimates; accuracy is therefore variable.

Indicators	No. of Respondents	Lowest	Highest	Average
Administrative support	29	0.5	6.6	2.4
Clinical Psychologists	30	0	5.4	1.3
Community Psychiatric Nurses	30	2	15	5.6
Consultant Psychiatrists	30	0.5	3	1.4
Non-consultant Medical input	30	0	3	0.7
Nursery Nurses	30	0	6	2
Occupational Therapists	30	0	3	0.8
Service Managers	30	0.4	3	1
Social Workers	30	0	2.8	0.4
Referrals made in the last year	27	0	2083	798
Number of referrals accepted	30	65	2083	571
Average waiting time for routine assessments (in weeks)	24	0	6	2.9
Average waiting time for treatment from the point of referral (in weeks)	22	0	7	2.8
Birth rate	30	4500	30,000	10,900
Total caseload in the last year	27	62	763	277

Appendix 1: Aggregated Results of Reviews

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

The criteria are split into three types:

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

Access and Referral				
Standard	**Type**		**Cycle 5% met**	**Cycle 6 % met**
1.1	1	Clear information is made available, in paper and/or electronic format, to patients, partners/significant others and healthcare practitioners (this should be two separate pieces of information): A simple description of the service and its purpose Clear referral criteria How to make a referral, including self-referral if the service allows Clear clinical pathways describing access and discharge Main interventions and treatments available Contact details for the service, including emergency and out of hours details	95	78
1.2		**The service is provided for the following groups in a defined catchment area:** **Guidance: This includes women who are currently unwell and those who are well but at risk of becoming unwell.**		
1.2a	1	Women following discharge from an inpatient stay.	100	100

1.2b	1	Women experiencing Bipolar Disorder/Postpartum Psychosis, other psychoses and Serious Affective Disorder, who can be safely managed in the community.	100	100
1.2c	1	Women with severe non-psychotic conditions.	100	100
1.2d	1	Women identified in pregnancy who are at risk of a recurrence/relapse of a psychotic or serious/complex non-psychotic condition.	100	100
1.2e	1	Women requiring pre-conception counselling.	95	100
1.3		**The service accepts referrals for:**		
1.3a	1	Women with moderate mental health problems whose needs cannot be effectively managed by primary care services	95	100
1.3b	1	Women with alcohol/substance misuse problems if there is also (or suspected) moderate to severe mental illness.	100	100
1.4	1	The service has clear joint working protocols regarding working with patients with: Disordered eating; Substance misuse problems; A diagnosed personality disorder.	*new*	65
1.5	1	The perinatal service works with the local CYP service to provide care to patients under the age of 18, where a perinatal psychiatric disorder dominates the clinical picture.	88	96
1.6	1	Referrals are accepted from any health professionals working with women in the perinatal period and the patient's GP is informed.	95	96
1.7	1	The team accepts patients who have been referred to the service onto their caseload, within a timeframe which complies with national standards as set by NHS or other professional bodies.	*new*	100
1.8	2	Referrals from Children's Social Services can only be accepted if they meet the usual clinical criteria.	90	87
1.9	1	The referral criteria ensure that a Personality Disorder diagnosis is not a barrier to care.	100	100
1.1	1	Referrals can be made directly to the service during working hours.	95	91
1.11	1	The service responds to urgent requests for telephone advice from other professionals within one working day.	100	100

1.12	1	A clinical member of staff is available to discuss emergency referrals during working hours.	100	100
1.13	3	The service provides a telephone advice line for professionals (e.g. midwives, GPs) at specific times of the week.	*new*	74
1.14	1	When the team are unable to make an emergency assessment, there are arrangements in place with another service to cover this.	95	100
1.15	1	There is a procedure agreed with out of hours teams that, following assessment, patients requiring Perinatal specialist care are referred the next working day.	90	91
1.16	2	Where referrals are made through a single point of access, these are passed on to the community team within one working day.	71	52
1.17	1	Outcomes of accepted referrals are fed back to the referrer, patient and partner/significant other (with the patient's consent) within two working weeks of the referral. If a referral is not accepted, the team advises the referrer, patient and partner/significant other on alternative options.	81	74
1.18	1	There are systems in place to monitor waiting times and ensure adherence to local and national waiting times standards.	90	96
1.19	1	The team provides patients and partners/significant others with information about expected waiting times for appointments, assessment and treatment.	76	87
1.2	1	For planned assessments, the team sends letters in advance to patients that include: The name and designation of the professional they will see; An explanation of the assessment process; Information on who can accompany them; How to contact the team if they have any queries, require support (e.g. an interpreter, child care, breast feeding facilities), need to change the appointment or have difficulty in attending appointments.	81	78
1.21	2	The assessing professional can promptly access notes (past and current) about the patient from primary and secondary care.	76	70
1.22	1	Patients are asked if they and their partner/family member wish to have copies of letters about their health and treatment.	81	78
1.23	1	When talking to patients and partners/family members, health professionals communicate clearly, avoiding the use of jargon.	100	100

1.24	2	The team can access IT resources to enable them to make contemporaneous records at assessment and referral meetings.	90	96
1.25	2	The service provided should be accessible using public transport or transport provided by the service.	95	100

Assessment

Standard	Type		Cycle 5% met	Cycle 6 % met
2.1	1	Teams assess women who are experiencing an episode of moderate to severe mental illness (in pregnancy and until at least 6 months postpartum with follow up to 12 months).	90	100
2.2	1	A care pathway including antenatal screening questions is agreed with maternity services, GPs and adult mental health services to identify both those at risk of developing a serious mental illness following delivery and those who are currently unwell.	100	91
2.3	1	Women currently in the care of secondary care mental health services may be managed by the Perinatal team or collaboratively with their usual secondary care mental health team, depending on clinical need and the patient's wishes.	95	100
2.4	2	The service can conduct assessments in a variety of settings and where possible, patients are offered a choice.	90	100
2.5	1	Priority care pathways should be in place to allow for discussion of potential urgency, for example, conditions arising after 28 weeks and before 6 weeks postpartum. Contact with the referrer and/or patient should take place within 2 working days to establish the urgency of assessment.	95	96

2.6	1	Pregnant women referred with a previous history of Serious Affective Disorder / Psychosis / Anxiety Disorder / Eating Disorder / Obsessive Compulsive Disorder, even if currently well, should be offered an assessment to take place during their pregnancy.	76	100
2.7	1	Women identified as requiring a psychological intervention, should be offered an appointment with a suitably qualified and supervised clinician within one month of assessment.	95	65
2.8	1	If the service receives a referral for a woman who has been prescribed Sodium Valproate or Semi-Sodium Valproate (Depakote), it is the responsibility of the service to have an urgent discussion (within two working days) with the referrer and other appropriate clinical services.	95	100
2.9	1	Patients have a risk assessment that is shared with relevant agencies (with consideration of confidentiality) and the patient. This includes a comprehensive assessment of: Risk to self; Risk to others; Risk from others; A risk management plan.	100	100
2.1	1	A physical health review takes place as part of the initial assessment. The review includes but is not limited to: Details of past medical history, including obstetric history; Current physical health problems and medication, including side effects and compliance with medication regime; Mode of infant feeding; Lifestyle factors e.g. sleeping patterns, diet, smoking, exercise, sexual health, drug and alcohol use.	100	100
2.11	1	All women have a named mental healthcare professional, and are addressed by the name and title they prefer. They are told how and who to contact if this person is not available in an emergency	93	100
2.12	1	Every patient has a written care plan, reflecting their individual needs.	90	87
2.13	1	Care plans are reviewed at least every 3 months	95	65
2.14	1	The practitioner develops the care plan collaboratively with the patient and their partner/family member (with patient consent).	90	91

2.15	1	The patient and their partner/family member (with patient consent) are offered a copy of the care plan and the opportunity to review this.	100	87
2.16		**For women seen in pregnancy, there is a peripartum management plan formulated and recorded in the handheld records (or equivalent) by 32 weeks of pregnancy, that is shared with the woman, her family (where appropriate), GP, Midwife, Health Visitor, Obstetrician and any other relevant professionals or organisations.** **The plan should include:**		
2.16a	1	Nature of the risk and condition.	100	100
2.16b	1	Details of current medication and any intended changes in late pregnancy and the early postpartum period.	100	100
2.16c	1	Consideration of whether the mother intends to breastfeed.	100	100
2.16d	1	Professionals involved and frequency of contact.	100	100
2.16e	1	The patient's chosen emergency contact's details	100	91
2.16f	1	Admission to a Mother and Baby Unit if necessary and any plans for a maternity admission.	100	96
2.16g	1	The Perinatal team should be notified once the patient has delivered.	100	96
2.17	1	Women referred in pregnancy who are at high risk of serious illness are seen by a member of the team prior to delivery and regularly thereafter until the period of maximum risk has passed.	71	100
2.18	1	Following assessment, all patients should receive an initial diagnosis. This should be documented alongside any clinical formulation.	62	83
2.19	2	The team sends a letter detailing the outcomes of the assessment to the referrer, the GP and other relevant services within a week of the assessment.	95	78
2.2	1	All assessments are documented, signed/validated (electronic records) and dated by the assessing practitioner.	95	100
2.21	1	Confidentiality and its limits are explained to the patient and partner/significant other at the first assessment, both verbally and in writing.	100	100
2.22	1	All patient information is kept in accordance with current legislation.	95	100
2.23	1	Patient preferences for sharing information with their partner/family member are established, respected and reviewed throughout their care.	100	96

2.24	1	If a patient does not attend an assessment, the team contacts the referrer.	100	100
2.25	1	The team has a policy for those who do not attend an appointment/assessment or who do not engage as per local policy.	100	96

Discharge

Standard	Type		Cycle 5% met	Cycle 6 % met
3.1	2	Discharge or onward care planning is discussed at care plan reviews as and when deemed appropriate.	100	100
3.2	1	Partners/family members (with patient consent) are involved in discussions and decisions about the patient's care, treatment and discharge planning.	100	91
3.3	1	The team follows a protocol to manage patients who disengage from the community Perinatal mental health team: Reviewing the notes to assess risk; Recording the patient's capacity to understand the risks of self-discharge; Putting a crisis plan in place; Contacting relevant agencies to notify them of the discharge; In the case of concerns, efforts are made to re-engage the patient.	100	83
3.4	2	When a patient is admitted to hospital, a community perinatal mental health team representative contributes and attends ward rounds and discharge planning in person (where possible) or remotely.	100	100
3.4b	1	Patients who are discharged from hospital to the care of the community Perinatal mental health team are followed up within one week of discharge, or within 48 hours of discharge if they are at risk.	86	96
3.5	1	When patients are transferred between community services: There is a handover which ensures that the new team have an up to date care plan and risk assessment; There is a meeting in which a key member of each team meet with the patient and partner/family member (with patient's consent) to discuss transfer of care	98	96

3.6	1	A discharge summary is given to the patient upon discharge and is sent to their GP within 24 hours.	*new*	52
3.7	1	A full MDT discharge letter setting out a clear discharge plan is sent to the patient and all relevant parties within 10 days of discharge. The plan includes details of: On-going care in the community/aftercare arrangements; Crisis and contingency arrangements including details of who to contact; Medication; Details of when, where and who will follow up with the patient as appropriate; Assessment of the quality of mother-infant interaction; Risk assessment (mother and child).	90	65

Care and Treatment

Standard	Type		Cycle 5 % met	Cycle 6 % met
4.1		**The teams provide a range of therapeutic interventions for the mother, the baby, and the family including:**		
4.1a	1	Targeted evidence based pharmacological interventions are delivered by an appropriately trained professional. Any deviations from standard practice are documented in the case notes.	95	100
4.1b	1	Evidence based psychological therapies from an appropriately trained and supervised practitioner.	*new*	87
4.1c	1	Evidence based mother and baby interventions from an appropriately trained and supervised practitioner.	86	87
4.1d	3	Evidence based family and couple's interventions from an appropriately trained and supervised practitioner.	67	48
4.1e	3	A range of recreational and creative activities is provided by the service, or patients are helped to access these within the local area.	48	74
4.1f	1	Occupational therapy	62	65

4.2	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.	100	91
4.3	1	Patients' preferences are considered during the selection of medication, therapies and activities, and are acted upon as far as possible.	100	100
4.4	1	When medication is prescribed: -Patients are given written and verbal information to ensure they understand the purpose, expected outcomes, interactions and limitations and side effects; -Risks (including interactions) and benefits are reviewed, a timescale for response is set and patient consent is recorded; -Patients have their medications reviewed at a frequency according to the evidence base and clinical need; -Medication reviews include an assessment of therapeutic response, safety, side effects and adherence to medication regime; -When patients experience side effects from their medication, this is engaged with and there is a clear plan in place for managing this.	100	100
4.5	1	Patients and their partner/significant others (with patient consent) are helped to understand the functions, expected outcomes, limitations and side effects of their medications and to self-manage as far as possible.	*new*	100
4.6	1	Patients have their medications reviewed at a frequency according to the evidence base and clinical need. Medication reviews include an assessment of therapeutic response, safety, side effects and adherence to medication regime.	*new*	100
4.7	1	Where concerns about a patient's physical health are identified, the team arranges or ensures that the patient receives assessment from primary or secondary healthcare services. This is documented in the patient's care plan.	100	96

4.8	1	The team gives personalised lifestyle advice to patients where necessary. This includes: Smoking cessation information; Healthy eating information; Physical exercise information; Alcohol information; Contraception advice.	95	87
4.9	1	The team understands and follows an agreed protocol for the management of an acute physical health emergency, including obstetric emergencies.	81	100
4.1	1	The service has a policy or protocol for the care of patients with dual diagnosis that includes: Liaison and shared protocols between mental health and substance misuse services to enable joint working; Drug/alcohol screening to support decisions about care/treatment options; Liaison between mental health, statutory and voluntary agencies; Staff training; Access to evidence based treatments.	67	70
4.11	1	The perinatal team ensures that patients who are prescribed mood stabilisers or antipsychotics receive and are encouraged to have the appropriate physical health assessments at the start of treatment (baseline), at 6 weeks, at 3 months and then annually (or 6-monthly for young people) unless a physical health abnormality arises. This includes: A personal/family history (at baseline); Lifestyle review (at every review); Weight (at every review); Fasting plasma glucose/ HbA1c (glycated haemoglobin) (at every review); Lipid profile (at every review).	81	74
4.12		**The clinical members of the team can advise (working with other professionals) the patient, partner and family on:**		
4.12a	1	Typical mother-infant care and attachment (including feeding and sleeping)	95	100

4.12b	1	Infant physical and emotional development	90	91
4.13	1	Partners and designated family members are involved in decisions about care, where the patient consents.	100	91
4.14	1	Partners/significant others are advised on how to access a statutory carers assessment, provided by an appropriate agency.	75	78
4.15	2	The team provides each partner/significant other with a specific information pack.	48	43
4.16	1	Partners/significant others are offered individual time with staff members to discuss concerns, family history and their own needs.	71	87
4.17	2	Partners/significant others have access to a support network or group. This could be provided by the service or the team could signpost partner/significant others to an existing network.	57	70
4.18	1	The team follows a protocol for responding to partners/significant others when the patient does not consent to their involvement.	81	91
4.19	3	The service ensures that older children and other dependents are supported appropriately.	100	96
4.2	2	The team have established working relationships with local Mother and Baby Units.	95	96
4.21a	2	The team: Informs a mother and baby unit of women at high risk of a potential admission; Wherever possible, informs a patient about this contact, giving them written and verbal information about the mother and baby unit in question, with the opportunity to visit the unit in person or through virtual means.	100	78
4.21b	1	The potential for admission is communicated verbally to the patient and her family and recorded in the written care plan and communicated to her GP, midwife and health visitor if appropriate.	81	91
4.21c	2	Written and verbal information is given to the patient, her partner and family about the Mother and Baby Unit	81	83
4.21d	2	Patients and their partner/significant others are given the opportunity to visit the mother and baby unit if admission is being considered.	81	78
4.22	1	As soon as possible after admission to a Mother and Baby Unit a Perinatal community practitioner should be allocated to the patient.	90	100

4.23	1	If the patient has been admitted to an acute psychiatric ward or MBU, the allocated Perinatal community team member, or nominated deputy, attends all appropriate meetings, including the patient's multidisciplinary ward review and pre-discharge meeting.	90	100
4.24	1	Staff members follow a lone working policy and feel safe when conducting home visits.	100	100
4.25	1	Patients are given verbal and written information on their rights under the Mental Health Act if under a community treatment order (or equivalent) and this is documented in their notes.	90	96
4.26	1	Assessments of patients' capacity (and competency for patients under the age of 16) to consent to care and treatment are performed in accordance with current legislation.	100	100
4.27	1	When patients lack capacity to consent to interventions, decisions are made in their best interests and that of the family (with consideration of safeguarding and appropriate use of the Mental Health Act).	100	100
4.28	1	There are systems in place to ensure that the service takes account of any advance directives or statements that the patient has made.	95	96
4.29	1	Patients are treated with compassion, dignity and respect.	100	91
4.3	1	Patients (and partners/family members, with patient consent) are offered written and verbal information about the patient's mental illness and treatment.	90	100

Infant Welfare and Safeguarding

Standard	Type		Cycle 5 % met	Cycle 6 % met
5.1		**During the initial assessment process for the patient, the emotional and physical care needs of the infant will be assessed. This assessment will include:**		
5.1a	1	The baby's age and date of birth or due date	100	100
5.1b	1	Parental responsibility for the infant	86	96
5.1c	1	Name and contact numbers of GP, Health Visitor, Midwife, Obstetrician, any Social Worker or Paediatrician involved and any other relevant professionals or agencies.	100	100

5.1d	1	If the child or unborn child is the subject of a Child in Need Plan/Looked After Child Plan/At Risk Register/Care Proceedings.	95	96
5.1e	1	Mode of delivery and obstetric complications during birth.	100	100
5.1f	1	Current or planned mode of feeding and any previous or current problems with feeding.	100	100
5.1g	1	A brief assessment of mother-infant interaction, care and attachment.	95	100
5.1h	1	The occupants of the household.	95	100
5.2	1	If areas of concern are highlighted then the professional who has identified the problems ensures an appropriate referral or assessment is made.	90	100
5.3	1	Mother-infant relationship and care should be observed and recorded in the patients notes every 3 months or more frequently should the patient's mental state and behaviour change.	95	96
5.4	1	Whenever mother and baby are seen together the mother and infant interaction is recorded.	95	96
5.6		**A risk assessment of mother and infant must be undertaken during the initial assessment process by the service. This should include:**		
5.6a	1	Disclosures of harmful or potentially harmful acts.	100	100
5.6b	1	Any delusions / overvalued ideas or hallucinations involving the unborn baby, infant or other children.	100	100
5.6c	1	Any thoughts plans or intentions of harming the unborn baby, infant or other children.	100	100
5.6d	1	Hostility and / or irritability towards the unborn baby, infant or other children.	100	100
5.6e	1	Any involvement with Children's Social Care.	100	100
5.6f	1	Any concern about any other person who may pose a risk to the unborn baby, child or other children.	100	100
5.6g	1	Thoughts and behaviours about estrangement from the baby and inadequacy of the patient.	95	100
5.7	1	The risk assessment tool is designed or modified for use by Perinatal community mental health services. Risk assessments and management plans are updated according to clinical need.	83	83
5.8	1	Risk assessments are completed prior to discharge and a summary is sent to all relevant agencies involved in care.	90	96

5.9	1	At each stage of Care and Risk Assessment consideration is given as to whether it is appropriate to initiate a CAF (or local equivalent) to better assess any additional needs the baby or older children of the family may have (www.ecm.gov.uk/caf)	100	100
5.1		**Case notes include:**		
5.10a	1	Any maternal concerns in relation to the pregnancy/infant.	100	100
5.10b	1	Her care of the pregnancy/infant.	100	100
5.10c	1	Her enjoyment of the pregnancy/infant.	100	100
5.10d	1	If the infant is absent from an appointment the reason why is recorded.	90	96
5.11	2	Staff encourage the involvement of partners/significant others in the care of the mother and her infant, unless detrimental to the mother or infant or the mother doesn't consent.	90	100
5.12		**Women who choose to breastfeed are supported and encouraged by the following:**		
5.12a	1	Where the service is prescribing psychotropic medication for breastfeeding mothers, it is tailored to their needs both in terms of the choice of medication, its dosage and frequency of administration.	100	100
5.12b	1	Clinical staff have annual training/updates on prescribing and breastfeeding.	100	83
5.13	3	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.	40	22
5.14	1	Local safeguarding and child protection guidance is available and accessible to all staff members.	100	100
5.15	1	The child protection status and the responsible Social Worker are recorded in the patient's notes, with contact details.	100	100
5.16	3	A member of the Perinatal mental health team is a member of the local safeguarding group or child protection.	70	65
5.17	1	Referral to Children and Family Services should be made on the basis of a risk assessment and should not be routine (i.e. not just because the mother is mentally ill).	100	100
5.18		**When the following factors are identified a referral to Children and Family Services should be made:**		
5.18a	1	Concern from risk assessment about the immediate safety of the infant from its mother, partner or any other person.	100	100

5.18b	1	An assessment identifies that the child is at ongoing risk of harm.	100	100
5.18c	1	Current domestic violence.	100	100
5.18d	1	Evidence that harm has already occurred.	100	100
5.19	1	Any safeguarding referral is made in accordance with local NHS Trust (or equivalent body) and county council procedures.	100	100
5.2	1	Staff members follow inter-agency protocols for the safeguarding of vulnerable adults and children. This includes escalating concerns if an inadequate response is received to a safeguarding referral.	100	96
5.21	1	Patients are given accessible written information which staff members talk through with them as soon as is practically possible. This information covers: Their rights regarding consent to care and treatment; How to access advocacy services; How to access a second opinion; How to access interpreting services; How to raise concerns, complaints and compliments; How to access their own health records.	70	61

Staffing and Training

Standard	Type		Cycle 5 % met	Cycle 6 % met
6.1a	1	New staff members, including agency staff, receive an induction based on an agreed list of core competencies (such as the Tavistock Core Competencies or NHS Education in Scotland).	95	87
6.1b	1	All newly qualified staff members are allocated a preceptor to oversee their transition into the service.	52	52
6.1c	2	All new staff members are allocated a mentor to oversee their transition into the service. This should be a mentor with experience in Perinatal mental health.	95	91
6.1d	2	All supervisors have received specific training to provide supervision. This training is refreshed in line with local guidance.	90	87

6.1e	3	The organisation's leaders provide opportunities for positive relationships to develop between all team members.	100	100
6.2		**Staff have received training in (this could be delivered in house by staff with relevant experience from within or outside the service):**		
6.2a	1	The range of perinatal disorders and normal emotional changes in pregnancy and after birth.	95	96
6.2b	2	Staff who use clinical outcome measures have received relevant training.	76	87
6.2c	1	Basic infant development including developmental milestones.	86	83
6.2d	1	Supporting parents in a culturally sensitive way with particular relevance to the local population.	71	87
6.2e	1	The use of legal frameworks, such as the Mental Health Act (or equivalent) and the Mental Capacity Act (or equivalent).	100	96
6.2f	1	Understanding and promoting mother-infant interaction and attachment.	95	83
6.2g	1	Physical health assessment.	76	74
6.2h	2	Infant mental health training.	67	65
6.2i	1	Recognising and communicating with patients with special needs, e.g. cognitive impairment or learning disabilities. This includes when to refer to specialist services, social services and an understanding of joint working protocols	81	83
6.2j	1	Common physical disorders in pregnancy and the early postnatal period (for all clinical staff facilitated by an appropriate specialist).	76	87
6.2k	1	Pharmacological interventions, risks and benefits in pregnancy and breastfeeding (this is updated at least annually).	95	83
6.2l	1	All staff have an understanding of the range of interventions available at the service and this understanding is sufficient to be able to describe the intervention to a patient and make an appropriate referral.	81	83
6.2m	2	Contraception and sexual health.	67	65
6.2n	1	Smoking cessation	71	74
6.2o	2	Family awareness, family inclusive practice and social systems, including partner/significant others' rights in relation to confidentiality.	76	83
6.2p	1	Infant feeding (including breastfeeding)	62	78
6.2q	2	Staff members can access leadership and management training appropriate to their role and specialty.	100	100

6.3	1	The team receives training consistent with their roles on risk assessment and risk management. This is refreshed every two years. This includes, but is not limited to, training on: Safeguarding vulnerable adults (or local equivalent); Safeguarding children Level 3 (or local equivalent); Assessing and managing suicide risk and self-harm; Prevention and management of aggression and violence; Prevent training; Recognising and responding to the signs of abuse, exploitation or neglect. NB - This also includes safeguarding supervision training.	100	100
6.4	2	Patients, partners/significant others and staff members are involved in devising and delivering Perinatal mental health training	48	48
6.5	3	In-house multi-disciplinary team education and practice development activities occur in the service at least every 3 months.	86	70
6.6	2	Staff members have time to support relevant research and academic activity.	100	83
6.7	2	All clinical staff attend an external specialist perinatal training day at a minimum of once every two years.	100	96
6.8	3	Members of the clinical team should take part in Perinatal Quality Network reviews on a rotational basis	*new*	91
6.9	2	The team provide an annual training plan or strategy about perinatal mental health and its services which is appropriate for and accessible to midwives, health visitors, GPs, Obstetricians, Social Workers and Mental Health workers	76	74
6.1	1	All clinical staff members receive clinical supervision at least monthly, or as otherwise specified by their professional body.	100	96
6.10a	1	All staff members receive individual line management supervision at least monthly.	95	91
6.10b	2	Staff members in training and newly qualified staff members receive weekly line management supervision.	100	61
6.11	2	All staff members receive an annual appraisal and personal development planning (or equivalent).	90	96
6.12	2	The team holds business meetings that are held at least monthly.	90	96

6.13	3	The team reviews its progress against its own plan/strategy, which includes objectives and deadlines in line with the organisation's strategy.	81	87
6.14	2	Front-line staff members are involved in key decisions about the service provided.	95	100
6.15	2	Managers ensure that policies, procedures and guidelines are formatted, disseminated and stored in ways that front-line staff members find accessible and easy to use.	95	96
6.16		**The service is composed of:**		
6.16a	1	1 WTE Consultant Perinatal Psychiatrist input per 10,000 births	76	91
6.16b	2	1 WTE non-consultant Psychiatrist input per 10,000 births	19	52
6.16c	1	5 WTE Perinatal Community Psychiatric nurses per 10,000 births.	70	87
6.16d	2	0.50 WTE Social Worker per 10,000 births.	38	39
6.16e	1	1 WTE Clinical Psychologist per 10,000 births	45	78
6.16f	2	2.50 WTE Nursery Nurses per 10,000 births	24	39
6.16g	1	1 WTE Occupational Therapist per 10,000 births	33	52
6.16h	1	Dedicated administrative support		96
6.16j	1	Dedicated administrative and data entry support	100	91
6.17	1	The service 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.	86	83
6.18	1	Members of the team can contact a specialist Perinatal Psychiatrist during working hours	90	91
6.19	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 service.	95	96
6.2	1	The service 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	100
6.21	1	The team has a fixed base and office accommodation, which adequately meets the need of the staffing group	86	57

6.22	1	There are sufficient IT resources (e.g. computer terminals) to provide all practitioners with easy access to key information	90	87
6.23	1	Staff members are easily identifiable (for example, by wearing appropriate identification).	100	100
6.24	2	All staff access performance and quality data on both their own patients and the team as a whole, including the regular reviewing of outcome measures to inform patient care and team development.	81	74
6.25	1	There are written documents that specify professional, organisational and line management responsibilities.	100	100
6.26	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.	95	100
6.27	1	Staff members feel able to raise any concerns they may have about standards of care.	100	100
6.28	2	The team has protected time for team-building and discussing service development at least once a year.	90	100
6.29a	2	Patients and partner/family member representatives are involved in the interview process for recruiting staff members.	76	74
6.29b	1	A senior clinician from the team should be a member of both the interview panel and appointment committee.	*new*	96
6.3	1	The service actively supports staff health and well-being.	100	100
6.31	1	Staff members are able to take breaks during their shift that comply with the European Working Time Directive.	95	100
6.32	2	Staff members are able to access reflective practice groups at least every 6 weeks where teams can meet together to think about team dynamics and develop their clinical practice	90	74
6.34	1	The team supports patients to access organisations which offer: Housing support; Support with finances, benefits and debt management; Social services; Drug/alcohol services; Domestic abuse services; Immigration services.	100	91

6.35	1	Patients can access help, from mental health services, 24 hours a day, 7 days a week.	95	100
6.36	1	The team follows an agreed protocol with local police, which ensures effective liaison on incidents of criminal activity/harassment/violence.	95	96
6.37	3	The service has a meeting, at least annually, with all stakeholders to consider topics such as referrals, service developments, issues of concern and to re-affirm good practice.	76	83
6.38	2	Patient representatives attend and contribute to local and service level meetings and committees.	67	65
6.39	3	Women with lived experience (whether in groups or individually) are consulted about and invited to participate in service development, recruitment, training and service evaluation.	*new*	78
6.4	1	Every community Perinatal team has a dedicated specialist team manager.	*new*	87
6.41	1	Where peer support workers are used by the service (whether in a voluntary or paid role) they have both a defined role description and regular supervision	*new*	43
6.42	1	There is adequate access to clinic space to allow for maximum efficiency of clinical staff who need to see patients in a clinic setting (including trainees)	*new*	78

Recording and Audit

Standard	Type		Cycle 5 % met	Cycle 6 % met
7.1		**The service evaluates annually:**		
7.1a	2	Feedback from referrers.	62	78
7.1b	2	Feedback from service staff.	62	83
7.1c	2	Accident and incident records.	90	87
7.1d	2	Analysis of complaints.	71	78
7.1e	2	The findings of audits.	86	78
7.1f	2	Key performance data (e.g. number of referrals, reasons for declined referrals and outcome measurement data).	81	91
7.1g	2	Action plans are developed based on the service evaluation and resulting quality improvement is monitored.	81	91

7.1h	1	Women involved in Care Proceedings / Child Safeguarding Protection Plans.	71	78
7.2	2	A range of local and multi-centre clinical audits is conducted which include the use of evidence-based treatments, as a minimum.	67	70
7.3	1	Any serious untoward incident including those involving a child and any emergency child protection order should be audited within 6 weeks and chaired by a suitably qualified clinician external to the service.	76	83
7.4	1	The service keeps a record of any difficulties / undue delay in transferring the patient to another community mental health service.	86	78
7.5	2	Clinical staff are consulted in the development of unit specific policies, procedures and guidelines that relate to their practice.	86	100
7.6	1	Service users and their partners/family members are encouraged to feedback confidentially about their experiences of using the service, and their feedback is used to improve the service.	95	100

Appendix 2: Services Participating in Cycle 6

Aneurin Bevan Perinatal Mental Health Service

Birmingham and Solihull Perinatal Mental Health Service

Bradford Specialist Mother and Baby Mental Health Service (SMABS)

Cardiff Perinatal Community Mental Health Service

Cheshire and Mersey Specialist Perinatal Service

City and Hackney Perinatal Service

Cornwall Specialist Perinatal Team

Croydon Community Perinatal Mental Health Service

Derbyshire Perinatal Mental Health Service

Devon Perinatal Mental Health Service

Dorset Perinatal Mental Health Service

Glasgow and Clyde Perinatal Mental Health Service

Gloucestershire Perinatal Mental Health Team

Hampshire Mother and Baby Mental Health Service

Hertfordshire Community Perinatal Team

Kent and Medway Mother and Infant Mental Health Service (MIMHS)

Leeds Perinatal Service

Leicester Perinatal Psychiatry Service

Lincoln Perinatal Community Space

Northamptonshire Specialist Perinatal Mental Health Service

Northumberland, Tyne and Wear Perinatal Community Mental Health Team

Sheffield Perinatal Mental Health Service

Surrey Perinatal Mental Health Service

South West Yorkshire Perinatal Mental Health Team

Sussex Partnership Specialist Perinatal Mental Health Service

Tees Perinatal Community Mental Health Service

Tower Hamlets Perinatal Service

West London Perinatal Mental Health Service

Worcestershire Community Perinatal Service