QUALITY NETWORK FOR PERINATAL MENTAL HEALTH SERVICES

Peter Thompson
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College Centre for Quality Improvement

• The college has been involved in quality improvement work for over 15 years
• The CCQI was launched in 2006 and brought together the various QI initiatives
• Member led networks aimed at frontline clinical staff nationally and internationally
College Centre for Quality Improvement

• All mental health providers in the UK participate in one or more of these initiatives
• Work with NHS and independent services
• All networks are voluntary and most are funded by members’ subscriptions
CCQI projects

Projects working with:

- Perinatal mental health services
- Inpatient and community CAMHS
- Therapeutic communities
- Forensic mental health services
- Adult acute inpatient wards
- Home treatment teams
- Eating disorder services
- ECT clinics
- Liaison psychiatry
- 360 appraisal of psychiatrists
- Prescribing
- Memory clinics

www.rcpsych.ac.uk/ccqi
Why was the network established?

• Following the Confidential Enquiries and the deaths of Daksha and Freya Emson, RCPsych made a commitment to promote perinatal mental health

• Funding provided to establish a Quality Network and a faculty

• Network launched for inpatient services in 2007 and community services in 2013
What we do
Standards

• Developed in consultation with frontline staff, patient representatives and based on other best practice guidance

• Two sets – community and inpatient
Inpatient standards

• Access and Admission
• Environment and Facilities
• Staffing and Training
• Care and Treatment
• Information, Confidentiality and Consent
• Rights and Safeguarding
• Audit and Policy
• Discharge
Community standards

- Access and Referral
- Assessment
- Discharge
- Care and Treatment
- Infant Welfare and Safeguarding
- Staffing and Training
- Recording and Audit
Typing of standards

• **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
Type 1

• The unit is equipped with infant and adult resuscitation equipment which is clearly signposted

• All patients detained under mental health law have access to an independent mental health advocate

• On a typical six bedded unit, there is a minimum of two nursing staff on every shift to maintain appropriate observation, care and safety levels
Type 2

- Patients can easily access items associated with specific cultural, religious or spiritual practices

- All staff receive annual appraisals and personal development plans

- Unit staff ask patients for feedback about the quality of the food and this is communicated to the catering staff
Type 3

• The unit has a computer with internet access in a communal area for the use of patients

• Staff are provided with study facilities and protected time to support service relevant research and academic activity

• The unit provides families and couples interventions
A review day

- A review day runs from 9.45am to 3.30pm
- A team of clinicians from other services around the country visit – usually medical, nursing and MDT representatives
- Most review teams also have a patient representative on the team
- Morning brief: meet with host team to do housekeeping, visiting team introduce themselves and get an introduction to the team being reviewed
A review day

- Tour of the unit: opportunity to validate the Environment and Facilities standards
- Working through the self review workbook: focusing particularly on unmet standards to encourage action planning
- Open discussion: an opportunity to look in depth at a specific issue (e.g. development of mother/baby interaction therapies, use of video conferencing for therapeutic work)
A review day

- Interviews with patients and carers
- Interviews with frontline staff (inpatient only)
- Multi-agency discussion (community only)
- The review team meets to put together feedback for the service
- Feedback: the review team gives their thoughts and the host team are encouraged to respond and reflect
Inpatient members

• 18 units (100%) participate from:
  - Birmingham
  - Bournemouth
  - Bristol
  - Chelmsford
  - Derby
  - Eastbourne
  - East London
  - Glasgow
  - Leeds
  - Livingston
  - Manchester
  - Morpeth
  - North West London
  - Nottingham
  - South London and Maudsley
  - Stafford
  - Welwyn Garden City
  - Winchester
## Lowest scoring inpatient criteria

<table>
<thead>
<tr>
<th>Criteria</th>
<th>% of units met</th>
</tr>
</thead>
<tbody>
<tr>
<td>A typical unit with six beds includes at least 0.5 WTE social work input (Type 3)</td>
<td>17% (24%)</td>
</tr>
<tr>
<td>The unit has a computer with internet access in a communal area for the use of patients (Type 3)</td>
<td>33% (35%)</td>
</tr>
<tr>
<td>A typical unit with six beds includes at least 0.5 WTE occupational therapist (Type 2)</td>
<td>39% (47%)</td>
</tr>
<tr>
<td>A typical unit with six beds includes at least 0.5 WTE clinical psychologist (Type 2)</td>
<td>44% (47%)</td>
</tr>
<tr>
<td>The unit collects feedback from referrers (Type 2)</td>
<td>50% (59%)</td>
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## Lowest scoring inpatient criteria

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<tbody>
<tr>
<td>There is at least one specialist nursery nurse during an extended day period (7am to 9.30pm) (Type 2)</td>
<td>56% (59%)</td>
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<tr>
<td>The welcome pack includes information on how to access a second opinion (Type 2)</td>
<td>56% (N/A)</td>
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<tr>
<td>There is appropriate space for clinical examinations of mothers and their babies, other than mother's bedrooms (Type 2)</td>
<td>61% (71%)</td>
</tr>
<tr>
<td>The team has protected time to facilitate team building and service development (Type 2)</td>
<td>61% (59%)</td>
</tr>
<tr>
<td>The unit provides creative therapies (Type 2)</td>
<td>61% (88%)</td>
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Comments from inpatients

• What helped me settle in the most was how approachable the staff are. No question is a silly question for them. I came from the crisis team so it could have been quite scary for me but everything was explained really well and that really calmed me down

• The staff always consulted you about your babies care. Asking ‘have you thought about...?’ making you feel empowered. You make the decisions, they just guide

• The staff are concerned and interested in the welfare of patients. They are diligent in finding out something if they don’t know. They are genuinely, proactively and professionally helpful

• I have a folder in my room that has details of my medication and side effects etc. I looked through it this morning as I had a question about medication
Comments from inpatients

• I guess that I do and I don’t get enough contact with my named nurse. I try to get regular meetings but it doesn’t always work out with the shift patterns. I can talk to other staff but they try to leave it up to the named nurse.
• I would like to be able to see visitors in the communal area rather than my bedroom. At home you wouldn’t see visitors in your bedroom.
• The only issue is with agency staff. When I first came in I was confused and I was with an agency nurse who didn’t know what was going on.
• I’m a bit confused because there is a timetable for activities but I don’t see them happening.
Inpatient standards overall performance

Access and Admission
Environment and...
Care and Treatment
Information, Consent...
Rights and...
Audit and Policy
Discharge

2007
2013
Community members

- 19 teams participate from:
  - Birmingham
  - Cardiff
  - Derby
  - Devon
  - Dorset
  - East London
  - Glasgow
  - Hampshire
  - Hull
  - Leeds
  - Livingston
  - Newham
  - North East London
  - Northumberland and North Tyneside
  - Nottingham
  - Sheffield
  - South London and Maudsley
  - Tower Hamlets
  - Worcestershire
Lowest scoring community criteria

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<th>Criteria</th>
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<tr>
<td>Age appropriate perinatal mental health information is available to older children in the patient's family (Type 3)</td>
<td>18%</td>
</tr>
<tr>
<td>The team has dedicated nursery nurse sessions (Type 2)</td>
<td>18%</td>
</tr>
<tr>
<td>The team has dedicated OT sessions (Type 2)</td>
<td>18%</td>
</tr>
<tr>
<td>The unit collects feedback from referrers (Type 2)</td>
<td>24%</td>
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<tr>
<td>If a patient and infant or older children are seen in an outpatient clinic or other psychiatric facility, the waiting area is exclusively for the use of the perinatal service during that session and equipped with age appropriate toys (Type 3)</td>
<td>25%</td>
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Lowest scoring community criteria

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<td>Carers are given a pack with information on perinatal mental health problems, what they can do to help, their rights as carers and information about local services they can access (Type 2)</td>
<td>29%</td>
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<tr>
<td>The team collects feedback from service staff (Type 2)</td>
<td>35%</td>
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<td>The risk assessment tool is specifically designed and standardised for use by perinatal psychiatric services (Type 1)</td>
<td>41%</td>
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<td>The team has dedicated sessions of a social worker (Type 2)</td>
<td>41%</td>
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<tr>
<td>The team provides creative therapies (Type 3)</td>
<td>47%</td>
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Community standards overall performance

Access and Referral
Assessment
Discharge
Care & Treatment
Infant Welfare &...
Staffing & Training
Recording & Audit

%
Learning/networking opportunities

• Annual perinatal conference held in November
• Special interest days (e.g. psychologists, OTs, nursery nurses)
• Email discussion group – over 400 members sharing best practice and knowledge
The coming year

• All inpatient units now signed up
• Membership is included in specialised commissioning contracts
• 19 community teams now signed up
• More patient representatives recruited
• Partner/carer representation?
Any questions?

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