Standard Operating Procedure for completing the Perinatal Mental Health Audit Matrix: NICE Quality Standard QS115

		Date
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Table of contents

1.   Purpose of Standard Operating Procedure

This document is a Standard Operating Procedure (SOP) for using the QS115 Perinatal Mental Health (PMH) Matrix audit tool (the Matrix). It details the process for collecting data and entering it into the PMH Matrix. It provides step-by-step instructions to users of the QS115 Perinatal Mental Health Matrix audit tool.

1.1. About the Perinatal Mental Health Matrix

The Matrix is a self-assessment tool to evaluate the quality of perinatal mental health care provided by maternity, health visiting, secondary care mental health and IAPT (Improving Access to Psychological Therapies) services in the NHS England South region. By collecting data at a regional level, it will be possible to identify strengths and gaps in the services and benchmark care against the NICE Quality Standard QS115, mapping progress through time. It also provides the opportunity to benchmark care against other services in the region.

The Matrix tool has been endorsed by NICE: this audit tool supports statements 1-6 in the NICE quality standard for antenatal and postnatal mental health.

National Institute for Health and Care Excellence

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1.2.   The purpose of the process

Maternity, health visiting and mental health services all play a crucial role in the care of women with or at risk of developing mental health problems during the perinatal period. High quality care is dependent on these services working in accordance with evidence-based performance standards. The Matrix is therefore applicable to all services working with this group of women, reflecting the importance of coordinated multi-agency care.

The Matrix enables consistent data collection by different services caring for women with perinatal mental health problems across all localities in the NHS England South East and South West Regions. The process enables services to monitor local demand and benchmark against national standards, in order to drive continual improvements and reduce regional variation in care quality.

1.3. Benchmarking against national standards

The standards for performance are taken from NICE Quality Standards on Antenatal and Postnatal Mental Health (NICE QS115) (Appendix 2).

NICE Quality Standard QS115 has been developed from the NICE Antenatal and Postnatal Mental Health Clinical Guideline (CG192). It covers the recognition, assessment, care and treatment of mental health problems in women during pregnancy and the postnatal period (up to 1 year after childbirth). It also includes providing pre-conception support and advice for women with an existing mental health problem who might become pregnant, and the organisation of mental health services needed in pregnancy and the postnatal period.

The quality standard is expected to contribute to improvements in the following outcomes:

- maternal health
- service user experience of health services
- quality of life for women with severe mental health problems
- neonatal and infant health and wellbeing
- maternal suicide rate

The NICE quality statements being measured are:

Statement 1 Women of childbearing potential are not prescribed valproate to treat a mental health problem

Statement 2 Women of childbearing potential with a severe mental health problem are given information at their annual review about how their mental health problem and its treatment might affect them or their baby if they become pregnant

Statement 3 Pregnant women with a previous severe mental health problem or any current mental health problem are given information at their booking appointment about how their mental health problem and its treatment might affect them or their baby

Statement 4 Women are asked about their emotional well-being at each routine antenatal and postnatal contact

Statement 5 Women with a suspected mental health problem in pregnancy or the postnatal period receive a comprehensive mental health assessment

Statement 6 Women referred for psychological interventions in pregnancy or the postnatal period start treatment within 6 weeks of referral

Workforce resource standards for specialist community perinatal mental health teams are based on recommendations from the Royal College of Psychiatrists **(RCPsych CR197).**

2   Using the PMH Matrix

The purpose of the PMH Matrix is to provide a means of performance evaluation through benchmarking with NICE QS115, for services across the South Region caring for women with mental health problems during the perinatal period. This enables services and localities to be benchmarked against NICE standards and counterparts across the region.

The PMH Matrix also contains a set of questions about the workforce of each service. In line with the national developments in specialist community perinatal mental health services, there is a recommendation for workforce numbers for these services in the Royal College of Psychiatrists guidance (RCPsych CR197).

2.1 Dates for data collection and entry

A quarterly reminder will be sent out for data collection and completion of the Matrix. The reminder will be sent out by the Strategic Clinical Network (SCN) administration team. Quarters for each year are:

Quarter 1: April 1st – June 30th
Quarter 2: July 1st – September 30th
Quarter 3: October 1st – December 31st
Quarter 4: January 1st – March 30th

2.2 Summary of process for completing the Matrix

- A nominated person from each service within each locality will be responsible for completing the audit on a quarterly basis (responding for the preceding quarter).
- If your role changes, please inform the administration team and nominate a new responder.
- Use random samples of 10 sets of case notes to obtain data to complete the Matrix. Identification of case records and case-note review for each responder will depend on individual services' own clinical record systems.
- Data can be collected using the data collection tool (Appendix 1).
- Once data is collected, log on to the Matrix to enter the data.

- All responders are encouraged to liaise closely with the Thames Valley SCN Perinatal Mental Health Network leads when using the Matrix.
- Responders will receive support in registering to use the Matrix and in initial data entry

3   Procedural steps for Responders

3.1   Collecting data

Using the data collection form in Appendix 1, collect data relevant to your service. There is one sheet for each service type:

- Maternity
- IAPT
- Specialist Perinatal Mental Health
- Adult Community Mental Health
- Other Specialist Perinatal Mental Health, e.g. parent-infant services
- Health Visiting

3.2   Access to the Matrix

To access the Matrix, go to *https://matrix.tvscn.nhs.uk/*

The Matrix is best accessed using Chrome. Internet Explorer 11 or later is also supported, but may not work as well.

3.3   Registration

3.3.1 Register as a responder for the Matrix by clicking *Register* in the top right corner of the welcome page *(fig 1)*.
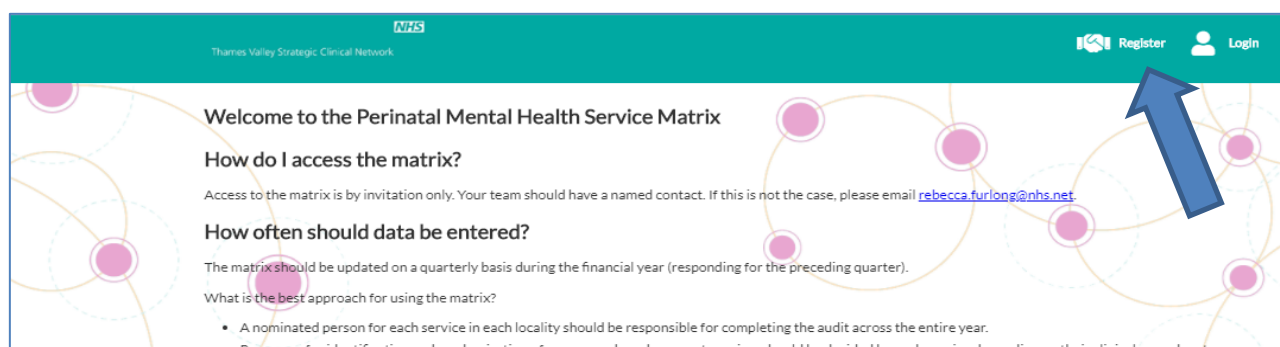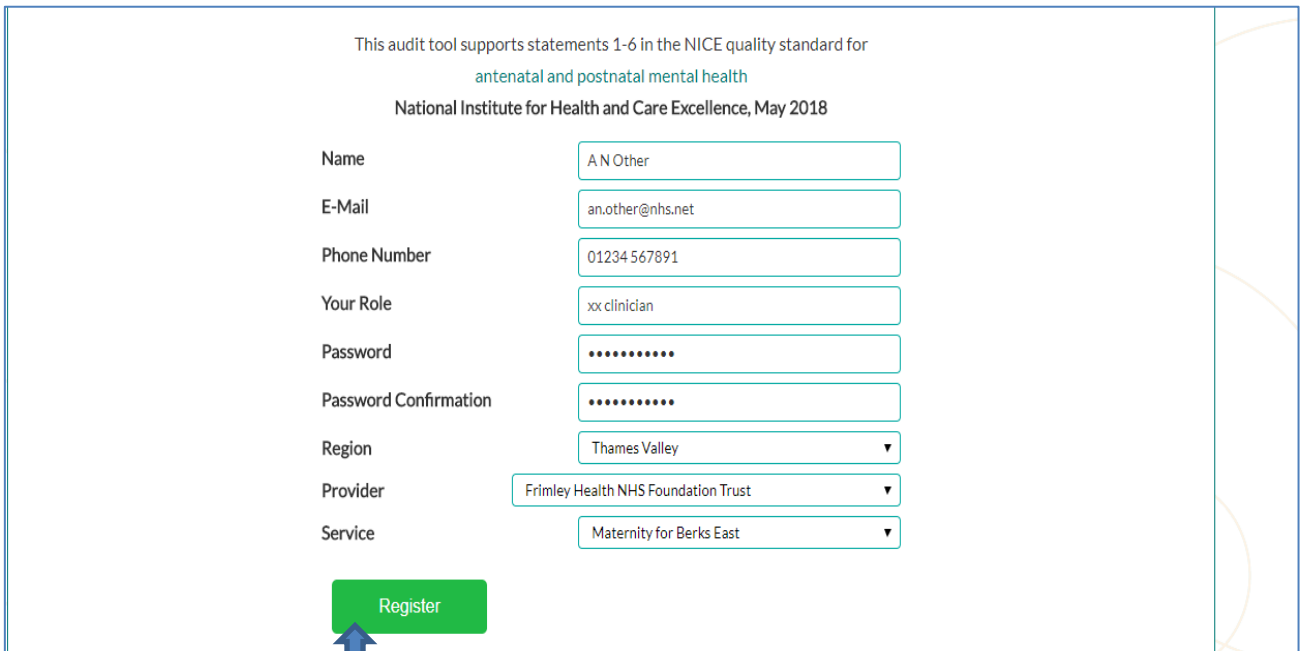

Fig 1: registering on the Matrix

3.3.2 Complete the short form (fig 2):

- Name
- Email
- choose and confirm a password
- select your region

- select your provider
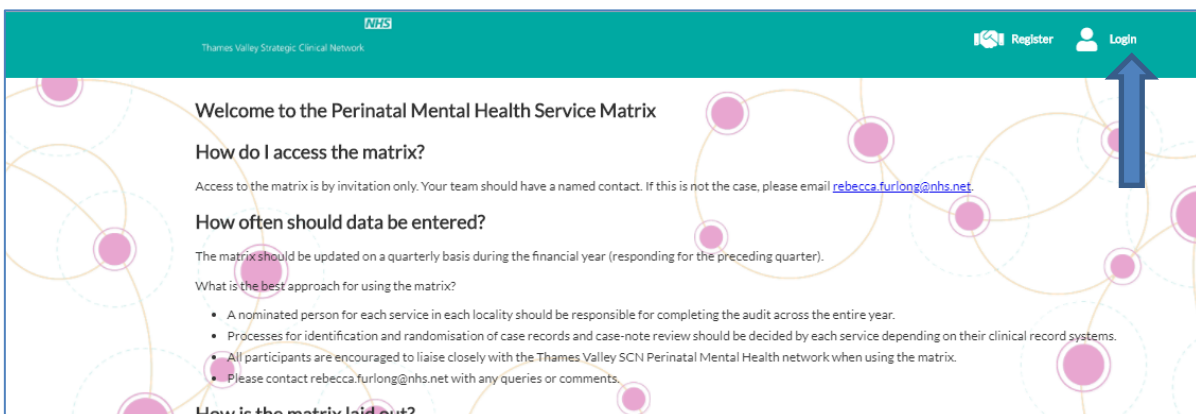- select the service you represent

Fig 2: registering as a responder

3.3.3 Click **Register** at the bottom of the page *(fig 2)*

A message will be sent to the administrator who will confirm the registration. This may take up to a couple of days, so please register in advance where possible.

3.4   Login

3.4.1 Click **login** at the top right hand corner of the welcome screen *(fig 3)*

Fig 3: log in step 1

3.4.2 Enter email and password and click *Login (fig 4)*

Fig 4: log in step 2

3.5 Starting to enter data
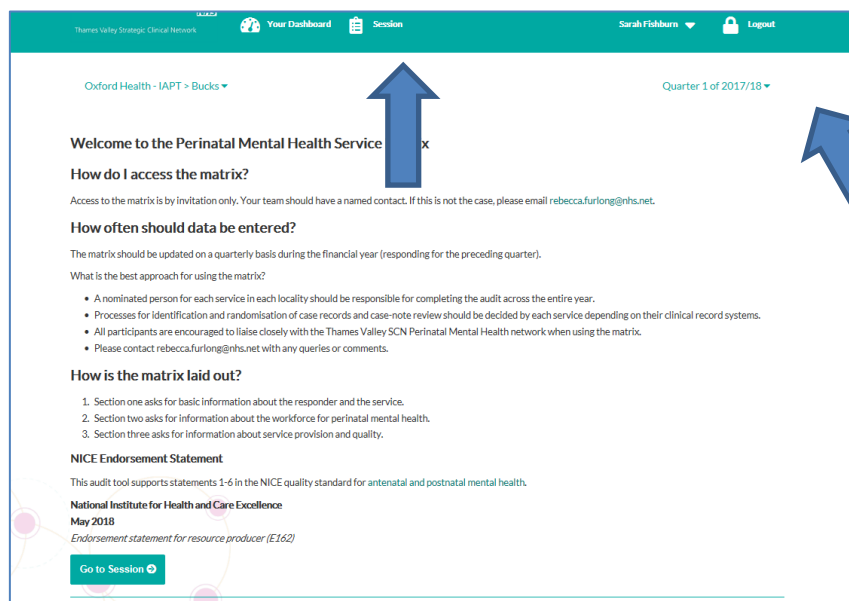
3.5.1 This opens the first screen. The name of your organisation shows at the top left of the screen.

3.5.2 Select which Quarter you are responding for at the top right corner of the page, and you will see a screen which shows which quarter is active or select a different quarter.

3.5.3 There are 2 tabs:

- *Dashboard*
- *Session*

To enter data, select the relevant quarter at the top right side of the page (fig 5), then click *Session* at the top of the page or ***go to session*** at the bottom of the page *(fig 5).*

Fig 5: choose quarter and start session

This opens a series of screens:

- About your service
- Workforce
- Meeting quality standards
- Summary

This will take the respondent to the questions specific to their service.
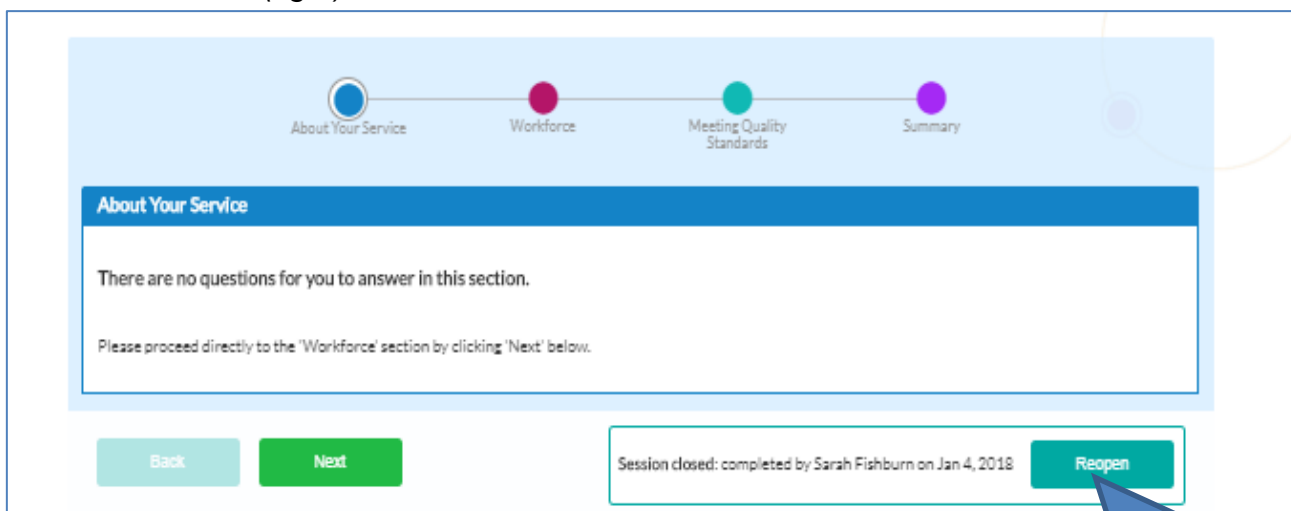
3.5.4 **Move forwards and back between the sections** by clicking the coloured buttons or click the next or back buttons. (*fig 6*):

Fig 6: moving between sections

3.5.5 If a session has previously been started, the option to reopen and update this session is offered *(fig 6).*

Fig 7: reopening a previous session

3.6 About your Service

3.6.1 Questions in this section are for mental health services: IAPT, Specialist Community Perinatal Mental Health Team, Adult Community Mental Health Team and Other Specialist Perinatal Service (e.g. Infant-Parent Services):

- In this quarter, how many perinatal referrals has your team received?
- At the time of writing, how many women in the perinatal period are currently receiving treatment from your service? (Please include all women who commenced treatment during the perinatal period, even if their treatment continues beyond the child's first birthday).

There is an option if it is not possible to answer which requires a brief explanation. For example, if the electronic patient record system for IAPT or Adult CMHTs does not tag women in the perinatal period, it may not be possible to collate all perinatal referrals.

3.7 Workforce

These questions need to be answered the first time the Matrix is completed for each service and updated with any subsequent changes.

Submissions for subsequent quarters will be carried through. Changes can be made if there have been changes in workforce.

There are different questions for each team (see Appendix 1 data collection tool for detail of the questions).

3.8 Meeting Quality Standards

The questions relate to the NICE quality standard relevant to each service.

There is only one screen of questions in this section for each team, and only the questions for the individual service will be shown:

- QS1, QS2 secondary care mental health services – specialist community perinatal mental health, generic adult community mental health, other specialist services such as infant-parent mental health services
- QS3, QS4, QS5 maternity services
- QS4, QS5 health visiting services
- QS6 IAPT, adult mental health, specialist PMH, other specialist perinatal mental health services

If it is not possible to answer any of the questions the reason will be requested in the drop down box (fig 8). If *other* is selected, a brief explanation will be requested.
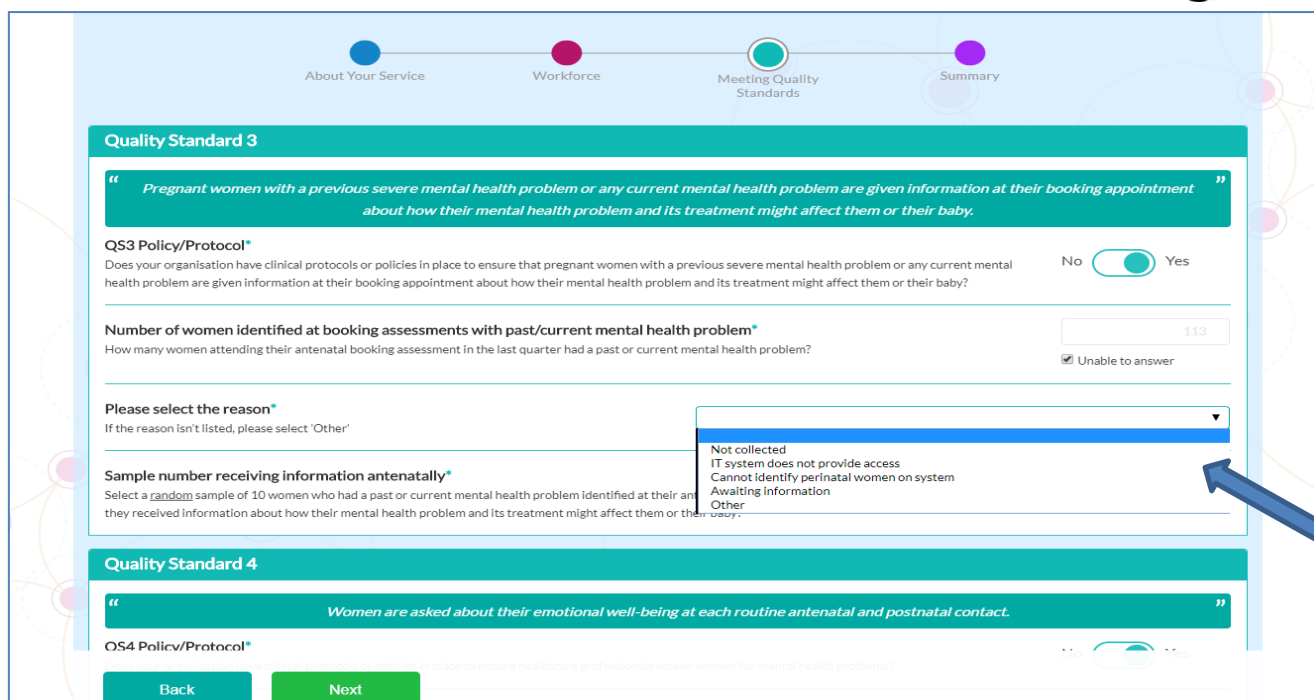
Fig 8: unable to answer options

3.9 Summary

When all the questions have been answered, the summary page summarises the information submitted.

- Click **Back** to change any data entered.
- To leave the page click **Submit .**This links to a screen which asks if you wish to submit these responses on behalf of your service. Click **submit** or **cancel** to return to the welcome screen or review your dashboard.
- Reviewing or updating a session: a session can be reopened and altered by the user at any time.
- Cancelling a session: cancel the session and revert to the previously completed one by selecting **revert** (fig 9).
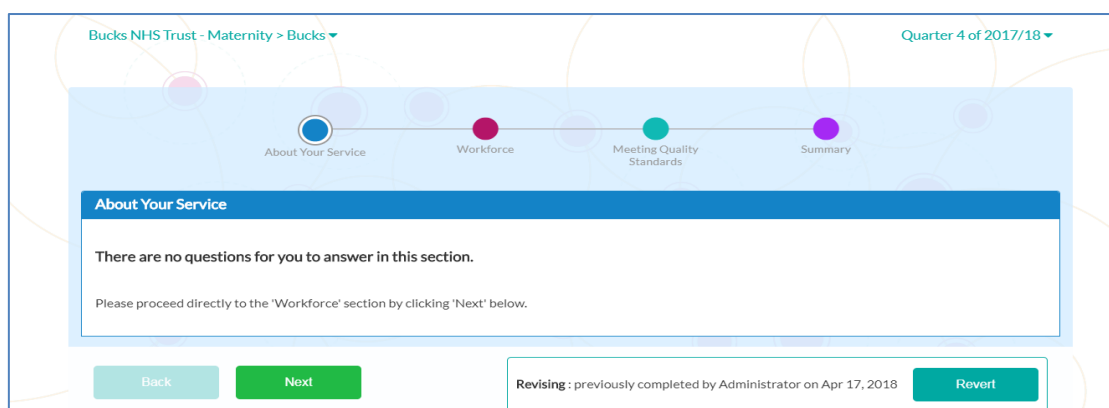
Fig 9: revert to previous data entered

3.12 Continuing to another session

On return to the welcome page select the session and quarter required and enter data as above from step 2.8.

4   Results Dashboard

4.1 The dashboard shows a summary of the information entered for the individual service alongside information from other services. This is downloadable or printable.

The key purposes of the information on the dashboard are to:

- Summarise the performance of individual services
- Benchmark performance of services against counterparts in other localities; e.g. maternity services in Buckinghamshire against maternity services in Berkshire
- Collate performance data for whole localities against other localities; e.g. performance of the perinatal system in Oxfordshire compared to that in Buckinghamshire (which may be of particular interest to commissioners and regional bodies), or comparing performance in Thames Valley and Southwest regions

Benchmarking of performance by collating data at a regional level will provide a driver for improving the quality of local services and reduction in regional variation.

4.2 Viewing the dashboard

From any page in the Matrix select the **dashboard** button.

The data is presented in **3 tabs: About your Service, Workforce and Quality Standards**.

4.2.1 select organisation type to view: Regions, strategic Clinical Networks, NHS Trusts, providers and LMSs can be selected. Using the options tool at the top left of the page click on the choice of view to choose organisation type. Individual or multiple organstaions can be selected and compared *(fig 10)*.
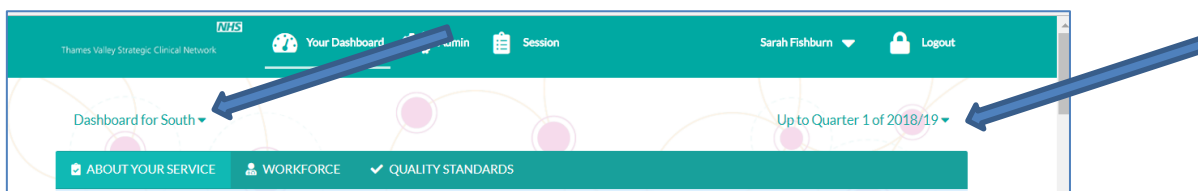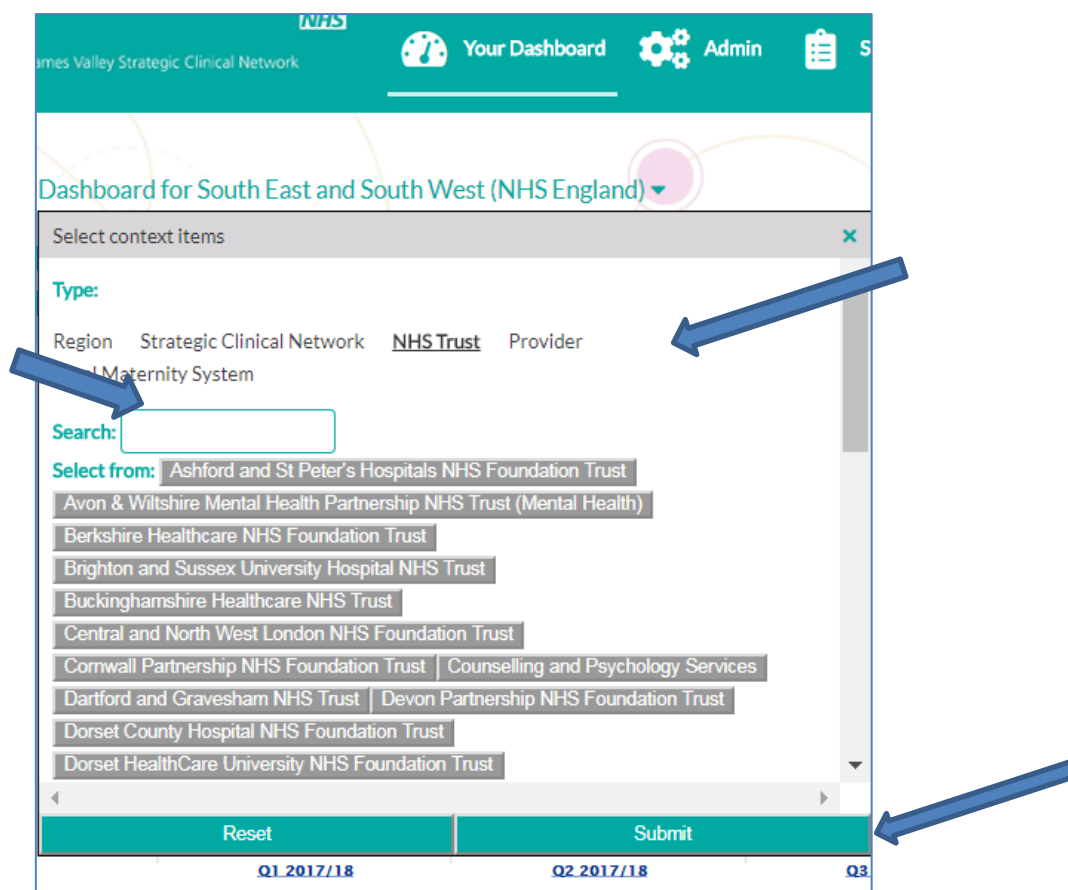
Fig 10: choose organisation type (left arrow) and timeframe (right arrow) to view.

4.2.2 To choose the individual organisation(s) required, click grey boxes to choose as many options as required, then click submit *(fig 11)*. Type in the search box to find specific services.

Fig 11: select or search for individual organisations

4.2.3 select time period: click the title "up to quarter (x) of year (y)" at the top right (fig 10) and select chosen timeframe. Data is presented from the first recorded quarter to the selected quarter *(fig 12):*

Fig 12: select time period

4.3 Dashboard data examples:

Data can be viewed by quarter relating to each section of the Matrix: About your service shows referral and treatment data, workforce benchmarks against the RCPsych guidance as well as maternity workforce, and Quality standards benchmark against the NICE Quality Standards.

By clicking on the bars or chart points, the quarters can be viewed in more detail by service at different levels *(fig 13)*.

Fig 13: options to view with line or bar graph

4.4 Data view options:

Select options to view data (fig 14):

- Show as bar
- Show as line
- Show by period
- Print chart
- Download PNG image
- Download JPEG image
- Download PDF document
- Download SVG vector image
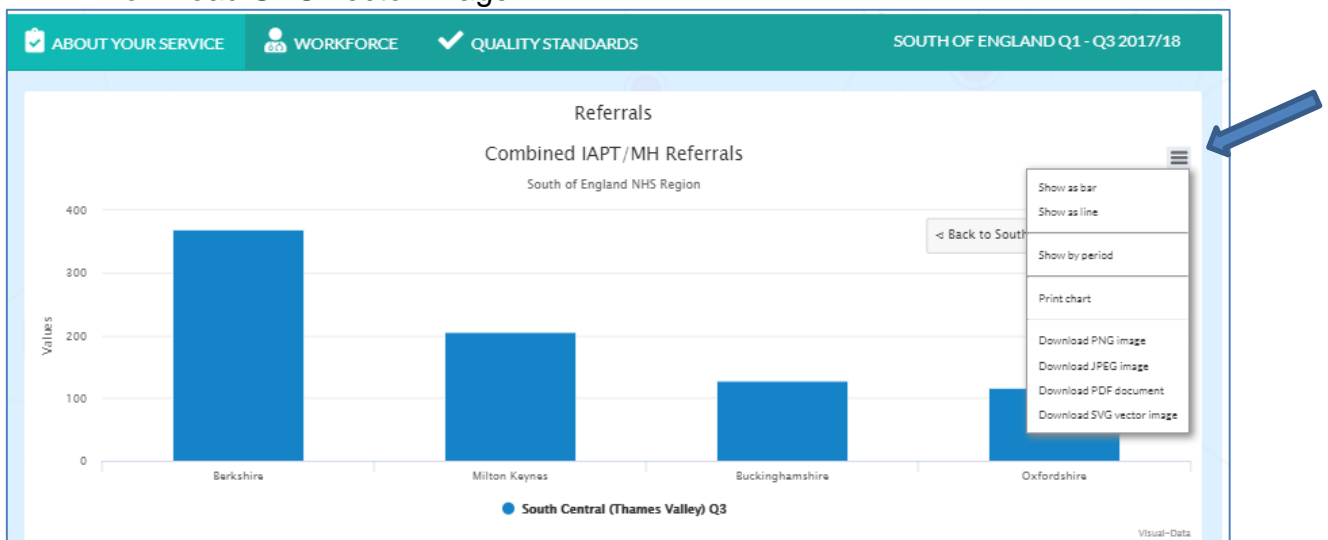
Fig 14: options to view, save and print charts

4.5 Unable to answer data

If data is not available for some reason, the number unable to answer a question and the range of reasons is shown in an infographic: *fig 15a.* By clicking on the number in the

image, detail is shown about the reason. By clicking on the response *(fig 15b),* the organisation which has given the response can be shown.
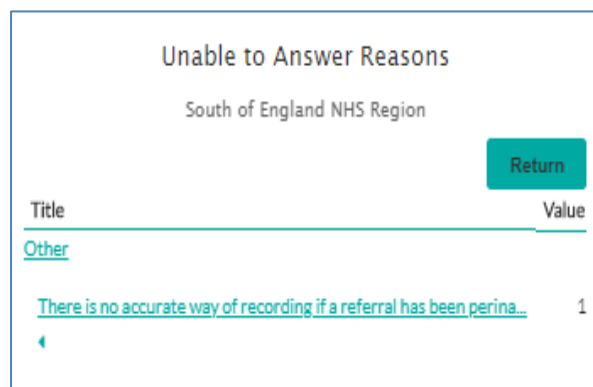
Fig 15a: reasons for data not being available   *Fig 15b: detail of response*

5   General information

- It is possible to return to a previous session to amend any data later. Click **Session** and choose the quarter to amend.
- This will then start at the beginning of the Matrix with the introductory pages. Progress through the sections to find the one requiring update.
- It is possible to stop the session at any stage. Data already entered will be saved automatically. Log out by clicking **Logout** at the top right corner of the page.
- It is possible to return to any screen at any stage by clicking **back.** Data already entered will be saved.

6   Definitions

CPA Care Programme Approach (CPA) - a package of care for people with severe and enduring mental illnesses who are under the care of secondary care mental health services (usually only non-specialist adult community mental health teams)

Health visiting Universal health service for mothers, their families, and community groups to promote the health and wellbeing of children between the antenatal period and the child's fifth year of age

IAPT Improving Access to Psychological Therapies: primary care psychology service within each locality, for people with mild-moderate non-psychotic mental disorders

Maternity service Universal health service for women during pregnancy, birth and postnatally

NICE National Institute of Health and Care Excellence: provides national guidance and advice to improve health and social care based on the best available evidence

NICE Quality Standards Standards based on NICE guidance – prioritised statements designed to drive measurable improvements in quality: patient safety, patient experience and clinical effectiveness

Perinatal mental health Maternal mental health during pregnancy and in the first year after birth

PMH Matrix Perinatal Mental Health audit tool

RCPsych Royal College of Psychiatrists: the professional body responsible for education and training, and setting and raising standards in psychiatry

SCN Strategic Clinical Network: brings together users, providers and commissioners of services to make improvements in the quality and equity of care and outcomes of a specific population

7   Responsibilities

It is the responsibility of each service to complete the Matrix at the end of each quarter.

The SCN team can assist with any queries – please contact sarah.fishburn1@nhs.net at any time.

8   References

NICE Quality Standard QS115 (2016) https://www.nice.org.uk/guidance/qs115

Perinatal mental health services: Recommendations for the provision of services for childbearing women: CR197 http://www.rcpsych.ac.uk/files/pdfversion/CR197.pdf

NICE CG192 Antenatal and Postnatal Mental Health guideline (2014 updated 2017). https://www.nice.org.uk/guidance/cg192

NICE CG192 Antenatal and Postnatal Mental Health guideline: full guideline: https://www.nice.org.uk/guidance/cg192/evidence/full-guideline-pdf-193396861

NHS England

Data collection form: Perinatal Mental Health Audit Matrix QS115

Summary sheet to collect information required to complete the Matrix. Only collect and enter data for your own service.
This form has been created to help with data collection – it is not an additional document which needs to be submitted.

NICE endorsement statement:

This audit tool supports statements 1-6 in the NICE quality standard for antenatal and postnatal mental health.

National Institute for Health and Care Excellence

May 2018

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Contents

</div>

Data collection form: Perinatal Mental Health Audit Matrix QS115
Quarter…………   Date…………………..
Maternity: data collection form

Summary sheet to collect information required to complete the Matrix. Only collect and enter data for your own service.

This form has been created to help with data collection – it is not an additional document which needs to be submitted.

Workforce		
Interventions: enter a brief summary of interventions your service offers		
Midwife: Do you have a midwife with a specialist mental health role?	YES/NO	WTE
Lead obstetrician: do you have a consultant obstetrician with a lead or specialist mental health role?	YES/NO	WTE
Perinatal mental health clinician: Does your service provide any other mental health clinicians?	YES/NO	WTE
Further information: any further relevant information regarding the perinatal mental health workforce in your service.		

Meeting quality standards	
Does your organisation have clinical protocols or policies in place to ensure that pregnant women with a previous severe mental health problem or any current mental health problem are given information at their booking appointment about how their mental health problem and its treatment might affect them or their baby?	YES/NO
How many women attending their antenatal booking assessment in the last quarter have a past or current mental health problem?	Number: OR Unable to answer:

In a random sample of 10 women who had a past or current mental health problem identified at their antenatal booking assessment, what number had documented that they received information about how their mental health problem and its treatment might affect them or their baby?	1	2	3	4	5	6	7	8	9	10
	OR Unable to answer:									
Does your organisation have clinical protocols or policies in place to ensure healthcare professionals screen women for mental health problems?	YES/NO									
In a random sample of 10 women attending antenatal checks, how many were screened for mental health problems?	1	2	3	4	5	6	7	8	9	10
	OR Unable to answer:									
In a random sample of 10 women attending postnatal checks, how many were screened for mental health problems?	1	2	3	4	5	6	7	8	9	10
	OR Unable to answer:									
Does your organisation have clinical protocols or policies in place to ensure that women with a suspected mental health problem are referred for a mental health assessment?	YES/NO									
How many women in the last quarter were identified antenatally with a past or current mental health problem and/or positive screening scores?	Number: OR Unable to answer:									
Of these women, please select a random sample of 10 cases. How many were referred for a mental health assessment (to their GP or a mental health service)?	1	2	3	4	5	6	7	8	9	10
	OR Unable to answer:									
How many women in the last quarter were identified postnatally with a past or current mental health problems and/or positive screening scores?	Number: OR Unable to answer:									
Of these women, please select a random sample of 10 cases. How many were referred for a mental health assessment (to their GP or a mental health service)?	1	2	3	4	5	6	7	8	9	10
	OR Unable to answer:									

Data collection form: Perinatal Mental Health Audit Matrix QS115
Quarter…………   Date………………..

IAPT: data collection form

Summary sheet to collect information required to complete the Matrix. Only collect and enter data for your own service

This form has been created to help with data collection – it is not an additional document which needs to be submitted.

About your team	
Perinatal referrals: In this quarter, how many perinatal referrals has your team received?	Number: OR Unable to answer:
Perinatal treatment: At the time of writing, how many women in the perinatal period are currently receiving treatment from your service?	Number: OR Unable to answer:

Workforce		
What interventions does your service provide for women with perinatal mental health problems?		
Do you have a perinatal mental health lead in your IAPT service?	YES/NO	WTE
Does your service provide any other specialist perinatal clinicians?	YES/NO	WTE
Details of the clinician(s)' role		
Please provide any further relevant information regarding the perinatal mental health workforce in your service.		

Meeting quality standards										
Does your organisation have policies or other local arrangements such as operating procedures in place to ensure treatment can be started within 6 weeks of referral for women with a mental health problem in pregnancy or the postnatal period?	YES/NO									
How many women were referred for treatment during the perinatal period in the last quarter (from your response in section 1)	Number: OR Unable to answer:									
Women may be referred for assessment and treatment during the perinatal period and may not receive it for a variety of reasons including: their condition may not be appropriate for treatment from that service, they may decline an appointment, or they may accept an appointment but not attend.										
In a random sample of 10 women who have received or are receiving treatment from your service during the perinatal period, how many received an assessment within 2 weeks of referral?	1	2	3	4	5	6	7	8	9	10
	OR Unable to answer:									
In a random sample of 10 women how many women had started treatment within 4 weeks of assessment?	1	2	3	4	5	6	7	8	9	10
	OR Unable to answer:									

Data collection form: Perinatal Mental Health Audit Matrix QS115
Quarter…………   Date………………..

Specialist Perinatal Mental Health team: data collection form

Summary sheet to collect information required to complete the Matrix. Only collect and enter data for your own service.
This form has been created to help with data collection – it is not an additional document which needs to be submitted.

About your team	
Perinatal referrals: In this quarter, how many perinatal referrals has your team received?	Number: OR Unable to answer:
Perinatal treatment: At the time of writing, how many women in the perinatal period are currently receiving treatment from your service?	Number: OR Unable to answer:

Workforce	
Annual birth rate (to nearest 100)	Number:
What is the Whole Time Equivalent (WTE) for the following in your team?	WTE
Team leader/managers	WTE
Consultant psychiatrists	WTE
Trainee psychiatrists	WTE
Community psychiatric nurses	WTE
CBT therapists/psychologists	WTE
Support workers	WTE
Social workers	WTE
Occupational Therapists	WTE
Community nursery nurses	WTE
Obstetricians	WTE
Link midwives	WTE
Link health visitors	WTE
Administrators	WTE

Specialist Perinatal Mental Health team cont.

Meeting quality standards

Does your organisation have clinical protocols or policies in place to ensure women of childbearing potential are not prescribed valproate to treat a mental health problem?	YES/NO									
In a random sample of 10 women aged 15-45 who were under CPA, what number is prescribed valproate to treat a mental health condition?	1	2	3	4	5	6	7	8	9	10
	OR Unable to answer:									
Does your organisation have clinical protocols or policies in place to ensure that women of childbearing potential with a severe mental health problem are given information at their annual review about how their mental health problem and its treatment might affect them or their baby if they become pregnant?	YES/NO									
In a random sample of 10 women aged 15-45 who were under CPA, what number had documented evidence that they received information at their review about how their mental health problem and its treatment might affect them or their baby if they became pregnant?	1	2	3	4	5	6	7	8	9	10
	OR Unable to answer:									
Does your organisation have policies or other local arrangements such as operating procedures in place to ensure treatment can be started within 6 weeks of referral for women with a mental health problem in pregnancy or the postnatal period?	YES/NO									
How many women were referred for treatment during the perinatal period in the last quarter (from your response in section 1)	Number: OR Unable to answer:									
Women may be referred for assessment and treatment during the perinatal period and may not receive it for a variety of reasons including: their condition may not be appropriate for treatment from that service, they may decline an appointment, or they may accept an appointment but not attend.										
In a random sample of 10 women who have received or are receiving treatment from your service during the perinatal period, how many received an assessment within 2 weeks of referral?	1	2	3	4	5	6	7	8	9	10
	OR Unable to answer:									
In a random sample of 10 women how many women had started treatment within 4 weeks of assessment?	1	2	3	4	5	6	7	8	9	10
	OR Unable to answer:									

Data collection form: Perinatal Mental Health Audit Matrix QS115
Quarter…………   Date………………..

Adult Community Mental Health Team: data collection form

Summary sheet to collect information required to complete the Matrix. Only collect and enter data for your own service

This form has been created to help with data collection – it is not an additional document which needs to be submitted.

About your team	
Perinatal referrals: In this quarter, how many perinatal referrals has your team received?	Number: OR Unable to answer:
Perinatal treatment: At the time of writing, how many women in the perinatal period are currently receiving treatment from your service?	Number: OR Unable to answer:

Workforce		
Do you have a perinatal mental health lead in adult mental health services?	YES/NO	WTE
Do you have a perinatal mental health clinician in your adult mental health service?	YES/NO	WTE

Meeting quality standards										
Does your organisation have clinical protocols or policies in place to ensure women of childbearing potential are not prescribed valproate to treat a mental health problem?	YES/NO									
In a random sample of 10 women aged 15-45 on CPA, what number is prescribed valproate to treat a mental health condition?	1	2	3	4	5	6	7	8	9	10
	OR Unable to answer:									
Does your organisation have clinical protocols or policies in place to ensure that women of childbearing potential with a severe mental health problem are given information at their annual review about how their mental health problem and its treatment might affect them or their baby if they become pregnant?	YES/NO									
In a random sample of 10 women aged 15-45 on CPA, what number had documented evidence that they received information at their review about how their mental health problem and its treatment might affect them or their baby if they because pregnant?	1	2	3	4	5	6	7	8	9	10
	OR Unable to answer:									

Adult Community Mental Health Team cont.

Does your organisation have policies or other local arrangements such as operating procedures in place to ensure treatment can be started within 6 weeks of referral for women with a mental health problem in pregnancy or the postnatal period?	YES/NO
How many women were referred for treatment during the perinatal period in the last quarter (from your response in section 1)	Number: OR Unable to answer:
Women may be referred for assessment and treatment during the perinatal period and may not receive it for a variety of reasons including: their condition may not be appropriate for treatment from that service, they may decline an appointment, or they may accept an appointment but not attend.	

	1	2	3	4	5	6	7	8	9	10
In a random sample of 10 women who have received or are receiving treatment from your service during the perinatal period, how many received an assessment within 2 weeks of referral?										
	OR Unable to answer:									

	1	2	3	4	5	6	7	8	9	10
In a random sample of 10 women how many women had started treatment within 4 weeks of assessment?										
	OR Unable to answer:									

Data collection form: Perinatal Mental Health Audit Matrix QS115
Quarter………… Date………………..

Other Specialist Perinatal Service: data collection form

Summary sheet to collect information required to complete the Matrix. Only collect and enter data for your own service.

This form has been created to help with data collection – it is not an additional document which needs to be submitted.

About your team	
Perinatal referrals: In this quarter, how many perinatal referrals has your team received?	Number: OR Unable to answer:
Perinatal treatment: At the time of writing, how many women in the perinatal period are currently receiving treatment from your service?	Number: OR Unable to answer:

Workforce		
What is the name of your team?		
What is the clinical staffing mix of your team?	Role:	WTE
	Role:	WTE
	Role:	WTE
	Role:	WTE
What interventions does your service provide for women with perinatal mental health problems?		
Please provide any further relevant information regarding the perinatal mental health workforce in your service.		

Meeting quality standards	
Does your organisation have policies or other local arrangements such as operating procedures in place to ensure treatment can be started within 6 weeks of referral for women with a mental health problem in pregnancy or the postnatal period?	YES/NO
How many women were referred for treatment during the perinatal period in the last quarter (from your response in section 1)	Number: OR Unable to answer:

Women may be referred for assessment and treatment during the perinatal period and may not receive it for a variety of reasons including: their condition may not be appropriate for treatment from that service, they may decline an appointment, or they may accept an appointment but not attend.

In a random sample of 10 women who have received or are receiving treatment from your service during the perinatal period, how many received an assessment within 2 weeks of referral?	1	2	3	4	5	6	7	8	9	10
	OR Unable to answer:									

In a random sample of 10 women how many women had started treatment within 4 weeks of assessment?	1	2	3	4	5	6	7	8	9	10
	OR Unable to answer:									

Data collection form: Perinatal Mental Health Audit Matrix QS115
Quarter…………   Date………………..

Health visiting: data collection form

Summary sheet to collect information required to complete the Matrix. Only collect and enter data for your own service
This form has been created to help with data collection – it is not an additional document which needs to be submitted.

Workforce	
What interventions does your service provide for women with perinatal mental health problems?	
Do you have a health visitor with a specialist mental health role?	YES/NO WTE
Does your service provide any other specialist mental health clinicians?	YES/NO WTE
Please provide any further relevant information regarding the perinatal mental health workforce in your service.	

Meeting quality standards										
Does your organisation have clinical protocols or policies in place to ensure healthcare professionals screen women for mental health problems?	YES/NO									
In a random sample of 10 women attending postnatal checks, how many were screened for mental health problems?	1	2	3	4	5	6	7	8	9	10
	OR Unable to answer:									
Does your organisation have clinical protocols or policies in place to ensure that women with a suspected mental health problem are referred for a mental health assessment?	YES/NO									
How many women in the last quarter were identified postnatally with a past or current mental health problems and/or positive screening scores?	Number: OR Unable to answer:									
Of these women, please select a random sample of 10 cases. How many were referred for a mental health assessment (to their GP or a mental health service)?	1	2	3	4	5	6	7	8	9	10
	OR Unable to answer:									

Appendix 2: NICE QS115

The NICE Quality Standard 115 comprises 6 standards which are being audited:

	NICE QS115: QUALITY STANDARDS	SERVICE
1	Women of childbearing potential are not prescribed valproate to treat a mental health problem	Mental health services
2	Women of childbearing potential with a severe mental health problem are given information at their annual review about how their mental health problem and its treatment might affect them or their baby if they become pregnant	Mental health services
3	Pregnant women with a previous severe mental health problem or any current mental health problem are given information at their booking appointment about how their mental health problem and its treatment might affect them or their baby	Maternity
4	Women are asked about their emotional wellbeing at each routine antenatal and postnatal contact	Maternity and health visiting
5	Women with a suspected mental health problem in pregnancy or the postnatal period receive a comprehensive mental health assessment.	Mental health services
6	Women referred for psychological interventions in pregnancy or the postnatal period start treatment within 6 weeks of referral.	Mental health and IAPT services