

ANNUAL REPORT 2019-2020

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Executive summary

I'm sure, like me, you are all getting very used to phrases such as 'strange times' and 'the new normal'. For the past few months it is fair to say that almost everything has changed, how we work, how we approach our day to day routines, how we communicate with our patients and their families. Yet there are things that have not changed. Women still remain at risk of mental health problems in pregnancy and the postnatal period, and we continue to provide day to day care for them and for their families.

The Network had a clear plan of work for 2019-20, building on the structure set out in Delivering Effective Services (DES). Despite COVID-19, we have largely been able to stay on track. In many ways, DES provided the structure of what perinatal mental health services should look like. The next stage has been to guide how these structures knit together to ensure women, infants and families receive the care they need, seamlessly, where and when they need it.

We are on track to complete three elements of guidance to support the development of community perinatal mental health services – (i) role definitions for professionals working in specialist services; (ii) national care pathways covering six care journeys for women, their infants and families; and (iii) guidance for boards on how to develop community services.

We have established four clinical forums with the aim of bringing clinicians together to share good practice and to ensure that the shape of services, as they develop, is led by clinical expertise and patient need. The forums comprise professionals working in (i) MBUs, (ii) community perinatal mental health teams, (iii) psychological therapies, and (iv) maternity and neonatal psychological interventions settings.

Our MBU forum is the longest established and has workstreams on inpatient risk assessment and observation practice (in collaboration with the Scottish Patient Safety Programme) and core data recording (using the NNMS Clinical Audit System).

We have worked in close collaboration with the newly appointed Lived Experience National Participation Officer to re-launch and distribute the Women and Families Maternal Mental Health Pledge in poster format, and to develop a proposal for an Experts by Experience national group to improve co-production in all the work we do.

The Network has published a mapping of parent-infant intervention and support services in Scotland (Wellbeing for Wee Ones), in collaboration with NSPCC Scotland.

A range of other work continues, including the development of a Data Management Collaborative to bring all agencies which collate information on mental health in the perinatal period together to plan improvements in data collection and the avoidance of duplication, mapping of services for pregnant women with substance misuse, and the development of standard assessment and outcome measures for specialist services.

It is a real credit to those working with the National Network Management Service and to my clinical lead colleagues, that this work has continued in the face of unprecedented professional and personal pressures.

May I wish you good health and safety and, in the words of the poet Seamus Heaney, "If we winter this one out, we can summer anywhere".

Roch Cantwell

Lead Clinician, Perinatal Mental Health Network Scotland

1. Introduction

Mental health and wellbeing during pregnancy and following childbirth is important, both for mothers and for their developing babies. As many as one in five women will develop some form of mental health problem during pregnancy or in the first year after their baby is born.

Mental illness relating to pregnancy or the postpartum year is known as perinatal mental illness.

Perinatal mental illness can take many forms and may range from mild anxiety or depressive symptoms which can be successfully treated in primary care to, less commonly, severe mental illness requiring specialist mental health care and sometimes inpatient psychiatric treatment. The impact of these illnesses on women and on their early relationship with their baby can be profound, as can the wider effect on partners and families.

Effective treatments are however available and the impact on mothers, babies and their families can be greatly reduced if symptoms are recognised early and appropriate treatment is started promptly.

In Scotland the current annual birth rate is almost 55,000. With as many as 20% of women estimated to be affected by mental ill health during pregnancy or following childbirth, each year up to 11,000 babies are born to mothers in Scotland who may be experiencing mental health difficulties of some kind. It is important that services get care right; not only for mothers, but for babies too. ^{**1}

The National Society for the Prevention of Cruelty to Children (NSPCC) and the Mental Welfare Commission (MWC) separately undertook reviews of perinatal mental health

PMHNS was funded through Action 16 of the 2017-2027 Mental Health Strategy for three years (2017-2020) to fund the introduction of a National Managed Clinical Network (NMCN) to improve the recognition and treatment of perinatal mental health problems. Remember the funding model is different; PMHNS is managed through the National Network Management Service (NNMS). Appendix 2 illustrates the National Commissioning Governance for National Managed Clinical Networks.

The network no longer reports its progress against Action 16 of the 2017-2027 Mental Health Strategy; instead it attends the PNIMH-PB Working Group (which includes representatives from the Scottish Government Perinatal and Early Years Mental Health Team), where it provides regular updates on its activities.

2. Network Vision, Aims and Core Objectives

2.1 Network Vision

For every woman, their infant and family to have timely and appropriate access to the best Perinatal Mental Health Care in Scotland

Perinatal Mental Health Network Scotland

Figure 1: Perinatal Mental Health Network Scotland vision

¹ **Visit and Monitoring Report: Perinatal themed visit report: Keeping mothers and babies in mind

2.1.1 Network Aims

The initial aim of Perinatal Mental Health Network Scotland; PMHNS) is to co-ordinate, and ensure equitable access to, appropriate mental health provision for pregnant and postnatal women (to the end of the first postnatal year) across all tiers of delivery to:

- Understand current provision and promote improvements in local and regional services
- Optimise the efficient use of tertiary and inpatient specialist care
- Ensure best mental health outcomes through effective service delivery and enhanced professional expertise
- Maximise early years' health and development for infants up to 12 months growing up in the context of maternal mental ill health, and inform broader early years intervention strategies in infant and child mental health
- Deliver Action 16 of the Mental Health Strategy 2017-2027 – to improve the recognition and treatment of perinatal mental health problems.

2.2 Core Objectives

National Managed Clinical Networks have agreed core objectives that reflect the Scottish Government's expectations for managed clinical networks, as described in CEL (2012) 29², which are:

1. Design and ongoing development of an effective network structure that is organised, resourced and governed to meet requirements in relation to Scottish Government Health and Social Care Directorate Guidance on Managed Clinical Networks (MCN) [currently Chief Executive Letter (2012) 29] and national commissioning performance management and reporting arrangements;
2. Support the development, design and delivery of services that are evidence based and aligned with current strategic, local and regional NHS planning and service priorities.
3. Ensure effective stakeholder communication and engagement through design and delivery of a written strategy that ensures stakeholders from health, social care, education, the third sector and service users are involved in the network and explicitly in the design and delivery of service models and improvements.
4. Improve capability and capacity in perinatal mental health care through design and delivery of a written education strategy that reflects and meets stakeholder needs.
5. Deliver effective systems and processes to facilitate and provide evidence of continuous improvement in the quality of care.
6. Enable timely and effective mental health care for women, their infants and families during the perinatal period, delivered at the most appropriate point of contact and level of intervention, according to nationally-agreed procedures and guidelines which are evidence-based wherever possible.

² Please see: https://www.sehd.scot.nhs.uk/mels/CEL2012_29.pdf

3. Report against the 2019/20 Workplan

PMHNS successfully accomplished a wide ranging programme of activity during the 2019-20 reporting period (Appendix 9), prior to the emergence of the COVID-19 pandemic in February 2020.

3.1 COVID-19

In April 2020 the Network undertook an impact assessment exercise (appendix 6) which captures the impact of this unprecedented situation on the current reporting period and also the likely impacts on the following reporting period (2020-21).

3.2 Effective Structure

The network encompasses care for pregnant and postnatal women (to the end of the first postnatal year) with Perinatal Mental Health issues and their families across all tiers of delivery.

3.3 Service Agreement

The PMHNS service agreement is valid from 2018-2021.

3.4 PMHNS Strategies

The PMHNS Communication and Engagement, Education and Training and Quality Improvement strategies were produced in 2018 and are available at:

<https://www.pmhn.scot.nhs.uk/wp-content/uploads/2020/05/PMHNS-Communications-Strategy-V1.pdf>

<https://www.pmhn.scot.nhs.uk/wp-content/uploads/2020/05/PMHNS-Education-Strategy-V1.pdf>

<https://www.pmhn.scot.nhs.uk/wp-content/uploads/2020/05/PMHNS-Network-Quality-Strategy-V1.pdf>

3.5 Perinatal Mental Health Core Team

Dr Roch Cantwell, Perinatal Mental Health, Consultant Psychiatrist, NHS Greater Glasgow and Clyde, is the Perinatal Mental Health Network Scotland Lead Clinician. Dr Anne McFadyen, Consultant Child and Adolescent Psychiatrist, NHS Lanarkshire, is the Network's Infant Mental Health Lead. Ms Elaine Clark, Nurse Consultant, NHS Greater Glasgow and Clyde, is the Network's Nurse Lead and Ms Shona McCann, Specialist Perinatal Midwife, NHS Grampian, is the Network's Maternity Lead. The Network has administrative support from a Senior Programme Manager, a Programme Support Officer and a Data Analyst (Appendix 1).

3.6 Steering Group

The steering group is representative of the different professional disciplines from the perinatal mental health community and their geographical boundaries (Appendix 4). The steering group supports and steers the Network's development by:

- Acting as an advisory group representing the views of the working groups
- Having responsibility for the development, monitoring and evaluation of the progress of the Network
- Actively promoting the Network
- Being involved with the regular review of services to assist with audit provision
- Providing a strategic and expert opinion

During the reporting period the PMHNS steering group met on two occasions, the third steering group meeting was rearranged to facilitate a strategic planning day. This decision

was taken to minimise to time additional time away from clinical practice and to accommodate the Scottish Government timeframe of sharing its delivery plan with the network and its stakeholders. All steering group members were invited to the strategic planning day.

4. Service Development and Delivery

The Network's Delivering Effective Services: Needs Assessment and Service Recommendations Report for Specialist and Universal Services and the Women and Families Maternal Mental Health Pledge was published (available at <https://www.pmhn.scot.nhs.uk/wp-content/uploads/2019/03/PMHN-Needs-Assessment-Report.pdf> and <https://www.pmhn.scot.nhs.uk/wp-content/uploads/2019/03/PMHN-Women-Families-Pledge.pdf>)



Picture 1: The PMHNS Network Team and Ms Clare Thompson (Maternal Mental Health Change Agent) with the First Minister and Minister for Mental Health at the launch of the Delivering Effective Services Report and the Women and Families Pledge

Delivering Effective Services made twenty-eight recommendations across all tiers of service delivery, with the aim of ensuring that Scotland has the best services for women with, or at risk of, mental ill health in pregnancy or the postnatal period, their infants, partners and families. It places particular emphasis on the development of expertise by all professionals involved in maternal and infant mental health care and the importance of close working links between the different services that women encounter. It aims to ensure that women receive the right level of clinical expertise and seamless care, wherever they live in Scotland. It recognises the need not only to care for the woman experiencing ill health, but also to promote best outcomes for her infant and support for fathers, and others who are parents, in their own right.

At the launch, the First Minister took the opportunity to reiterate the Scottish Government's commitment to invest £52 million in perinatal and infant mental health provision by

highlighting specific assurances in the Government's Better Mental Health in Scotland Delivery Plan.

Following the launch of Delivering Effective Services, the Perinatal and Infant Mental Health Programme Board (PNIMH-PB) was established in 2019 to oversee the implementation of the service recommendations for specialist and universal perinatal mental health services, as well as help drive implementation of the Scottish Government's Programme for Governments (PfG) commitments which are set out in more detail in the 2018 Better Mental Health in Scotland: Delivery plan available at - <https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2018/12/programme-government-delivery-plan-mental-health/documents/better-mental-health-scotland/better-mental-health-scotland/govscot%3Adocument> (Appendix 5 illustrates the clinical governance structure for the PNIMH-PB).

During the reporting period the network and the PN-IMPB have worked collaboratively to ensure that the outputs from the delivering effective services report are progressed.

4.1. Perinatal Mental Health Clinical Forums

To provide an opportunity for clinicians to share good practice and to ensure the Network develops guidance in collaboration with clinical specialists; PMHNS established four multidisciplinary clinical forums, one each for MBU staff, specialist community perinatal mental health teams, psychological interventions staff and maternity and neonatal psychological interventions teams. The Network invited both those who are working within established services, and those who are contributing to the development of services, to take part.

In addition to developing pathways in and out of care, the forums also work to develop:

- Common clinical assessment (including admission and discharge) tools
- Common data set for specialist services using the Clinical Audit System
- Common quality and outcome indicators

4.1.1 Mother and Baby Unit Forum

During the reporting period the network facilitated two MBU specific clinical forums and one joint clinical forum with Community Perinatal Mental Health Teams clinical forum (refer to section 4.2.6). Work focussed on developing the MBU Clinical Audit System (refer to section 4.2.4), proposing a programme of work with the SPSP inpatient collaborative (refer to section 4.2.5), and developing a care pathway for MBU admission. The forum also reviewed clinical assessment tools which could be used in MBUs. The forum provided a space for clinicians to discuss pertinent clinical issues such as "safe sleep" guidelines, to agree on a consistent approach.

4.1.2 Mother and Baby Unit Forum: Clinical Audit System

During the reporting period the PMHNS Data Analyst worked with the MBUs to develop a data set and pilot the data set through the Clinical Audit System (CAS). The data analyst provided training to staff in both MBUs.

Data on demographic variables and clinical care were collected from March 2019-April 2020. The data analyst will produce an all Scotland report, available on the Network's website, and can tailor individual reports for each MBU if requested.

4.1.3 Mother and Baby Unit Forum: Patient Outcome Experience Measure (POEM)

The data analyst also worked with units to identify a patient satisfaction questionnaire that both MBUs could use to ascertain feedback on the care that they had received whilst they were an in-patient.

After review, the forum agreed to use the Patient-rated Outcome and Experience Measure (POEM), developed by the Royal College of Psychiatrists (RCPsych), with RCPsych permission. The POEM will be completed by women at the point of MBU discharge and results collated by the Network. The POEM is available at from the RCPsych Centre for Quality Improvement.

4.1.4 Mother and Baby Unit Forum: Scottish Patient Safety Program

During the reporting period, the Network developed a proposal to adapt SPSP work on patient observation and risk assessment for an MBU setting. MBUs identified leads from each unit to work with the Mental Health Improvement Team, Health Care Improvement Scotland (HIS) Scottish Patient Safety Programme (SSPS) to support their inpatient teams to test and implement interventions to improve safety.

HIS provided learning opportunities for team representatives in quality improvement methodology. Appendix 7 illustrates the work that the MBUs had identified to progress with the SPSP.

Information on the work of the SPSP is available at: <https://ihub.scot/project-toolkits/safety-principles/safety-principles/> and <https://ihub.scot/improvement-programmes/scottish-patient-safety-programme-spsp/spsp-mental-health/improving-observation-practice/>

Prior to the COVID -19 pandemic it was anticipated that the project would run for approximately nine months. This timescale has now been extended in the light of HIS and MBU redeployment of resources to manage the pandemic.

Triggered by the pandemic, HIS resources were deployed to work in partnership with the Scottish Government Technology Enabled Care and Digital Healthcare Innovation Directorate to support the rollout of NHS “Near Me for Perinatal Mental Health Services.” Near me is a video consulting service that can substitute for face to face clinical assessments, where appropriate. The Network is developing clinical guidance, with HIS, on its use in perinatal mental health.

4.1.5 Community Perinatal Mental Health Team (CPMHT) Forums

The network facilitated one specific CPMHT clinical forum in October 2019 and another joint forum with MBU clinicians in March 2020. The CPMHT forum brought together the CPMHTs from NHS Ayrshire and Arran, NHS Forth Valley, NHS Greater Glasgow and Clyde, NHS Lanarkshire and NHS Lothian, alongside clinicians from other areas which are planning service development. The forum provided multi-disciplinary clinicians with the opportunity to share how their CPMHTs had been established as well as how the CPMHT recommendations from the PMHNS Delivering Effective Services Report could be put into practice. Themes reviewed included care pathways, role definitions for PMHS staff, clinical assessment, quality and outcome tools, and the development of a CPMHT CAS data set.

4.1.6 Psychological therapies and Maternity and Neonatal Psychological Interventions (MNPI) Forums

In January 2020 the network facilitated a Psychological Interventions forum where clinicians discussed the range of psychological interventions which could be applied in specialist and universal settings. The initial meeting focussed on:

- What psychological interventions/provision should be available to women and their families at general population/primary care level and how should this provision be structured?
- What psychological interventions/provision is currently provided to women and their families in maternity/neonatology services? What should be available and how should this provision be structured?
- What psychological interventions/provision is currently available to women and their families in specialist perinatal mental health services? What should be available and how should this provision be structured?

In addition to this work the forum provided the Network with guidance and feedback on the role of a Specialist Clinical Psychologist in Perinatal Mental Health.

On the same day, the Network hosted an initial clinical forum for staff working in maternity and neonatal psychological interventions services. It was recognised that very few such services currently exist, and the group will focus its work on providing a more detailed description of the structure and remit of MNPI services, based on recommendations in Delivering Effective Services.

4.2 Specialist Perinatal Mental Health Professionals' Role Definitions

To support health boards in developing perinatal mental health services the Network and clinical forums have created Specialist Perinatal Mental Health Professional Role Definitions in:

- Parent–Infant Therapists working in Perinatal Mental Health
- Midwives working in Perinatal Mental Health
- Mental Health Nurses working in Perinatal Mental Health

Role definitions for clinical psychologists and nursery nurses are completed and being consulted on. These will be followed by role definitions for all other disciplines working in specialist settings. All have included wide consultation with existing professionals and professional organisations.

4.3 Care Pathways and Equity of Provision: Infant Mental Health Service

In the PMHNS Delivering Effective Services Report there were two recommendations (recommendation 10 and recommendation 17) which focused on early parent /carer-infant relationships.

Dr Ann McFadyen (Infant Mental Health lead), in collaboration with the National Society of the Prevention of Cruelty to Children Scotland (NSPCC), undertook a mapping exercise during October and December 2019, identifying services provided by local authorities and third sector organisations, complementing previously published information. The themed report titled 'Wellbeing for Wee Ones: Mapping of parent-infant intervention and support services in Scotland' was issued to the Perinatal Mental Health Executive Leads Group in March. The report is available at <https://www.pmhn.scot.nhs.uk/wp-content/uploads/2020/03/Final-Wellbeing-for-Wee-Ones-Summary-report.pdf>

4.4 Care Pathways and Equity of Provision: Vulnerable and Marginalised women

During the reporting period the Infant Mental Health (IMH) lead and the Maternity Lead (ML) have begun to scope service provision in health and social care settings for women who

misuse substances. The Network will produce a Needs Assessment and Recommendation Report for pregnant and postnatal women who misuse substances.

The PNIMH-BP requested that the Network extend the scope of this work to include black and ethnic minorities, teenage pregnancies and domestic violence. The Network met with the Robertson Trust to support them to undertake a review of third sector and voluntary services available to support women with additional vulnerabilities in the perinatal period. This work will initially focus on women with substance misuse but may be expanded later to encompass other vulnerable groups and align with the work the Maternity and Infant Mental Health lead have progressed.

5. Stakeholder Communication and Engagement

5.1 Working in Partnership: Women and Families Engagement

During the reporting period, the Network, the maternal mental health Participation Officer and the Scottish Government transferred the Women and Families' Pledge into a poster so that it could be displayed in clinical and public areas. The women and families' poster was launched at the Network's strategic planning day in February 2020 by Ms Claire Thompson. In advance of the launch it was sent to the Board Chief Executives by the Minister for Mental Health, Ms Claire Haughey.

Following the launch, the Network shared the poster through the PMHNS Twitter account allowing it to be downloaded and printed by clinicians. The network also sent out 191 hard copies to third sector organisations, GP surgeries, Health Visitors, Specialist Midwives, Midwives and Community Psychiatric Nurses (CPNs) who have put the poster in their respective environments (see picture 2 below).



Picture 2: Maternal Mental Health Poster and display on the maternity ward at Ninewells Hospital, Dundee

5.2 Working in Partnership: Peer Support

Since its inception the Network has sought to engage with women and their families with lived experience in all the work that it undertakes. Along with the PNIMH-PB, we wish to ensure that the lived experience of women and families is the starting point for all discussions and decisions, and to operate from the principle that lived experience is equally valued alongside other forms of knowledge, evidence and expertise.

In October 2019 Ms Claire Thompson was appointed as a Participation Officer to work with the Scottish Government, PNIMH-PB, NHS boards and Integrated Joint Boards. Ms Thompson's role is to engage with and listen to the voices of women, partners and family members who have been affected by perinatal mental health issues and act as a conduit to provide information about what service users want and provide advice about how to better engage with service users directly.

5.3 Working in Partnership: Experts by Experience

The Network has provided strategic administrative and data analyst time to the Participation Officer to enable her to take forward the work in this area. This has included developing a strategic workplan (appendix 10) and providing administrative support to develop an 'experts by experience' leaflet. This is the first stage in a project to facilitate engagement and create a national group of women and their families who wish to contribute to the development of perinatal mental health services. The Participation Officer and data analyst have developed a data gathering questionnaire (appendix 8) that will be sent to women and families who respond to the "Expert by Experience" leaflet, and others who the Participation Officer engages with. There is a particular focus on ensuring views engagement is made with those from ethnic minority backgrounds and from a range of geographical areas.

5.4 Working in Partnership: Peer Review Report

The PN-IMHPB funded a researcher to scope the range of peer support models that are available and make recommendations on preferred peer support models that should be adopted in Scotland.

5.5 Working in Partnership: Women and Families Engagement: Experts by Experience

This work will be progressed alongside the participation officer –through engaging "Experts by Experience"

5.6 Working in Partnership: Professional Engagement

In addition to the establishment of the four clinical forums (refer to section 4.2), as part of the Needs Assessment, the following professional engagement visits took place:

11 th June 2019	North of Scotland Health Visitor Event
1 st July 2019	South West Maternity Event
27 th August 2018	West of Scotland Health Visitor Event

5.7 Working in Partnership: Effective Communication-Perinatal and Infant Mental Health Programme Board (PNIMH-PB)

The Network and the PNIMH-PB are aware of the synergies and interdependencies between them and the need to avoid duplication of effort. The Network shares progress against its workplan with the PNIMH-PB. The Network communicates the work of the PNIMH-PB to the wider perinatal and infant mental health community and stakeholders. There is a regular opportunity for the Network, Scottish Government Perinatal and Early Years Mental Health Team and the Programme Board to meet in the PNIMH-PB led Working Group.

5.8 Newsletters

The Network informs the perinatal mental health community and its stakeholders of the work that it has progressed through quarterly newsletters.

During the reporting period the Network issued three newsletters (Summer, Autumn and Winter). The planned Spring newsletter was not issued. PMHNS instead focussed on its COVID-19 impact assessment report which was shared with the steering group.

Newsletters are available on the PMHN Scotland website at:
<https://www.pmhn.scot.nhs.uk/newsletters-meeting-minutes/>

5.9 Social Media

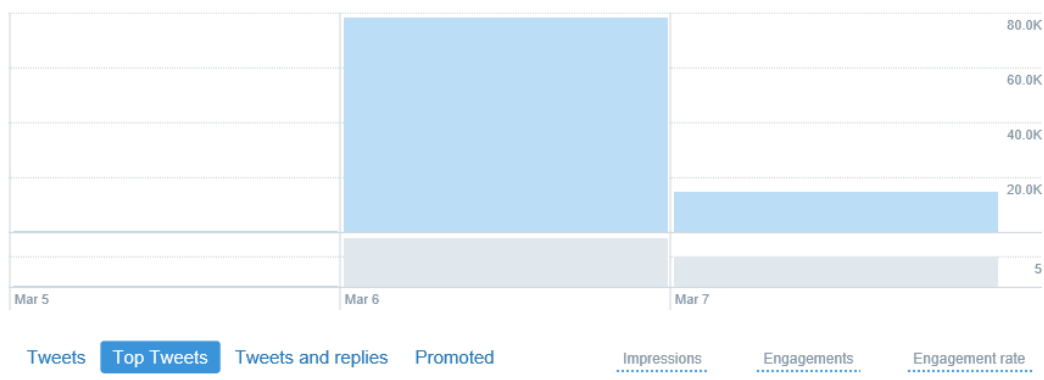


The PMHN Scotland twitter account was launched by Ms Maureen Watt, Minister for Mental Health at the networks inaugural event https://twitter.com/PMHN_Scot

At the time of writing the report the PMHN Scotland Twitter account had 1038 followers in comparison to 698 followers as of July 2019, a 50% increase.

The network noted that during the launch of the Perinatal Mental Health Delivering Effective Services Report on 6th March 2019 there were over 93 thousand impressions over the two-day period (see picture 3 below).

Your Tweets earned **93.7K impressions** over this **3 day** period

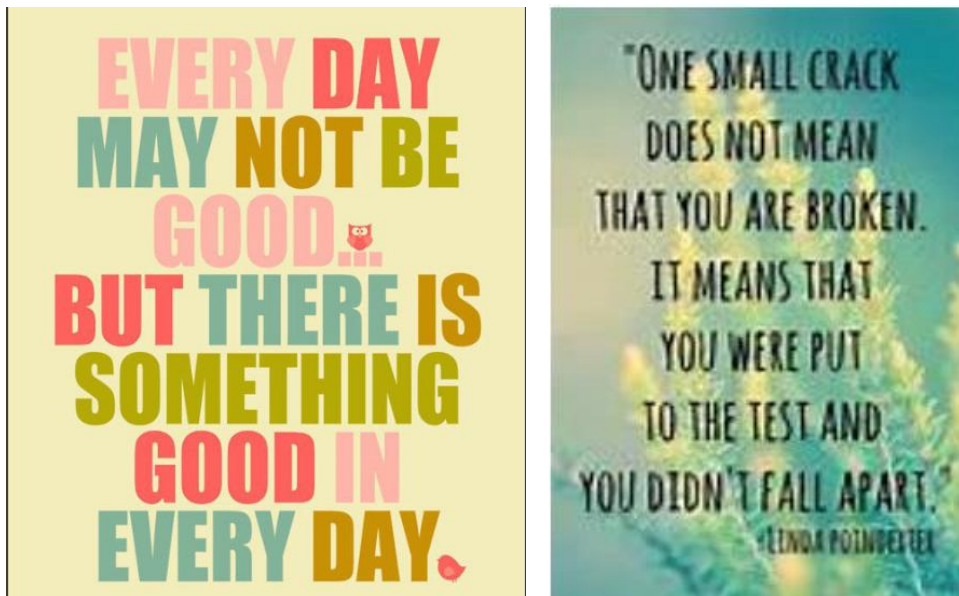


Picture 3: PMHNS Twitter impressions from 05/03/2019- 07/03/2019

The twitter account provides the Perinatal Mental Health Community and its stakeholders with instant updates and news of what is occurring in Perinatal Mental Health in Scotland. At the start of the COVID-19 pandemic the most re-tweeted Tweet was on 14th April 2020 in relation to information for parents with new born babies which was shared on the PMHNS Website - <https://www.pmhn.scot.nhs.uk/wp-content/uploads/2020/04/COVID-19-parent-information-for-new-born-babies-Scotland.pdf>. This illustrates the relevance that the Network has for its members, stakeholders, and women and families with lived experience.

Tweets	Top Tweets	Tweets and replies	Promoted	Impressions	Engagements	Engagement rate
	Perinatal Mental Health Network Scotland @PMHN_Scot · Apr 14	Useful COVID-19 information leaflet for parents with new born babies twitter.com/PMHN_Scot/stat...		5,901	129	2.2%
	View Tweet activity					<input type="button" value="Promote"/>
	Perinatal Mental Health Network Scotland @PMHN_Scot · Apr 28	New Perinatal and Infant Mental Health fund for the third sector in Scotland - see post below for more information twitter.com/PIMHFund/statu...		2,944	37	1.3%
	View Tweet activity					<input type="button" value="Promote"/>
	Perinatal Mental Health Network Scotland @PMHN_Scot · Apr 30	Fathers Network Scotland have developed a leaflet aimed at supporting new dads, and dads-to-be during the current coronavirus crisis		2,312	84	3.6%

In September 2019 the Network created a #thoughtfulTuesday tweet. Initially these were famous inspiring quotes and over the course of the reporting period have developed into visual Tweets. #thoughtfulTuesdays are positive statements the network tweets that the networks Twitter followers can use or re-tweeted.



Picture 4: Thoughtful Tuesday Tweets

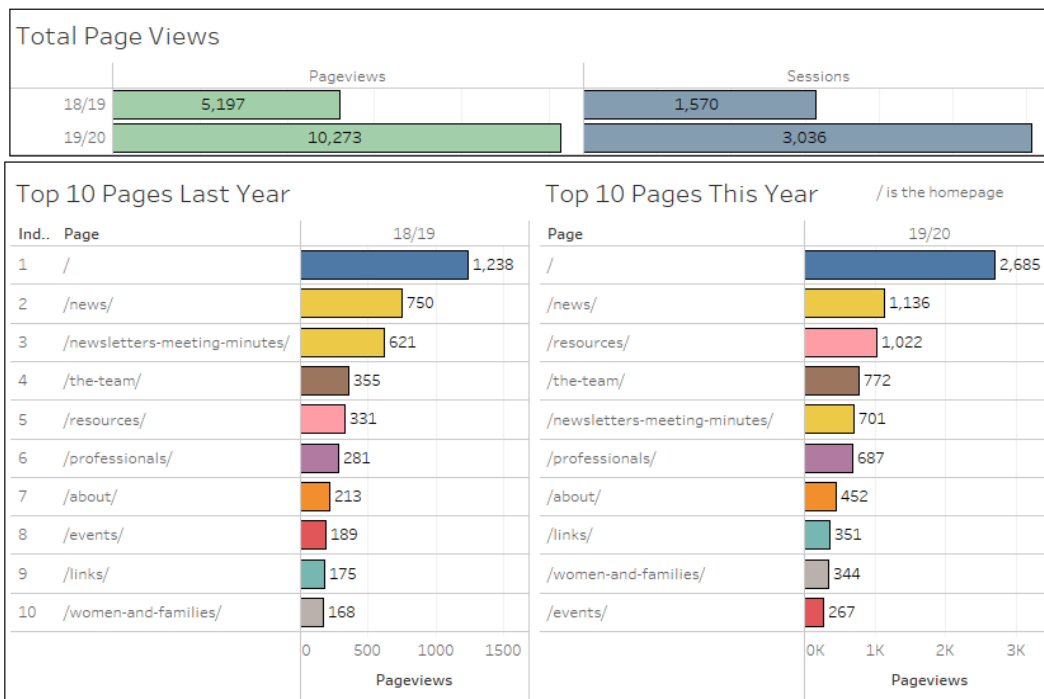
5.10 Website

The PMHNS website remains a work in progress as it evolves to meet the needs of the perinatal mental health community and its stakeholders to enable it to become a “one stop shop” for women, their families and professionals. The website will evolve to have two distinct areas, one for women and families, and the other for professionals. These two areas will enable the network to upload relevant and specific information for each group to improve ease of use.

During the reporting period the Network also included a PNIMH-PB page on its website so that network members and stakeholders are kept abreast of the work of the Programme Board.

The Network used its Twitter account to promote the website and this resulted in an increase in activity on the website for both page views and sessions.

Full year report: from 1/4/19 > 31/3/20



Picture 5 illustrates increase in website traffic from 2018/19 to 2019/2020 period

5.11 PMHS Conference

The network had planned for its annual conference to take place in Edinburgh in March 2020. Due to the emergence of the Covid-19 pandemic the event was postponed.

6. Education

6.1 Developing Professional Expertise: induction programme for specialist perinatal mental health teams

Following the launch of the revised NES Curricular Framework: A Framework for Maternal and Infant Mental Health, in February 2019, the Scottish Government and PNIMH-PB commissioned NES to develop a suite of training for staff that work in specialist perinatal and infant mental health services. NES reports to the PNIMH-PB on the work that it undertakes in this area.

The Network leads have contributed to the development of the suite of specialist modules produced by NES, entitled Essential Perinatal and Infant Mental Health.

The NES Perinatal Mental Health Curricular Framework was launched on 22nd February 2019. The framework is available at

<https://maternalmentalhealthscotland.org.uk/news/perinatal-mental-health-curricular-framework-a-framework-for-maternal-and-infant-mental-health>

7. Audit and Continuous Quality Improvement

Audit and Continuous Quality Improvement (QI) is not viewed as a standalone piece of work that is undertaken by the Network but is integrated into all activities.

This annual report illustrates the work that PMHNS has undertaken in improving quality, ranging from establishing and facilitating the clinical forums to share best practice and provide clinical expertise in developing role definitions and care pathways, to developing, piloting and implementing the Clinical Audit System which will enable the network to develop once for Scotland care guidance on MBU admissions and discharges, and working with the SPSP to test and implement interventions to improve patient safety.

7.1 Perinatal and Infant Mental Health Data Collaborative

The PNIMH-PB and the Network identified that perinatal mental health and maternity data was being collected within different organisations at a national level. To ensure that the organisations were aware of what work was occurring, and to avoid duplication, the Network established and facilitates a quarterly data working group with the Public Health Intelligence (PHI- previously known as Information Services Division), the Mental Welfare Commission, Programme Board and the Scottish Government to discuss synergies between data collection management systems at a national level in order to produce a dataset for perinatal mental health which could then measure clinical activity and clinical outcomes.

The work that has been undertaken at a national level includes:

- The PNIMH-PB had created a Perinatal Mental Health Data Catalogue which detailed what data was currently being collected in Scotland to help measure changes brought about by the new perinatal service development and identify if there were any gaps in current data collection.
- The Mental Welfare Commission (MWC) collected data from the boards regarding the number of women that had been admitted to general adult wards as opposed to either of the MBU's
- PHI had a Mental Health Core Dataset, and the Mental Health Team had established data sets for inpatient care, outpatient care, unscheduled care, secondary care
- The NNMS Information Management Service (IMS) supported the Network to develop a Public Benefit Privacy Panel (PBPP) proposal to enable the Network to audit data which (i) identifies whether women who require psychiatric admission within one year of childbirth are admitted jointly with their infants to clinically suitable mother and baby facilities, and (ii) for women not admitted with their infants, to identify barriers to joint admission in order to improve access to appropriate care.
- The Scottish Primary Care Information Resource (SPIRE) had the ability to adapt data gathering from GP surgeries and this could be included this in national reporting.
- Maternal and Neonatal (MatNeo Data Hub) is developing an enhanced maternity data set that aims to capture women's mental health through assessment and antenatal bookings. The MatNeo data hub identified the need to align multiple

parallel conversations about consistent data for national purposes from clinical information systems (mainly Badgernet) to enable there to be transparency in the work that is being undertaken at a national level. The MatNeo Data Hub created the Maternity and Neonatal Data Access Liaison Group for Scotland (MaNDALS) to align the national work. The Senior Programme Manager of the NNMS IMS was invited to attend this group on behalf of the Network.

7.2 Badgernet IT

The Badgernet IT system is used in all but two health boards and captures midwifery and neonatal data. The developers were exploring how meaningful perinatal mental health information can be incorporated into the system. During the reporting period the Data Analyst and members of the Network tried to engage with the Clevermed team to work with them to explore how a Perinatal Mental Health section can be included within the Badgernet system as this would link and align the baby's and mother's data. It is anticipated that the PMHNS Lead Clinician and the Senior Programme Manager of NNMS, IMS will be able to facilitate this work through their representation on the Maternity and Neonatal Data Access Liaison Group for Scotland (MaNDALS).

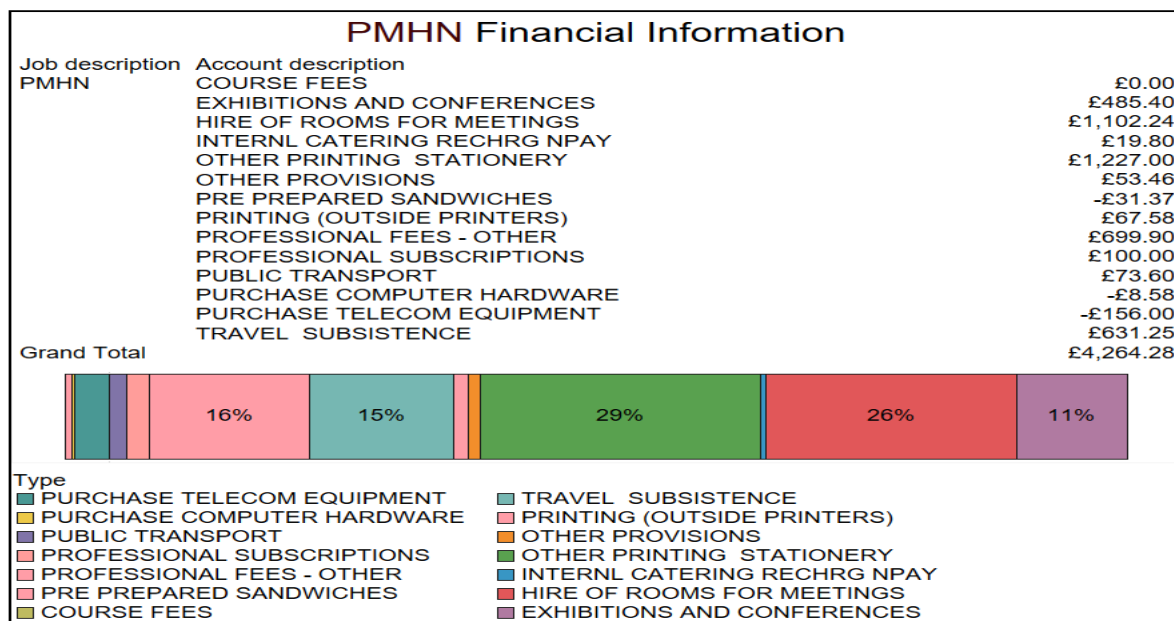
8. Value

During the reporting period the Network has added value by bringing together professionals who work in the field of perinatal mental health through the clinical forums, issuing its newsletters and communicating through its social media account. Prior to the emergence of the COVID-19 pandemic the Network had also begun to explore synergies with the commissioned strategic Maternity and Neonatal and Perinatal Network by inviting them to present on what it had been commissioned to do at the Network's strategic planning day in February 2020.

The Scottish Government recognised the importance of the continued designation of PMHNS to the work of the PNIMH-PB and the wider clinical and service user community, by agreeing to continue to fund the network to 2024 subject to future approval of the Scottish Budget by the Scottish Parliament and the outcome of a review being undertaken in line with NHS Scotland national commissioning processes.

8.1 Finance

All national managed clinical and diagnostic networks receive an annual budget of £5,000 to undertake network activity, which can include facilitating annual events and developing promotional material.



Picture 7 illustrates what the network spent its allocated £5,000 budget on.

9. Plans for the Year Ahead

The network anticipates that it will be able to progress the following work (appendix 11) as part of its 2020/2021 workplan which is dependent upon how the COVID -19 pandemic impacts on network and clinical resources

Effective Structure and Governance

- Steering group meetings
- PMHNS and Perinatal Infant Mental Health Programme Board
- PMHNS minor review

Service Development and Delivery

- Care Pathways and animations
- Role Definitions: Nursery Nurses, Clinical Psychologists, Social Workers, Occupational Therapists, Psychiatrists and Peer Support Workers
- PMHNS COVID-19 planning (MBU/PCMHTs)
- Clinical Guidance for Community Perinatal Mental Health Team Development
- Review clinical assessment tools
- Needs Assessment Report for women with substance misuse in the perinatal period and other vulnerable and socially disadvantaged groups.

Stakeholder Engagement

- Clinical forums
- Expert by Experience: Engagement leaflet - Database in collaboration with the – Participation Officer

Education

- Annual Conference

Communication and Engagement

- Website
- Twitter
- Newsletters
- Experts by Experience –data base /Participation officer

Audit and Quality Improvement

- Clinical Audit System (CAS) –MBU data collection
- CAS – MBU data reports
- CAS CPMHT CAS data set
- Scottish Patient Safety Programme SPSS
- Patient Satisfaction –POEM
- Perinatal mental health data collaborative
- Education in Primary Care - prescribing medication in primary care

Communication and Engagement

- Newsletters
- Social Media
- Website

Appendix 1: Perinatal Mental Health Network Core team

1.1 Lead Clinician



Dr Roch Cantwell is supported by his NHS Board, Greater Glasgow and Clyde, to provide 4 sessions per week to the PMHN to lead the modernisation of service development in order to ensure that high quality, equitable, person centred and co-ordinated perinatal and infant mental health services are available across Scotland to women, their infants and families.

Dr Cantwell is a consultant perinatal psychiatrist with NHS Greater Glasgow and Clyde. He is past-chair of the RCPsych UK's and Scotland's Perinatal Faculties and lead psychiatric assessor to the UK Confidential Enquiries into Maternal Deaths.

He chaired the SIGN guideline development group on Perinatal Mood Disorders and co-led the RCPsych in Scotland's Healthy Start Healthy Scotland campaign to improve services for maternal and infant mental health. He is co-chair of the RCPsych Perinatal Quality Network's Accreditation and Advisory Committees

1.2 Senior Programme Manager



Mrs Alexandra Speirs has worked in the NHS for over 25 years, in her clinical career she worked as Mental Health Nurse in Child and Adolescent Mental Health Services. Mrs Speirs joined NHS Scotland as Programme Manager in the National Network Management Service in 2013 and became Programme Manager for the PMHNS in 2017.

1.3 Programme Support Officer



Miss Susan Fairley has worked for NHS Scotland within NSD for just under 8 years. Originally employed in Specialist and Screening working within the Pregnancy and Newborn Screening Programme as well as the implementation of Digital Screening within the Breast Screening programme. On return from maternity leave in 2015 Miss Fairley worked on the first phase of the Demand Optimisation programme and moved to work for National Network Management Service in 2017 in order to support the Perinatal Mental Health Network.

1.4 Infant Mental Health Lead



Dr Anne McFadyen joined the team as Infant Mental Health Lead in September 2017 and works one day a week for PMHS. Her role is to work with others to ensure that babies' mental health and development is kept in mind in families affected by perinatal mental illness, and that appropriate interventions are offered at the earliest opportunity to support development and relationships. She also advises on wider infant mental health issues, including leading IMH Implementation and Advisory Group at the Scottish Government.

Dr McFadyen has worked as a Consultant Child and Adolescent Psychiatrist since 1991. She has worked in hospital-based infant mental health and community Under-5s services.

Dr McFadyen is the past Chair of the Child and Adolescent Faculty of the Royal College of Psychiatrists in Scotland and co-chaired the RCPsychiS's Healthy Start Healthy Scotland campaign with Dr Cantwell. Dr McFadyen is passionate about supporting families to give infants 'good-enough' beginnings.

1.5 Nurse Lead



Elaine Clark was supported by her NHS Board; NHS Greater Glasgow and Clyde to provide two weekly sessions to the network.

Elaine has extensive Perinatal Mental Health Nursing experience; she has been involved in national strategic Perinatal Mental Health work for past 12 years; she is Nurse Consultant for Perinatal Mental Health in NHS Greater Glasgow & Clyde, and provides clinical supervision for the Nursing Leads in other NHS Boards that have Specialist Perinatal Mental Health Teams.

She has taken a lead in transforming the role of nursing with PMH in Scotland. A founding member and previous chair of Maternal Mental Health Scotland (MMHS) continues to provide clinical advice to MMHS Change Agents and supports Clare Thompson in her role as Participation Office for the National Implementation Board.

1.6 Maternity Lead



Ms Shona McCann was supported by her NHS Board; NHS Grampian to provide two weekly sessions to the network. Ms McCann was the first Specialist Perinatal Mental Health Midwife to be employed in NHS Scotland. She has been a midwife for 26 years and has worked in the perinatal mental health speciality since 2010. Ms McCann facilitated the development of rural Midwifery led clinics the first of their kind in the country; she is the interface between Maternity and Mental Health Services. The clinics that Ms McCann established promotes equity of access by enabling women who were unable to attend centrally-based services to have access to specialist care.

Ms McCann believes that women's emotional needs are equally as important as their physical needs in pregnancy and is a passionate advocate in tackling stigma for women affected with mental health issues during their pregnancy. She has supported maternity services across Scotland by holding national strategic clinics in their development of PMH midwifery services. She is a member of the RCM Scotland PMH midwife forum. In 2018 Ms McCann received the "Care for Mental Health Award" at the Scottish Health Awards and the "Innovation Award" at the Scotland Maternity and Midwifery Festival Awards in the same year. In 2019 she received the "Sustainability Innovation Award" at the International Maternity Expo Awards. In 2020 was a finalist in the "Excellence in Perinatal Mental Health" award at the National Royal College of Midwife Awards.

1.7 Data Analyst



The Scottish Governments Mental Health Strategy (2017-2027) identified the need to develop a quality indicator profile in mental health which will include measures across six quality dimensions: person-centred, safe, effective, efficient, equitable and timely.

In recognition of this work Ms Louise Smith, a data analyst, has been funded for 5 weekly sessions to enable the network to review the Psychiatric data set that is being used in NHS Information Services Department (ISD).

This will enable the network to understand how the various IT systems used in NHS Scotland inter-operate and make recommendations to improve how data and information is shared between professionals and NHS Boards to better support the patient journey.

1.8 Maternal Mental Health Change Agents



The network is committed to ensure that women with lived experience are central to and involved in all the work that the network undertakes.

The network is fortunate to be able to involve and collaborate with the Maternal Mental Health Change Agents (MMHCA)

The MMHCA is a group of women and families with lived experience who want to challenge the stigma and discrimination associated with maternal mental ill health. They do this by taking part in research, contributing to national work streams, giving talks to groups and conferences, and sharing information on social media.

The MMHCA are funded by See Me Scotland, and supported by Maternal Mental Health Scotland.

The MMCHA Facebook page is available at:

<https://en-gb.facebook.co./maternalmentalhealthscotlandchangeagents/>

1.9 Participation Officer

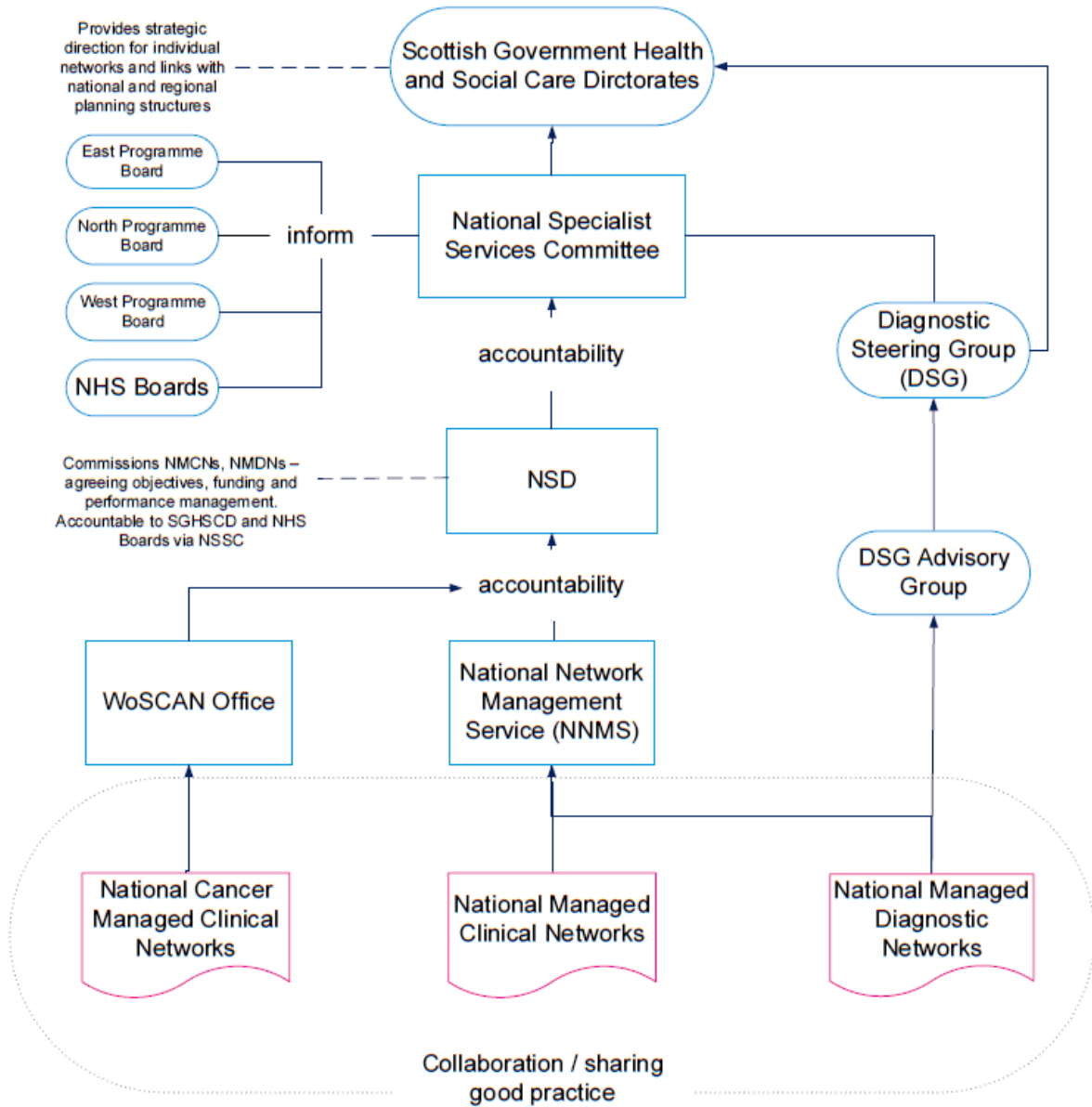


Maternal Mental Health Scotland employed Ms Clare Thompson into the role of Participation Officer to work with the to work with the Scottish Government's Perinatal and Infant Mental Health Programme Board and the Managed Clinical Network to include the voices of experts by experience in their work.

The post was funded by the Scottish Government. Clare Thompson is a co-founder of Maternal Mental Health Scotland Change Agents, and is delighted to be working to formalise the participation of women and families in policy and service development.

Ms Clare Thompson is a co-founder of Maternal Mental Health Scotland Change Agents, and is delighted to be working to formalise the participation of women and families in policy and service development.

Appendix 2: National Commissioning Governance for National Networks



Appendix 3: Network Governance

The Perinatal Mental Health Network has a multi-professional steering group representative that includes different professional disciplines and organisations and women with lived experience.

Network Core Team

Network Lead: Dr Roch Cantwell

Senior Programme Manager: Mrs Alexandra Speirs

Infant Mental Health Lead: Dr Anne McFadyen

Nurse Lead: Ms Elaine Clark

Maternity Lead: Ms Shona McCann

Programme Support Officer: Ms Susan Fairley

Data Analyst: Ms Louise Smith

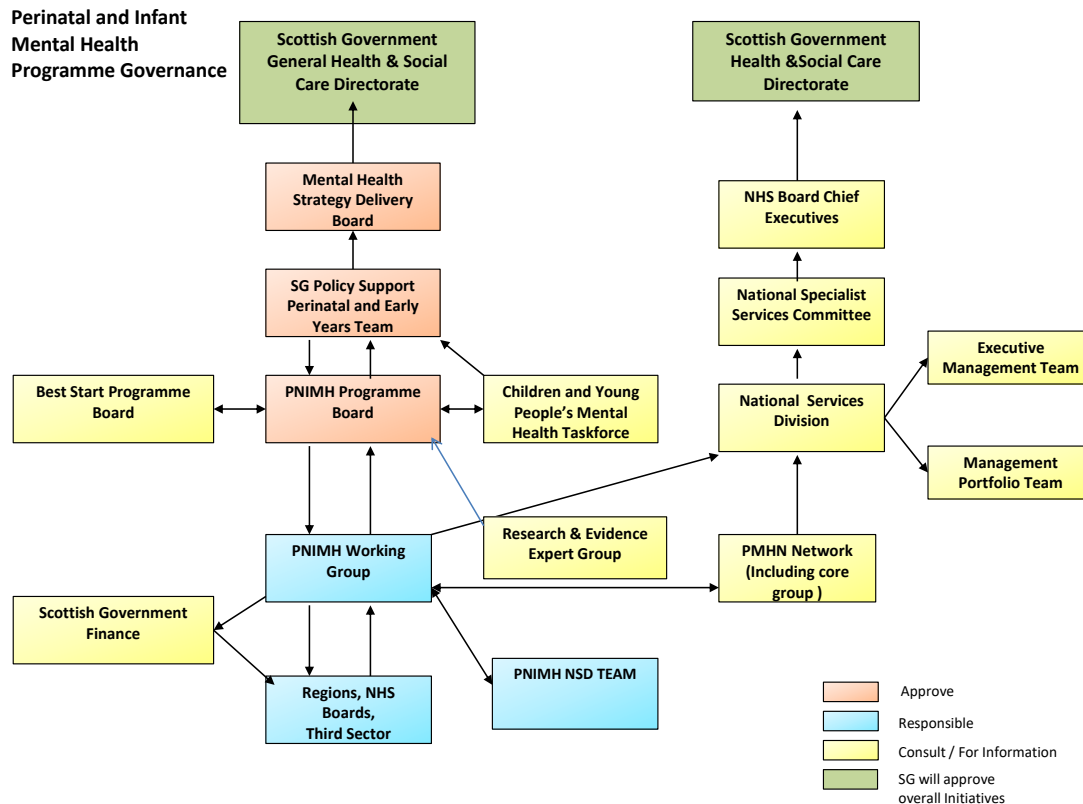
Participation officer: Ms Clare Thompson

Appendix 4: Network Steering Group Representation

Name	NHS Board / Organisation	Designation / Network roll
Dr Roch Cantwell	NHS GG&C	PMHN Lead Clinician
Elaine Clark	NHS GG&C	PMHN Nurse Lead
Dr Anne McFadyen	NHS Lanarkshire	PMHN Mental Health Lead
Shona McCann	NHS Grampian	PMHN Maternity Lead
Alexandra Speirs	NHS NSS	PMHN Senior Programme Manager
Louise Smith	NHS NSS	PMHN Data Analyst
Susan Fairley	NHS NSS	PMHN Programme Support
Dr Angus McBeth	CPsychol, AFBPsS	Lecturer in Clinical Psychology
Annie Hair	CHVA	HV Representative
Carly Grant	Health Scotland	Senior Health Improvement Officer
David Thomson	NHS A&A	Chair, Mental Health Nurse Forum Scotland
Dr Aman Durrani	NHS GG&C	Consultant Perinatal & General Adult Psychiatrist, West of Scotland Mother & Baby Unit
Dr Barney Coyle	NHS Lothian	Consultant Psychiatrist, East of Scotland Mother & Baby Unit
Dr Dawn Kerraghan	RCOG	RCOG Scotland lead for Perinatal Mental Health
Dr Katherine McKay	NHS Greater Glasgow and Clyde	Consultant Paediatrician, child Protection
Dr Fiona Fraser	NHS Greater Glasgow and Clyde	Psychologist
Leanne Anderson	Inspiring Scotland	Inspiring Scotland
Emma Curren	Royal College Midwives	National Officer - Scotland The Royal College of Midwives
Heather Sloan	NHS GG&C	Health Improvement Lead for Mental Health
Helen Sloan	NHS Lanarkshire	Chair of MMHS and Lead for NHS Lanarkshire PMHS
Juliet Brock	Mental Welfare Commission	Medical Officer, Mental Welfare Commission
Maria Docherty	Scottish Mental Health Nurse Leads Group for Scotland	Chair, Scottish Mental Health Nurse Leads Group for Scotland
Prof Helen Cheyne	NMAHP Research Unit	Professor of Maternal and Child Health Research & RCM (Scotland) Professor of Midwifery Research
Dr Moira S Kennedy	NHS Tayside	GP & Chair of Tayside Perinatal Mental Health Group
Dr Anna Wroblewska	Maternal Mental Health Scotland Secretary	MMHS
Catherine Carver	MMHA Change Agent	MMHS Scotland Change Agent

Jackie Walker	3 rd Sector Representative	Crossreach
Nikki O'Hara	3 rd Sector Representative	Homestart Glasgow North

Appendix 5: Clinical governance structure for PNMH Implementation Programme



Appendix 6 PMHNS COVID -19 Impact Assessment

Perinatal Mental Health Network Scotland (PMHNS) Managed Clinical Network (MCN)

Report authors: **Alexandra Speirs Senior Programme Manager
Dr Roch Cantwell, Lead Clinician**

Reporting Period: **March – June 2020**

Network Status		
Current network status and high level statement e.g. lack of clinical/scientific capacity to contribute.		
R – Activity Suspended A – Partial Activity G – Full Activity		
A	Partial Activity	<p>All network activity requiring face to face clinician input has been suspended due to clinical staff providing clinical intervention in PMH, which has resulted in a lack of capacity to effectively support network activity.</p> <p>A number of projects have been identified which will continue.</p>

Details
<i>What has been happening to lead to the RAG status above and what does it mean going forward?</i>
<p>Multi-Disciplinary Clinicians who work in Perinatal Mental Health in NHS Scotland are providing essential PMH assessment and treatment interventions to women and their families.</p> <p>The PMHNS Lead Clinician has indicated that there has been some suggestion that there might be future re-deployment however he currently remains in post with no restrictions to his lead clinician sessions.</p> <p>The main stakeholders for the PMHN forums will be unavailable to be involved in face to face network activity during the course of the COVID-19 pandemic.</p> <p>All network activity requiring face to face clinical input has been suspended.</p>

A number of activities have been identified which can be taken forward in the short term table 7

However, school closures may limit the capacity of staff to work from home on these projects.

It is anticipated that there will be a period where clinicians will need to “catch up” on work due to having to priorities’ C-19 within their profession and NHS Boards.

NNMS Management Team is asked to:

1	<i>e.g. note progress or endorse proposed action to mitigate cause of amber/red status</i>
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Exception to Workplan (March to June 2020) – incomplete objectives			
<i>Key impact on major planned activities in next reporting period</i>			
Activity	Date	Current Position	Revised plan
Annual Event	30 th March	Conference has been cancelled	The network would like to reschedule this in 2020/21
MBU Forum	16 th June	Postponed	<ul style="list-style-type: none"> • Potential Webinar for May through Microsoft Teams to disseminate information from the PNIMH- Programme Board Delivery Plan for staff who are involved in Perinatal Mental Health • The network will reschedule the face to face forum in Autumn 2020

Perinatal Community Mental Health Teams Forum	23 rd June	Postponed	<ul style="list-style-type: none"> • Potential Webinar for May through Microsoft Teams to disseminate information from the PNIMH- Programme Board Delivery Plan for staff who are involved in Perinatal Mental Health • The network will reschedule the face to face forum in Autumn 2020
Maternity & Neonatal Forum	TBC		<ul style="list-style-type: none"> • Potential Webinar for May through Microsoft Teams to disseminate information from the PNIMH- Programme Board Delivery Plan for staff who are involved in Perinatal Mental Health • The network will reschedule the face to face forum in Autumn 2020
PMHN Psychology Forum	25 th May	Postponed	<ul style="list-style-type: none"> • Potential Webinar for May through Microsoft Teams to disseminate information from the PNIMH- Programme Board Delivery Plan for staff who are involved in Perinatal Mental Health • The network will reschedule the face to face forum in Autumn 2020

Steering Group Meeting	8 th June	Meeting cancelled	The network plans to reschedule this in Autumn 2020
Annual Performance Review	8 th June	Potential to do this with the PMHNS Leads –depending on clinical commitments due to C-19	The network will re-schedule to Autumn 2020, if it is not able to go ahead.
PNIMH Data collaborative meeting	26 th August	Potential to do this as it has been arranged for August	The network will re-schedule to Autumn 2020, if it is not able to go ahead.

1. Workplan Objectives – 2020/21					
Objective ID	Objective Description	Base-line Finish	Current Date Actual/ Forecast	RAG	Status Dependency Milestone ID
<i>Effective Structure</i>					
2020-01	The network will organise steering group meetings	Ongoing	Autumn 2020	A	<i>It is anticipated that the network will be able to re-schedule this to Autumn</i>
<i>Service Development and Delivery</i>					
2020-02	Care Pathways	31.12.20	31.12.20	G	On track to be completed
2020-03	Care Pathway animations	31.12.20	31.12.20	G	On track to be completed
2020-04	Expert by Experience –leaflet	30.01.21	30.01.21	G	On track to be completed
2020-05	Expert by Experience –data base	30-12-21	30.12.21	G	On track to be completed
2020-06	Guide to “establishing” a PMH community service	01.04.20	31.12.20	G	On track to be completed
Stakeholder communication and engagement					
2020-07	Newsletters /Bulletins/Communication	Ongoing	Business as usual	G	On track to be completed
2020-08	Website –PSO is refining the website's content and liaising with IMS website /comms to make the website more user friendly	Ongoing	Business as usual	G	On track to be completed
2020-09	Twitter	Ongoing	Business as usual	G	On track to be completed

Education and Training					
2020-10	Developing Professional Expertise – prescribing in primary care	01.04.20	31.03.21	G	On track to be completed
Audit and Continuous Quality Improvement					
2020-11	MBU CAS	01.04.20	31.03.21	A	There is a risk that this may not be progressed-dependent on clinical /admin capacity
2020-12	PMH Community CAS data set	01.04.20	31.03.21	A	There is a risk that this may not be progressed-dependent on clinical capacity
Value					
2020-13	Communicating with the PN-IMHPB	Ongoing	Business as usual	A	The network will continue to communicate with the PN-IMHPB as and when directed by SGov.
2020-14	Minor Review	Ongoing	30.05.20	A	The network will have drafted the review report –the independent reviewers will not be able to review it until the C-19 pandemic passes

2. Planned for the Next Reporting Period April-June 2020				
Task Name/Detail	Baseline Date	Current Forecast Date	RAG Status	Dependency Milestone ID
Role definitions	December 2020	On track	G	
Pathway Animations	December 2020	On track	G	
Expert by Experience leaflet	June 2020	On track	G	
Guide to establishing a PMH community service	June	On track	G	
MBU CAS	Ongoing		G	
PMHN Community CAS data set			G	
Website	Ongoing	On track	G	
Twitter	Ongoing	On track	G	
Extending Lead Tenures	May-June	On track	G	
Nurse Lead recruitment	June	On track	G	
Annual Report	31 st May 2020	On track	G	
Minor Review	31 st May 2020	On track	G	

3. Risk Management					
Risk / Issue (R / I)	ID	This	Last	Issue/Risk Name (as listed in Register) There is a risk that...	Action/Progress
R		R	R	MBU CAS data entry maybe halted due to clinical /admin capacity Risk around data entry priorities when staff return to normal duties due to clinical commitment. Data entry important for service improvement	
		R	R	PMHN Community CAS data set may not be progressed due to clinical capacity	
R		R	R	There is a risk that the 2020/21 workplan may not be progressed –this is being monitored and reviewed by the PMHS core Team	

Appendix 7 Scottish Patient Safety Programme –Mental Health Safety Principles Project

PROJECT	TASKS	WHO BY	LEADS
A. PATIENT SAFETY CLIMATE TOOL and STAFF CLIMATE TOOL	<ol style="list-style-type: none"> 1. Adapt the tools to take into account the need for questions around the mother's and staff's perception of infant safety. This will require discussion amongst staff and consultation with patients in both MBUs. 2. Agree a final version of both tools which take into account the distinctive MBU environment. 3. Implement the tools over a defined period and use results to bring about improvements in quality of care. 4. Test effectiveness of changes by re-using the tools with patients and staff. 	BOTH MBUs	
B. LIVE RISK ASSESSMENT, IMPROVING OBSERVATION PRACTICE and RISK ASSESSMENT TRAINING	<ol style="list-style-type: none"> 1. Adapt the live risk assessment for the woman to take into account her role as a mother. 2. Adapt current guidance on observation practice for the woman to take into account the presence of the infant and the need to facilitate the developing mother-infant relationship. 3. Use quality improvement methodology to test the effectiveness of the Support and Supervision Tool to provide live risk assessment of infant safety and welfare. 4. Review what training is required for new and existing staff in providing live risk assessment for the woman and her infant (together and independently), including training on the use of the revised Support and Supervision Tool. 	BOTH MBUs	

Appendix 8 Experts by Experience Questionnaire

Experts by Experience Survey Questions	
Name:	
Email:	
Year you were born:	1930-2008 dropdown
I Identify as:	Heterosexual/Straight
	Gay/lesbian
	Bi/Bisexual
	Prefer not to say
	Other
Ethnicity	White Scottish
	Other White British
	White Irish
	Gypsy/Traveller
	White Polish
	White Other
	Pakistani, Pakistani Scottish/British
	Indian, Indian Scottish/British
	Bangladeshi, Bangladeshi Scottish/British
	Chinese, Chinese Scottish/British
	African, African Scottish/British
	African Other
	Asian Other
	Caribbean, Caribbean Scottish/British
Arab, Arab Scottish/British	
Mixed/Multiple Ethnic Group	
Prefer not to say	
Which Health Board do you reside in?	Dropdown list of Health Boards
I am a:	Mother
	Father
	Sibling
	Grandparent
	Other
As an expert by experience, I am interested in being part of:	Information (Keeping up to date with developments)
	Consultation (Being asked about developments at a national or local level e.g. on Steering Group or consulting on documentation etc.)
	Visible (Speaking at conferences/Meetings)
Are you happy for your email to be shared with your local health board? (This would be used to inform you of any upcoming forums you may be interested in)	Yes
	No

Appendix 9 Perinatal Mental Health Network Scotland Workplan 2019/20

RAG status	Description
RED (R)	The network is unlikely to achieve the objective/standard within the agreed timescale
AMBER (A)	There is a risk that the network will not achieve the objective/standard within the agreed timescale, however progress has been made
GREEN (G)	The network is on track to achieve the objective/standard within the agreed timescale
BLUE (B)	The network has been successful in achieving the network objective/standard to plan

The Institute of Medicine's six dimensions of quality are central to NHS Scotland's approach to systems-based healthcare quality improvement; therefore, objectives should be linked to these dimensions:

Person-centred: providing care that is responsive to individual personal preferences, needs and values and assuring that patient values guide all clinical decisions;

Safe: avoiding injuries to patients from healthcare that is intended to help them;

Effective: providing services based on scientific knowledge;

Efficient: avoiding waste, including waste of equipment, supplies, ideas, and energy;

Equitable: providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location or socio-economic status; and

Timely: reducing waits and sometimes harmful delays for both those who receive care and those who give care.

Objective Number	Smart Objective	Planned start/ end dates	Detailed Plan Available / Owner	Description of progress towards meeting objective as at 31/03/2019	Anticipated Outcome	RAGB status
1. Effective Network Structure and Governance <small>[linked to Quality Dimensions 3,4,5,6]</small>						
2019-01	The network will organise 3 steering group meetings by 31 st March 2020	01/04/2019 31/03/2019	PMHNS core team	<p>Steering Group meetings are planned for 2019.</p> <p>The network planned to facilitate 3 steering groups in April and September 2019 and February 2020</p> <p>The planned February 2020 steering group was postponed to accommodate the networks strategic planning day that was facilitated in February 2020 to accommodate the launch of the PN-IMHPB delivery plan.</p>	Effective delivery of the PMHNS workplan	A
2. Service Development and Delivery <small>[linked to Quality Dimensions 1,2,3,4,5,6]</small>						
2019-02	<p>Care Pathways and Equity of Provision:</p> <p>Development of a universal perinatal mental health care pathway</p>	01/05/2019- 31/03/2020	Dr Roch Cantwell- PMHNS Leads	<p>The network has collated the current pathways in and out of perinatal and infant mental health care.</p> <p>The network facilitated clinical forums with</p>	<p>By December 2020 the PMHNS will have identified the pathways in and out of care in the following areas</p> <p>There will be standardised</p>	B

Objective Number	Smart Objective	Planned start/ end dates	Detailed Plan Available / Owner	Description of progress towards meeting objective as at 31/03/2019	Anticipated Outcome	RAGB status
	<p>By March 2020 the PMHNS will have scoped the pathways in and out of care in the following areas</p> <ul style="list-style-type: none"> • Mother and Baby Units • Specialist community perinatal mental health teams (CPMHTs) • Maternity services • Maternity and neonatal psychological therapies services • Health visiting • Primary care • Third sector • Cross-boundary <p>By December 2020 the PMHNS will have identified the pathways in and out of care in the following areas and will produce a Care Pathways and Equity of Provision Report</p>			<p>Mother and Baby Unit (MBU) with the MBUs and a Community Perinatal Mental Health Teams (CPMHTs) from</p> <p>NHS Ayrshire and Arran</p> <p>NHS Forth Valley</p> <p>NHS Grampian</p> <p>NHS Greater Glasgow and Clyde</p> <p>NHS Lothian</p> <p>NHS Lanarkshire</p> <p>Psychology and Maternity and Neonatal Psychologists</p> <p>The forums will review referral, assessment and discharge protocols and documentation to identify standard approaches to admission, treatment and discharge</p> <p>04/11/2019: The network will begin to identified the pathways in and out of care-with the 2 forums</p> <p>Six proposed pathways will be</p> <p>Preconception advice for pre-existing severe or complex mental health problems</p> <p>Psychological interventions for common mental health problems</p>	<p>perinatal mental health referral, assessment and discharge documentation and written communication between services.</p> <p>There will be a universal perinatal mental health care pathway which maps to the woman's journey through services</p> <p>The network will produce a Care Pathways and Equity of Provision Report</p>	

Objective Number	Smart Objective	Planned start/ end dates	Detailed Plan Available / Owner	Description of progress towards meeting objective as at 31/03/2019	Anticipated Outcome	RAGB status
				<p>Specialist assessment and intervention for severe or complex mental health problems</p> <p>Emergency or urgent assessment for acute risk</p> <p>Admission to MBUs</p> <p>Specialist assessment for mother-infant relationship difficulties</p> <p>The network will draft one pathway and present it to the forums</p> <p>Scottish Government have asked that the pathway be shared with them at the meeting 30/01/2020.</p> <p>2020-01-20: The network has contacted NHS communication for information on how much it would cost to make the pathways into animations and add onto the network website</p>		
2019-03	<p>Care Pathways and Equity of Provision: Infant Mental Health Services</p> <p>By March 2020 the network will have undertaken a scoping exercise to ascertain what specialist Infant Mental Health services exist or are under</p>	May 2019-March 2020	Dr Anne McFadyen / PN-IMHPB	Dr McFadyen commenced a scoping exercise to ascertain what services/pathways into care there are in the Scotland for specialist Infant Mental Health	The network will produce a paper on the Infant Mental Health Services available in the UK	B

Objective Number	Smart Objective	Planned start/ end dates	Detailed Plan Available / Owner	Description of progress towards meeting objective as at 31/03/2019	Anticipated Outcome	RAGB status
	<p>development in Scotland and ascertain pathways to these services.</p> <p>The network will also seek information about pathways into specialist IMH services in other parts of the UK.</p>			<p>2020-03-10 Dr Anne McFadyen and NSPPC "Well-being for wee –ones have sent out the desktop review to the PMHN executive leads</p> <p>Dr McFadyen will identify examples of good and effective services and care pathways across the UK and consider their relevance to the development of services in Scotland.</p> <p>30/10/2019 Dr McFadyen has chaired the PNI-IMHPB Infant Mental Health Working group</p> <p>5th November this work has been transferred to the PN-IMHPB</p> <p>2020-01-20: Infant Mental Health Reference Group</p>		
2019-04	<p>Care Pathways and Equity of Provision: Review of clinical assessment tools</p> <p>By December 2020 the PMHNS will have reviewed the clinical assessment tools used in perinatal and infant mental health services</p>	March 2019- December 2020	Dr Roch Cantwell-PMHNS Leads	<p>The network has collated the current clinical assessment tools</p> <p>The network facilitated a Mother and Baby Unit (MBU) with the 2 MBUs and a Community Perinatal Mental Health Teams (CPMHTs) with the CPMHTs in</p> <p>NHS Ayrshire and Arran</p> <p>NHS Forth Valley</p> <p>NHS Grampian</p>	There will be agreed standardised clinical assessment tools for perinatal mental health services	G

Objective Number	Smart Objective	Planned start/ end dates	Detailed Plan Available / Owner	Description of progress towards meeting objective as at 31/03/2019	Anticipated Outcome	RAGB status
				<p>NHS Greater Glasgow and Clyde</p> <p>NHS Lothian</p> <p>NHS Lanarkshire</p> <p>The forums will review referral, assessment and discharge protocols and documentation to identify standard approaches to admission, treatment and discharge.</p> <p>301/10/2019: The network will arrange a short life working group that includes Psychologists and clinicians that use evidence based clinical interventions to recommend what evidenced based clinical interventions should be routinely used in PMH services.</p>		
2019-05	<p>Care Pathways and Equity of Provision: Needs assessment for vulnerable and marginalised women misuse</p> <p>By December 2020 the PMHNS will have conducted a needs assessment of substance misuse services for pregnant and postnatal women in Scotland and will produce a recommendations report</p>	01/06/2019-31-12-2020	Dr Anne McFadyen – Ms Shona McCann	<p>The Maternity and Infant Mental Health Leads will undertake a scoping exercise of the current substance misuse services in NHS Scotland. This will be undertaken through Maternity, Health Visitor and Addictions professional events and in liaison with the Royal Colleges of Midwives and Psychiatrists</p> <p>Prof Masters recommended linking in to work that has been undertaken with the Scottish Drugs Forum</p> <p>2019/05/14: Further discussion to be had regarding how this work could</p>	The network will produce a Needs Assessment Report and Recommendations for pregnant and postnatal women with substance misuse (up to 1 year)	G

Objective Number	Smart Objective	Planned start/ end dates	Detailed Plan Available / Owner	Description of progress towards meeting objective as at 31/03/2019	Anticipated Outcome	RAGB status
				<p>/should be progressed jointly through PMHNS and PN-IMHPB.</p> <p>30/10/2019: The PN-IMHPB has asked the network to undertake this work in collaboration with the Robertson Trust.</p> <p>2020-01-20 The PMHNS Maternity Lead updated the PMHN CTM and advised that there were different pathways and processes. The work that she has done to date will be shared with PMHNS data analysis who will compile. Ms McCann will share what she has with boards to influence the boards who have not replied (NHS Lothian and NHS Fife and NHS Orkney to respond)</p> <p>The network data analyst has collated data that has been submitted to her from the Maternity lead Substance misuse and vulnerable women categories</p>		
3. Stakeholder Communication and Engagement <small>[linked to Quality Dimensions 1,3,4,5,6]</small>						
2019-06		01/04/2019-31/10/2019	Ms Elaine Clark/Ms Susan Fairley	In collaboration with the Maternal Mental Health Change Agents,	Women, families and professionals	B

Objective Number	Smart Objective	Planned start/ end dates	Detailed Plan Available / Owner	Description of progress towards meeting objective as at 31/03/2019	Anticipated Outcome	RAGB status
	<p>Working in Partnership: Women and families' engagement</p> <p>By October 2019 the PMHNS will have distributed the Women and Families Pledge for publication</p> <ul style="list-style-type: none"> • Lead Midwives • Mother and Baby Units (MBUs) • Community Perinatal Mental Health Services • GP practices 			<p>Scottish Government and NHS Scotland communication department, the network will update the Women and Families Pledge to make it more users friendly when it is displayed in clinical and public areas.</p> <p>Printing of the Women and Families Pledge.</p> <p>Distributing the pledge to named professionals and services</p> <p>2019-06-03: To present the revised pledge to the PN-IMHPB-consider if this needs to be presented to the Chief Execs</p> <p>Invite the area's that this work has been devolved too to report back how they are meeting the needs of the pledge in all the work that they do</p> <p>In collaboration with the Scottish Government the revised pledge was launched by the Participation officer at the PMHNS strategy day and issued to the Perinatal Executive Leads with a covering letter from the Cabinet Secretary</p>	will be aware of the Women and Families' Pledge and can bring it to the attention of pregnant and postnatal women.	
2019-07	Working in Partnership: Peer Support	01/04/2019-31/10/2021	Ms Elaine Clark / The Robertson	Ms Clark will work with the MMH Change Agents, and the PIMH-PB to ascertain the different types of peer	Recommend what a peer support model and the roles of peer	B

Objective Number	Smart Objective	Planned start/ end dates	Detailed Plan Available / Owner	Description of progress towards meeting objective as at 31/03/2019	Anticipated Outcome	RAGB status
	By October 2019 the network will have ascertained the different models of peer support and the roles of peer support workers in Scotland and the UK.		Trust/ Perinatal and Infant Mental Health Programme Board	support models in Scotland and the UK. 30/10/2019: The PN-IMHPB will be recruiting a researcher to identify what the peer review models are in Scotland. This work was progressed by the PN-IMHPB	support workers should be	
2019-08	Working in Partnership: Peer Review Report By 31/01/2020 the PMHNS will have co-produced a Women and Families report	May 2019- January 2020	Ms Elaine Clark/ The Robertson Trust/ Perinatal Mental Health Programme Board	Ms Clark will engage with women with lived experience, and their families, to develop a report which makes recommendations on: <ul style="list-style-type: none"> Peer worker and peer support roles and responsibilities Ways of engaging women and families in perinatal mental health services Roles for women and families in ongoing education and training for professionals Meeting needs of fathers, others in the parental role, and older children 30/10/2019: The PN-IMHPB will be recruiting a researcher to identify what	Women and Families Report co-produced with the network.	B

Objective Number	Smart Objective	Planned start/ end dates	Detailed Plan Available / Owner	Description of progress towards meeting objective as at 31/03/2019	Anticipated Outcome	RAGB status
				<p>the peer review models are in Scotland.</p> <p>2020/01/ 20 Ms Claire Thompson was appointed as a participation officer</p> <p>2020/03/10 The network has engaged with the participation officer to co-produce the annual event.</p> <p>The network met with the participation officer to develop a 15 month strategic workplan that outlines the work that will be undertaken.</p> <p>The data analyst has met with the participation officer to develop a lime survey that will be used to create a national data base of women who would like to engage with PMHN and services at different levels;</p> <p>Informed / Involved/Consulted.</p> <p>The Peer review report was progressed by the PN-IMHPB who appointed a researcher to progress this piece of work</p>		
2019-09	Working in Partnership: Women and families' engagement	May 2019/March 2020	Ms Elaine Clark /Ms Susan	The network will contact regional voluntary agencies that work with women and families to see if there is	There will be increased awareness of	B

Objective Number	Smart Objective	Planned start/ end dates	Detailed Plan Available / Owner	Description of progress towards meeting objective as at 31/03/2019	Anticipated Outcome	RAGB status
	<p>By 30/12/2019 the PMHN will have scoped the possibility of facilitating Women and Families events.</p> <p>The events will provide Women and their families with the opportunity to advise on how they would like to access PMH Services</p>		Fairley/Maternal Mental Health Change Agents (MMHCAs) Robertson Trust	<p>an option of facilitating a women and families event.</p> <p>The network will scope with the MMH Change Agents the possibility of facilitating online participation from women and families who are not able to attend a regional/local event.</p> <p>A date and venue will be arranged in collaboration with women with lived experience/</p> <p>30/10/2019: The PN-IMHPB will be recruiting a researcher to identify what the peer review models are in Scotland</p> <p>30/10/2019: The network will scope out how it will inform and engage with women and their families through the MBU's. -The data analyst and the MBU clinical forum agreed to use the POEM to ascertain patient feedback</p> <p>05/11/2019 The network will draft a flier for women and families to have information about the network to enable them to become involved in and contribute to network activity.</p>	<p>Perinatal Mental Health issues and a greater awareness of how women and their families can access Perinatal Mental Health Services.</p> <p>Women and their families have the opportunity to be involved in and contribute to the on-going developments in PN-IMHPB</p>	
2019-10	Working in Partnership: Professional engagement		PMHNS Leads	Professional Engagement events are arranged during 2019-2020.	There will be increased awareness of	B

Objective Number	Smart Objective	Planned start/ end dates	Detailed Plan Available / Owner	Description of progress towards meeting objective as at 31/03/2019	Anticipated Outcome	RAGB status
	<p>By 31/03/20 the network will have completed its engagement with professionals through regional events with:</p> <ul style="list-style-type: none"> • Health Visitors • Midwives 			<p>Leads to be the conduit between the regions</p> <ul style="list-style-type: none"> • SEAT • WoS • NoS <p>30/10/2019: Engagement as part of the Needs Assessment exercise has been completed.</p> <p>2020-01-20: Engaging with Perinatal Infant Mental Health Leads-Scottish Government have organised a meeting on 30th January-Dr Cantwell is attending this meeting and will inform the leads that they can engage with the network</p> <p>2020-03-09 The network met with Inspiring Scotland to find out the work that they have been commissioned by the PN-IMHPB.</p> <p>The network has invited Inspiring Scotland to attend the PMHNS SG.</p> <p>The network has invited Inspiring Scotland to write a short piece for the PMHNS newsletter to inform the PMHNS network and stakeholders of the work that they have been commissioned to do by the Scottish Government.</p>	Perinatal and Infant Mental Health issues	

Objective Number	Smart Objective	Planned start/ end dates	Detailed Plan Available / Owner	Description of progress towards meeting objective as at 31/03/2019	Anticipated Outcome	RAGB status
2019-11	<p>Working in Partnership: Effective communication</p> <p>By December 2019 the network will have refreshed its communication and engagement strategy to ensure that it aligns with the Perinatal Mental Health Programme Board (PNIMH-PB).</p>	May 2019- December 2019	Mrs Alexandra Speirs/Ms Susan Fairley/Dr Roch Cantwell/Ms Elaine Clark	<p>The network will facilitate a meeting with NHS communication department to ensure that the networks and PNIMH-PB's roles and workplans are effectively communicated to the public and stakeholders.</p> <p>2019/06/04: The network will facilitate a meeting with Public Health Scotland (Ms Carly Grant) to prevent duplication in work that is occurring.</p> <p>30/10/2019: Ms Elaine Clark is working with Public Health Scotland.</p> <p>30/10/2019: The network communication strategy will be revised following recommendations from the minor review</p> <p>18/02/2020: The network facilitated its strategic planning day.</p> <p>31/03/2020: The network has not revised its communication strategy due making contingency arrangements for COVID -19</p>	The work of the PMHNS and the PNIMH-PB will effectively communicated to the public to increase the awareness of the national work that is being undertaken	A
2019-12	<p>Working in Partnership: Effective communication</p> <p>By March 2020 the network will have issued 4 newsletters</p>	01/04/2019-31/03 2020	Ms Susan Fairley / Mrs	<p>Newsletters will be circulated during the reporting period</p> <p>30/12/2019: The network has issued 2 newsletters in the reporting period.</p>	PMHNS stakeholders are informed of PMHNS activity	G

Objective Number	Smart Objective	Planned start/ end dates	Detailed Plan Available / Owner	Description of progress towards meeting objective as at 31/03/2019	Anticipated Outcome	RAGB status
			Alexandra Speirs	August Update – 08/08/2019 PMHNS Winter 2020 Newsletter - 31/01/2020	and workplan progress	
2019-13	Working in Partnership: Effective communication By March 2020 the network will increase its social media presence by 5-10%	01/04/2019-31/03 2020	Ms Susan Fairley / Mrs Alexandra Speirs PMHNS Core Team	QI methodology will be undertaken to progress the networks social media Horizon scanning events and news 30/10/2019: The network has achieved the QI target that it set increasing it Twitter followers from 695 in July 2019 to 1045 at the time of this report. Following others and sharing relevant information has helped to increase our numbers steadily.	PMHNS stakeholders are informed of PMHNS activity and workplan progress	B
4. Education <small>[linked to Quality Dimensions 1,2,3,4,5,6]</small>						
2019-14	Developing Professional Expertise: Induction programme for specialist perinatal mental health teams By December 2019 the network and NES, in collaboration with the Programme Board, will have produced a workplan to deliver training and update	01/04/2019-31/12/2019	Dr Roch Cantwell-Dr Anne McFadyen-Mrs Alexandra Speirs	PMHNS will arrange a meeting with NES and the PN-IMHBP to progress the roll out of education and training targeted at staff new to specialist perinatal mental health services. 30/10/2019: The strategic oversight of this work has been transferred to the PN-IHPB	Staff working in specialist perinatal and infant mental health services will have access to induction and update training resources to enable them to effectively assess	B

Objective Number	Smart Objective	Planned start/ end dates	Detailed Plan Available / Owner	Description of progress towards meeting objective as at 31/03/2019	Anticipated Outcome	RAGB status
	programme for professionals new to specialist services.		Ms Judy Thompson (NES) Ms Marie Clark (NES) PN-IMHBP	05/11/2019: NES were invited to present the essential to PMH at the networks 2020 annual event.	and care for their patients.	
2019-15	Developing Professional Expertise: Educational resources matched to Perinatal Mental Health Curricular Framework By December 2019 the network and NES, in collaboration with the Programme Board, will have identified a suite of training resources mapped to the competencies identified in the Curricular Framework for Perinatal Mental Health	01/04/2019-31/12/2019	Dr Roch Cantwell-Dr Anne McFadyen- Mrs Alexandra Speirs	PMHNS will arrange a meeting with NES and the PN-IMHBP to progress this programme of activity. 30/10/2019: The strategic oversight of this work has been transferred to the PN-IHPB who NES report progress on.	All staff working with pregnant and postnatal women will know how to access education and training matched to their level of expertise and professional background.	G
2019-16	PMHNS Annual Conference By 31 st March 2020 the network will facilitate an educational event in collaboration with the Programme Board.	01/10/2019-31-03-2020	Ms Susan Fairley –Mrs Alexandra Speirs	The network will develop an event programme in collaboration with the PN-IMHP and NES. 30/10/2019: Planning for the annual event is underway. 31/03/2020: Due to the COVID -19 pandemic the PMHNS annual conference had to be postponed	Update the PMHNS community and its stakeholders of the networks activity and any new developments	A

Objective Number	Smart Objective	Planned start/ end dates	Detailed Plan Available / Owner	Description of progress towards meeting objective as at 31/03/2019	Anticipated Outcome	RAGB status
2019-17	<p>Women and Families Pledge</p> <p>By October 2019 The network will revise the women and families pledge into a user friendly poster that will be issued to primary, secondary, tertiary care and 3rd Sector Organisations</p>	31/05/2019-30/10/2019	Ms Susan Fairley –Ms Elaine Clark/ Ms Clare Thompson	<p>Revised pledge has been sent to Scottish Gov</p> <p>Cabinet Sec will send a copy of the pledge with a covering letter for it to be launched on 17/02/2020</p> <ul style="list-style-type: none"> • Lead Midwives/Shona McCann • IMH lead • Claire Thompson • GP on SGrp meeting <p>Network will “tweet” its launch</p>		
5. Audit and Continuous Quality Improvement <small>[linked to Quality Dimensions 1,2,3,4,5,6]</small>						
2019-18	<p>Delivering Best Outcomes: Quality and outcome indicators</p> <p>By April 2020 the network will identify a suite of quality and outcome measures, and a core data set, for perinatal mental health to be used in NHS Scotland.</p>	01/04/2019-30/04/2020	Dr Roch Cantwell-Ms Louise Smith –Mrs Alexandra Speirs	<p>The network will collaborate with ISD and the network’s specialist services forum to develop a core data set for specialist services and for those engaging with psychological therapies.</p> <p>30/10/2019 The network has met with ISD and the PN-IMHPB to scope what data collection is in place.</p>		G

Objective Number	Smart Objective	Planned start/ end dates	Detailed Plan Available / Owner	Description of progress towards meeting objective as at 31/03/2019	Anticipated Outcome	RAGB status
				<p>This will enable the network to have a strategic overview of the national work that is being undertaken.</p> <p>Data collaborative meetings will take place quarterly</p> <p>NES and MWC to be invited to the next group.</p> <p>The network has continued to progress and refine the Public Benefit and Privacy Panel (PBPP) application form to enable to collect national data regarding the number of women who were admitted into a general adult ward. The network has ensured that the work that it progresses in obtaining national data aligns and does not duplicate the work that is occurring in NHS Scotland Information Services Division (ISD).</p>		
2019-19	Scottish Patient Safety Collaborative (SPSP). By September 2020 Staff that work in the MBUs will have tested and agreed on implementations that will improve safety by adopting QI methodology.			<p>The Scottish Patient Safety Programme (SPSS) and the Mother and Baby Units</p> <p>The MBU Clinical Forum agreed to identify 3-4 staff leads in each MBU who would champion the work, attend joint meetings and participate in additional quality improvement training.</p>		

Objective Number	Smart Objective	Planned start/ end dates	Detailed Plan Available / Owner	Description of progress towards meeting objective as at 31/03/2019	Anticipated Outcome	RAGB status
				<p>As part of the collaborative, the Forum agreed a number of projects, derived from the SPSP-MH Safety Principles (full principles attached).</p> <p>2020-01-20 Patient safety climate tool will be invited to the MBU forum to note the work that has been done and advise</p> <p>Safe sleep leaflet / in conjunction with National Cot Death Society to be discussed at the MBU forum</p>		
2019-20	<p>Clinical Audit System</p> <p>The MBU forum developed a dataset for the Clinical Audit System (CAS) that will provide national data on the number of women that are admitted into a MBU, the length of stay, the mother's age, diagnosed mental illness, prescribed medication and psychological treatment interventions.</p>			<p>06/11/2019: Ms Louise Smith has provided CAS training to the MBUS</p> <p>2019-11-26 Training at St John's is booked in for Monday 2nd of December and I'm going to Leverdale to train Julie on the 4th December!</p> <p>Both sites trained before Christmas as planned!</p> <p>The Data analyst will request MBU staff enter patients retrospectively so there is a full year of data</p> <p>2020/01/20: Both MBU's have been trained in CAS.</p> <p>Ms Smith will collate the MBU data and present it at the March MBU forum.</p>		B

Objective Number	Smart Objective	Planned start/ end dates	Detailed Plan Available / Owner	Description of progress towards meeting objective as at 31/03/2019	Anticipated Outcome	RAGB status
2019-21	<p>Patient Satisfaction Survey</p> <p>By March 2020 the network will develop a women and families' satisfaction tool</p>	May 2019-March 2020	Dr Roch Cantwell-Ms Louise Smith -Mrs Alexandra Speirs	<p>Ms Louise Smith will scope what women and families' satisfaction tools are currently used in PMH and the network will produce recommendations on suitable tools in collaboration with the MMH Change Agents.</p> <p>2019/06/03: Ms Louise Smith will undertake a scoping exercise of what current patient satisfaction questionnaires are used in PMH.</p> <p>30/10/2019: This work is in progress.</p> <p>05/11/2019: Ms Louise Smith has obtained the POEM (Patient rated Outcome and Experience Measure) from the Royal College of Psychiatrists</p> <p>Louise will present this at the next PMHNS core team meeting.</p> <p>2020-01-20: Ms Smith presented the POEM satisfaction tool to staff in the MBU forum and it was agreed that this was the preferred patient satisfaction tool that would be used.</p>	Women and families will have an opportunity to share their experiences of PMH services.	B
<p>6. Value <small>[linked to Quality Dimensions 1,2,3,4,5,6]</small></p>						

Objective Number	Smart Objective	Planned start/ end dates	Detailed Plan Available / Owner	Description of progress towards meeting objective as at 31/03/2019	Anticipated Outcome	RAGB status
2019-22	<p>Governance</p> <p>The network will report bi-annually to the Mental Health Strategy Delivery and Governance group.</p>	01/04/19 31/03/2020	Dr Roch Cantwell –Mrs Alexandra Speirs	<p>The network will report its progress as part of Action 16 of the Mental Health strategy as the Scottish Government requests.</p> <p>Closed: The network reports bi-monthly to the PN-IMHPB.</p>	The network will demonstrate its progress against Action 16 of the Mental Health Strategy 2017-2027	B
2019-23	<p>PMHNS and PN-IMHPB Governance</p> <p>The network will present its work plan and provide a highlight report to the PN-IMHB</p>	01/04/19-31/03/2020	Dr Roch Cantwell –Mrs Alexandra Speirs	<p>The network and PN-IMHPB have aligned their Programme of work to ensure that they are aligned to minimise risk of duplication or lack of clarity of roles.</p> <p>05/11/2020 The network will provide a verbal and written update to the PI_IMHPB to the working group and share its Annual and Mid-Year Reports</p>	There will not be duplication of effort in the work that is being undertaken and progressed	B
2019-24	By December June 2020 a desk top review of the PMHNS will have been presented to National Patient Public Reference Group (NPPRG)	1/06/2019-30/06/2019	Mrs Alexandra Speirs-Ms Susan Fairley	<p>The minor review will commence in January 2020.</p> <p>A stakeholder strategy day will be facilitated in February 2020.</p> <p>05/11/2020: This will commence in January 2020.</p> <p>The network facilitated a strategic planning day on 17th February.</p>	To determine the continued commissioning of the PMHNS	G

Objective Number	Smart Objective	Planned start/ end dates	Detailed Plan Available / Owner	Description of progress towards meeting objective as at 31/03/2019	Anticipated Outcome	RAGB status
				Dr Margaret Oates and Ms Jo Kirk (NHS England) have agreed to be independent reviewers.		
		December 2019- March 2021	Ms Clare Thompson & PMHNS			

Appendix 10 Participation Officer Workplan

SMART Objective/ Strategic Aim	December 2019–March 2021	April 2020-August 2020	August 2020-December	January 2021-March 2021	Strategic Deliverables/Outputs
<p>In December 2019 the Scottish Government will fund a participation officer for 14 hours a week until March 2021</p>	<p>The participation officer will scope what has been undertaken in relation to expert by experience and co-production in PMH with the NHS Boards, Integrated Joint Boards and 3rd Sector</p> <p>The participation officer will present t the PMH NHS Board Executive leads</p> <p>Launch the revised Women and families pledge (17th March 2020)</p> <p>Co-produce the expert by experience information and engagement leaflet</p> <p>Co-produce the expert by experience national invitation data base to that stratifies the level of engagement i.e.</p> <ul style="list-style-type: none"> Visible Consultation Information 	<p>Facilitate group and individual discussions focus groups</p> <ul style="list-style-type: none"> North of Scotland West of Scotland SEAT (South East and Tayside) <p>Also have group and individual discussions with women and families from groups identified in the EQIA</p> <p>Produce a role definition and protocols for people who want to participate</p> <p>Use support mechanisms including those that have been developed by the MMHA champions network –that has been</p>	<p>Facilitate group and individual discussions focus groups</p> <ul style="list-style-type: none"> North of Scotland West of Scotland SEAT (South East and Tayside) <p>Also have group and individual discussions with women and families from groups identified in the EQIA</p> <p>The participation officer will provide guidance to NHS Boards to enable them to develop their own strategic approach to co-production.</p> <p>Communicate their ongoing work through the PMHNS newsletter</p>	<p>The participation officer will</p> <p>Gather together themes identified in focus groups and interviews and prepare a report. Parliamentary launch of report alongside Maternal Mental Health Alliance Scotland Campaign Co-ordinator</p> <p>Communicate their ongoing work through the PMHNS newsletter</p>	<p>By March 2021 the participation officer will have</p> <ol style="list-style-type: none"> 1. Attended and contributed to the PN_IMHPB and other activities that have arisen to ensure that the views and experiences of a much larger group of people with lived experience of perinatal mental health services across Scotland are captured and fed into the Board and the programme of work as a whole. This will include the PMHNS 2. Engagement and co-production will be at the centre of all work that is commissioned and planned in PMH 3. There will be a national data base of PMH experts by experience 4. Training and support will be identified –with a plan to pilot the efficacy of these to ensure that they are fit for purpose.

	<p>Co-facilitate (with MCN) development of terms of reference for the group.</p> <p>Co-produce the PMHNS annual event and inform how to become involved in PMH</p> <p>Communicate their role through the PMHNS newsletter</p>	<p>developed by MMHA Maria Bavetta</p> <p>Communicate their ongoing work through the PMHNS newsletter</p>	<p>Provide expert guidance from focus groups to the PMHNS with regards to what information should be made available to patients, families and careers</p>		
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Appendix 11 Perinatal Mental Health Network Scotland Workplan 2020/21

RAG status	Description
RED (R)	The network is unlikely to achieve the objective/standard within the agreed timescale
AMBER (A)	There is a risk that the network will not achieve the objective/standard within the agreed timescale, however progress has been made
GREEN (G)	The network is on track to achieve the objective/standard within the agreed timescale
BLUE (B)	The network has been successful in achieving the network objective/standard to plan

The Institute of Medicine's six dimensions of quality are central to NHS Scotland's approach to systems-based healthcare quality improvement; therefore, objectives should be linked to these dimensions:

Person-centred: providing care that is responsive to individual personal preferences, needs and values and assuring that patient values guide all clinical decisions;

Safe: avoiding injuries to patients from healthcare that is intended to help them;

Effective: providing services based on scientific knowledge;

Efficient: avoiding waste, including waste of equipment, supplies, ideas, and energy;

Equitable: providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location or socio-economic status; and

Timely: reducing waits and sometimes harmful delays for both those who receive care and those who give care.

Objective Number	Smart Objective	Planned start/ end dates	Detailed Plan Available / Owner	Description of progress towards meeting objective as at 31/03/2021	Anticipated Outcome	RAGB status
1. Effective Network Structure and Governance <small>[linked to Quality Dimensions 3,4,5,6]</small>						
2021-01	<p>As part of the national commissioning of nationally managed networks by June 2021 the network will ensure that it has organised its Annual Performance Review (APR) with its commissioners and produced its</p> <ul style="list-style-type: none"> • Mid-Year Report • Annual Report <p>By March 2021 the network will have produced its Service Agreement</p>	01/06/2020-30/06/2021	Senior Programme Manager & PMHNS Core Team	The PMHNS APR has been organised for 08/06/2020	The network is able to demonstrate its progress to the PMHNS and its stakeholders	G
2021-02	As part of the national commissioning of nationally managed networks the network will have completed and presented its minor review by October 2020.	01/06/2020-30/06/2021	Senior Programme Manager & PMHNS Core Team	<p>The stakeholder strategy day will be facilitated in February 2020.</p> <p>The network facilitated a strategic planning day on 17th February.</p> <p>Dr Margaret Oates and Ms Jo Kirk (NHS England) have agreed to be independent reviewers.</p>	The network will structure and strategic Programme of work will have been agreed.	G
2021-03		01/06/2020-31/10/2020	Senior Programme Manager &		The network strategies will align	G

Objective Number	Smart Objective	Planned start/ end dates	Detailed Plan Available / Owner	Description of progress towards meeting objective as at 31/03/2021	Anticipated Outcome	RAGB status
	<p>By October 2021 the network will have produced its 3-5-year strategic work plan and updated and refreshed its</p> <ul style="list-style-type: none"> • Communication and Engagement Strategy • Education Strategy • Quality Strategy 		PMHNS Core Team		with the networks strategic workplan	
2020-04	The network will organise 3 steering group meetings by 31 st March 2021	01/5/2020-31/03/2020	PMHNS core team	<p>2020/01/2019: The network is facilitating a webinar with colleagues from the PN-IMHPB and NES to the PMHNS Steering Group and members of the clinical forum to update them on the work that has been progressed following the emergence of the C-19 pandemic on 26/05/2020</p> <p>The network has planned its steering Group meeting on 08/06/2020</p>	Effective delivery of the PMHNS workplan	G
2020-05	The network will work in collaboration with the PN-IMNPB during 2020/21	01/5/2020-31/03/2020	PMHNS core team	The network will plan its Steering Group meetings for 2019.	Effective delivery of the PMHNS workplan	
2. Service Development and Delivery [linked to Quality Dimensions 1,2,3,4,5,6]						

Objective Number	Smart Objective	Planned start/ end dates	Detailed Plan Available / Owner	Description of progress towards meeting objective as at 31/03/2021	Anticipated Outcome	RAGB status
2020-06	<p>Care Pathways and Equity of Provision: Development of a universal perinatal mental health care pathway</p> <p>By March 2020 the PMHNS will have scoped the pathways in and out of care in the following areas</p> <ul style="list-style-type: none"> • Mother and Baby Units • Specialist community perinatal mental health teams (CPMHTs) • Maternity services • Maternity and neonatal psychological therapies services • Health visiting • Primary care • Third sector • Cross-boundary <p>By December 2020 the PMHNS will have identified the pathways in and out of care in the following areas and will produce a Care Pathways and Equity of Provision Report</p>	01/05/2019-31/03/2020	Dr Roch Cantwell-PMHNS Leads	<p>The network will develop six proposed pathways</p> <p>Preconception advice for pre-existing severe or complex mental health problems</p> <p>Psychological interventions for common mental health problems</p> <p>Specialist assessment and intervention for severe or complex mental health problems</p> <p>Emergency or urgent assessment for acute risk</p> <p>Admission to MBUs</p> <p>Specialist assessment for mother-infant relationship difficulties</p>	<p>By December 2020 the PMHNS will have identified the pathways in and out of care in the following areas</p> <p>There will be standardised perinatal mental health referral, assessment and discharge documentation and written communication between services.</p> <p>There will be a universal perinatal mental health care pathway which maps to the woman's journey through services</p>	G

Objective Number	Smart Objective	Planned start/ end dates	Detailed Plan Available / Owner	Description of progress towards meeting objective as at 31/03/2021	Anticipated Outcome	RAGB status
					The network will produce a Care Pathways and Equity of Provision Report	
2020-07	By April 2021 the network will have produced animations of pathways into care	01/02/2020-30/04/2021	Dr Roch Cantwell & Ms Susan Fairley	<p>March 2020 Dr Cantwell shared the animation script with the MBU forum for comments</p> <p>March 2020-The PN-IMHBP transferred under-spend to enable the network to contact a design company to progress making animations into care</p> <p>April 2020: The design company have been working on producing a story board for the animations.</p>	The pathways will provide network members, women and their families and network stakeholder with animations into care	G
2020-08	By December 2020 the network will have created role definitions of the different staff groups that work in PMH services	April 2019-December 2020	Dr Cantwell &	<p>May 2020: The network has completed the following role definitions</p> <ul style="list-style-type: none"> • Parent –Infant Therapist in PMHS • Midwives • Mental Health Nurses • Clinical Psychology 	The network will have provided Health Boards with a guide as to what the staffing roles and responsibilities of the different professionals that work in PMH should be to enable effective	G

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				<p>The network has begun to compile the following role definitions</p> <ul style="list-style-type: none"> • Nursery Nurse • Occupational Therapist • Social Work • Psychiatry 	<p>planning of PMH services a</p> <p>NHS Boards will be able to develop their Perinatal Mental Health</p>	
2020-09	By June 2020 there will be an agreed COVID-19 plan for the MBU's for boards and health care professionals	March 2020-June 2020	Dr Cantwell & MBU Forum	<p>March 2020: A outline proposal has been developed</p> <p>April 2020: The proposed out line has been redefined</p>	There will be a clear and agreed pathway for COVID -19 planning for the MBU units	G
2020-10	By October 2020 the network and PN-IMHPB will have developed a services specification guideline that boards can use when they plan for Perinatal Community Mental Health Teams (CPMHTs)	March 2020 – October 2020	Dr Cantwell- PN-IMHNPB	<p>March 2020: The network has scoped what service specifications are available.</p> <p>March 2020: Dr Cantwell has drafted a CPMHT service specification that has been shared with the PN-IMHBP and the PMHNS core team</p>	There will be a CPMHT service specification for boards to use as they develop their CPMHT's	G
2020-11	<p>Care Pathways and Equity of Provision: Review of clinical assessment tools</p> <p>By December 2020 the PMHNS will have reviewed the clinical assessment tools used in perinatal and infant mental health services</p>	March 2019- December 2020	Dr Roch Cantwell- PMHNS Leads	<p>30/10/2019: The network will arrange a short life working group that includes Psychologists and clinicians that use evidence based clinical interventions to recommend what evidenced based clinical interventions should be routinely used in PMH services-The network organised Clinical forums</p>	There will be agreed standardised clinical assessment tools for perinatal mental health services	G

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				<p>February 2020: The network organised clinical forums to begin to identify what clinical assessment tools are used in by the different professionals that work in PMH services</p> <p>The forums will review referral, assessment and discharge protocols and documentation to identify standard approaches to admission, treatment and discharge.</p>		
2020-12	<p>Care Pathways and Equity of Provision: Needs assessment for vulnerable and marginalised women misuse</p> <p>By December 2020 the PMHNS will have conducted a needs assessment of substance misuse services for pregnant and postnatal women in Scotland and will produce a recommendations report</p>	01/06/2019-31-12-2020	Dr Anne McFadyen – Ms Shona McCann & Robertson Trust	<p>The Maternity and Infant Mental Health Leads will undertake a scoping exercise of the current substance misuse services in NHS Scotland. This will be undertaken through Maternity, Health Visitor and Addictions professional events and in liaison with the Royal Colleges of Midwives and Psychiatrists</p> <p>2020-01-20 The PMHNS Maternity Lead updated the PMHN CTM and advised that there were different pathways and processes. The work that she has done to date will be shared with PMHNS data analysis who will compile. Ms McCann will share what she has with boards to influence the boards who have not</p>	The network will produce a Needs Assessment Report and Recommendations for pregnant and postnatal women with substance misuse (up to 1 year)	G

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				replied (NHS Lothian and NHS Fife and NHS Orkney to respond) Ms Smith will collate data in Substance misuse and vulnerable women categories		
3. Stakeholder Communication and Engagement [linked to Quality Dimensions 1,3,4,5,6]						
2020-13	By April 2021 the network will have facilitated clinical forums with the <ul style="list-style-type: none"> • MBU's • CPMHTs • Psychology and Maternity Neo-natal Psychology 	01/04/2020-30/04/2021	PMHNS Core Team	May 2020: The network has facilitated a web-ex with the PN-IMHHPB and NES and has invited the clinical forums and the steering group to attend to inform them of what the PMHNS, PN_IMHPB and NES have been progressing since the emergence of the COVID-19 Pandemic	The professionals that work in PMH will have the opportunity to contribute to how PMHS are developed as well as have the opportunity for shared learning through participating in the clinical forums	G
2020-14	The PMHNS website will continue to develop its website in order for it to be a go to resource for professionals and women and families and network stakeholders during 2020-21	01/05/2020-30/04/2021	Ms Susan Fairley & PMHNS Core Team	April 2020: Ms Susan Fairley has begun to refresh and update the PMHNS website	The PMHNS website will provide up to date relevant network information as well evolve to	G

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					become a platform for professionals and families to access for up to date PMH information	
2020-15	The PMHNS Twitter account will continue to engage with its network members and stakeholders through this social media platform during 2020-21	01/05/2020-30/04/2021	Ms Susan Fairley & PMHNS Core Team		The network will engage with its members and stakeholders through Twitter	G
2010-16	The network will produce quarterly newsletter during 2020-21 to inform and update the PMHNS network members and stakeholders of the work that it, the PN-IMHPB, the Participation Officer and NES progresses.	01/05/2020-30/04/2021	Ms Susan Fairley & PMHNS Core Team			G
4. Education [linked to Quality Dimensions 1,2,3,4,5,6]						
2020-17	By April 2021 the PMHNS will have rescheduled its 2019/20 Annual Conference	01/05/2020-30/04/2020	PMHNS Core Team		PMHNS network members and stakeholders will be invited to attend a free conference	G

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2020-18	During 2020/21 Dr Aman Durrani and NES will work together to identify what psychiatric medication guidance can be developed and provided to Primary Care (GPs) who see pregnant women who have been diagnosed with a mental illness and on prescribed medication	01/05/2020/30-042020	Dr Aman Durrani& NES		There will be Psychiatric medication guidance available to Primary Care staff who see pregnant women that are on prescribed psychiatric medication.	G
5. Audit and Continuous Quality Improvement <small>[linked to Quality Dimensions 1,2,3,4,5,6]</small>						
2020-19	<p>Delivering Best Outcomes: Quality and outcome indicators Clinical Audit System (CAS) MBU</p> <p>During 2020/21 the MBU CAS data set will continue to evolve to ensure that it collects data that can improve service development and planning</p>	01/05/2020-30/04/2021	MBU Clinical Forum & PMHNS core team	<p>May 2020: The network produces the first national MBU CAS report</p> <p>The MBU clinical forum will identify what other data should be collected i.e.</p> <ul style="list-style-type: none"> length of stay in the MBU Psychological intervention – profession that provided the psychological intervention Include the feedback from the POEM in the MBU CAS Data report. 	There will be national data report for MBUs that can support/aid service development and planning	G

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2020-20	Delivering Best Outcomes: Quality and outcome indicators- Patient Satisfaction Survey. During 2020/21 the MBU forums will agree when they will both begin to issue the POEM.	01/05/2020 - 30/04/2021	MBU Clinical Forum & PMHNS core team	<p>2020-01-20: Ms Smith presented the POEM satisfaction tool and it was agreed that this was the preferred patient satisfaction tool that would be used.</p> <p>The MBUs will agree when they will start to issue the POEM to gather patient feedback</p>	Women and families will have an opportunity to share their experiences of PMH services.	G
2020-21	<p>Delivering Best Outcomes: Quality and outcome indicators Clinical Audit System (CAS) Community Perinatal Mental Health Teams (CPMHTs)</p> <p>During 2020/21 the PMHNS core team will support the CPMHT to develop and pilot a CPMHT CAS data set</p>	01/05/2020-30/04/2021	PMHT Clinical Forum & PMHNS core team	<p>March 2020: The data analyst presented the MBU CAS data set</p>	There will be national data report for CPMHTs that can support/aid service development and planning	G
2020-22	Delivering Best Outcomes: Scottish Patient Safety Programme SPSS –During 2020/21 the MBUs will have completed the QI projects with the SPSP	01/05/2020-30/01/2021	MBU/SPSS/PMHNS	<p>The MBUs agreed to undertake the following QI projects</p> <ul style="list-style-type: none"> • Admission, Discharge and Follow-up Procedures. • Live Risk Assessments, Improving Observation 	The MBUs will have undertaken QI projects that demonstrate an improvement in patient safety and care	G

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				Practice and Risk Assessment Training <ul style="list-style-type: none"> • Patient Safety Climate Tool and staff Climate tool 		
2020- 23	During 2020/21 the network will facilitate meetings with the agencies /organisations that are involved in collecting Perinatal /Mental Health and Maternity data	01/05/2020-30/04/2021	PMHNS/Phi/ Mat-Neo-Mat-datahub/ Mental Welfare Commission/ PN-IMHPB	May 2020: IMS have contacted the PPBP to find out the status of the PPBP application	There will be a national picture of what Perinatal Mental Health data is being collected	G
6. Value [linked to Quality Dimensions 1,2,3,4,5,6]						
2020-24	During 2020/21 the network will effectively spend its allocated £5,000 budget	01/05/2020-30/04/2021	PMHNS Core Team			G
7. Risks and Issues						
01	There is a risk that due to the COVID-19 Pandemic that the network will not be able to complete its planned 2020/21 Programme of activity due to clinical staff and services being deployed elsewhere in the NHS or their time being limited to undertake network					

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	activity because of school closure and having to educate their children at home.					