

Specialised Perinatal Mental Health Services (In-Patient Mother and Baby Unit and Linked Outreach Teams) Quality Dashboard 2020/21



Indicator Reference Number	Domain	Theme	Measure	Rationale	Name of Indicator/Description	Numerator	Denominator	Period Type	Frequency	Data Source Numerator	Data Source Denominator	Target	Interpretation Guidance	Notes	Reporting Period											
															May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
MHG01-PR	Domain 1: Preventing people from dying prematurely	Clinical outcome	Mortality	To monitor the mortality rate of the service.	Proportion of patients that die while receiving care and treatment from the service	Of those patients in the denominator, the number who die while receiving care and treatment from the service	The total number of patient discharges during reporting period	Rolling Annual	3 Monthly	Provider submitted data	Provider submitted data	0%	Lower is better	This applies to all inpatient and outreach services. This includes all patients whether in units, on leave, or post-discharge where the patient is being supported by the outreach team.	N/A	N/A	Jul 19 - Jun 20	N/A	N/A	Oct 19 - Sep 20	N/A	N/A	Jan 20 - Dec 20	N/A	N/A	Apr 20 - Mar 21
MHG03-PR	Domain 4: Ensuring that people have a positive experience of care	Clinical outcome	Comprehensive discharge information	To ensure good clinical information is passed to all those responsible for provision of care within the care pathway.	Proportion of specialised service patients discharged who have comprehensive information sent to the receiving clinician and GP	Of those in the denominator, the number of patients discharged with comprehensive information sent to the receiving clinician and/or GP	The total number of patient discharges during reporting period	3 Monthly	3 Monthly	Provider submitted data	Provider submitted data		Higher is better	Comprehensive information should include: summary of last episode of treatment, outcome, medication, follow-up advice, CPA care plan documentation (when under CPA), risk assessment (when applicable), relapse indicators, secondary referral advice, MAPPA eligibility (when required).	N/A	N/A	Apr 20 - Jun 20	N/A	N/A	Jul 20 - Sep 20	N/A	N/A	Oct 20 - Dec 20	N/A	N/A	Jan 21 - Mar 21
MHG04-PR	Domain 4: Ensuring that people have a positive experience of care	Clinical outcome	Patient satisfaction	To ensure service user involvement and consultation on services.	Percentage of patients who complete friends and family test	Total number of returned friends and family tests	Number of patients discharged from the service	Rolling Annual	3 Monthly	Provider submitted data	Provider submitted data		Higher is better	Use of the Friends and Family Test for this metric is likely to be replaced by utilisation of POEM (Royal College's Patient Outcome and Experience Measure for perinatal) in 2020/21.	N/A	N/A	Jul 19 - Jun 20	N/A	N/A	Oct 19 - Sep 20	N/A	N/A	Jan 20 - Dec 20	N/A	N/A	Apr 20 - Mar 21
MHG05ai-PR	Domain 4: Ensuring that people have a positive experience of care	Clinical outcome	Patient satisfaction	Ensuring robust and transparent complaints process.	Rate of complaints	The total number of complaints received in reporting period	The total number of patients in contact with the service during reporting period	3 Monthly	3 Monthly	Provider submitted data	Provider submitted data		Neutral	Include inpatients, outpatients and telephone contacts	N/A	N/A	Apr 20 - Jun 20	N/A	N/A	Jul 20 - Sep 20	N/A	N/A	Oct 20 - Dec 20	N/A	N/A	Jan 21 - Mar 21
MHG08-PR	Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm	Clinical Outcome	Safety and security	To ensure security and safety of staff, service users and public.	Number of never events (as referenced in 'Never Events' standard contract)	Total Number of 'Never Events'	One (1)	3 Monthly	3 Monthly	Provider submitted data	Provider submitted data	0	Lower is better		N/A	N/A	Apr 20 - Jun 20	N/A	N/A	Jul 20 - Sep 20	N/A	N/A	Oct 20 - Dec 20	N/A	N/A	Jan 21 - Mar 21
MHG11-PR	Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm	Workforce	Workforce - percentage of eligible staff who have received clinical supervision	To ensure people who provide direct care are able to reflect on their practice and receive the required supervision, support and development to ensure continual clinical effectiveness and efficiency.	Percentage of eligible staff who have received clinical supervision as per trust / organisation policy	Number of eligible staff who have received clinical supervision as per trust / organisation policy	Number of eligible staff	3 Monthly	3 Monthly	Provider submitted data	Provider submitted data	≥91% = green, >75% = amber, ≤75% = red	Higher is better	Eligible staff is defined as all staff with a responsibility to provide care, included professionally qualified and unqualified staff. Clinical supervision is defined as the provision of either professionally mandated or clinically agreed individual practice supervision on a 1:1 basis and/or in professionally supervised groups. Supervision should be to an agreed standard set out by the organisation to the CQC and/or SCG.	N/A	N/A	Apr 20 - Jun 20	N/A	N/A	Jul 20 - Sep 20	N/A	N/A	Oct 20 - Dec 20	N/A	N/A	Jan 21 - Mar 21
MHG12a-PR	Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm	Workforce	Percentage of staff requiring training, who have received safeguarding vulnerable adults training in specialised services	To ensure compliance to statutory safeguarding responsibility and to ensure the security and safety of staff, service users and public.	Percentage of staff who have received annual safeguarding vulnerable adults training	Of those in denominator, number of staff who received safeguarding vulnerable adults training	Number of staff requiring safeguarding vulnerable adults training	3 Monthly	3 Monthly	Provider submitted data	Provider submitted data		Higher is better		N/A	N/A	Apr 20 - Jun 20	N/A	N/A	Jul 20 - Sep 20	N/A	N/A	Oct 20 - Dec 20	N/A	N/A	Jan 21 - Mar 21
MHG12b-PR	Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm	Workforce	Percentage of staff requiring training, who have received safeguarding children training in specialised services	To ensure compliance to statutory safeguarding responsibility, and to ensure the security and safety of staff, service users and public.	Percentage of staff who have received annual safeguarding children training	Of those in denominator, number of staff who received safeguarding children training	Number of staff requiring safeguarding children training	3 Monthly	3 Monthly	Provider submitted data	Provider submitted data		Higher is better		N/A	N/A	Apr 20 - Jun 20	N/A	N/A	Jul 20 - Sep 20	N/A	N/A	Oct 20 - Dec 20	N/A	N/A	Jan 21 - Mar 21
MHG14-PR	Domain 3: Helping people to recover from episodes of ill health or following injury	Clinical Outcome	Improvement in Mental Health	To ensure efficacy of the service in bringing about clinically relevant improved clinical outcomes for patients. HoNOS is a nationally established metric for measuring clinical outcomes.	Average change in HoNOS score on discharge	The sum total of the change in HoNOS score for all patients in the denominator	Total number of patients discharged during reporting period	3 Monthly	3 Monthly	Provider submitted data	Provider submitted data		Higher is better	Measuring change in HoNOS score requires recording of paired measures, and should be calculated by subtracting the score upon admission from the score upon discharge from the inpatient unit.	N/A	N/A	Apr 20 - Jun 20	N/A	N/A	Jul 20 - Sep 20	N/A	N/A	Oct 20 - Dec 20	N/A	N/A	Jan 21 - Mar 21
MHG15-PR	Domain 3: Helping people to recover from episodes of ill health or following injury	Clinical outcome	Readmissions	To ensure services are clinically effective such that patients make a robust recovery and are able to remain in the community post-discharge, avoiding readmissions wherever possible. This is a quality measure as defined in the service specification.	Readmission rate within 30 days	Of those patients in the denominator, the number who were subsequently readmitted within 30 days of the discharge	The total number of patients discharged in the reporting period	3 Monthly	3 Monthly	Provider submitted data	Provider submitted data		Lower is better		N/A	N/A	Apr 20 - Jun 20	N/A	N/A	Jul 20 - Sep 20	N/A	N/A	Oct 20 - Dec 20	N/A	N/A	Jan 21 - Mar 21

Specialised Perinatal Mental Health Services (In-Patient Mother and Baby Unit and Linked Outreach Teams) Quality Dashboard 2020/21



Indicator Reference Number	Domain	Theme	Measure	Rationale	Name of Indicator/Description	Numerator	Denominator	Period Type	Frequency	Data Source Numerator	Data Source Denominator	Target	Interpretation Guidance	Notes	Reporting Period											
															May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
MHG16-PR	Domain 3: Helping people to recover from episodes of ill health or following injury	Clinical outcome	Relapse	To ensure women with a history of mental illness or who are otherwise known to mental health services are identified and supported in the community such that an admission to inpatient services can be avoided wherever possible. This is a quality measure as defined in the service specification.	Proportion of admissions where patient is suffering from a relapse episode	Of those in the denominator, the number who were admitted due to suffering from a relapse in their illness	The total number of patients admitted in the reporting period	3 Monthly	3 Monthly	Provider submitted data	Provider submitted data		Neutral	The purpose of this metric is to ensure that services are aware of patients' history of mental illness such that appropriate plans are in place to mitigate against the increased risk of admission. The previous episode(s) of mental illness need not have resulted in an MBU admission for patients to be counted here. A patient should be considered as experiencing a relapse episode if the individual has had a previously recorded diagnosis of the same type of mental illness (if not the same diagnosis code), at any prior point in time. Admissions in a relapse period are not the same as readmissions, as the relapse admission refers to an episode of mental illness which occurs after an initial episode taking	N/A	N/A	Apr 20 - Jun 20	N/A	N/A	Jul 20 - Sep 20	N/A	N/A	Oct 20 - Dec 20	N/A	N/A	Jan 21 - Mar 21
MHG17-PR	Domain 3: Helping people to recover from episodes of ill health or following injury	Clinical outcome	Discharge to other inpatient setting	To ensure the clinical effectiveness of services in treating women with SMI who require admission to an MBU in that setting, avoiding unnecessary separation between mother and baby wherever possible.	Proportion of women discharged to another inpatient setting (excluding those transferred to other MBUs)	Of those in the denominator, the number who are discharged to another inpatient setting	The total number of patients discharged in the reporting period	3 Monthly	3 Monthly	Provider submitted data	Provider submitted data		Neutral	Exclude those transferred to other MBUs	N/A	N/A	Apr 20 - Jun 20	N/A	N/A	Jul 20 - Sep 20	N/A	N/A	Oct 20 - Dec 20	N/A	N/A	Jan 21 - Mar 21
MHG18-PR	Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm	Clinical outcome	Serious incidents involving babies	To ensure security and safety of children whose mothers are patients in the service	Proportion of serious incidents involving babies	Of those in the denominator, the number of serious incidents involving babies	The total number of serious incidents taking place on the ward or otherwise relating to the MBU in the reporting period	3 Monthly	3 Monthly	Provider submitted data	Provider submitted data		Lower is better	Ensure submissions are made at the ward level and are specific to the MBU; To be validated by senior clinician	N/A	N/A	Apr 20 - Jun 20	N/A	N/A	Jul 20 - Sep 20	N/A	N/A	Oct 20 - Dec 20	N/A	N/A	Jan 21 - Mar 21

Data collection has been approved by the Review of Central Returns - ROCR
ROCR/OR/2230/001MAND