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Pwyllgor Gwasanaethau Iechyd  
Arbenigol Cymru (PGIAC)  
Welsh Health Specialised  
Services Committee (WHSSC)

**A REVIEW OF UNED GOBAITH MOTHER AND BABY UNIT AT TONNA  
HOSPITAL, SWANSEA BAY UNIVERSITY HEALTH BOARD  
FOLLOWING 1 YEAR OF OPENING  
(Public Version)**

**MARCH 2023**

## **1.0 SITUATION**

The purpose of this report is to provide a review of the first year of the Perinatal Mental Health Mother & Baby Unit (MBU).

This report will cover the following areas:

- Overview of the MBU
- Quality & Patient Safety
- Demand and Activity
- Key Performance Indicators
- Workforce
- PREMS

The information within this report is for the period 19 April 2021 to 31 March 2022 unless otherwise stated.

## **2.0 AN OVERVIEW OF THE MOTHER AND BABY UNIT**

The Mother and Baby Unit (MBU) is a 6 Bed Inpatient Unit situated at Tonna Hospital, Neath, South Wales. The unit is hosted by Swansea Bay University Health Board. Uned Gobaith became clinically operationally on 19th April 2021.

Uned Gobaith MBU Provides Specialist assessment, care & treatment (within the Mental Health Measure (Wales) Part 2 Framework) to Mothers of all ages experiencing severe mental illness from 32 weeks antenatal to 1 year post-partum. Currently, mothers are admitted to the unit with their infant (up to 1 year old). Patients from the whole of NHS Wales are able to access the unit however, in order to access the benefits of care closer to home, North Wales patients generally access perinatal services in NHS England through the Individual Patient Funding Request (IPFR) process.

The service is able to provide care to individuals detained under the Mental Health Act and individuals with 'informal' status.

Extensive stakeholder and service user consultation was undertaken in the planning and design of the service, with detailed options appraisal focussing on location, accessibility, clinical priorities, and ability to meet accepted Royal College of Psychiatry Standards for Mother and Baby Inpatient Units. The Unit was designed to provide an interim unit, whilst further options appraisal & site identification was undertaken by WHSSC, Welsh Government & Swansea Bay University Health Board.

## 3.0 QUALITY & PATIENT SAFETY

### 3.1 Clinical Standards

There are nationally accepted appraisal and accreditation standards for Perinatal In-Patient Mother and Baby Units. These standards set the minimum requirements for the treatment and management of women with serious postnatal psychiatric disorder who are admitted to Specialised Perinatal In-Patient Mother and Baby Units, the resources and facilities and staffing of In-Patient Mother and Baby Units and the interventions and resources available. For accreditation purposes these are divided into Level 1, 2 and 3.

For accreditation, the Unit must meet 100% of Level 1 Standards, 80% of Level 2 and 60% of Level 3. Specialised In-Patient Mother and Baby Units will be members of the RCPsych CCQI and be accredited by them. These are located in the Perinatal CCQI - Quality Network for Perinatal Mental Health<sup>1</sup> document published in 2019.

Whilst the unit has made progress throughout the short time that they have been operational, there are still some areas that require ongoing development and improvement. These areas have been identified and reviewed and, where it is possible, the unit have timescales for compliance in the exception report included as Appendix 1.

The below table summarises the current compliance with the Perinatal CCQI standards.

Compliance	<b>Standard Type 1</b> Guidance: Criteria relating to safety, rights, dignity, law & fundamentals of care including provision of evidence based care)	<b>Standard Type 2</b> Guidance: Criteria that as service would be expected to meet	<b>Standard Type 3</b> Guidance: Criteria that are desirable for a service to meet, or criteria that are not the direct responsibility of the service.
Met	178	48	9
Partial	3	3	3
Unmet	1	0	0
Total	182	51	12
Compliance (%)	98 %	94%	75%

As stated above, for accreditation, the Unit must meet 100% of Level 1 Standards, 80% of Level 2 and 60% of Level 3. Therefore standard type 1 is the only area that is not currently met for accreditation. The details of these are included in Appendix 1.

The review has identified that the ethos of the unit reflects the position that, where standards have been met and are achieved, these standards are minimum standards and that continuous developments in all areas remains important to ensure the highest standards in relation to the environment, clinical care and treatment along with the staff and user experience as the service progresses.

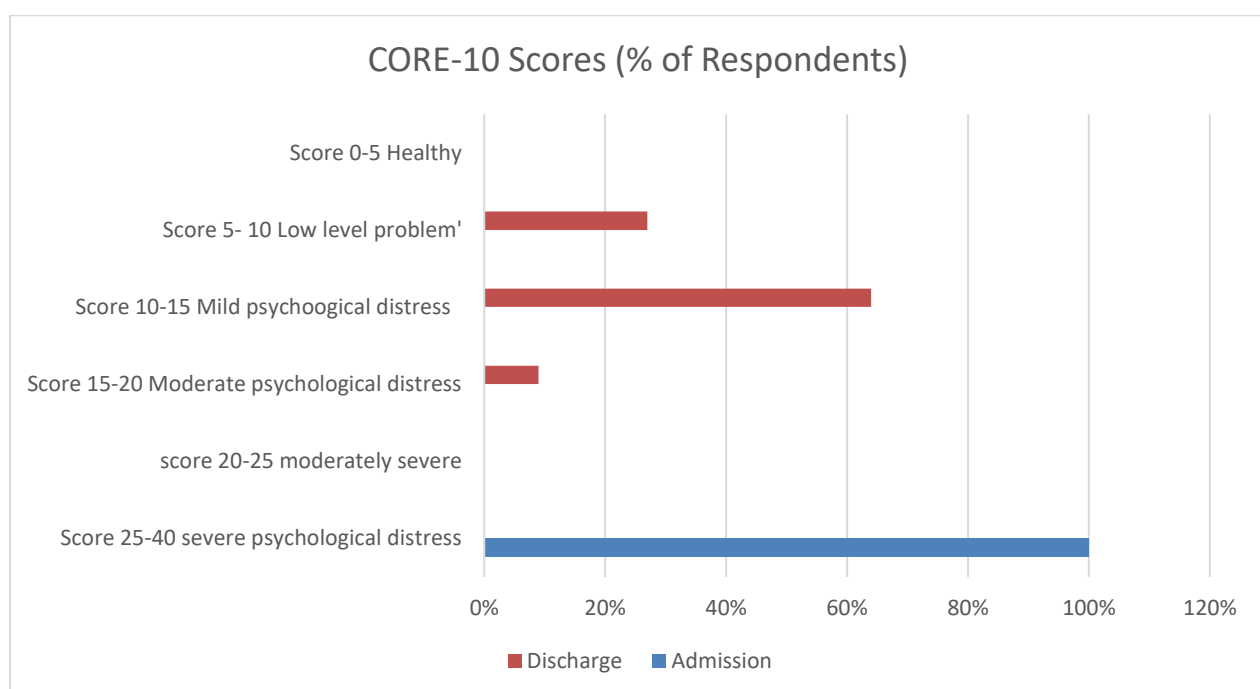
The Service is a member of the Royal College of Psychiatry (RCoP) CCQI. This membership provides access to a regular cycle of self and peer review, shared learning opportunities specific to MBU development, in line with the Royal College of Psychiatry standards and best practice updates. Once the Unit is established and can demonstrate achieving consistently high compliance with identified standards, there is then an option to seek the formal accreditation. RCoP guidance recommends new services pursue at least 3 annual review cycles prior to considering accreditation process. The first of these cycles is due to take place in January 2023. Uned Gobaith has set itself an ambitious target to achieve full accreditation by 2025.

### 3.2 Clinical Outcomes

The unit have adopted the outcomes measures highlighted in the RCoP Framework of Routine Outcome Measures – Perinatal Psychiatry (2018). This includes Health of the Nation Scale (HONOS), Core-10 and Bethlem Mother-Infant Interaction Scale.

The service undertakes the routine outcome measures, within 7 days of admission and when the patient is being discharged as a minimum. This is line with RCoP recommendations.

Below are the CORE-10 Scores for the review period of 19 April 2021 to 31 March 2022.

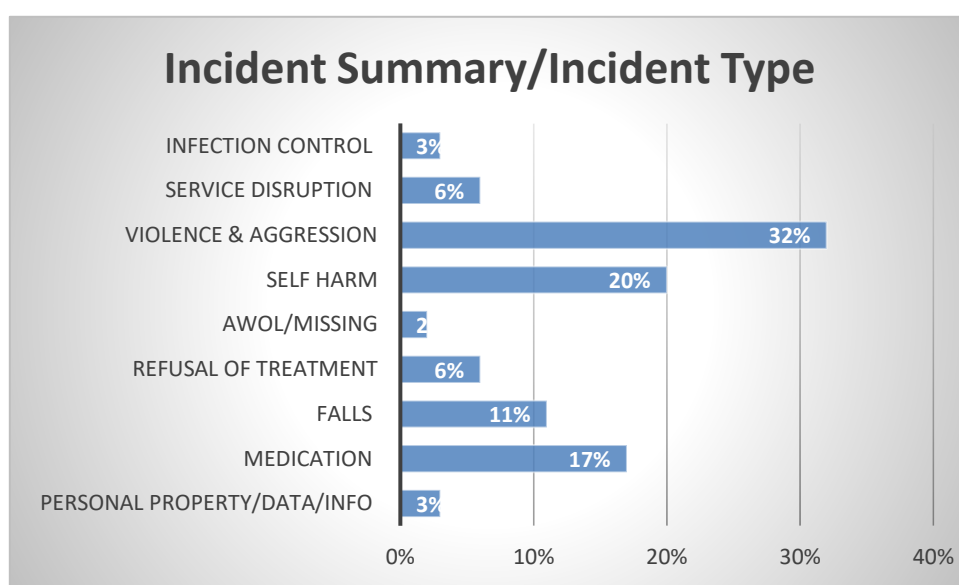


In addition to the RCoP Framework Outcome Measures, there are also speciality specific additional measures in use in accordance with the individual discipline or intervention.

### 3.4 Datix incidents

During the review period 66 datix reports were submitted. All 66 incidents have been investigated and closed in line with local policy and procedure, with evidence of appropriately identified learning opportunities and actions being implemented following incidents.

The graphic below shows the number of incidents by theme.



### 3.5 Datix Themes & Unit Learning Points

The feedback from Uned Gobaith regarding the key learning points of the Datix incidents are as follows:

Falls – 11%, of the total incidents recorded, related to falls. It was reported that 71% of these falls incidents involved accidental fall or an injury to an infant. Uned Gobaith assured the review that in all incidents involving infants, the Infants Unit policy and procedure was followed and paediatric/medical advice sought. Incidents are reviewed by a number of staff in line with policy and includes reviews by ward managers/Service managers, and the applicable professional lead e.g. Nurse lead / Medical lead for directorate etc, with specific input from relevant disciplines as required. On reviewing these incidents, age related themes were identified and were not specific to the ward environment. These included incidents such as newly mobile babies falling or bumping heads as part of the learning to walk/crawl process. The remaining fall incidents were related to adult incidents. Although each incident is reviewed and appropriate steps taken to mitigate the risk of re-occurrence in the future, it is acknowledged that these incidents are unlikely to be avoided in the future. However, in response to these incidents, to minimise the risk of injury from these types of falls, actions,

such as increasing soft floor matting and repositioning of furniture, were implemented.

Medication or administration of medication – 17%, related to medication. 27% of these medication events related to Infants where medication administration was delayed or not administered as prescribed. Uned Gobaith assured the review that all medication related events were managed in line with Health Board policy and professional codes of conduct where applicable. This included consulting Pharmacy colleagues where the errors had occurred along with informing patients when these incidences occurred. Uned Gobaith accepted the learning from the events and the following actions have been implemented:

- Increased training and information available to junior on-call staff regarding responsibilities for infant prescribing;
- Individual nursing competency assessment framework undertaken in line with the Health Board's policy, where appropriate;
- Changes to documentation of prescription charts by medical staff to increase identification of changes to dose or frequency
- Review of Ward procedures with further guidance and clarification issued to registered nursing staff and nursery nurses regarding over prescribing and administration of over the counter medications to infants. Necessary procedures were updated and all prescribing and administration to infants is now recorded on an individual prescription chart.

Patient Behaviour – 61% related to patient behaviour, identified in the above graphic under the themes service disruption, violence & aggression, self-harm and personal property. 7.5% of these incidents resulted in the need for physical intervention in line with local and All Wales policy and procedures, to maintain safety of service user and/or others.

Failure to return – 2.5%. Further information regarding this theme is not recorded in this document due to low patient numbers.

### 3.6 Incident Severity

All incidents recorded included a severity level from No Harm to Catastrophic. The table bellows shows the number of incidents by severity.

Severity	Summary %
No Harm	83%
Low	11%
Moderate	6%
Severe	0
Catastrophic	0

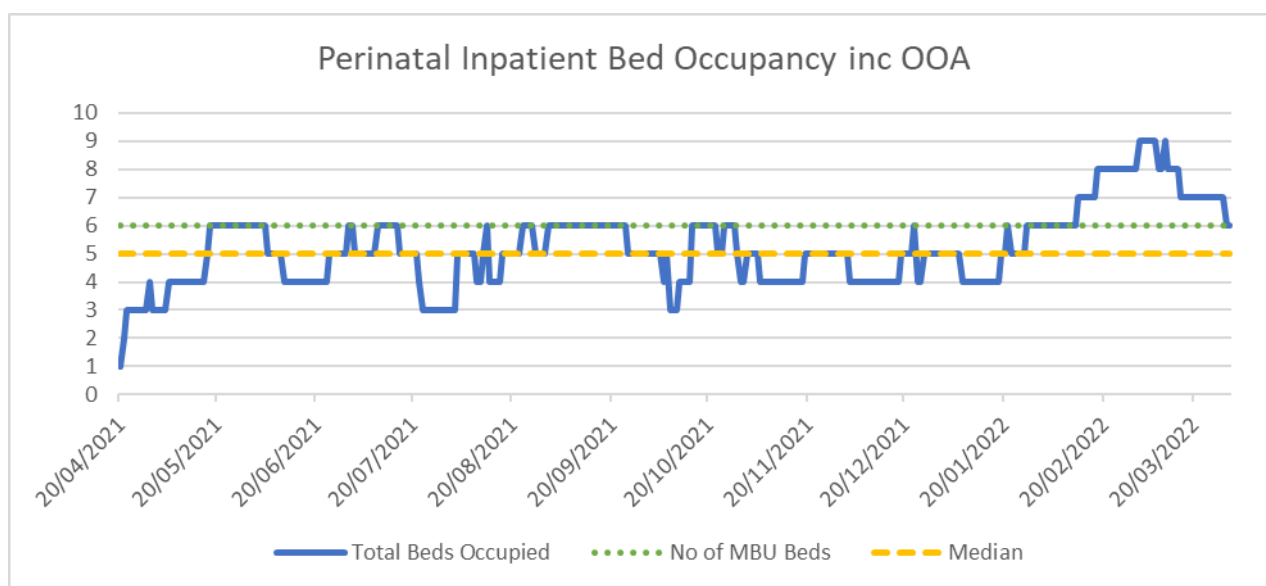
Feedback from the ward taken for this review demonstrates a culture of transparency and self-reporting and has reported incidents directly to WHSSC

when appropriate. This reporting mechanism and relationship ensures transparency between Uned Gobaith and WHSSC with a strong focus on patient safety and quality when identifying learning points and actions.

## 4.0 DEMAND FOR MOTHER AND BABY PERINATAL MENTAL HEALTH SERVICES – SOUTH WALES

### 4.1 Mother & Baby Unit Admission

The table and graphic below shows the admissions at the Mother & Baby Unit in Tonna for the review period of 19 April 2021 to 31 March 2022.



The graphic shows that the median occupancy is 5 beds. This is in line with an 80% occupancy. However, it should be noted that this includes the first admissions where the unit had opened.

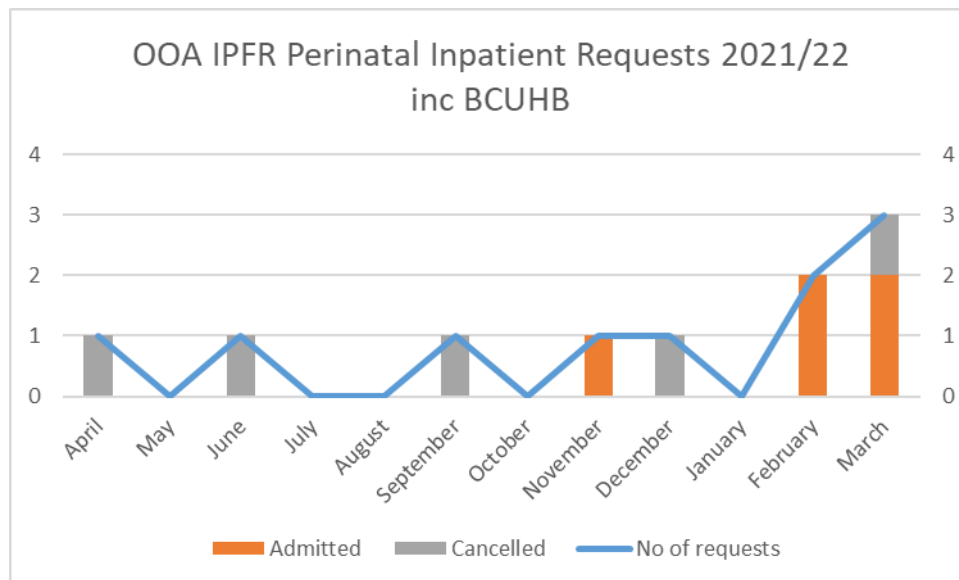
There were 133 days where the unit was running at full capacity (6 beds) and unable to accept any new referrals.

There were 30 patients admitted to Uned Gobaith and 36 admission episodes. Readmission rates were low and included episodes where the patient has been transferred to another site for delivery of the baby and returned to the unit when appropriate. The beds in these instances remained unavailable to new admissions for the re-admission of the patient.

### 4.2 Out of Area Admissions (OOA)

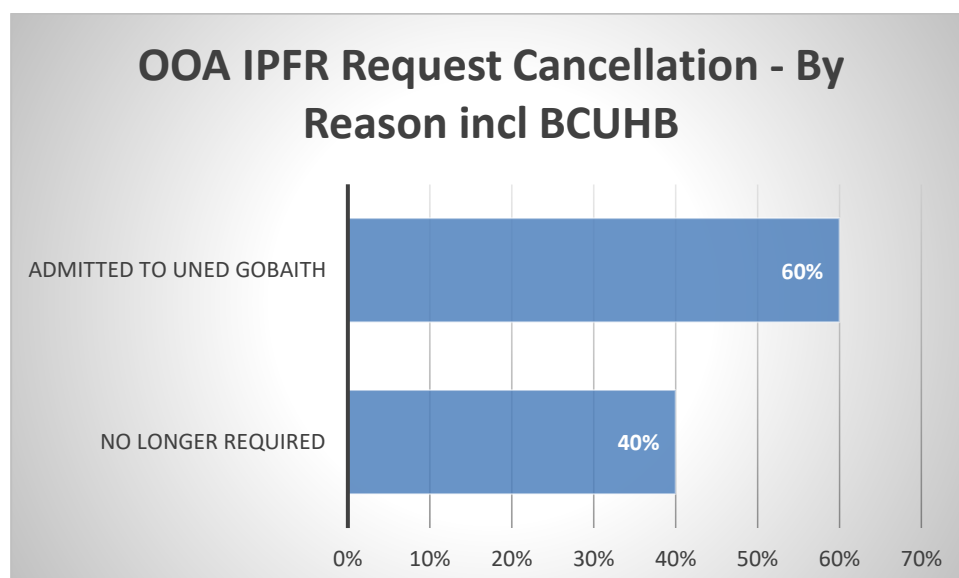
The graphic below shows the out of area placement requests via the Individual Patient Funding Request (IPFR) process. These requests are for placements that are outside of Wales and predominantly in Chester, Bristol or Kent. The financial breakdown for the 3 financial years including 2021/22 is within the finance section of this report. It should be noted that, although the review period is 19

April 2021 to 31 March 2022, there were no IPFR requests for placements at the beginning of the financial year, 1 April 2021. The below graphics show the requests including Betsi Cadwaladr University Health Board (BCUHB) patients who may be placed out of area due to geographical reasons where the placement maybe closer that than the Uned Gobaith located at Tonna Hospital.



It should be noted, that there were no out of area placements from the South Wales area from April 2021 to January 2022. There was an increase in out of area placements during January to March 2022.

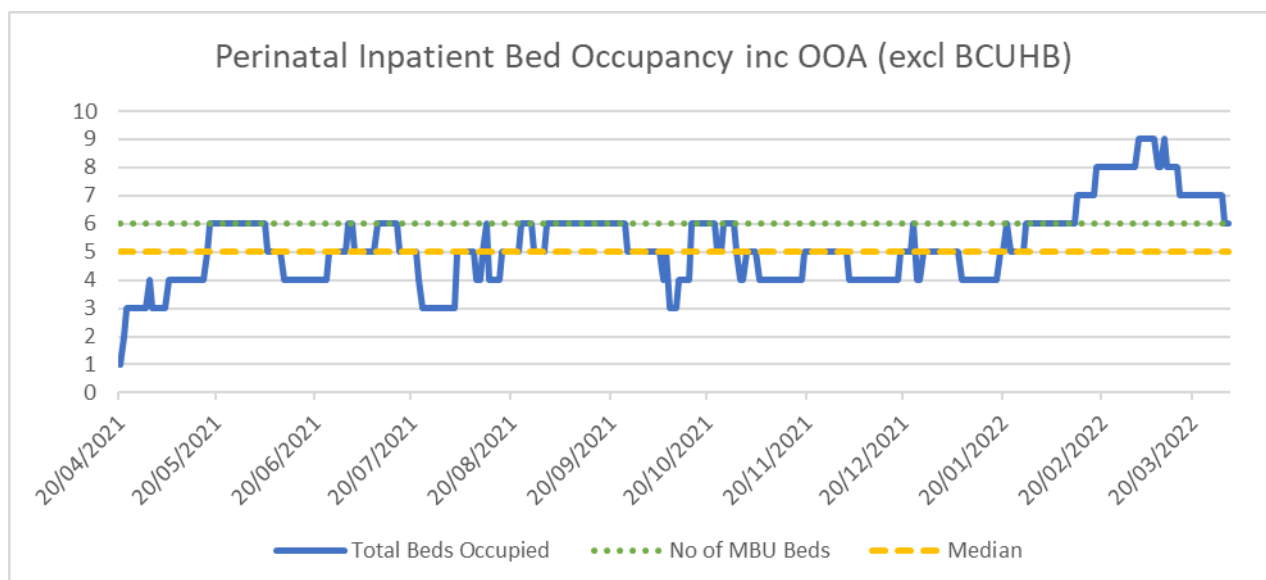
There were a small number of withdrawals where an IFPR request was made but did not result in an OOA admission. The below graphic shows the main reasons for this withdrawal.





### 4.3 Total Perinatal Inpatient Activity

The below graphic highlights the total Perinatal Inpatient occupied beds (excluding BCUHB), Uned Gobaith and OOA, for the financial year 2021/22.



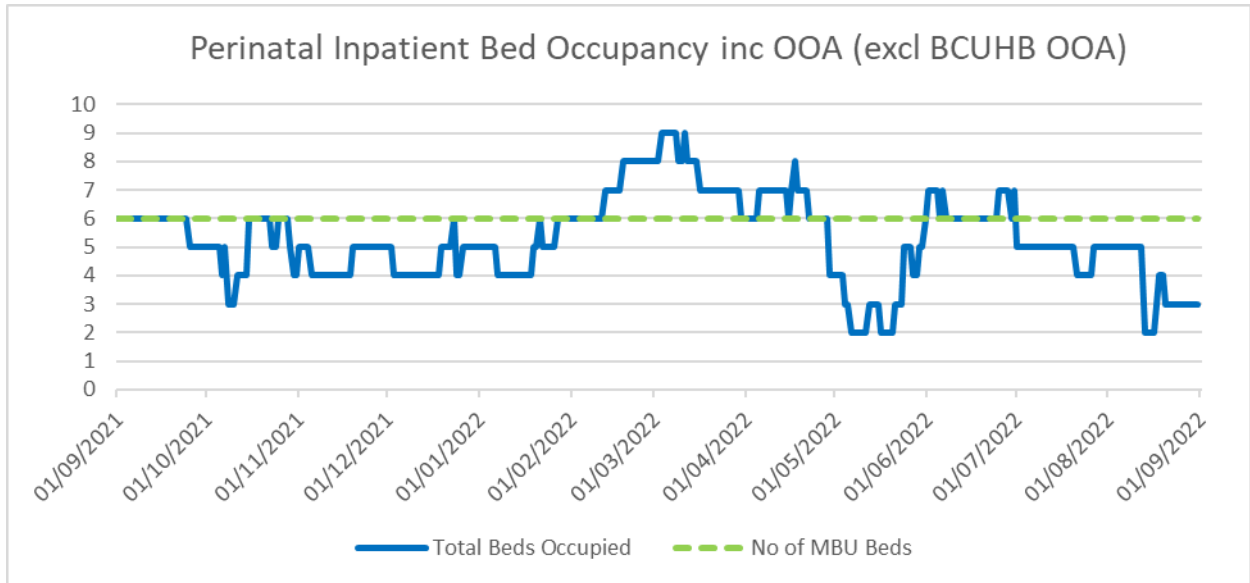
The data shows that the number of occupied beds exceeded the number of beds located in Uned Gobaith in February 2022.

Out of the 346 days that Uned Gobaith has been opened, the bed occupancy has reached 5 or above beds occupied at any one time on 233 occasions. This equates to 67%. There were 133 occasions where the unit was full with all 6 beds showing as occupied. This is equivalent to 38%.

The total available beddays at Uned Gobaith for the period 19/4/21 to 31/3/22 is 2076. Out of this total number, the data shows that total occupied beddays stood at 1720 or 83%. Using the data from the last 6 months of the financial year – 01/10/21 to 31/3/22 the data shows that the occupancy rate for Uned Gobaith stood at 85%. With 930 occupied beddays out of the 1092 available.

### 4.4 Sustained Demand

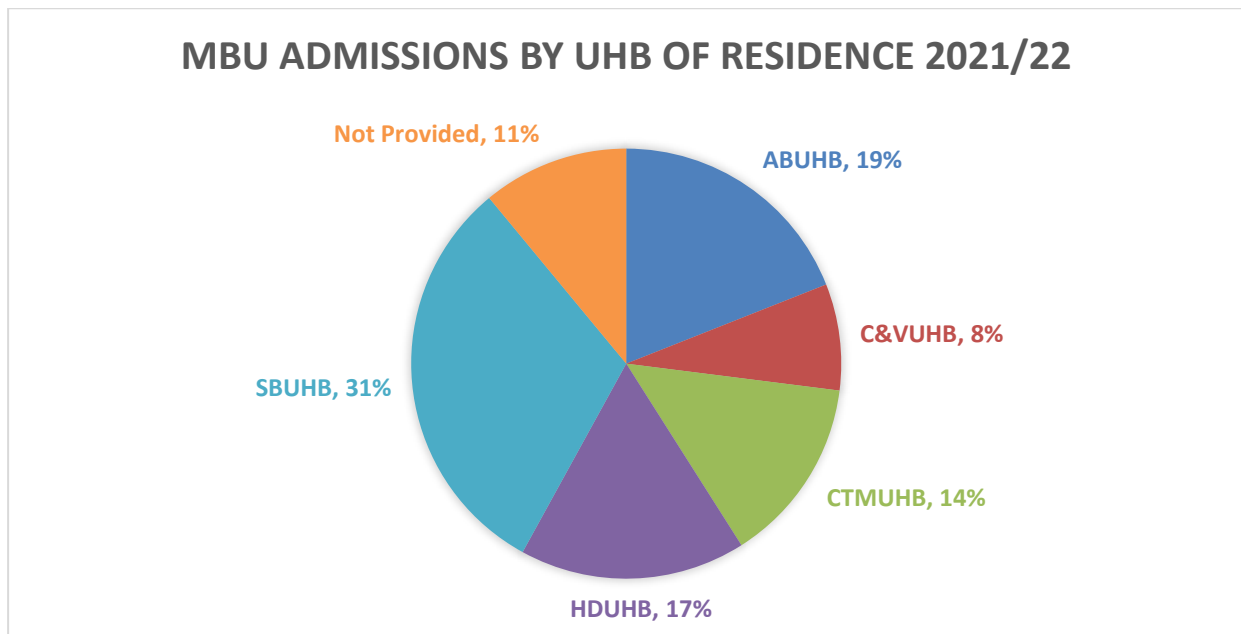
Due to the increasing demand for perinatal beds in the last 4 months of the review period, an analysis for the first 5 months of 2022/23 was conducted to identify if the demand has sustained. The graphic below shows that this has not been the case and that the OOA demand has decreased and that the unit has been able to manage within the 6 bed provision. It should however be noted that not all OOA requests are in relation to capacity at Uned Gobaith. Some may be due to it being inappropriate to admit the patient to the unit or due to another unit being closer to home.



There are occasions in June and July 2022 where it appears that the number of patients exceeds the number of beds available. On reviewing the data, this was due to there being a discharge and an admission taking place on the same day.

#### 4.5 Equity of access to MBU

The below graphic demonstrates the access to the MBU in Tonna and identify the admissions by UHB of residence. Please note that the graph is based on the number of admissions and not the number of patients. There are occasions where a patient could have more than 1 admission.



The graph shows that nearly one third of the admissions were from the Swansea Bay University Health Board area. With the least number of admissions, being residents of Cardiff and Vale University Health Board area.

## 5.0 KEY PERFORMANCE INDICATORS

Clinical Outcomes	Frequency	Supportive data	Other information to support analysis
Number of inpatients	daily		
Number of discharges	daily		
Number of new admissions	daily		
Number of refusals	daily	Referred to another provider unit (name)/ supported in the community/transfer red to psychiatric unit	Length of time to repatriation to local MBU/discharge/ot her
Method of referral e.g. Perinatal team/CPN Psychiatrist/GP/Obste tric/ midwifery team			
Time from referral to admission			
Length of stay			
Number of re admissions with relapse or recurrent condition			
<b>Patient Experience</b>			
Number of PROM's POEM's or service developed user evaluation tool completed			Trends /Themes
Complaints			Trends/ Themes
Compliments			
<b>Structure and process</b>			
Inpatient Core staff maintained at standard staffing levels	Daily	Number of staff on duty received appropriate Perinatal training	Use of agency/ Bank to support standard numbers
Clinical Supervision and support of staff	Monthly		Description/ detail of compliance

These are standard information returns that are expected to monitor quality and patient experience.

## 6.0 ROLE, FUNCTION AND STAFFING LEVELS OF UNITS

### 6.1 Staffing Overview

Service Specification Staffing Levels

Staff Group	WTE
Consultant	1.0
Junior Doctor	0.5
Ward Administrator	1.0
Service Manager	1.0
Occupational Therapist	0.5
Psychologist	0.6
Pharmacist	0.2
Systemic Family Therapist	0.4
Family Support Outreach Worker	0.5
Specialist Midwife	0.2
Specialist Health Visitor	0.2
Social Worker	0.5
Nursing Inpatient Unit 4 or 6 beds (includes Nursery Nurse 24/7)	19.07

As of July 2022 the staffing at Uned Gobaith is detailed in the table below

Description	Band	WTE	SIP	Comment
Consultant	-	1	1	
Consultant On Call	-	0	0	
Junior Doctor	Speciality Doctor	0.5	0.5	
Ward Administrator	4	1	1	
Service Manager	8a	0.5	0.5	
Ward Manager	7	1	1	
Occupational Therapist	6	0.5	0.5	
Clinical Psychologist	8b	0.6	0.6	
Systemic Family Therapist	7	0.4	VACANT	
Family outreach worker	4	0.5	VACANT	AFC Job match process ongoing
SP Midwife	7	0.2	0.2	
SP Health Visitor	7	0.2	0.2	
Pharmacist	7	0.2	0.2	
Social worker	6	0.5	0.5	
Charge Nurse	6	2.7	2.7	
Staff Nurse	5	8	6	
HCA	3	3	3	
Nursery Nurse	4	6	5.2	22.5hrs vacant - retire and return. Recruitment underway.

## 6.2 Acuity

The service has consistently experienced higher than anticipated acuity throughout the year. Due to the unexpected acuity, there has been a requirement to utilise bank or agency staff to maintain the basic safety needs for the patients and infants. When discussed with the unit, it was established that there was an underestimate of the requirement for close observation levels for both mothers and infants. Regular scrutiny of the use of increased observations (including senior clinical leadership and service management presence within MDTs and referrals meetings) was undertaken and there were no indications that Level 3 observations were being used inappropriately or disproportionately.

Uned Gobaith is part of a peer support network with other Mother & Baby Units in NHS England. When the higher than anticipated enhanced observations was discussed through the network, it was apparent that this is a feature for many units. This was a lesson learnt for the unit and steps to ensure compliance, such as utilising staff in different ways, was put into place. The Royal College of Psychiatrist have reviewed the standards and 8<sup>th</sup> edition is due for publication.

Due to the nature of the unit and patient group, there is generally a low threshold for risk when considering use of close observations for either mother or infant, when compared to use of close observations in other adult inpatient settings such as general adult acute settings or forensics settings. Use of staff for close observations is not the only demand on core staff numbers. The service has found that 1:1 baby care / supported and tandem baby care is an effective clinical intervention and model, with positive feedback and outcomes for service users due to the acuity and severity of patient presenting. However this therapeutic use of core rostered staff increased the demand on staffing.

The service has adopted the local policy on enhanced observations meaning that x1 level 3 observation is absorbed into core staffing numbers. It is quite regular that, for Uned Gobaith, if a mother is placed on level 3 observations for the management of risk and there is an increased need for therapeutic support to maintain safety during an acute change in mental state, this is absorbed within core staffing. On frequent occasions, for mothers experiencing acute deterioration in mental state and/or escalation in risk their infant, they have also required additional support and observation/care, particularly at night. These events have meant that additional staff have been requested.

The unit operates a tiered escalation system for additional staff requests in line with local health board guidance, with flexibility requested from current rostered staff to cover acute short term. If this proves unsuccessful, any uncovered shifts will be escalated through the nurse bank systems with escalation to seek senior management authorisation for agency nurse cover if this fails. Overtime payments are authorised in exceptional circumstances of being unable to fulfil shifts at safe core staffing levels.

Additionally, the unit have described challenges with ensuring that infant needs are reliably met, particularly when mother may not be independently able to provide care to baby for periods of time during early recovery. The role of nursery nurses is unique to Uned Gobaith within MH & LD and has quickly become a role that the unit describes as relying heavily on in terms of ensuring infant care needs are met. Frequently nursery nurses are required to provide 1:1 care to infants, when mothers are not in a position to safely/reliably do so. This has provided challenges with current staffing levels allowing only one nursery nurse per shift. Having access to only one nursery nurse on shift at a time, could result in a lack of access to nursery care, support, observation for all other mothers and infants on the unit. When 1:1 baby care is implemented, with current core staffing levels, this has resulted in infant activities i.e. sensory play sessions, baby massage etc. being postponed or cancelled as the nursery nurse is taken from these sessions to service the 1:1. This provides challenges in being able to fulfil agreed Baby Care Goals care plans (formalised treatment plan for service users and their infant). During periods of annual leave, training and sickness the unit is faced with challenges in guaranteeing availability of nursery nurse on every shift. Due to the specialist nature of the nursery nurses, availability of nursery nurses via NHS Nurse Bank is extremely limited. This has seen vacant shifts generally covered with Healthcare Support Workers. Utilising Healthcare Support Workers in this position does not provide the specialist knowledge and skills of a nursery nurse and does not adequately meet the needs of the service.

### **6.3 Training**

The Core workforce of Uned Gobaith received a 4 week training and induction programme. The scheduled induction programme was hampered by the COVID impact on services e.g. ability for training to be delivered to large groups, availability of trainers. This was particular to those who also held clinical roles or external providers. The ability to meet peers and visit other MBUs to observe working practices during their induction, was limited. Where possible, remote sessions were arranged to enable access to learning and induction. This included sessions with Professionals working on or with experience of working within MBUs in NHS England, sharing their experiences and knowledge. Senior clinicians from across the perinatal pathway in Wales provided online sessions to share knowledge and expertise with the Uned Gobaith staff team.

Despite limitations created by COVID restrictions, the following key areas were able to be successfully achieved within the formal induction period and over the first year of operations:

- Training relevant to safeguarding of adults and children for all core Uned Gobaith staff
- Responding to violence and aggression
- Perinatal Mental health awareness – including training re: commonly presenting diagnosis and treatment approaches
- Introductions to compassion focused models of care and Trauma informed practice
- Assessment and management of risk specific to the perinatal Period, and;

- Infant development and milestones,

The Health Board Nurse Bank works with an approved list of agency providers and, when requests for staff are made, part of the contract ensures that the appropriate qualifications and compliance with core training modules e.g. Managing Violence and Aggression, Safeguarding etc. are monitored by the Agency. Any concerns regarding agency staff are escalated through the Nursing Directorate for appropriate action to be taken.

A cohort of staff from MBU have been able to access Acceptance and Commitment Therapy Training (ACT) via the Swansea Bay perinatal psychology team partnering with Cardiff University, sharing allocation of spaces across both perinatal Inpatient services and Specialist community team free of charge. Staff have been supported to engage with the Health board's generic mandatory training schedule. The dashboard located in appendix xx details the compliance against the set target for the unit. Personal Development Appraisal Review compliance has been achieved across the workforce.

#### **6.4 Analysis of risks/issues in current position**

##### **Environment:**

The unit is located within the current Tonna Hospital site. Tonna Hospital currently offers services to the other Health Board Mental Health patients that require hospital admission. Due to the surrounding wards and departments currently being utilised, there is currently no scope to expand provision or rearrange current space. In order to balance patient clinical needs, comfort and user experience along with funding requirements, the unit was design and agreed on an interim basis until a review had been conducted to allow

Compromises were made in the design and planning to balance cost efficiency / clinical needs/ comfort & user experience of environment, on the basis that this was an interim unit and therefore compromises would be needed to avoid delays in delivery. The position was highlighted at development stage that any areas of compromise could be addressed in any future development/build. Issues relating to the physical space exist such as lack of storage, limited communal space and inadequate provision of patient visitor facilities/dedicated space for private family time – partially for those women too unwell to have leave from the physical security of the unit. Sound proofing of rooms requires attention and service users feedback issues around lack of privacy relating to this. Challenges around having only one shared visitors overnight accommodation on site – a particular challenge at weekends/ holiday periods. An example of this could be where a member of the family is required to stay on site for a long period of time to assist with the care plan for either mother or the infant.

##### **Staff Training needs:**

There is currently very limited options for dedicated staff training in relation to Perinatal Inpatient care. The Tavistock offer a specific training package which is the preferred option for many MBUs in NHS England and has excellent feedback

from attendees, however this training has a significant cost implication and was not able to be delivered during the staff induction due to COVID pausing the Tavistock training programme and prohibitive cost (£15,000+).

The Uned Gobaith Service are developing local rolling training and education schedule for staff which will include formal and informal learning and development opportunities based upon All Wales core competency framework (adapted from NHS Scotland framework) and involves collaboration with National Lead for perinatal Mental health, to ensure the MBU workforce develops in line with wider perinatal workforce and that training needs and resources are shared widely and effectively.

### **Workforce / Staffing Levels (rostered staff):**

Further consideration needs to be given to whether increasing core rostered staffing establishment would provide increase reliability of the service to meet core clinical demands and consistently high acuity without frequent reliance upon bank and agency staff. For consideration from clinical perspective to increase Night staffing levels to include x1 HCA and increase day staff levels to include an additional x 1 Nursery Nurse.

The staffing levels have also been impacted by vacancies held due to maternity cover, retire and return along with general staff sickness and covid absences. In order to sustain appropriate staffing levels and leadership these were covered through agency and the recruitment process.

## **7.0 FINANCIAL TABLES**

As part of the WHSSC Integrated Commissioning Plan funding arrangements, WHSSC Management Group, £1,488m was allocated and released for 2021/22 financial year.

The table below summarises the 2021/22 reported outturn against the allocated budget.

	Plan	Actual	Variance
	£'000	£'000	£'000
Pay	1,318	1,326	8
Non-Pay	169	45	(124)
Income	0	(4)	(4)
Total	1,487	1,367	(120)



Type	Outturn £'000
<b>Pay</b>	<b>1,326</b>
Add Prof Scientific And Technical	73
Additional Clinical Services	9
Administrative & Clerical	26
Allied Health Professionals	-
Medical And Dental	207
Nursing And Midwifery Qualified	633
Nursing And Midwifery Unqualified	376
<b>Non Pay</b>	<b>45</b>
Clinical Service & Supplies	6
Clinical Service & Supplies - Drugs	4
General Supplies & Services	1
Miscellaneous Services	4
Premises & Fixed Plant	7
<b>Income</b>	<b>(4)</b>
Income	(4)
<b>Grand Total</b>	<b>1,367</b>

Description	Band	WTE	2020/21 Gross Cost	Part Year Effect	Appointment Notes
Consultant		1.00	128,726	64,363	Oct-20
Consultant On Call		0.00	3,039	1,520	Oct-20
Junior Doctor		0.50	65,800	10,967	Feb-21
Ward Administrator	3	1.00	25,993	6,498	Jan-21
Service Manager	8A	0.50	32,637	16,319	Oct-20
Ward Manager	7	1.00	56,054	28,027	Oct-20
Occupational Therapist	6	0.50	23,772	1,981	Mar-21
Clinical Psychologist	8B	0.60	47,142	11,786	Jan-21
Systemic Family Therapist	8A	0.40	26,109	2,176	Mar-21
Family Support outreach worker	4	0.50	14,936	1,245	Mar-21
SP Midwife	7	0.20	11,211	934	Mar-21
SP Health Visitor	7	0.20	11,211	934	Mar-21
Pharmacist	7	0.20	11,211	934	Mar-21
Social worker	6	0.50	23,772	1,981	Mar-21
Rosters		19.07	836,737	69,728	Mar-21
<b>Sub Total Pay</b>		<b>26.17</b>	<b>1,318,350</b>	<b>219,392</b>	
Training & Courses				4,500	TBC
Travel				1,500	Estimate
<b>Sub Total Non Pay</b>			<b>169,000</b>	<b>6,000</b>	
<b>Total</b>		<b>26.17</b>	<b>1,487,350</b>	<b>225,392</b>	

The unit has delivered within the allocated financial envelope for 2021/22 although it should be noted that there have been vacancies which has mitigated an increased outturn.

## 7.1 Out of Area Expenditure

In the absence of Inpatient Perinatal capacity within the Welsh units, applications are made to WHSSC to fund care outside of Wales. These are made through the IPFR route and are provided predominantly in England.

The tables below demonstrate the expenditure, by financial year, which relates to perinatal care admissions through the IPFR process.

**IPFR Expenditure Perinatal Inpatients (excluding BCU)**

Financial Year	Expenditure (£)	% Difference to previous year
2019/20	£ 868,262	
2020/21	£ 1,025,601	15%
2021/22	£ 219,669	-367%
2022/23 ( to M6) *	£ 139,559	14%

\* compared to 2021/22 M12 outturn pro rata

When the comparison is made to the financial year immediately prior to Uned Gobaith opening, 2020/21, and the year it opened, 2021/22, it is apparent that there has been substantial reduction in the IPFR expenditure for inpatient perinatal placements. The financial position to M6 in 2022/23 indicates that the expenditure through the IPFR route will remain lower than previous financial years where the unit was not open.

## 8.0 FEEDBACK

The service demonstrates strong ethos of engagement with Service users, lived experience communities and professional stakeholders both through formal and informal means. A Consultation group of women with lived experience and 3<sup>rd</sup> sector representatives (Action post partum psychosis) was convened in 2020 to support the ongoing planning and development of the unit and ensure that those individuals and their families with lived experience directly influenced the development of the service. The name Uned Gobaith was chosen directly by the group and many other clinical and environmental developments were influenced directly by discussions in the consultation sessions. This consultation with members of the lived experience group has continued during the review period including views on recruitment of staff, priorities for development, significant other pathway and many more areas. This consultation and development will continue as a key part of the units culture and ethos. The service is currently identifying individuals and families who have direct experience of using Uned Gobaith to join the consultation group, with a proposal for the group to meet once per year, to inform the ongoing development of the service.

Over the reviewed period, the unit clinical leadership team met formally with Specialist Perinatal community teams on three occasions to share information about the Service and gather feedback. Most recently the group met In May 2022 to review first year of operations and provide opportunity for specialist teams (representing their health board clinical areas) to share their feedback, views on MBU pathway, strengths and areas of weakness for development, this sessions facilitated (at MBU request) by National Clinical Lead, space was provided within the session for areas to feedback without MBU team present to ensure all views were represented and able to be captured. Agreement in place that this will be an annual process as part of the annual service review and development planning process. The MBU is also represented at all national perinatal forums by senior clinical and leadership team to ensure MBU continues to develop as part of All Wales perinatal pathway.

The service has recently been invited to participate in National Centre for Mental Health research project to support the identification and recruitment of service users into the ongoing research around predictors and causes of severe mental illness in identified patient groups including perinatal mental illness. Swansea bay Health board Research and development team have agreed to support this process pending confirmation following suitability and feasibility check.

Key themes as follow:

- Excellent communication & collaboration between MBU and Community service re: Treatment, care planning, leave arrangements and discharge planning.
- Service user feedback to specialist service about MBU experience positive.
- Professionals community teams report MBUs communication relating to risk and safeguarding issues is good.
- Professionals identified further work is needed around referral criteria implementation and understanding across the pathway of referral criteria for MBU.
- Further communication about 2<sup>nd</sup> opinion pathway, some areas not aware of 2<sup>nd</sup> opinion process.

Action has been taken to meet the identified areas for development including update and recirculation of second opinion pathway to all Health Board Specialist Teams and National Lead.

## **10.0 CONCLUSION**

- Not all Type 1 standards meet the needs for accreditation. There are two minor adjustments required. 1 of these has an approximate timescale of the end of October 2021 and the other requires an element of capital investment (over £5k) for change of access to allow disabled access. Type 2 and type 3 standards are all complete to meet accreditation.

- The unit is being fully utilised with either 5 or 6 beds occupied for 99% of the time. This breaks down into 33% fully occupied – all 6 beds available used and 66% 5 out of 6 beds occupied during review period
- Out of area demand has not continued in first 6 months of 2022/23
- The unit requires more space to allow additional facilities for visitors and families – only currently 1 relative's room with sufficient facilities to stay and consider future proofing bed numbers.
- Due to unforeseen activity relating to the infant enhanced observations, a review of staffing is required to assess the full impact and ensure safe staffing levels
- Although core mandatory training has been completed there is room for improvement in staff training compliance however, further thought needs to be given to providing the appropriate time and finance for developing staff in line with the vision for the unit.
- There is no evidence to say that an increase in beds is immediately required and therefore maintain the status quo. An annual review is required and continuous monitoring continue should the bed situation change.

## **11.0 RECOMMENDATIONS**

- Based on this report, it is recommended that the MBU facility remain on the Tonna site for a further year
- It is recommended that information relating to 2022/23 is considered, and a review of the permanent option is conducted in line with the work that is driven by our Mental Health strategy
- It is recommended that a further options appraisal takes place to consider the future location of the service to incorporate more family facilities
- It is recommended that staffing structures and training requirements are reviewed in line with service developments.

<b>Governance and Assurance</b>	
<b>Link to Strategic Objectives</b>	
<b>Strategic Objective(s)</b>	Governance and Assurance
<b>Link to Integrated Commissioning Plan</b>	
<b>Health and Care Standards</b>	Dignified Care Safe Care Effective Care
<b>Principles of Prudent Healthcare</b>	Reduce inappropriate variation
<b>NHS Delivery Framework Quadruple Aim</b>	People in Wales have improved health and well-being with better prevention and self-management Choose an item.  Choose an item.
<b>Organisational Implications</b>	
<b>Quality, Safety &amp; Patient Experience</b>	
<b>Finance/Resource Implications</b>	
<b>Population Health</b>	
<b>Legal Implications (including equality &amp; diversity, socio economic duty etc)</b>	
<b>Long Term Implications (incl WBFG Act 2015)</b>	
<b>Report History (Meeting/Date/Summary of Outcome)</b>	<b>CDGB Committee on 28<sup>th</sup> November 2022 supported the recommendations</b>
<b>Appendices</b>	Appendix 1 – Standards Met for Accreditation



## APPENDIX 1

Standard Type	Standard Number	Description	Met (Partial or Unmet)	Success indicators	Completion timescale
1	1.3.2 Access & Admission	Unit complies with current legislation on disabled access to maximise independence	Partial	Strengths – accessible bedroom/ADL kitchen /communal areas inc lounge, bedrooms, activity room.  Limitations on independence – i.e. no power assisted doors, single height changing table, small communal bathroom – inaccessible to hoist.	Ongoing - To be considered within any future development of unit.
1	3.4.1e Staff Training	Recognising and communicating with patients with cognitive impairment and / or Learning disability	Unmet	On Workforce training programme for 2022/23. Staff to Complete All Wales Module (E-learning).	31/10/22
1	5.1.1 Information, Confidentiality & Consent	Patients and families have good access to information, which is provided in languages other than English and in easy access formats including audio / visual	Partial	Welsh/English translation available. Audio, visual & easy read scheduled for further development 2022/23	31/10/2022
1	3.3.1	New staff, Including bank staff have an indication based on an agreed set of core competencies  This should include shadowing, observation, joint working and enhanced supervision until competencies are met.	Partial	New staff (core staff) have a formal induction which includes shadowing, observation and enhanced supervision based on agreed core competencies.  Bank staff have a more limited induction at present. The service is working with the nurse bank to establish an identified cohort of bank staff to draw upon for the unit, this will enable more thorough inductions to be supported.	31/10/22
2	2.1.15 Environment & Facilities	Ward/unit based Staff Members have a dedicated staff room	Partially	Staff have access to a staff kitchen area, however this is shared and is based within a communal office space of another service.	Unable to be fully met in with current facilities. Could be considered in any

					future development of the facilities.
2	2.1.10 Environment & facilities	Staff and Patients can control heating, ventilation and light	Partially	Individual bedroom light and ventilation control. No individual room heating regulation.	Unable to be fully met in with current facilities. Could be considered in any future development of the facilities.
2	3.62 Staffing	Patients/Signiant other / family representatives are given opportunity to be involved in interview process for recruiting new members of staff	Partial	Strengths: Those with lived experience have informed prioritise of key attributes and attitudes when recruiting staff, contribution to questions asked. No formal participation in interview panel to date.	31/3/2023
3	3.2.9 Staffing	There is dedicated sessional Input from creative therapists	Partial	3 <sup>rd</sup> sector informal arrangement inc baby massage & baby music sessions with organisation called "lullaby project" – Nil sessions formally commissioned within unit budget.	Ongoing
3	4.3.9 Care & Treatment	Patients have access to complimentary therapies , in accordance with local policy and procedures (and the safety of the baby)	Partial	No formal identification of complimentary therapy provision currently, no request made by patients to date.	31/3/23
3	3.2.10 Staffing	The team includes input from peer support workers	Partial	Ad-hoc / informal sign posting to peer support, but no specific role or identified worker (paid or voluntary) within the MBU.	31/3/23