Perinatal Mental Health Network – MBU Staff Event

5th November, Dakota Eurocentral

Attendees -
Dr Roch Cantwell  PMHN Lead Clinician
Elaine Clark  PMHN Nurse Lead
Dr Anne McFadyen  PMHN Infant Mental Health Lead
Susan Fairley  PMHN Programme Support Officer
Alley Speirs  PMHN Programme Manager

NHS Lothian
Lisa Canale  Interim CNM
Jude Clark  Nursery Nurse
Barney Coyle  Consultant Psychiatrist
Kathryn Edgar  Interim Senior Charge Nurse
Suzanne Littlejohn  Deputy Charge Nurse
Mhairi O’Byrne  Occupational Therapist
Donna Penman  Nursing Assistant
Shona Russell  Health Visitor
Anna Wroblewska  Consultant Clinical Psychologist

NHS GG&C
Lynsey Noble  Senior Occupational Therapist
Fiona Fraser  Consultant Clinical Psychologist
Jennifer Law  Charge Nurse
Sandra Smith  Nursery Nurse
Aman Durrani  Consultant Perinatal Psychiatrist
Fiona Prior  Social Worker
Julie Campbell  Senior Charge Nurse

We would like to thank all attendees at the Perinatal Mental Health Scotland (PMHNS) Mother and Baby Unit event on 5th November 2018. There was a real desire among participants to share information on good practice and to discover new ways of working together to meet the needs of women, their infants and families, who experience mental ill health in pregnancy or the postnatal period.

PMHN Scotland was established as a National Managed Clinical Network for Perinatal Mental Health in April 2017. Its remit is to bring together professionals across disciplines working with pregnant and postnatal women to ensure that all women, and their infants, receive expert mental health care, appropriate to their need, wherever they live in Scotland. The network has particular responsibility for (i) education & training, (ii) pathways to care & equity of access, and (iii) specialist perinatal & infant mental health service provision.

Dr Cantwell advised attendees that the Network would complete its needs assessment board visits by December 2019.
There would be a report produced early 2019 which would consolidate findings from the visits.

The purpose of the combined Mother and Baby Unit event was to ascertain the similarities and differences between the two services, and to share knowledge and expertise.

**Group Discussion 1 – Service Structure and Staffing**

**NHS Lothian**

The Livingston (NHS Lothian) Mother and Baby Unit is based within St John’s Hospital has 6 beds it provides care to women who reside in the South East and Tayside (SEAT) area. The boards that are part of the SEAT consortium are - NHS Lothian, NHS Borders, NHS Tayside, NHS Fife and NHS Highland. There is additional agreement to admit from NHS Orkney and NHS Shetland. NHS Grampian and NHS Forth Valley pay per usage to access services. Admissions are accepted from other board areas if space allows.

The regional partners meet 3 times annually to look at Governance and the prioritisation of referrals.

Infant medical assessment is provided through the hospital paediatric service. The unit benefited from being located next to maternity and adult psychiatry services. The MBU works closely with social work and the perinatal mental community health service.

**Current MBU staffing:**

- 0.8 WTE Consultant Psychiatrist
- 0.5 FY2 Junior Doctor
- 0.5 Junior Psychiatrist
- Nurse Consultant
- 1.0 Senior Charge Nurse (Band 7)
- 2.0 Charge Nurse (Band 6)
- 0.48 Clinical Psychologist (Band 8C)
- 0.2 Clinical Nurse Manager
- 0.13 Occupational Therapist (Band 6)
- 0.4 Social Worker currently vacant
- 8.6 Mental Health Nurse (Band 5)
3.72 Nursery Nurse (Band 4)
3.28 Health Care Assistant (Band 3)
0.2 Health Visitor (Band 6)
0.4 Administrative staff (Band 4/3)
0.4 Ward Clark
3.28 Band 2

- Livingston offers a weekly IPT informed group. The aspiration is to run this weekly but it can be dependent upon the clinical needs of the women as a group and can be superseded by other clinical demands.
- A Nursery Nurse and the psychologist both offer VIG work. This is ad hoc and not a formal weekly session.

**NHS Greater Glasgow and Clyde**

The Leverndale Hospital (NHS Greater Glasgow and Clyde) West of Scotland Mother and Baby Unit has 6 beds. The MBU is funded by NHS Greater Glasgow and Clyde, and has a service level agreement with NHS Lanarkshire, NHS Ayrshire and Arran, NHS Dumfries and Galloway and a portion of NHS Highland. There is also agreement to admit from HHS Western Isles. NHS Forth Valley and NHS Grampian pay per usage for access to beds. Admissions are accepted from other board areas if space allows.

The unit is based at Leverndale Hospital, an acute mental health campus. The unit is not co-located with maternity or general medical services, but there have not been significant issues to date in the continuity of the provision of maternity or medical care. Infant medical assessment is provided through contract with a local GP practice.

**Current MBU staffing:**

0.5 Consultant Psychiatrist
0.5 Junior Psychiatrist
0.2 Nurse Consultant
1.0 Senior Charge Nurse (Band 7)
1.0 Charge Nurse (Band 6)
0.5 Clinical Psychologist (Band 8C)
0.5 Occupational Therapist (Band 6)
0.5 Social Worker
6.8 Mental Health Nurse (Band 5)
3.7 Nursery Nurse (Band 4)
1.0 Health Care Assistant (Band 3)

0.2 Health Visitor (Band 6)

0.5 Administrative staff (Band 4/3)

**Staffing comparisons**

There was a clear difference in staffing levels between Leverndale and St John’s, with Livingston having, on average, more staffing. The Leverndale MBU Senior Charge Nurse highlighted that if staff had to closely monitor mothers and babies there was limited opportunity to provide therapeutic interventions.

It was agreed that it would be useful for nursing staff to have further discussions on best staffing levels and how to protect therapeutic interventions and ward activities.

**Action:** Ms Canale to share the Lothian staffing algorithm

**Challenges**

There is an ongoing challenge for the Leverndale MBU in relation to immunisations for babies. The assigned Health Visitor is unable to offer immunisations at the unit and the service is working with the contracted GP practice and health visiting management to find a work around for this. For mothers residing out with the NHS GG&C area, staff are encouraging women to make appointment their local GP.

The St John’s MBU noted that if parents can take their babies for their immunisation they were encouraged to do so. Where this was not possible paediatric services come to the MBU and prescribe the vaccines which are then administered by the Health Visitor. If babies at the St John’s MBU needed to be admitted to the children’s ward they would go to the Royal Children’s Hospital in Edinburgh as the local service can only accommodate day patients.

**Group Discussion 2 – Training and Education**

Staff at St John’s MBU use LearnPro to access NES e-learning modules and mandatory training. An annual reminder is sent to all staff to undertake their learning requirements. The NES Infant Mental Health module is not mandatory for staff to complete.

It was highlighted that whilst it was beneficial for staff to have additional training, it was difficult to find time for staff to undertake the training. On occasions when staff had undergone further training, they had encountered difficulties maintaining an adequate level of competency without regular supervision.

Staff at the Leverndale MBU had access to training for trainers in Solihull and it is planned that Solihull training will be provided every six months so that new staff had access to this training.
St John’s MBU provide 4 planned training days a year for staff. Leverndale MBU have a programme of in house training and education running through the year.

The group discussed what the minimum training for MBU staff should be and discussed the possibility of joint training to reduce duplication and increase educational opportunities for staff.

**Action:** An MBU working group will be convened to explore opportunities for joint MBU education and training sessions

It was identified that nursery nurses working in MBUs have different training needs to generic nursery nurses. It was agreed that it would be useful to have mandatory training for nursery nurses within the MBUs. This could be included in the work on joint training.

**Group Discussion 3 – Therapies and Clinical Activity**

The group discussed the therapeutic interventions and clinical activities that both MBUs offered and what additionally they wished to provide. Issues raised included:

**St John’s MBU**

- Baby massage offered once a week
- Health promotion group whose focus changed weekly depending on the group’s requirements
- Occupational therapist provided women with support and information on their role as new mothers, recovery from mental ill health and engagement with professionals, which could be an issue for some women

**Leverndale MBU**

- Occupational therapist noted that time required to travel to women in their homes could in turn limit what was able to be offered
- There was an issue with approving the oil used for infant massage which had resulted in massage being suspended for a time
- Psychological interventions - it was agreed that there needed to be a selection of interventions on offer tailored to different patient needs

Both MBU use an activity planner to encourage the mothers and babies to participate in group interventions.
Suggestions to improve interventions and activities

- Every woman should receive clinical psychology evaluation and assessment for psychological intervention as soon as practicable after admission.
- Staff should have the training and supervision to feel confident in delivering individual and group focused work.
- Assessment tools should be available for staff to use as part of the admission process.
- Video Interactive Guidance (VIG) should be used as an assessment, supportive and therapeutic tool. The St John’s MBU already allocates a weekly session to its use.
- There should be clarity regarding recording, confidentiality and use of videos as part of the VIG process.
- There should always be sufficient staff to ensure that therapeutic and activity interventions are undertaken, even when the ward is busy.

Group Discussion 4 – Pathways into and from Care and Regional Provision

Both MBUs had received positive feedback from the other boards, particularly in the North of Scotland, but it was recognised that there were challenges in access for patients and families who lived far from either MBU.

It was noted that as there was no uniformity regarding service level agreements for both MBUs and that there were different protocols for accepting patients into inpatient care. There were also significant differences regarding pass and discharge planning for out of area patients, depending on the resources available in the local board area (e.g., crisis team provision, CMHT engagement for pass and post-discharge monitoring).

It was agreed that further work was needed on pathways in and out of MBU care, including guidance for CMHTs and local community specialist teams.

Action: MBU working group to take forward.

SEAT has systems in place to provide the MBU with information regarding family support for women admitted to the MBU, e.g., in relation to providing transport.

It was agreed that it would be good to develop a resource for women and families which informed them on what services were available to them, how they can access services in order to help women make an informed choice on what care they were able to receive.

Action: MBU working group to take forward.
A resource should also be developed which illustrates the differences between an MBU and general adult ward.

**Action:** MBU working group to take forward

There was discussion around whether there was a need to increase the number of MBU beds in Scotland and if the current resources should become a national resource with all boards contributing to the MBUs. There was agreement that making MBUs a national resource could be in the best interests of patients.

**Review and future direction**

**Data Collection**

- It was highlighted that the PMHN network has begun work on refining a data set for women who have a psychiatric admission within one year of giving birth.

The group identified that it would be beneficial to collect MBU data and there was a potential to do this through the Clinical Audit System (CAS).

It was agreed the network’s data analyst would be invited to the next session to inform the staff about the CAS.

**Action:** PMHN PSO and IMS data analyst

Other proposals for future include:

- Developing guidance on support to staff when women with children under one are admitted to general adult wards, where no bed is available on the MBU.
- Developing guidance on what provision should be given to partners/family members.
- Reviewing admission criteria and MBU documentation of both MBUs with a view of developing agreed standards, care pathways and documentation.

The group agreed that a short life working group could undertake a number of these proposals, with much of the work being done by email and reviewed by the whole group at future meetings.
The group also agreed that it would be useful to meet regularly as an MBU Forum to explore opportunities for joint training and to collaborate on developing national standards, documentation and care pathways.

It was noted that Tuesday would be the best day to facilitate future MBU Forums.

**Action:** PMHN core team and MBU working group