**Oxon Night Team - report for Governors - May 2018**

**Staffing and model**

The Oxon Night Team is comprised of 6 WTE Band 6 RMNs. The shift pattern is 07:30hrs. There are usually 3 staff on duty each night. The night team have 2 main components to their role; they provide leadership support to the inpatient wards and a continuation of AMHT ‘step-up’ overnight (with the exception that the Night Team do not leave hospital premises and undertake home visits or ‘crisis’ work in other community based locations). The Night Team act as ‘duty manager’ for the inpatient and community services overnight and report to the Head On-call during this time. In relation to their clinical work, the Night Team have access to senior clinical cover in the form of the Registrar and Consultant Psychiatrists on-call.

**Leadership structure**

Service Manager – Catherine Sage

Team Manager – Charlotte Ball

Clinical Team Leader – Annie Simmonds-Davies

**Activity**

**Community patients (adults, older adults)**

* On average 10 crisis response phone calls each weekday night and on average 20 crisis response phone calls each weekend night (i.e. the call rate doubles Friday, Saturday, Sunday)
* On average 6 emergency assessments / reviews a month
* Oxon Night Team support for Bucks Night Team and Bucks community patients – review of 6 weeks of activity showed 36 calls diverted from Bucks to Oxon due to problems with the resourcing of the Bucks night team which are currently being addressed
* Coordination of crisis response
* Link with Oxford Safe Haven (OSH)

**Inpatients (adults, older adults, Cotswold House) – at all other times when not engaged in the above the Night Team are undertaking the following**

* Activity varies depending on need. The Night Team are expected to visit each ward overnight as well as taking handovers at the start and finish of the night shift and maintaining contact with them regarding any matters arising throughout the shift. The Night Team may spend extended period of time on a ward if required, for example to support staffing numbers, providing cover for breaks, assisting with managing complexity or increased acuity.
* Duty Management role / responsibilities
* Handovers
* Coordination of inpatient resources across wards
* Support with incident management
* Bed management – bed finding internally

**Incidents reported in last 12 months**

|  |  |
| --- | --- |
| Incident theme | Number of incidents |
| Patient harm | 4 |
| Staff harm | 2 |
| Cover for staffing gaps | 4 |
| Night team capacity issues | 1 |
| Communication with patient and carer | 1 |
| Estates issue | 2 |

**Complaints and concerns in the past 18 months**

1 formal complaint

9 informal concerns

**Themes/issues from complaints and concerns**

* Patient who self-presented with possible intoxication and not known to services redirected to Emergency Dept. Later reported as missing to the Police; found and taken to the ED (concern raised by Police, ED and patient via PALS)
* Miscommunication between teams regarding the plan for a patient
* Communication issues with carers, patients and other agencies
* Capacity of the team to support both the wards and the community patients.

**Changes in response to complaints and concerns**

* Monitoring of Supervision & Team Meetings
* Formalised ½ day team / service development sessions annually (last one May 2017 and next one due for 2018 in planning)
* Night Report (now ‘Combined Handover Report’) distributed to senior management and team managers by 07:30 each morning. Service Manager and Team Manager review report during the next day and address any issues. Immediate feedback mechanism in place and utilised.
* Ongoing education regarding use of the Emergency Services
* Ongoing education regarding use of correct pathways, escalation processes and responsibly / accountability for coordinating crisis response
* Contributions to Partnership in Practice (PIP) – ‘regular presenters’ project work looking at supporting patients who regularly present to mental health services out of hours and ensuring there is a supportive and clear plan that all agencies are aware of including the patient (and carers where appropriate)
* Bespoke education sessions during team meeting (Learning Disability awareness training session for next business meeting).
* Patient safety concerns generated from night report are investigated by Team Manager and Clinical Team Leader and learning shared with relevant teams/individuals.
* Team have become more proactive in escalating concerns to the Head On-call.
* Opportunities are available and being utilised for individuals to work across other parts of Urgent Care Pathway to develop skills and knowledge.
* Future plan to involve Karen Lascelles (Trust Suicide Prevention Lead) with supporting the team with evidence based safety/discharge planning proposal to use the CAAMS model.
* Clinical Team Leader isworking with team to develop a robust way of gathering patient feedback; this forms part of the development plan.
* Feedback from wards/community staff and patients is fully encouraged. Clinical Team Leader is working to develop a team leaflet or poster with clear message and mechanism for feedback. Any feedback currently received is discussed at the team meetings and acted upon as required.

**Future service developments**

**Oxford Safe Haven**

Provided by Mind and Elmore a 6 month pilot of a Safe Haven service commenced March 2018; funded from Winter Pressures funding; open Friday, Saturday and Sunday 6pm until 1am. Based at the Complex Needs Service base on Manzil Way. Main objective is to improve the range of options for patients experiencing a mental health crisis and to reduce the impact of mental health presentations on urgent and emergency services. The Safe Haven hands-over to the Night Team at the end of their shift and is available for escalation calls from the Safe Haven. Should the Safe Haven identify that a service user would benefit from urgent / emergency psychiatric review this is arranged between the Safe Haven and Night Team.

**Assessment Hub** **(New Leaf Assessment Hub)**

This will be based at Littlemore Hospital and is a purpose-built emergency assessment facility; 2 assessment consultation rooms; designed to be suitable for all ages and all conditions; space can be used flexibly for a variety of assessing and treating functions; comfortable waiting area for patients and relatives / supporters. The assessment hub will replace the ‘front door assessment’ facilities at the Warneford Hospital which have been deemed to be unfit for purpose. The plan is for the assessment hub to be opened at the end of June 2018. As a first phase of opening and utilising the assessment hub, the Night Team will be based there when undertaking all emergency assessment work.