

# Report to the Meeting of the

**CoG 07(i)/2019**

(Agenda item: 13)

# Oxford Health NHS Foundation Trust

# Council of Governors

**20 March 2019**

**Oxfordshire Night Team**

**For: Assurance**

**Staffing and Model:**

The Oxon Night Team is comprised of 6 WTE Band 6 RMNs. The shift pattern is 20:00hrs - 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 or 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 directly to the Head On-call during this time. For their clinical work, the Night Team have access to senior clinical cover via the Higher Trainees and Consultant Psychiatrists on-call.

Leadership: Team leader – Band 7; Team Manager – Band 8a; Head of Service – Band 8c.

**Activity:**

Community patients (adults, older adults, LD):

* 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 as Bucks do not have the equivalent Night Team service
* Coordination of crisis response
* Close links with Oxford Safe Haven (OSH)
* Use of Assessment Hub at Littlemore Hospital

Inpatients (adults, older adults, Cotswold House):

* 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 periods 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 within Oxford Health and externally (OAPs)

**Incidents & complaints:**

Incidents - May 2017 to May 2018 (12 months)

There were 14 incidents reported by or about the Night Team. The majority of these related to staffing problems on the inpatient wards and assaults on staff by patients. 1 incident related to a concern about the adequacy and safety of the Night Team’s response to a distressed patient/relative.

Incidents - June 2018 – January 2019 (7 months)

There were 10 incidents reported. 2 damage to hospital property by patients; 4 violence / aggression / verbal abuse towards night staff; 2 patient self-harm incidents; 1 communication between teams; 1 patient aggression towards their family.

Formal complaints & Concerns raised and resolved locally

There was 1 formal complaint in the 18 months prior to May 2018 which related to transfer of a patient from PICU to acute ward without prior authorisation and agreement. There have been no formal complaints in the period June 2018 to February 2019.

There were 9 concerns raised in the 18 months prior to May 2018. There were 7 concerns were raised between June 2018 and February 2019 which related to communication between clinicians and teams; 2 of these related to adequacy of the crisis response available. Concerns are addressed directly with individual staff, patients and teams involved. Learning from this was fed back to the whole team at business meetings and by way of team email communication.

**Current improvement activities:**

* During October and November 2018 the Night Team sought consent from 21 service users to be contacted by the Trust’s Patient Experience and Involvement Manager in order to give feedback on the service they had received. Of these 14 were contacted and 11 agreed to speak about their experience (8 patients and 3 carers). The results of this survey are shown at the end of this report. The following needs and actions have been identified:
	+ Areas for clinical skill development, for example, improving active listening skills, developing strategies for ensuring support and advice is personalised / person-centred, managing expectations at the start and end of the call
	+ Issues with recourse to emergency services (Police and ED) and how access to these services is managed with callers and those services
	+ Explore ways in which more face to face / in person contact can be achieved, e.g. use of technology for this; increase offer of in-person crisis contact at the assessment hub; increased promotion of places people can get face to face crisis contact (e.g. Safe Haven)
* Karen Lascelles, Consultant Nurse in Suicide Prevention, will undertake block of nights in March working with Night Team to provide on-the-job skills development. Following this, and depending on need we may plan to provide a 1-day workshop for the Night Team on crisis response skills
* Oxford Safe Haven was piloted from March 2018 for 6 months and is continuing until September 2019 although funding is not permanent. Out of all of the urgent care services, the Night Team has seen the greatest benefit in terms of reduction in the number of contacts from ‘regular presenters’. Safe Haven has added an option for patients seeking direct access and in-person to mental health crisis support
* Buckinghamshire are in the process of changing their night cover arrangements which will improve the service for Bucks patients and increase capacity for Oxon night team
* Mental health urgent care project – a business case is being developed for investment in a Crisis Resolution and Home Treatment Team (CRHT) which would expand service deliver to full crisis response (home visits and dedicated crisis intervention overnight) as part of coherent and coordinated crisis offer
* There may be an opportunity to adapt and develop inpatient leadership and duty manager cover overnight in order to explore ways that the inpatient and community roles of the Night Team can be separated which would help with quality improvement and increasing capacity
* Most staff have undertaken the Assessment Skills training and 3 staff have applied for the DBT Training. Staff have been encouraged to apply for the TVI personality disorder training.

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**Lead Executive Director: Dominic Hardisty, Chief Operating Officer**

1. *A risk assessment has been undertaken around the legal issues that this report presents and there are no issues that need to be referred to the Trust Solicitors*
2. ***Strategic Objectives*** *– this report relates to or provides assurance and evidence against the following Strategic Objective(s) of the Trust:*

*1) Driving Quality Improvement*

*(Goals: patients will be safe from harm; patients will achieve the clinical outcomes they want; and patients and carers will have an excellent experience)*

*2) Delivering Operational Excellence*

*(Goals: our services will be effective and efficient; information will be translated into knowledge; and our planned surplus will be delivered)*