

**Quality and Clinical Governance Sub-Committee**

**10 November 2022**

**Quality and Safety Dashboard**

**For: Information and Assurance**

**Executive Summary**

Introduction

The Quality and Safety Dashboard reviews information up to 30th September 2022. The Dashboard shows a range of quality and workforce indicators to identify those teams which are struggling and the actions that are being taken. Activity indicators, such as bed occupancy, number of referrals and waiting lists, could not be reviewed this month as CareNotes (patient record systems) has been unavailable from early August 2022.

The actions identified in the report are monitored and progressed through the Directorate Quality meetings and then through to the Quality and Clinical Governance Sub-Committee where each directorate presents their top risks, mitigation plans and escalations which require further support.

The report is split to look at inpatient wards and then community teams.

Inpatient wards

The **inpatient dashboard** information is provided for all 33 wards. The majority of wards have significant challenges with staffing at times owing to high vacancies and/or sickness, resulting in high use of agency staff and not always able to fully meet the expected registered/ unregistered skill mix and numbers for each shift. Below is a summary ‘heat map’ based on the analysis of the information in the dashboard.

There are consultant vacancies across five of the wards; Cotswold House Oxford, Wintle, Ashurst, Marlborough House (covering Chaffon and Watling wards) and Woodlands. All wards have a locum consultant in place with the exception of Cotswold House Oxford which is being covered by the Directorate Clinical Director. There are adverts out to recruit to all posts and from October 2022 all medic roles have automatically been advertised in the BMJ.

No wards are highlighted as RED because even though some have significant staffing challenges this has not directly impacted on any of the quality indicators or has raised a significant patient safety concern. The review of information aligns with the discussion at the Quality and Clinical Governance Sub-Committee on 27th October 2022. However we continue to work to reduce the vacancies through a range of Trust-wide and local recruitment actions overseen by senior clinicians to ensure patients are safe. Each mental health ward has a recruitment plan supported by the Recruitment and Campaigns Consultants. Some improvements have been seen, with a reduction in vacancies as new staff start including international nurses, international OTs and also new AHP apprenticeships.

Inpatient ‘heat map’:

|  |  |
| --- | --- |
| Blue | No serious concerns in staffing or flags for quality indicators |
| Green | Some staffing concerns, no flags for quality indicators  |
| Amber | At least one workforce indicator is worrying and one flag for quality indicators– need to keep a close eye or vacancies are 30% or above |
| Red | At least one workforce indicator is worrying and at least two quality indicators are flagged |

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| --- | --- | --- | --- |
| Allen  |  Ruby | City | Chaffron |
| Vaughan Thomas |  Sapphire | Bicester | Watling  |
| Wintle  |  Opal | Wallingford | Woodlands |
| Phoenix  |  Amber | Linfoot | Glyme |
| Ashurst PICU |  | Wenrisc | Kennet  |
| Highfield CAMHS |  | Abbey | Wenric |
| Marlborough House Swindon  |  | OSRU | Kestrel |
| Cotswold House Oxford |  | Didcot | Kingfisher |
| Cotswold House Marlborough |  |  | Lambourn House |
| Cherwell  |  |  | Evenlode |
| Sandford |  |  |  |

Community teams

In the **community dashboard** the information has been reviewed in the same way at service and team level, however the information provided in the report is by exception. The analysis shows a number of community teams are struggling with shortages of permanent staff due to vacancies and sickness combined with increased demand. This is having an impact on the quality of patient care and experience, and increases our costs as we use temporary and agency staff. The below eight services/teams are highlighted as AMBER to keep on a watchful brief. From the last dashboard one team has been escalated to RED and one team is longer a concern. The reason the teams are highlighted is explained in the body of the report.

The report identifies where vacancies have reduced and the actions being taken are having a positive impact.

Community teams rated AMBER, to keep a close eye on are;

* Oxon North and West Adult Mental Health Team
* Oxon City and NE Adult Mental Health Team
* Bucks Adult South (Chiltern) Adult Mental Health Team
* Oxon Adult Eating Disorder Service
* Oxon CAMHS community teams
* BSW CAMHS community teams
* Bucks CAMHS
* Podiatry

Three teams/services are highlighted as RED and for escalation, these are the **Bucks Older Adult Community Mental Health Team**, **GP Out of Hours Service** and the **District Nursing Service**. The issues and actions being taken are summarised in the body of the report. All three services are struggling with staffing and capacity, although all have seen small reductions in vacancies in the last month.

Inpatient and Community Teams

A number of wards and community teams are having significant challenges with recruitment and retention of staff. The Trust has an improvement programme of work called ‘Improving Quality, Reducing Agency use’ which has eight workstreams with a focus on improving how we retain and recruit staff. Within Community Hospitals there are no registered nurse vacancies owing to the successful recruitment of internationally educated nurses.

The following Trust-wide recruitment initiatives have been implemented:

* Return to practice campaign over radio and social media
* Refer a friend
* Early recruitment of final year University students
* From Oct 2022 all medic adverts will automatically go into the BMJ
* 20 OTs have been successfully recruited from oversees
* New AHP apprenticeship programme commenced
* Local focused recruitment plans have been developed with teams that are struggling these include the forensic wards, adult and older adult mental health community teams, GP OOH, Minor Injury Units, District Nursing and Podiatry.

Locally each service is also taking actions to mitigate using consistent temporary staffing where possible, in addition to reviewing skill mix. The Chief Nurse, through the IQRA programme, has focused recruitment activity on those hotspot teams with high levels of vacancy.

**Statutory or Regulatory responsibilities**

We are required to report on the inpatient staff fill rates to Trust Board members which has been delegated to the Quality Committee. This information is included in the inpatient dashboard.

**Recommendation**

The Committee is asked to note the report and the actions being taken to support the teams highlighted.

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**Lead Executive Director:** Marie Crofts, Chief Nurse

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/Priorities - this report relates to, or provides assurance and evidence against, the following Strategic Objective(s)/Priority(ies) of the Trust;*

*1) Quality - Deliver the best possible clinical care and health outcomes*

1. *This report satisfies or provides assurance and evidence against the requirements of the following Terms of Reference of the Quality Committee; to oversee the effective development of the Trust’s corporate and clinical governance arrangements;*
2. **Inpatients**
	1. **Inpatient Ward dashboard – One Month at a Glance, September 2022**

The majority of wards have significant challenges with staffing at times owing to high vacancies and/or sickness, resulting in high use of agency staff and not always being able to fully meet the expected registered/ unregistered skill mix and numbers for each shift. The Trust has an improvement programme of work called ‘Improving Quality, Reducing Agency use’ which has eight workstreams with a focus on how we retain and recruit staff.

Notes.

* Inpatient activity is not included this month as CareNotes unavailable from early August 2022.
* Mandatory training, clinical supervision and appraisal compliance are not included this month due to data quality issues still being resolved. Coordination sheets across the inpatient wards ensure and check sufficient staff are trained in safety critical courses for each shift, such as resuscitation and PEACE.
* The hours worked by Nursing Associates are reported on separately to the % fill rate for Registered/Unregistered staff.

Figure 1.









Kestrel: the number of incidents has significantly increased since January 2022 as a result of 1 patient, which also accounts for the high use of restrictive interventions. The care for the patient is being sensitively managed at a very senior level with regular independent reviews of care as well as referral to higher secure services. The CQC have been informed of the care and treatment, as well as our concerns about the patient being in the wrong environment.

* 1. **Ward level Heat Map (based on section 1.1)**

Figure 2 gives a summary of the inpatient dashboard in a heat map to more visually show the position by ward.

It is important to note that severe staffing issues and high use of agency can impact on quality of care and service delivery. However, not all of the wards have been highlighted as a concern in this report because the impact on quality has been none or minimal, these wards are rated GREEN. Where there are no workforce issues or flags of quality indictors the wards are rated as BLUE. Staffing levels for wards are reviewed weekly at a meeting chaired by the Deputy Chief Nurse and any issues escalated to the Executive Committee the same day.

There are consultant vacancies across five of the wards; Cotswold House Oxford, Wintle, Ashurst, Marlborough House (covering Chaffron and Watling wards) and Woodlands. All wards have a locum consultant in place with the exception of Cotswold House Oxford which is being covered by the Directorate Clinical Director. There are adverts out to recruit to all posts and from October all medic roles have automatically been advertised in the BMJ, this has been achieved as a result of identifying a new marketing budget for recruitment.

No wards are highlighted as RED and this aligns with the discussion at the Quality and Clinical Governance Sub-Committee on 27th October 2022. However a number of the mental health wards are facing significant challenges with high nursing and AHP vacancies as well as high agency use. Trust-wide and local recruitment actions are being taken and there is senior clinical oversight of progress and also mitigations to keep patients safe. Each mental health ward has a recruitment plan supported by the Recruitment and Campaigns Consultants. Some improvements have been seen with new starters including international nurses, international OTs and also new AHP apprenticeships.

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Figure 2.

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| Allen  |  Ruby | City | Chaffron |
| Vaughan Thomas |  Sapphire | Bicester | Watling  |
| Wintle  |  Opal | Wallingford | Woodlands |
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**2. Community**

**2.1 Community Team Dashboard by exception**

With over 160 community clinical teams it is not possible to create a dashboard in the same way as for the wards, instead a range of quality and workforce indicators have been reviewed for all teams and local intelligence has been used to identify those teams to keep a watching eye on and those struggling the most.

The position and actions at team levels are monitored and progressed through the Directorate Quality meetings and then through to the Quality and Clinical Governance Sub-Committee where each directorate presents their top risks, mitigation plans and escalations which require further support.

The below eight services/teams are highlighted as AMBER. From the last dashboard one team has been escalated to RED and one team is longer a concern. The reason they are highlighted is explained in the text, these are teams to keep on a watchful brief:

* **Oxon North and West Adult Mental Health Team**: High vacancies 32% Sept 2022, similar to last month. Turnover 10%. Sickness 5% reduced from last month. Agency use 29%. Caseload remains high and this is being managed via the FACT board. High waiting list/ unallocated patients. Low number of complaints in last 12 months and no variation changes in incidents or deaths. Low number of Patient Safety Incidents (PSI), 1 identified in July 2022 related to a suspected suicide. To improve recruitment work has been completed on advert content in order to be specific to team bases and profession. This has received good interest from OTs, and (trainee) mental health and wellbeing roles. Increased B7 clinical leads by removing a Band 6 role.
* **Oxon City and NE Adult Mental Health Team:** High vacancies 39% Sept 2022, an improvement from previous month. Turnover 13%. Sickness low and has reduced. Agency use 28%. Caseload remains high. High waiting list/ unallocated patients. Team has been highlighted as struggling in previous dashboards - early signs of improvement. Revised staffing model and team leadership has had an impact. 2 formal complaints received in Q2 which is a reduction. No variation changes in incidents, deaths and 0 PSIs since March 2022.
* **Bucks Adult South (Chiltern) Adult Mental Health Team**: High vacancies 32% Sept 2022 a significant improvement from last month at 52%. Nursing Times advert and 1 applicant identified so far. Turnover 25% similar to last month. Sickness low. Agency use 47%. Caseload remains high. High waiting list/ unallocated patients. No variation changes in incidents or deaths. 1 PSI in Q2 related to a suspected suicide. No increases in complaints or concerns.
* **Oxon Adult Eating Disorder Service**: High vacancies 28% Sept 2022 similar to last month. Turnover 17% reduced from last month. Sickness low. Agency use 12%. Locum consultant in place from July 2022. First Steps Clinic continuing to have positive results, evaluation of new binge eating groups is positive; waiting list reduction for some conditions and some therapies. Referral response time for urgent referrals has improved. Progressing well with recruitment to Phase 1 of their transformation.
* **Oxon CAMHS community teams:** High vacancies in Sept 2022 for the following CAMHS teams; Eating Disorders 27%, Getting More Help North 37%, FASS 43%, Single Point of Access 41% and Getting Help South 45%. Sickness high in Crisis Team. Agency use varies - highest for medics 54% and Getting More Help North 36%. Recent successful recruitment to date which will reduce vacancies. Concerns about waiting times for Community Getting More Help and Getting Help Teams. Further Healios work being proposed using vacancy monies and project underway to address waiting times. There are also significant waiting times for Neuro Developmental team– this is where most concerns/ complaints are raised (10 concerns/ complaints in Q2). No variation in incidents, informal concerns or complaints apart from the Neuro Developmental team.
* **BSW CAMHS community teams:** High medic vacancies across BSW CAMHS teams, although improvement from last month. Highest CAMHS team vacancy in BANES 35% and then Swindon 28%. Turnover high in Salisbury, Swindon and BANES community teams. Agency use highest in Swindon at 18%. Swindon team is working to a business recovery plan. Recruitment to the Marlborough team and crisis team were successful. Social medial recruitment campaign underway. No variation in incidents, informal concerns or complaints. Most informal concerns and complaints are about the waiting times.
* **Bucks CAMHS**: High vacancies up to 51% Sept 2022 in some CAMHS teams. Highest vacancies in the OSCA team. Bucks recruitment fayre recently found 1 social worker. High turnover across teams. Medic vacancies 46% Sept 2022, vacancy level similar to last month. Sickness low apart from in Neuro Developmental team and SPA teams. Agency use ranges by team but for non-medical around 25% and for medics at 64%. No variation in incidents. The Neuro team received four formal complaints and 12 concerns in Q2 – most of the concerns related to waiting times for an assessment and communication.
* **Podiatry:** High vacancies 25% Sept 2022 improved from last month. Turnover 15%. Agency use 12%. Sickness 3% reduced. High caseload and number of patients waiting. High risk patients are prioritised and typically seen on a weekly basis. 12-week recruitment campaign focused by area using Facebook underway. Relocation support policy being explored. International recruitment of podiatrists delayed as candidates will not complete required education until 2023. No variation in incidents or PSIs.

Three teams/services are highlighted as RED and for escalation, these are the **Bucks Older Adult Community Mental Health Team**, **GP Out of Hours Service** and the **District Nursing Service**. The issues and actions being taken are summarised in the following pages. All three services are struggling with staffing and capacity, although all have seen small reductions in vacancies in the last month as a result of the actions taken.

**Bucks Older Adult South Community Mental Health Team**

Summary;

* Highlighted as a team to keep have a watchful brief - AMBER, in the last dashboard. Due to trigger of quality indicators the team is now being escalated.
* Two PSIs recently, one in Sept 2022 and one in Oct 2022, both relate to suspected suicides. Low number of complaints/ concerns and no change over time.
* High vacancies,although improved position in Sept 2022. Challenge to attract staff due to location on borders of London.
* High number of patients not allocated to a care coordinator with impact on delays to treatment.

Workforce position in Sept 2022:

* Vacancies 25% improved from last month which was at 45%. Turnover 6%.
* Agency use 34%, similar to last month.
* Sickness was at 15% similar to last month. Staff morale is a concern.

Quality Flags:

* Increase in PSIs.
* High number of patients without an allocated care coordinator, so patient care remains under the duty worker.

Actions completed in last 4 weeks:

* Team split into 2 smaller teams.
* Some team members have been moved from the memory service caseload (lower risk patients) to support patients on the CMHT caseload. Closed to new memory assessment referrals. There will be an impact on the memory assessment service.
* Gateway team (single point of access) supporting CMHT with triage and assessment of crisis referrals.
* Older Adult Nurse Consultant supported review of around 80 unallocated patients. All but 7 patients have now been seen face to face and these patients have a booked appointment. Still limited capacity for allocating to a care coordinator, however service manager scoping how to improve oversight of patients waiting through their MDT meeting – solution to be sought by end of Oct 2022.
* Recruitment plan in place and nursing roles have been advertised in the Nursing Times and on using Facebook campaigns, some interest but no tangible results yet from advert.
* Senior management team have increased presence on site with team.
* Two weekly review of progress against actions by SMT.
* Executive Director oversight.

Patient safety huddle held in Oct 2022 to review team situation and learning from one of the suspected suicides.

**Oxon GP Out of Hours Service**

Summary:

* Service escalated as RED in the last dashboard.
* Growing demand and increase in acuity (severity of illness) is above service capacity.

### Worsening pressures in GP practices are leading to an increasing burden of ‘carry-over’ work from the in-hours period.

* Increasing difficulty in filling the required staffing shifts, particularly the reliable provision of overnight GP cover.
* A long-standing and increasingly adverse financial position, exacerbated by unfunded growth and costs.
* An unsustainable service delivery model.

Quality Flags:

Increase in incidents above average from May 2022. Change in number of incidents relates to incidents about treatment delays, insufficient staff, poor communication and delays in prescribing. There was an increase in concerns in August 2022 related to communication.



Workforce position in Sept 2022:

* Vacancies 55% slightly improved from last month. 18 new medic applicants for sessional roles received in Oct 2022.
* Agency use 15%.
* The Sept 2022 fill rate for GPs was 77% and for nursing staff 57%.
* Sickness was at 13%, similar to last month.

Actions going forward:

See last dashboard for actions already taken.

Weekly meetings continue with staff to improve communication and support.

* Review of staffing model to look at permanent medic and driver/ receptionist roles within service.
* Recruitment plan to continue, positive impact being seen.
* Rapid improvement week undertaken and redesigned care pathway and delivery model, including improving integration with partner organisations – timescale to be confirmed.
* Ongoing monthly conversations with the ICB regarding financial pressures and underfunding.

**Oxon District Nursing Service**

Workforce position in Sept 2022:

* + - * Vacancies by team within the service from up to 19%. South East Team highest at 19% and then City Team at 16%. Turnover from 8-29% depending on team.
* Agency use highest in North team 35% followed by City 18%. Additional agency staff has improved situation to support vacancies.
* Sickness varies from 5-9% with the highest levels in the City, North East and South East.

Quality Flags:

There have been no significant variations in the number of pressure ulcers developed in service. Average of 0.51 incidents of pressure ulcer damage developed in service per 1,000 attended appointments. Most pressure ulcers developed in service are category 2 (53%). Complaints and concerns are low in number and unchanged.



Summary:

* Service escalated as RED in the last dashboard.
* Insufficient capacity to meet demand, this has been escalated at system level. Equivalent of OPEL Escalation 4 through use of prioritisation framework.
* Pressures have been rising with an increase in rolled over visits as well as the impact on capacity because of additional processes to mitigate the risks around the current IT failure.

Actions going forward:

See last dashboard for actions already taken.

A risk based approach is applied for prioritisation of all patients. When there are issues with capacity for high risk patients there is a process to escalate this to the Head of Nursing/ Clinical Director to support.

* Service improvement plan in place and being implemented. Monthly review of progress with SMT.
* Recruitment plan to continue, positive impact being seen.
* Ongoing monthly conversations with commissioners about financial pressures and underfunding.
* There is a weekly meeting with primary care to maintain good communication and to review patient cases that require escalation.