

**Report to the Meeting of the
Oxford Health NHS Foundation Trust
Board of Directors**

(There was no Board of Directors Meeting held in August 2014 so the Extended Executive Team Meeting received the report on 19th August 2014)

August 2014

**Inpatient Safe Staffing
For Information**

Summary

This is the fourth monthly report to the Board of Directors presenting the actual nursing staff levels (registered and health care assistants) on each ward against their agreed expected levels for July 2014. The agreed expected (also known as planned) levels are reviewed at least twice a year summarised in the nursing establishment review report last presented to the Board of Directors in May 2014.

Appendix 1 presents the staffing levels by ward for July 2014 (running from 30th June 14 to 3rd August) with an explanation of the reasons for any variations, the actions and performance against key quality and workforce indicators. Half of the wards are reported to have no or low level concerns about achieving expected staffing levels. Where wards are not achieving their expected staffing levels the main reasons identified for these variances are recruitment to recently increased planned staffing levels, and recruitment difficulties in some geographical areas and in some specialties which require further strategic attention.

The staffing levels by ward continue to be reviewed shift by shift by ward staff and immediate managers, daily by Matrons and Heads of Nursing, and weekly by the Director of Nursing and Chief Operating Officer to ensure there is appropriate escalation and that staffing levels match the acuity and needs of patients to provide safe and effective care.

In May 2014 NHS England introduced an additional requirement to complete a monthly data submission via Unify on the number of expected hours registered and unregistered staff should work versus the number of actual hours worked split by day and night shifts. Our recent submission for July 2014 is summarised below and shown by ward in Appendix 2.

❖ Trust wide results submitted to Unify show:

98.7% of day shifts filled by registered staff (improvement on both the last 2 months)

96.3% of day shifts filled by unregistered staff (worse than last month)

92.5% of night shifts filled by registered staff (worse than both the last 2 months)

98.6% of night shifts filled by unregistered staff (improvement on the last month)

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When looking at the number of shifts which were staffed to expected levels, 16 out of 34 wards were shown to have no or low level concerns. 18 out of 34 wards were highlighted as having difficulties (moderate or high level of concern); however for all wards immediate steps were taken to ensure safe staffing was maintained for patient care and that these were closely monitored by senior staff.

The following wards were identified as high risk. This means a higher proportion of shifts did not meet planned staffing levels, posing a potential higher risk of an adverse impact on patient care.

- ❖ Cotswold House Marlborough, Kingfisher, Wenric, Ruby, Opal, Allen, Vaughan Thomas, Phoenix, Ashurst, Sandford, Cherwell and Witney Wenrisc community hospital ward.

The following wards were identified as moderate risk. This means planned staffing levels were not met regularly posing a potential moderate risk of an adverse impact on patient care.

- ❖ Highfield, Cotswold House Oxford, Lambourne, Sapphire, Wintle and Amber

The staffing levels are reviewed alongside a range of quality and workforce measures to look at the impact for patients. We have not identified a link between staffing levels achieved and adverse outcomes or experience for patients. We will continue to review the sensitivity of our measures.

Recommendations

The Board of Directors is requested to note the processes in place to ensure safe staffing levels on the wards in the organisation, those wards where there are exceptions and the actions being taken to ensure safe staffing on all our 34 wards.

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Lead Executive Director: Ros Alstead, Director of Nursing and Clinical Standards

A risk assessment has been undertaken around the legal issues that this paper presents and there are no issues that need to be referred to the Trust Solicitors

Report to the Meeting of the Oxford Health NHS Foundation Trust
Board of Directors

Inpatient Safe Staffing

August 2014. For Information

1. Introduction

Following the last report to the Board of Directors based on June 2014 data, this report presents the actual nursing staff levels (registered and unregistered) on each ward against their agreed expected levels for July 2014. The agreed expected (also known as planned) levels are reviewed at least twice a year summarised in the nursing establishment review report approved by the Board of Directors in May 2014 and subsequently published.

The staffing levels by ward are viewed shift by shift by ward staff and immediate managers, daily by Matrons and Heads of Nursing, and weekly by the Director of Nursing and Chief Operating Officer to ensure there is an appropriate level and skill mix of nursing staff to match the acuity and needs of patients to provide safe and effective care.

This report will be published on our website with a link from the NHS Choices website, alongside the other reports already published.

2. Monthly Unify Data Return

In May 2014 NHS England introduced a new requirement to complete a monthly data submission via unify on the number of expected hours registered and unregistered staff should work versus the number of actual hours worked split by day and night shifts. Our submission for July 2014 is summarised in table 1 below. The information will be published on the NHS Choices website at the end of August 2014 alongside national indicators for example staff Friends and Family Test and CQC inspection results. Appendix 2 gives a breakdown of the results by ward.

Table 1. Unify Return based on number of hours filled across staff team

	Day time Shifts (Early, Late and Twilight)		Night time Shift	
	Registered nurses	Unregistered staff	Registered nurses	Unregistered staff
May 2014	96.20%	94.50%	99.50%	99.80%
June 2014	96.9%	97.3%	95.6%	97.7%
July 2014	98.7%	96.3%	92.5%	98.6%

The data return via unify is in addition to the national expectations set out by the national quality board in February 2014 that:

- ❖ The board of directors should receive and publish information monthly to monitor staffing position. The report should include detail of which wards frequently fall short, the reasons, impact and action being taken.
- ❖ The Board of Directors should review staffing levels alongside bank and agency use and other workforce information.
- ❖ It is important to review and present the staffing position alongside patient outcomes and patient experience information.

It is currently hard to show comparative data to other trusts due to the level of detail published which is at ward or site level only, rather than speciality.

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3. Management of Staffing Levels

We have developed and implemented a weekly tool for each ward to complete to report and manage safe staffing levels on a day to day and shift by shift basis. The tool includes an internal RAG rating (Red, Amber, Green) which the Ward Manager/ Modern Matron completes and is verified by the Head of Nursing and/or the Head of Service from the Directorate to rate the level of concern based on the variances between expected and actual staffing levels, the use of temporary staff and includes the impact this had on patient care.

The staffing levels by ward for July 2014 with an explanation of the reasons for any variations, the actions and performance against key quality and workforce indicators is presented in Appendix 1. The information in Appendix 1 has been calculated based on number of shifts which was one or more members of staff below expected levels based on three shifts a day, rather than the NHS England return via unify mentioned above which is less sensitive as it is based on the number of hours filled in a month.

When looking at the number of shifts which were staffed to expected levels, 16 out of the 35 wards were shown to have no or low level concerns. The following wards were identified as high risk. For each of the wards the staffing levels were closely monitored by senior staff on a daily basis. The following actions were taken to achieve safe patient care on each ward; staff who are normally supernumerary to the nurse staffing numbers worked in a nursing role, staff were borrowed from other wards and staff worked flexibly sometimes working an extra hour at the beginning or end of a shift.

- ❖ Cotswold House Marlborough (Children and Young Peoples Directorate): 60% of shifts met expected staffing levels; this is a decline from last month. The main reasons are due to vacancies.
- ❖ Kingfisher (Adult Directorate): 62% of shifts met expected staffing levels; this is a decline from last month. The main reasons are due to vacancies and sickness.
- ❖ Wenric (Adult Directorate): 47% of shifts met expected staffing levels; this is a decline from last month. The main reasons are due to two members of staff being unable to carry out clinical duties whilst being pregnant and a staff member being taken away from the nursing team to supervise workmen on site during building improvements.
- ❖ Ruby (Adult Directorate): 54% of shifts met expected staffing levels; this is a decline from last month. Following a nursing establishment review the staffing on all of the adult mental health wards was increased to one more member of staff per shift from 5:5:4 to 6:6:5. As a consequence of recently moving to these enhanced staffing levels the ward has a number of vacancies to fill, and quite often the ward has been one person below on each shift. In addition the ward has 2 members of staff off clinical duties and 2 on maternity leave.
- ❖ Opal (Adult Directorate): 73% of shifts met expected staffing levels; this is the same from last month. The main reasons are due to sickness and the ward lending staff to the other acute adult wards due to prioritised patient need which has meant the expected staffing could not be met.
- ❖ Allen (Adult Directorate): 52% of shifts met expected staffing levels; this is a decline from last month. Following a nursing establishment review the staffing on all of the adult mental health wards was increased to one more member of staff per shift from 5:5:4 to 6:6:5. As a consequence of recently moving to these enhanced staffing levels the ward has a number of vacancies to fill, and quite often the ward has been one person below on each shift.
- ❖ Vaughan Thomas (Adult Directorate): 70% of shifts met expected staffing levels; this is the same from last month. Following a nursing establishment review the staffing on all of the adult mental health wards was increased to one more member of staff per shift from 5:5:4 to 6:6:5. As a consequence of recently moving to these enhanced staffing levels the ward has a number of vacancies to fill, and quite often the ward has been one person below on each shift.

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- ❖ Phoenix (Adult Directorate): 44% of shifts met expected staffing levels; this is the same from last month. Following a nursing establishment review the staffing on all of the adult mental health wards was increased to one more member of staff per shift from 5:5:4 to 6:6:5. As a consequence of recently moving to these enhanced staffing levels the ward has a number of vacancies to fill, and quite often the ward has been one person below on each shift.
- ❖ Wintle (Adult Directorate): 74% of shifts met expected staffing levels; this is an improvement from last month. Following a nursing establishment review the staffing on all of the adult mental health wards was increased to one more member of staff per shift from 5:5:4 to 6:6:5. As a consequence of recently moving to these enhanced staffing levels the ward has a number of vacancies to fill, and quite often the ward has been one person below on each shift.
- ❖ Ashurst (Adult Directorate): 54% of shifts met expected staffing levels; this is a decline from last month. The main reasons are due to vacancies and sickness.
- ❖ Sandford (Older People Directorate): 62% of shifts met expected staffing levels; this is a decline from last month. Following a nursing establishment review the staffing on all of the older adult mental health wards was increased from 5:4:3 to 5:5:4. As a consequence of moving to these enhanced staffing levels the ward has a number of vacancies to fill.
- ❖ Cherwell (Older People Directorate): 74% of shifts met expected staffing levels; this is an improvement from last month. Following a nursing establishment review the staffing on all of the older adult mental health wards was increased from 5:4:3 to 5:5:4. As a consequence of moving to these enhanced staffing levels the ward has a number of vacancies to fill.
- ❖ Wenrisc community hospital ward (Older People Directorate): 59% of shifts met expected staffing levels; this is a decline from last month. The main reasons are due to vacancies and sickness.

The following wards were identified as moderate risk:

- ❖ Highfield (Children and Young Peoples Directorate): 89% of shifts met expected staffing levels; this is an improvement from last month. Following a nursing establishment review the staffing was increased from 7:7:6 to 10:10:9. As a consequence of moving to these enhanced staffing levels the ward has a number of vacancies to fill.
- ❖ Cotswold House Oxford (Children and Young Peoples Directorate): 83% of shifts met expected staffing levels; this is an improvement from last month. The main reasons are due to vacancies and sickness.
- ❖ Lambourne (Adult Directorate): 78% of shifts met expected staffing levels; this is a decline from last month. The main reasons are due to vacancies and sickness.
- ❖ Sapphire (Adult Directorate): 83% of shifts met expected staffing levels; this is a decline from last month. Following a nursing establishment review the staffing on all of the adult mental health wards was increased to one more member of staff per shift from 5:5:4 to 6:6:5. As a consequence of recently moving to these enhanced staffing levels the ward has a number of vacancies to fill, and quite often the ward has been one person below on each shift.
- ❖ Amber (Adult Directorate): 81% of shifts met expected staffing levels; this is a decline from last month. Following a nursing establishment review the staffing on all of the adult mental health wards was increased to one more member of staff per shift from 5:5:4 to 6:6:5. As a consequence of recently moving to these enhanced staffing levels the ward has a number of vacancies to fill, and quite often the ward has been one person below on each shift.

4. Nursing Vacancies

Nursing vacancies are proactively being monitored and managed on a weekly and monthly basis with the Executive Team. We use national and localised recruitment campaigns to attract the right staff. In addition new long lines of work through approved agencies have been developed for community hospital wards to enable continuity of care whilst employing temporary staff.

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The number of adult physical health nursing training commissions has been increased significantly at Oxford Brookes University and across the Thames Valley in recognition of the challenges in recruiting adequate numbers of adult registered nurses. There is a steering group, led by Health Education Thames Valley, to support the implementation of this increase that we are participating in.

Whilst we actively recruit from the main universities that place nursing students on our wards, other initiatives are being tried to meet the demand, including considering requesting an increase in the mental health nurse training commissions with our link Universities.

5. Impact of Staffing Levels on Quality and Workforce Measures

A selection of key quality and workforce measures are presented alongside the staffing level information in Appendix 1. For the first time with the July 2014 data a RAG rating has been applied to the measures as applicable using the below thresholds.

Table 2. Thresholds for RAG ratings of quality and workforce measures

Indicator	Thresholds		
	Red	Amber	Green
Essential standards/ CHAT overall summary of result	Less than 74%	75%-89%	90% and above
Number of complaints	6 or more in 6 months	3-5 complaints	Less than 2
Number of local concerns	Not applicable		
Number of incidents	Not applicable – unless none reported		
% of incidents high or extreme risk	Not applicable		
Number of infection control outbreaks	Not applicable		
Patient feedback	Less than 74%	75%-89%	90% and above
% sickness	Above 5.1%	5%-3.6%	3.5% or less
Number of vacant posts	10 or more	5-9 posts	4 posts or less
% WTE bank and agency	Above 8.1%	8%-5.1%	5% or less
% of WTE sessional staff	Above 15%	10%-14.9%	9.9% or less

There does not appear to be a direct correlation yet between the staffing level information and the impact or early warning signs identified by the quality and workforce measures. We will continue to monitor and develop how the indicators over time.

6. Conclusion

This report is the fourth published monthly report on inpatient nurse staffing levels for July 2014.

As Director of Nursing I am satisfied we have responsive escalation processes in place to manage and monitor staffing safely on a shift by shift basis with senior staff giving appropriate support to ward teams. This report identifies discrepancies between expected and actual staffing levels on some wards in July 2014. For 16 wards there were no or only low level concerns related to achieving expected staffing levels. Our oversight and review process ensures risks to care are managed by the use of temporary staffing or we find nursing care has been safely delivered even if the expected staffing levels were not achieved on a particular shift.

Appendix 1 identifies 18 wards this month where there was a gap between expected and actual levels of staffing in the month which could have had a potential impact on patient care. For 11 of these 18 wards the reason the expected staffing levels were not achieved was due to a recent increase in staffing establishment which is still being recruited to. In addition there are recruitment difficulties in some geographical areas and in some specialties which require more strategic attention. Staffing can also be more challenging in the summer period with more staff wanting to take annual leave and less temporary staff available. The system for reliably supplying temporary staffing needs to improve and the trust has developed a plan to address this.

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Appendix 1. Further details on achieving expected staffing levels in July 2014

This is calculated based on number of shifts which are below expected levels, based on three to four shifts per day (early, late, night and twilight).

Internal risk rating system:

Green = 86% and above

Amber = 76-85%

Red = 75% or less

If there is high use of temporary staff (bank, agency or sessional) eg on over half of the shifts (10) then the risk will be rated as appropriate.

Key

Sessional staff are staff who are already employed by the Trust who work additional hours or shifts to their contract.

Registered clinical staff (reg) and unregistered non clinical staff eg healthcare assistants (unreg).

Notes

- Fiennes ward was closed on 26th June 2014. So has now been removed from reporting.
- Ashurst and Cherwell wards did not submit information for the week of 7th-13th July 2014.
- Phoenix ward did not submit information for the week of 14th-20th July 2014.
- Sandford ward did not submit information for the week of 21st-27th July 2014.

Wards	Number of shifts where staffing temporarily fell below expected levels	% of shifts where staffing met expected levels	Comparison with last month	Narrative to explain the reasons for any gaps and the impact	Actions	Quality and Workforce Measures										
						Essential Standard (June 14)/ CHAT (Q4 13/14) audits	Number of Complaints (last 6 mths)	Number of local concerns (last 6mths)	Total number of incidents (last 6mths)	% of incidents rated internally as extreme or high risk (last 6 mths)	Number of infection outbreaks (Q1 2014/15)	Patient feedback questions in essential standards (June 14)/ CHAT audit (Q4 13/14)	% sickness rate (July 14)	Number of vacant posts (as of 4 th Aug 14)	% WTE worked bank & agency (July14)	% WTE sessional staff (July 14)
Highfield Unit Beds: 18+ 4 day places Expected: 10:10:9	15/140	89.3%	Better (86%)	Following a nursing establishment review the staffing was increased from 7:7:6 to 10:10:9. As a consequence of moving to these enhanced staffing levels the ward has a number of vacancies to fill.	Recruitment underway to fill new establishment.	No data	1	8	206	1%	0	No data	0.8%	8 Reg. & 8 Unreg.	32%	5.1%

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Wards	Number of shifts where staffing temporarily fell below expected levels	% of shifts where staffing met expected levels	Comparison with last month	Narrative to explain the reasons for any gaps and the impact	Actions	Quality and Workforce Measures										
						Essential Standard (June 14)/ CHAT (Q4 13/14) audits	Number of Complaints (last 6 mths)	Number of local concerns (last 6mths)	Total number of incidents (last 6mths)	% of incidents rated internally as extreme or high risk (last 6 mths)	Number of infection outbreaks (Q1 2014/15)	Patient feedback questions in essential standards (June 14)/ CHAT audit (Q4 13/14)	% sickness rate (July 14)	Number of vacant posts (as of 4 th Aug 14)	% WTE worked bank & agency (July14)	% WTE sessional staff (July 14)
				<p>All the shifts below were in the day and mostly related to unregistered staff.</p> <p>Temporary staff are being used as far as possible.</p>												
<p>Marlborough House, Swindon</p> <p>Beds: 12</p> <p>Expected: 5:5:4 (+ 1 unregistered working 9am-5pm)</p>	0/105	100%	Better (99%)	Temporary staff are being used as far as possible when available.		85%	2	3	179	11%	0	98%	1.2%	0	5.9%	14%
<p>Cotswold House Marlborough</p> <p>Beds: 12</p> <p>Expected: 5:5:3</p>	42/105	60%	Worse (86%)	<p>High number of vacancies.</p> <p>The majority of shifts below were in the day and mostly related to registered staff.</p> <p>Sessional staff are being used to try and fill gaps due to vacancies.</p>	Recruitment is underway.	97%	1	6	28	0%	0	92%	1.4%	2 Reg. & 11 Unreg.	3.1%	9.2%
Cotswold	18/105	82.9%	Better	Gaps as a result of staff	Recruitment is	99%	3	11	102	27%	1	100%	1.8%	0 Reg.	12.1%	12.5%

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						Essential Standard (June 14)/ CHAT (Q4 13/14) audits	Number of Complaints (last 6 mths)	Number of local concerns (last 6mths)	Total number of incidents (last 6mths)	% of incidents rated internally as extreme or high risk (last 6 mths)	Number of infection outbreaks (Q1 2014/15)	Patient feedback questions in essential standards (June 14)/ CHAT audit (Q4 13/14)	% sickness rate (July 14)	Number of vacant posts (as of 4 th Aug 14)	% WTE worked bank & agency (July14)	% WTE sessional staff (July 14)
House Oxford Beds: 14 Expected: 5:5:3			(75%)	vacancies and sickness. All the shifts below were in the day and mostly related to unregistered staff. Temporary staff are being used as far as possible when available.	underway.						(suspected norovirus)			& 6 Unreg.		
Woodlands House Beds: 20 Expected: 5:4:4 (+unregistered working 9am-5pm)	10/105	90.5%	Better (87%)	The environment on the ward is being upgraded and an unregistered member of staff has been allocated to observe/ chaperon the building contractors on site each day Mon-Fri. All the shifts below were in the day and mostly related to unregistered staff. Temporary staff are being used as far as possible when available.	The building work is planned to be completed by October 2014, in the meantime the impact on staffing levels will continue to be closely monitored. Recruitment is underway.	97%	0	5	63	2%	0	100%	1.6%	2 Reg. & 1 Unreg.	0%	8.5%
Chaffron	11/105	89.5%	Same (89%)	Gaps as a result of staff sickness.	Sickness continues to be	100%	0	0	9	0%	0	100%	0.3%	0	1.9%	4.4%

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Wards	Number of shifts where staffing temporarily fell below expected levels	% of shifts where staffing met expected levels	Comparison with last month	Narrative to explain the reasons for any gaps and the impact	Actions	Quality and Workforce Measures										
						Essential Standard (June 14)/ CHAT (Q4 13/14) audits	Number of Complaints (last 6 mths)	Number of local concerns (last 6mths)	Total number of incidents (last 6mths)	% of incidents rated internally as extreme or high risk (last 6 mths)	Number of infection outbreaks (Q1 2014/15)	Patient feedback questions in essential standards (June 14)/ CHAT audit (Q4 13/14)	% sickness rate (July 14)	Number of vacant posts (as of 4 th Aug 14)	% WTE worked bank & agency (July14)	% WTE sessional staff (July 14)
Beds: 8 Expected: 3:3:2				All the shifts below were in the day and mostly related to unregistered staff.	monitored and management according to the policy.											
Kingfisher Beds: 16 Expected: 7:7:5	40/105	61.9%	Worse (67%)	Gaps due to staff vacancies and sickness. Newly qualified staff have been recruited however they are unable to start until Aug 14 so there is high use of sessional staff. Both day and night shifts are affected. There have been a number of nights shifts with gaps for registered staff.	Recruitment is underway.	95%	1	9	105	1%	0	94%	3.7%	12 Reg. & 6 Unreg. (Kingfisher & Kestrel)	0%	13.5%
Kestrel Beds: 10 Expected: 7:7:6	10/105	90.5%	Same (91%)	Gaps based on staff vacancies and achieving increased staffing levels to meet patient needs. The majority of shifts below were in the day and mostly related to unregistered staff. Newly qualified staff have	Recruitment is underway.	92%	0	6	164	1%	0	100%	2.8%		0%	20%

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Wards	Number of shifts where staffing temporarily fell below expected levels	% of shifts where staffing met expected levels	Comparison with last month	Narrative to explain the reasons for any gaps and the impact	Actions	Quality and Workforce Measures										
						Essential Standard (June 14)/ CHAT (Q4 13/14) audits	Number of Complaints (last 6 mths)	Number of local concerns (last 6mths)	Total number of incidents (last 6mths)	% of incidents rated internally as extreme or high risk (last 6 mths)	Number of infection outbreaks (Q1 2014/15)	Patient feedback questions in essential standards (June 14)/ CHAT audit (Q4 13/14)	% sickness rate (July 14)	Number of vacant posts (as of 4 th Aug 14)	% WTE worked bank & agency (July14)	% WTE sessional staff (July 14)
				been recruited however they are unable to start until Aug 14 so there is high use of temporary staff.												
Wenric Beds: 21 Expected: 7:6:5	56/105	46.7%	Worse (51%)	<p>The environment on the ward is being upgraded and an unregistered member of staff has been allocated to observe/ chaperon the building contractors on site each day Mon-Fri. In addition the ward has gaps due to sickness and 2 staff not being able to carry out clinical duties.</p> <p>The shifts below are in the day and night, and mostly relate to unregistered staff.</p> <p>Temporary staff are being used as far as possible when available.</p>	<p>The building work is planned to be completed by October 2014, in the meantime the impact on staffing levels will continue to be closely monitored.</p> <p>Sickness continues to be monitored and managed according to the policy.</p>	95%	0	0	23	0%	0	100%	3.7%	1 Reg. & 1 Unreg	7%	7%
Lambourne House	23/105	78%	Worse (97%)	Gaps based on staff vacancies, maternity leave and sickness.	Recruitment is underway.	100%	0	5	42	5%	0	100%	3.3%	0 Reg. & 2	0%	2.4%

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Wards	Number of shifts where staffing temporarily fell below expected levels	% of shifts where staffing met expected levels	Comparison with last month	Narrative to explain the reasons for any gaps and the impact	Actions	Quality and Workforce Measures										
						Essential Standard (June 14)/ CHAT (Q4 13/14) audits	Number of Complaints (last 6 mths)	Number of local concerns (last 6mths)	Total number of incidents (last 6mths)	% of incidents rated internally as extreme or high risk (last 6 mths)	Number of infection outbreaks (Q1 2014/15)	Patient feedback questions in essential standards (June 14)/ CHAT audit (Q4 13/14)	% sickness rate (July 14)	Number of vacant posts (as of 4 th Aug 14)	% WTE worked bank & agency (July14)	% WTE sessional staff (July 14)
Beds: 15 Expected: 3:3:2				All the shifts below are in the day and mostly relate to unregistered staff.										Unreg.		
Watling Beds: 20 Expected: 9:9:8	12/105	88.6%	Worse (95%)	Gaps on the ward as a result of vacancies and staff sickness. The majority of shifts below were in the day and relate to unregistered staff. High use of sessional staff to meet current vacancies.	Sickness continues to be monitored and managed according to the policy.	98%	0	5	48	2%	0	100%	2.4%	0 Reg. & 3 Unreg.	3.3%	13%
Glyme Beds: 17 Expected: 5:5:3 (+ unregistered working Mon-Fri)	11/105	89.5%	Worse (98%)	Gaps on the ward as a result of vacancies and staff sickness. The majority of shifts below were in the day.	Sickness continues to be monitored and managed according to the policy.	97%	1	5	36	6%	0	94%	1.7%	2 Reg. & 3 Unreg.	0%	13%
Kennet Beds: 15 Expected: 6:6:5 (+ 1)	4/105	96.2%	Worse (99%)	Gaps on the ward as a result of vacancies. Sessional staff are being used as far as possible when available.	Recruitment is underway.	99%	1	15	72	4%	0	98%	2%	4 Reg. & 2 Unreg.	0%	14.9%

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						Essential Standard (June 14)/ CHAT (Q4 13/14) audits	Number of Complaints (last 6 mths)	Number of local concerns (last 6mths)	Total number of incidents (last 6mths)	% of incidents rated internally as extreme or high risk (last 6 mths)	Number of infection outbreaks (Q1 2014/15)	Patient feedback questions in essential standards (June 14)/ CHAT audit (Q4 13/14)	% sickness rate (July 14)	Number of vacant posts (as of 4 th Aug 14)	% WTE worked bank & agency (July14)	% WTE sessional staff (July 14)
unregistered working 9am-5pm)																
Sapphire Beds: 20 (+S136 place of safety) Expected: 6:6:4	18/105	82.9%	Worse (86%)	<p>Following a nursing establishment review the staffing on all of the adult mental health wards was increased to one more member of staff per shift (from 5:5:4 to 6:6:4). As a consequence of moving to these enhanced staffing levels the ward has a number of vacancies to fill. In addition the ward has 2 members of staff off clinical duties.</p> <p>The majority of shifts below were in the day.</p> <p>High use of temporary staff to try and meet expected staffing levels.</p>	Recruitment is underway.	71%	2	6	162	0%	1 (suspected norovirus)	70%	0.4%	4 Reg. & 1 Unreg.	9.2%	6.3%
Ruby Beds: 20 Expected: 6:6:4	48/105	54.3%	Worse (72%)	Following a nursing establishment review the staffing on all of the adult mental health wards was increased to one more	Recruitment is underway to fill new establishment.	86%	1	10	283	2%	0	86%	0.6%	1 Reg. & 3 Unreg.	16.5%	4.9%

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Wards	Number of shifts where staffing temporarily fell below expected levels	% of shifts where staffing met expected levels	Comparison with last month	Narrative to explain the reasons for any gaps and the impact	Actions	Quality and Workforce Measures										
						Essential Standard (June 14)/ CHAT (Q4 13/14) audits	Number of Complaints (last 6 mths)	Number of local concerns (last 6mths)	Total number of incidents (last 6mths)	% of incidents rated internally as extreme or high risk (last 6 mths)	Number of infection outbreaks (Q1 2014/15)	Patient feedback questions in essential standards (June 14)/ CHAT audit (Q4 13/14)	% sickness rate (July 14)	Number of vacant posts (as of 4 th Aug 14)	% WTE worked bank & agency (July14)	% WTE sessional staff (July 14)
				<p>member of staff per shift (from 5:5:4 to 6:6:4). As a consequence of moving to these enhanced staffing levels the ward has a number of vacancies to fill. In addition the ward has 2 members of staff off clinical duties and 2 on maternity leave.</p> <p>The majority of shifts below were in the day.</p> <p>Temporary staff are being used as far as possible when available.</p>												
Opal Beds: 20 Expected: 5:5:4	28/105	73%	Same (75%)	<p>The gaps are due to sickness and the ward lending staff to the other acute adult wards due to prioritised patient need which has meant the expected staffing could not be met.</p> <p>The majority of shifts below were in the day.</p>	Continue to monitor staff being lent to other wards and impact.	72%	0	6	62	2%	0	86%	1.4%	1 Reg. & 0 Unreg.	0.3%	6.5%

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						Essential Standard (June 14)/ CHAT (Q4 13/14) audits	Number of Complaints (last 6 mths)	Number of local concerns (last 6mths)	Total number of incidents (last 6mths)	% of incidents rated internally as extreme or high risk (last 6 mths)	Number of infection outbreaks (Q1 2014/15)	Patient feedback questions in essential standards (June 14)/ CHAT audit (Q4 13/14)	% sickness rate (July 14)	Number of vacant posts (as of 4 th Aug 14)	% WTE worked bank & agency (July14)	% WTE sessional staff (July 14)
				Sessional staff are being used as far as possible when available.												
Allen Beds: 21 Expected: 6:6:4	50/105	52%	Worse (66%)	<p>Following a nursing establishment review the staffing on all of the adult mental health wards was increased to one more member of staff per shift (from 5:5:4 to 6:6:4). As a consequence of moving to these enhanced staffing levels the ward has a number of vacancies to fill.</p> <p>The majority of shifts below were in the day and related to unregistered staff.</p> <p>High use of temporary staff particularly for registered staff.</p>	Recruitment is underway.	86%	0	14	111	0%	0	80%	1.5%	7 Reg. & 4 Unreg.	32%	3.2%
Wintle Beds: 16 Expected: 6:6:4	27/105	74%	Better (69%)	Following a nursing establishment review the staffing on all of the adult mental health wards was increased to one more	Recruitment is underway.	92%	1	25	132	2%	0	79%	1.5%	8 Reg. & 5 Unreg.	17.9%	1.8%

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Wards	Number of shifts where staffing temporarily fell below expected levels	% of shifts where staffing met expected levels	Comparison with last month	Narrative to explain the reasons for any gaps and the impact	Actions	Quality and Workforce Measures										
						Essential Standard (June 14)/ CHAT (Q4 13/14) audits	Number of Complaints (last 6 mths)	Number of local concerns (last 6mths)	Total number of incidents (last 6mths)	% of incidents rated internally as extreme or high risk (last 6 mths)	Number of infection outbreaks (Q1 2014/15)	Patient feedback questions in essential standards (June 14)/ CHAT audit (Q4 13/14)	% sickness rate (July 14)	Number of vacant posts (as of 4 th Aug 14)	% WTE worked bank & agency (July14)	% WTE sessional staff (July 14)
				<p>member of staff per shift (from 5:5:4 to 6:6:4). As a consequence of moving to these enhanced staffing levels the ward has a number of vacancies to fill.</p> <p>The majority of shifts below were in the day and related to unregistered staff.</p> <p>High use of temporary staff to meet vacancies.</p>												
Vaughan Thomas Beds: 18 Expected: 6:6:4	32/105	69.5%	Same (72%)	<p>Following a nursing establishment review the staffing on all of the adult mental health wards was increased to one more member of staff per shift (from 5:5:4 to 6:6:4). As a consequence of moving to these enhanced staffing levels the ward has a number of vacancies to fill.</p> <p>The majority of shifts</p>	Recruitment is underway.	98%	2	11	115	2%	0	97%	0.6%	10 Reg. & 4 Unreg.	24%	5.6%

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						Essential Standard (June 14)/ CHAT (Q4 13/14) audits	Number of Complaints (last 6 mths)	Number of local concerns (last 6mths)	Total number of incidents (last 6mths)	% of incidents rated internally as extreme or high risk (last 6 mths)	Number of infection outbreaks (Q1 2014/15)	Patient feedback questions in essential standards (June 14)/ CHAT audit (Q4 13/14)	% sickness rate (July 14)	Number of vacant posts (as of 4 th Aug 14)	% WTE worked bank & agency (July14)	% WTE sessional staff (July 14)
				below were in the day and related to unregistered staff. High use of temporary staff to meet vacancies.												
Phoenix Beds: 21 (+S136 place of safety) Expected: 6:6:4	47/84*	44%	Same (46%)	Following a nursing establishment review the staffing on all of the adult mental health wards was increased to one more member of staff per shift (from 5:5:4 to 6:6:4). As a consequence of moving to these enhanced staffing levels the ward has a number of vacancies to fill. The ward particularly struggled with meeting unregistered staff levels in the day and registered staff levels at night. High use of temporary staff to meet vacancies.	Recruitment is underway.	58%	2	10	127	2%	0	82%	1.3%	4 Reg. & 13 Unreg.	18.7%	10%
Ashurst PICU	39/84*	53.6%	Worse (78%)	Gaps as a result of staff sickness and vacancies.	Recruitment is underway.	82%	3	28	280	3%	0	68%	3.9%	6 Reg. &	5.4%	16%

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Wards	Number of shifts where staffing temporarily fell below expected levels	% of shifts where staffing met expected levels	Comparison with last month	Narrative to explain the reasons for any gaps and the impact	Actions	Quality and Workforce Measures										
						Essential Standard (June 14)/ CHAT (Q4 13/14) audits	Number of Complaints (last 6 mths)	Number of local concerns (last 6mths)	Total number of incidents (last 6mths)	% of incidents rated internally as extreme or high risk (last 6 mths)	Number of infection outbreaks (Q1 2014/15)	Patient feedback questions in essential standards (June 14)/ CHAT audit (Q4 13/14)	% sickness rate (July 14)	Number of vacant posts (as of 4 th Aug 14)	% WTE worked bank & agency (July14)	% WTE sessional staff (July 14)
Beds: 13 (+S136 place of safety) Expected: 8:8:6				Sessional staff are being used as far as possible when available.									1 Unreg.			
Sandford Beds: 17 Expected: 5:5:4	32/84*	61.9%	Worse (74%)	Following a nursing establishment review the staffing on all of the older adult mental health wards was increased. As a consequence of moving to these enhanced staffing levels the ward has a number of vacancies to fill. The majority of shifts below were in the night and related to registered staff. High use of temporary staff to try and fill vacancies.	Recruitment is underway.	94%	1	6	166	2%	0	100%	0.5%	2 Reg. & 3 Unreg.	13%	14%
Cherwell Beds: 17 Expected: 5:5:4	22/84*	73.8%	Better (62%)	Following a nursing establishment review the staffing on all of the older adult mental health wards was increased. As a consequence of moving to	Recruitment is underway.	95%	0	2	67	5%	0	100%	0.9%	2 Reg. & 3 Unreg.	22.5%	7.8%

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						Essential Standard (June 14)/ CHAT (Q4 13/14) audits	Number of Complaints (last 6 mths)	Number of local concerns (last 6mths)	Total number of incidents (last 6mths)	% of incidents rated internally as extreme or high risk (last 6 mths)	Number of infection outbreaks (Q1 2014/15)	Patient feedback questions in essential standards (June 14)/ CHAT audit (Q4 13/14)	% sickness rate (July 14)	Number of vacant posts (as of 4 th Aug 14)	% WTE worked bank & agency (July14)	% WTE sessional staff (July 14)
				<p>these enhanced staffing levels the ward has a number of vacancies to fill.</p> <p>The majority of shifts below were in the night and related to registered staff.</p> <p>High use of temporary staff to try and fill vacancies.</p>												
Amber Beds: 20 Expected: 6:6:4	20/105	81%	Worse (86%)	<p>Gaps as a result of staff sickness (long term and short term) and maternity leave.</p> <p>The majority of shifts below were in the day and related to unregistered staff.</p> <p>Sesisonal staff are being used to cover sickness and vacancies.</p>	Sickness continues to be monitored and managed according to the policy.	95%	1	12	122	3%	0	98%	2.2%	1 Reg. & 1 Unreg.	2.5%	11%
Bicester Beds: 11	13/105	87.6%	Worse (89%)	Gaps as a result of staff sickness and emergency leave.	Recruitment is underway.	87%	0	0	31	0%	0	90%	1.6%	0 Reg. & 3	22.5%	2.4%

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						Essential Standard (June 14)/ CHAT (Q4 13/14) audits	Number of Complaints (last 6 mths)	Number of local concerns (last 6mths)	Total number of incidents (last 6mths)	% of incidents rated internally as extreme or high risk (last 6 mths)	Number of infection outbreaks (Q1 2014/15)	Patient feedback questions in essential standards (June 14)/ CHAT audit (Q4 13/14)	% sickness rate (July 14)	Number of vacant posts (as of 4 th Aug 14)	% WTE worked bank & agency (July14)	% WTE sessional staff (July 14)
Expected: 4:3:3				Both day and night shifts were below and related mostly to registered staff. High use of temporary staff.									Unreg.			
Didcot Beds: 12 Expected: 4:4:3	11/105	89.5%	Worse (100%)	Gaps as a result of vacancies.	Recruitment is underway.	89%	0	5	75	8%	0	No data	1.9%	1 Reg. & 0 Unreg.	0%	0%
Abingdon ward 1 Beds: 18 Expected: 8:5:3	15/105	85.7%	Same (85%)	Gaps as a result of staff vacancies. Majority of shifts below were in the day and related to unregistered staff. High use of temporary staff to fill vacancies using long lines of work (8-10 shifts per week) through approved agency which enables the ward to employ the same staff over a period of time to improve continuity of	Recruitment is underway.	87%	1	1	109	4%	0	97%	1.3%	2 Reg. & 2 Unreg.	3.7%	3.6%

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						Essential Standard (June 14)/ CHAT (Q4 13/14) audits	Number of Complaints (last 6 mths)	Number of local concerns (last 6mths)	Total number of incidents (last 6mths)	% of incidents rated internally as extreme or high risk (last 6 mths)	Number of infection outbreaks (Q1 2014/15)	Patient feedback questions in essential standards (June 14)/ CHAT audit (Q4 13/14)	% sickness rate (July 14)	Number of vacant posts (as of 4 th Aug 14)	% WTE worked bank & agency (July14)	% WTE sessional staff (July 14)
				care.												
Abingdon ward 2 Beds: 26 Expected: 9:6:4	14/105	86.7%	Better (82%)	Gaps as a result of staff vacancies and sickness. All the shifts below were in the day and related to registered staff. High use of temporary staff to fill vacancies using long lines of work through approved agency which enables us to employ the same staff over a period of time to improve continuity of care.	Recruitment is underway.	85%	2	0	160	3%	2 (1 confirmed norovirus & 1 CDI unavoidable)	94%	1.6%	6 Reg. & 1 Unreg.	26.1%	2.4%
Henley Peppard ward Beds: 14 Expected: 4:4:3	7/105	93.3%	Same (93%)	Gaps as a result of staff vacancies.	Recruitment is underway.	94%	0	9	34	6%	0	98%	0.3%	2 Reg. & 0 Unreg.	4.4%	6.6%
Wantage Beds: 12 Expected: 4:3:3	3/105	97.1%	Same (97%)			94%	0	0	62	2%	0	90%	0.6%	0	6.8%	5.6%
Wallingford St Leonards ward	0/140	100%	Same (100%)	Temporary staff were used to ensure all shifts have	Recruitment is underway.	90%	1	14	112	14%	0	76%	1,6%	3 Reg. &	22.5%	2.4%

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						Essential Standard (June 14)/ CHAT (Q4 13/14) audits	Number of Complaints (last 6 mths)	Number of local concerns (last 6mths)	Total number of incidents (last 6mths)	% of incidents rated internally as extreme or high risk (last 6 mths)	Number of infection outbreaks (Q1 2014/15)	Patient feedback questions in essential standards (June 14)/ CHAT audit (Q4 13/14)	% sickness rate (July 14)	Number of vacant posts (as of 4 th Aug 14)	% WTE worked bank & agency (July14)	% WTE sessional staff (July 14)
Beds: 22 Expected: 6:5:3				been fully staffed to expected levels despite vacancies.									3 Unreg.			
City Beds: 20 Expected: 7:5:3	15/140	89.3%	Better (78%)	Gaps as a result of staff vacancies and sickness. All the shifts below were in the day and mostly related to unregistered staff. High use of temporary staff to fill vacancies.	Recruitment is underway.	79%	0	4	86	24%	0	97%	1.9%	1.4 Reg. & 0 Unreg.	8.8%	3.3%
Witney Linfoot ward Beds: 30 Expected: 10:8:5	14/105	86.7%	Better (79%)	Gaps as a result of staff vacancies and 2 staff on maternity leave. All the shifts below were in the day and mostly related to unregistered staff. The ward is using temporary staff to fill vacancies using long lines of work (5 shifts a week) through approved agency which enables us to	Recruitment is underway.	81%	1	7	174	17%	1 (suspected norovirus)	95%	1.9%	1 Reg. & 3 Unreg.	4.7%	2.5%

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				employ the same staff over a period of time to improve continuity of care.												
Witney wenrisc ward Beds: 30 Expected: 10:9:5	43/105	59%	Worse (79%)	Gaps as a result of staff vacancies, staff on maternity leave and staff off sick. Both day and nights shifts were below expected levels.	Recruitment is underway.	79%	1	10	102	7%	0	87%	2.1%	5 Reg. & 10 Unreg.	4.2%	0.1%

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Appendix 2. Data return via Unify

