Oxford Health NHS

NHS Foundation Trust

Report to the Meeting of the **Oxford Health NHS Foundation Trust** **Board of Directors**	**BOD 22/2015** (Agenda item: 8)

February 2015

Inpatient Safer Staffing (Nursing)

For Information

Summary

The National Quality Board published guidance in November 2013, *How to ensure the right people, with the right skills, are in the right place at the right time* set and this was followed in March 2014 by NHS England issuing further guidance on the expectations for providers in relation to getting inpatient nursing and care staffing right, *Hard Truths Commitments Regarding the Publishing of Staffing Data*. The expectations include the monthly reporting of actual staffing levels and at least a six monthly report on recommendations following a review of expected staffing levels to the Board of Directors which are then published. In November 2014 further guidance was published by NHS England which we are preparing to implement. This guidance is additionally requiring wards to report on the percentage of direct care provided by nursing teams using a recognised methodology for example productive care activity follows. A baseline assessment has to be undertaken by the summer of 2015. NICE is also developing evidence based safe staffing guidance for mental health services during 2015/6.

This is the 9th monthly report to the Board of Directors presenting the actual nurse staff levels (registered and unregistered) on each ward against their agreed expected levels for January 2015.

The staffing levels by ward are reviewed shift by shift by ward staff and immediate managers, daily by Modern Matrons and weekly by the Heads of Nursing, Director of Nursing and Clinical Standards 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. Throughout January 2015 all wards were staffed safely, this was achieved in some wards through use of our staff working extra paid shifts and external temporary staff.

Based on the staffing levels in January 2015, 12 out of 34 wards were identified as having the most difficulties across the month in achieving expected staffing levels on every shift (with 75% or less of shifts fully staffed). Across the majority of these wards the staffing levels have varied week to week which highlights the importance of a weekly review. In comparison to last month (December 2014) eight wards remain a concern, two wards are no longer identified as a potential concern and four wards have been added.

Nursing vacancies are the main reason for under staffing on the shifts for many wards, related to recruitment difficulties in some geographical areas and some specialties which are also reflected nationally. The number of vacancies has also increased due to an increase in staffing establishment (and therefore expected staffing levels) on a number of wards in the last year which is taking time to recruit into. Vacancies are being monitored and managed on a weekly and monthly basis with the Executive Team. To strategically address the challenges with nursing vacancies the trust has initiated a values based recruitment project and recruitment action plan, further details below.

The secondary reason for difficulties with staffing is due to a rising level of sickness which given the season will have a number of contributory causes but never the less is being actively examined and solutions put in place. At this time of year the need to sustain, and in our community hospitals increase capacity is always a pressure. Carefully balancing the available nursing resource to ensure patients receive safe and effective care with a positive experience is carried out on a shift by shift basis.

Recommendations

The Board is asked to note:

❖ The processes in place to monitor safe staffing levels on the wards, those wards where there are difficulties and the actions being taken to ensure safe staffing on all 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
February 2015

For Information

1. Introduction

Following the last report to the Board of Directors, this report presents the actual nursing staff levels (registered and unregistered) on each ward against their agreed expected levels for January 2015 (from 5th January to 1st February 2015). The agreed expected (also known as planned) levels are reviewed at least twice a year summarised in the nursing establishment review report which was last presented to the Board of Directors in October 2014.

In November 2014 further guidance was published by NHS England which we are preparing to implement. This guidance is additionally requiring wards to report on the percentage of direct care provided by nursing teams using a recognised methodology for example productive care activity follows. A baseline assessment has to be undertaken by the summer of 2015. NICE is also developing evidence based safe staffing guidance for mental health services during 2015/6.

The staffing levels by ward are reviewed shift by shift by ward staff and immediate managers, daily by Modern Matrons and weekly by the Heads of Nursing, 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. Throughout January 2015 all wards were staffed to achieve safe staffing levels; however this has been achieved in some wards through the use of additional shifts worked by our staff and the use of external temporary staff.

This report will be published on our website with a link from and to the NHS Choices website.

2. Monthly Unify Data Return

In May 2014 NHS England introduced a requirement to complete a monthly data submission via unify on the number of expected hours staff should work versus the number of actual hours worked split by day and night shifts. Our submission across all wards for January 2015 is summarised in table 1 below. The information will be published on the NHS Choices website alongside national indicators around quality of care e.g. staff Friends and Family Test and CQC inspection results. Appendix 2 gives a breakdown of the results by ward. This measure is less sensitive as it looks at the number of hours worked over an entire month rather than number of times a shift could not be fully staffed.

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

	Day time Shifts (Early, Late, Twilight and cross shifts)		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%
August 2014	95.1%	93.4%	94.9%	97.5%
September 2014	95.6%	93.9%	95.5%	96.4%
October 2014	96.1%	95.1%	96%	96.3%
November 2014	95.5%	94%	94.8%	98.1%
December 2014	95.1%	94.1%	95.1%	97.3%
January 2015	95.2%	94.7%	96%	97.8%

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.

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 potential level of concern and impact on patient care based on the variances between expected and actual staffing levels and the use of temporary staff. The tool is not currently able to report on when individual shifts are staffed over expected levels to meet patient acuity.

When looking at the number of shifts which were fully staffed to expected levels, the following 12 out of 34 wards were identified as having the most difficulties across the month in achieving expected staffing levels on every shift (with 75% or less of shifts fully staffed to expected levels). However all wards did maintain minimum staffing levels to remain safe to deliver patient care. Across the majority of these wards the staffing levels have varied week to week which highlights the importance of a weekly review. In comparison to last month (December 2014) eight wards remain a concern, two wards are no longer identified as a potential concern and four wards have been added.

To ensure minimum safe staffing on every ward on a shift by shift basis a number of actions were taken specific to each ward for example the:

➢ Managing capacity by reducing bed numbers in wards temporarily
➢ Level of need has been taken into account when deciding which ward to admit patients
➢ Staff who are normally supernumerary to the nurse staffing numbers (such as, modern matrons and ward managers) have worked as part of the nursing shift numbers
➢ Staff were borrowed from other wards to increase the staff to patient ratio
➢ Staff worked flexibly, sometimes working an extra hour at the beginning or end of a shift whilst additional staff are found
➢ 'Long lines of work' were established with agency staff to improve continuity of care and reliability of temporary staff

4. Quality and workforce indicators

We continue to develop the quality and workforce indicators selected to be reviewed alongside the staffing level information to identify if and when the quality of care has declined, representing those most similar to the acute nursing red flags recommended by NICE and described in the *Safer staffing: a guide to care contact time* (November 2014). Two additional indicators have been added to include turnover as a rolling % over the last 12 months and looking at types of incidents in more detail. For the adult and CAMHS mental health wards we have added AWOL incidents (patient's going missing or not returning form leave on time) and for the community hospitals and older adult mental health wards the number of falls incidents. The AWOL and falls incidents show massive variations from month to month, however. Appendix 1 shows each wards performance against the indicators.

It remains difficult to be confident of any associations between different KPIs and staffing levels. By ward the fluctuations across the indicators do not currently show a trend, but over time this may

change as more information is available. However we continue to monitor the performance of the indicators as they may be able to indicate a possible flag to ask more questions and to review the quality of care.

5. Highlighted wards

The 12 wards having the most difficulty in achieving expected staffing levels on every shift (with 75% or less of shifts fully staffed to expected levels) are shown below.

> *Notes:*
> *1. A ward is described as having a difficult week staffing if more than 10 shifts across the week were not fully staffed to expected levels or if more than 7 day or night shifts were not fully staffed across the week.*
> *2. A day shift includes two main shifts an early and late, plus some wards use additional shifts called a twilight shift and/ or a cross shift.*
> *3. A night shift includes one shift.*
> *4. Cherwell, Amber and Abingdon ward 1 did not submit data for one week, 12-18th Jan 2015.*

Vaughan Thomas (Adult Directorate – adult mental health ward): 46% of shifts were fully staffed to expected levels (improvement from last month). The shifts below related to registered and unregistered staff on day shifts and unregistered staff on night shifts. Staffing was more difficult across all four weeks. The main reason was due to vacancies (24.9%, 9.95 WTE) as the increased establishment is achieved, and medium/ long tern sickness (9.41%). As of the beginning of February 2015 seven WTE registered and six WTE unregistered vacancies are being recruited to of which four registered posts have been offered. The interviews for the unregistered posts are due to take place in February 2015.

Wintle (Adult Directorate – adult mental health ward): 62% of shifts were fully staffed to expected levels (improvement from last month). The shifts below related to registered staff on day shifts. Staffing was more difficult on three of the weeks. The main reason was due to vacancies (26.5%, 10.58 WTE) as the increased establishment is achieved. As of the beginning of February 2015 four WTE registered and three WTE unregistered vacancies are being recruited to of which one registered post has been offered. Interviews for registered and unregistered posts are due to take place in February 2015. There has been one SIRI which is being investigated.

Opal (Adult Directorate – adult mental health ward): 60% of shifts were fully staffed to expected levels (improvement from last month). The shifts below related to registered staff on day and night shifts. Staffing was more difficult on three of the weeks. The main reasons were due to vacancies (5.8%, 2.23 WTE) as the increased establishment is achieved and lending staff to work on other wards. As of the beginning of February 2015 one WTE registered vacancy is being recruited to and advert is still live.

Ruby (Adult Directorate – adult mental health ward): 63% of shifts were fully staffed to expected levels (improvement from last month). The shifts below related to registered staff on day shifts. Staffing was more difficult on three of the weeks. The main reason was due to vacancies (11.9%, 4.75 WTE) as the increased establishment is achieved. As of the beginning of February 2015 two WTE registered and two WTE unregistered vacancies are being recruited to of which three posts have been offered.

Sandford (Older People Directorate – older people mental health ward): 73% of shifts were fully staffed to expected levels (improvement from last month). The shifts below related to unregistered staff on day shifts. Staffing was not particularly difficult on any one week. The main reasons were due to medium/ long term sickness (5.41%) and vacancies (14.9%, 5.50 WTE). As of the beginning of February 2015 no posts are currently being advertised or in the recruitment process.

Bicester ward (Older People Directorate – community hospital): 69% of shifts were fully staffed to expected levels (decline from last month). The shifts below related to unregistered staff on day shifts

and registered staff on night shifts. Staffing was more difficult on one of the weeks. The main reasons were due to sickness (7.07%) split evenly between short term and long term, and vacancies (13.8%, 3.36 WTE). As of the beginning of February 2015 two WTE unregistered posts have been recruited to and waiting for start dates.

Peppard ward Henley (Older People Directorate): 75% of shifts were fully staffed to expected levels (same as last month). The shifts below relate to registered on night shifts. Staffing was more difficult on one of the weeks. The main reason is due to sickness (6.68%), of which most is short term. As of the beginning of February 2015 two WTE registered vacancies are being recruited to and advert is still live.

Cotswold House Marlborough (Children and Young People Directorate – eating disorder ward): 75% of shifts were fully staffed to expected levels (decline from last month). The shifts below relate to registered staff on day shifts. Staffing was not particularly difficult on any one week. The main reason was due to vacancies (3.1%, 0.92 WTE). As of the beginning of February 2015 four WTE registered vacancies are being recruited to of which all four have been offered.

Lambourne (Adult Directorate – forensic ward): 64% of shifts were fully staffed to expected levels (decline from last month). The shifts below related to unregistered staff on day shifts. Staffing was more difficult on three of the weeks. The main reasons were due to medium and long term sickness (8.02%). As of the beginning of February 2015 no posts are currently being advertised or in the recruitment process.

Wenric (Adult Directorate – forensic ward): 51% of shifts were fully staffed to expected levels (improvement from last month). The shifts below related to unregistered staff on day and night shifts. Staffing was more difficult on two of the weeks. The main reasons were due to sickness (7.62%), vacancies (12.9%, 5.54 WTE), staff supervising workmen and a member of staff suspended. As of the beginning of February 2015 three WTE registered and one WTE unregistered vacancies are being advertised of which two posts have been offered.

Kennet (Adult Directorate – forensic ward): 74% of shifts were fully staffed to expected levels (same as last month). The shifts below related to unregistered on day shifts. Staffing was more difficult across one week. The main reasons are due to vacancies (9.3%, 3.32 WTE) and medium/ long term sickness (6.41%). As of the beginning of February 2015 four WTE registered and three WTE unregistered vacancies are being advertised of which five posts have been offered.

Kingfisher (Adult Directorate – forensic ward): 73% of shifts were fully staffed to expected levels (same as last month). The shifts below related to unregistered staff on day shifts. Staffing was not particularly difficult on any one week. The main reasons are due to vacancies (12.1%, 5.10 WTE) and short term sickness (3.15%). As of the beginning of February 2015 three WTE registered and one WTE unregistered vacancies are being advertised by both Kingfisher and Kestrel wards, of which one has been offered.

6. Nursing Vacancies

Nursing vacancies are the main reason the wards have challenges with staffing shifts, related to recruitment difficulties in some geographical areas e.g. Oxford City, Abingdon and Henley and some specialties which are also reflected nationally e.g. registered mental health nurses for adult acute and forensic wards. The number of vacancies has also increased due to an increase in staffing establishment (and therefore expected staffing levels) on a number of wards over the last year which is taking time to recruit into. Vacancies are being monitored and managed on a weekly and monthly basis with the Executive Team. To strategically address the challenges with nursing vacancies the trust has initiated a values based recruitment project and recruitment action plan, further details below.

In addition to our focus on improving recruitment sickness levels seem to be rising for a number of wards as shown above; the issues are being examined on a ward by ward basis, supported by HR, as this could be an early warning sign.

Values Based Recruitment
A draft Values Based Behavioural Framework was developed following staff interviews conducted in the summer 2014 and this is currently being finalised. Work has begun on updating recruitment materials and our website pages. Training materials are currently under development with the first group of managers due to be trained before the end of March 2015.

Recruitment Action Plan
A Recruitment Action Group has been established with the main focus on discussing and trialling candidate attraction strategies. Further detailed work has commenced on identifying temporary accommodation for new staff, developing closer links with Universities, taking part in external recruitment fairs (two fairs attended in January 2015), holding internal open days on hospital sites (two days held in January 2015 and two further days arranged in February 2015), career progression for unregistered staff plus equity in banding, and considering how to more fully utilise social media.

7. National Picture
In response to the Francis enquiry, NICE was asked to develop evidence-based guidelines on safe staffing for the NHS and to review and endorse any associated toolkits. NICE has been asked by the Department of Health and NHS England to produce guidelines for a variety of different settings, including mental health inpatient settings. A draft scope for the development of a new guideline for mental health inpatient settings was consulted on in December 2014.

The CQC has also consulted on 11 new fundamental standards to replace the current essential quality and safety standards from 1st April 2015, and one of the standards is for each provider to ensure there are sufficient numbers of suitably qualified, skilled and experienced staff to be able to deliver high quality care. This standard on staffing applies to all settings both inpatient and community and requires a provider to have a system to determine the number of staff required and staffing levels and skill mix are monitored to respond to changing needs of patients.

8. Conclusion
As the Director of Nursing and Clinical Standards 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.

There are differences between expected and actual staffing levels on a number of our wards in January 2015; 12 out of 34 wards were identified as having the most difficulties across the month. Across the majority of these wards the staffing levels have varied week to week which highlights the importance of a weekly review. In comparison to last month's report (December 2014) eight wards remain a concern, two wards are no longer identified as a potential concern and four wards have been added.

Our oversight and review processes ensure any possible risks to care are managed and we use a range of immediate actions, as highlighted above, to ensure safe staffing and high quality patient care. We continue to develop and review quality and workforce measures alongside the staffing levels each month. The main reason wards have been unable to fully staff every shift is due to vacancies related to recruitment difficulties in some geographical areas and some specialties which we are giving more strategic attention. The number of vacancies has also been increased due to an increase in staffing establishment (and therefore expected staffing levels) on a number of wards over the last year which is taking time to recruit into these posts. The length of time taken to improve the recruitment position and increase the number of substantive staff to share the burden of care carried by the teams needs

to be re-examined and in other options including reducing capacity may need to be explored for the 12 wards. The formal review of establishments will be undertaken in April.

The secondary reason is due to a rising level of sickness which given the season will have a number of contributory causes but never the less is being actively examined and solutions put in place. At this time of year the need to sustain, and in our community hospitals increase capacity is always a pressure. Carefully balancing the available nursing resource to ensure patients receive safe and effective care with a positive experience is carried out on a shift by shift basis.

Ensuring adequate time to involve patients in care planning has also been variable particularly in community hospitals and in mental health wards. This is an important area of clinical activity and safe staffing levels need to ensure there is adequate time to complete care records.
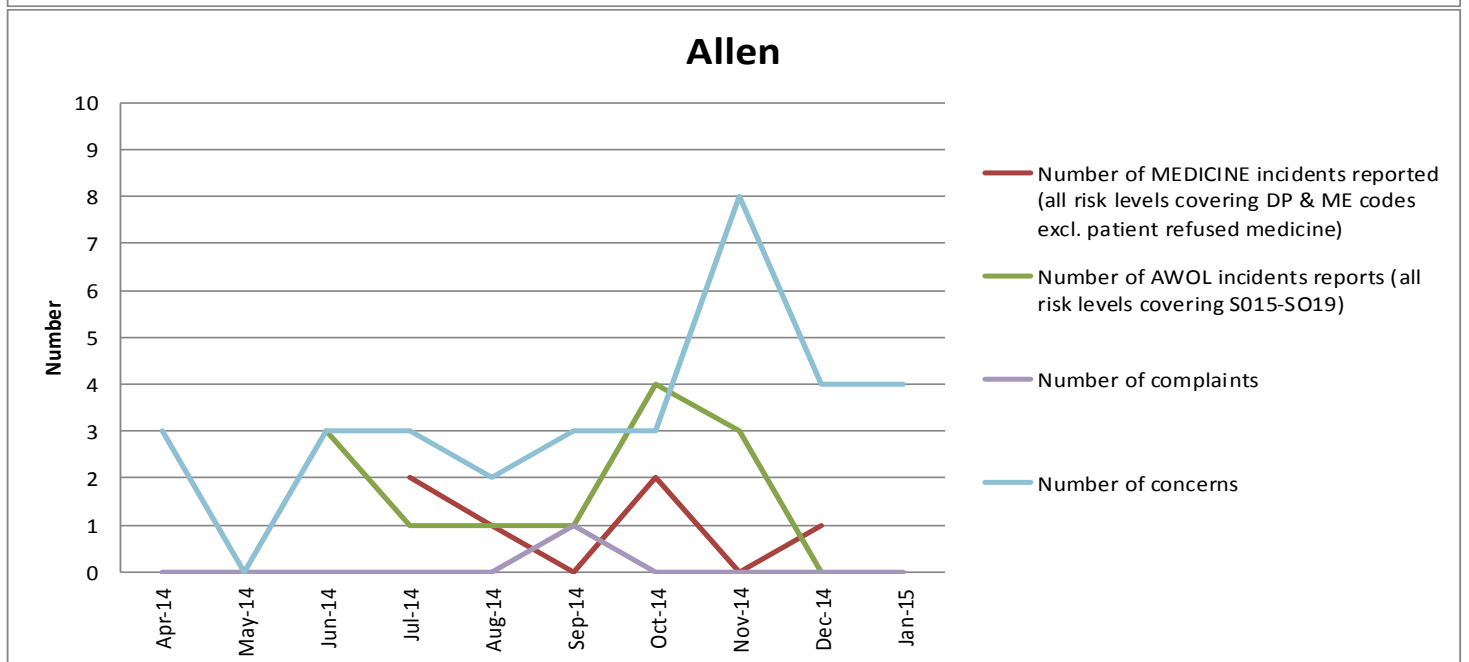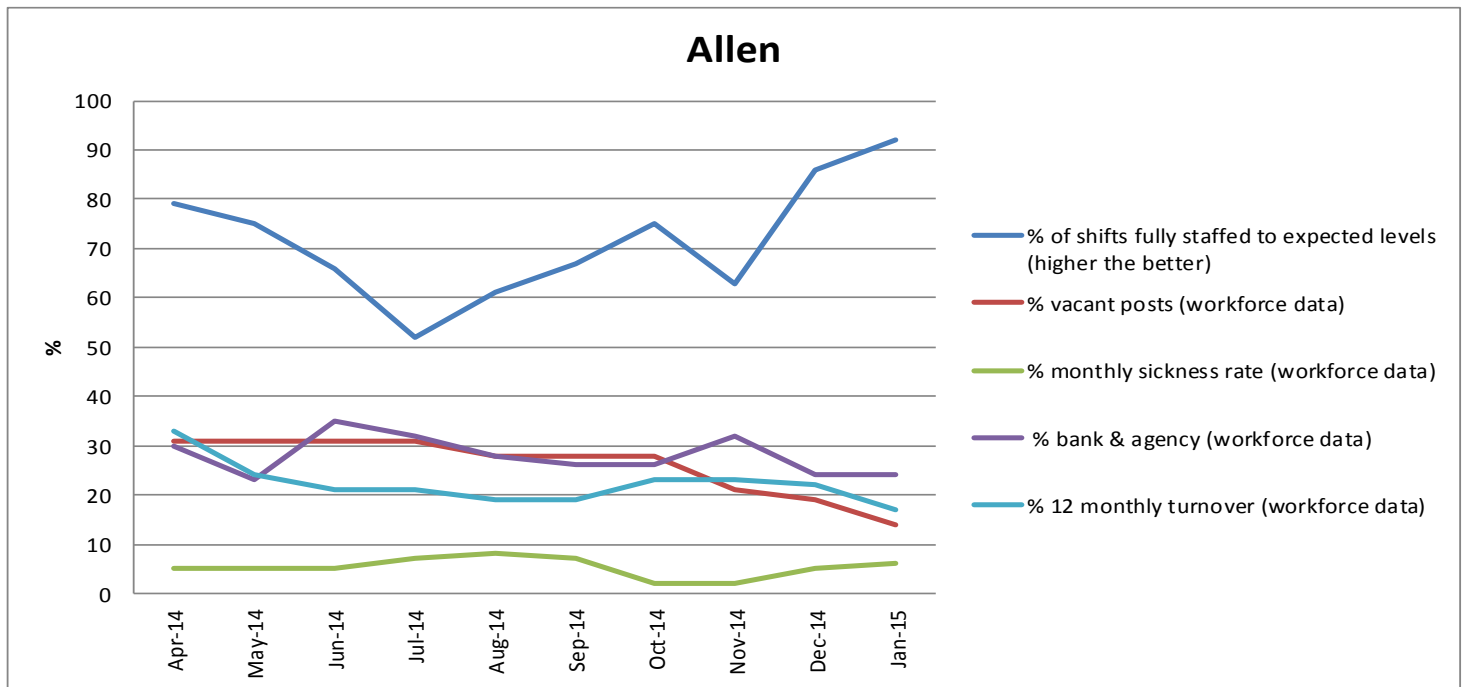
Appendix 1. Quality and Workforce Indicators

> *Note.*
> *1. Cherwell, Amber and Abingdon ward 1did not submit data for one week, 12-18th Jan 2015.*

Allen

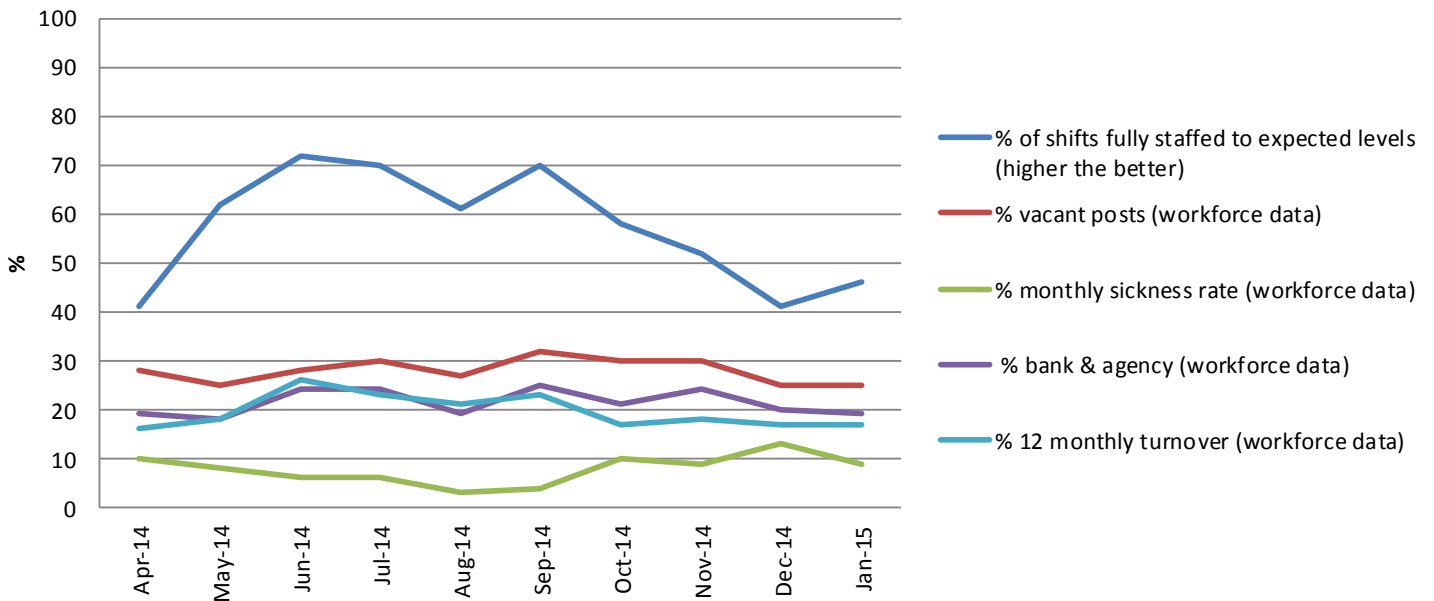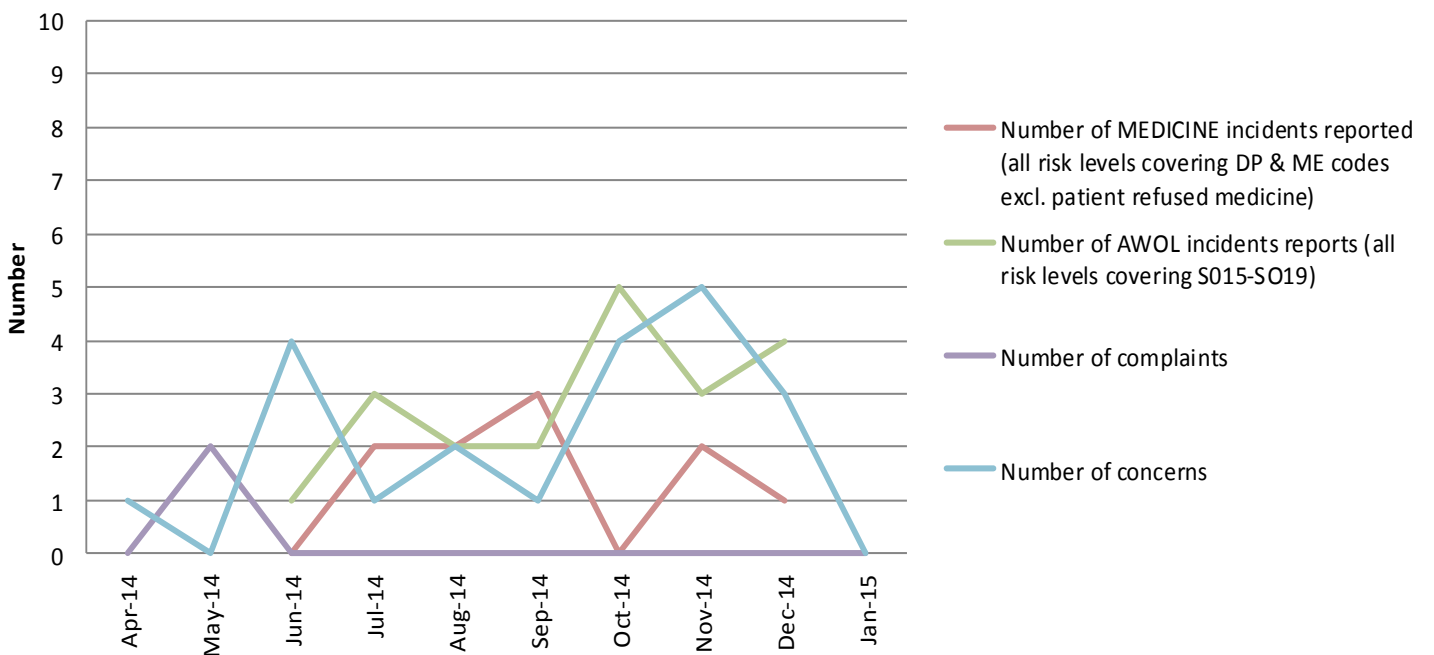|	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reports (all risk levels covering S015-SO19)	Number of complaints	Number of concerns
Apr-14	79	31	5	30	33	100	40			0	3
May-14	75	31	5	23	24					0	0
Jun-14	66	31	5	35	21	60	60		3	0	3
Jul-14	52	31	7	32	21			2	1	0	3
Aug-14	61	28	8	28	19	100	100	1	1	0	2
Sep-14	67	28	7	26	19			0	1	1	3
Oct-14	75	28	2	26	23	60	60	2	4	0	3
Nov-14	63	21	2	32	23			0	3	0	8
Dec-14	86	19	5	24	22	100	100	1	0	0	4
Jan-15	92	14	6	24	17					0	4

PUBLIC BOARD REPORT

Vaughan Thomas

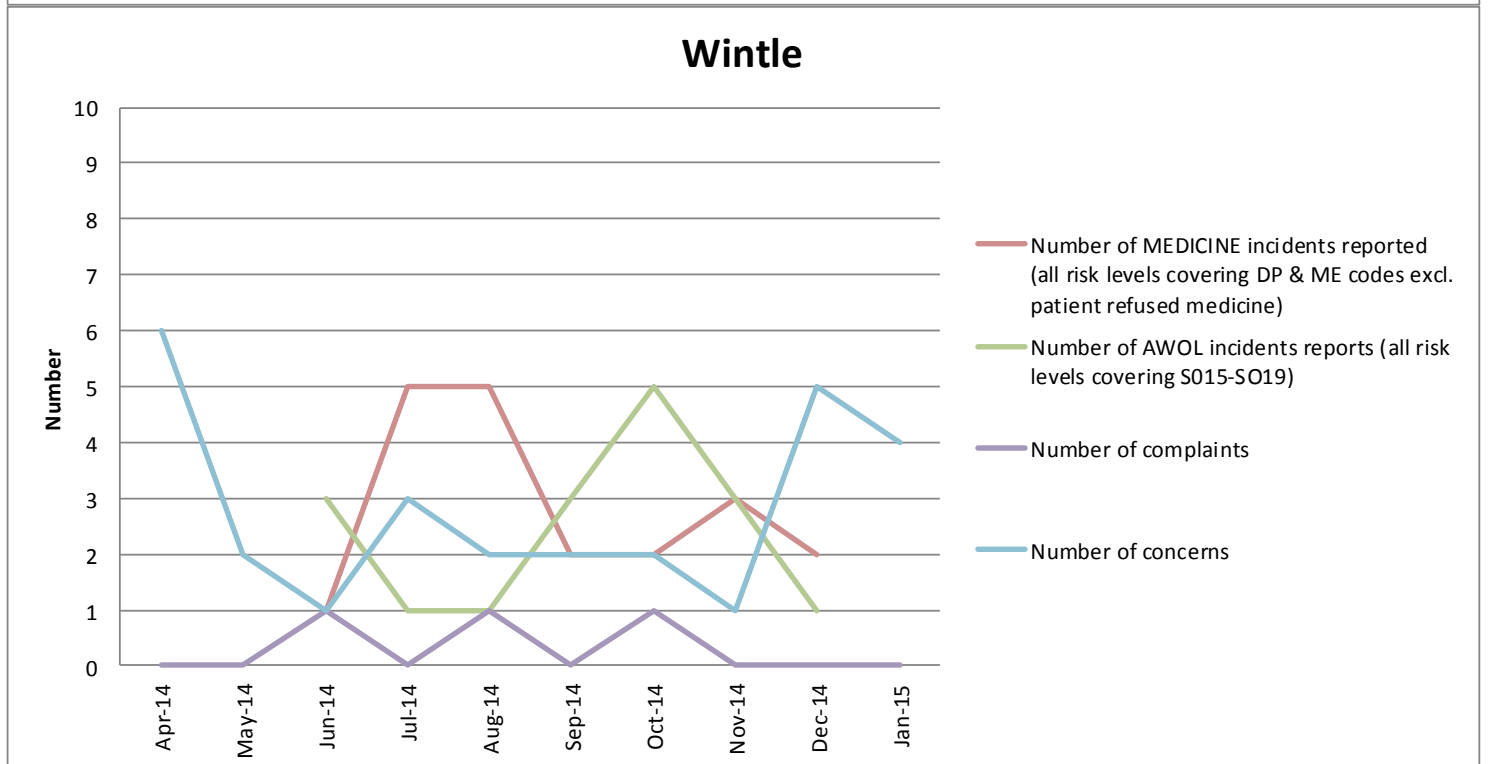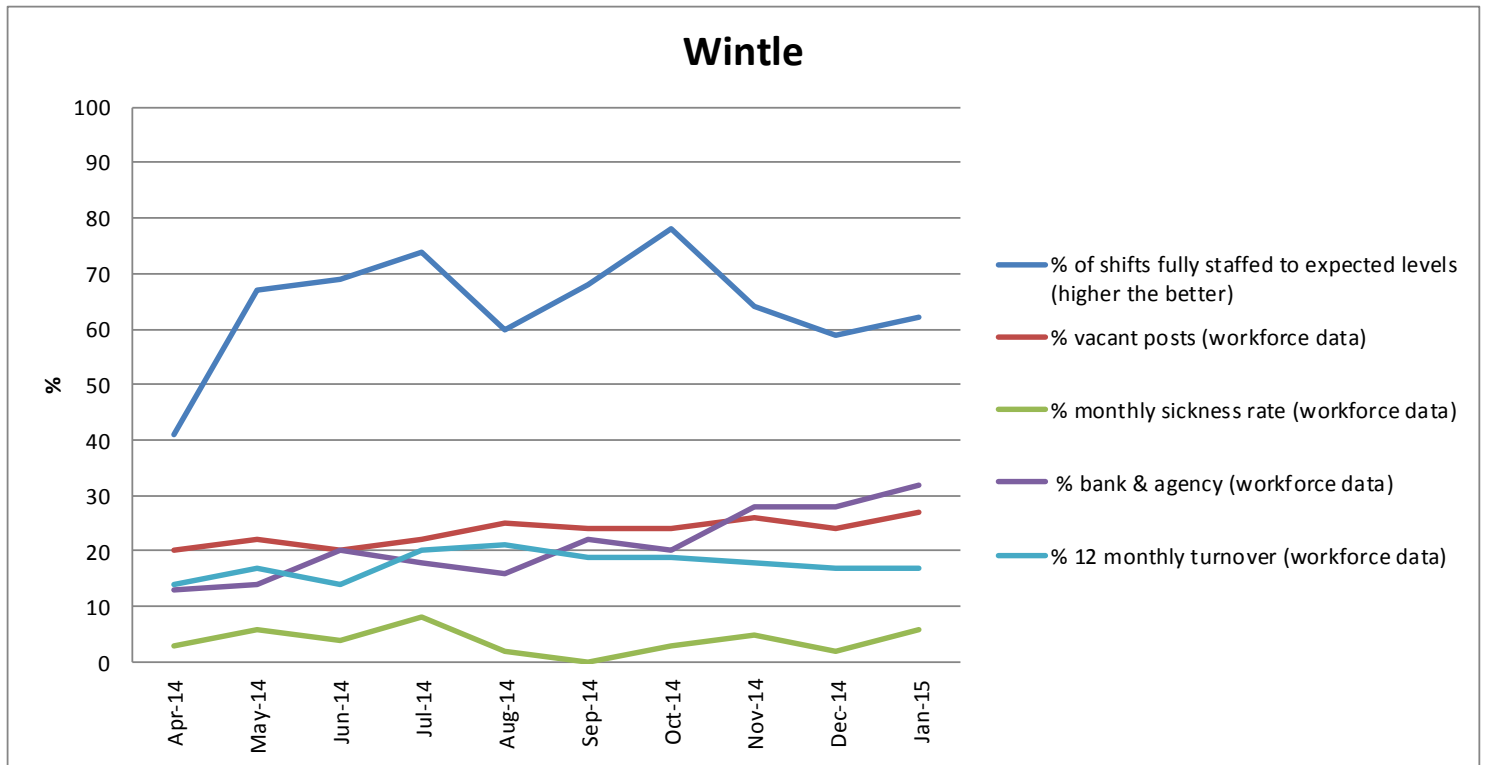|	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reports (all risk levels covering S015-SO19)	Number of complaints	Number of concerns
Apr-14	41	28	10	19	16	60	80			0	1
May-14	62	25	8	18	18					2	0
Jun-14	72	28	6	24	26	100	100	0	1	0	4
Jul-14	70	30	6	24	23			2	3	0	1
Aug-14	61	27	3	19	21	100	100	2	2	0	2
Sep-14	70	32	4	25	23			3	2	0	1
Oct-14	58	30	10	21	17	100	100	0	5	0	4
Nov-14	52	30	9	24	18			2	3	0	5
Dec-14	41	25	13	20	17	100	100	1	4	0	3
Jan-15	46	25	9	19	17					0	0

Vaughan Thomas

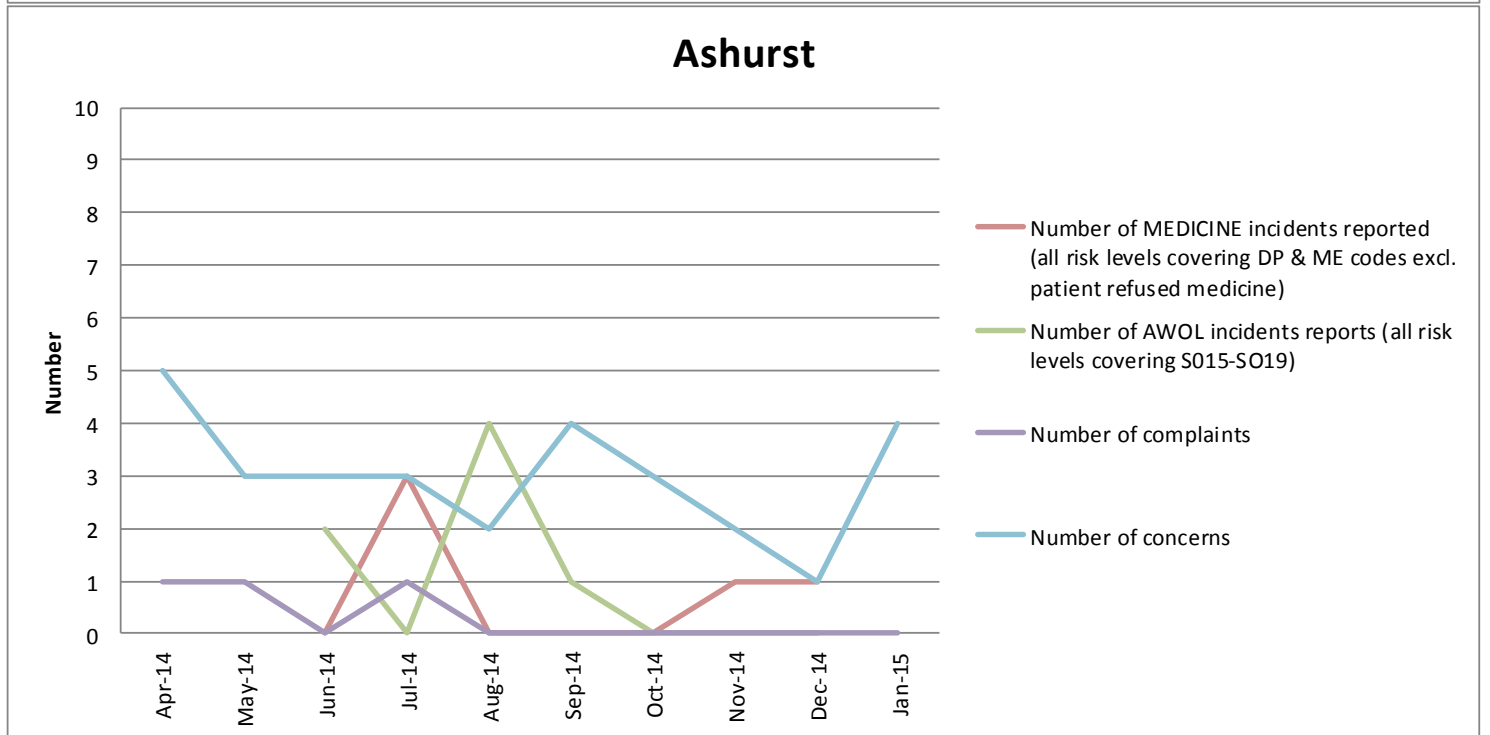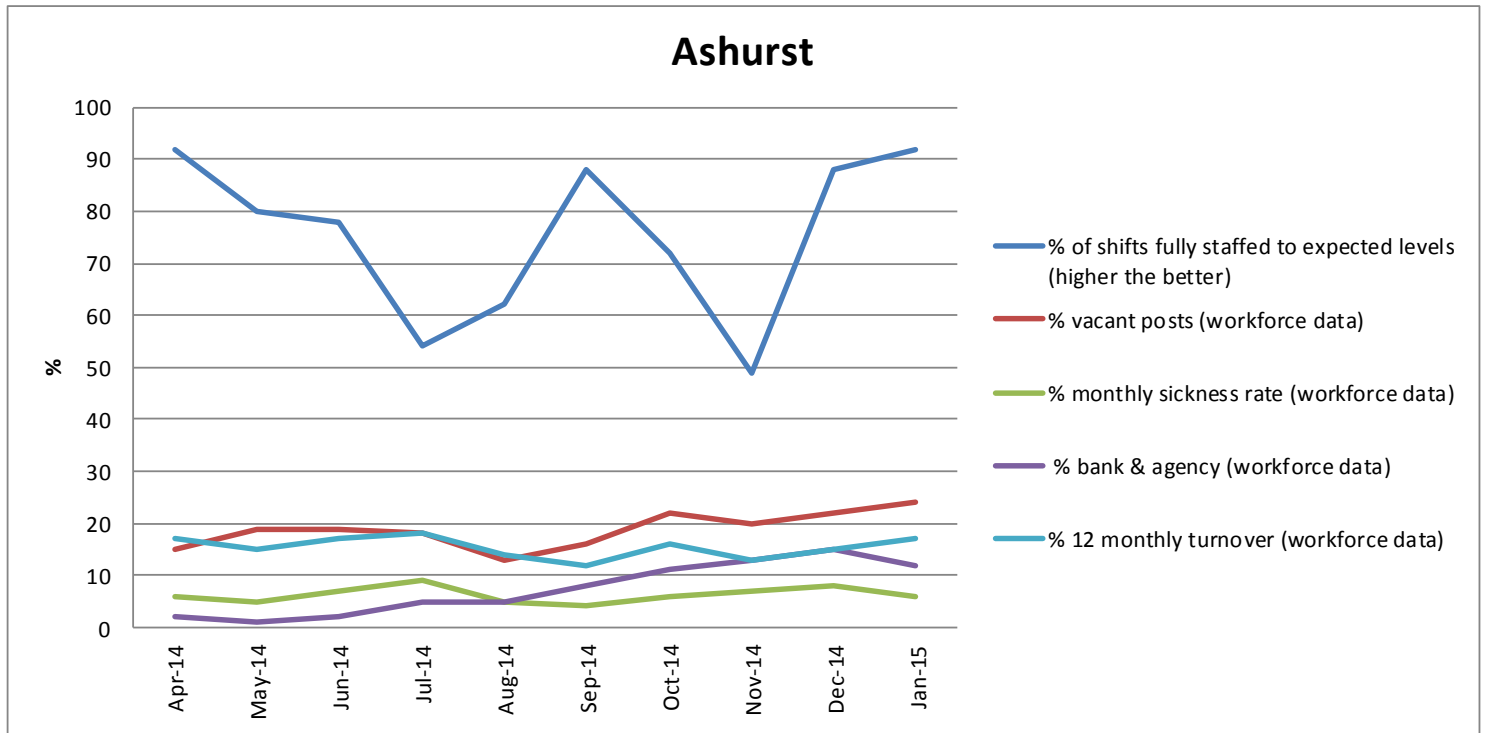Vaughan Thomas

PUBLIC BOARD REPORT

Wintle

	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reports (all risk levels covering S015-SO19)	Number of complaints	Number of concerns
Apr-14	41	20	3	13	14	40	100			0	6
May-14	67	22	6	14	17					0	2
Jun-14	69	20	4	20	14	80	100	1	3	1	1
Jul-14	74	22	8	18	20			5	1	0	3
Aug-14	60	25	2	16	21	80	100	5	1	1	2
Sep-14	68	24	0.1	22	19			2	3	0	2
Oct-14	78	24	3	20	19	100	100	2	5	1	2
Nov-14	64	26	5	28	18			3	3	0	1
Dec-14	59	24	2	28	17	100	60	2	1	0	5
Jan-15	62	27	6	32	17					0	4

Wintle

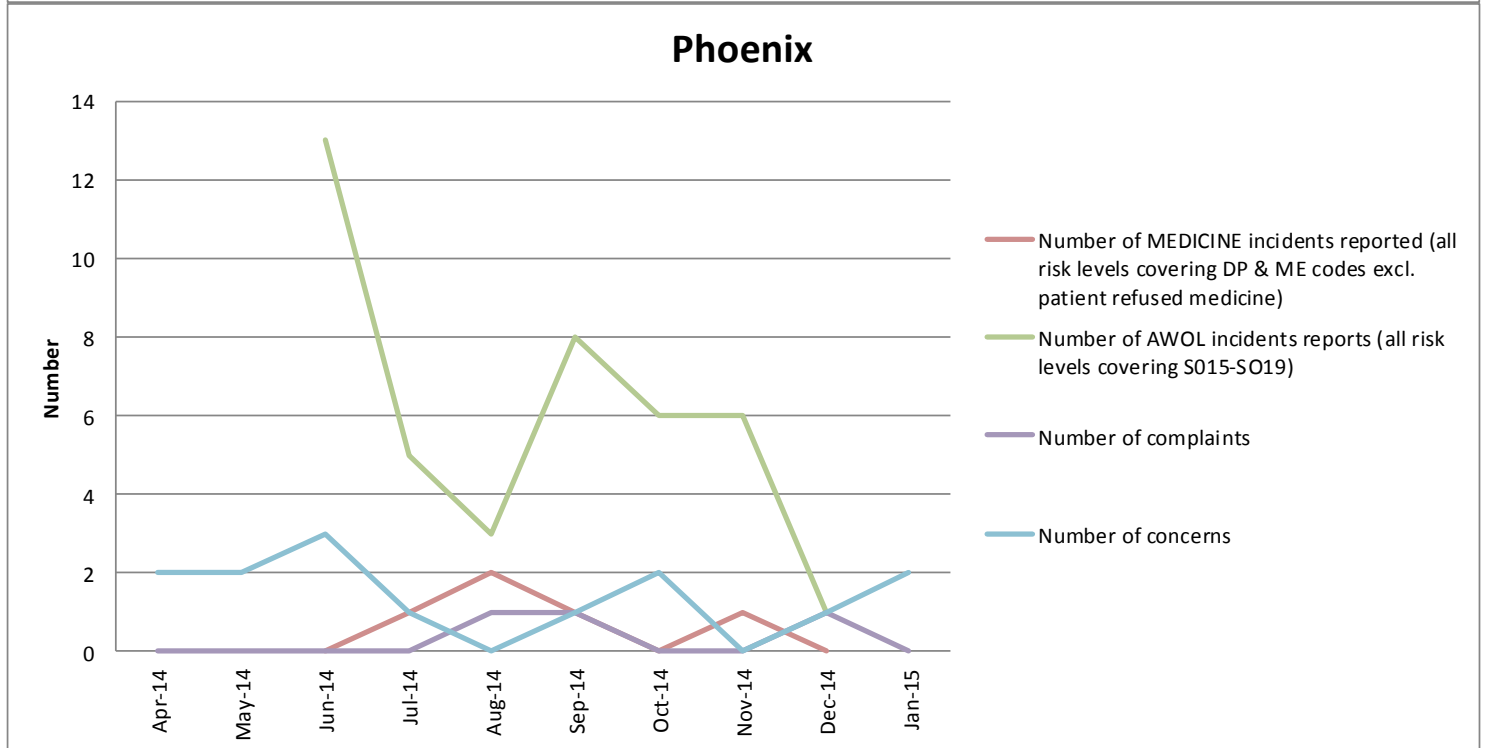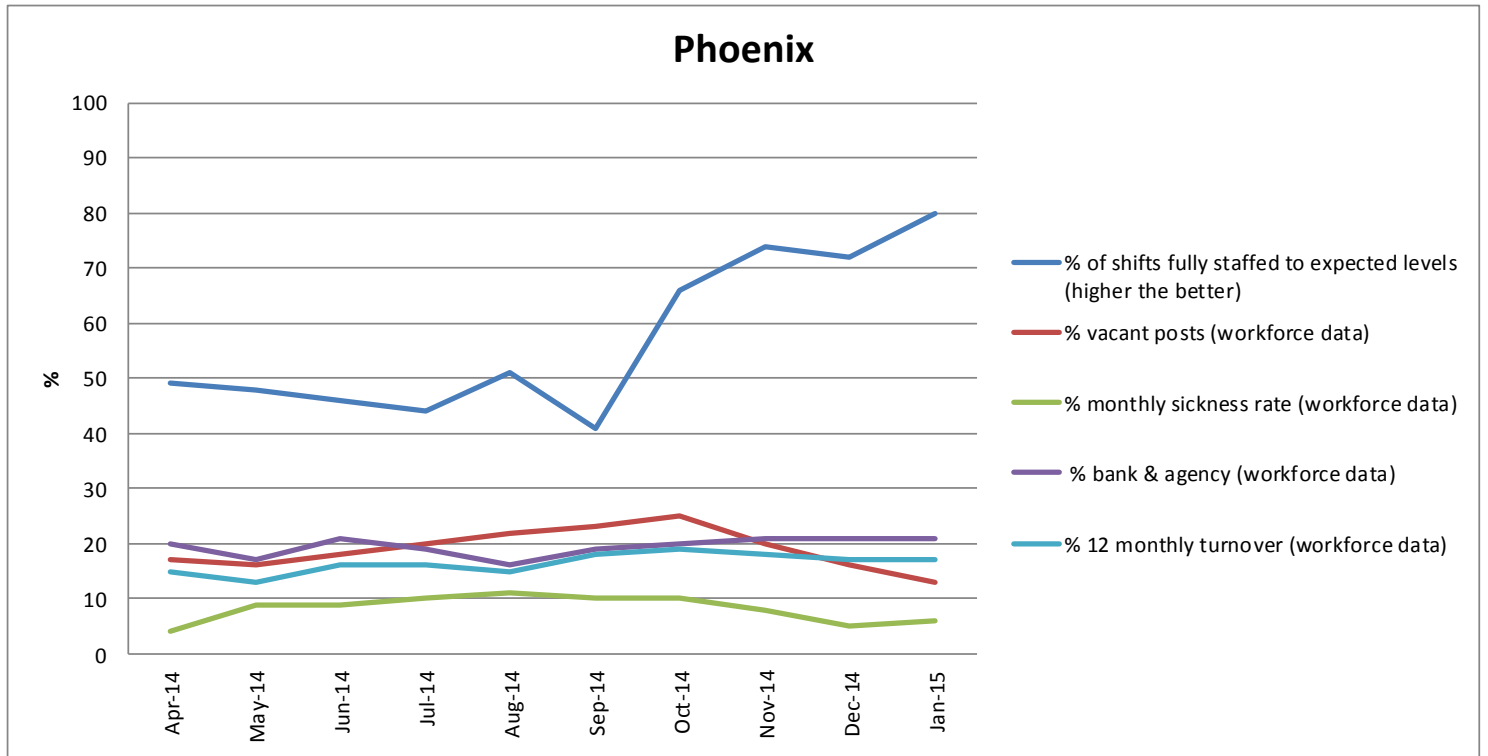
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PUBLIC BOARD REPORT

Ashurst

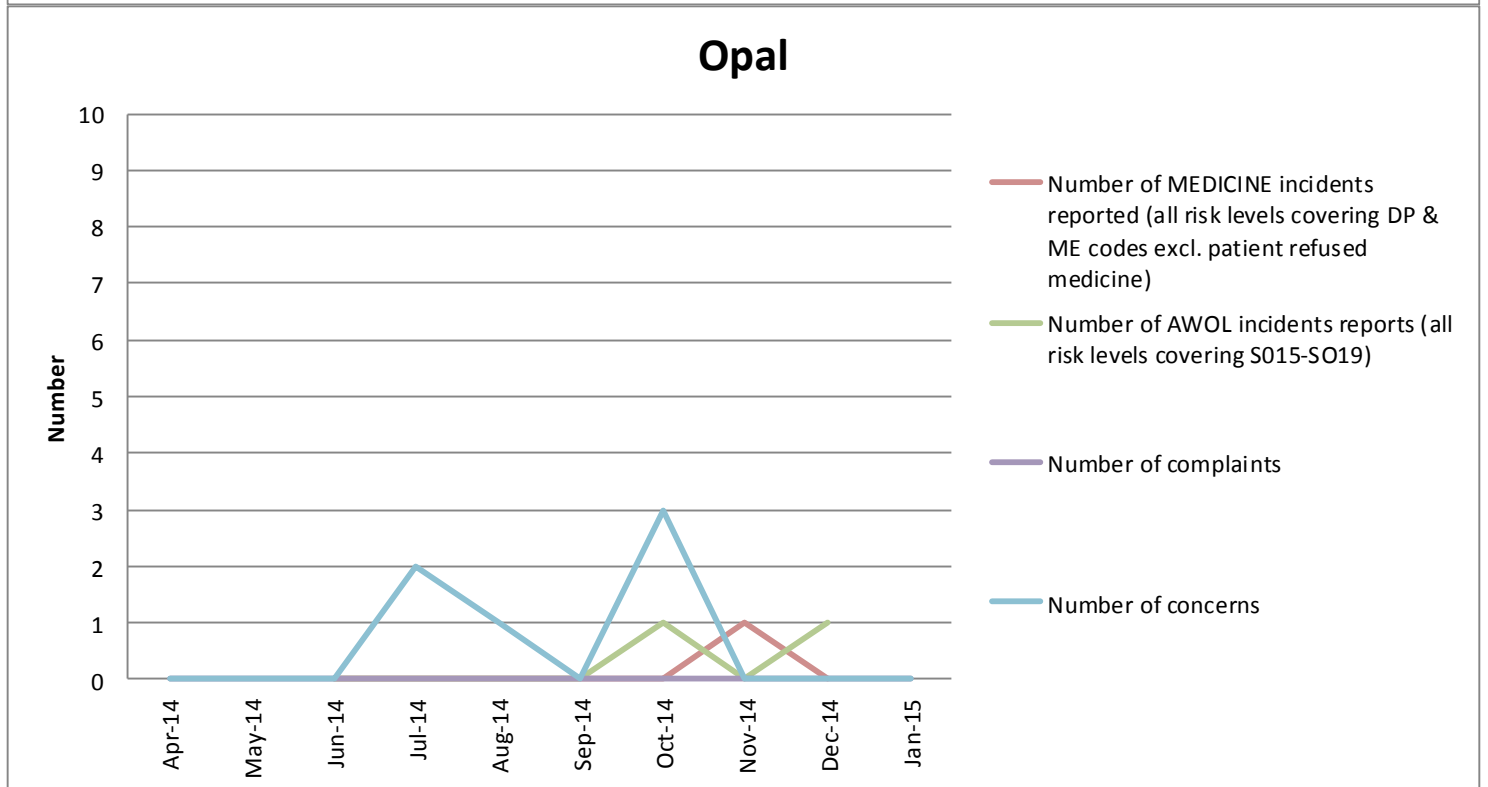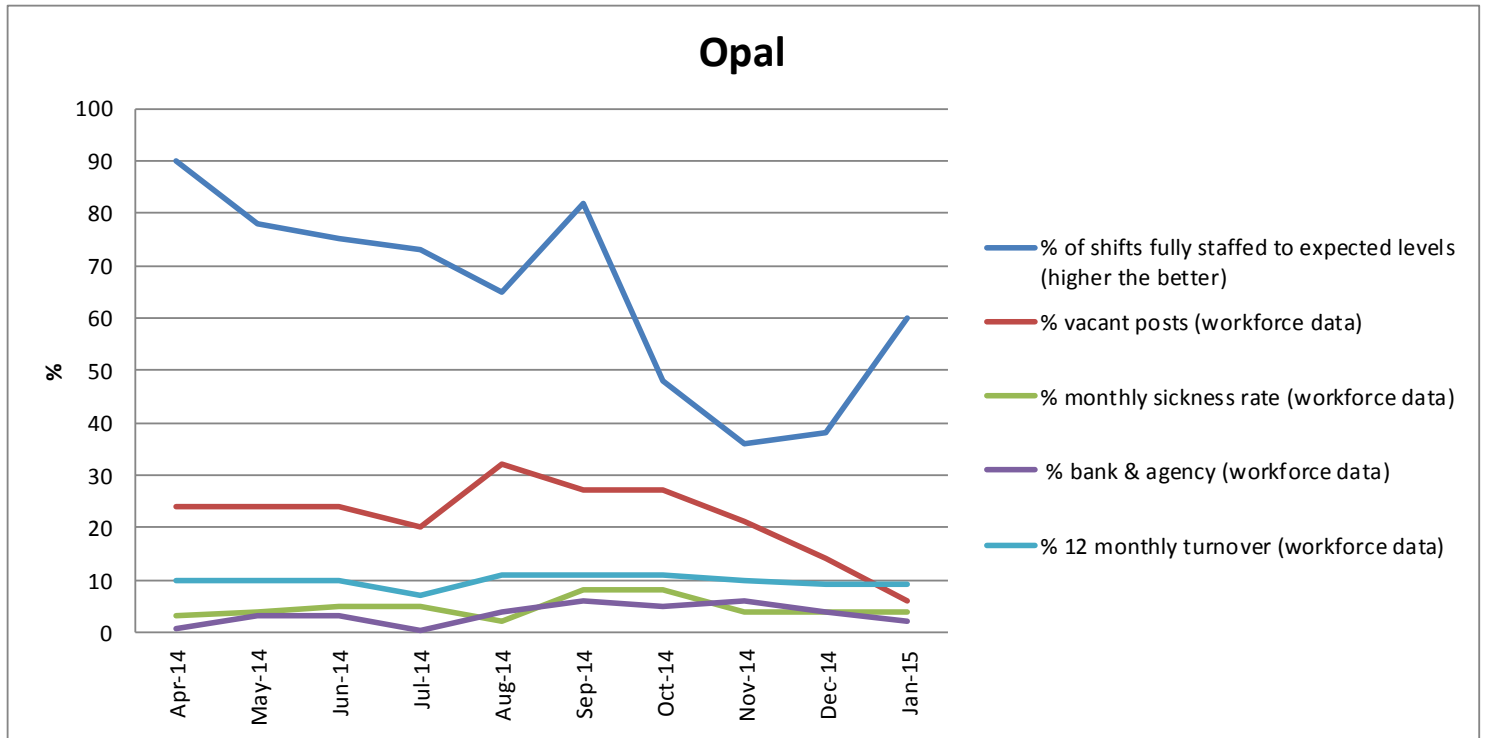|	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reports (all risk levels covering S015-SO19)	Number of complaints	Number of concerns
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May-14	80	19	5	1	15					1	3
Jun-14	78	19	7	2	17	100	20	0	2	0	3
Jul-14	54	18	9	5	18			3	0	1	3
Aug-14	62	13	5	5	14	no data	no data	0	4	0	2
Sep-14	88	16	4	8	12			0	1	0	4
Oct-14	72	22	6	11	16	100	67	0	0	0	3
Nov-14	49	20	7	13	13			1	0	0	2
Dec-14	88	22	8	15	15	100	100	1	0	0	1
Jan-15	92	24	6	12	17					0	4

PUBLIC BOARD REPORT

Phoenix

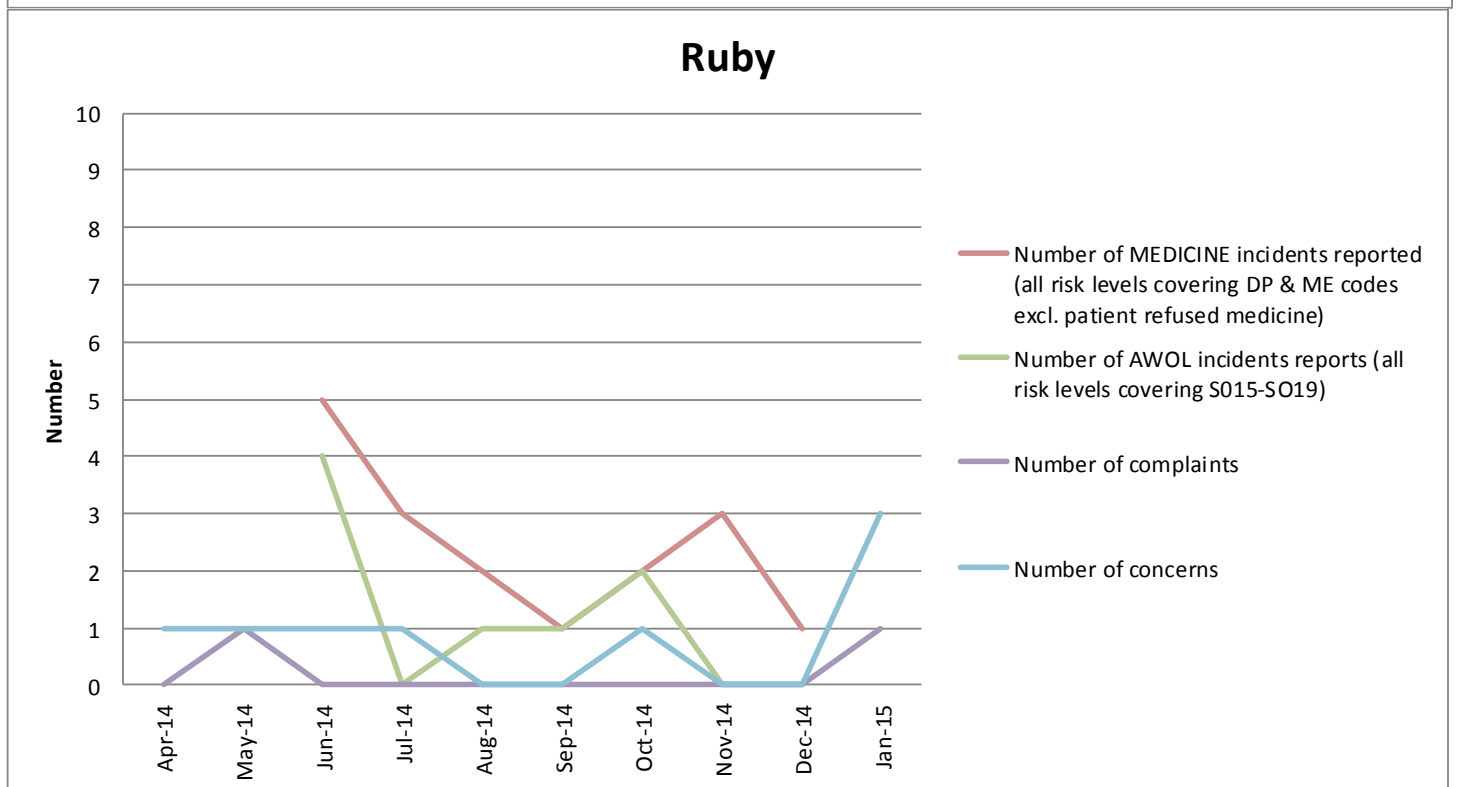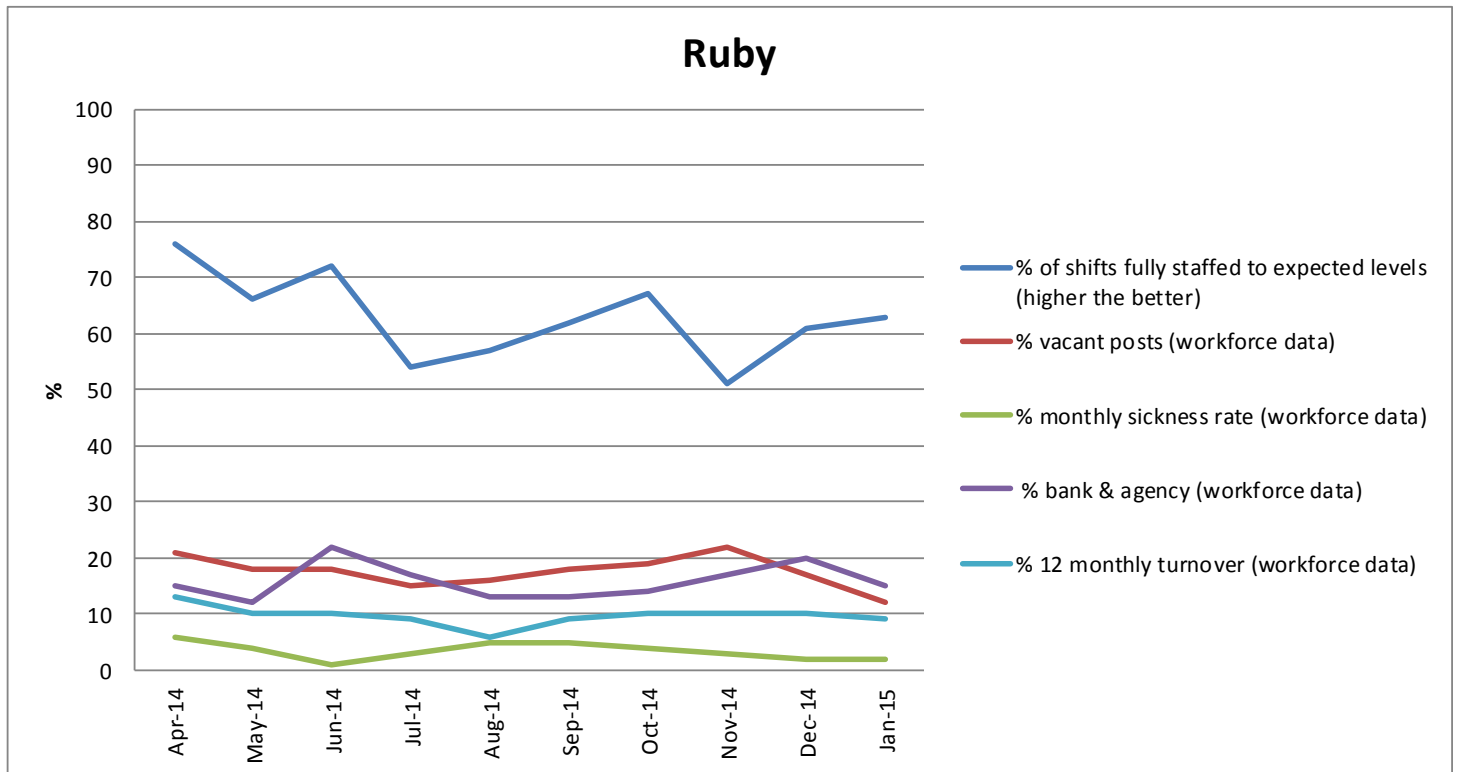|	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reports (all risk levels covering S015-SO19)	Number of complaints	Number of concerns
Apr-14	49	17	4	20	15	80	100			0	2
May-14	48	16	9	17	13					0	2
Jun-14	46	18	9	21	16	40	80	0	13	0	3
Jul-14	44	20	10	19	16			1	5	0	1
Aug-14	51	22	11	16	15	40	100	2	3	1	0
Sep-14	41	23	10	19	18			1	8	1	1
Oct-14	66	25	10	20	19	no data	no data	0	6	0	2
Nov-14	74	20	8	21	18			1	6	0	0
Dec-14	72	16	5	21	17	60	100	0	1	1	1
Jan-15	80	13	6	21	17					0	2

Opal

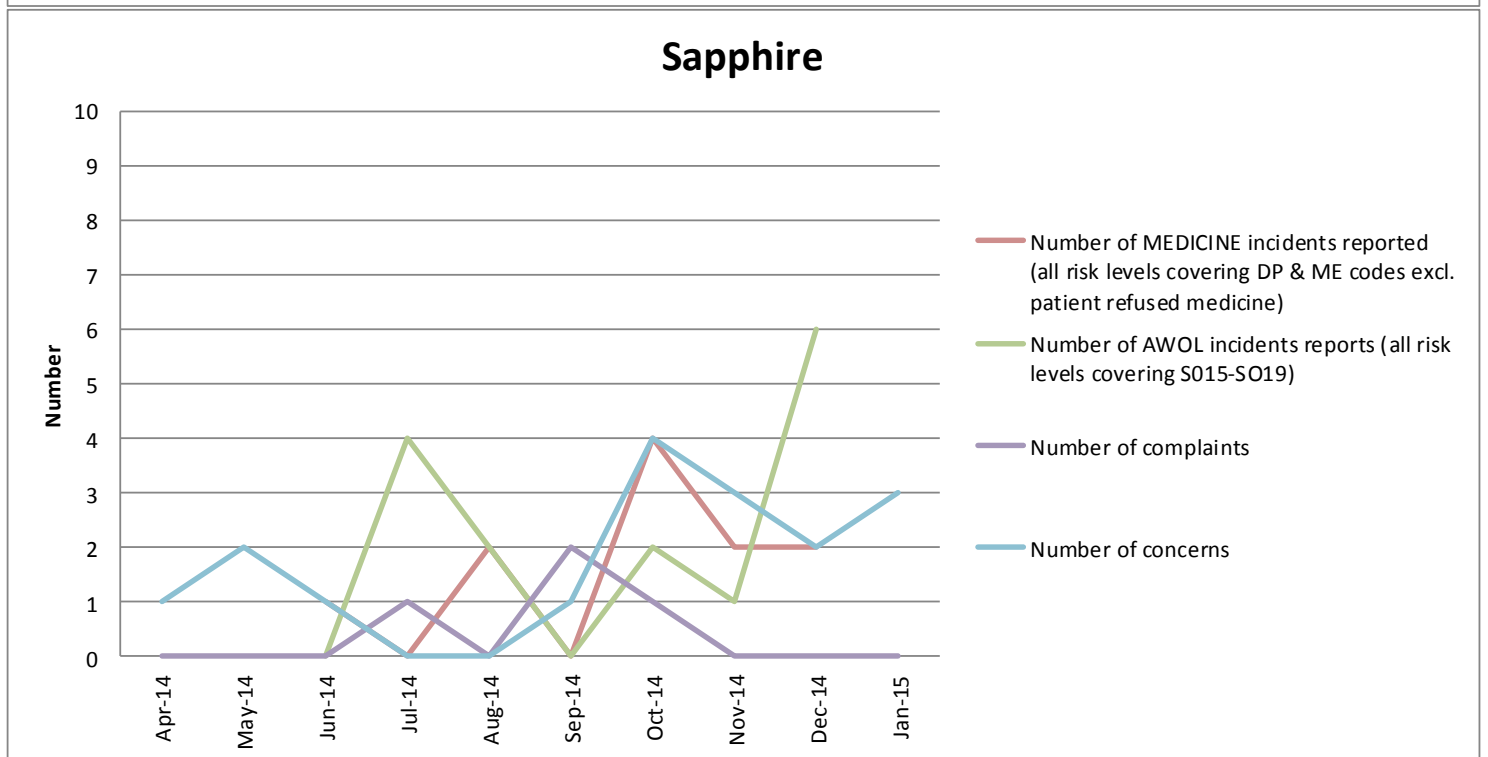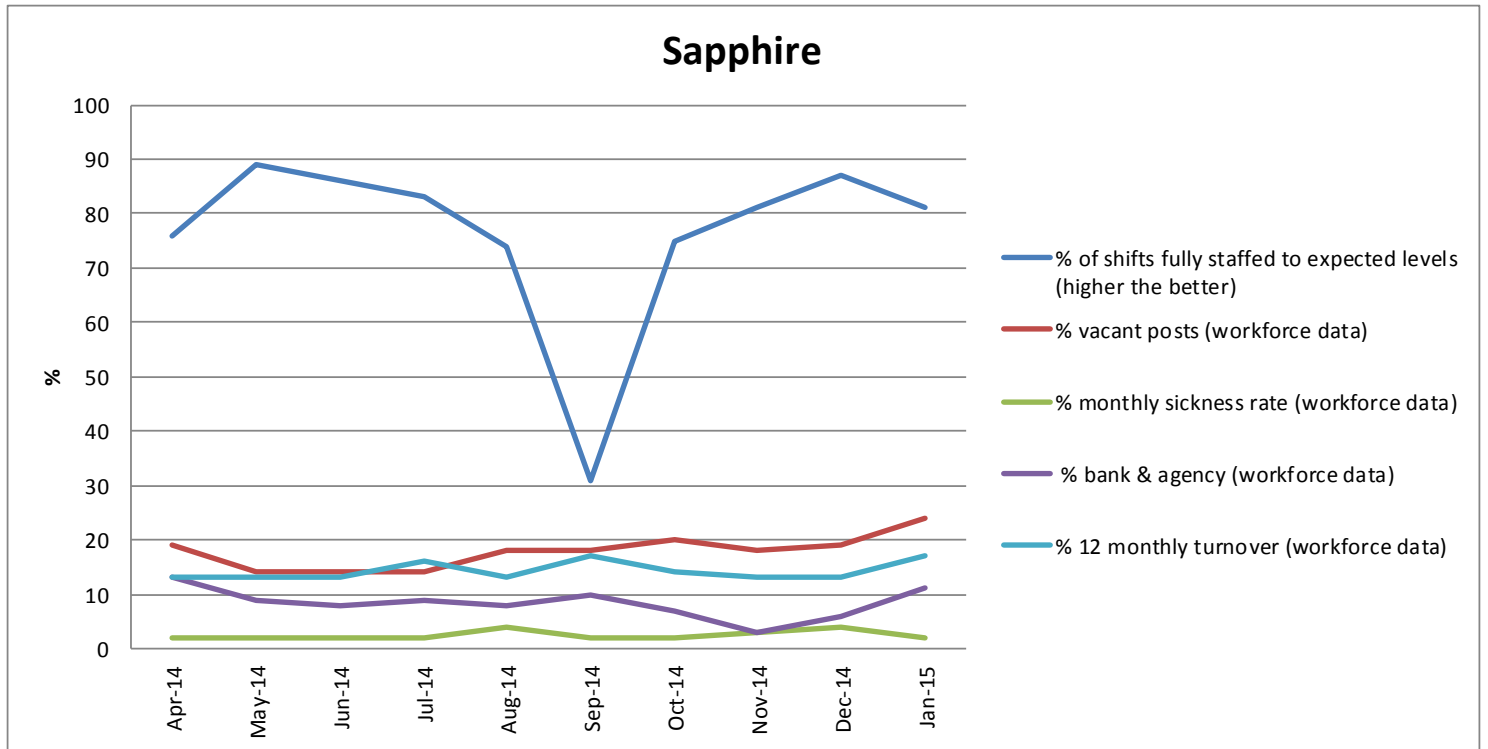|	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reports (all risk levels covering S015-SO19)	Number of complaints	Number of concerns
Apr-14	90	24	3	1	10	80	100			0	0
May-14	78	24	4	3	10					0	0
Jun-14	75	24	5	3	10	80	80	0	0	0	0
Jul-14	73	20	5	0	7			0	0	0	2
Aug-14	65	32	2	4	11	20	40	0	0	0	1
Sep-14	82	27	8	6	11			0	0	0	0
Oct-14	48	27	8	5	11	100	100	0	1	0	3
Nov-14	36	21	4	6	10			1	0	0	0
Dec-14	38	14	4	4	9	60	60	0	1	0	0
Jan-15	60	6	4	2	9					0	0

PUBLIC BOARD REPORT

Ruby

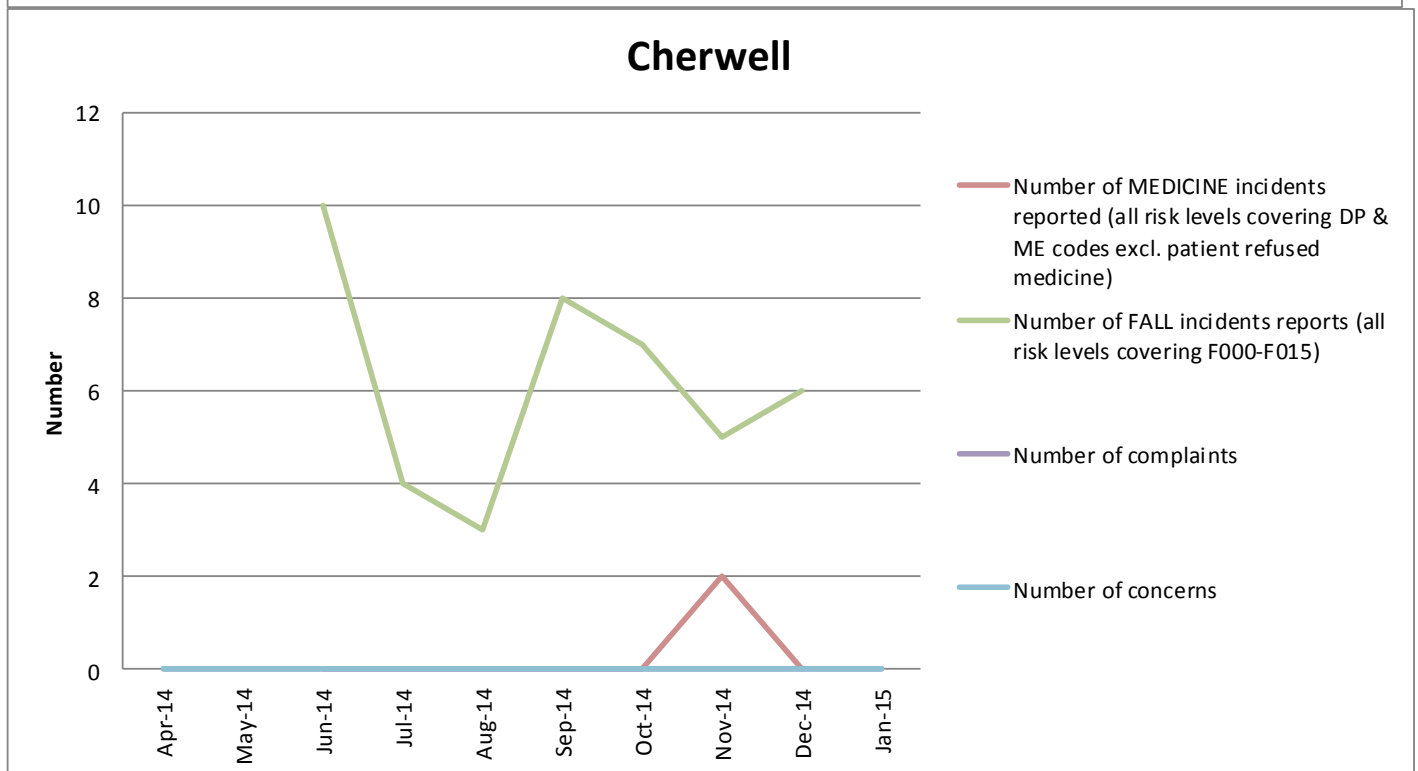|	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reports (all risk levels covering S015-SO19)	Number of complaints	Number of concerns
Apr-14	76	21	6	15	13	40	80			0	1
May-14	66	18	4	12	10					1	1
Jun-14	72	18	1	22	10	80	100	5	4	0	1
Jul-14	54	15	3	17	9			3	0	0	1
Aug-14	57	16	5	13	6	40	60	2	1	0	0
Sep-14	62	18	5	13	9			1	1	0	0
Oct-14	67	19	4	14	10	100	100	2	2	0	1
Nov-14	51	22	3	17	10			3	0	0	0
Dec-14	61	17	2	20	10	60	100	1	0	0	0
Jan-15	63	12	2	15	9					1	3

Ruby

- % of shifts fully staffed to expected levels (higher the better)
- % vacant posts (workforce data)
- % monthly sickness rate (workforce data)
- % bank & agency (workforce data)
- % 12 monthly turnover (workforce data)

Ruby

- Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)
- Number of AWOL incidents reports (all risk levels covering S015-SO19)
- Number of complaints
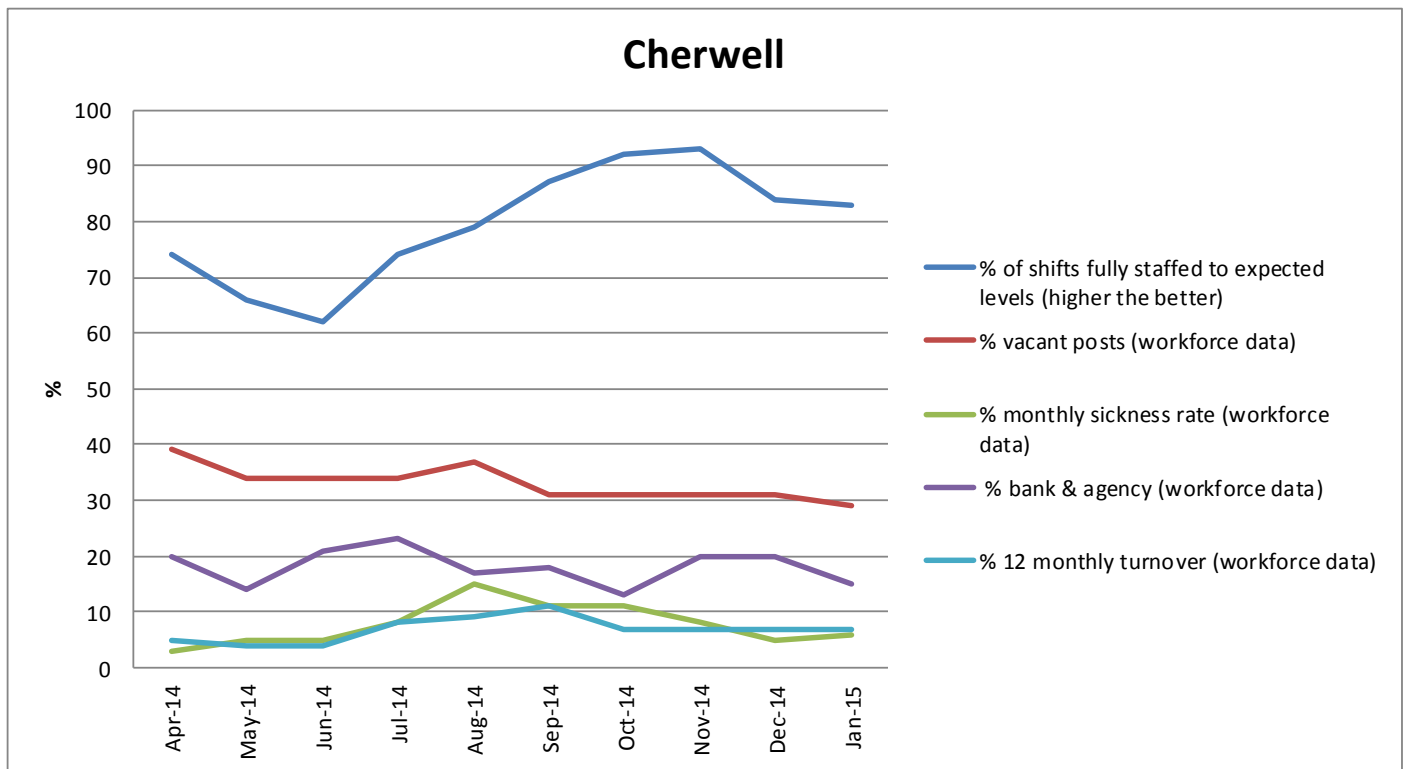- Number of concerns

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Sapphire

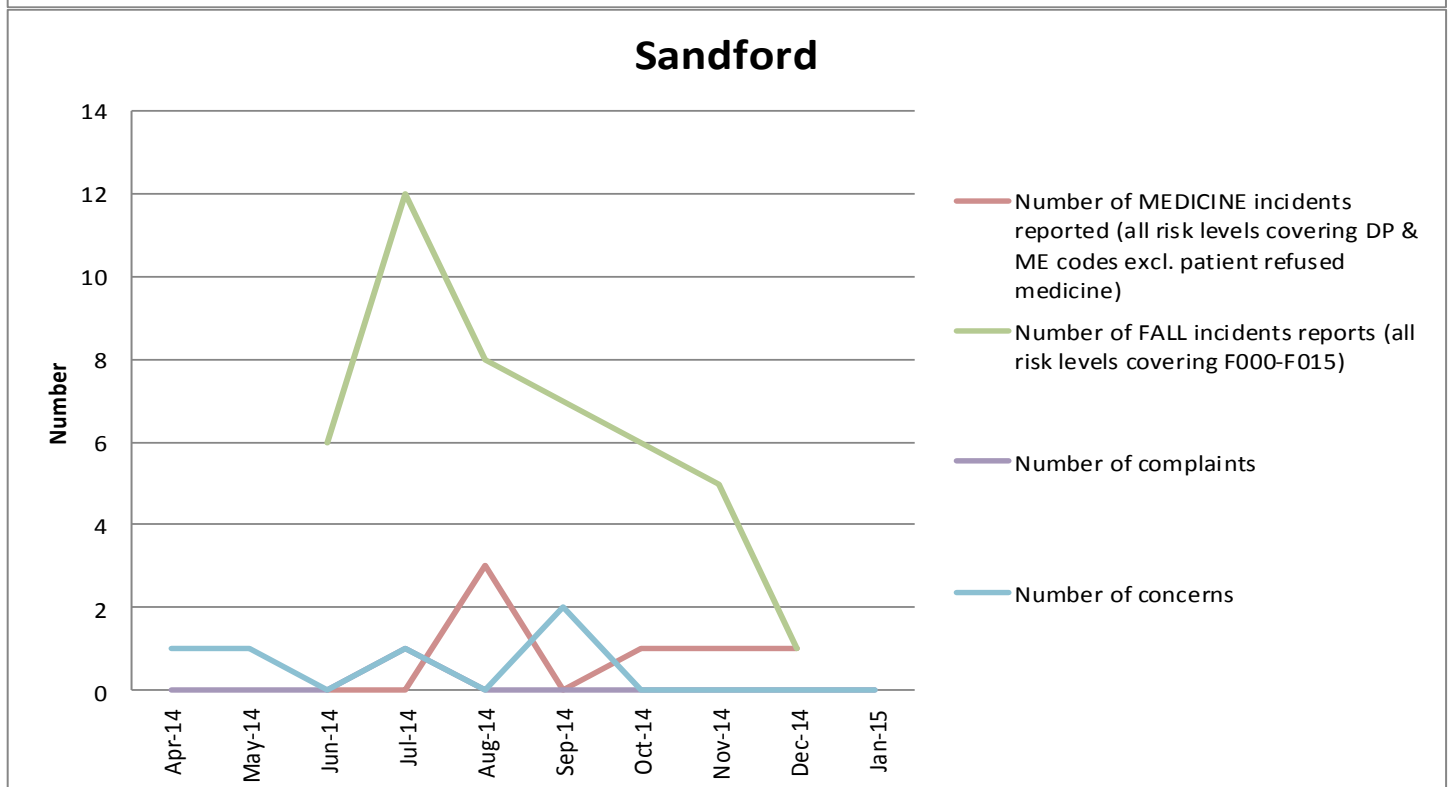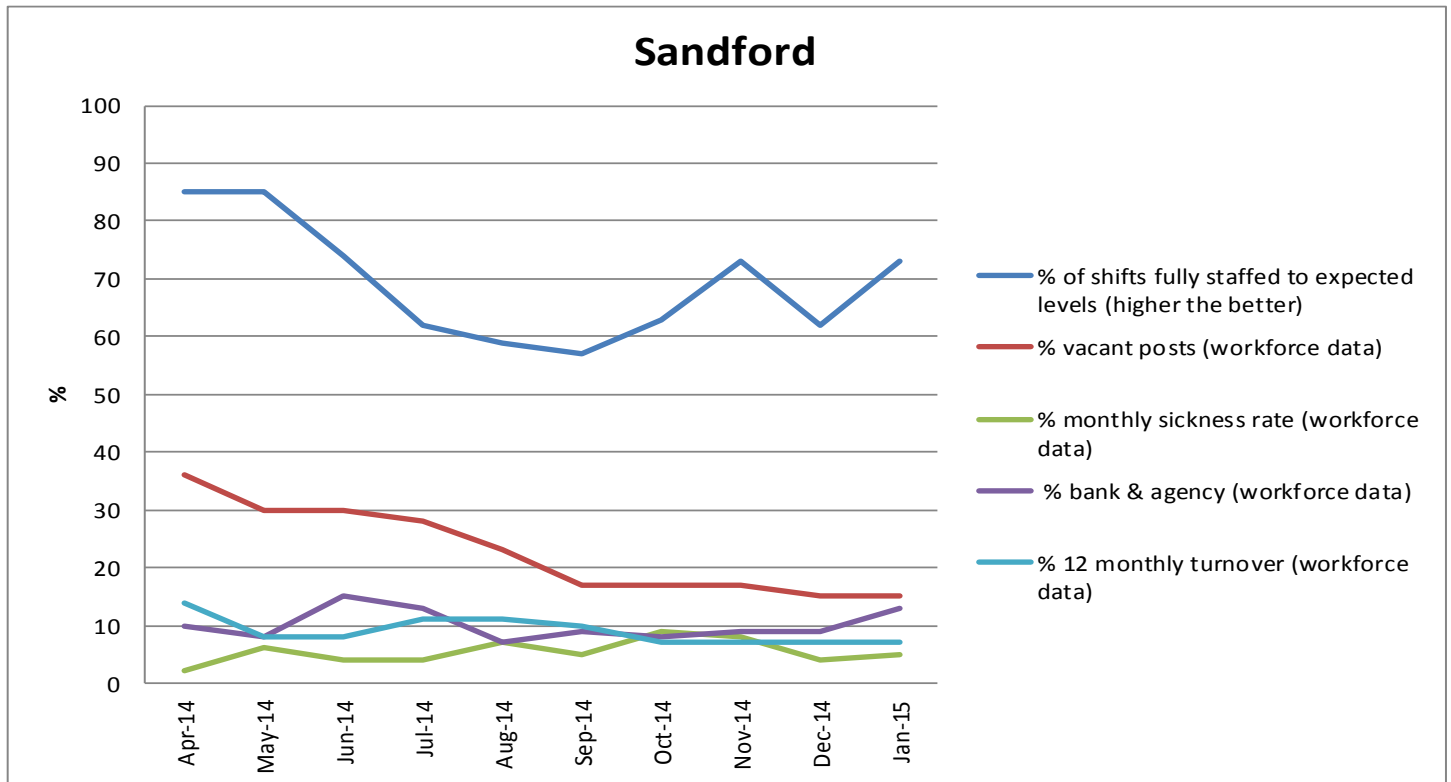|	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reports (all risk levels covering S015-SO19)	Number of complaints	Number of concerns
Apr-14	76	19	2	13	13	80	100			0	1
May-14	89	14	2	9	13					0	2
Jun-14	86	14	2	8	13	60	80	1	0	0	1
Jul-14	83	14	2	9	16			0	4	1	0
Aug-14	74	18	4	8	13	80	80	2	2	0	0
Sep-14	31	18	2	10	17			0	0	2	1
Oct-14	75	20	2	7	14	40	60	4	2	1	4
Nov-14	81	18	3	3	13			2	1	0	3
Dec-14	87	19	4	6	13	100	80	2	6	0	2
Jan-15	81	24	2	11	17					0	3

Cherwell

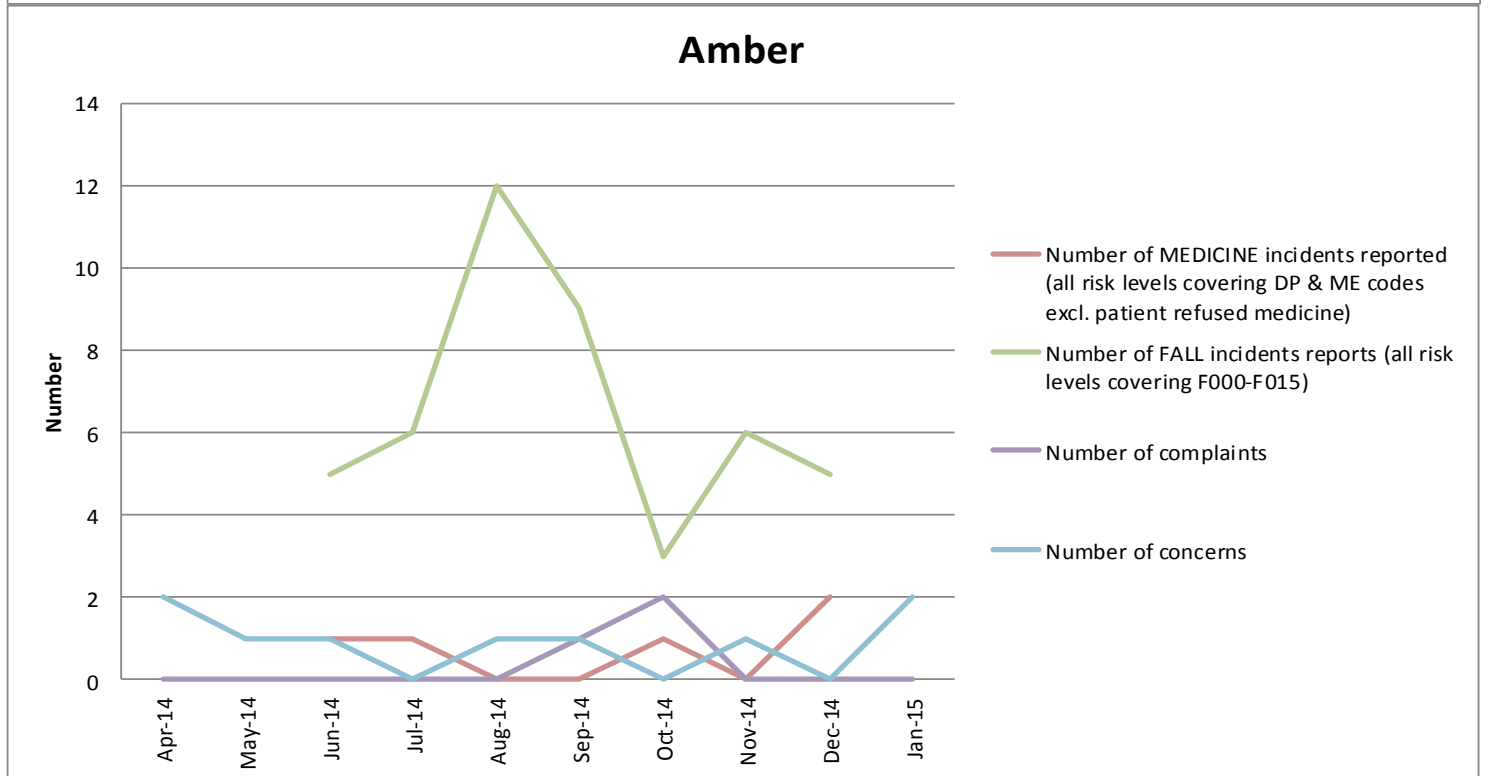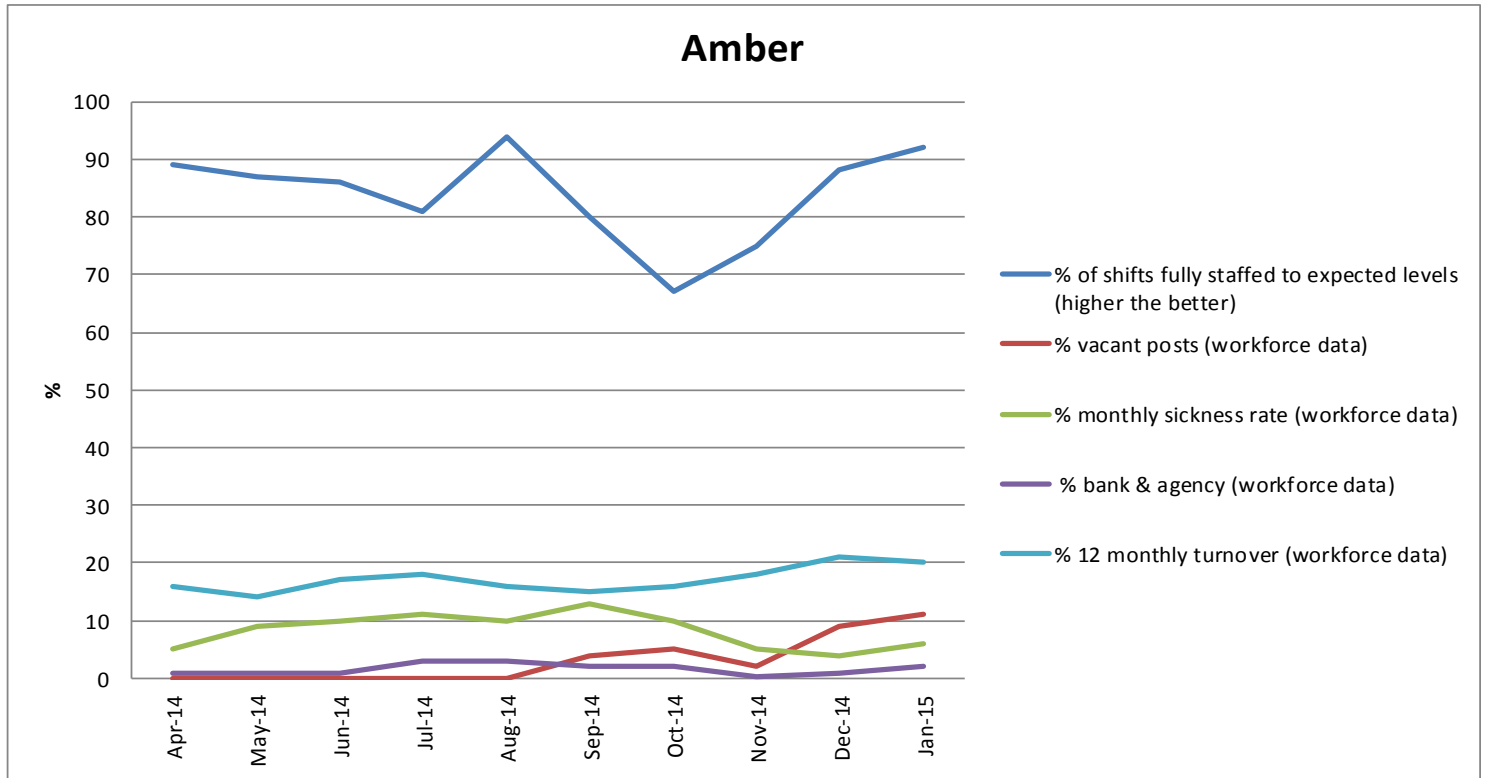|	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of FALL incidents reports (all risk levels covering F000-F015)	Number of complaints	Number of concerns
Apr-14	74	39	3	20	5	60	100			0	0
May-14	66	34	5	14	4					0	0
Jun-14	62	34	5	21	4	80	100	0	10	0	0
Jul-14	74	34	8	23	8			0	4	0	0
Aug-14	79	37	15	17	9	50	60	0	3	0	0
Sep-14	87	31	11	18	11			0	8	0	0
Oct-14	92	31	11	13	7	80	100	0	7	0	0
Nov-14	93	31	8	20	7			2	5	0	0
Dec-14	84	31	5	20	7	60	100	0	6	0	0
Jan-15	83	29	6	15	7					0	0

Sandford

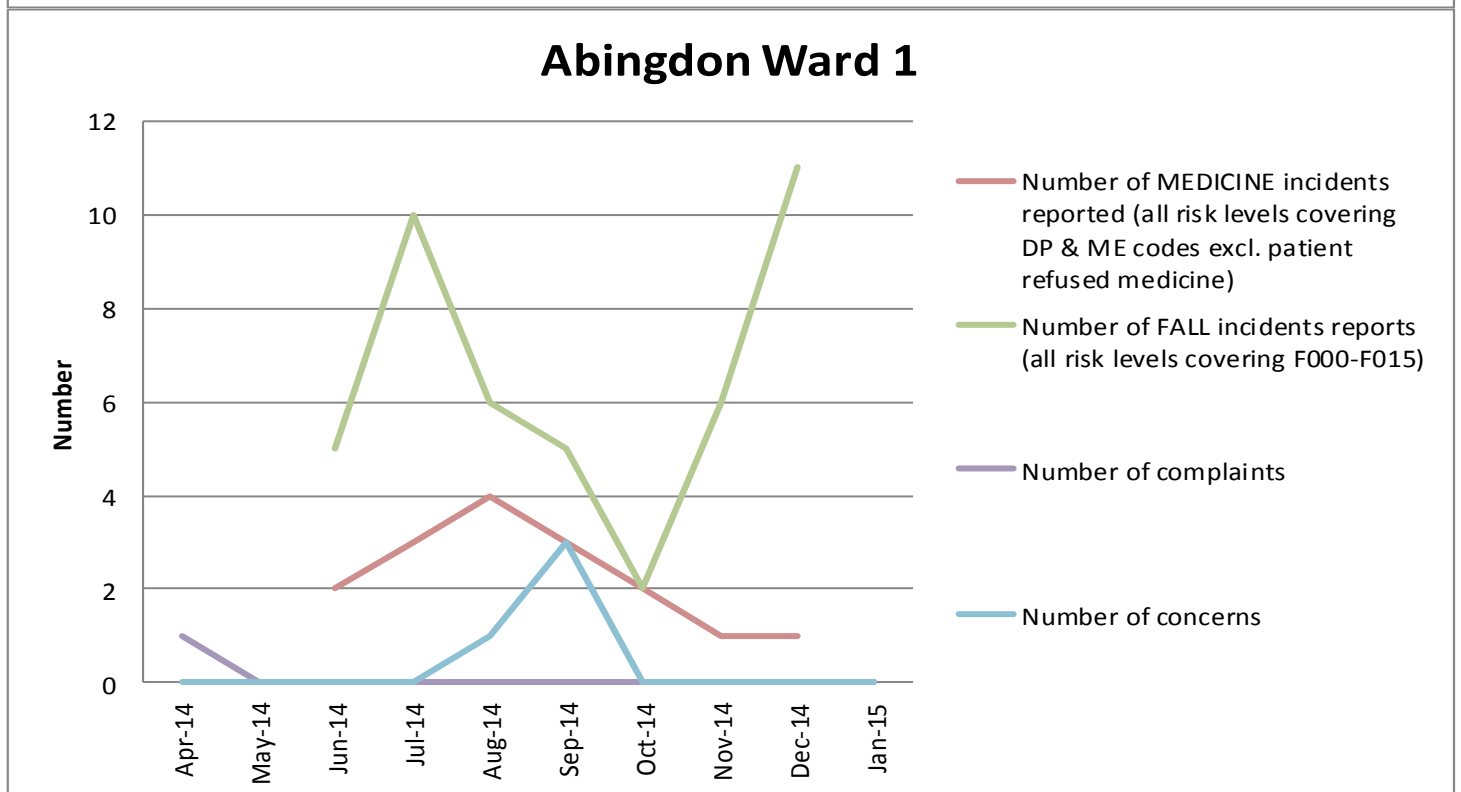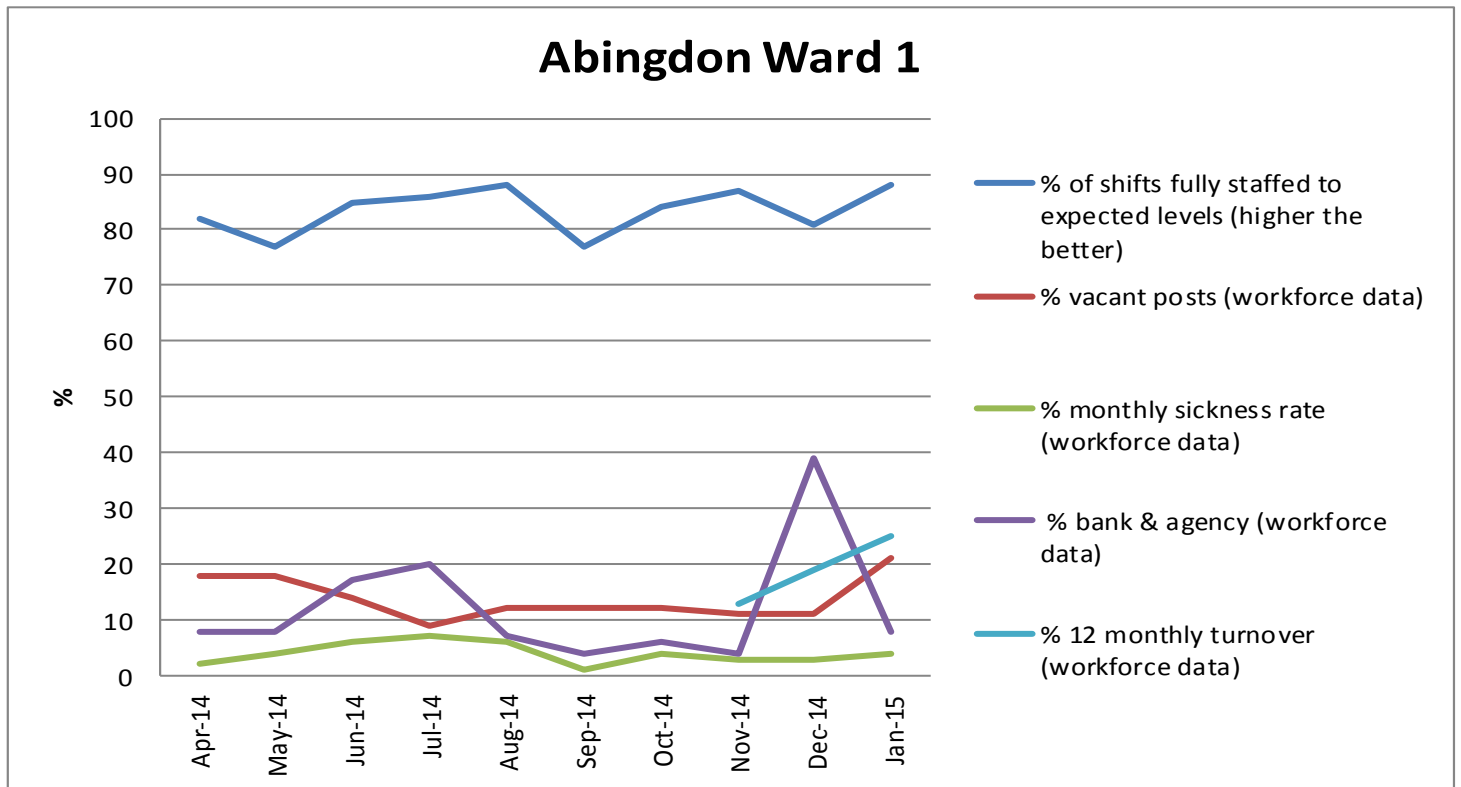|	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of FALL incidents reports (all risk levels covering F000-F015)	Number of complaints	Number of concerns
Apr-14	85	36	2	10	14		80	100			0	1
May-14	85	30	6	8	8						0	1
Jun-14	74	30	4	15	8	100	100	0	6	0	0
Jul-14	62	28	4	13	11			0	12	1	1
Aug-14	59	23	7	7	11	60	100	3	8	0	0
Sep-14	57	17	5	9	10			0	7	0	2
Oct-14	63	17	9	8	7	80	100	1	6	0	0
Nov-14	73	17	8	9	7			1	5	0	0
Dec-14	62	15	4	9	7	80	100	1	1	0	0
Jan-15	73	15	5	13	7					0	0

PUBLIC BOARD REPORT

Amber

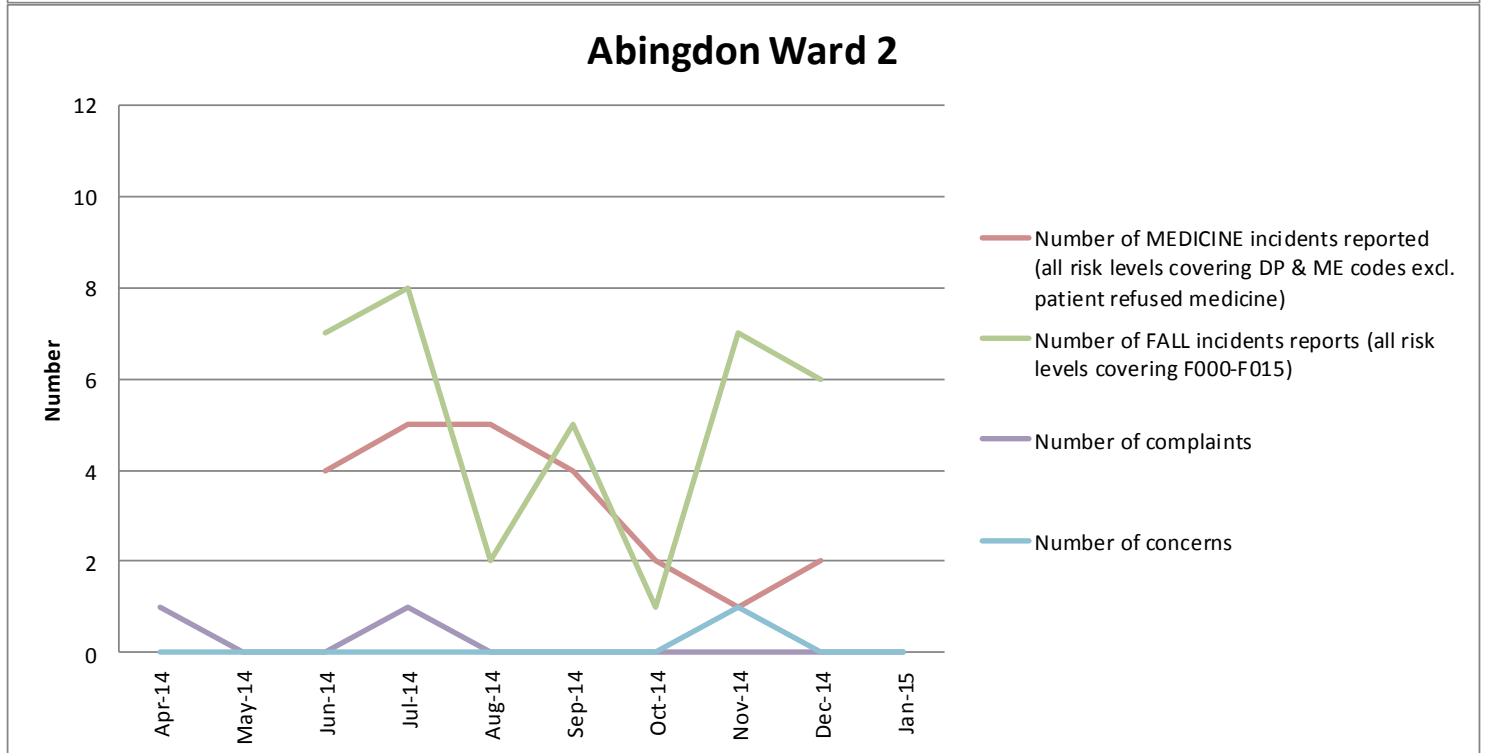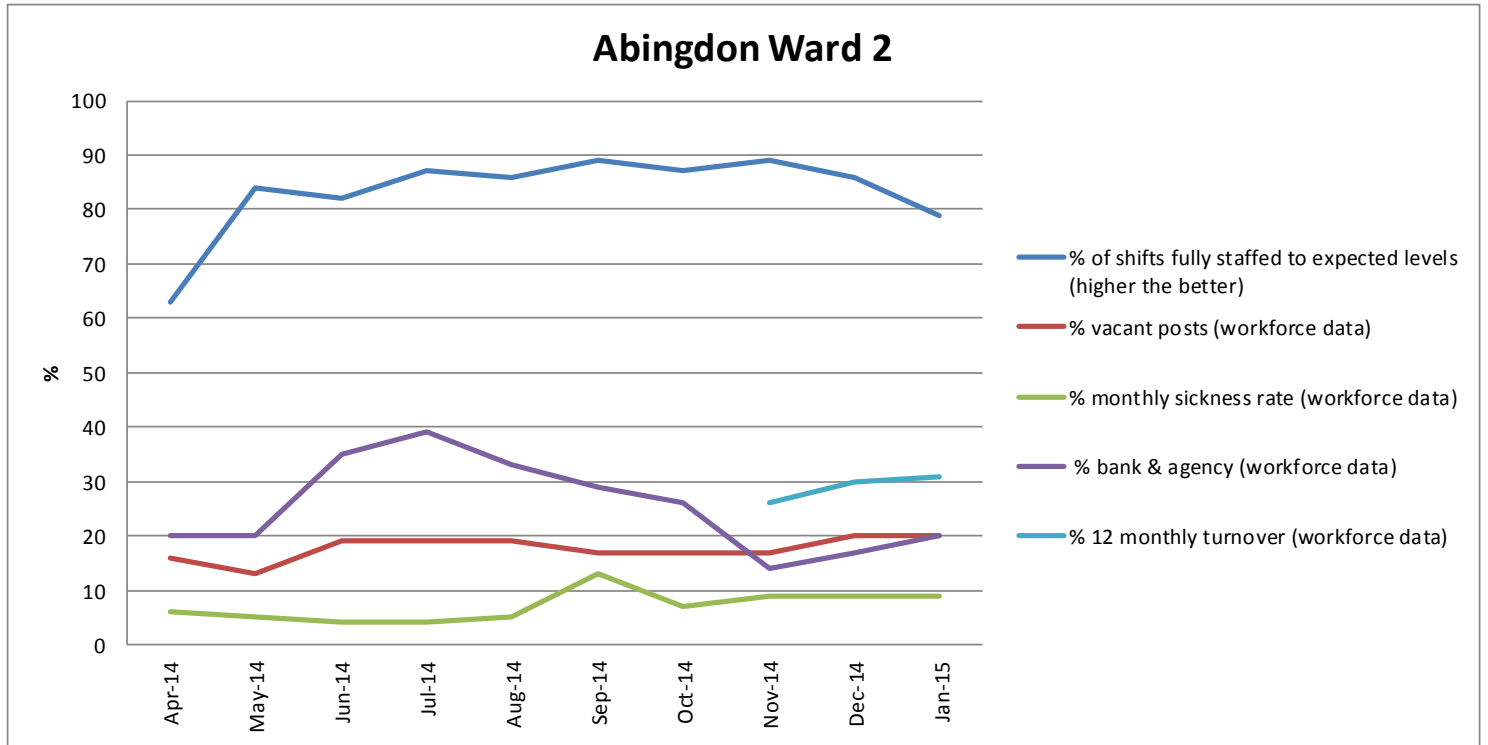|	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of FALL incidents reports (all risk levels covering F000-F015)	Number of complaints	Number of concerns
Apr-14	89	0	5	1	16	80	100			0	2
May-14	87	0	9	1	14					0	1
Jun-14	86	0	10	1	17	100	100	1	5	0	1
Jul-14	81	0	11	3	18			1	6	0	0
Aug-14	94	0	10	3	16	100	100	0	12	0	1
Sep-14	80	4	13	2	15			0	9	1	1
Oct-14	67	5	10	2	16	80	100	1	3	2	0
Nov-14	75	2	5	0	18			0	6	0	1
Dec-14	88	9	4	1	21	100	100	2	5	0	0
Jan-15	92	11	6	2	20					0	2

Abingdon ward 1

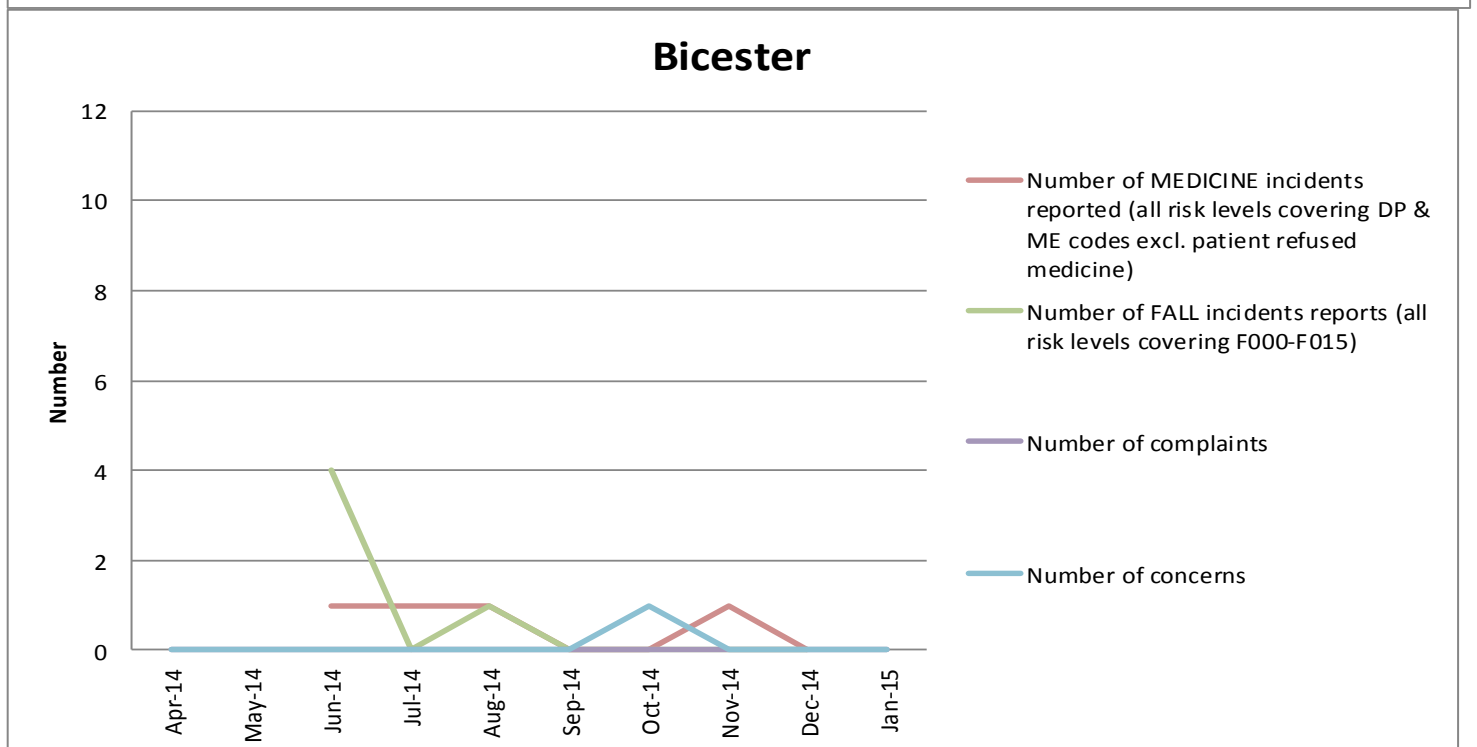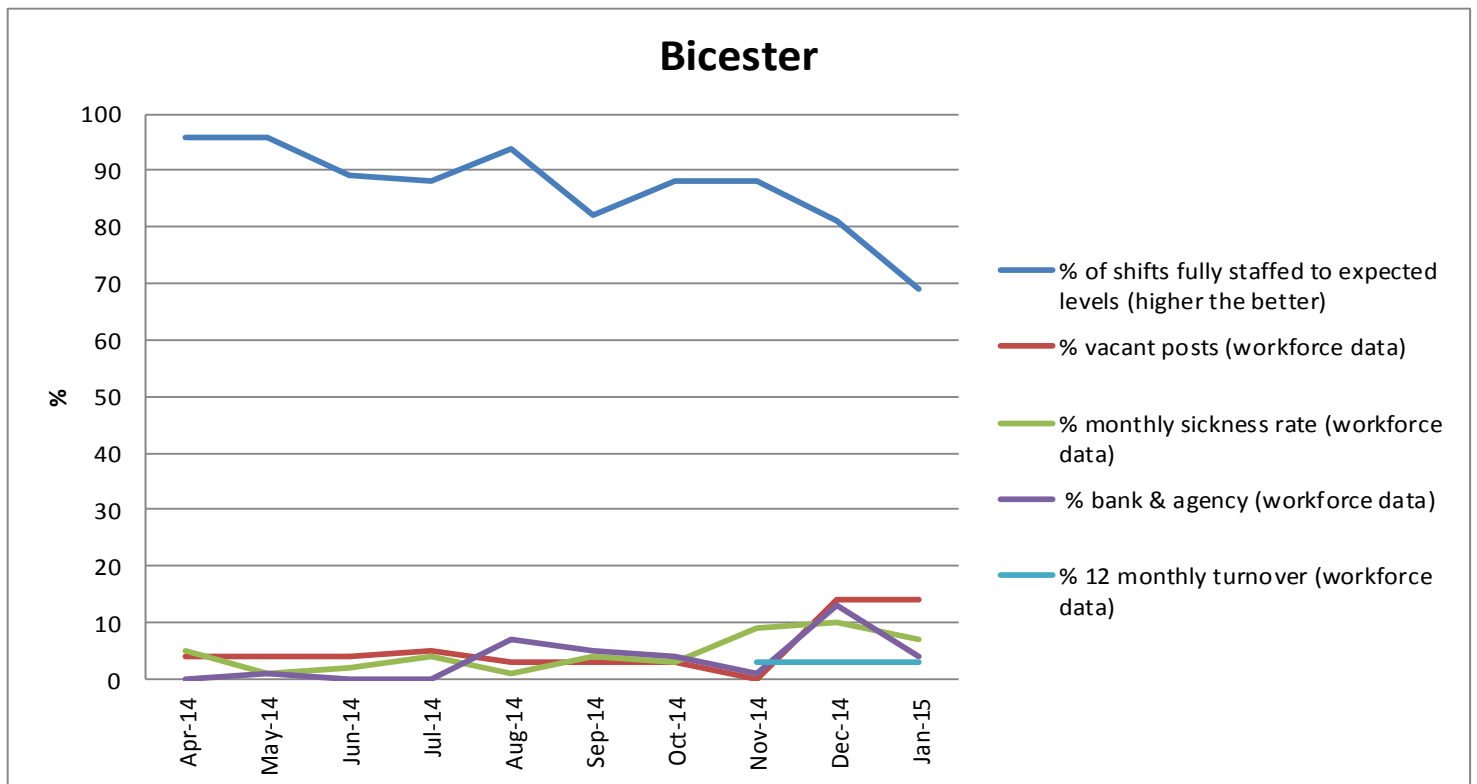|	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans been reviewed weekly (lastest CHD audit)	% reported staff communicate clearly & respectfully with you (lastest CHD audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of FALL incidents reports (all risk levels covering F000-F015)	Number of complaints	Number of concerns
Apr-14	82	18	2	8						1	0
May-14	77	18	4	8						0	0
Jun-14	85	14	6	17		13	100	2	5	0	0
Jul-14	86	9	7	20				3	10	0	0
Aug-14	88	12	6	7				4	6	0	1
Sep-14	77	12	1	4		100	100	3	5	0	3
Oct-14	84	12	4	6				2	2	0	0
Nov-14	87	11	3	4	13			1	6	0	0
Dec-14	81	11	3	39	19	88	100	1	11	0	0
Jan-15	88	21	4	8	25					0	0

Abingdon ward 2

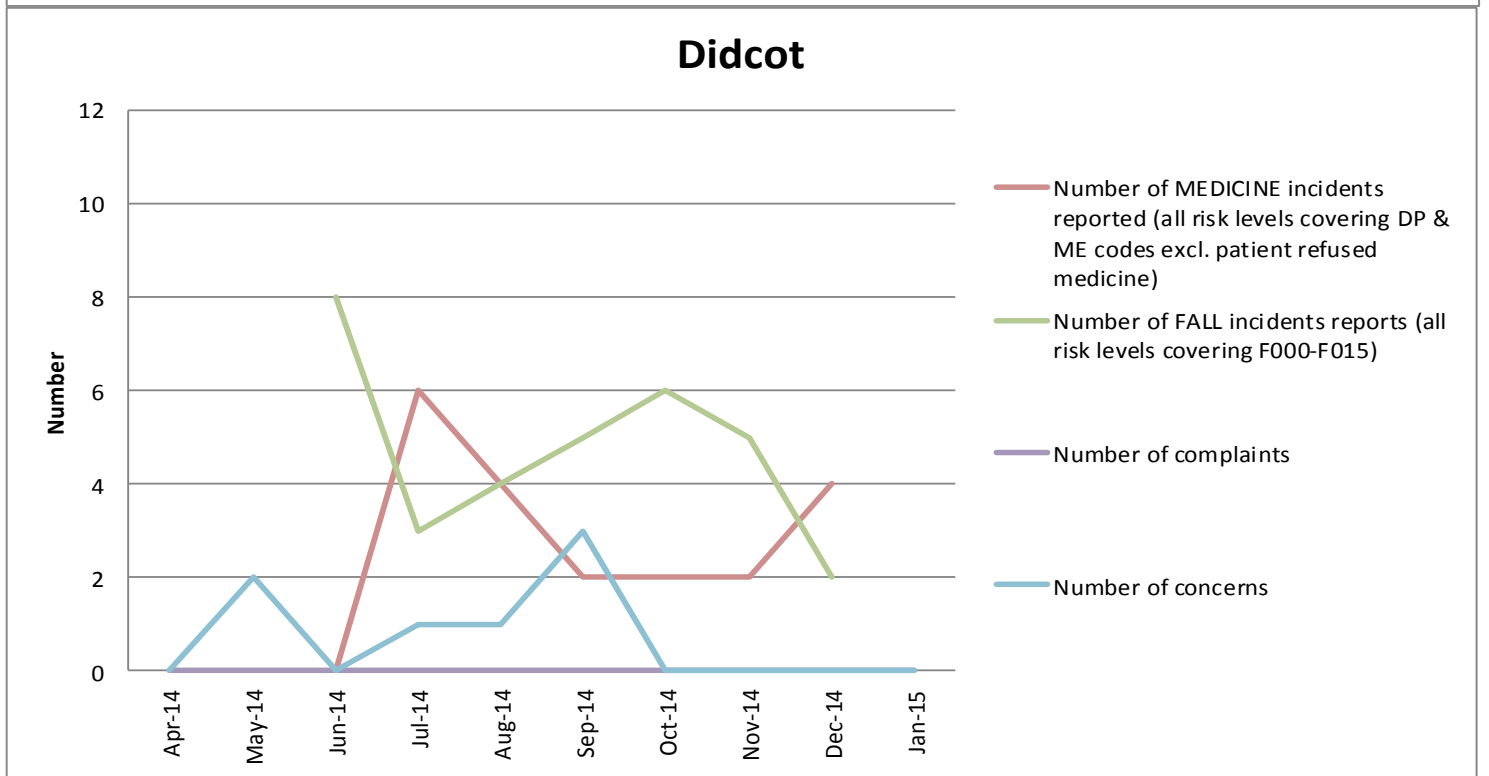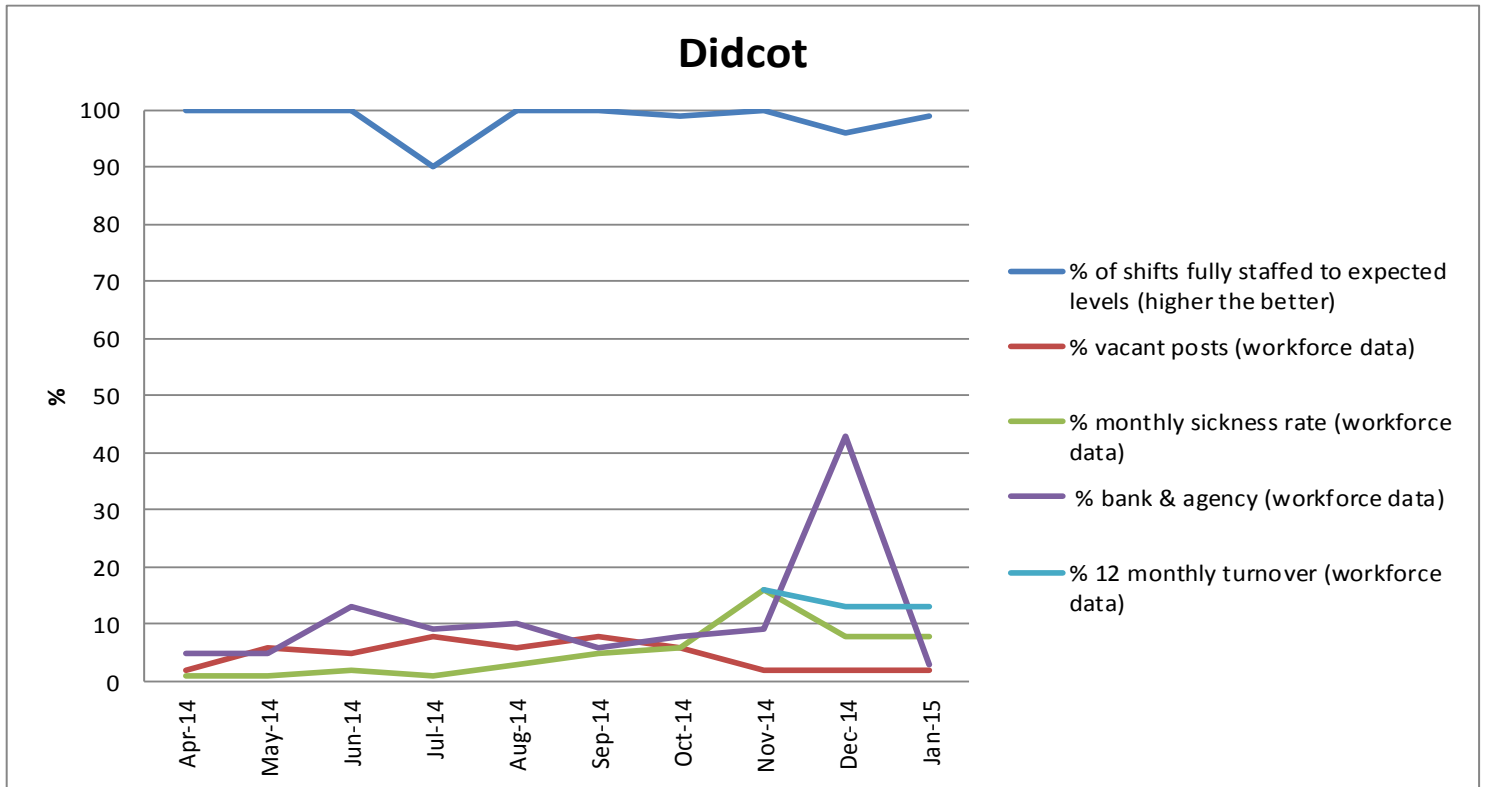|	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans been reviewed weekly (lastest CHD audit)	% reported staff communicate clearly & respectfully with you (lastest CHD audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of FALL incidents reports (all risk levels covering F000-F015)	Number of complaints	Number of concerns
Apr-14	63	16	6	20						1	0
May-14	84	13	5	20						0	0
Jun-14	82	19	4	35		100	100	4	7	0	0
Jul-14	87	19	4	39				5	8	1	0
Aug-14	86	19	5	33				5	2	0	0
Sep-14	89	17	13	29		11	100	4	5	0	0
Oct-14	87	17	7	26				2	1	0	0
Nov-14	89	17	9	14	26			1	7	0	1
Dec-14	86	20	9	17	30	80	100	2	6	0	0
Jan-15	79	20	9	20	31					0	0

PUBLIC BOARD REPORT

Bicester

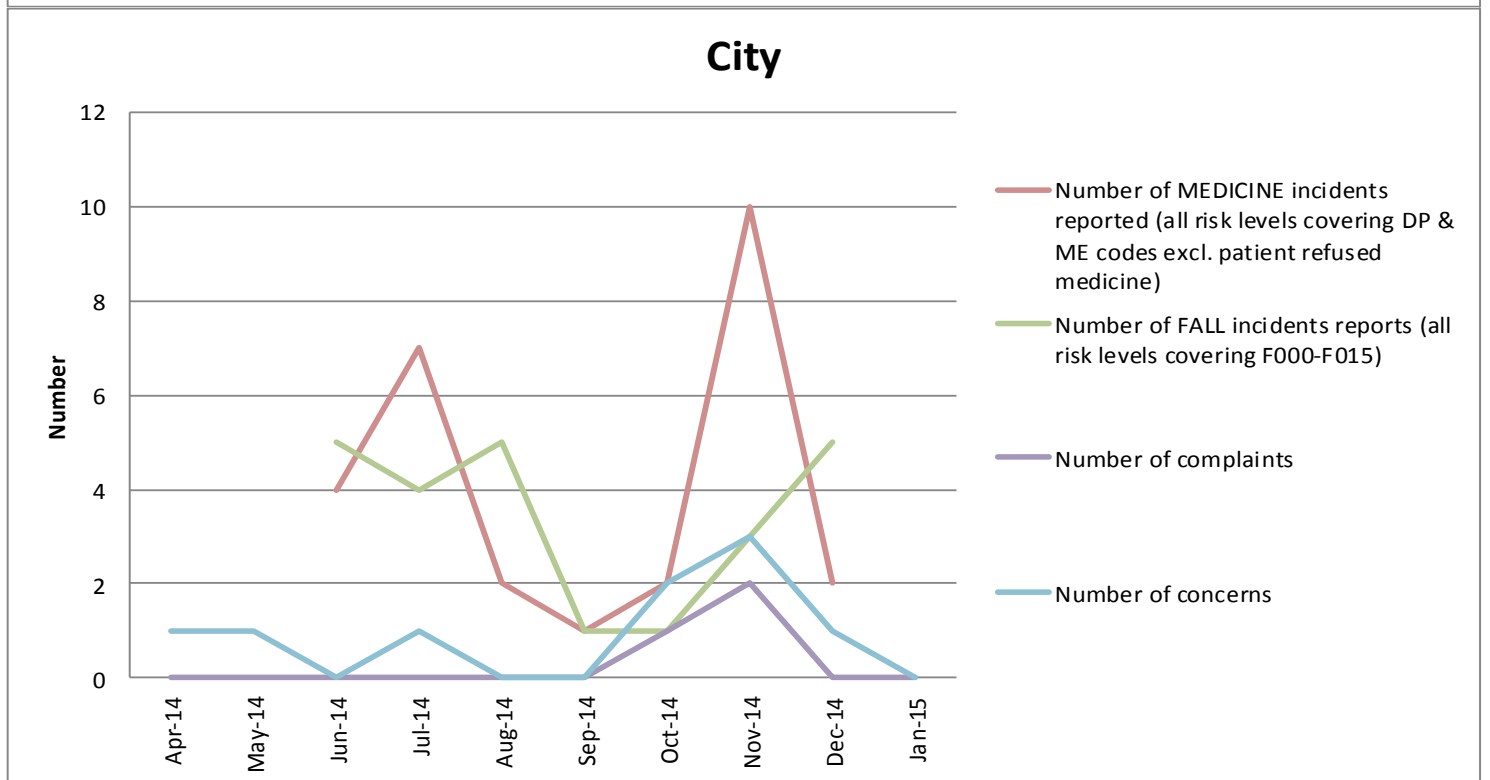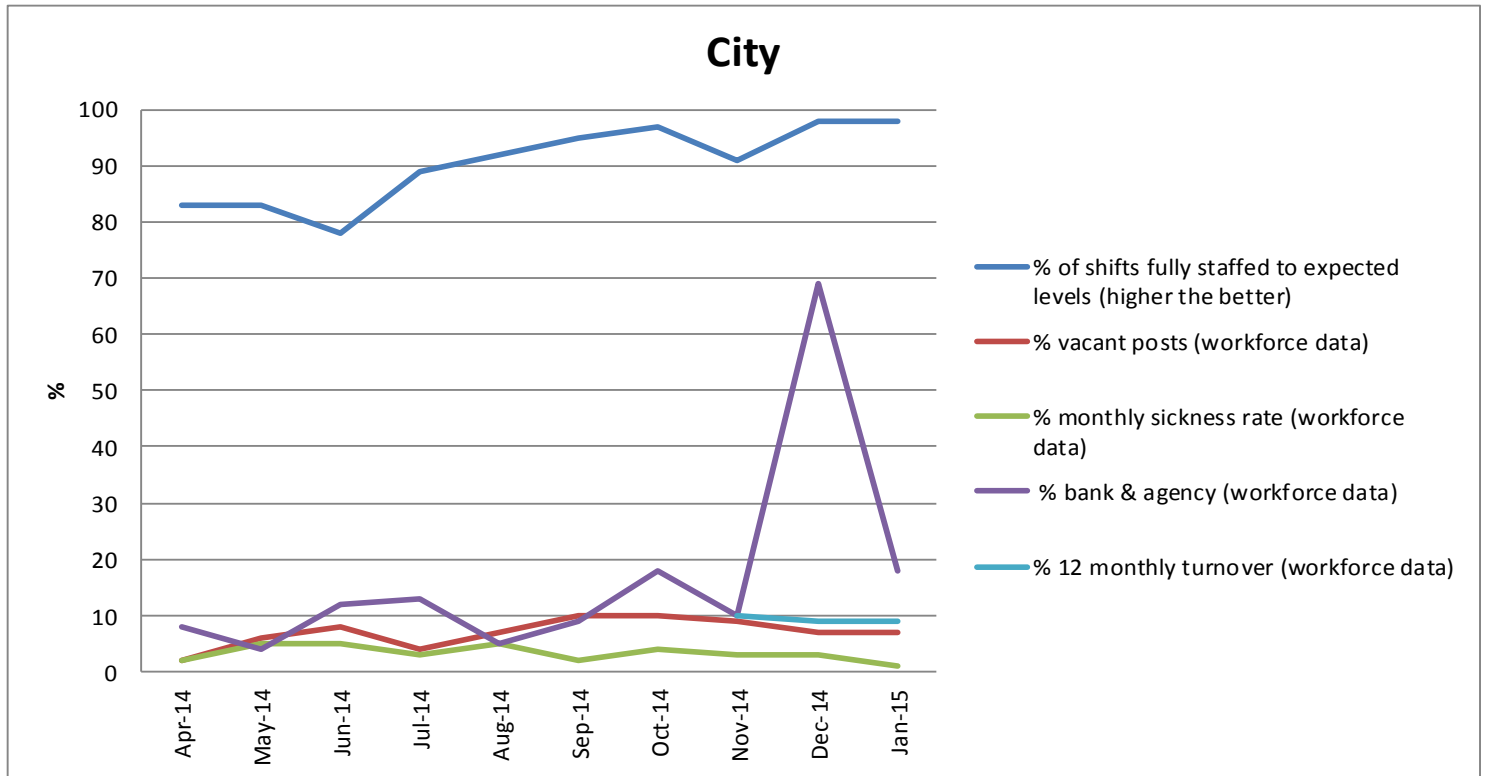|	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans been reviewed weekly (lastest CHD audit)	% reported staff communicate clearly & respectfully with you (lastest CHD audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of FALL incidents reports (all risk levels covering F000-F015)	Number of complaints	Number of concerns
Apr-14	96	4	5	0						0	0
May-14	96	4	1	1						0	0
Jun-14	89	4	2	0		80	100	1	4	0	0
Jul-14	88	5	4	0				1	0	0	0
Aug-14	94	3	1	7				1	1	0	0
Sep-14	82	3	4	5		80	100	0	0	0	0
Oct-14	88	3	3	4				0	0	0	1
Nov-14	88	0	9	1	3			1	0	0	0
Dec-14	81	14	10	13	3	100	100	0	0	0	0
Jan-15	69	14	7	4	3					0	0

PUBLIC BOARD REPORT

Didcot

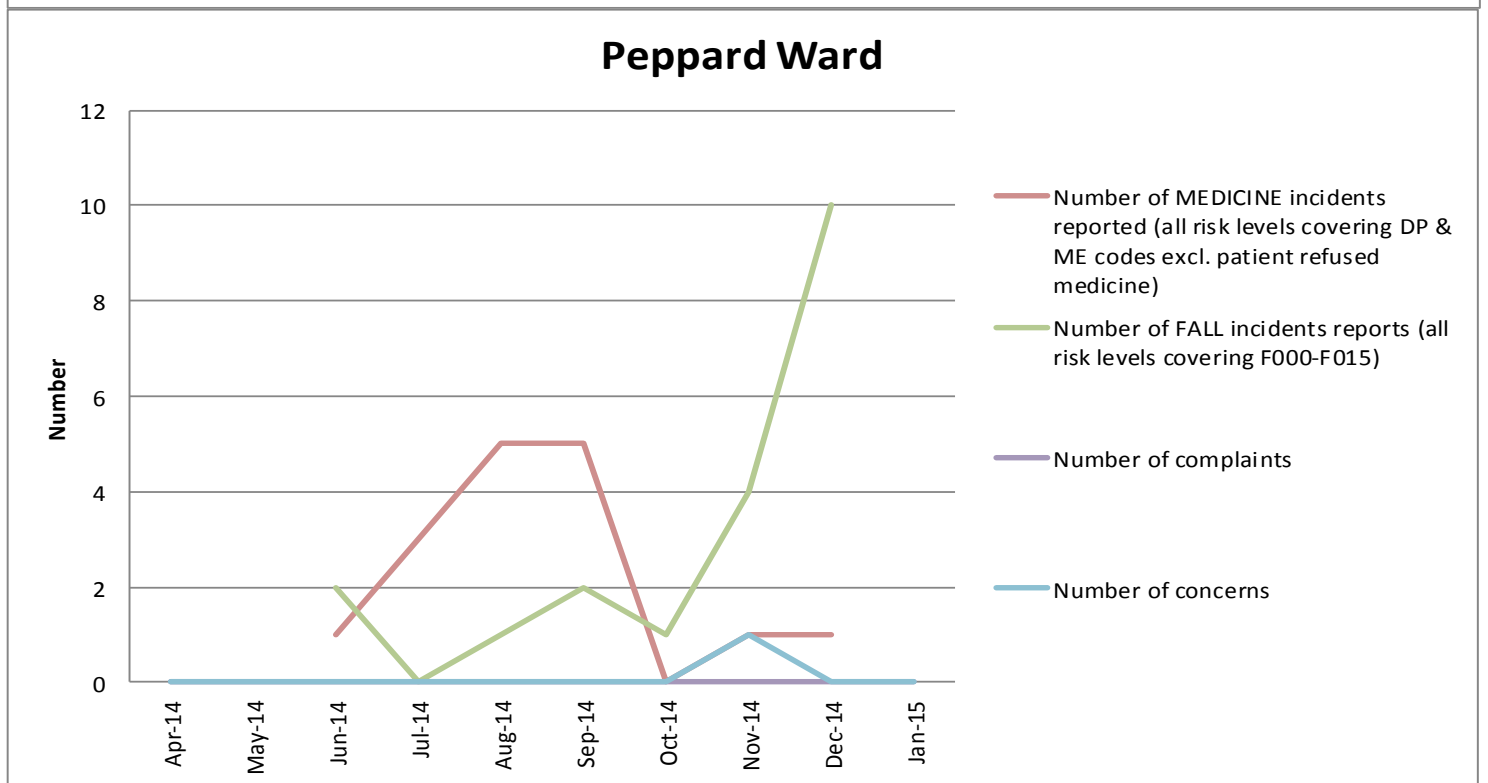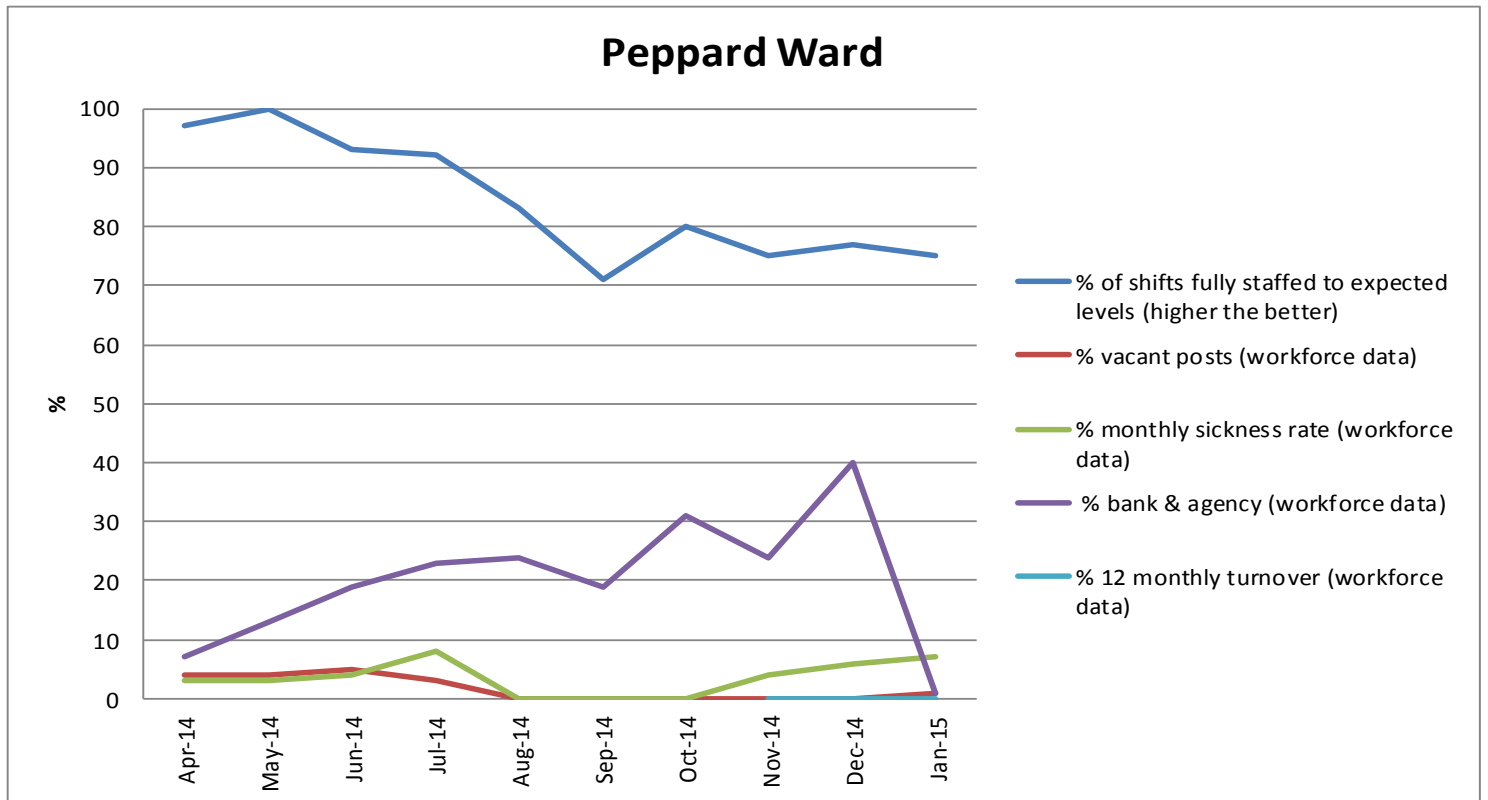|	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans been reviewed weekly (lastest CHD audit)	% reported staff communicate clearly & respectfully with you (lastest CHD audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of FALL incidents reports (all risk levels covering F000-F015)	Number of complaints	Number of concerns
Apr-14	100	2	1	5						0	0
May-14	100	6	1	5						0	2
Jun-14	100	5	2	13		50	100	0	8	0	0
Jul-14	90	8	1	9				6	3	0	1
Aug-14	100	6	3	10				4	4	0	1
Sep-14	100	8	5	6		100	90	2	5	0	3
Oct-14	99	6	6	8	16			2	6	0	0
Nov-14	100	2	16	9	13			2	5	0	0
Dec-14	96	2	8	43	13	100	100	4	2	0	0
Jan-15	99	2	8	3						0	0

PUBLIC BOARD REPORT

City

	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans been reviewed weekly (lastest CHD audit)	% reported staff communicate clearly & respectfully with you (lastest CHD audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of FALL incidents reports (all risk levels covering F000-F015)	Number of complaints	Number of concerns
Apr-14	83	2	2	8						0	1
May-14	83	6	5	4						0	1
Jun-14	78	8	5	12		50	100	4	5	0	0
Jul-14	89	4	3	13				7	4	0	1
Aug-14	92	7	5	5				2	5	0	0
Sep-14	95	10	2	9		50	100	1	1	0	0
Oct-14	97	10	4	18				2	1	1	2
Nov-14	91	9	3	10	10			10	3	2	3
Dec-14	98	7	3	69	9	33	100	2	5	0	1
Jan-15	98	7	1	18	9					0	0

City
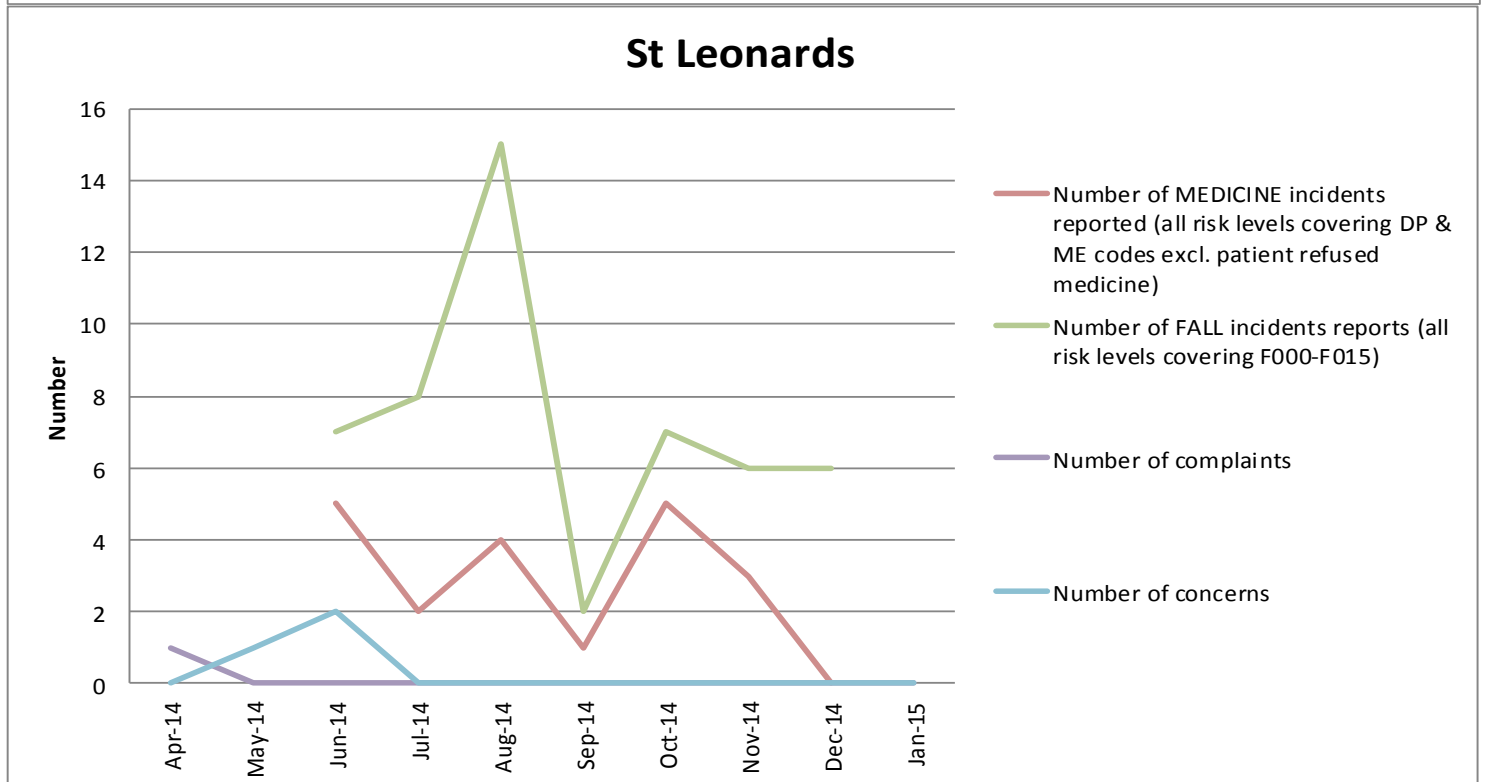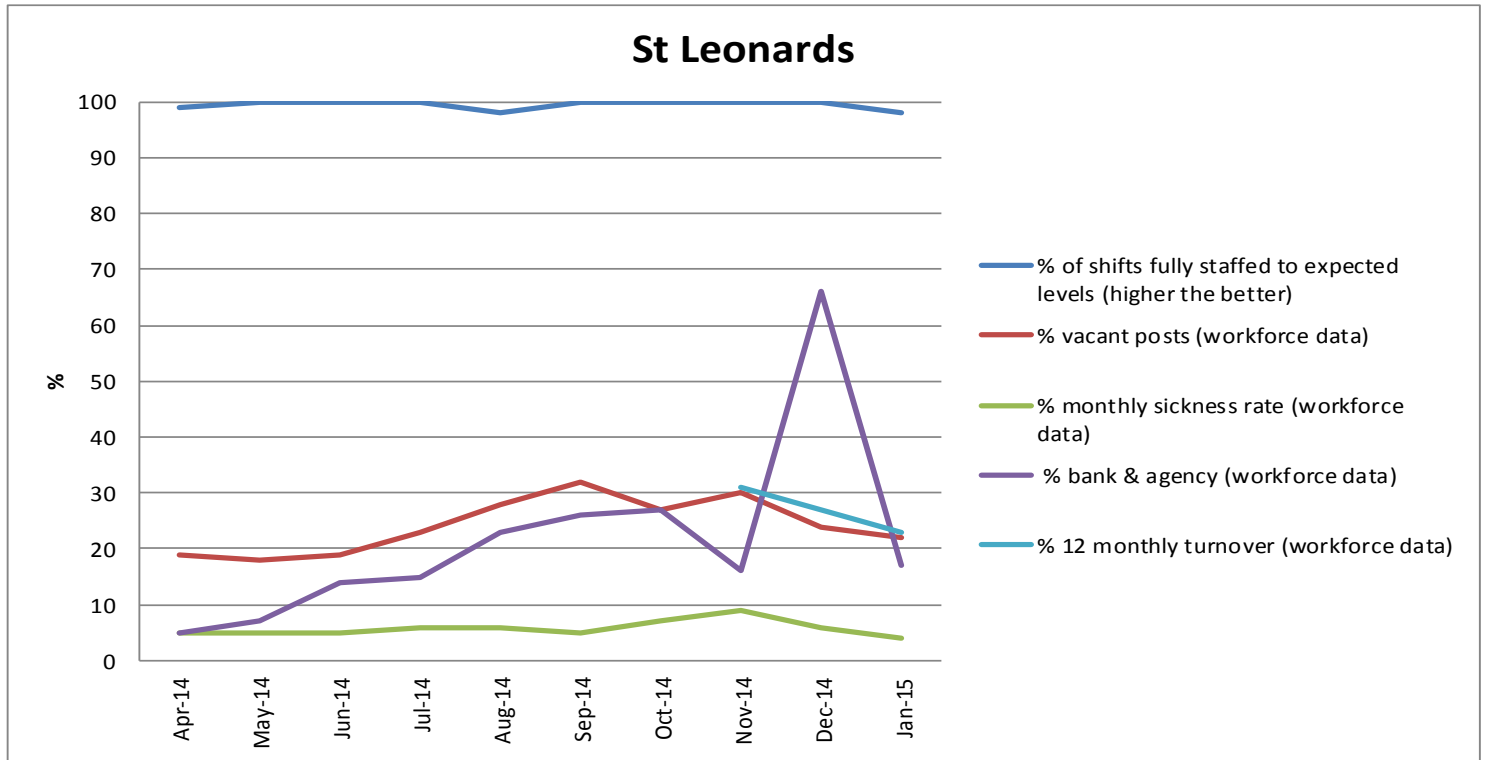

City

Henley Peppard ward

	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans been reviewed weekly (lastest CHD audit)	% reported staff communicate clearly & respectfully with you (lastest CHD audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of FALL incidents reports (all risk levels covering F000-F015)	Number of complaints	Number of concerns
Apr-14	97	4	3	7						0	0
May-14	100	4	3	13						0	0
Jun-14	93	5	4	19		100	100	1	2	0	0
Jul-14	92	3	8	23				3	0	0	0
Aug-14	83	0	0	24				5	1	0	0
Sep-14	71	0	0	19		100	100	5	2	0	0
Oct-14	80	0	0	31				0	1	0	0
Nov-14	75	0	4	24	0			1	4	0	1
Dec-14	77	0	6	40	0	43	100	1	10	0	0
Jan-15	75	1	7	1	0					0	0

Peppard Ward

Peppard Ward

PUBLIC BOARD REPORT
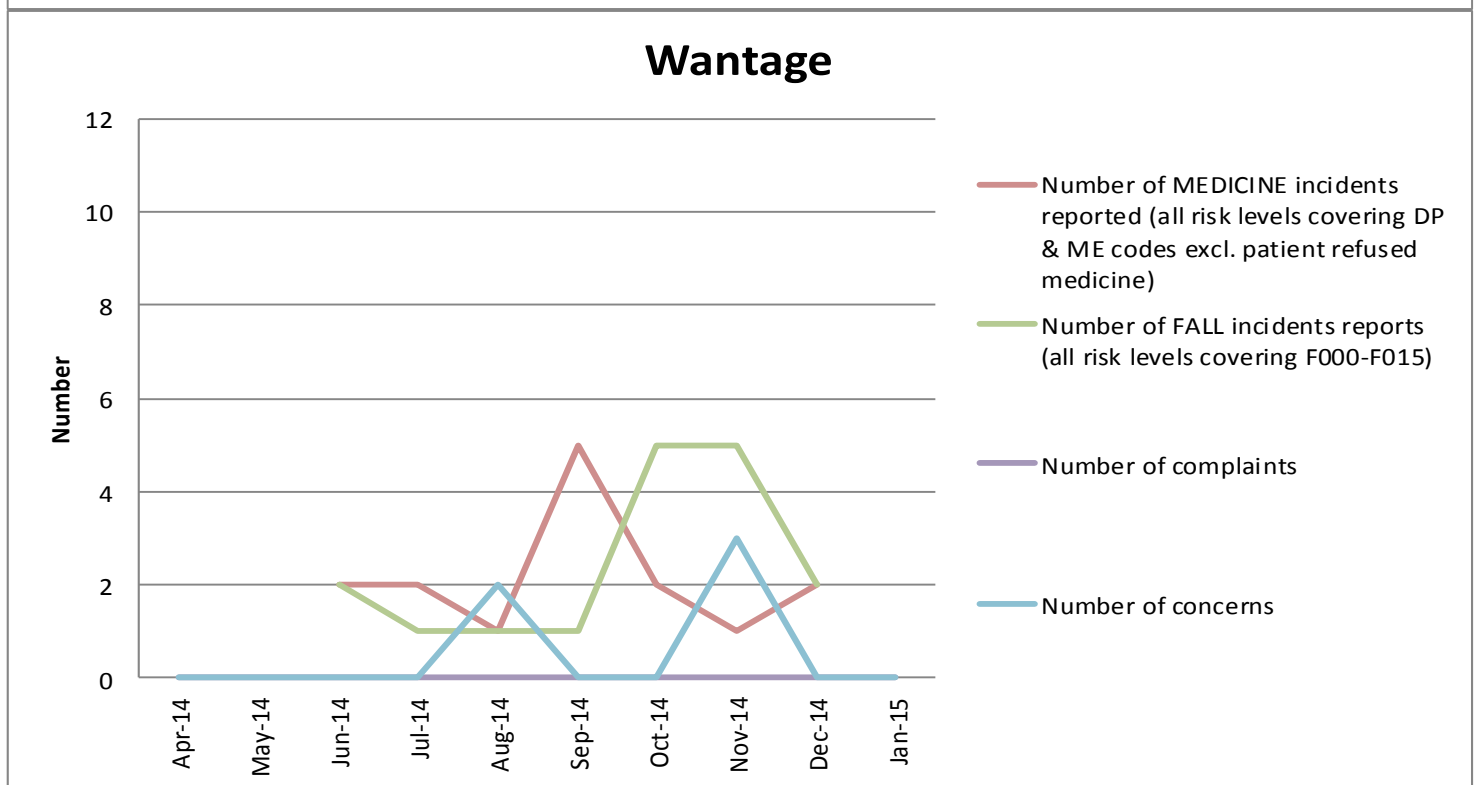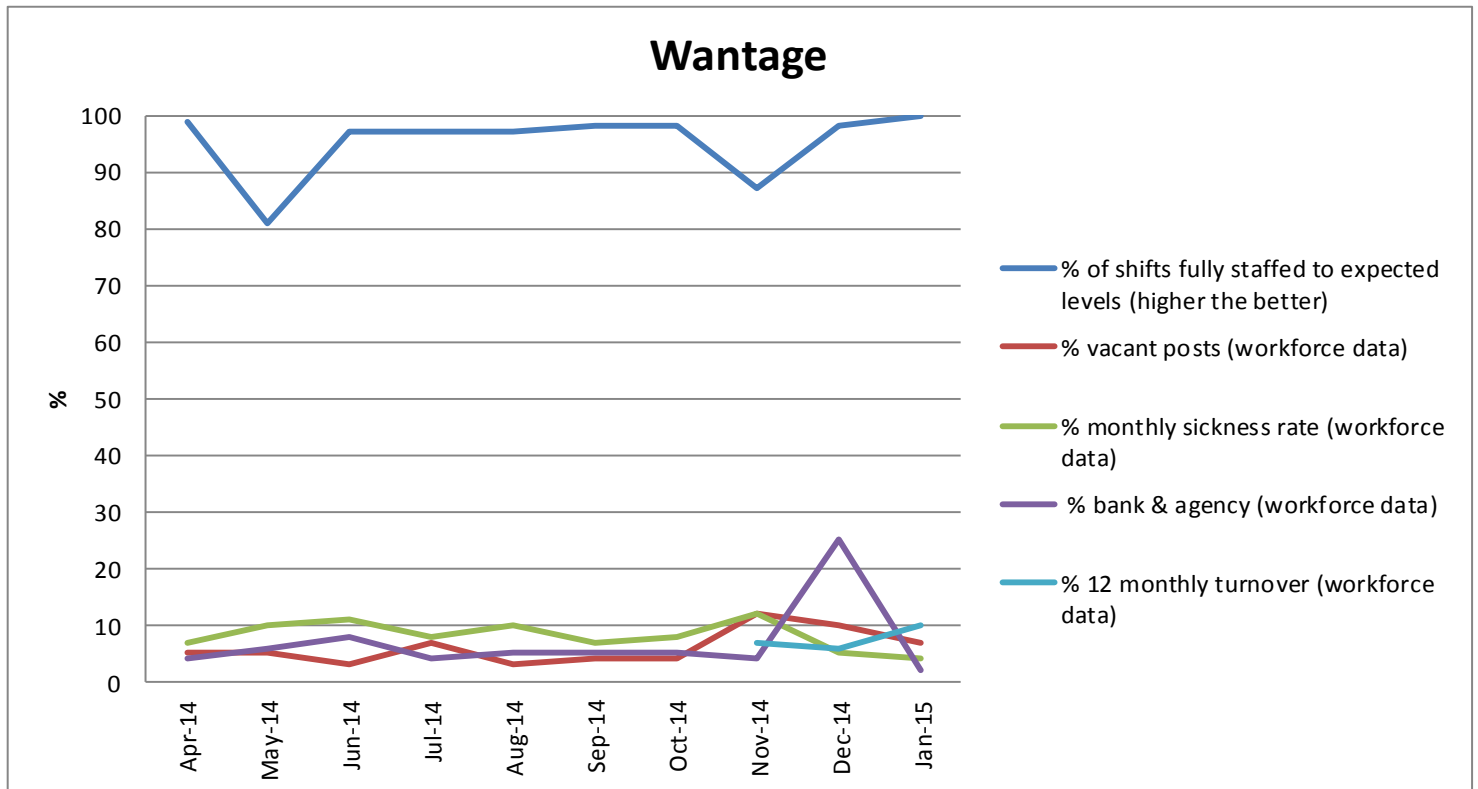
Wallingford St Leonards ward

	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans been reviewed weekly (lastest CHD audit)	% reported staff communicate clearly & respectfully with you (lastest CHD audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of FALL incidents reports (all risk levels covering F000-F015)	Number of complaints	Number of concerns
Apr-14	99	19	5	5						1	0
May-14	100	18	5	7						0	1
Jun-14	100	19	5	14		50	100	5	7	0	2
Jul-14	100	23	6	15				2	8	0	0
Aug-14	98	28	6	23				4	15	0	0
Sep-14	100	32	5	26		71	90	1	2	0	0
Oct-14	100	27	7	27				5	7	0	0
Nov-14	100	30	9	16	31			3	6	0	0
Dec-14	100	24	6	66	27	44	100	0	6	0	0
Jan-15	98	22	4	17	23					0	0

St Leonards

St Leonards
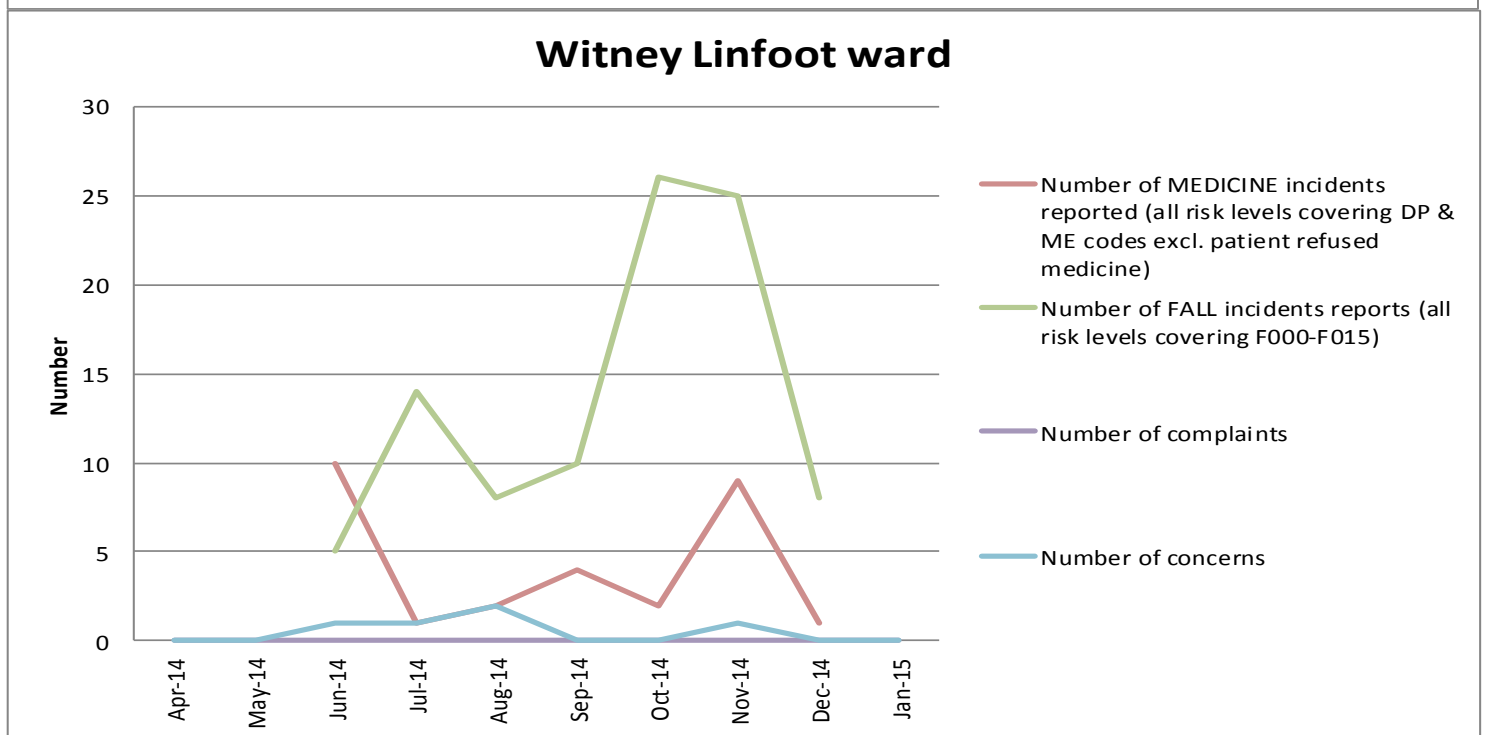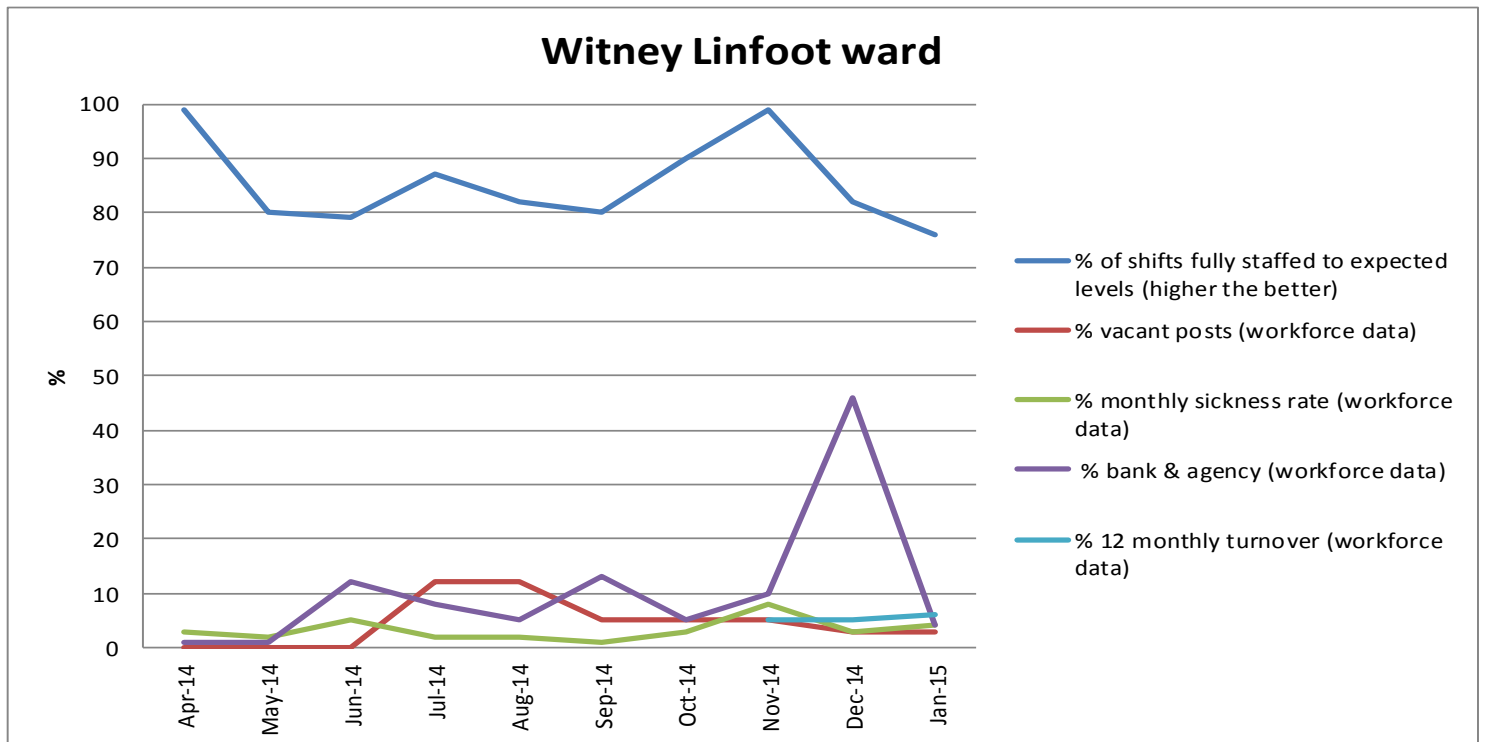
26

PUBLIC BOARD REPORT

Wantage

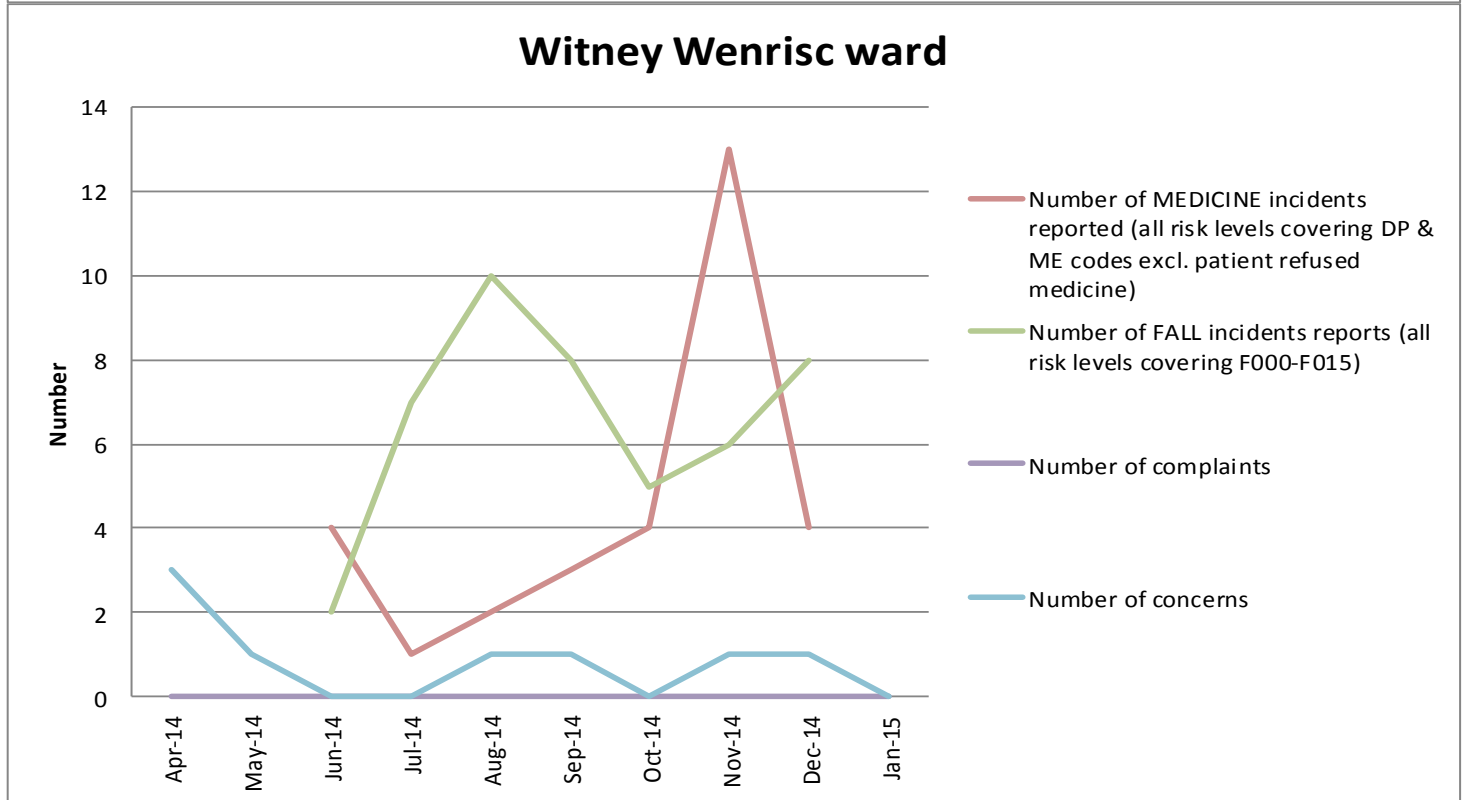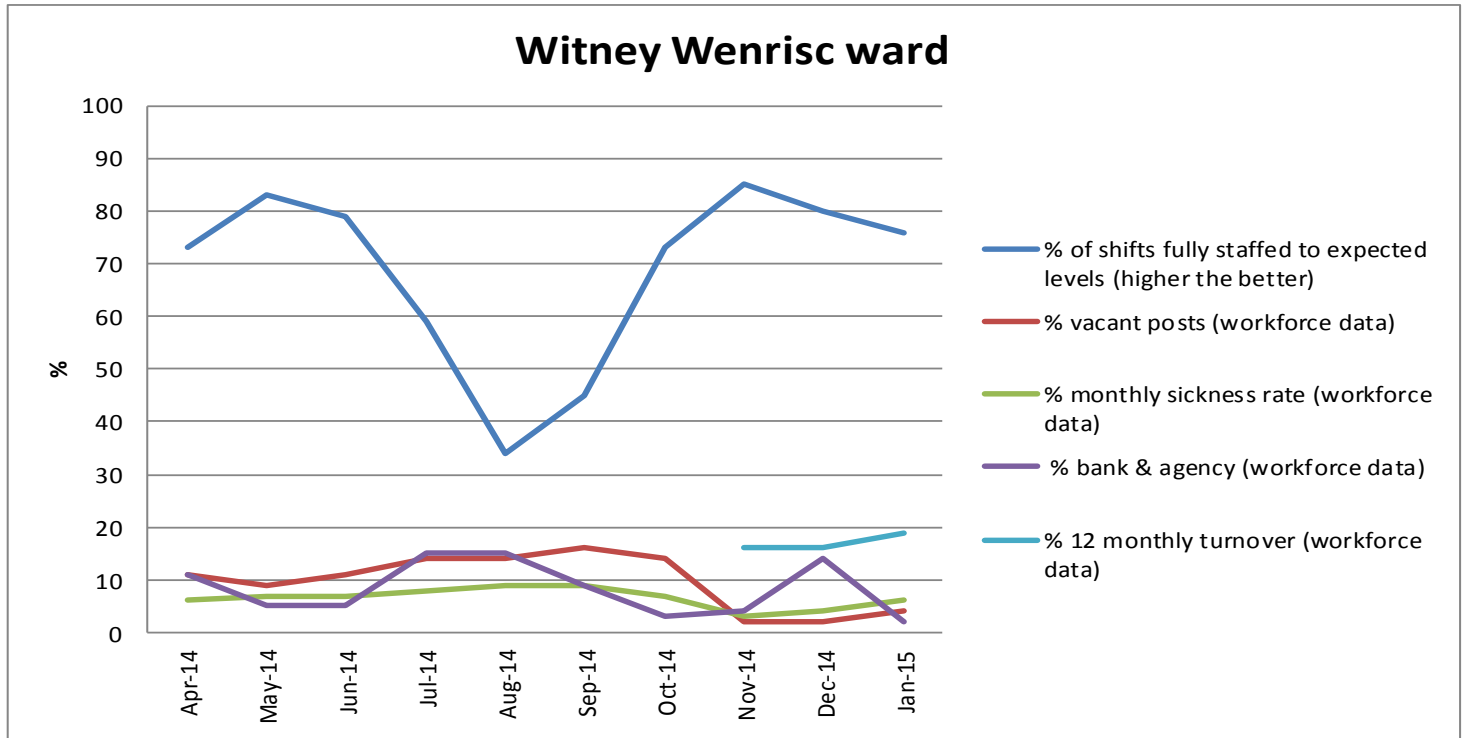|	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans been reviewed weekly (lastest CHD audit)	% reported staff communicate clearly & respectfully with you (lastest CHD audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of FALL incidents reports (all risk levels covering F000-F015)	Number of complaints	Number of concerns
Apr-14	99	5	7	4						0	0
May-14	81	5	10	6						0	0
Jun-14	97	3	11	8		86	100	2	2	0	0
Jul-14	97	7	8	4				2	1	0	0
Aug-14	97	3	10	5				1	1	0	2
Sep-14	98	4	7	5		100	100	5	1	0	0
Oct-14	98	4	8	5				2	5	0	0
Nov-14	87	12	12	4	7			1	5	0	3
Dec-14	98	10	5	25	6	100	100	2	2	0	0
Jan-15	100	7	4	2	10					0	0

Wantage

Wantage

Witney Linfoot ward

	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans been reviewed weekly (lastest CHD audit)	% reported staff communicate clearly & respectfully with you (lastest CHD audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of FALL incidents reports (all risk levels covering F000-F015)	Number of complaints	Number of concerns
Apr-14	99	0	3	1						0	0
May-14	80	0	2	1						0	0
Jun-14	79	0	5	12		100	100	10	5	0	1
Jul-14	87	12	2	8				1	14	0	1
Aug-14	82	12	2	5				2	8	0	2
Sep-14	80	5	1	13		56	100	4	10	0	0
Oct-14	90	5	3	5	5			2	26	0	0
Nov-14	99	5	8	10	5			9	25	0	1
Dec-14	82	3	3	46	6	33	100	1	8	0	0
Jan-15	76	3	4	4						0	0

Witney Linfoot ward

Witney Linfoot ward

28

PUBLIC BOARD REPORT

Witney Wenrisc ward

	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans been reviewed weekly (lastest CHD audit)	% reported staff communicate clearly & respectfully with you (lastest CHD audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of FALL incidents reports (all risk levels covering F000-F015)	Number of complaints	Number of concerns
Apr-14	73	11	6	11						0	3
May-14	83	9	7	5						0	1
Jun-14	79	11	7	5		100	100	4	2	0	0
Jul-14	59	14	8	15				1	7	0	0
Aug-14	34	14	9	15				2	10	0	1
Sep-14	45	16	9	9		25	100	3	8	0	1
Oct-14	73	14	7	3				4	5	0	0
Nov-14	85	2	3	4	16			13	6	0	1
Dec-14	80	2	4	14	16	60	100	4	8	0	1
Jan-15	76	4	6	2	19					0	0

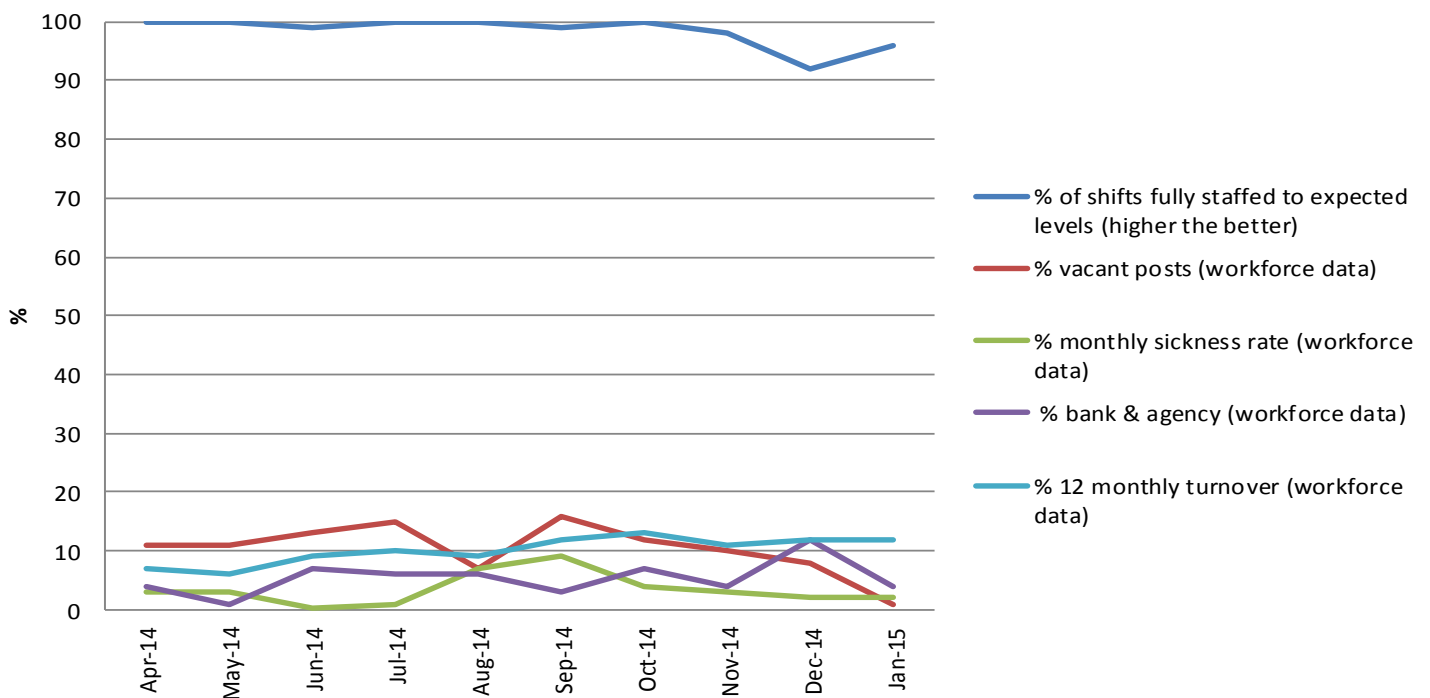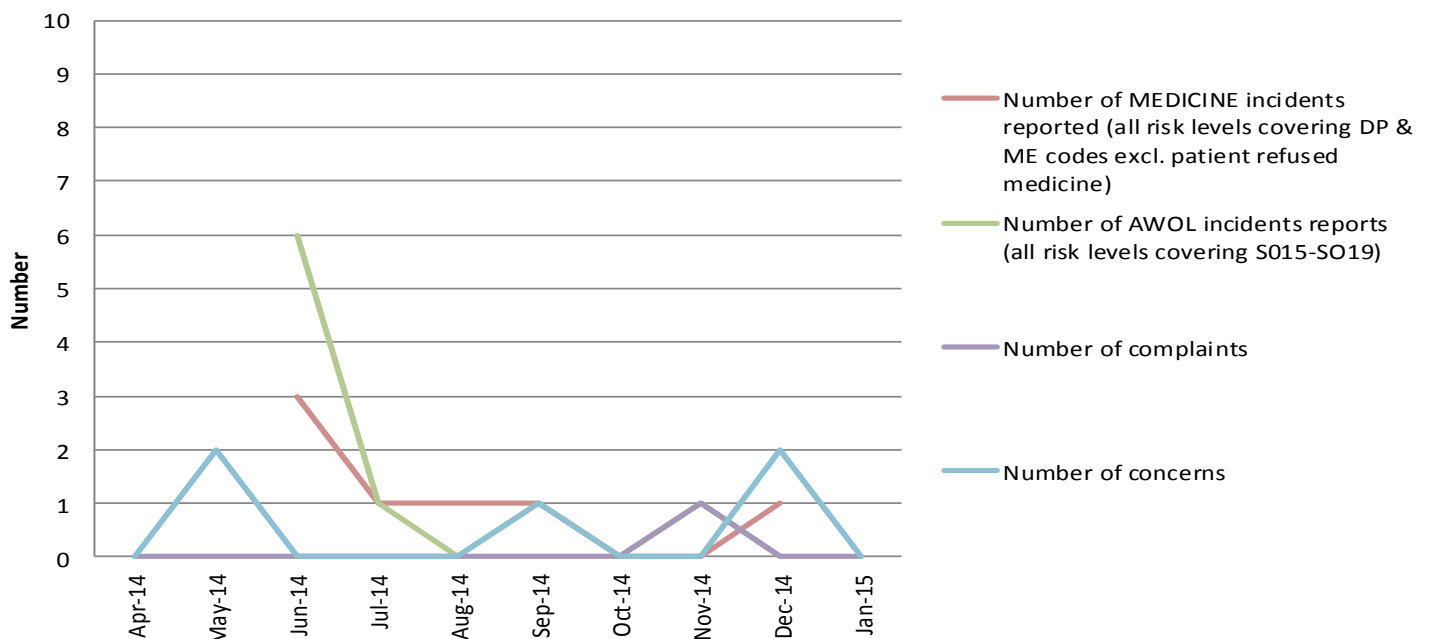## Marlborough House Swindon (CAMHS)

	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reports (all risk levels covering S015-SO19)	Number of complaints	Number of concerns
Apr-14	100	11	3	4	7	no data	no data			0	0
May-14	100	11	3	1	6					0	2
Jun-14	99	13	0.3	7	9	100	100	3	6	0	0
Jul-14	100	15	1	6	10			1	1	0	0
Aug-14	100	7	7	6	9	100	100	1	0	0	0
Sep-14	99	16	9	3	12			1	1	0	1
Oct-14	100	12	4	7	13	no data	no data	0	0	0	0
Nov-14	98	10	3	4	11			0	1	1	0
Dec-14	92	8	2	12	12	100	100	1	0	0	2
Jan-15	96	1	2	4	12					0	0

Marlborough House Swindon

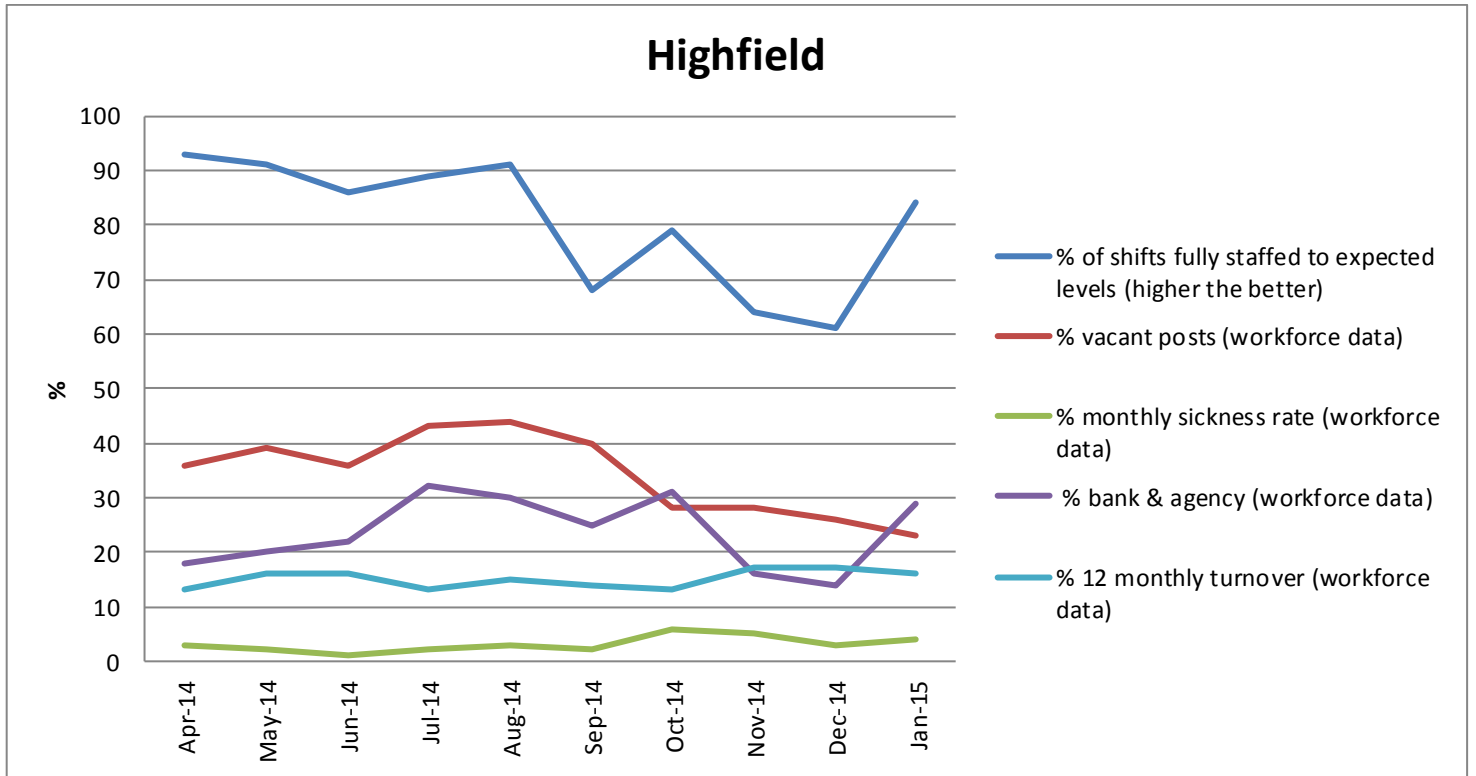Marlborough House Swindon
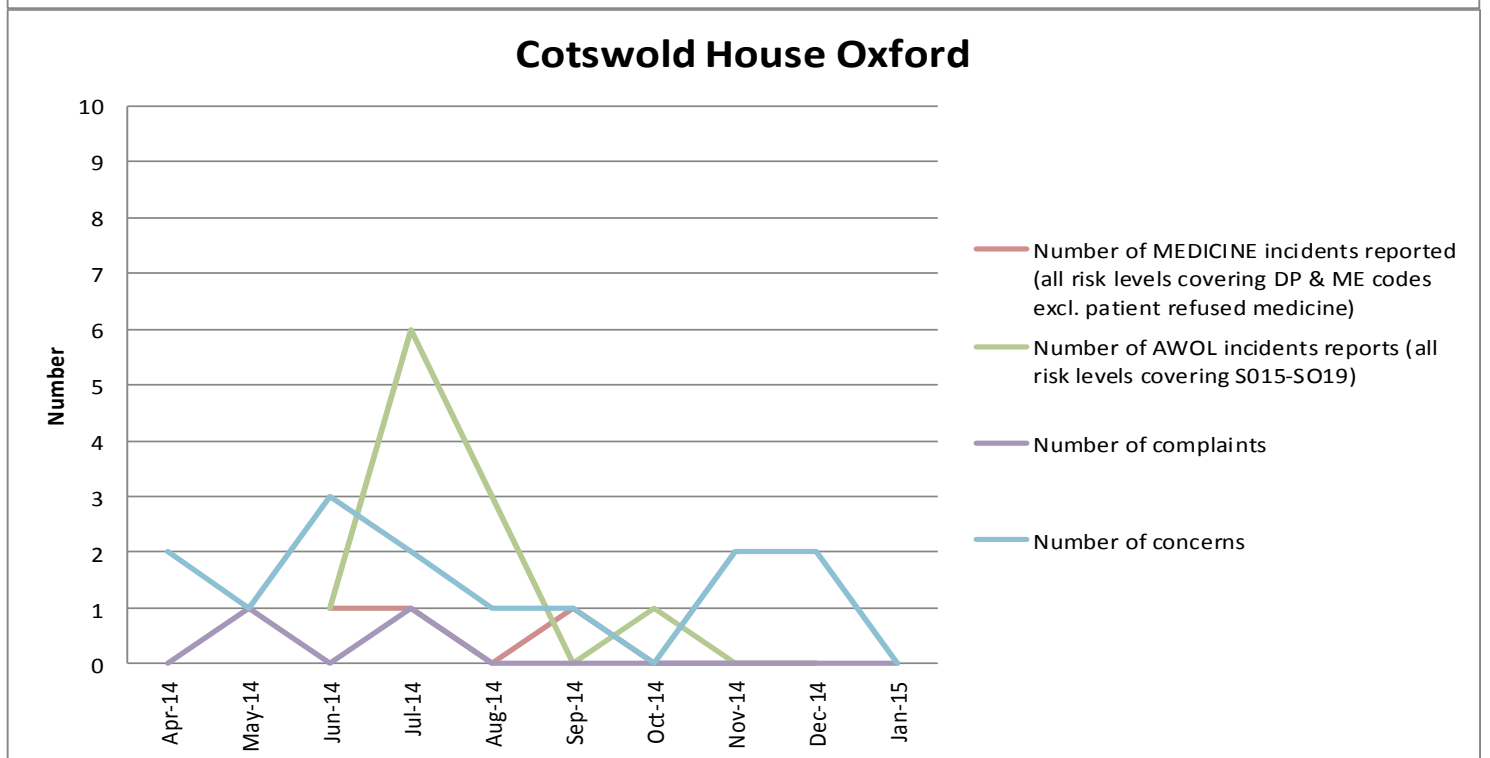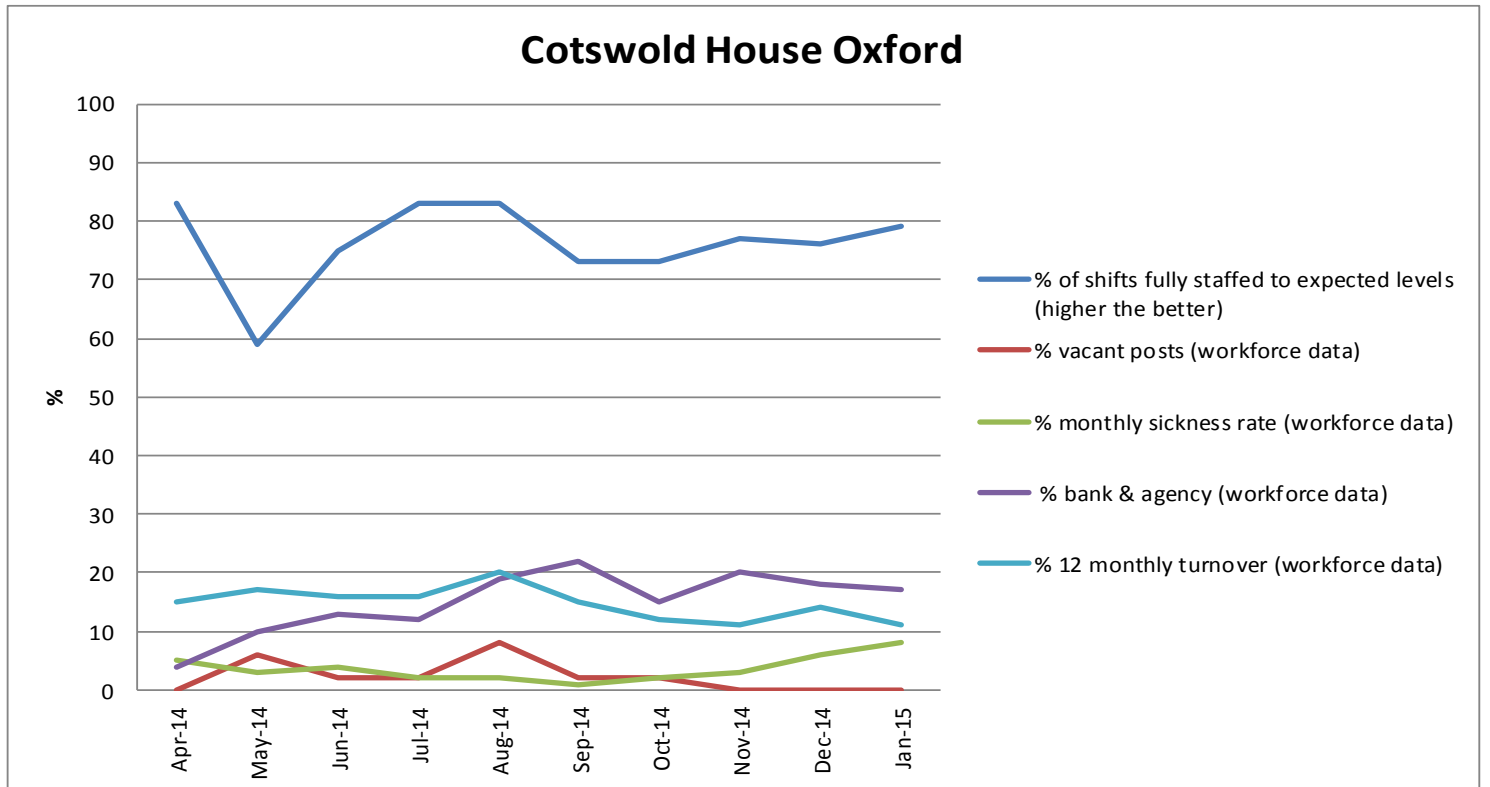
Highfield (CAMHS)

	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reports (all risk levels covering S015-SO19)	Number of complaints	Number of concerns
Apr-14	93	36	3	18	13	no data	no data			0	1
May-14	91	39	2	20	16					0	1
Jun-14	86	36	1	22	16	no data	no data	0	14	0	1
Jul-14	89	43	2	32	13			1	13	0	0
Aug-14	91	44	3	30	15	100	100	1	9	0	4
Sep-14	68	40	2	25	14			0	8	0	1
Oct-14	79	28	6	31	13	100	80	2	15	0	2
Nov-14	64	28	5	16	17			0	1	0	4
Dec-14	61	26	3	14	17	100	80	0	12	0	1
Jan-15	84	23	4	29	16					0	0

Highfield

Highfield

PUBLIC BOARD REPORT
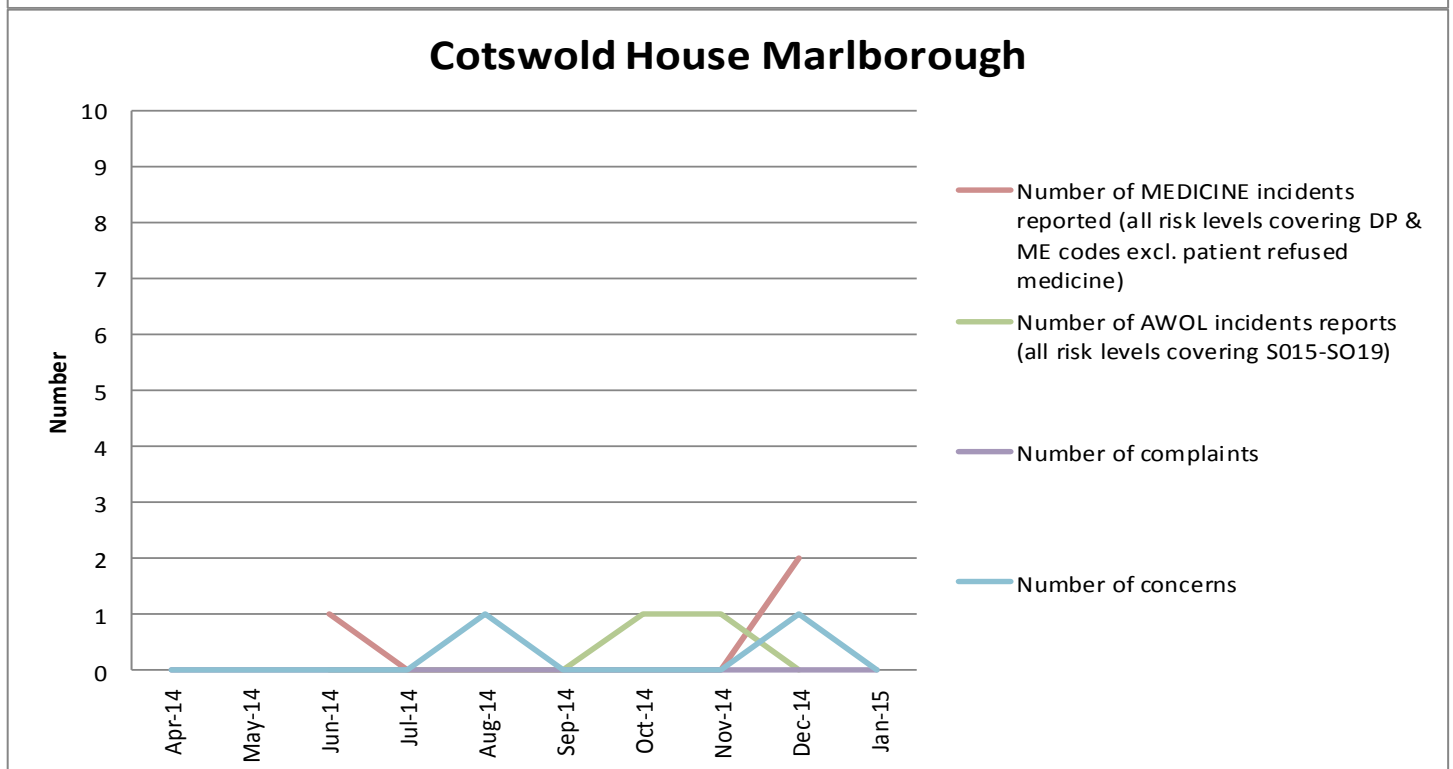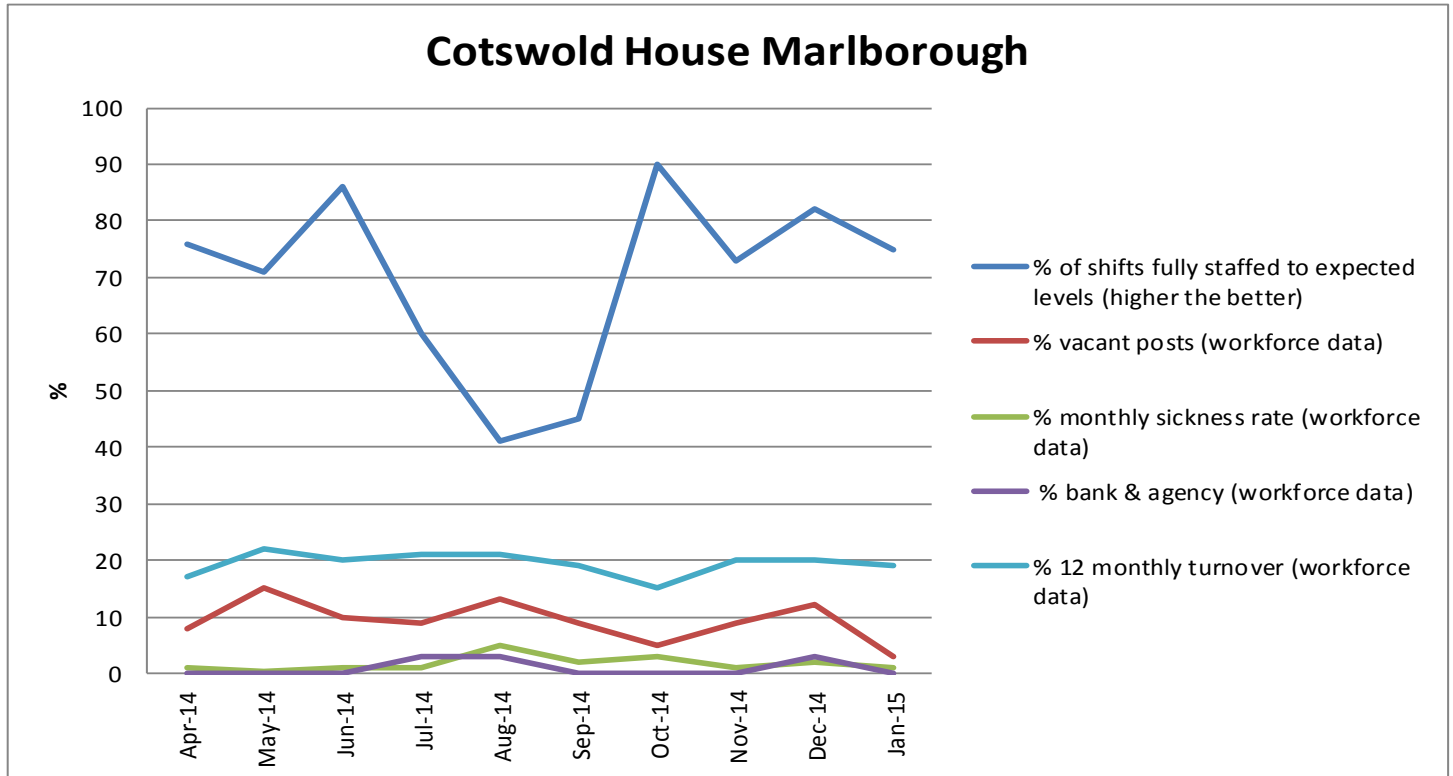
Cotswold House Oxford

	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reports (all risk levels covering S015-SO19)	Number of complaints	Number of concerns
Apr-14	83	0	5	4	15	100	100			0	2
May-14	59	6	3	10	17					1	1
Jun-14	75	2	4	13	16	100	100	1	1	0	3
Jul-14	83	2	2	12	16			1	6	1	2
Aug-14	83	8	2	19	20	no data	no data	0	3	0	1
Sep-14	73	2	1	22	15			1	0	0	1
Oct-14	73	2	2	15	12	100	100	0	1	0	0
Nov-14	77	0	3	20	11			0	0	0	2
Dec-14	76	0	6	18	14	no data	no data	0	0	0	2
Jan-15	79	0	8	17	11					0	0

Cotswold House Oxford

Cotswold House Oxford

PUBLIC BOARD REPORT
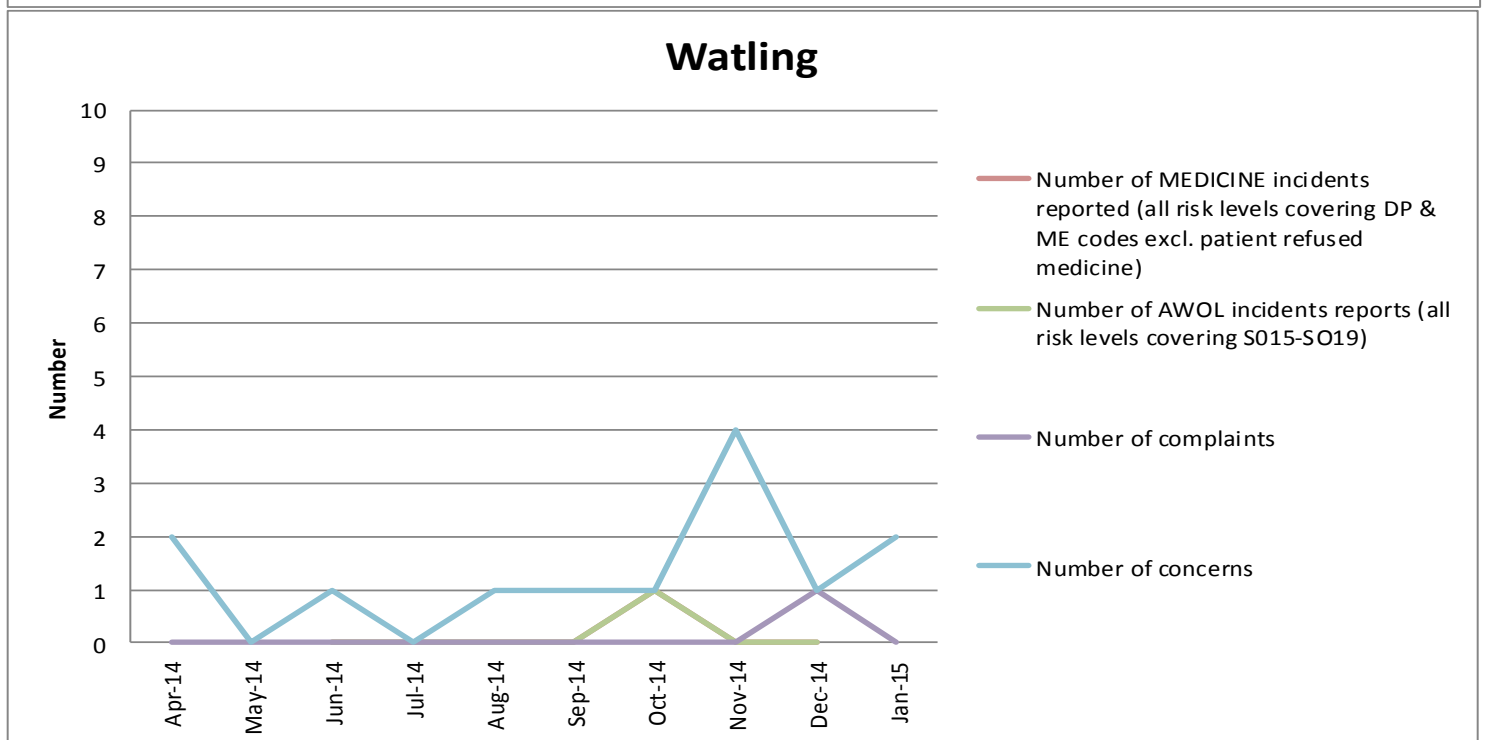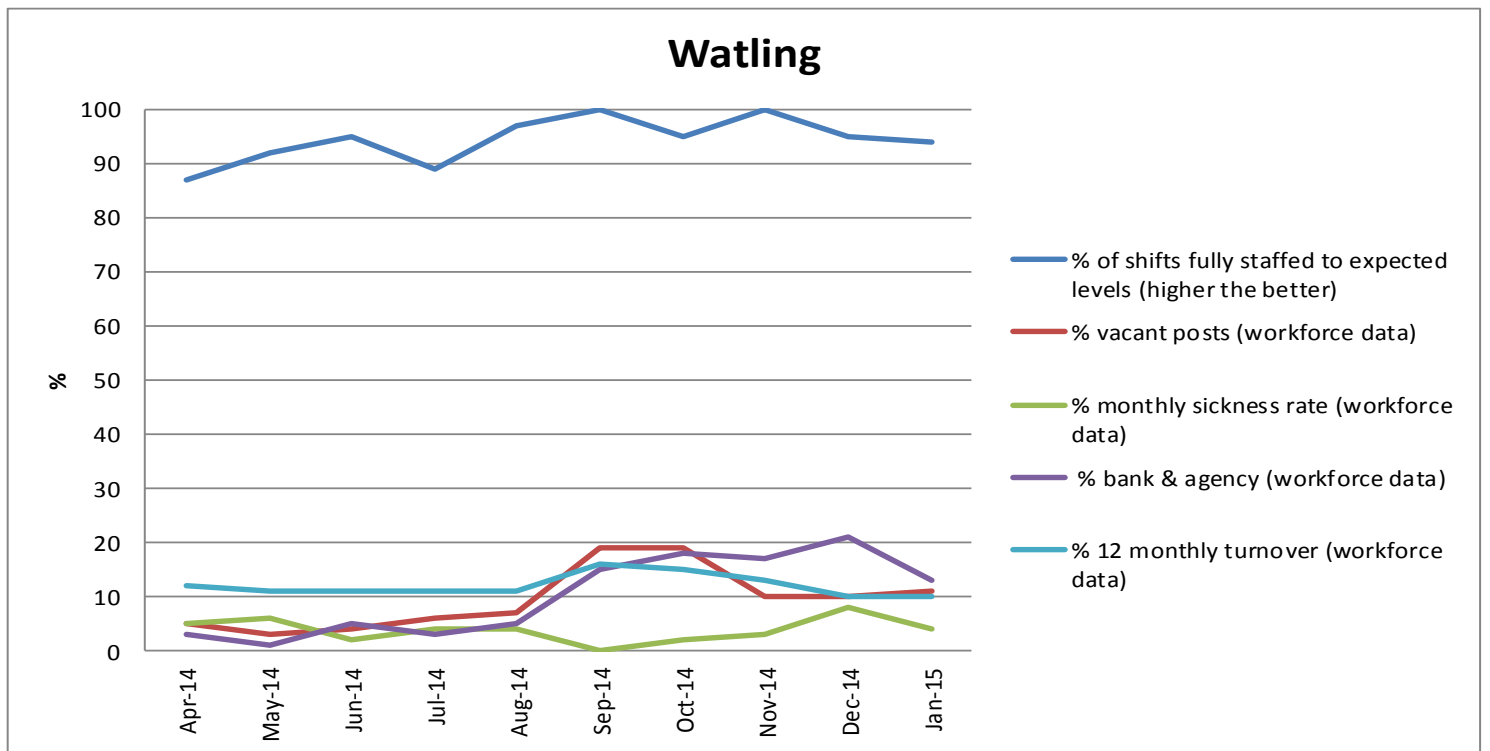
Cotswold House Marlborough

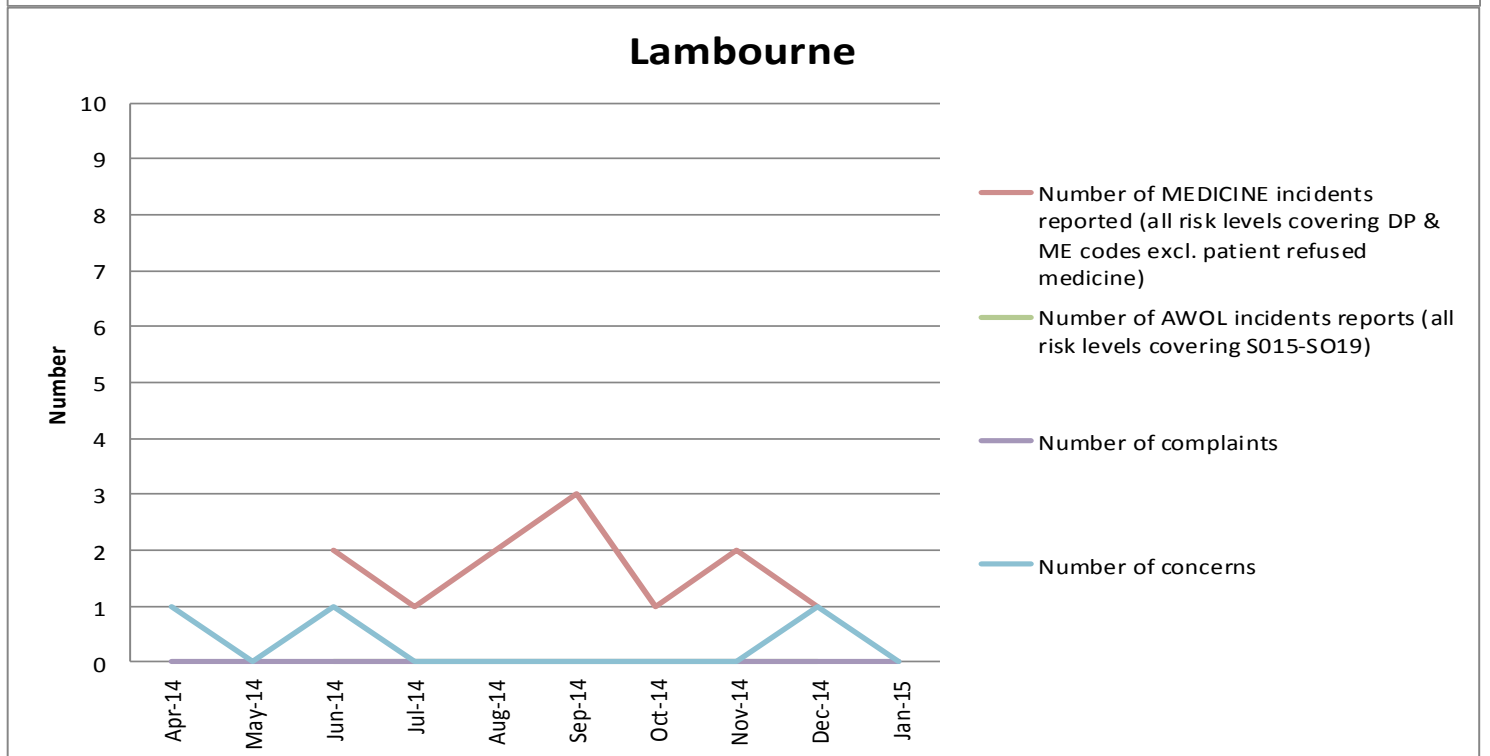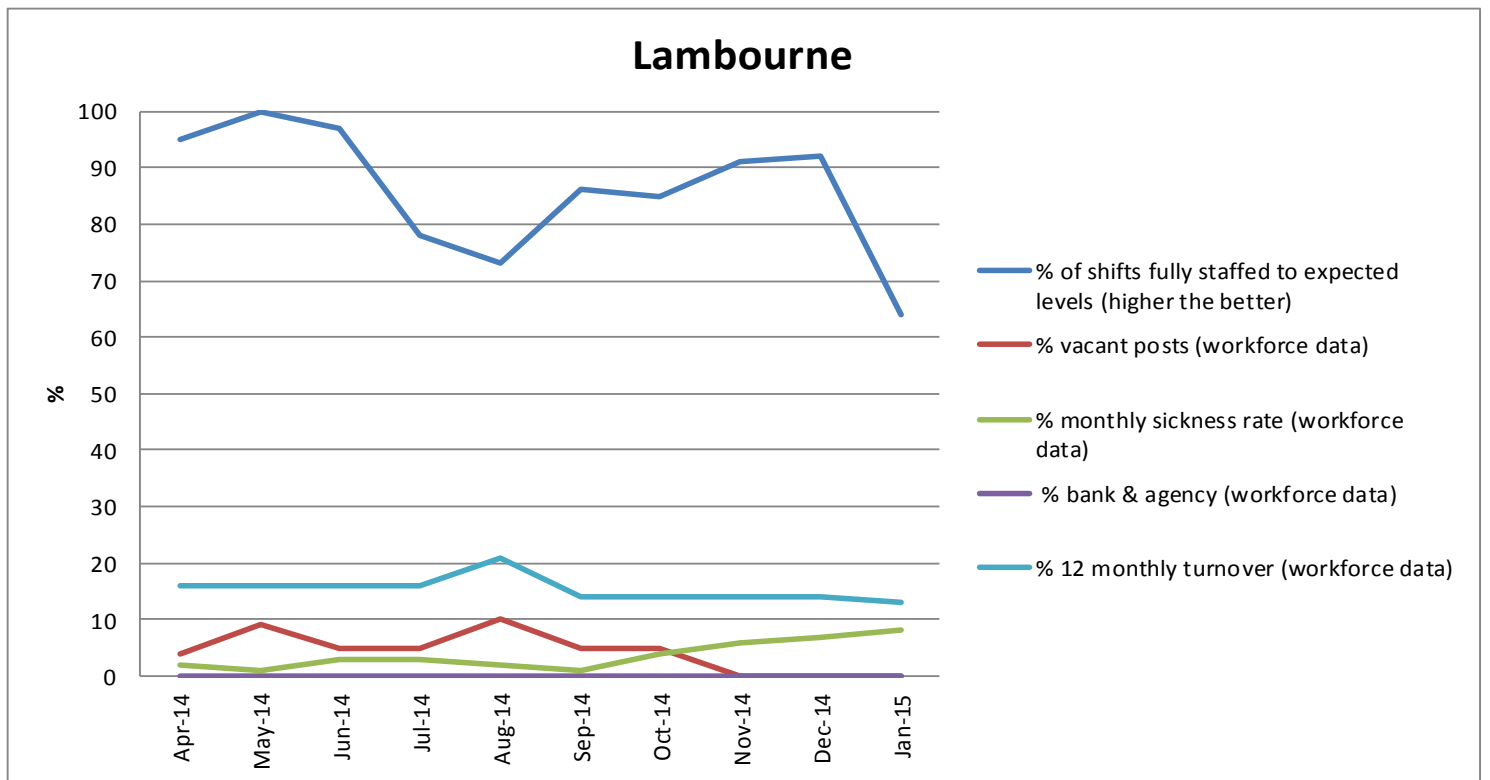|	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reports (all risk levels covering S015-SO19)	Number of complaints	Number of concerns
Apr-14	76	8	1	0	17	100	100			0	0
May-14	71	15	0.3	0	22					0	0
Jun-14	86	10	1	0	20	100	100	1	0	0	0
Jul-14	60	9	1	3	21			0	0	0	0
Aug-14	41	13	5	3	21	40	100	0	0	0	1
Sep-14	45	9	2	0	19			0	0	0	0
Oct-14	90	5	3	0	15	100	100	0	1	0	0
Nov-14	73	9	1	0	20			0	1	0	0
Dec-14	82	12	2	3	20	100	100	2	0	0	1
Jan-15	75	3	1	0	19					0	0

33

PUBLIC BOARD REPORT

Watling

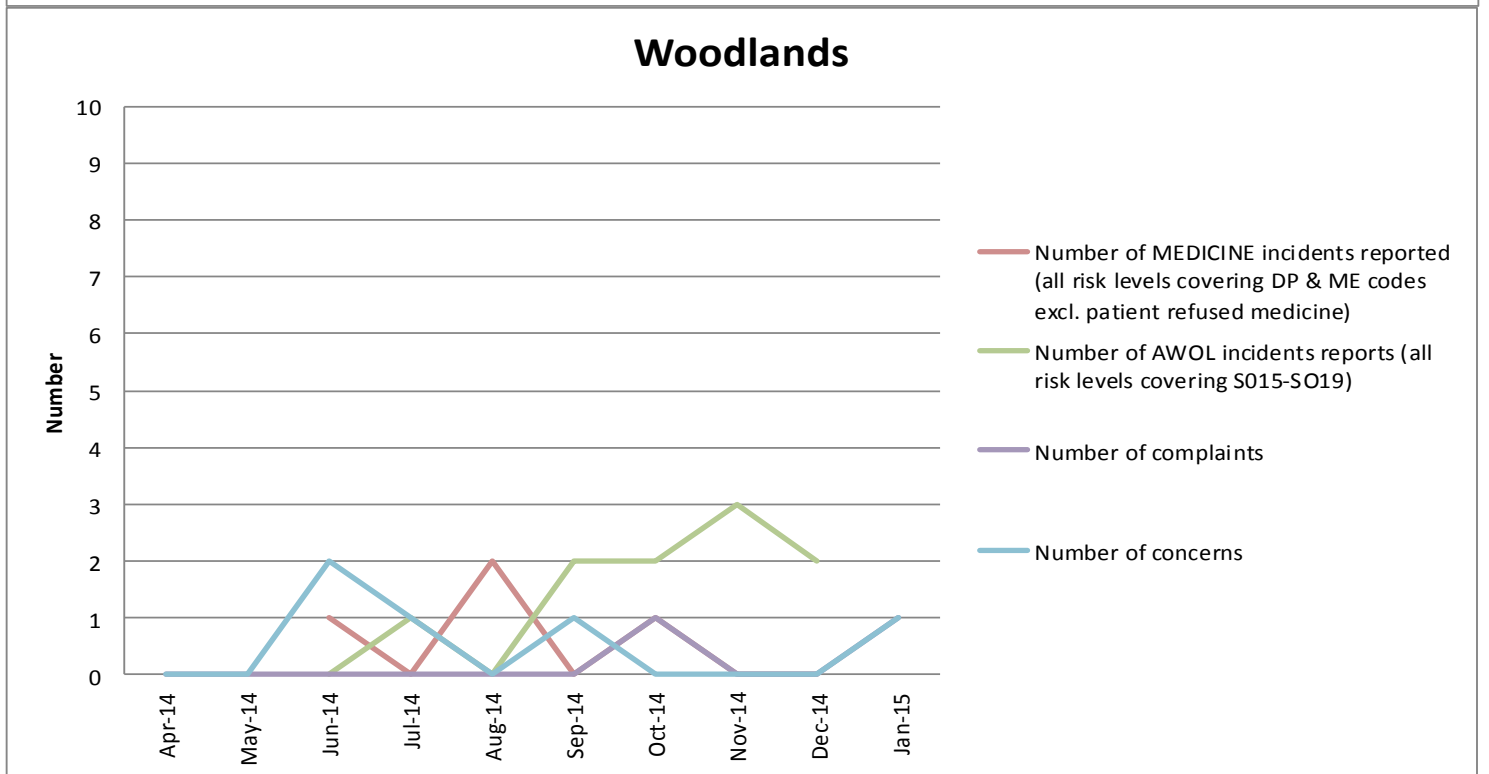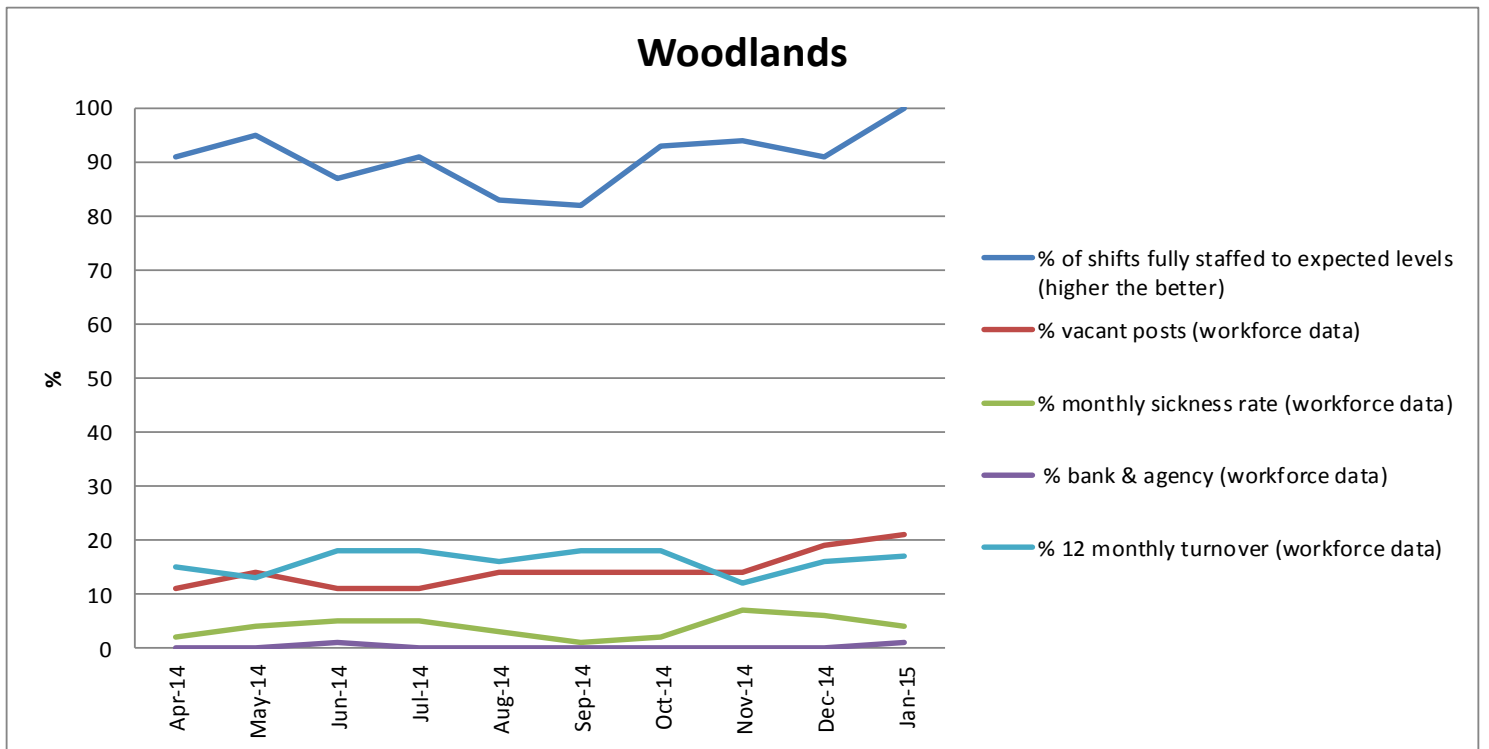|	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reports (all risk levels covering S015-SO19)	Number of complaints	Number of concerns
Apr-14	87	5	5	3	12	100	100			0	2
May-14	92	3	6	1	11					0	0
Jun-14	95	4	2	5	11	100	100	0	0	0	1
Jul-14	89	6	4	3	11			0	0	0	0
Aug-14	97	7	4	5	11	100	100	0	0	0	1
Sep-14	100	19	0	15	16			0	0	0	1
Oct-14	95	19	2	18	15	100	100	1	1	0	1
Nov-14	100	10	3	17	13			0	0	0	4
Dec-14	95	10	8	21	10	100	100	0	0	1	1
Jan-15	94	11	4	13	10					0	2

Lambourne

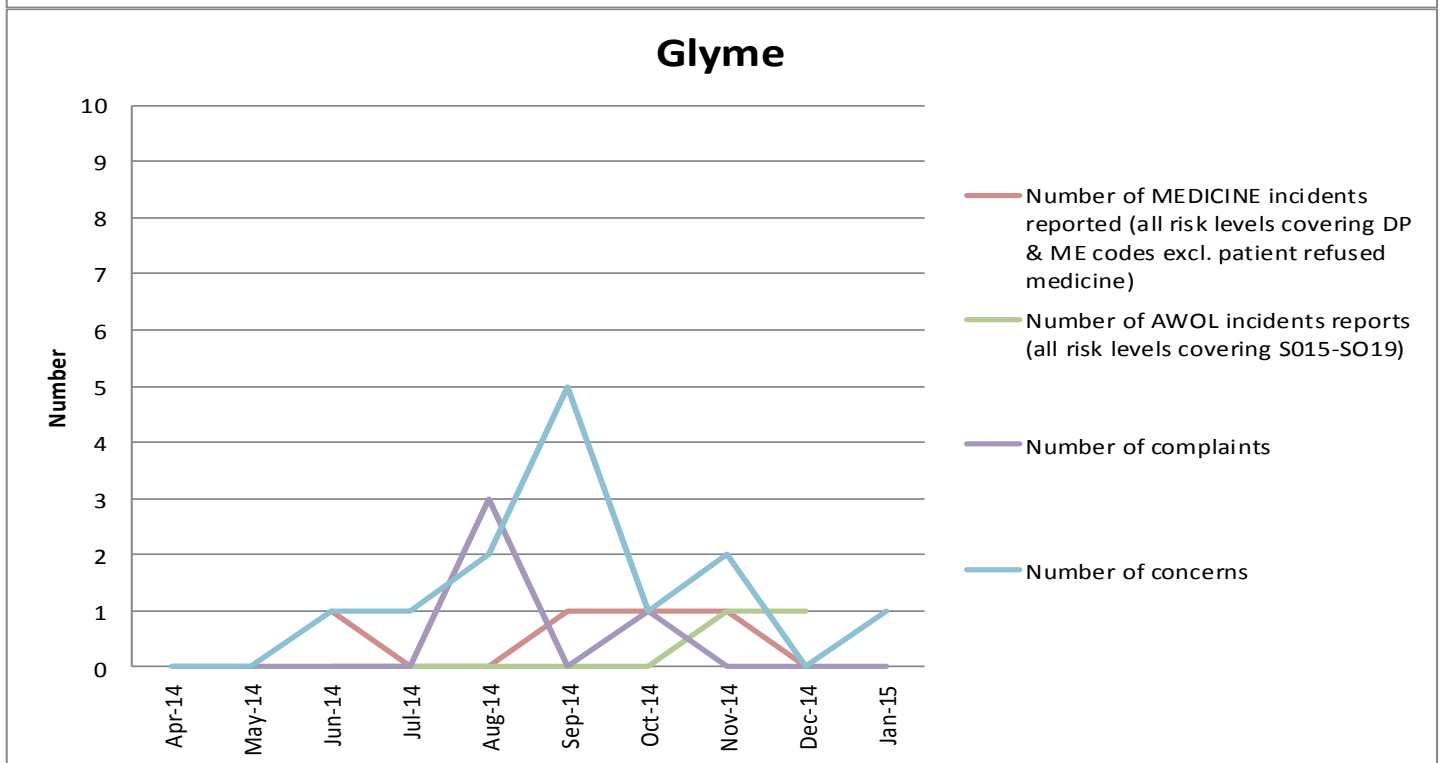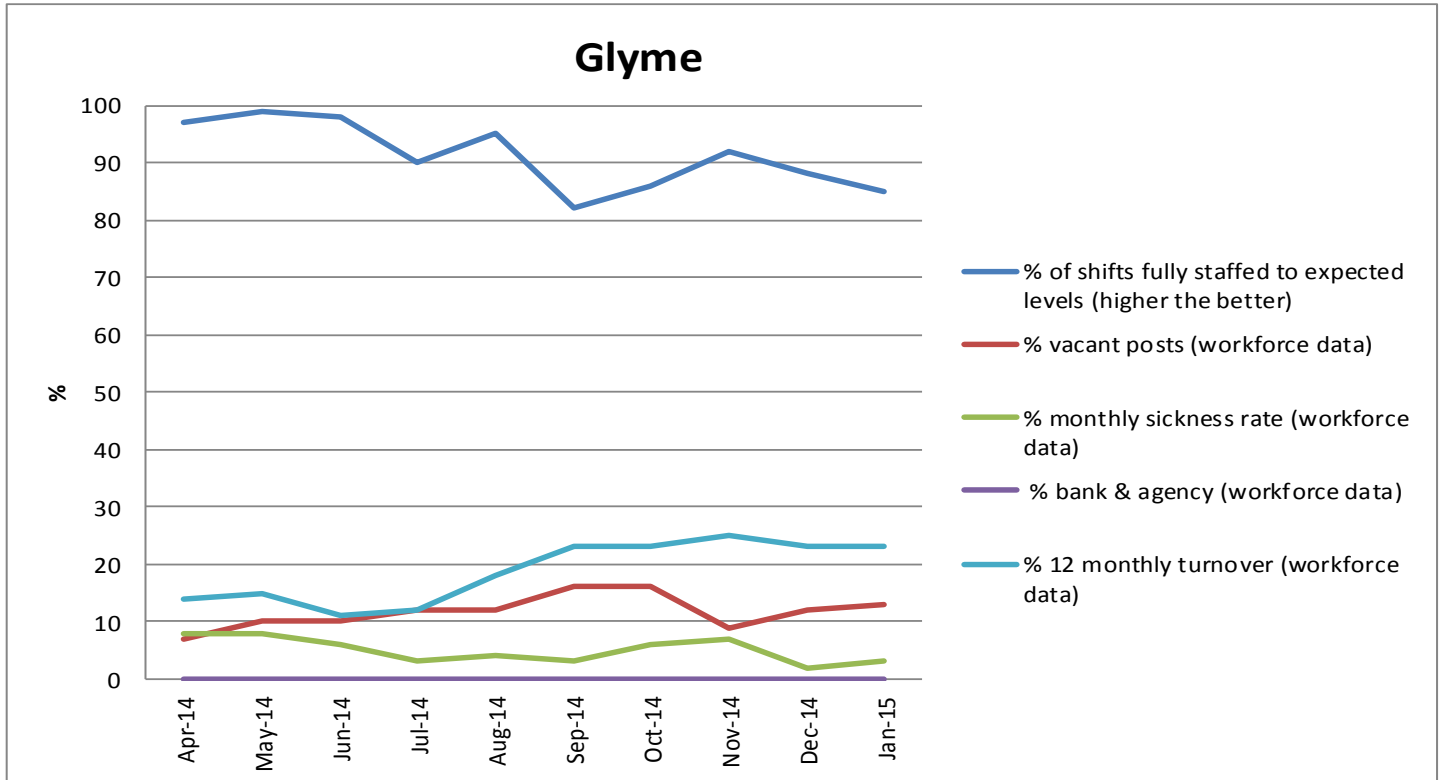|	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reports (all risk levels covering S015-SO19)	Number of complaints	Number of concerns
Apr-14	95	4	2	0	16	no data	no data			0	1
May-14	100	9	1	0	16					0	0
Jun-14	97	5	3	0	16	100	100	2	0	0	1
Jul-14	78	5	3	0	16			1	0	0	0
Aug-14	73	10	2	0	21	100	100	2	0	0	0
Sep-14	86	5	1	0	14			3	0	0	0
Oct-14	85	5	4	0	14	100	100	1	0	0	0
Nov-14	91	0	6	0	14			2	0	0	0
Dec-14	92	0	7	0	14	100	100	1	0	0	1
Jan-15	64	0	8	0	13					0	0

Woodlands

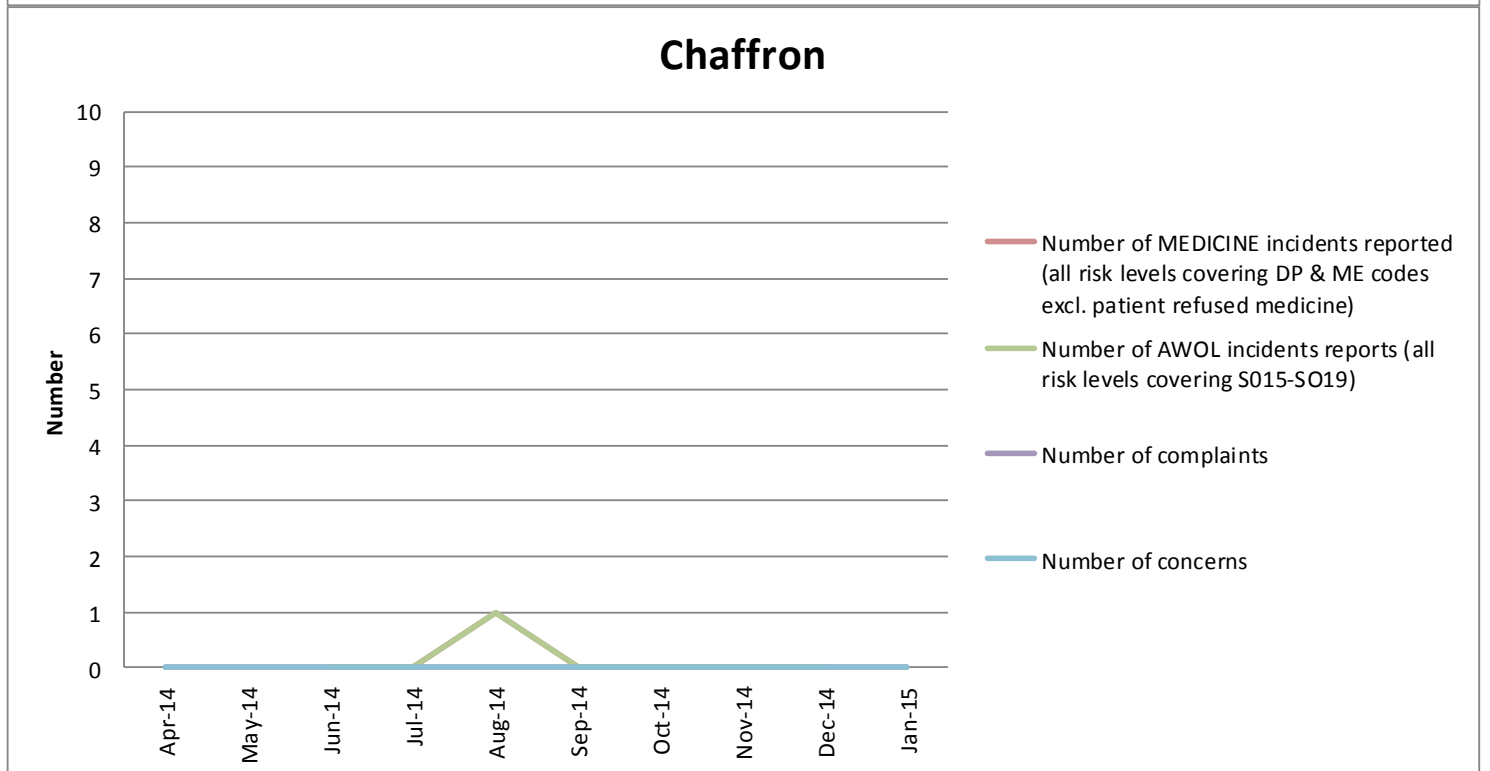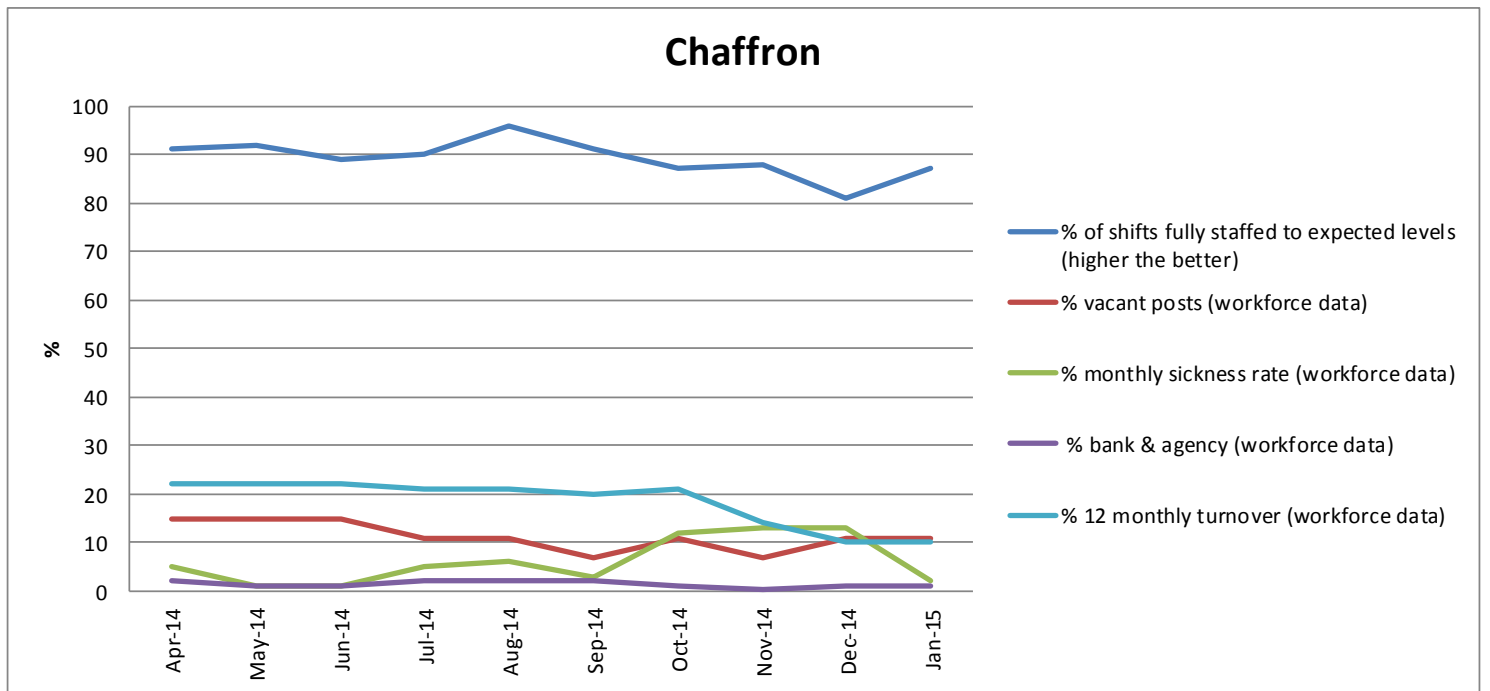|	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reports (all risk levels covering S015-SO19)	Number of complaints	Number of concerns
Apr-14	91	11	2	0	15	100	100			0	0
May-14	95	14	4	0	13					0	0
Jun-14	87	11	5	1	18	100	100	1	0	0	2
Jul-14	91	11	5	0	18			0	1	0	1
Aug-14	83	14	3	0	16	100	60	2	0	0	0
Sep-14	82	14	1	0	18			0	2	0	1
Oct-14	93	14	2	0	18	80	100	1	2	1	0
Nov-14	94	14	7	0	12			0	3	0	0
Dec-14	91	19	6	0	16	100	100	0	2	0	0
Jan-15	100	21	4	1	17					1	1

Glyme

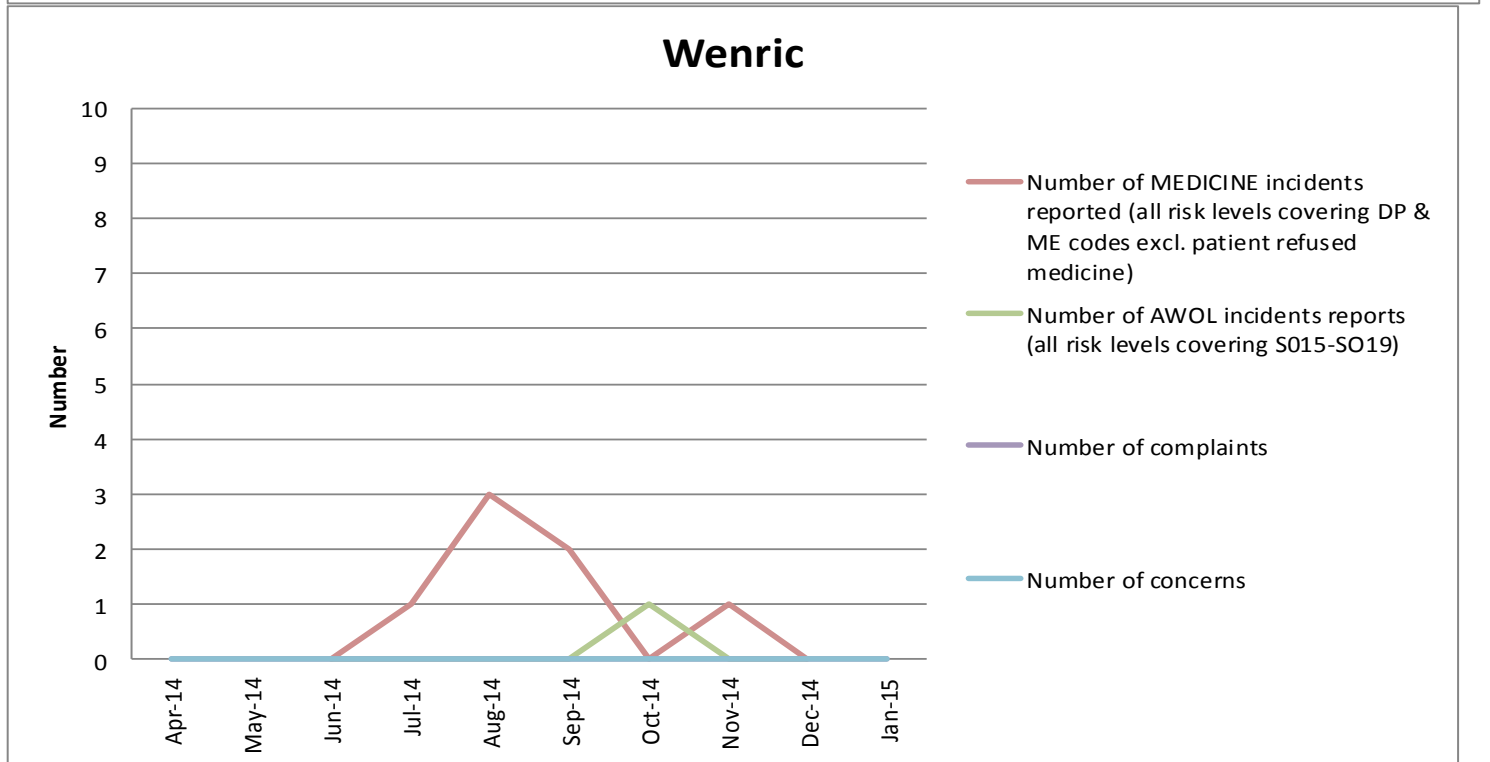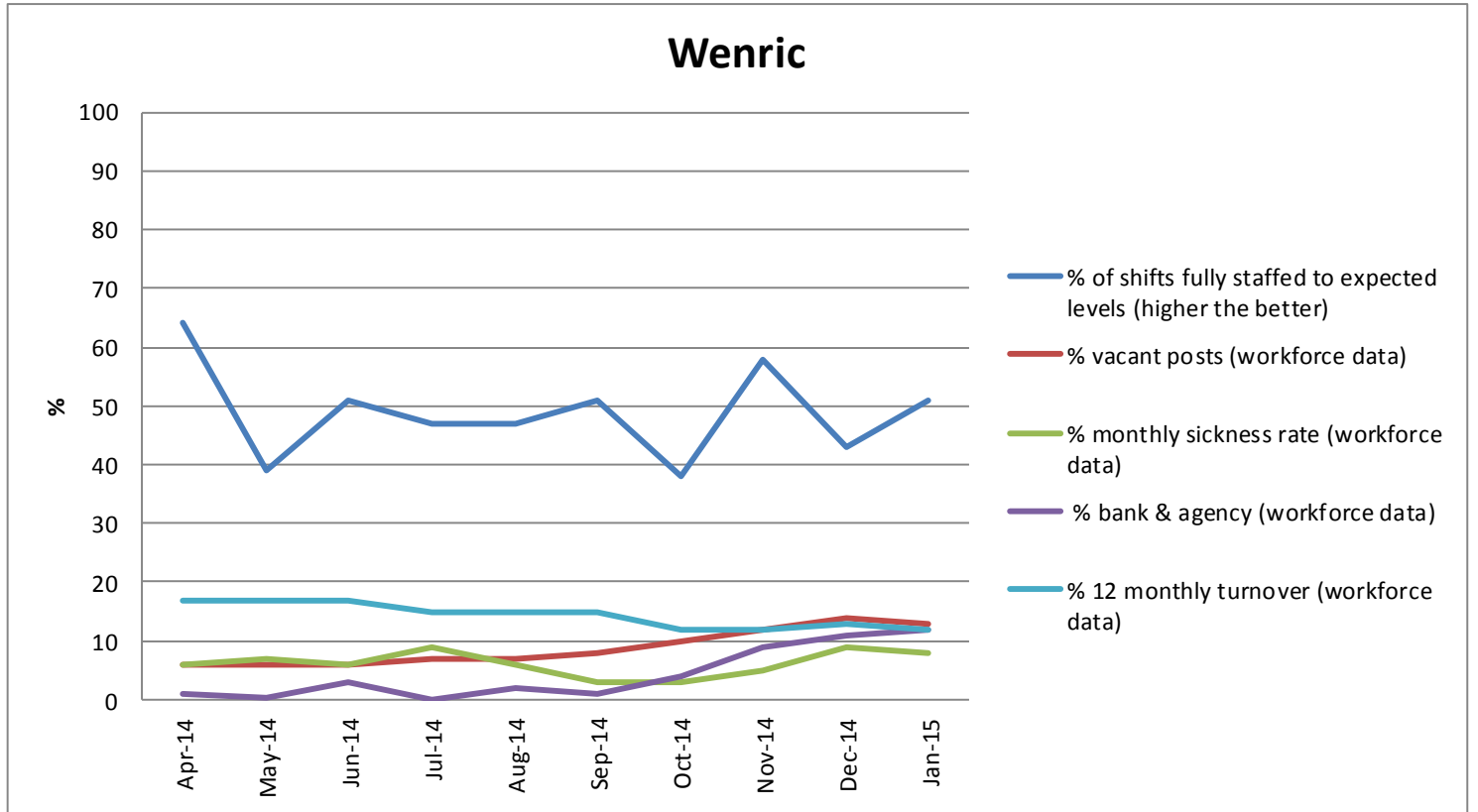|	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reports (all risk levels covering S015-SO19)	Number of complaints	Number of concerns
Apr-14	97	7	8	0	14	40	80			0	0
May-14	99	10	8	0	15					0	0
Jun-14	98	10	6	0	11	100	100	1	0	0	1
Jul-14	90	12	3	0	12			0	0	0	1
Aug-14	95	12	4	0	18	100	100	0	0	3	2
Sep-14	82	16	3	0	23			1	0	0	5
Oct-14	86	16	6	0	23	100	60	1	0	1	1
Nov-14	92	9	7	0	25			1	1	0	2
Dec-14	88	12	2	0	23	100	100	0	1	0	0
Jan-15	85	13	3	0	23					0	1

Glyme

Glyme

Chaffron

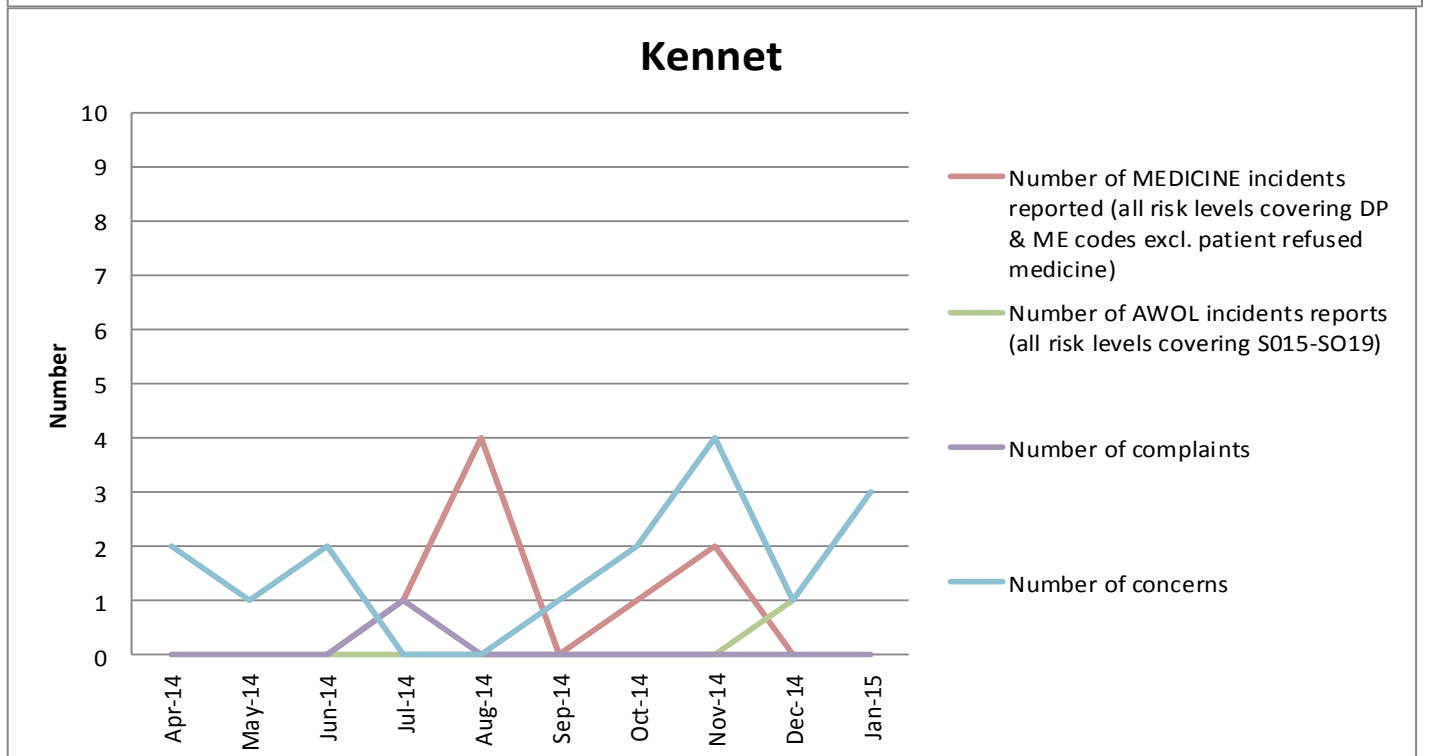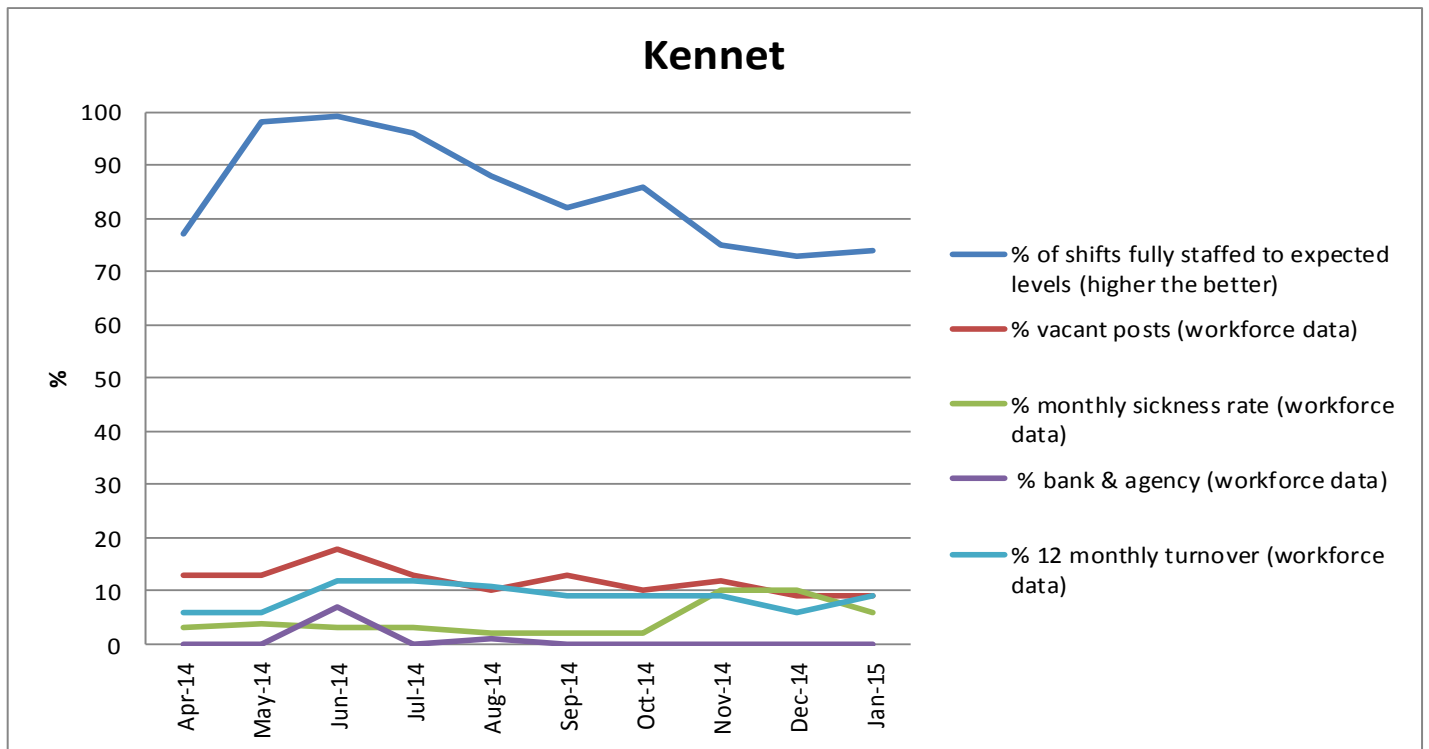|	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reports (all risk levels covering S015-SO19)	Number of complaints	Number of concerns
Apr-14	91	15	5	2	22	100	100			0	0
May-14	92	15	1	1	22					0	0
Jun-14	89	15	1	1	22	100	100	0	0	0	0
Jul-14	90	11	5	2	21			0	0	0	0
Aug-14	96	11	6	2	21	100	100	1	1	0	0
Sep-14	91	7	3	2	20			0	0	0	0
Oct-14	87	11	12	1	21	100	100	0	0	0	0
Nov-14	88	7	13	0	14			0	0	0	0
Dec-14	81	11	13	1	10	100	100	0	0	0	0
Jan-15	87	11	2	1	10					0	0

PUBLIC BOARD REPORT

Wenric

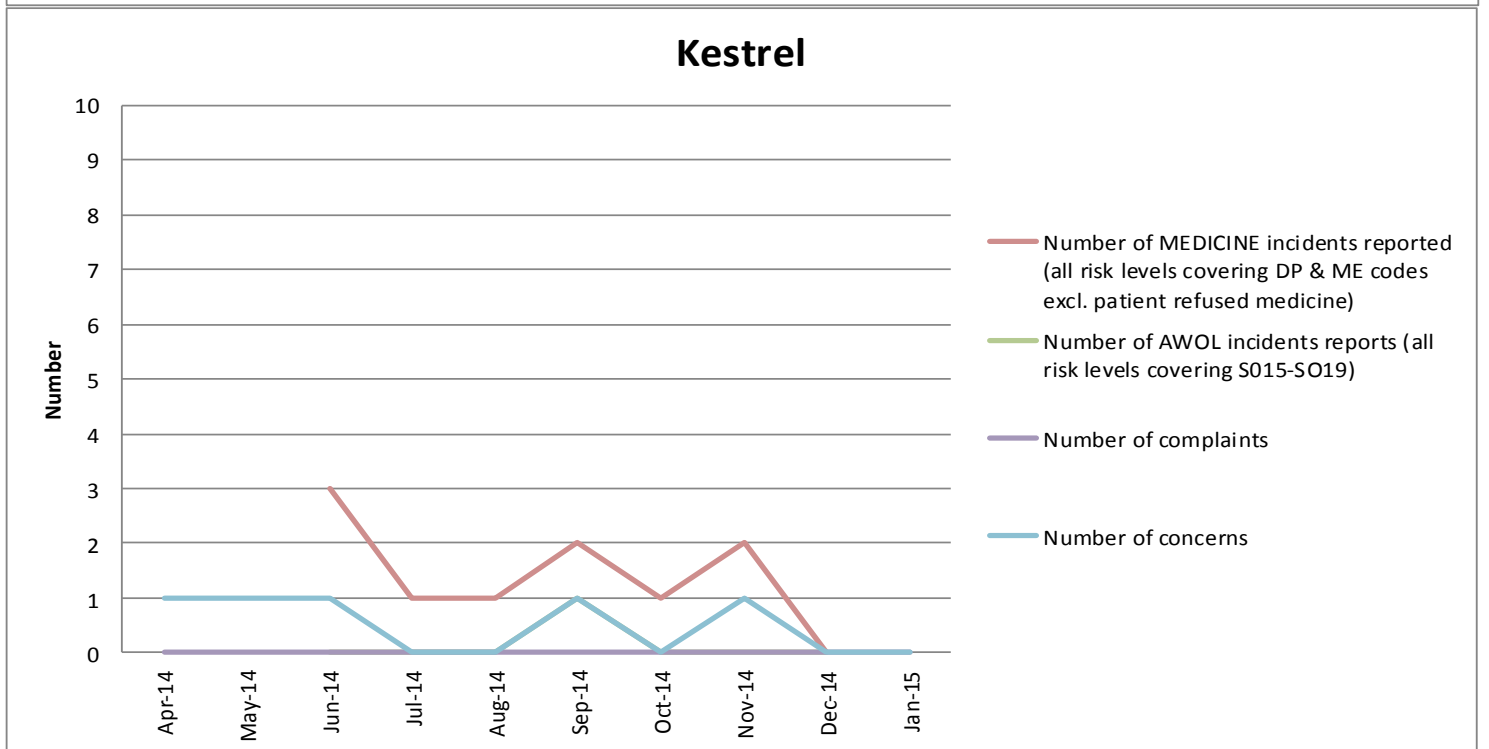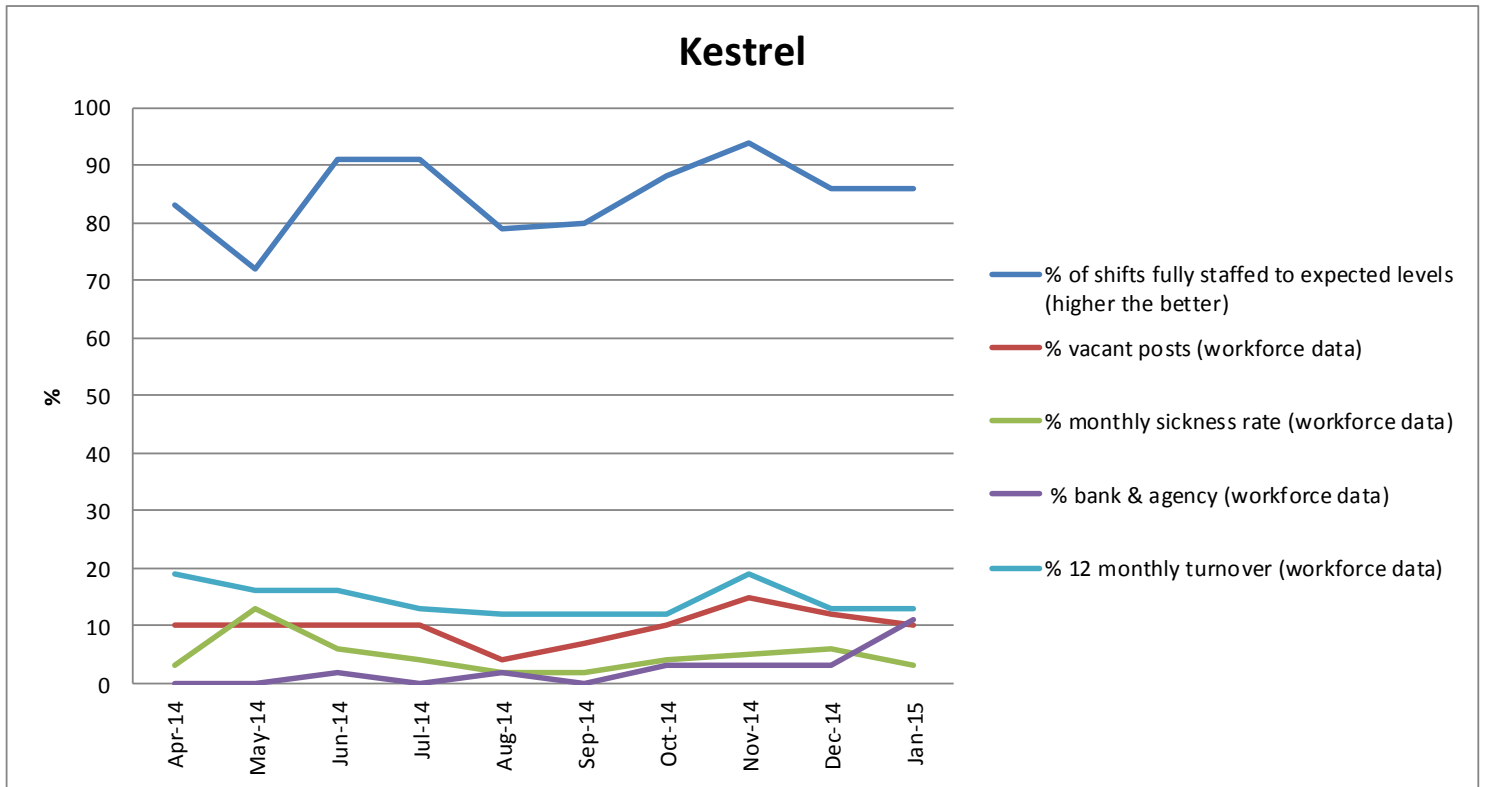|	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reports (all risk levels covering S015-SO19)	Number of complaints	Number of concerns
Apr-14	64	6	6	1	17	100	100			0	0
May-14	39	6	7	0	17					0	0
Jun-14	51	6	6	3	17	100	100	0	0	0	0
Jul-14	47	7	9	0	15			1	0	0	0
Aug-14	47	7	6	2	15	100	100	3	0	0	0
Sep-14	51	8	3	1	15			2	0	0	0
Oct-14	38	10	3	4	12	100	100	0	1	0	0
Nov-14	58	12	5	9	12			1	0	0	0
Dec-14	43	14	9	11	13	100	100	0	0	0	0
Jan-15	51	13	8	12	12					0	0

PUBLIC BOARD REPORT

Kennet

	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reports (all risk levels covering S015-SO19)	Number of complaints	Number of concerns
Apr-14	77	13	3	0	6	100	100			0	2
May-14	98	13	4	0	6					0	1
Jun-14	99	18	3	7	12	100	100	0	0	0	2
Jul-14	96	13	3	0	12			1	0	1	0
Aug-14	88	10	2	1	11	40	100	4	0	0	0
Sep-14	82	13	2	0	9			0	0	0	1
Oct-14	86	10	2	0	9	80	100	1	0	0	2
Nov-14	75	12	10	0	9			2	0	0	4
Dec-14	73	9	10	0	6	80	100	0	1	0	1
Jan-15	74	9	6	0	9					0	3

Kennet

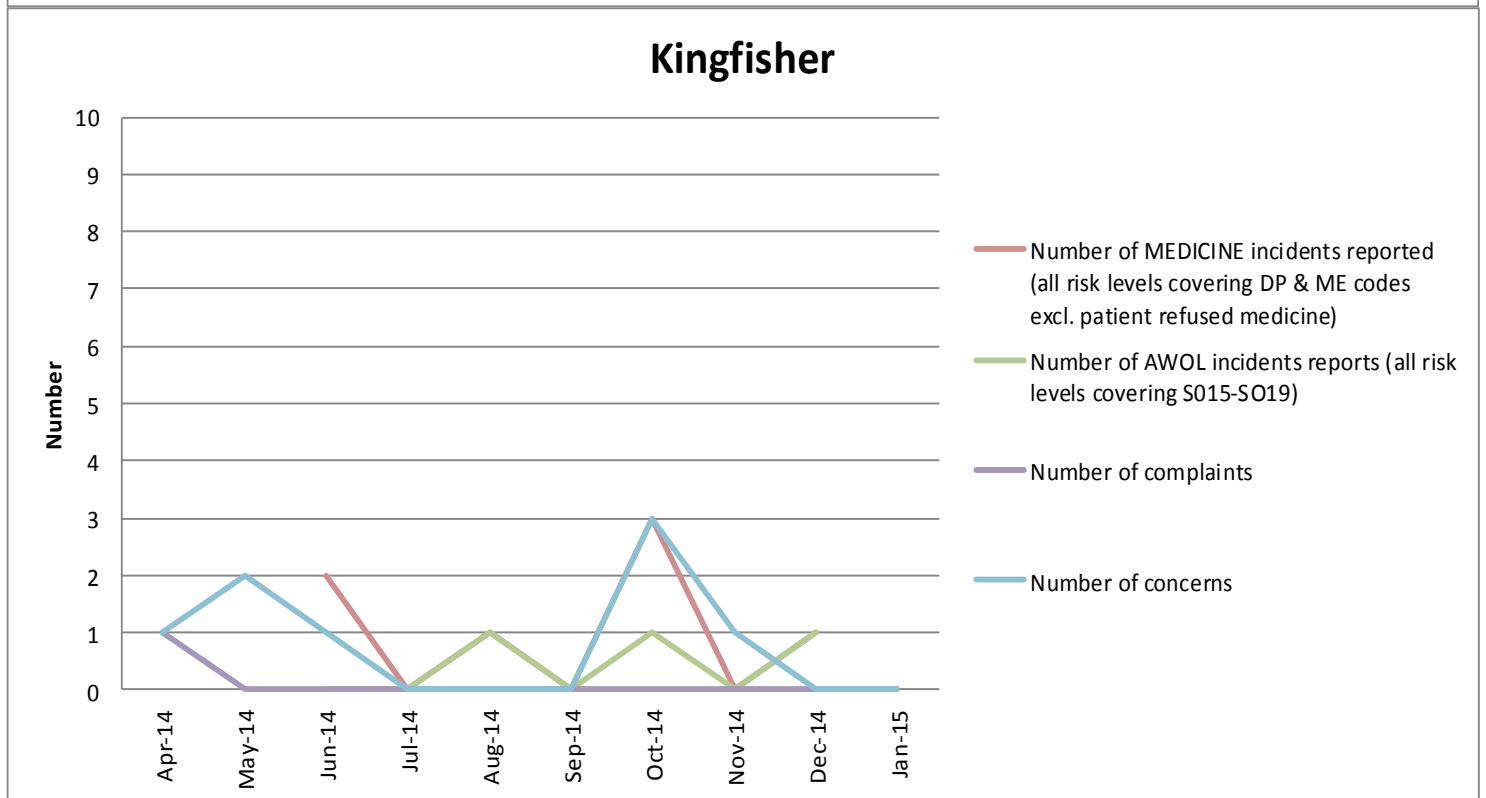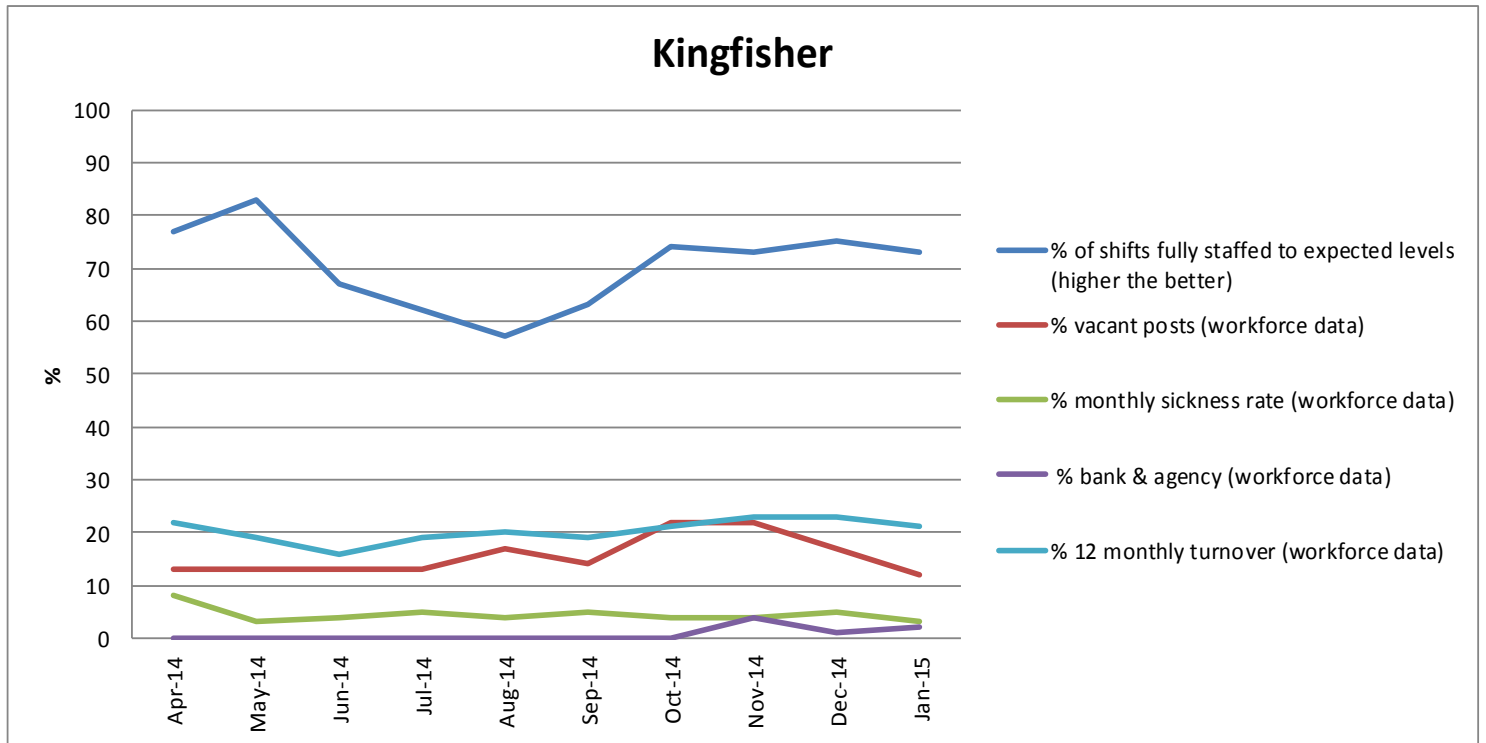
Kennet

PUBLIC BOARD REPORT

Kestrel

	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reports (all risk levels covering S015-SO19)	Number of complaints	Number of concerns
Apr-14	83	10	3	0	19	100	100			0	1
May-14	72	10	13	0	16					0	1
Jun-14	91	10	6	2	16	100	100	3	0	0	1
Jul-14	91	10	4	0	13			1	0	0	0
Aug-14	79	4	2	2	12	100	100	1	0	0	0
Sep-14	80	7	2	0	12			2	1	0	1
Oct-14	88	10	4	3	12	100	100	1	0	0	0
Nov-14	94	15	5	3	19			2	0	0	1
Dec-14	86	12	6	3	13	100	100	0	0	0	0
Jan-15	86	10	3	11	13					0	0

41

Kingfisher

	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reports (all risk levels covering S015-SO19)	Number of complaints	Number of concerns
Apr-14	77	13	8	0	22	100	100			1	1
May-14	83	13	3	0	19					0	2
Jun-14	67	13	4	0	16	100	100	2	0	0	1
Jul-14	62	13	5	0	19			0	0	0	0
Aug-14	57	17	4	0	20	100	100	1	1	0	0
Sep-14	63	14	5	0	19			0	0	0	0
Oct-14	74	22	4	0	21	100	100	3	1	0	3
Nov-14	73	22	4	4	23			0	0	0	1
Dec-14	75	17	5	1	23	100	100	1	1	0	0
Jan-15	73	12	3	2	21					0	0

Kingfisher

Kingfisher

Appendix 2. Data return via Unify

Notes
1. The current weekly tool is not sensitive enough to report on when individual shifts are staffed over expected levels to meet patient acuity.
2. All day shifts are calculated based on 7.5 hours for all wards, and night shifts are based on 10 hours for all wards except for forensic wards which are based on 9.23 hours.
3. Ward Managers and Modern Matrons are excluded from the information.
4. Cherwell, Amber and Abingdon ward 1did not submit data for one week, 12-18th Jan 2015.

Jan 15
Day Shifts (early, late, twillight & cross)

Jan 15
Night Shift