

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

**July 2014**

**Inpatient Safe Staffing  
For Information**

**Summary**

This is the third 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 June 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 June 2014 (running from 1<sup>st</sup> to 30<sup>th</sup> June 2014) with an explanation of the reasons for any variations, the actions and performance against key quality and workforce indicators. Over 50% of 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 June is below.

## PUBLIC BOARD REPORT

- Trust wide results submitted to Unify show:
- 96.9% of day shifts filled by registered staff (better than last month)
- 97.3% of day shifts filled by unregistered staff (better than last month)
- 95.6% of night shifts filled by registered staff (worse than last month)
- 97.7% of night shifts filled by unregistered staff (worse than last month)

When looking at the number of shifts which were staffed to expected levels, the majority of wards (18 out of 35 wards) were shown to have no or low level concerns. 17 out of 35 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 higher risk of an adverse impact on patient care.

- ❖ Allen, Wintle, Phoenix, Cherwell, and Wenric. (All Mental Health wards.)

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

- ❖ Ruby, Opal, Vaughan Thomas, Ashurst, Sandford, Abingdon ward 1, Abingdon ward 2, City, Linfoot Witney, Wenrisc Witney, Highfield and Cotswold House Oxford.

Using the range of quality, safety and workforce measures in our matrix, we have not identified a link between actual staffing levels achieved and adverse outcomes for patients. We will continue to review the sensitivity of our measures.

Comparator information from similar Trusts for one month is available and will be used in future reports.

### 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 35 wards.

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Jane Kershaw, Lead for Registration and Quality

**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**

July 2014. For Information

**1. Introduction**

Following the last report to the Board of Directors based on May 2014 data, this report presents the actual nursing staff levels (registered and unregistered) on each ward against their agreed expected levels for June 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 those already published.

**2. National Developments**

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 June 2014 is summarised in table 1 below. The information will be published on the NHS Choices website at the end of June 2014 alongside other national indicators for example staff Friends and Family Test and CQC inspection results.

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%

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

**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.

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The staffing levels by ward for June 2014 (going from 2<sup>nd</sup> to 30<sup>th</sup> June 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 filled to expected staffing levels based on three shifts a day, rather than the NHS England return via Unify mentioned above which is based on number of hours filled in a month.

When looking at the number of shifts which were staffed to expected levels, 18 out of the 35 wards were shown to have no or low level concerns. The following wards were highlighted as having difficulties (medium or high level of concern); however for all wards immediate steps, such as staff attending from other wards or clinical areas, and staff who are normally supernumerary working as part of the nursing team, were taken to ensure safe staffing was maintained for patient care.

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.

- ❖ Wenric ward (Adult Directorate): 51% of shifts met expected staffing levels, this is an improvement 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. To ensure staffing levels have been safe on every shift, the ward has borrowed staff from other neighbouring wards and made every attempt to use temporary staff to achieve safe staffing levels
- ❖ Phoenix (Adult Directorate): 69% 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. The ward manager and modern matron for the ward who are normally supernumerary to the nurse staffing numbers have been working in a nursing role to ensure safe staffing levels are achieved. Recruitment is underway to fill the 13 vacancies for unregistered staff.
- ❖ Allen (Adult Directorate): 66% 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 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. Temporary staff are being used where possible and recruitment is underway to fill five vacancies.
- ❖ Wintle (Adult Directorate): 69% 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 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. Temporary staff are being used when available and six of the nine vacancies have not been appointed to and the ward is waiting for staff to start.

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- ❖ Cherwell ward (Older Adult 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. Temporary staff are being used when available, and recruitment is underway to fill five vacancies.

The following wards were identified as moderate risk.

- ❖ Cotswold House Oxford (Children and Families Directorate): 75% of shifts met expected staffing levels; this is an improvement from last month. This is due to vacancies and a high use of temporary staff, recruitment is underway for two vacancies.
- ❖ Ruby, Opal and Vaughan Thomas (Adult Directorate): Ruby 72% of shifts, Opal 75% of shifts and Vaughan Thomas 72% of shifts met expected staffing levels. 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 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. Temporary staff are being used when available and recruitment is underway for 15 vacancies across the wards with five staff appointed and the wards waiting for staff to start.
- ❖ Highfield Unit (Children and Families Directorate): 86% of shifts met expected staffing levels, this is a decline 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. Temporary staff were used on nearly every shift. Recruitment is underway to fill the 17 vacancies.
- ❖ Ashurst (Adult Directorate): 78% of shifts met expected staffing levels, this is a decline from last month. This is due to the ward having a high number of vacancies and reliance on temporary staff whilst these posts are being recruited. Recruitment is underway for eight vacancies.
- ❖ Abingdon ward 1 and ward 2 (Older Adult Directorate): ward 1 85% of shifts and ward 2 82% of shifts met expected staffing levels. This is due to the wards having a high number of vacancies. Recruitment is underway for 12 vacancies across the wards with six staff appointed and the wards waiting for staff to start. The wards have established long lines of work through our approved agency which enables us to employ the same agency staff member over a period of time to improve contingency of care.
- ❖ Witney wenrisc ward and linfoot ward (Older Adult Directorate): 79% of shifts on both wards met expected staffing levels, this is a decline from last month. This is due to the wards having a high number of vacancies. Recruitment is underway for 15 vacancies across the wards with four staff appointed and the wards waiting for staff to start. The wards have established long lines of work through our approved agency which enables us to employ the same agency staff member over a period of time to improve contingency of care.
- ❖ City ward (Older Adult Directorate): 78% of shifts met expected staffing levels, this is a decline from last month. This is due to the ward having a high number of vacancies. Recruitment is underway for two vacancies and temporary staff are being used when available.

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- ❖ Sandford ward (Older Adult Directorate): 74% 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. Temporary staff are being used when available, and recruitment is underway to fill five vacancies.

### **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 to enable continuity of care whilst employing temporary staff.

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. 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. Out of the five wards identified as high risk, two show no link with the measures and indicators of a positive patient experience however three possibly show a link between staffing levels and a high number of complaints being received. We will be monitoring and developing how we draw conclusions in future monthly reports.

### **6. Conclusion**

This report is the third published monthly report on inpatient nurse staffing levels for June 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 June 2014. For half of the 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 17 wards this month where there was a gap between expected and actual levels of staffing in the month which had a moderate impact on patient care. There are different reasons identified including recruitment to recently increased expected staffing levels which is underway. 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 a project plan to deliver the new solution with a strategic recruitment plan is to be presented to the Board of Directors. The new proposed solution for temporary staffing was discussed in the Executive in June 2014 and detailed costing is being undertaken.

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### Appendix 1. Further details on achieving expected staffing levels in June 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).

**This table indicates how the trust internally decides on the level of concern\*\***

Number of Shifts:

Number of shifts below	Impact on Patients			
	None	Low	Medium	High
0-4 shifts below	Green	Green	Amber	Red
5-9 shifts below	Green	Green	Amber	Red
10-21 shifts below	Amber	Amber	Red	Red

**Note if there is a clinical reason for the shift being below expected levels e.g. less patients on the ward, then the level of concern can be adjusted.**

Temporary Staff (bank, agency or sessional)

If there is high use of temporary staff (bank, agency or sessional) eg on over half of the shifts (10) then please rate level of concern at a minimum of **Amber**. This needs to supersede the rating decided for the number of shifts below.

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

\* Notes

- Fiennes ward closed on 26<sup>th</sup> June 2014. In June no new admissions were made to the ward and both the number of patients being treated and the number of expected staff reduced. In the month there was not more than 5 patients being treated.
- Bicester and Wallingford wards did not submit information for 2-8<sup>th</sup> June 2014.
- Amber ward did not submit information for 23-29<sup>th</sup> June 2014.

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Wards	Number of shifts where staffing temporarily fell below expected levels	% of shifts where staffing met expected levels	Comparis on with last month	Level of concern internally risk rated	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)	Total number of incidents (last 6 mths)	% of incidents extreme & high risk (last 6 mths)	Number of infection outbreaks (last 6 mths Q3 & Q4 2013/14)	Patient feedback questions in essential standards (June 14)/ CHAT audit (Q4 13/14)	% lost to sickness (May 14)	Number of vacant posts being recruited to (June 14)	% bank, sessional & agency (May 14)
Highfield Unit  Beds: 18+ 4 day places  Expected: 10:10:9	12/87	86.2%	Worse (91.4%)	Medium	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.  Temporary staff are being used as far as possible when available (they filled 84/87 shifts).	Recruitment underway to fill new establishment, 9/17 vacant posts appointed and waiting to start.	No data	9	186	0.5%	0	No data	1.9%	17	24%
Marlborough House, Swindon  Beds: 12  Expected: 5:5:4 (+ 1 unregistered)	1/87	98.9%	Worse (100%)	Low	Temporary staff are being used as far as possible when available (they filled 62/87 shifts).	Recruitment to be started to fill vacancies.	85%	8	172	2.3%	0	98%	3.3%	5	13%

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working 9am-5pm)															
Cotswold House Marlborough  Beds: 12  Expected: 5:5:3	12/87	86.2%	Better (71.4%)	Low	Number of vacancies and 2 registered staff are currently going through preceptorship so require additional support and mentorship.  A high number of temporary staff are being used to try and fill gaps due to vacancies (they filled 73/87 shifts).	Recruitment underway, 3/7 vacant posts appointed and waiting to start.	97%	7	28	0%	0	92%	0.3%	7	7.6%
Cotswold House Oxford  Beds: 14  Expected: 5:5:3	22/87	74.7%	Better (59%)	Medium	Gaps as a result of staff vacancies and sickness.  Temporary staff are being used as far as possible when available (they filled 70/87 shifts).	Recruitment is underway.	99%	10	72	18%	0	100%	2.8%	2	20%
Woodlands House  Beds: 20  Expected: 5:4:4	11/87	87.4%	Worse (95.2%)	Low	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	The building work is planned to be completed by October 2014, in the meantime the impact on staffing levels will	97%	3	68	2.9%	0	100%	3.6%	1	5.1%

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(+unregistered working 9am-5pm)					has gaps due to staff sickness and a staff suspension.  Temporary staff are being used as far as possible when available (they filled 58/87 shifts).	continue to be closely monitored.  Recruitment is underway.									
Chaffron  Beds: 8  Expected: 3:3:2	10/87	88.5%	Worse (92.4%)	Low	Gaps as a result of staff sickness, staff being lent to other wards due to patient need and staff requiring emergency leave.	Sickness continues to be monitored and management according to the policy.	100%	0	10	0%	0	100%	1.4%	0	5.28 %
Kingfisher  Beds: 16  Expected: 7:7:5	29/87	66.7%	Worse (82.9%)	Low (ward manager felt able to meet patient needs)	Gaps due to staff vacancies and sickness. Newly qualified staff have been recruited however they are unable to start till Aug 14 so there is high use of temporary staff. Temporary staff filled 52/87 shifts.	Recruitment is underway.	95%	9	104	0%	0	94%	3.4%	7	14.9 %
Kestrel  Beds: 10  Expected:	8/87	90.8%	Better (72.4%)	Low	Gaps based on staff vacancies and achieving increased staffing levels to meet patient need and court escorts.	Recruitment is underway.	92%	6	133	0.8%	0	100%	12.9 %	See above for Kin	23%

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7:7:6					Newly qualified staff have been recruited however they are unable to start till Aug 14 so there is high use of temporary staff. Temporary staff filled 75/87 shifts.										
Wenric Beds: 21 Expected: 7:6:5	43/87	50.6%	Better (39%)	High	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 2 staff not being able to carry out clinical duties.  Temporary staff are being used as far as possible when available (they filled 29/87 shifts).	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.	95%	3	22	0%	0	100%	6.7%	0	5.2%
Lambourne House Beds: 15	3/87	96.6%	Worse (100%)	Low	Gaps based on staff vacancies and maternity leave.	Recruitment is underway for 2 unregistered staff.	100%	6	55	9.1%	0	100%	1.1%	2	1.9%

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Expected: 3:3:2															
Watling  Beds: 20  Expected: 9:9:8	4/87	95.4%	Better (92.4%)	Low	Gaps on the ward as a result of staff sickness.  Temporary staff are being used as far as possible when available (they filled 62/87 shifts).	Sickness continues to be monitored and management according to the policy.	98%	8	44	2.3%	0	100%	5.9%	0	15.3%
Glyme  Beds: 17  Expected: 5:5:3 (+ unregistered working Mon-Fri)	2/87	97.7%	Worse (99%)	Low	Gaps on the ward as a result of staff sickness and staff requiring emergency leave.	Sickness continues to be monitored and management according to the policy.	97%	4	30	6.7%	0	94%	8.1%	3	7.8%
Kennet  Beds: 15  Expected: 6:6:5 (+ 1 unregistered)	1/87	98.8%	Same (98.1%)	Low	Gaps on the ward as a result of staff sickness and vacancies.  Temporary staff are being used as far as possible when available (they filled 76/87 shifts).	Recruitment underway, 5/7 vacant posts appointed and waiting to start.	99%	15	70	2.9%	0	98%	3.8%	7	13.7%

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working 9am-5pm)															
Sapphire  Beds: 20 (+S136 place of safety)  Expected: 6:6:4	12/87	86.2%	Worse (89.3%)	Low	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.  Temporary staff are being used as far as possible when available (they filled 42/87 shifts).	Recruitment underway to fill new establishment, 2/3 vacant posts appointed and waiting to start.	71%	8	179	0%	1	70%	2.1%	3	17.8%
Ruby Beds: 20  Expected: 6:6:4	24/87	72.4%	Better (65.7%)	Medium	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	Recruitment underway to fill new establishment, 1/3 vacant posts appointed and waiting to start.	86%	6	270	0.4%	1	86%	4%	3	12%

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					<p>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>Temporary staff are being used as far as possible when available (they filled 72/87 shifts).</p>										
Opal  Beds: 20  Expected: 5:5:4	22/87	74.7%	Worse (78.1%)	Medium	<p>Following a nursing establishment review the staffing on the ward was increased to one more member of staff on the morning and afternoon shifts (from 4:4:4 to 5:5:4). As a consequence of moving to these enhanced staffing levels the ward has a number of vacancies to fill. In addition the ward has lent staff to other wards due to patient need which has meant the expected staffing could not be met.</p>	Recruitment underway to fill new establishment, 3 vacant posts, with some staff being redeployed from the older adult ward.	72%	6	61	0%	0	86%	4.3%	3	6.3%

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							Essential Standard (June 14)/ CHAT (Q4 13/14) audits	Number of Complaints (last 6 mths)	Total number of incidents (last 6 mths)	% of incidents extreme & high risk (last 6 mths)	Number of infection outbreaks (last 6 mths Q3 & Q4 2013/14)	Patient feedback questions in essential standards (June 14)/ CHAT audit (Q4 13/14)	% lost to sickness (May 14)	Number of vacant posts being recruited to (June 14)	% bank, sessional & agency (May 14)
					Temporary staff are being used as far as possible when available (they filled 66/87 shifts).										
Allen Beds: 21 Expected: 6:6:4	30/87	65.5%	Worse (75%)	High	<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 ward has particularly struggled with meeting expected registered staffing levels on night shifts.</p> <p>Temporary staff are being used as far as possible when available (they filled 58/87 shifts).</p>	Recruitment underway to fill new establishment, 5 vacancies being recruited to.	86%	14	103	0%	0	80%	5.5%	5	25%
Wintle	27/87	69%	Better	High	Following a nursing	Recruitment	92%	25	138	3.6%	0	79%	3.8%	9	14%

## PUBLIC BOARD REPORT

Wards	Number of shifts where staffing temporarily fell below expected levels	% of shifts where staffing met expected levels	Comparis on with last month	Level of concern internally risk rated	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)	Total number of incidents (last 6 mths)	% of incidents extreme & high risk (last 6 mths)	Number of infection outbreaks (last 6 mths Q3 & Q4 2013/14)	Patient feedback questions in essential standards (June 14)/ CHAT audit (Q4 13/14)	% lost to sickness (May 14)	Number of vacant posts being recruited to (June 14)	% bank, sessional & agency (May 14)
Beds: 16  Expected: 6:6:4			(66.7%)		<p>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 ward has particularly struggled with meeting expected unregistered staffing levels on day shifts; however additional registered staff have worked to fill gaps where possible. Temporary staff are being used as far as possible when available (they filled 53/87 shifts).</p>	underway to fill new establishment, 4/9 vacant posts appointed to and waiting to start.									
Vaughan Thomas  Beds: 18	24/87	72.4%	Better (61.9%)	Medium	Following a nursing establishment review the staffing on all of the adult mental health wards was	Recruitment underway to fill new establishment, 4/9	98%	10	133	2.3%	0	97%	7.9%	9	23%

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							Essential Standard (June 14)/ CHAT (Q4 13/14) audits	Number of Complaints (last 6 mths)	Total number of incidents (last 6 mths)	% of incidents extreme & high risk (last 6 mths)	Number of infection outbreaks (last 6 mths Q3 & Q4 2013/14)	Patient feedback questions in essential standards (June 14)/ CHAT audit (Q4 13/14)	% lost to sickness (May 14)	Number of vacant posts being recruited to (June 14)	% bank, sessional & agency (May 14)
Expected: 6:6:4					<p>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 ward has particularly struggled with meeting expected unregistered staffing levels on day shifts; however additional registered staff have worked to fill gaps where possible.</p> <p>Temporary staff are being used as far as possible when available (they filled 83/87 shifts).</p>	vacant posts appointed to and waiting to start. Majority of vacancies relate to unregistered staff.									
Phoenix  Beds: 21 (+S136 place of safety)	47/87	46%	Worse (47.6%)	High	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	Recruitment underway to fill new establishment, 5/13 vacant posts appointed to and	58%	10	108	2.8%	1	82%	8.6%	13	21%

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							Essential Standard (June 14)/ CHAT (Q4 13/14) audits	Number of Complaints (last 6 mths)	Total number of incidents (last 6 mths)	% of incidents extreme & high risk (last 6 mths)	Number of infection outbreaks (last 6 mths Q3 & Q4 2013/14)	Patient feedback questions in essential standards (June 14)/ CHAT audit (Q4 13/14)	% lost to sickness (May 14)	Number of vacant posts being recruited to (June 14)	% bank, sessional & agency (May 14)
Expected: 6:6:4					<p>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 ward has particularly struggled with meeting expected unregistered and registered staffing levels on night shifts.</p> <p>Temporary staff are being used as far as possible when available (they filled 68/87 shifts).</p>	waiting to start. All vacancies relate to unregistered staff.									
Ashurst PICU  Beds: 13 (+S136 place of safety)  Expected: 8:8:6	19/87	78.2%	Worse (80%)	Medium	<p>Gaps as a result of staff sickness and vacancies.</p> <p>Temporary staff are being used as far as possible when available (they filled 50/87 shifts).</p>	Recruitment underway to fill vacancies 8/8 vacant posts appointed to and waiting to start.	82%	29	295	2.0%	0	68%	4.1%	8	20%
Sandford	23/87	73.6%	Worse (84.8%)	Medium	Following a nursing establishment review the	Recruitment underway to fill	94%	7	178	6.7%	0	100%	5.3%	5	21%

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							Essential Standard (June 14)/ CHAT (Q4 13/14) audits	Number of Complaints (last 6 mths)	Total number of incidents (last 6 mths)	% of incidents extreme & high risk (last 6 mths)	Number of infection outbreaks (last 6 mths Q3 & Q4 2013/14)	Patient feedback questions in essential standards (June 14)/ CHAT audit (Q4 13/14)	% lost to sickness (May 14)	Number of vacant posts being recruited to (June 14)	% bank, sessional & agency (May 14)
Beds: 17  Expected: 5:5:4					<p>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.</p> <p>The ward has particularly struggled with meeting expected registered staffing levels on night shifts.</p> <p>High use of temporary staff to fill vacancies in the short term.</p>	vacancies 2/5 vacant posts appointed to and waiting to start.									
Cherwell  Beds: 17  Expected: 5:5:4	33/87	62.1%	Worse (65.7%)	High	<p>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.</p> <p>The ward has particularly struggled with meeting expected registered staffing</p>	Recruitment underway to fill vacancies 1/5 vacant posts appointed to and waiting to start.	95%	4	57	0%	0	100%	4.6%	5	25%

**PUBLIC BOARD REPORT**

Wards	Number of shifts where staffing temporarily fell below expected levels	% of shifts where staffing met expected levels	Comparison on with last month	Level of concern internally risk rated	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)	Total number of incidents (last 6 mths)	% of incidents extreme & high risk (last 6 mths)	Number of infection outbreaks (last 6 mths Q3 & Q4 2013/14)	Patient feedback questions in essential standards (June 14)/ CHAT audit (Q4 13/14)	% lost to sickness (May 14)	Number of vacant posts being recruited to (June 14)	% bank, sessional & agency (May 14)
					levels on day and night shifts. High use of temporary staff to fill vacancies in the short term.										
Fiennes Beds: 10 (17 available reduced number open) Expected: 4:4:3	20/75*	73.3%	Worse (90.5%)	Low	The ward was closed on 26 <sup>th</sup> June 2014. In June no new admissions were made to the ward and both the number of patients being treated and the number of expected staff reduced. In the month there were not more than 5 patients being treated.	Ward has now closed.	Not applicable as ward closed								
Amber Beds: 20 Expected: 6:6:4	12/87	86.2%	Same (86.7%)	Low	Gaps as a result of staff sickness (long term and short term) and maternity leave.	Continue to manage staff sickness and support ward team.	95%	14	161	3.1%	0	98%	6.1%	0	11.8%
Bicester Beds: 11 Expected: 4:3:3	7/66*	89.4%	Worse (96.2%)	Low	Gaps as a result of staff sickness.	Continue to manage staff sickness and support ward team.	87%	0	27	0%	1	90%	0.2%	0	0%
Didcot	0/187	100%	Same	Low	Not applicable.	Not applicable.	89%	0	74	6.8%	3	No	1%	3	7.5%

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							Essential Standard (June 14)/ CHAT (Q4 13/14) audits	Number of Complaints (last 6 mths)	Total number of incidents (last 6 mths)	% of incidents extreme & high risk (last 6 mths)	Number of infection outbreaks (last 6 mths Q3 & Q4 2013/14)	Patient feedback questions in essential standards (June 14)/ CHAT audit (Q4 13/14)	% lost to sickness (May 14)	Number of vacant posts being recruited to (June 14)	% bank, sessional & agency (May 14)
Beds: 12 Expected: 4:4:3					High use of temporary staff to fill vacancies using long lines of through approved agency which enables us to employ the same staff over a period of time to improve continuity of care.							data			
Abingdon ward 1 Beds: 18 Expected: 8:5:3	13/87	85.1%	Better (77.1%)	Medium	Gaps as a result of staff vacancies and sickness (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 us to employ the same staff over a period of time to improve continuity of care.	Recruitment underway to fill vacancies 4/5 vacant posts appointed to and waiting to start.	87%	4	104	8.7%	0	97%	4.1%	5	4.3%
Abingdon ward 2 Beds: 26 Expected:	15/ 87	82.3%	Worse (83.8%)	Medium	Gaps as a result of staff vacancies and sickness (which is improving).  High use of temporary staff to fill vacancies using long lines	Recruitment underway to fill vacancies 2/7 vacant posts appointed to and waiting to start. 5	85%	1	138	2.2%	1	94%	4.9%	7	22%

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							Essential Standard (June 14)/ CHAT (Q4 13/14) audits	Number of Complaints (last 6 mths)	Total number of incidents (last 6 mths)	% of incidents extreme & high risk (last 6 mths)	Number of infection outbreaks (last 6 mths Q3 & Q4 2013/14)	Patient feedback questions in essential standards (June 14)/ CHAT audit (Q4 13/14)	% lost to sickness (May 14)	Number of vacant posts being recruited to (June 14)	% bank, sessional & agency (May 14)
9:6:4					of work through approved agency which enables us to employ the same staff over a period of time to improve continuity of care.  Staff from EMU have supported ward as required.	posts are for registered staff.									
Henley Peppard ward  Beds: 14  Expected: 4:4:3	6/87	93%	Worse (100%)	Low	Gaps as a result of staff vacancies. High use of temporary staff to fill vacancies.	Recruitment underway to fill 2 registered staff vacancies.	94%	9	34	5.9%	0	98%	1.2%	2	26%
Wantage  Beds: 12  Expected: 4:3:3	3/87	96.6%	Better (81%)	Low	Gaps as a result of staff long term sickness.	Continue to manage staff sickness and support ward team.	94%	1	83	9.6%	0	90%	14.8 %	0	12%
Wallingford St Leonards ward  Beds: 22	0/66*	100%	Same (100%)	Low	Not applicable.	Recruitment underway to fill 4 vacancies (3 of which for registered staff).	90%	18	1	0%	0	76%	4.7%	4	12%

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							Essential Standard (June 14)/ CHAT (Q4 13/14) audits	Number of Complaints (last 6 mths)	Total number of incidents (last 6 mths)	% of incidents extreme & high risk (last 6 mths)	Number of infection outbreaks (last 6 mths Q3 & Q4 2013/14)	Patient feedback questions in essential standards (June 14)/ CHAT audit (Q4 13/14)	% lost to sickness (May 14)	Number of vacant posts being recruited to (June 14)	% bank, sessional & agency (May 14)
Expected: 6:5:3															
City  Beds: 20  Expected: 7:5:3	19/87	78.2%	Worse (82.9%)	Medium	Gaps as a result of staff vacancies and sickness.  High use of temporary staff to fill vacancies.	Recruitment underway to fill 2 vacancies.  Continue to manage staff sickness and support ward team.	79%	8	84	20%	4	97%	5.4%	2	6.2%
Witney Linfoot ward  Beds: 30  Expected: 10:8:5	18/87	79.2%	Worse (80.1%)	Medium	Gaps as a result of staff vacancies.  High use of temporary staff to fill vacancies using long lines of work (5 shifts a week) through approved agency which enables us to employ the same staff over a period of time to improve continuity of care.	Recruitment underway to fill vacancies 4/6 vacant posts appointed to and waiting to start.	81%	8	170	17%	1	95%	1.8%	6	3.9%
Witney wenrisc ward  Beds: 30	18/87	79.2%	Worse (83.4%)	Medium	Gaps as a result of staff vacancies and 3 staff on maternity leave.	Recruitment underway 9 vacancies plus deputy ward	79%	14	95	8.4%	1	87%	5.3%	9	6.4%

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							Essential Standard (June 14)/ CHAT (Q4 13/14) audits	Number of Complaints (last 6 mths)	Total number of incidents (last 6 mths)	% of incidents extreme & high risk (last 6 mths)	Number of infection outbreaks (last 6 mths Q3 & Q4 2013/14)	Patient feedback questions in essential standards (June 14)/ CHAT audit (Q4 13/14)	% lost to sickness (May 14)	Number of vacant posts being recruited to (June 14)	% bank, sessional & agency (May 14)
Expected: 10:9:5					High use of temporary staff to fill vacancies.	manager. Ward manager and acting deputy ward manager are working in nursing numbers regularly.									