

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

29th July 2015

**Inpatient Safer Staffing for June 2015
For Information**

Introduction

The national requirement for providers to review and report staffing levels is reported for June 2015, highlighting the importance on ensuring sufficient staffing levels are in place to deliver safe, effective and high quality care.

NHS England issued a letter on 11th June 2015 identifying future work streams to ensure the NHS is safely staffed which includes expanding work into community settings and looking across all professions not just nurses. Further details about expectations and reporting requirements are due to follow. We attended a national safer staffing conference on 29th June 2015 when the new tools were launched for mental health adult acute wards to help calculate safe staffing nursing levels based on the Hurst approach and comparison information from other providers. We are planning to use these tools through undertaking a 14 consecutive day audit to compare our current expected staffing levels. We have also volunteered to be involved in developing a similar calculation tool for community adult and older people mental health teams.

Since the last report in June all seven adult mental health wards received notification of AIMS Accreditation by the Royal College of Psychiatrists. Opal ward was accredited with excellence. PICU missed achieving accreditation and has one action to complete before re- submission. Our Eating disorders and CAMHS wards and all our forensic wards are externally accredited following peer review. Older adult mental health wards are preparing for accreditation. Staffing is one component in accreditation.

This is the 13th 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 June 2015.

Management of staffing levels

Escalation processes are in place to manage staffing safely on a shift by shift basis with senior staff giving appropriate support to ward teams. The staffing levels by ward are reviewed 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 June 2015 all wards were staffed to achieve safe staffing levels; however this has been achieved in some wards by our staff working additional hours and shifts and the high use of temporary staff both from NHSP bank and external agencies.

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

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- Managing capacity and levels of agency staff by reducing bed numbers in wards temporarily i.e. across eight of the 10 community hospital wards and on the PICU beds were reduced in the month to maintain safe staffing levels.
- Suspending admissions temporality
- 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 matron, ward manager and deputy ward manager 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
- Increased use of temporary staff including the use of 'long lines of work' with agency staff on five wards to improve continuity of care and reliability of temporary staff
- Temporarily increased staffing levels at night on one of the older people mental health wards from 5th June 15 (Sanford ward)

Summary position

When looking at the number of shifts which were fully staffed to expected levels, 10 out of 34 wards were identified as having the most difficulties across June 2015 in achieving expected staffing levels on every shift (only achieving 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 by using some of the immediate actions identified above e.g. reducing bed numbers, moving staff between wards, staff working additional hours and supernumerary staff working in the shift numbers. In comparison to last month (May 2015) eight wards remain a concern, two wards are no longer a concern and two wards have been added for June (Abingdon ward 1 and Bicester community hospital wards). The wards with staffing below 75% are Vaughan Thomas, Wintle (Warneford), Opal,, Ruby,(Whiteleaf), Wantage, Witney Wenrisc, Wenric and Kingfisher (Littlemore), and the two new ones Abingdon ward 1 and Bicester Community Hospital

Table 1 in the body of the report summarises the staffing position by ward showing the trend over the last 15 months and the position in June 2015 based on the clinical view of the ward management team. When bringing these pieces of information together five wards are identified as needing more support and attention. The five wards are Vaughan Thomas and Wintle (adult acute mental health), Witney Wenrisc (community hospital), Wenric and Kingfisher (forensic mental health). More detail about the staffing on these five wards is provided in the report. A dialogue with ward staff, Heads of Nursing and Service Directors continues daily to maintain plans to support safe staffing and patient care at a ward level.

Since the beginning of 2015 senior managers have highlighted particular difficulties with the recruitment and retention of appropriate staff on Thames House (both Kestrel and Kingfisher wards) which is having an impact on being able to staff both wards. Staffing plans have been put in place, such as temporary suspension of admissions, referring a complex patient elsewhere, secondment of registered nurses from three other forensic wards, continued use of external agency staff and ongoing programme of recruitment initiatives. Longer term strategies being considered include: financial incentives for people at recruitment, retention premiums for staff after 18 months, paying overtime at an overtime rate, and offering to pay agencies higher rates. The senior leadership and management has recently been strengthened managing the forensic wards, increasing our modern matron posts from two to four and two new additional service manager posts reporting to one head of service rather than two. It is anticipated this will provide more direct support to front line staff, and Matrons who will work on the wards if needs be.

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Quality and workforce indicators

We continue to develop and review quality and workforce measures alongside the staffing levels each month. There is evidence to show variable quality and completeness of patient records, particularly how we demonstrate patient involvement in care planning, across the inpatient wards. Introducing the new electronic health record will support and help clinicians to more easily record the care and treatment they are working with for each patient, as the new system is speedier once staff have adapted and are used to using Carenotes.

Why are there challenges

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 is a strategic priority as well as an operational issue. The number of vacancies increased in adult and older adult wards when the new models of care were introduced in March 2014. The models of care increased the nursing establishment (and therefore expected staffing levels) on a number of wards over the last year which has taken longer than expected to recruit to. The secondary reasons are due to variable levels of sickness which is being actively examined ward by ward with support from HR advisors so that solutions can be worked through, and in some wards increased turnover of staff. Exit interviews are conducted to understand the reasons why staff are leaving, recently qualified staff leave for career progression. Support staff where wards have high demands has been a key issue in Thames House and the new leadership posts will increase support to ward staff.

Recommendations

The Board is asked to note:

- ❖ The processes in place to ensure safe staffing levels on all the wards in the organisation, those wards where there are concerns and the actions being taken to ensure safe staffing

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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. This paper links to all of the five CQC Domains.

Inpatient Safe Staffing Levels Report for June 2015

Reported in July 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 June 2015 (from 1st June to 5th July 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 April 2015 and is next due in October 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 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 June 2015 all wards were staffed to achieve safe staffing levels; however this has been achieved in some wards by our staff working additional hours and shifts, the high use of temporary staff both from NHSP bank and external agencies, and reducing beds on some wards.

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

2. National Picture

The 28 new fundamental standards under the law of the Health and Social Care Act Regulations 2014 and CQC Registration Regulations 2009 were introduced from 1st April 2015. The fundamental standards replace the previous essential quality and safety standards. 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 (regulation 18). 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.

In response to national reports that suggest nurses are not visible enough and are often too busy with administrative tasks to deliver direct care to patients NHS England published guidance in November 2014, '*Safer staffing: a guide to care contact time*', which was followed by a letter in February 2015 with an additional requirement for providers to undertake contact time assessment by ward at least every six months using a consistent and recognised methodology. There is recognition that whilst significant amounts of nursing staff time should be spent on providing direct care there needs to be a balance with indirect care and non-direct activities. Oxford Health FT has already been using one of the nationally recommended tools, the productive care activity follow, across a range of wards so this is the selected methodology which will be used across all wards at least six monthly. For all wards at least one assessment needs to be undertaken by the summer of 2015, ward teams are working to complete this by 31st July 2015 to report the findings in September 2015. All community hospital wards are complete and assessments are underway in mental health wards. Although there is a new national expectation to introduce and report on regular measurement of contact time this is an opportunity to support wards to learn and highlight where improvements can be made. This work is being led by the Senior Nurse Executive, as of early July 2015- 33 out of 68 assessments have been completed (based on two assessments per ward).

NHS England is developing a composite indicator to give an overall safer staffing measure, the initial indicators which are to be included will be: staff sickness from electronic staff record data, mandatory training from the national staff survey, appraisal rate from the national staff survey, staff views on staffing from the national staff survey and patient views on staffing taken from the national patient survey. The new composite indicator is planned to be published shortly.

NHS England issued a letter on 11th June 2015 identifying future work streams to ensure the NHS is safely staffed which includes expanding work into community settings and looking across all

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professions not just nurses. Further details about expectations and reporting requirements are due to follow.

We attended a national safer staffing conference on 29th June 2015 when the new tools were launched for mental health adult acute wards to help calculate safe staffing nursing levels based on the Hurst approach and comparison information from other providers. All 8 Adult inpatient mental health wards are planning to use these tools through undertaking a 14 consecutive day audit to compare our current expected staffing levels. We have also volunteered to be involved in developing a similar calculation tool for community adult and older people mental health teams.

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 being used is not able to report on when individual shifts are staffed over expected levels to meet patient acuity.

To ensure safe staffing on every ward on a shift by shift basis a number of actions were taken specific to each ward these included:

- Managing capacity and levels of agency staff by reducing bed numbers in wards temporarily i.e. across eight of the 10 community hospital wards and on the PICU beds were reduced in the month to maintain safe staffing levels.
- Suspending admissions temporality
- 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 matron, ward manager and deputy ward manager 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
- Increased use of temporary staff including the use of 'long lines of work' with agency staff on five wards to improve continuity of care and reliability of temporary staff
- Temporarily increased staffing levels at night on one of the older people mental health wards from 5th June 15 (Sanford ward)

4. How do our wards compare?

This report provides comparisons on staffing levels across our 34 wards and over time for the last 15 months. There is limited information published to compare our performance with other NHS trusts; however OHFT remains linked into national events and networks to be able to develop this.

Anecdotal information from four other mental health NHS trusts as part of AIMS (Accreditation for Inpatient Mental Health Services) external peer review visits shows the expected staffing levels on the adult acute wards of 6:6:4 is higher than average based on similar bed numbers of 18-20. Three of the four wards looked at are using 5:5:4 and the other ward was using 4:4:4, our adult acute wards are expected to have one more qualified nurse on the early and late shift compared to the four wards reviewed. There does seem to be more agreement across providers of the number of expected staff on night shifts (four staff). *Note 6:6:4 relates to 6 qualified and unqualified nurses on the early shift, 6 qualified and unqualified nurses on the late shift and 4 qualified and unqualified nurses on the night shift.*

It is excellent news that all seven wards achieved accreditation. PICU narrowly missed being accredited and has one area to address before resubmission. Opal; ward was accredited with excellence

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We do have some additional comparisons on our staff establishments i.e. expected staffing levels, such as the 2014 mental health benchmarking club data for 2013/14 provides information on PICU, low secure and medium secure registered nurse staffing levels (66 mental health trusts participated). In comparison the trust seems to be represented as having staffing levels above the mean for PICU (17.7 WTE per 10 beds compared to mean of 14.5 WTE) and about the same for medium secure (10.4 WTE per 10 beds compared to mean of 9.5 WTE) and low secure (9.6 WTE per 10 beds compared to mean of 9.1 WTE).

Oxford Health FT also commissioned the auditors Deloitte to carry out an audit in March 2015 to look at current expected staffing levels internally between wards and also to compare with other trusts where the information is available. The results showed for low secure and medium secure wards the staffing levels were slightly higher than the national average however in context the bed occupancy is higher so more staff are required to meet the number of patient needs. For the adult acute mental health wards the expected staffing levels, since the increase in Jan 2014, seem to be about the same as the national average. There is no available comparison data for older people mental health wards, community hospitals, eating disorder wards or CAMHS wards. The eating disorder and CAMHS wards have achieved external accreditation which reviews staffing levels but does not provide information about a minimum expected level. Our seven acute wards received notice of AIMS accreditation in July 2015. The evidence-based tools developed by Hurst (2002) and Shelford (2013) for physical health wards have been considered to assess and develop staffing levels in our community hospital wards. The recent Deloitte audit compared efficiency across the 10 wards and found the smaller single wards to be less economic than the two sites with two wards.

5. Summary Position

When looking at the number of shifts which were fully staffed to expected levels, 10 out of 34 wards were identified as having the most difficulties across June 2015 in achieving expected staffing levels on every shift (only achieving 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 by using some of the immediate actions identified above. In comparison to last month (May 2015) eight wards remain a concern, two wards are no longer a concern and two wards have been added for June (Abingdon ward 1 and Bicester community hospital wards). The wards with staffing below 75% are Vaughan Thomas, Wintle, Opal, Ruby, Abingdon ward 1, Bicester, Wantage, Witney Wenrisc, Wenric and Kingfisher.

Table 1 in the body of the report summarises the staffing position by ward showing the trend over the last 15 months and the position in June 2015 based on the clinical view of the ward management team. When bringing these pieces of information together five wards are identified as needing more support and attention. The five wards are Vaughan Thomas and Wintle (adult acute mental health), Witney Wenrisc (community hospital), Wenric and Kingfisher (forensic mental health).

Since the beginning of 2015 senior managers have highlighted particular difficulties with the recruitment and retention of appropriate staff on Thames House (both Kestrel and Kingfisher wards) which is having an impact on being able to safely staff both wards, across the wards they currently have 11.7 WTE (14.6%) vacancies (a reduction from last month), high sickness and a high turnover of staff. Kingfisher ward has had high vacancies in the last 12 months the impact on this is shown in staffing levels achieved since June 2014, shown in table 1. Immediate actions have been put in place, such as temporary suspension of admissions, referring a complex patient elsewhere, secondment of registered nurses from three other forensic wards, continued use of external agency staff and an ongoing programme of recruitment initiatives. Longer term strategies being considered are: financial incentives for people at recruitment, retention premiums for staff after 18 months, paying overtime at an overtime rate, and offering to pay agencies higher rates.

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Table 1. Summary Position

Ward	% of shifts fully staffed to expected levels (pink highlights 75% or less)															Trend 12 months- staffing of shifts in last 12 months (6 or more months where 75% or less staffing achieved)	Internal Rating by ward - staffing reported as difficult (amber) for at last 3 of the 5 weeks in June 15 or a red in any week
	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15		
Allen	79	95	66	52	61	67	75	63	86	92	86	67	85	79	81	Yes	No
Vaughan Thomas	41	62	72	70	61	70	58	52	41	46	71	72	71	70	64	Yes	Yes
Wintle*	41	67	69	74	60	68	78	64	59	67	60	68	58	58	54	Yes	Yes
Ashurst	92	80	78	54	62	88	72	49	88	92	87	94	88	94	85	No	Yes
Phoenix*	49	48	46	44	51	41	66	74	72	80	86	78	75	85	79	Yes	No
Opal*	90	78	75	73	65	82	48	36	38	60	46	44	33	46	57	Yes	No
Ruby	76	66	72	54	57	62	67	51	61	63	64	59	69	70	71	Yes	No
Sapphire	76	89	86	83	74	31	75	81	87	81	71	60	73	96	86	Yes	No
Cherwell	74	66	62	74	79	87	92	93	84	83	71	89	82	76	83	No	No
Amber	89	87	86	81	94	80	67	75	88	92	75	84	86	92	78	No	No
Sandford	85	85	74	62	59	57	63	73	62	73	58	59	71	81	91	Yes	No
Ward 1 Abingdon	82	77	85	86	88	77	84	87	81	88	88	81	96	77	59	No	Yes
Ward 2 Abingdon	63	84	83	87	86	89	87	89	86	79	86	87	95	91	97	No	No
Bicester	96	96	89	88	94	82	88	88	81	69	65	50	93	85	44	No	Yes
Didcot	100	100	100	90	100	100	99	100	96	99	95	99	99	100	98	No	No
City	83	83	78	89	92	95	97	91	98	98	100	97	96	98	97	No	No
Peppard ward Henley	97	100	93	92	83	71	80	75	77	75	74	71	79	67	82	Yes	No
St Leonards Wallingford	99	100	100	100	98	100	100	100	100	98	100	98	94	86	88	No	No
Wantage	99	81	97	97	97	98	98	87	98	100	100	100	100	62	70	No	Yes
Linfoot Witney	99	80	79	87	82	80	90	99	82	76	76	89	94	89	82	No	No
Wenrisc Witney	73	83	79	59	34	45	73	85	80	76	52	50	70	67	70	Yes	Yes
Marlborough House Swindon	100	100	99	100	100	99	100	98	92	96	93	98	97	96	92	No	No
Highfield	93	91	86	89	91	68	79	64	61	84	92	90	86	80	89	No	Yes
Cotswold House Oxford	83	59	75	83	83	73	73	77	76	79	89	93	91	88	92	No	No
Cotswold House Marlborough	76	71	86	60	41	45	90	73	82	75	67	81	94	86	77	Yes	Yes
Watling	87	92	95	89	97	100	95	100	95	94	91	76	96	81	94	No	Yes
Lambourne	95	100	97	78	73	86	85	91	92	64	51	50	81	60	80	No	No
Woodlands	91	95	87	91	83	82	93	94	91	100	87	93	93	98	79	No	No
Glyme	97	99	98	90	95	82	86	92	88	85	87	91	91	86	87	No	No
Chaffron	91	92	89	90	96	91	87	88	81	87	89	94	98	94	94	No	No
Wenric**	64	39	52	47	47	51	38	58	43	51	46	54	69	58	60	Yes	Yes
Kennett	97	98	99	96	88	82	86	75	73	74	68	81	80	79	86	No	No
Kestral	83	72	91	91	79	80	88	94	86	86	79	73	70	76	84	No	Yes
Kingfisher	77	83	67	62	57	63	74	73	75	73	49	52	67	70	58	Yes	Yes

* Wintle, Phoenix and Opal wards did not submit information for all 5 weeks reviewed.

** Wenric, Ward Manager has not been completing weekly information incorrectly e.g. sessional staff used to fill shifts have been excluded. From May 2015 data is accurate.

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6. Quality and workforce indicators

Trust wide vacancy rates have continued to fall, turnover has remained higher than expected, use of temporary staff has remained high and sickness has been increasing. As expected the workforce indicators correlate with the staffing levels e.g. higher staffing levels generally show lower vacancies, turnover and (short term) sickness.

We continue to develop the quality and workforce indicators selected to be reviewed alongside the staffing level information (see Appendix 1) 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). This month's report includes the PPST resuscitation training figures by ward as we recognise training often becomes difficult to complete when there are staffing challenges.

The indicators fluctuate across the 15 months for each ward, shown in Appendix 1, so no trend or direct correlation with any of the indicators can be identified currently. For a few wards further work is underway to understand recent increases in the number of falls (Amber ward and Bicester community hospital), the number of medicine errors (Kingfisher ward) and the number of informal concerns (Sapphire ward and Cotswold House Oxford). We are not in a position or have evidence to show the staffing levels are having a direct impact on the above indicators. We continue to keep an eye on 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.

There is evidence to show variable quality and completeness of patient records, particularly how we demonstrate patient involvement in care planning, across the inpatient wards evidenced through local clinical audit results and investigations from serious incidents. Introducing the new electronic health record will support and help clinicians to more easily record the care and treatment they have agreed with each patient. However continued work is required in this important area.

In the last 6 months (Jan 2015-June 2015) there have been nine serious incidents across all 34 wards, these have related to: a fall on Didcot community hospital ward, a fall on Linfoot ward Witney, a fall on Abingdon ward 2, a fall on Amber ward, an AWOL from Cotswold House Oxford, a violent physical incident by a patient in the 136 suite on Ruby ward against trust property which then resulted in the patient escaping from the ward, an attempted AWOL from CAMHS Highfield ward and a delay in organising physical healthcare for a patient on Ruby ward. On investigation one of these incidents, the delay in organising physical healthcare, was in part related to staffing levels in Jan 2015.

7. Highlighted wards

The information in Table 1 identifies five wards as having the most difficulty in achieving expected staffing levels over the month, further detail is given below. In addition the board of directors should note eight additional wards are indicating difficulties this particular month and in some cases as a consequence have used a high number of temporary staff; Ashurst (registered staff on day shifts), Opal (registered staff on night shifts), Ruby (registered staff on day shifts), Abingdon ward 1 (registered staff on day shifts), Bicester ward (registered and unregistered staff on day and night shifts), Peppard ward in Henley (registered staff on night shifts), Wantage (unregistered staff on day shifts) and Kestrel (registered staff on day shifts).

For each of these wards immediate actions were taken by the ward management team for example; asking existing staff to work additional hours, staff that would normally be supernumerary e.g. ward manager, modern matron, working as part of the nursing team, requesting to use agency staff, borrowing staff from other wards often for part of a shift and temporarily not taking any further admissions. An escalation process is in place for each ward to raise difficulties with senior staff for further advice and support as required. We are taking strategic actions to reduce the number of staff vacancies, as described below under the sub heading nursing vacancies.

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Vaughan Thomas (Adult Directorate – adult mental health ward): in June 2015 64% of shifts were fully staffed to expected levels; the ward has experienced difficulty with staffing every month over the last 15 months and therefore has used a high amount of bank and agency staff. The shifts below related mostly to unregistered staff on day shifts. The ward identified staffing to be more difficult on all five weeks. The ward used a high number of bank and sessional staff. The main reason was due to vacancies (9.9%, 3.97 WTE as of June 15) as the increased establishment is achieved, and medium/long term sickness (overall sickness 8.64% as of June 15). However the position on vacancies has been improving month on month from March 2015. As of the 20th July 2015 2 WTE registered and 1 WTE unregistered vacancies are being recruited to of which 1 registered and 1 unregistered post have been offered.

Wintle (Adult Directorate – adult mental health ward): in June 2015 54% of shifts were fully staffed to expected levels; the ward has experienced difficulty with staffing in 14 out of the last 15 months and therefore has used a high amount of bank staff. The shifts below related mostly to registered staff on day shifts. The ward identified staffing to be more difficult on two of the three weeks data was submitted. The main reason was due to vacancies (21.6%, 8.63 WT as of June 15) as the increased establishment is achieved, and sickness (overall sickness 4.34% as of June 15). However the position on vacancies has been improving month on month from April 2015. As of the 20th July 2015 10 WTE registered and 2 WTE unregistered vacancies are being recruited to of which 4 registered posts and all 2 unregistered posts have been offered. Wintle ward won student placement of the year recently, indicating student experiences on the ward have been consistently good.

Witney Wenrisc (Older People Directorate – community hospital ward): in June 2015 70% of shifts were fully staffed to expected levels; the ward has experienced difficulty with staffing in 10 of the last 15 months therefore has used sessional and agency staff. The shifts below related to registered and unregistered staff on day shifts. The ward identified staffing was more difficult across three of the five weeks. The main reasons were due to vacancies (12.6%, 6.29 WTE as of June 2015), short and long term sickness (overall sickness 7.56% as of June 15), and maternity leave (3 WTE as of June 15). As of the 20th July 2015 1.7 WTE registered vacancies are being recruited to of which 2 people have been offered the posts.

Wenric (Adult Directorate – forensic ward): in June 2015 60% of shifts were fully staffed to expected levels; the ward has struggled with staffing across 15 of the 15 months therefore has used a high amount of sessional staff. The shifts below related to unregistered staff on day shifts. The ward identified staffing as more difficult across three of the five weeks. The main reasons are due to vacancies (12.3%, 5.4 WTE as of June 15) and turnover (6.8% 12 month rolling). In addition the ward has one suspension of a member of staff and is lending a registered member of staff to Kingfisher ward. As of the 20th July 2015 four WTE registered vacancies are being advertised.

Kingfisher (Adult Directorate – forensic ward): in June 2015 58% of shifts were fully staffed to expected levels; the ward has struggled with staffing across 13 of the 15 months therefore has used a high amount of agency and sessional staff. The shifts below related to registered staff on day and night shifts. The ward identified staffing as more difficult across all five weeks. The main reasons are due to vacancies (14.4%, 6.10 WTE as of June 15), turnover (19% 12 month rolling, particularly staff aged under 30) and sickness (overall sickness 9.2% as of June 15). As of the 20th July 2015 four WTE registered and six WTE unregistered vacancies are being advertised by both Kingfisher and Kestrel wards, of which 5 registered posts and 13 unregistered posts have been offered.

Thames House (Kingfisher and Kestrel): for the last few months senior managers have highlighted particular difficulties with the recruitment and retention of appropriate staff on Thames House (both Kestrel and Kingfisher wards) which is having an impact on being able to safely staff both wards. Immediate actions have been put in place, such as temporary suspension of admissions, referring a

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complex patient elsewhere, secondment of registered nurses from three other forensic wards, continued use of external agency staff and ongoing programme of recruitment initiatives. Longer term strategies are being developed. The senior leadership and management has recently been strengthened to the forensic wards, increasing the modern matron posts from two to four and adding two new service manager posts reporting to one head of service rather than two. It is anticipated this will provide more direct support to front line staff and Matrons working shifts if needs be.

Notes:

1. 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.
2. A night shift includes one shift.
3. Wintle ward did not submit data for 2 weeks (8-14th and 15th-21st)
4. Phoenix ward did not submit data for 1 week (1st-7th)
5. Opal ward did not submit data for 3 weeks (1st-7th, 8th-14th and 15th-21st)

8. Why are there challenges?

Across the wards staffing challenges are due to:

- ❖ Large number of vacancies and time lag for new appointed staff to start although staff are being recruited
- ❖ Sickness increasing although showing signs of reducing
- ❖ Maternity leave at Witney Community Hospital
- ❖ Turnover remaining high

The above factors are having an impact on:

- ❖ Staff morale and well being
- ❖ The time ward staff spend each day trying to find additional staff, taking them away from clinical duties – This will be assisted by the new temporary staffing management system being introduced from October 2015
- ❖ Cost pressures due to sessional and bank / agency spend
- ❖ Variability of patient involvement in care planning and documentation (possibly due to an increase in use of temporary staff)

7.1 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 and other specialty wards. The number and type of vacancies e.g. registered or unregistered, day or night shifts varies from ward to ward. The number of vacancies 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. Following a campaign of recruitment our trust wide vacancy rates have been falling for the last five months, however a large number of staff are still currently going through pre-employment checks therefore have not started in their new roles yet. To strategically address the challenges with nursing vacancies we have developed a values based framework for recruitment which is being introduced and have established a strategic recruitment action group with a focus on improving candidate attraction and staff retention, further details below. We are also currently establishing an internal bank to start within the next 6 months (October 2015) and hoping to increase the number of agencies listed on our local recruitment framework to improve the quality and consistency of temporary staff used on the wards.

Recruitment Action Plan

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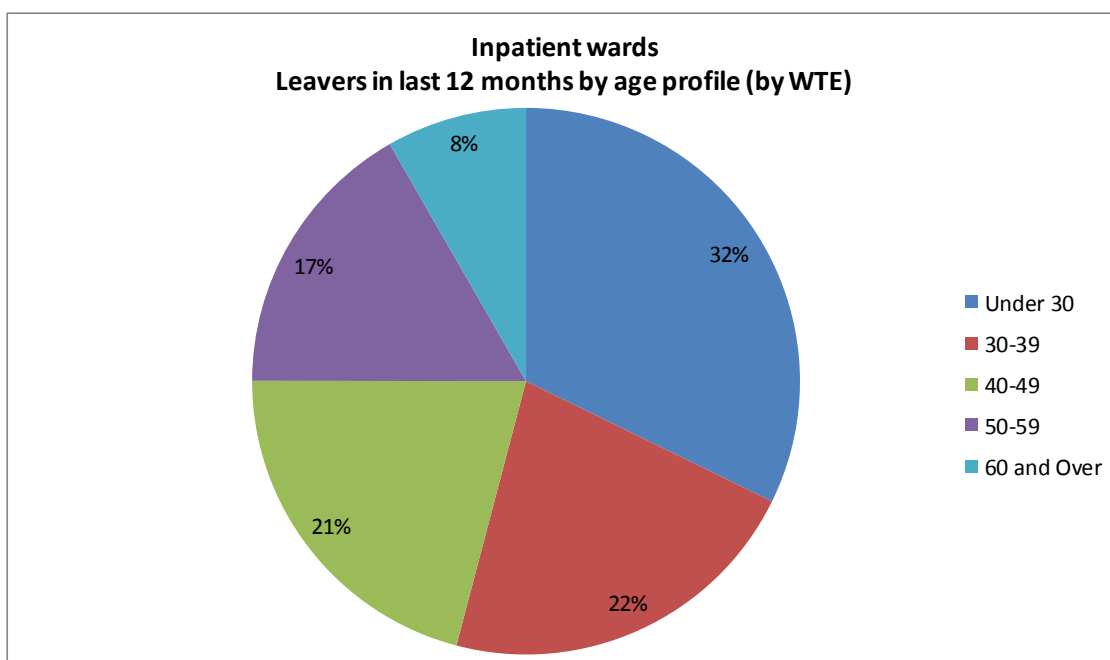
1. Improvements are underway to the 'Working for Us' section of the website. Direct access is available from the Trust home page. L&D and recruitment pages have been revised to attract candidates and will be uploaded in July 2015.
2. Work is complete on the identification and promotion of key worker housing via NHS Job webpage and information will also be posted on the website.
3. Discussions have taken place with local radio stations and bus advertising companies as a potential vehicle for increasing awareness.
4. We have met with a representative from Thames Valley Health Education who have offered some dedicated time to help plan the roll out of values based recruitment.
5. We are putting increased focus on improving links with Universities to target students.
6. Improve the trusts use of social media to recruit new staff.
7. Continue to hold internal open days on hospital sites, where people can be interviewed and appointed on the same day. These have proved very successful especially in the adult directorate.
8. See above specific immediate and longer term actions in respect of Thames House (Kingfisher and Kestrel wards).

7.2 Short term sickness

In addition to our focus on improving recruitment, short term sickness levels have been rising since January 2015 for a number of wards especially for unregistered staff and Band 5 staff with the main reason being stress and anxiety, plus musculoskeletal issues for unregistered staff. The issues are being examined on a ward by ward basis, supported by HR as this could be an early warning sign.

7.3 Turnover

Retaining staff is critical otherwise successful recruitment of new staff has a limited impact. The turnover rate remains high for a number of wards especially for unregistered staff and Band 5 staff. Currently there is a lack of exit interview information, with only about 10% of staff completing the questionnaire. Locally areas have more intelligence around why staff are leaving which needs to be utilised more to identify retaining strategies. Below is an analysis of all leavers over the last 12 months by age profile across all 34 wards; 8% of leavers were aged 60 and over and 32% were under 30 years old. The majority of leavers aged 30 and under left from Highfield unit and Kingfisher ward. The HR team are working with local managers for those wards with a high turnover to better understand the reasons why staff are leaving.



9. Monthly Unify Data Return

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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 up to June 2015 is summarised in table 2 below. The information is shared here because it is 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 and day/night shifts. 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 2. 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	96.2%	94.5%	99.5%	99.8%
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%
February 2015	94.7%	93.2%	95.2%	97.9%
March 2015	94.7%	92.9%	95.2%	98.7%
April 2015	96.1%	96.2%	94.7%	98.6%
May 2015	95.1%	93.4%	95.9%	98.2%
June 2015	94.3%	94.2%	95.6%	97.7%

10. Conclusion

The national requirement on providers around monitoring and reporting staffing levels is continuing to increase, showing the importance of ensuring sufficient staffing levels are in place to deliver safe, effective and high quality care.

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, daily and weekly basis with senior staff giving appropriate support to ward teams. Each ward is taking a range of immediate actions on a daily basis to ensure safe staffing levels are maintained appropriate to their patients.

When looking at the number of shifts which were fully staffed to expected levels, 10 out of 34 wards were identified as having the most difficulties across June 2015 in achieving expected staffing levels on every shift (only achieving 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 by using some of the immediate actions identified above e.g. reducing bed numbers, moving staff between wards, staff working additional hours and supernumerary staff working in the shift numbers. In comparison to last month (May 2015) eight wards remain a concern, two wards are no longer a concern and two wards have been added for June (Abingdon ward 1 and Bicester community hospital wards). The wards with staffing below 75% are Vaughan Thomas, Wintle, Opal, Ruby, Abingdon ward 1, Bicester, Wantage, Witney Wenrisc, Wenric and Kingfisher.

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Table 1 in the body of the report summarises the staffing position by ward showing the trend over the last 15 months and the position in June 2015 based on the clinical view of the ward management team. When bringing these pieces of information together five wards are identified as needing more support and attention. The five wards are Vaughan Thomas and Wintle (adult acute mental health), Witney Wenrisc (community hospital), Wenric and Kingfisher (forensic mental health). More detail about the staffing on these five wards is provided in the report. A dialogue with ward staff, Heads of Nursing and Service Directors is continuing to develop plans to support safe staffing and patient care at a ward level. Both VT and Wintle have recently achieved AIMS accreditation and there is other external feedback confirming safe staffing. Witney Wenrisc has safe staffing through a combination of factors which are being managed effectively. Increasing the number of Matrons from two to four and the addition of two Service managers strengthens the senior nursing support to Kingfisher and Wenric. A new ward manager has recently started work in Wenric.

We continue to develop and review quality and workforce measures alongside the staffing levels each month. There is evidence to show variable quality and completeness of patient records, particularly how we demonstrate patient involvement in care planning, across the inpatient wards. Introducing the new electronic health record will support and help clinicians to more easily record the care and treatment they are working with for each patient. This is likely to improve as staff adapt to using the new electronic health record system and the utility within the system is further developed. Our mental health Practice Educators are working with mental health inpatient staff to strengthen care planning.

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 and increasing establishments which we have given more strategic attention. There are signs this is improving. Retention of staff is also a strategic priority and solutions to reduce turnover are proposed in the Organisational Development, Workforce and Nursing Strategies. The secondary reasons are due to a rising level of sickness in some wards which are being actively examined ward by ward with support from HR advisors so that solutions can be worked through, and maternity leave in one ward. There remains a need to understand in more detail the reasons why each member is leaving, to support staff where services have high demands, and to ensure we are actively managing career aspirations to retain staff within OHFT.

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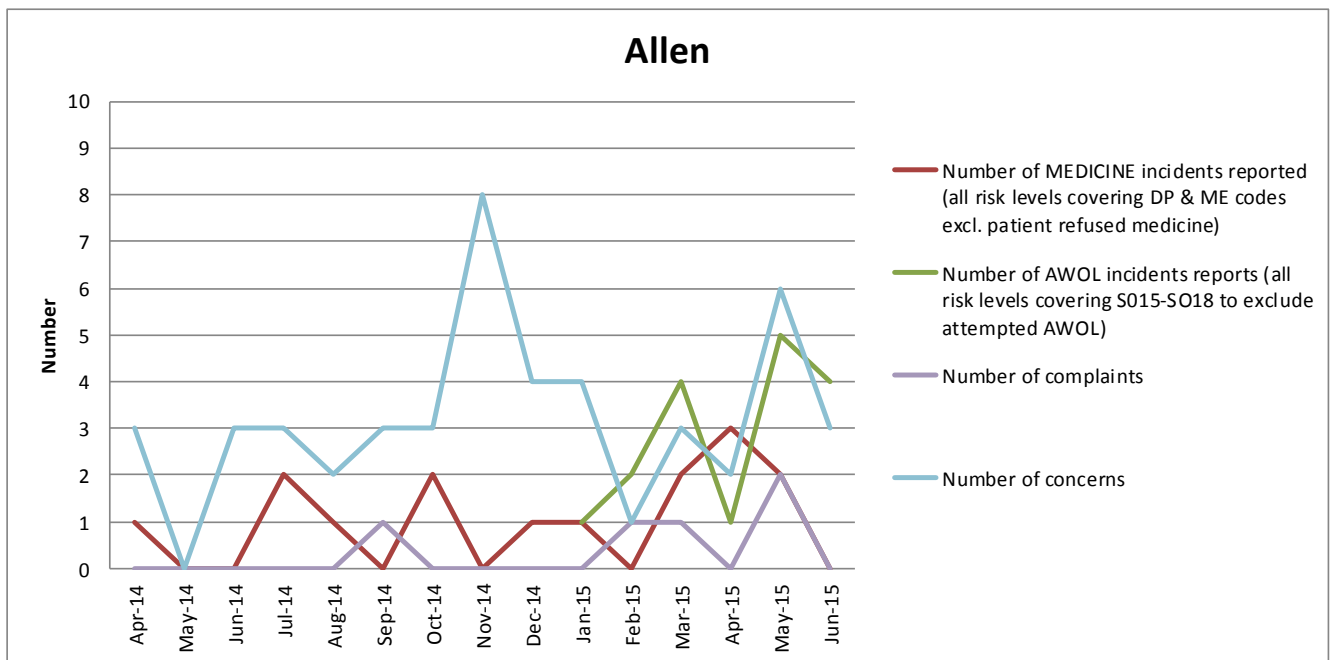
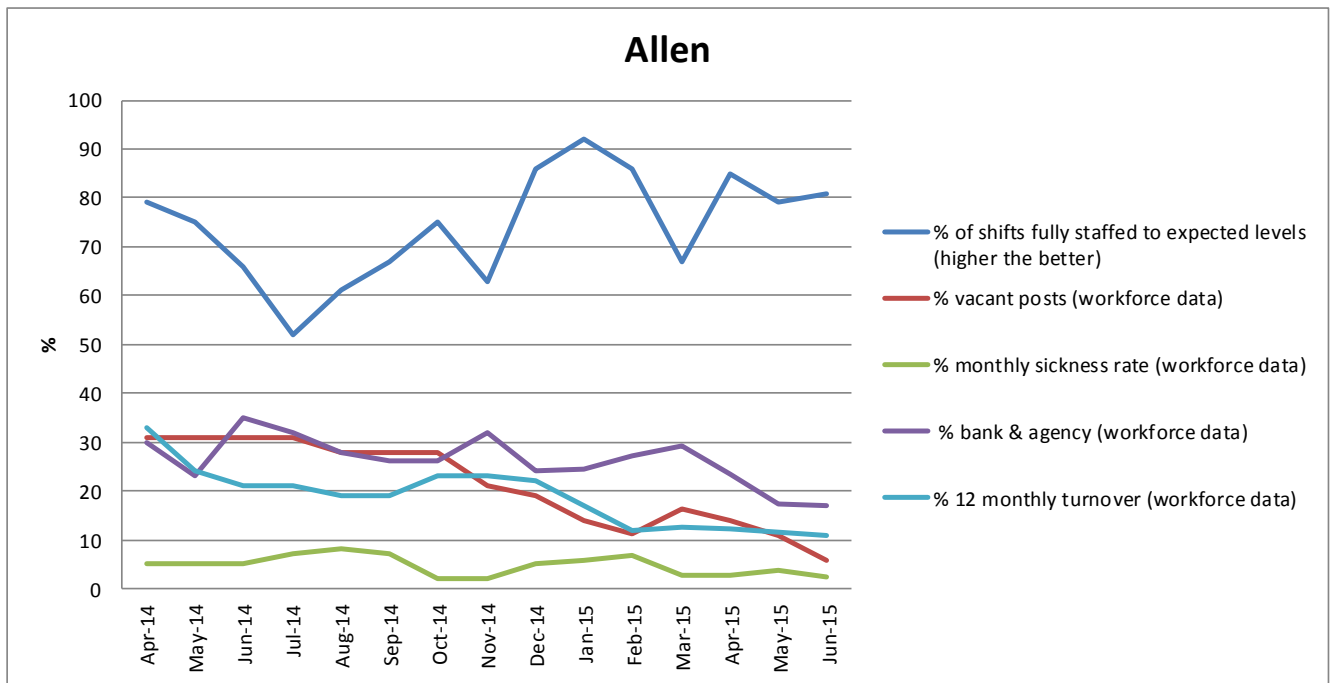
Appendix 1. Quality and Workforce Indicators

Note.

- 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. Modern matron and ward managers are excluded from the data unless they are working as part of the nursing team to meet safe staffing levels.*
- 3. Wintle ward did not submit data for 2 weeks (8-14th and 15th-21st)*
- 4. Phoenix ward did not submit data for 1 week (1st-7th)*
- 5. Opal ward did not submit data for 3 weeks (1st-7th, 8th-14th and 15th-21st)*

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Allen

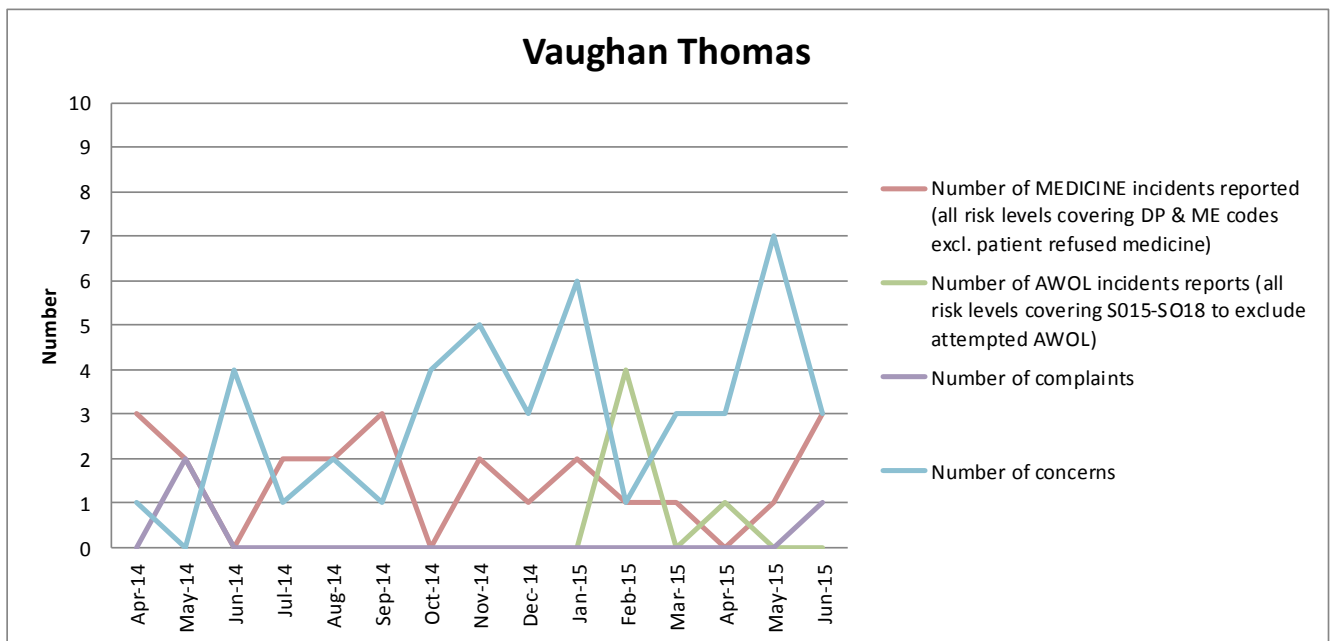
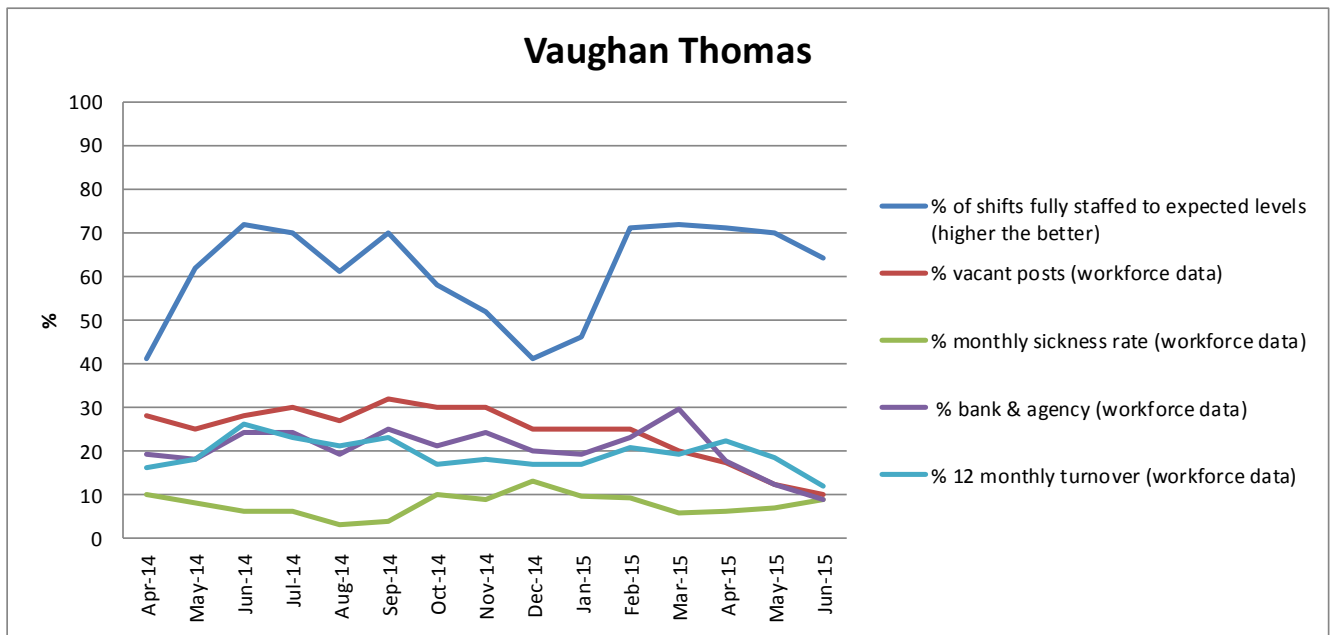
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with 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-S018 to exclude attempted AWOL)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	79	31	5	30	33	100	40	1	1	0	3	
May-14	75	31	5	23	24			0		0	0	
Jun-14	66	31	5	35	21	60	60	0		0	3	
Jul-14	52	31	7	32	21			2		0	3	
Aug-14	61	28	8	28	19	100	100	1		0	2	
Sep-14	67	28	7	26	19			0		1	3	
Oct-14	75	28	2	26	23	60	60	2		0	3	
Nov-14	63	21	2	32	23			0		0	8	
Dec-14	86	19	5	24	22	100	100	1		0	4	
Jan-15	92	13.8	5.76	24.3	17			1	1	0	4	
Feb-15	86	11.3	6.64	27	11.77	40	100	0	2	1	1	
Mar-15	67	16.3	2.65	29.3	12.54			2	4	1	3	
Apr-15	85	13.9	2.73	23.5	12.14	40	100	3	1	0	2	
May-15	79	10.8	3.8	17.2	11.52			2	5	2	6	
Jun-15	81	5.9	2.43	16.9	11.02	80	80	0	4	0	3	94



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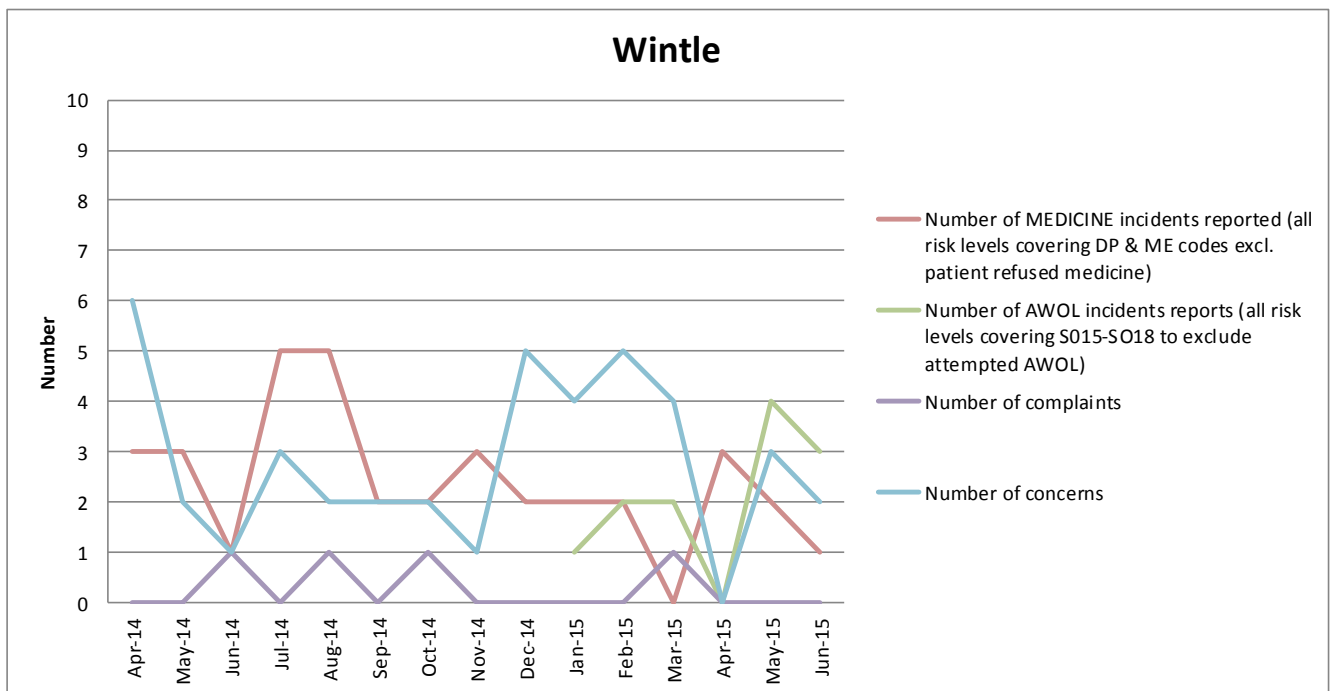
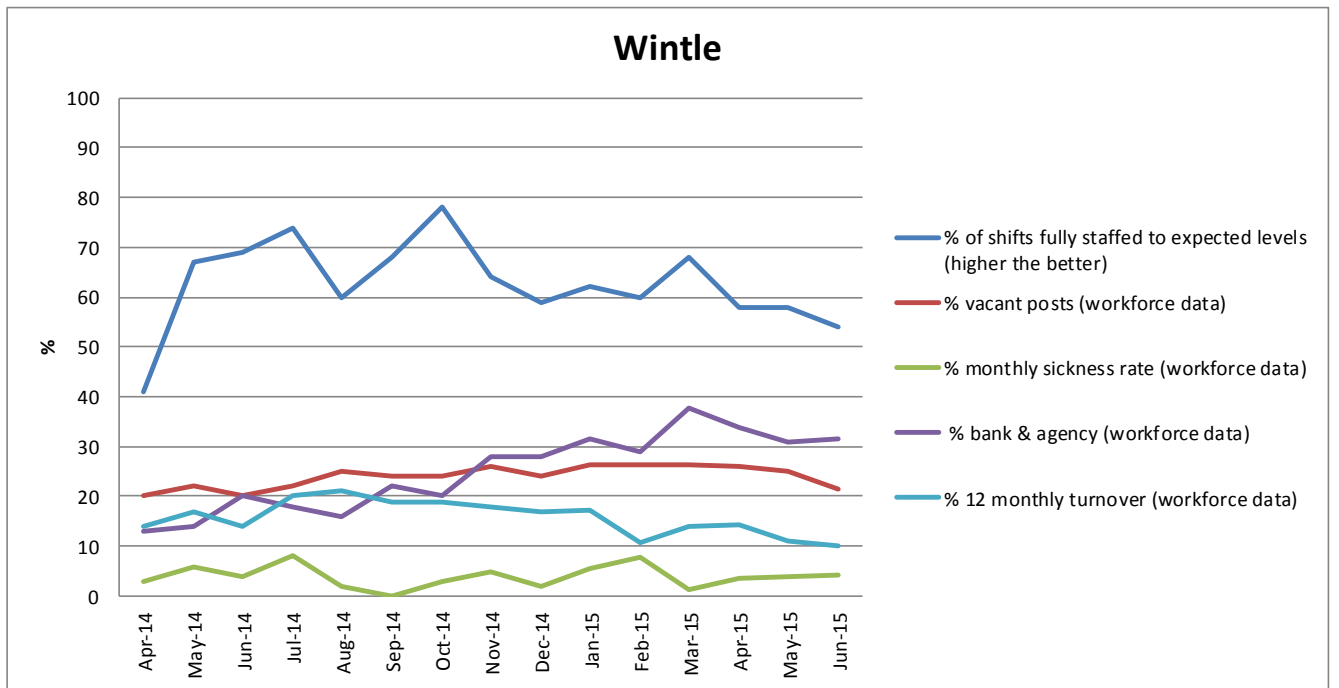
Vaughan Thomas (also provides staff for the S136 assessment suite)

	% 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 (latest ES audit)	% Evidence of 1:1 meetings with patients (latest 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-SO18 to exclude attempted AWOL)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	41	28	10	19	16	60	80	3	0	0	1	
May-14	62	25	8	18	18			2	0	2	0	
Jun-14	72	28	6	24	26	100	100	0	0	0	4	
Jul-14	70	30	6	24	23			2	0	0	1	
Aug-14	61	27	3	19	21	100	100	2	0	0	2	
Sep-14	70	32	4	25	23			3	0	0	1	
Oct-14	58	30	10	21	17	100	100	0	0	0	4	
Nov-14	52	30	9	24	18			2	0	0	5	
Dec-14	41	25	13	20	17	100	100	1	0	0	3	
Jan-15	46	24.9	9.41	19.1	17.01			2	0	0	6	
Feb-15	71	24.9	9.3	22.9	20.59	100	100	1	4	0	1	
Mar-15	72	19.9	5.57	29.5	19.21			1	0	0	3	
Apr-15	71	17.4	6.16	17.5	22.18	100	100	0	1	0	3	
May-15	70	12.4	6.76	12.3	18.29			1	0	0	7	
Jun-15	64	9.9	8.64	8.9	11.93	100	100	3	0	1	3	



PUBLIC BOARD REPORT
Wintle

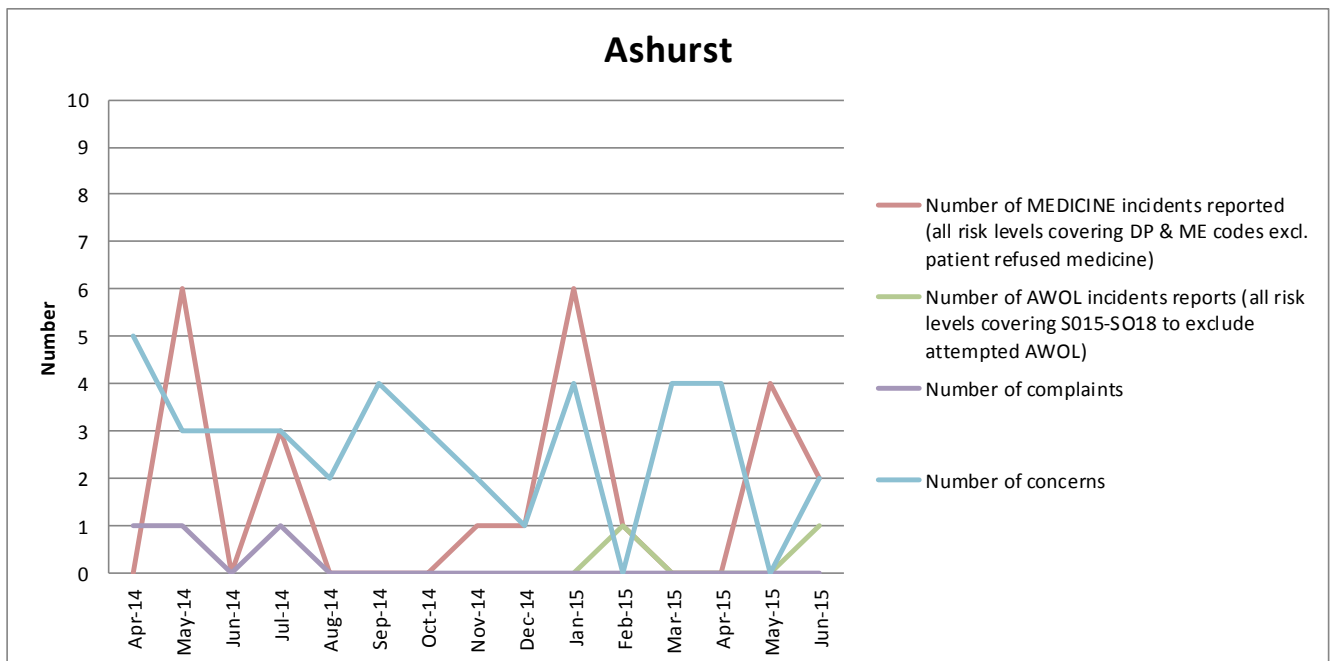
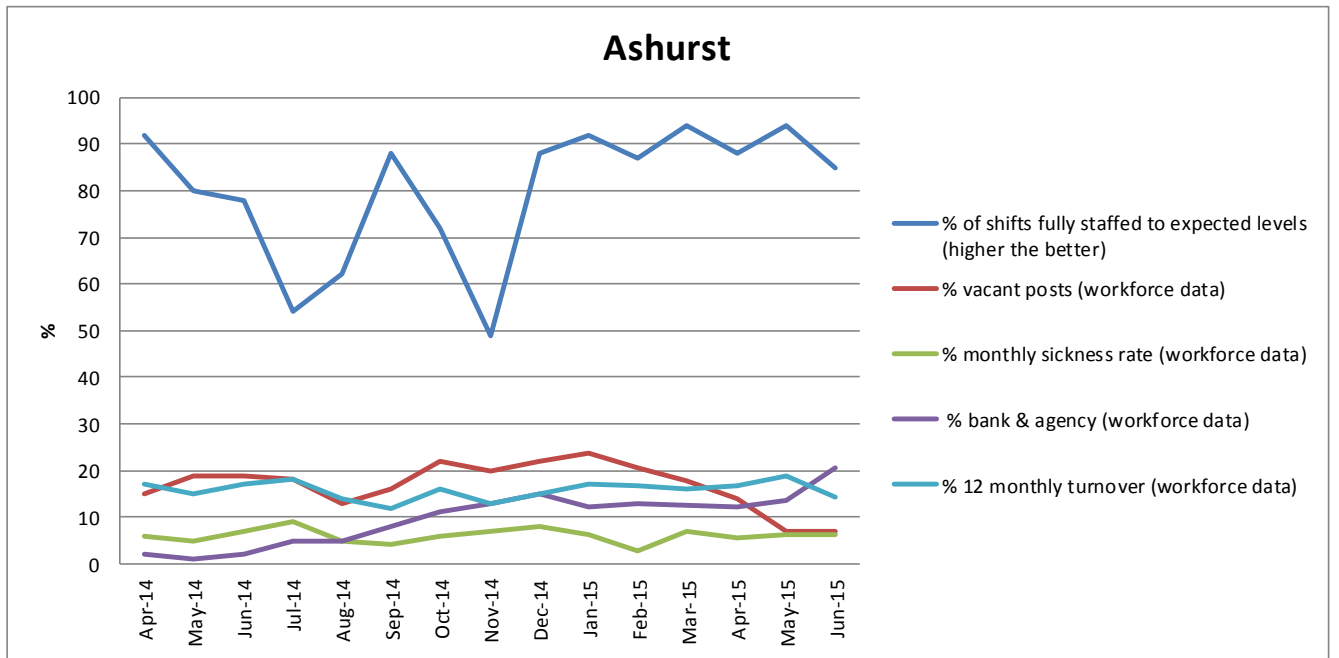
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with 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-S018 to exclude attempted AWOL)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	41	20	3	13	14	40	100	3		0	6	
May-14	67	22	6	14	17			3		0	2	
Jun-14	69	20	4	20	14	80	100	1		1	1	
Jul-14	74	22	8	18	20			5		0	3	
Aug-14	60	25	2	16	21	80	100	5		1	2	
Sep-14	68	24	0.1	22	19			2		0	2	
Oct-14	78	24	3	20	19	100	100	2		1	2	
Nov-14	64	26	5	28	18			3		0	1	
Dec-14	59	24	2	28	17	100	60	2		0	5	
Jan-15	62	26.5	5.58	31.6	17.29			2	1	0	4	
Feb-15	60	26.4	7.91	28.8	10.75	100	100	2	2	0	5	
Mar-15	68	26.5	1.27	37.6	14.08			0	2	1	4	
Apr-15	58	26	3.52	33.9	14.23	100	60	3	0	0	0	
May-15	58	24.9	3.93	31	10.9			2	4	0	3	
Jun-15	54	21.6	4.34	31.4	10.21	100	100	1	3	0	2	76



PUBLIC BOARD REPORT

Ashurst (also provides staff for the S136 assessment suite)

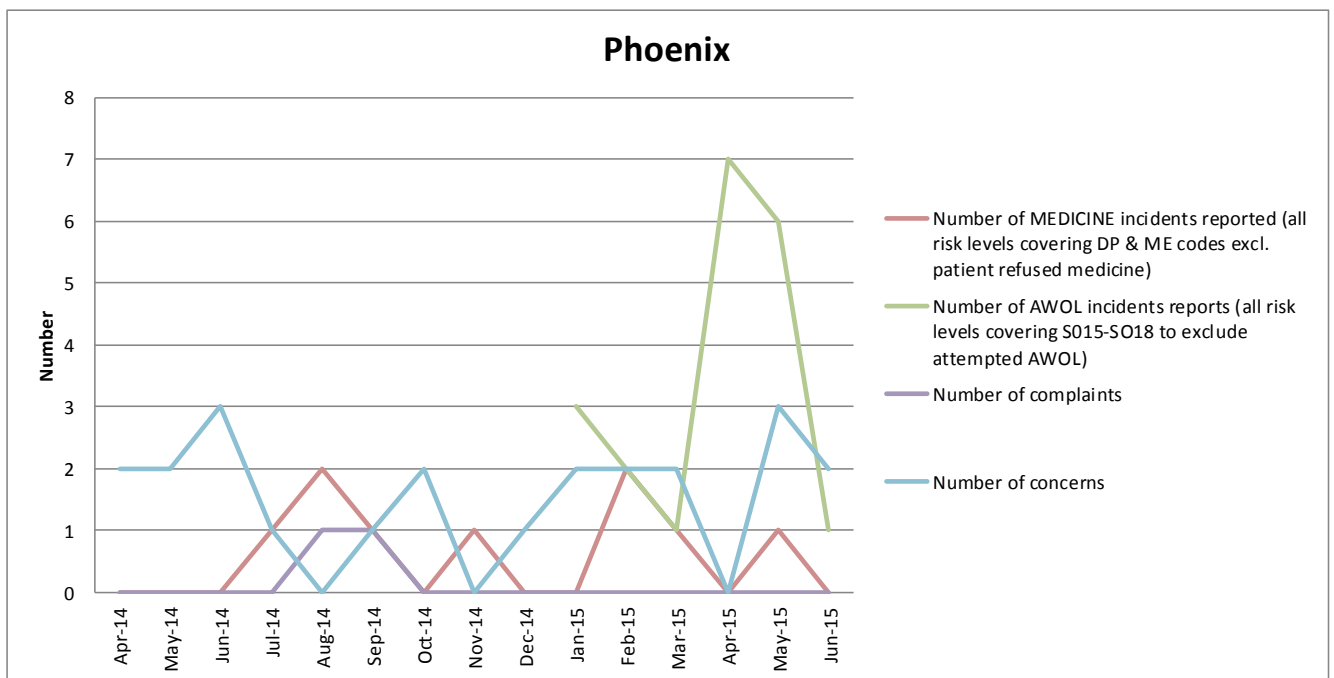
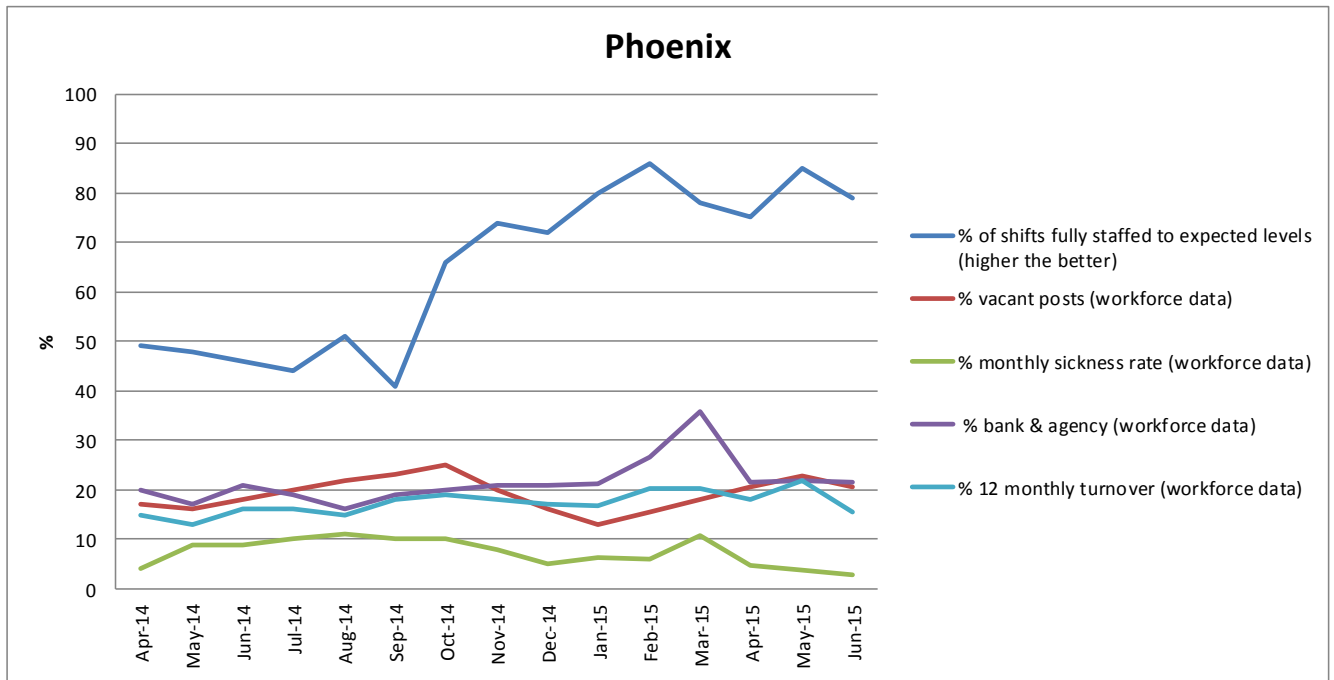
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with 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-S018 to exclude attempted AWOL)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	92	15	6	2	17	80	100	0		1	5	
May-14	80	19	5	1	15			6		1	3	
Jun-14	78	19	7	2	17	100	20	0		0	3	
Jul-14	54	18	9	5	18			3		1	3	
Aug-14	62	13	5	5	14	no data	no data	0		0	2	
Sep-14	88	16	4	8	12			0		0	4	
Oct-14	72	22	6	11	16	100	67	0		0	3	
Nov-14	49	20	7	13	13			1		0	2	
Dec-14	88	22	8	15	15	100	100	1		0	1	
Jan-15	92	23.8	6.38	12.2	17.11			6	0	0	4	
Feb-15	87	20.7	2.79	12.9	16.63	100	20	1	1	0	0	
Mar-15	94	17.9	7.02	12.4	16.06			0	0	0	4	
Apr-15	88	14	5.61	12.3	16.6	80	80	0	0	0	4	
May-15	94	7.12	6.27	13.7	18.7			4	0	0	0	
Jun-15	85	7.11	6.39	20.7	14.3	80	100	2	1	0	2	66



PUBLIC BOARD REPORT

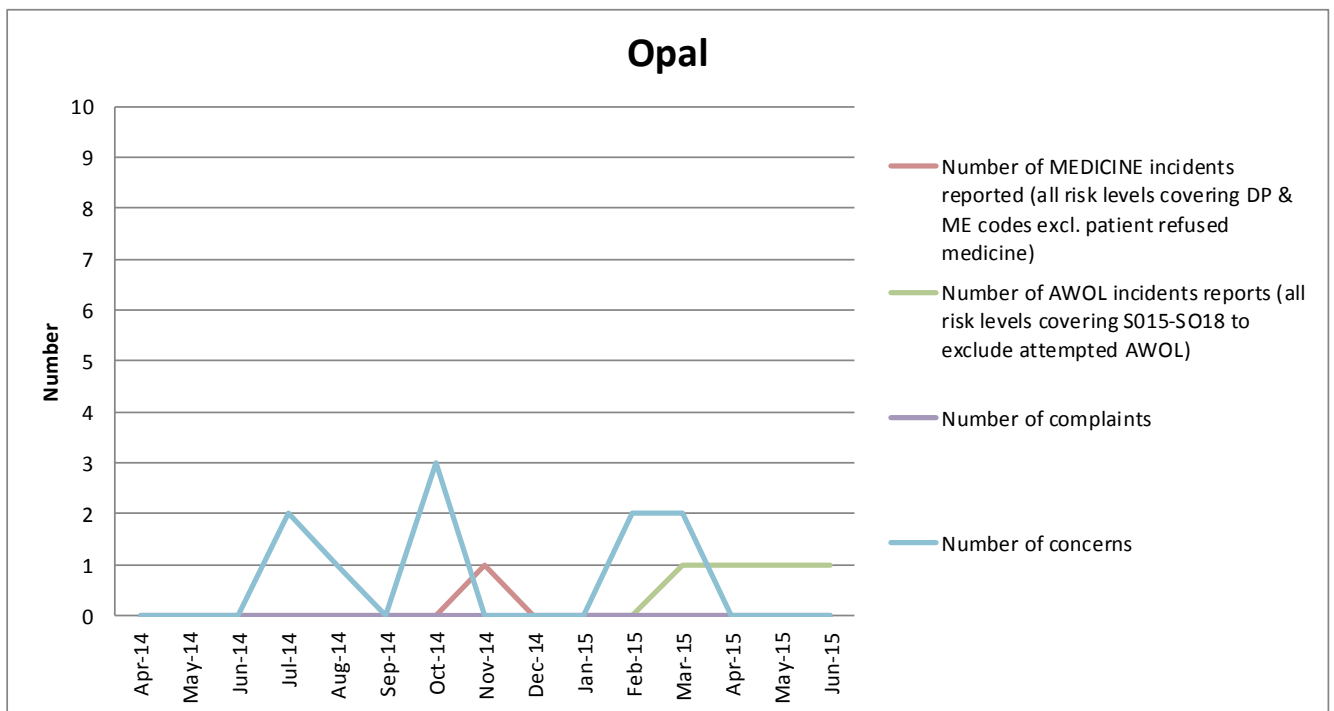
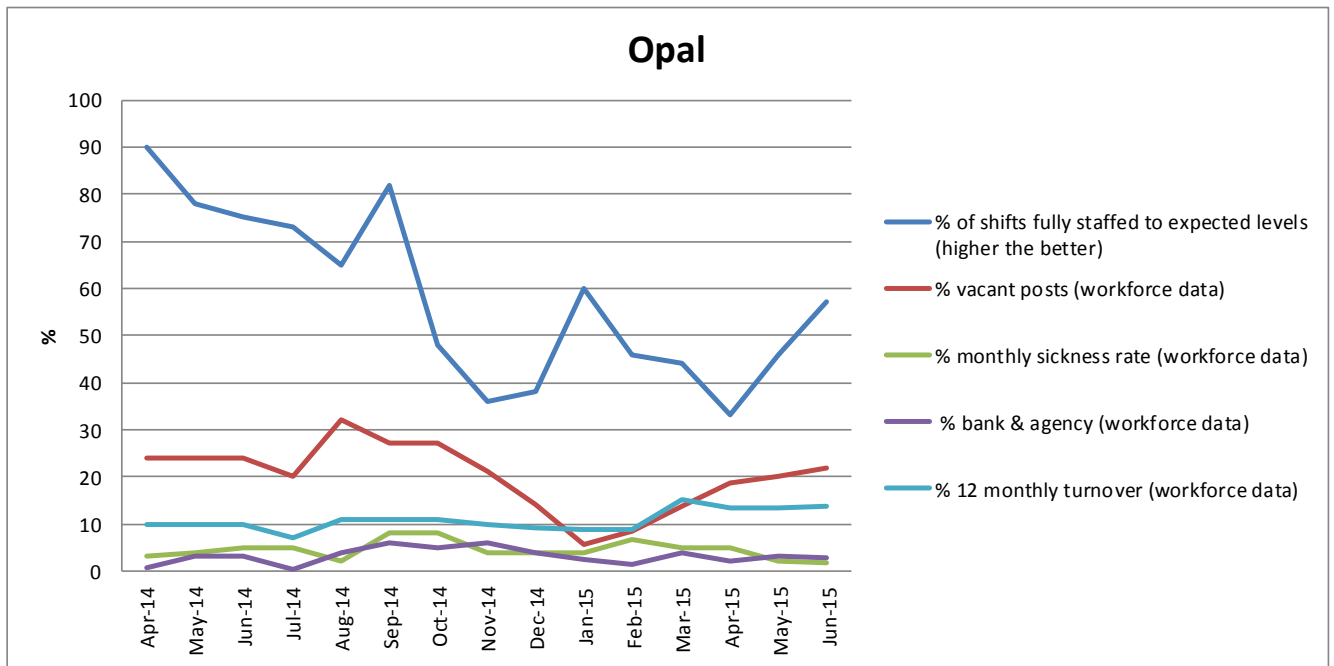
Phoenix

	% 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-S018 to exclude attempted AWOL)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	49	17	4	20	15	80	100	0		0	2	
May-14	48	16	9	17	13			0		0	2	
Jun-14	46	18	9	21	16	40	80	0		0	3	
Jul-14	44	20	10	19	16			1		0	1	
Aug-14	51	22	11	16	15	40	100	2		1	0	
Sep-14	41	23	10	19	18			1		1	1	
Oct-14	66	25	10	20	19	no data	no data	0		0	2	
Nov-14	74	20	8	21	18			1		0	0	
Dec-14	72	16	5	21	17	60	100	0		0	1	
Jan-15	80	13	6.39	21.3	16.88			0	3	0	2	
Feb-15	86	15.4	6.02	26.7	20.13	60	100	2	2	0	2	
Mar-15	78	18	10.77	35.8	20.43			1	1	0	2	
Apr-15	75	20.5	4.84	21.7	17.99	80	60	0	7	0	0	
May-15	85	22.9	3.89	21.8	21.91			1	6	0	3	
Jun-15	79	20.5	2.88	21.5	15.52	80	100	0	1	0	2	62



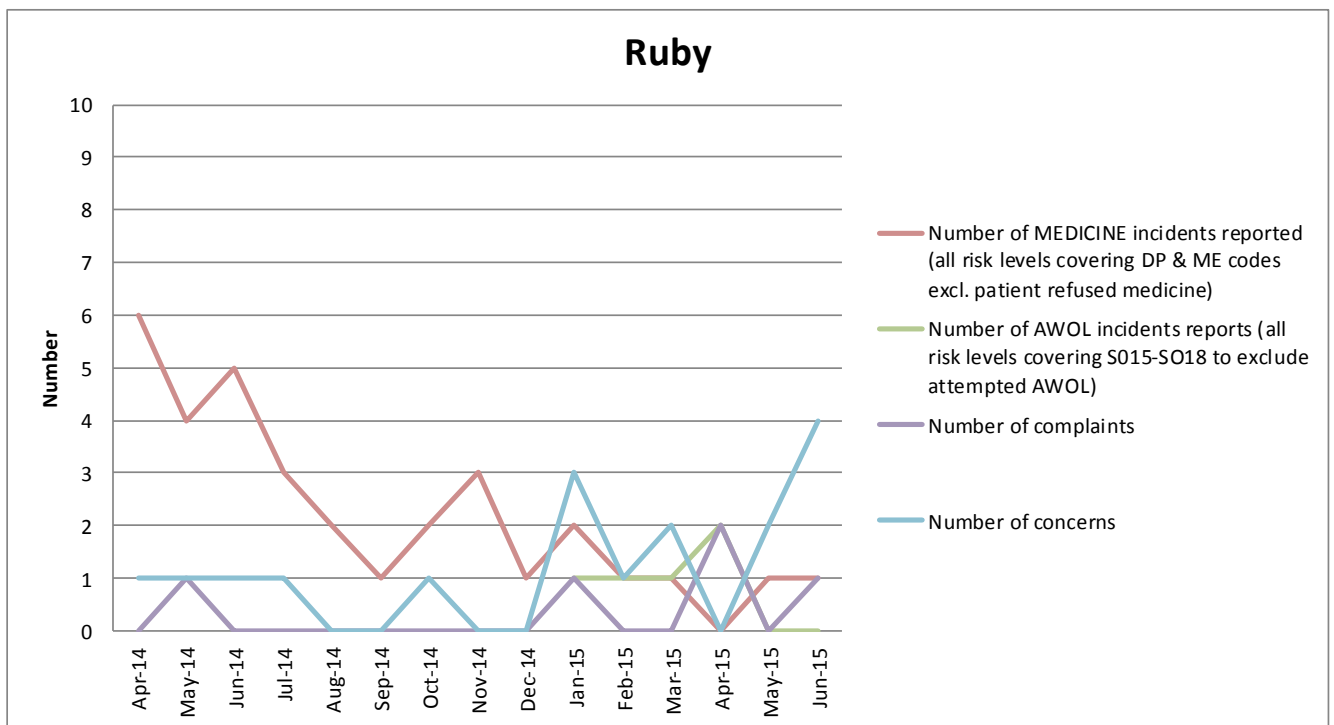
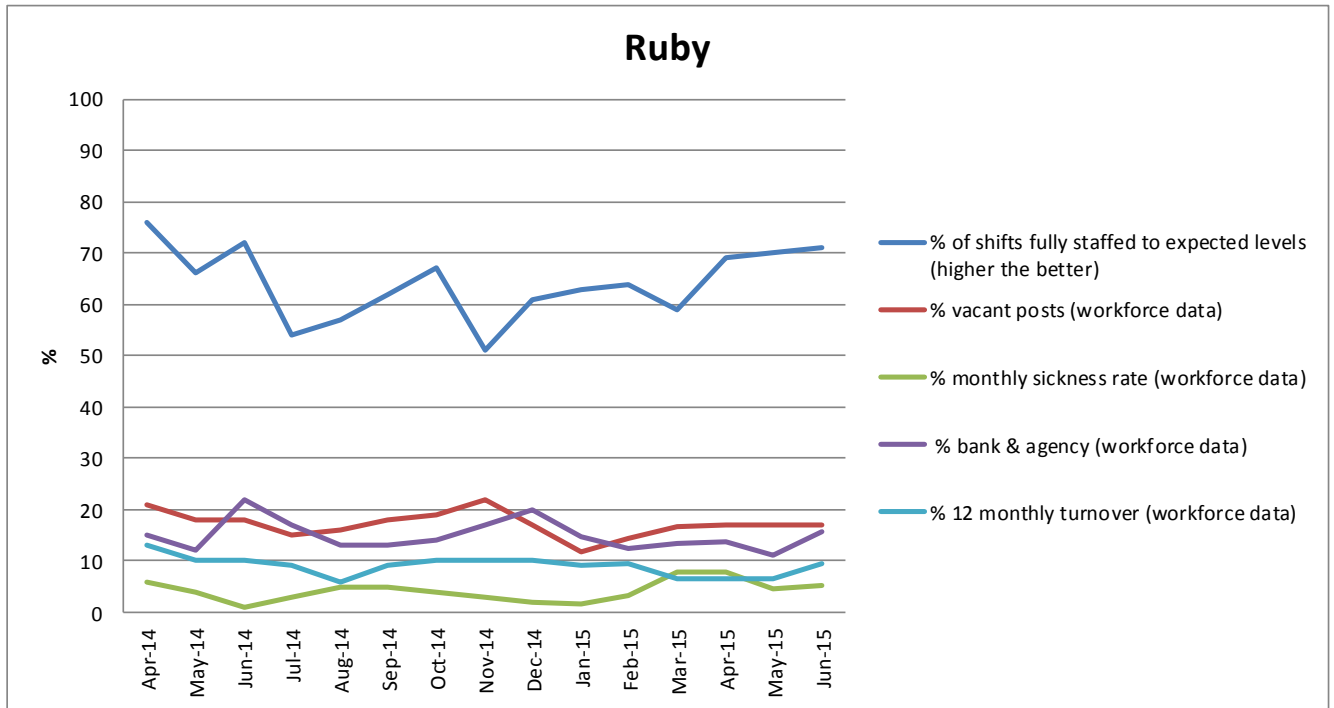
PUBLIC BOARD REPORT
Opal

	% 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 (latest ES audit)	% Evidence of 1:1 meetings with patients (latest 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-S018 to exclude attempted AWOL)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	90	24	3	1	10	80	100	0	0	0	0	
May-14	78	24	4	3	10			0	0	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	0	0	3	
Nov-14	36	21	4	6	10			1	0	0	0	
Dec-14	38	14	4	4	9	60	60	0	0	0	0	
Jan-15	60	5.8	3.79	2.4	8.63			0	0	0	0	
Feb-15	46	8.4	6.74	1.3	8.88	40	80	0	0	0	2	
Mar-15	44	13.6	5.02	4	15.26			0	1	0	2	
Apr-15	33	18.6	4.84	2.2	13.22	80	100	0	1	0	0	
May-15	46	20.1	2.22	3	13.48			0	1	0	0	
Jun-15	57	21.9	1.89	2.9	13.79	40	75	0	1	0	0	75



PUBLIC BOARD REPORT
Ruby

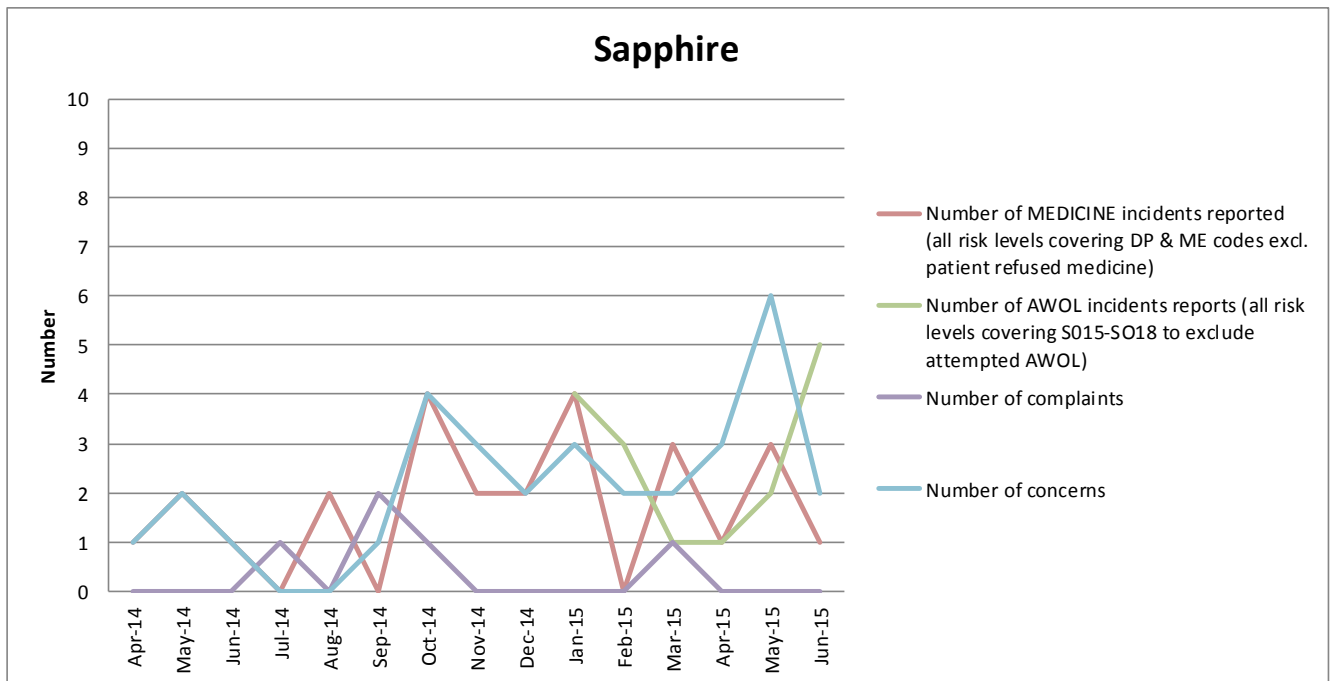
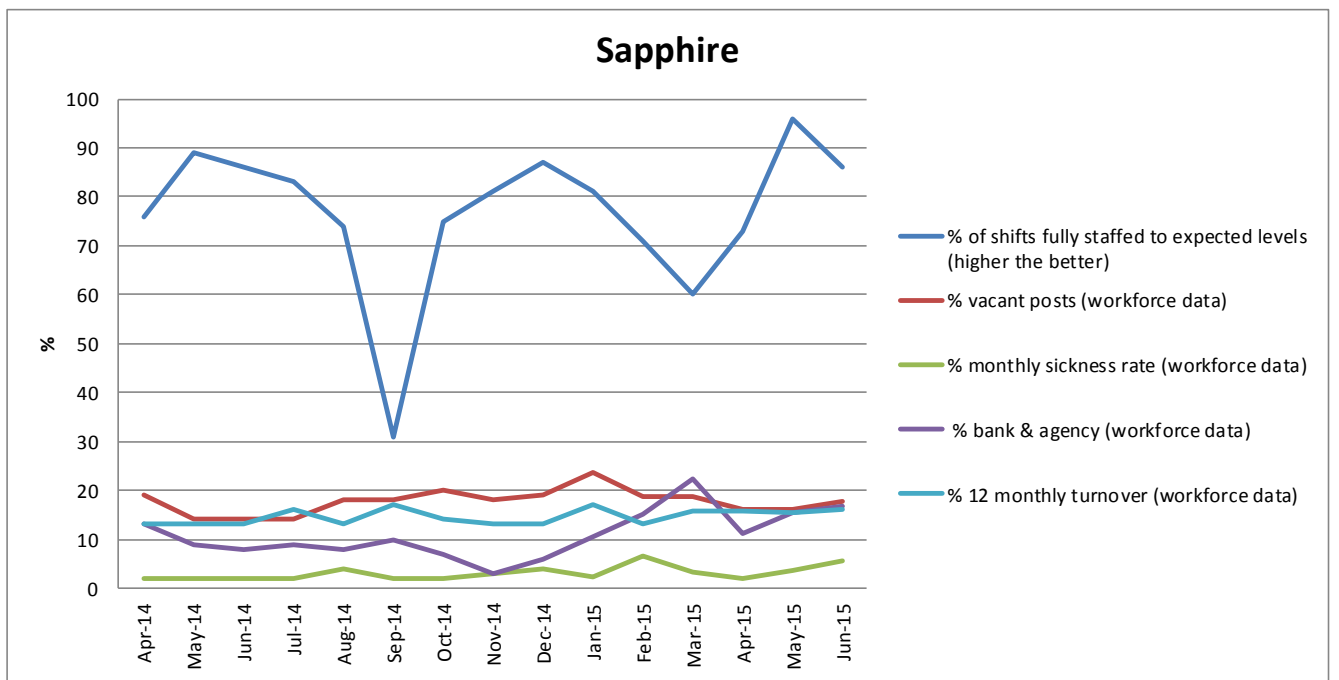
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (latest ES audit)	% Evidence of 1:1 meetings with patients (latest 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-SO18 to exclude attempted AWOL)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	76	21	6	15	13	40	80	6		0	1	
May-14	66	18	4	12	10			4		1	1	
Jun-14	72	18	1	22	10	80	100	5		0	1	
Jul-14	54	15	3	17	9			3		0	1	
Aug-14	57	16	5	13	6	40	60	2		0	0	
Sep-14	62	18	5	13	9			1		0	0	
Oct-14	67	19	4	14	10	100	100	2		0	1	
Nov-14	51	22	3	17	10			3		0	0	
Dec-14	61	17	2	20	10	60	100	1		0	0	
Jan-15	63	11.9	1.67	14.6	9.16			2	1	1	3	
Feb-15	64	14.4	3.39	12.5	9.45	100	80	1	1	0	1	
Mar-15	59	16.8	7.69	13.4	6.5			1	1	0	2	
Apr-15	69	16.9	7.76	13.7	6.5	100	40	0	2	2	0	
May-15	70	16.9	4.63	11.2	6.4			1	0	0	2	
Jun-15	71	16.9	5.07	15.6	9.45	60	100	1	0	1	4	74



PUBLIC BOARD REPORT

Sapphire (also provides staff for the S136 assessment suite)

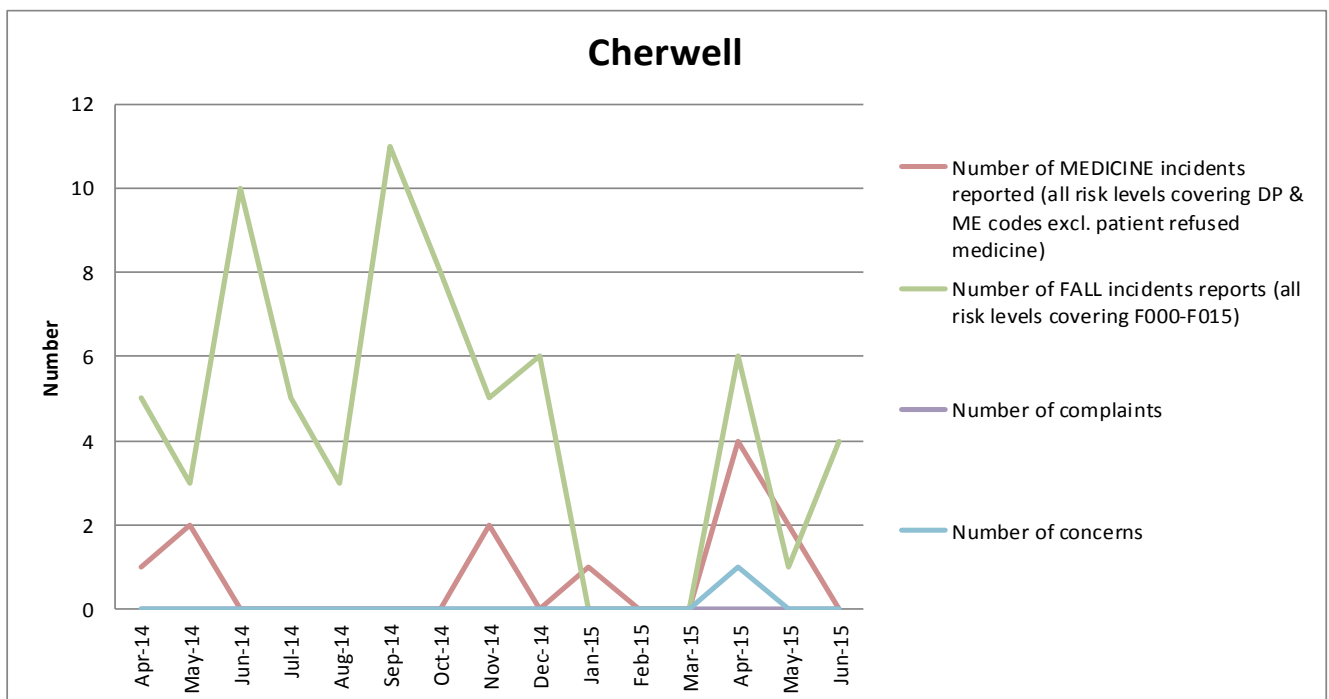
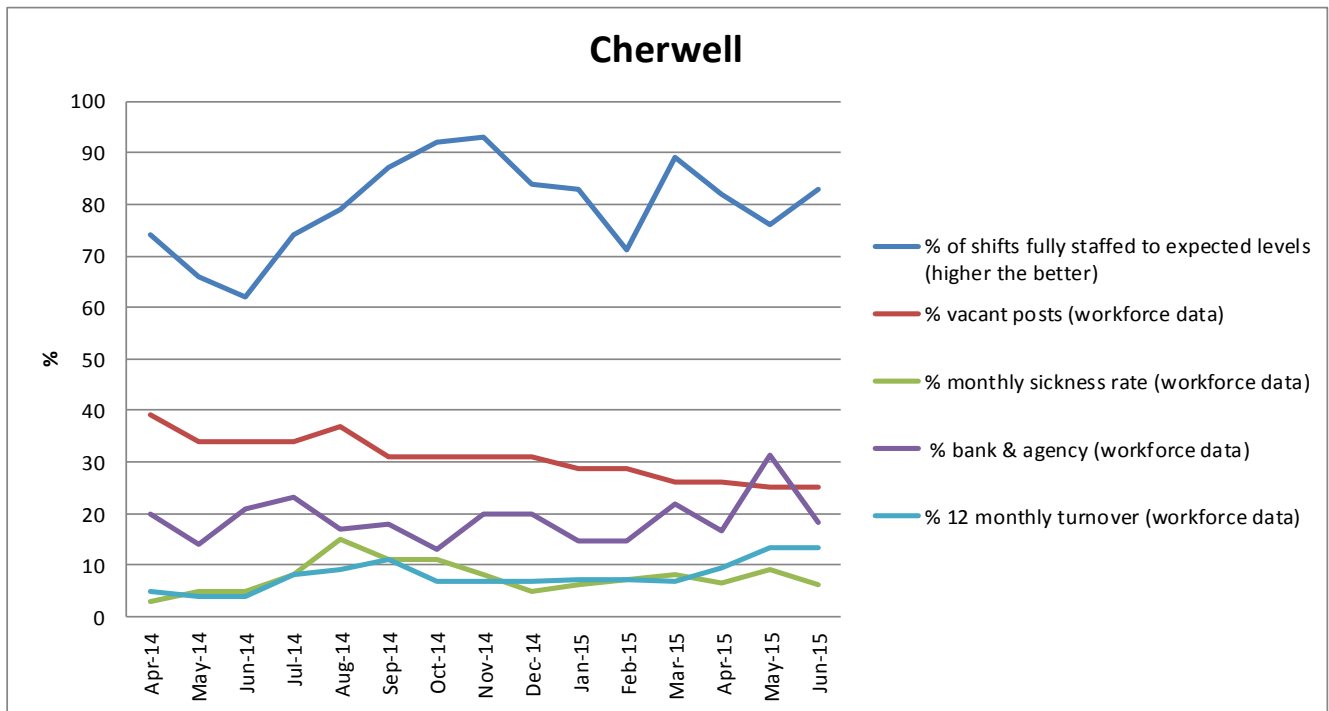
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with 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-S018 to exclude attempted AWOL)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	76	19	2	13	13	80	100	1		0	1	
May-14	89	14	2	9	13			2		0	2	
Jun-14	86	14	2	8	13	60	80	1		0	1	
Jul-14	83	14	2	9	16			0		1	0	
Aug-14	74	18	4	8	13	80	80	2		0	0	
Sep-14	31	18	2	10	17			0		2	1	
Oct-14	75	20	2	7	14	40	60	4		1	4	
Nov-14	81	18	3	3	13			2		0	3	
Dec-14	87	19	4	6	13	100	80	2		0	2	
Jan-15	81	23.6	2.26	10.6	16.99			4	4	0	3	
Feb-15	71	18.7	6.42	15.1	13.14	20	60	0	3	0	2	
Mar-15	60	18.7	3.25	22.4	15.91			3	1	1	2	
Apr-15	73	16.2	2.02	11.1	15.91	60	80	1	1	0	3	
May-15	96	16.2	3.59	15.3	15.42			3	2	0	6	
Jun-15	86	17.7	5.43	16.6	15.96	60	100	1	5	0	2	55



PUBLIC BOARD REPORT

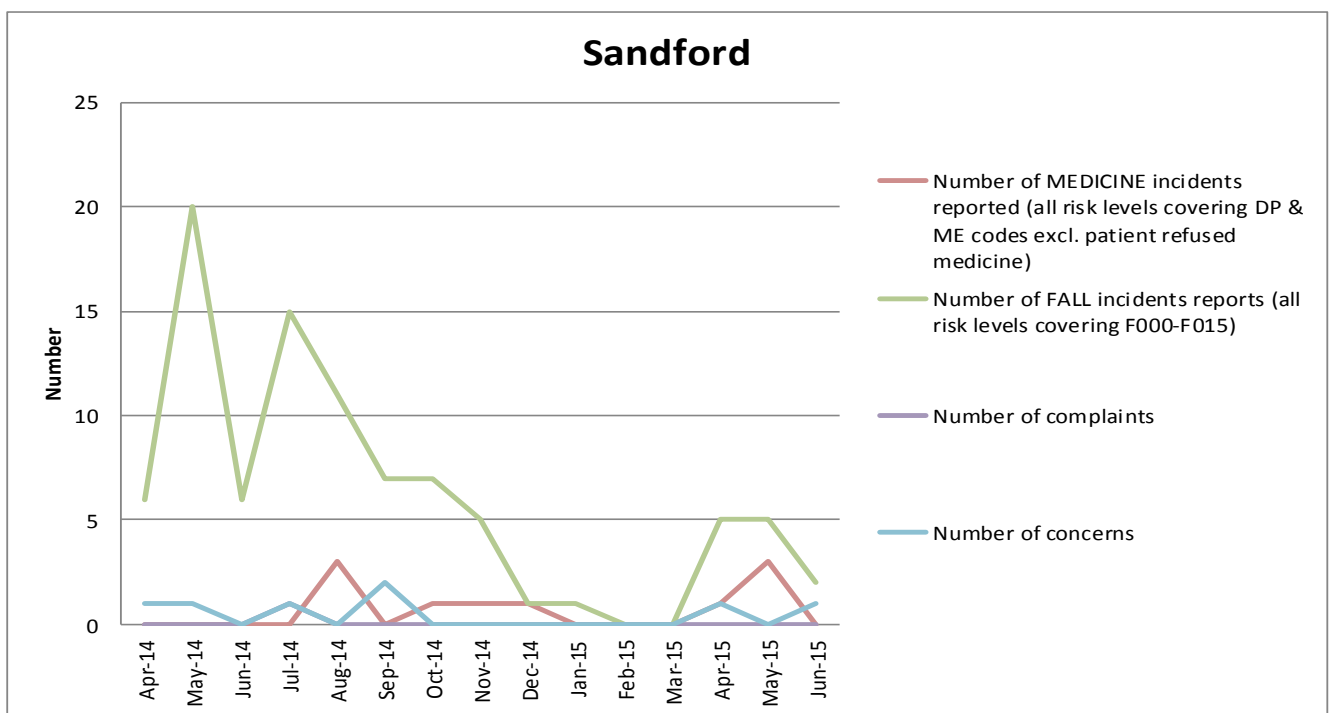
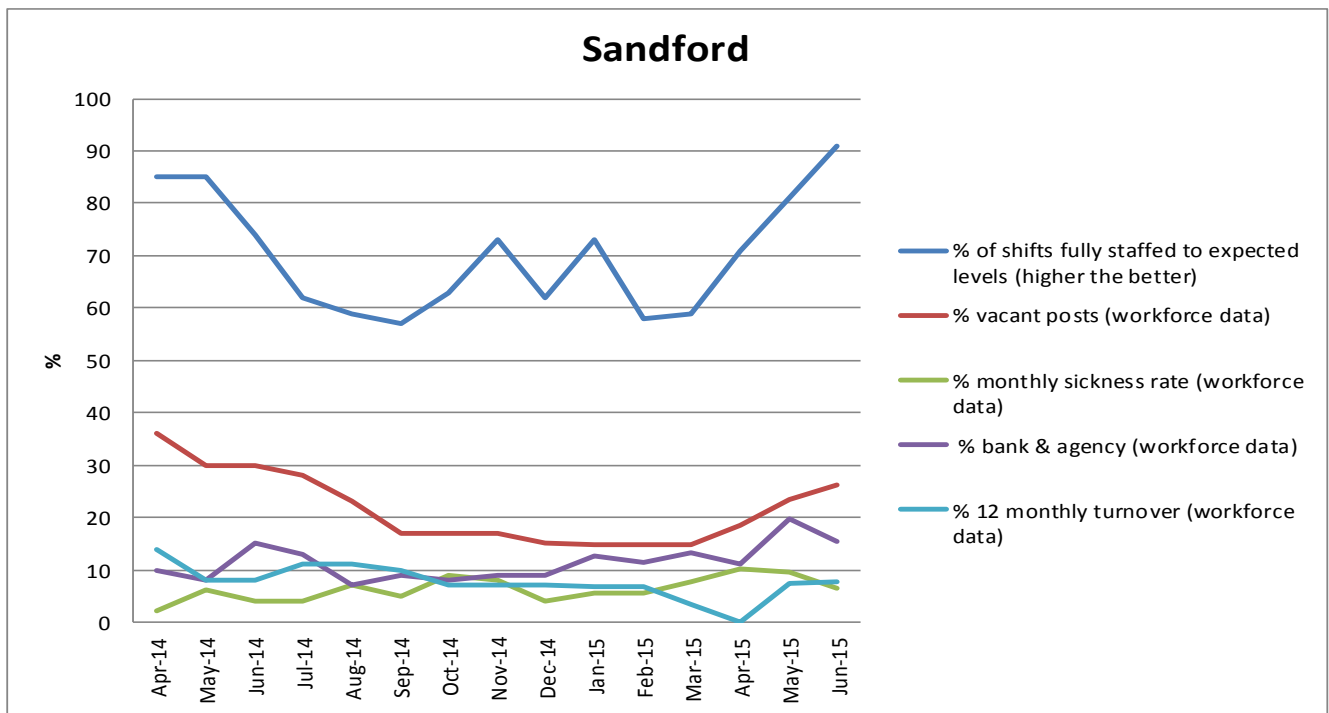
Cherwell

	% 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	% compliance with Resuscitation training (PPST)
Apr-14	74	39	3	20	5	60	100	1	5	0	0	
May-14	66	34	5	14	4			2	3	0	0	
Jun-14	62	34	5	21	4	80	100	0	10	0	0	
Jul-14	74	34	8	23	8			0	5	0	0	
Aug-14	79	37	15	17	9	50	60	0	3	0	0	
Sep-14	87	31	11	18	11			0	11	0	0	
Oct-14	92	31	11	13	7	80	100	0	8	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	28.7	6.16	14.6	7.13			1	0	0	0	
Feb-15	71	28.7	7.02	14.6	7.13	100	100	0	0	0	0	
Mar-15	89	26	8.11	21.9	6.99			0	0	0	0	
Apr-15	82	26	6.52	16.6	9.57	100	100	4	6	0	1	
May-15	76	25.2	9.08	31.4	13.51			2	1	0	0	
Jun-15	83	25.2	6.25	18.3	13.51			0	4	0	0	60



PUBLIC BOARD REPORT
Sandford

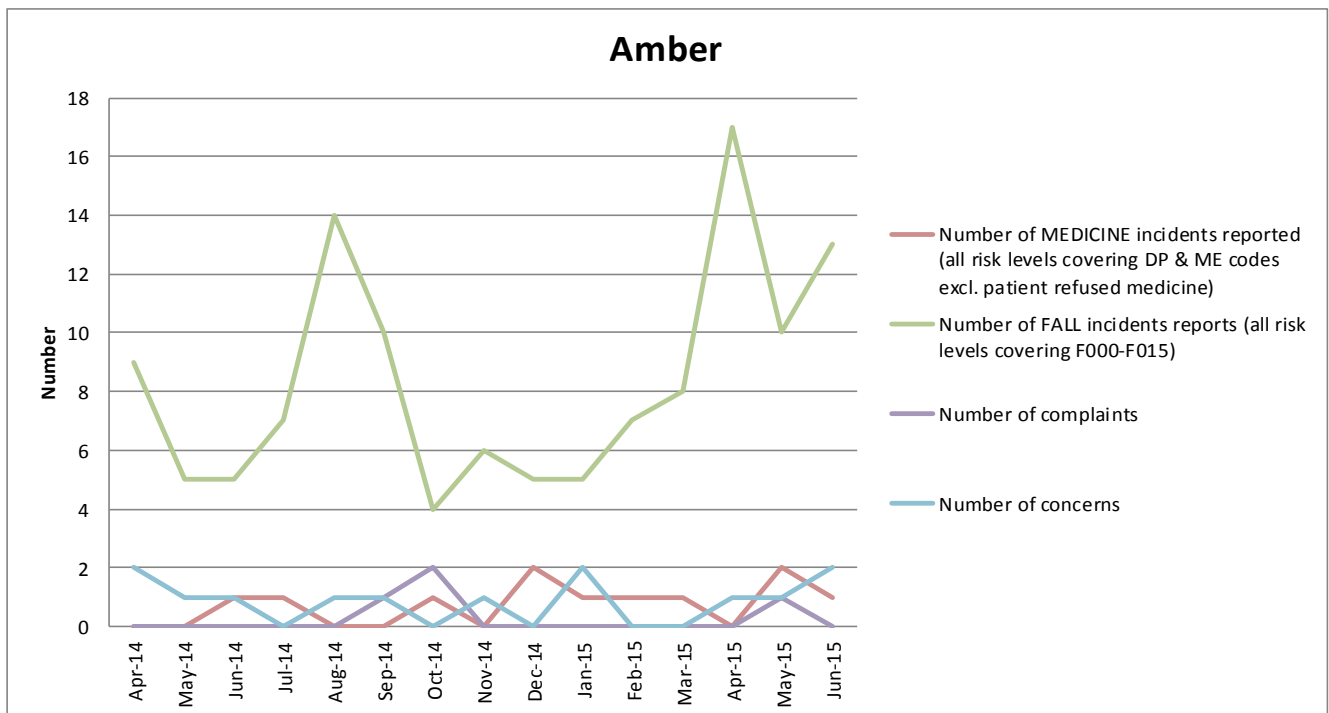
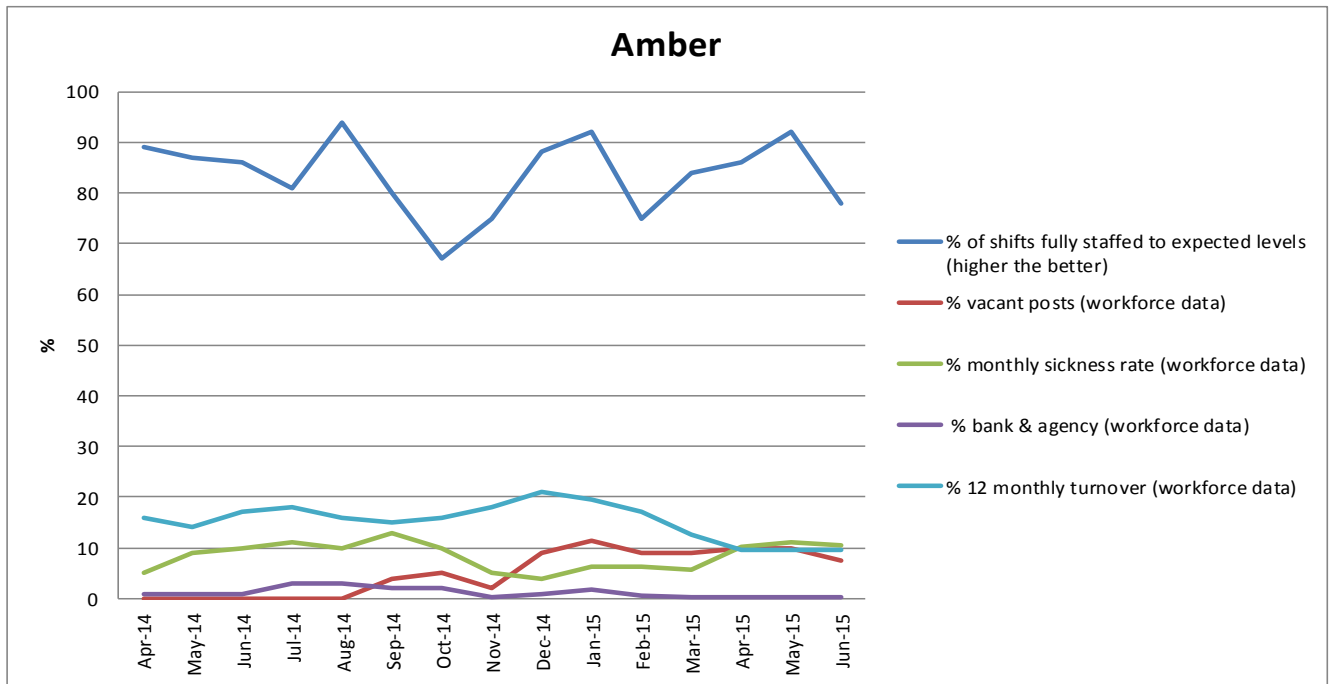
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with 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	% compliance with Resuscitation training (PPST)
Apr-14	85	36	2	10	14	80	100	0	6	0	1	
May-14	85	30	6	8	8			0	20	0	1	
Jun-14	74	30	4	15	8	100	100	0	6	0	0	
Jul-14	62	28	4	13	11			0	15	1	1	
Aug-14	59	23	7	7	11	60	100	3	11	0	0	
Sep-14	57	17	5	9	10			0	7	0	2	
Oct-14	63	17	9	8	7	80	100	1	7	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	14.9	5.41	12.7	6.67			0	1	0	0	
Feb-15	58	14.8	5.41	11.3	6.67	80	100	0	0	0	0	
Mar-15	59	14.8	7.76	13.3	3.39			0	0	0	0	
Apr-15	71	18.6	10.14	11	0	100	100	1	5	0	1	
May-15	81	23.5	9.53	19.7	7.46			3	5	0	0	
Jun-15	91	26.2	6.47	15.3	7.75	100	33	0	2	0	1	49



PUBLIC BOARD REPORT

Amber

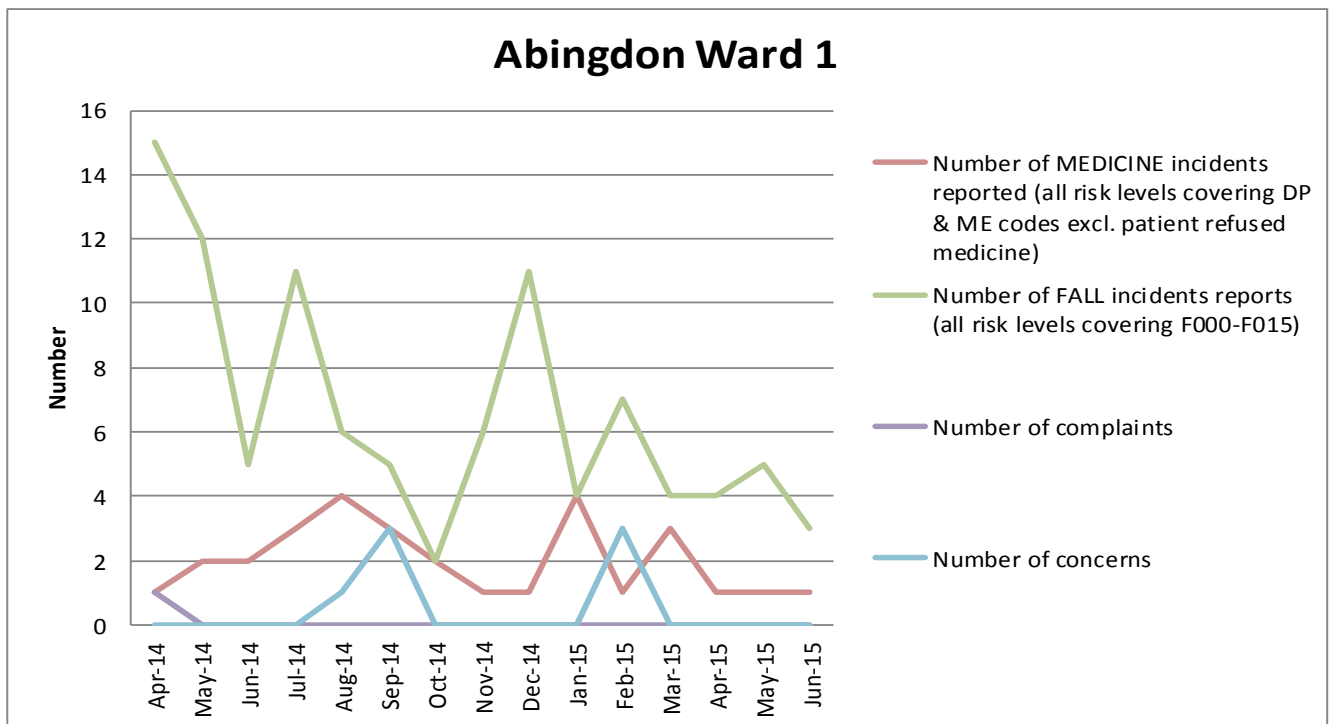
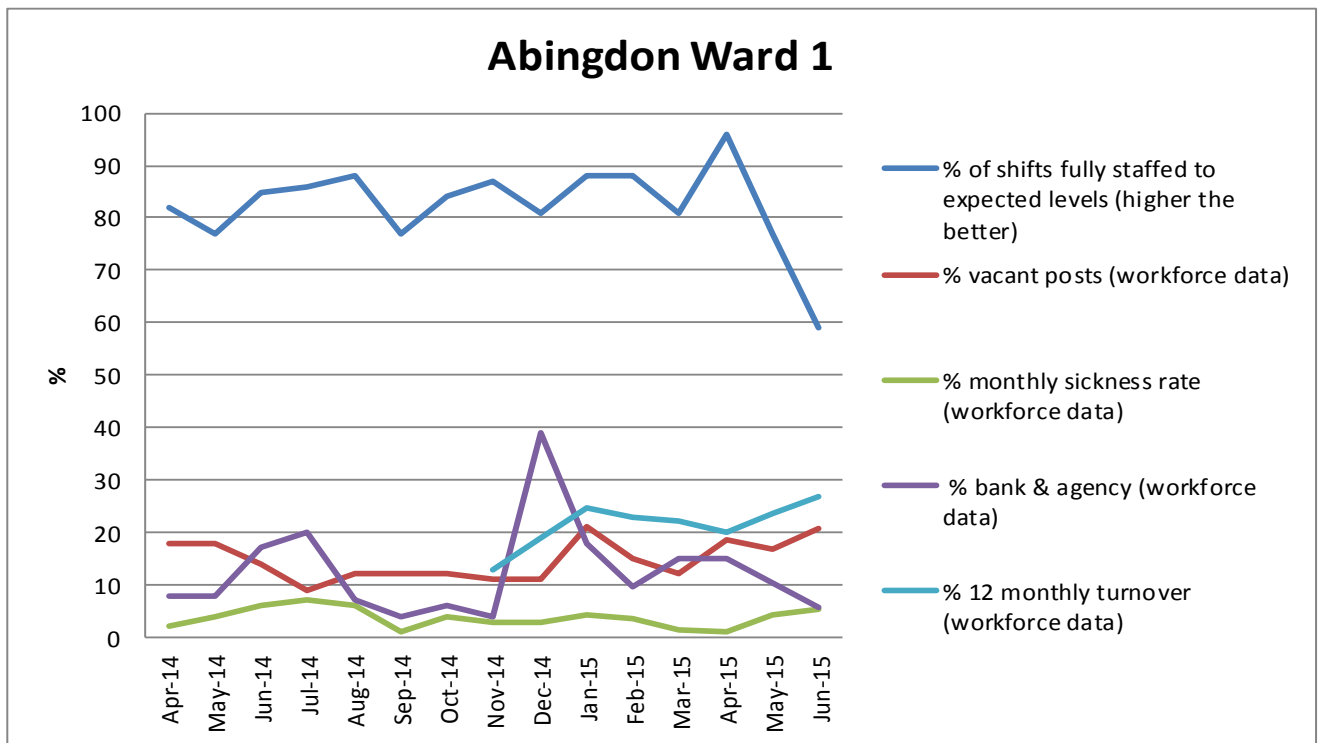
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (latest ES audit)	% Evidence of 1:1 meetings with patients (latest 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	% compliance with Resuscitation training (PPST)
Apr-14	89	0	5	1	16	80	100	0	9	0	2	
May-14	87	0	9	1	14			0	5	0	1	
Jun-14	86	0	10	1	17	100	100	1	5	0	1	
Jul-14	81	0	11	3	18			1	7	0	0	
Aug-14	94	0	10	3	16	100	100	0	14	0	1	
Sep-14	80	4	13	2	15			0	10	1	1	
Oct-14	67	5	10	2	16	80	100	1	4	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	11.4	6.42	1.7	19.65			1	5	0	2	
Feb-15	75	9	6.2	0.5	17.16	100	100	1	7	0	0	
Mar-15	84	9	5.63	0.3	12.48			1	8	0	0	
Apr-15	86	10	10.16	0.2	9.66	100	100	0	17	0	1	
May-15	92	10	11.08	0.4	9.66			2	10	1	1	
Jun-15	78	7.6	10.5	0.3	9.53			1	13	0	2	56



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Abingdon ward 1

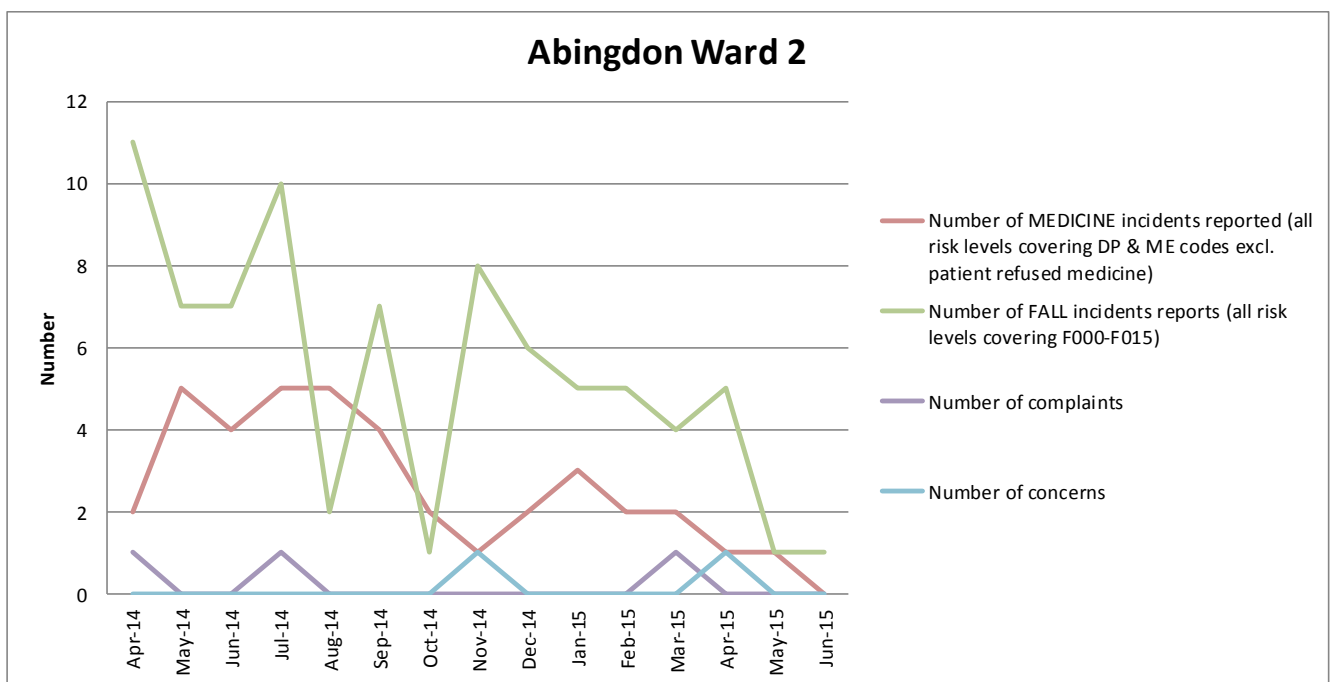
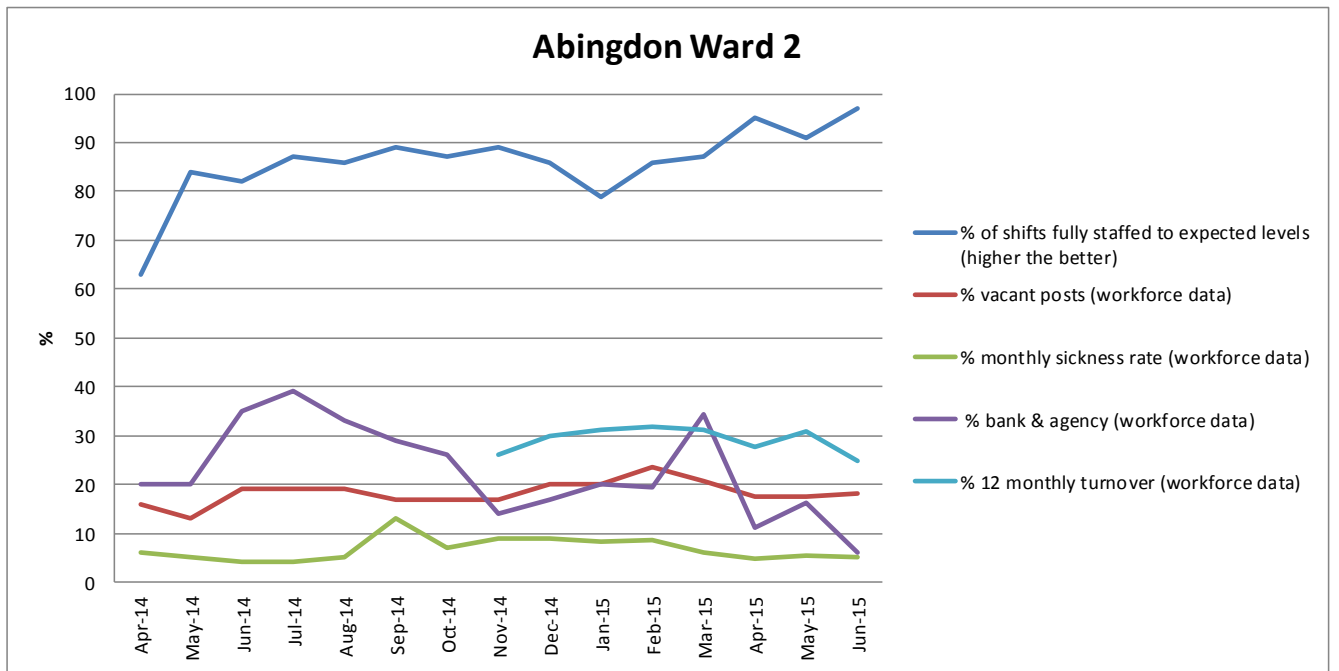
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans been reviewed weekly (lastest CHD audit)	% reported staff communicate clearly & 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	% compliance with Resuscitation training (PPST)
Apr-14	82	18	2	8				1	15	1	0	
May-14	77	18	4	8				2	12	0	0	
Jun-14	85	14	6	17		13	100	2	5	0	0	
Jul-14	86	9	7	20				3	11	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	4.19	17.9	24.71			4	4	0	0	
Feb-15	88	15.1	3.69	9.7	22.98			1	7	0	3	
Mar-15	81	12.2	1.55	15	22.21	86	100	3	4	0	0	
Apr-15	96	18.5	1.21	14.9	19.99			1	4	0	0	
May-15	77	16.8	4.15	10.2	23.47			1	5	0	0	
Jun-15	59	20.7	5.32	5.8	26.8	89		1	3	0	0	90



PUBLIC BOARD REPORT

Abingdon ward 2 (staff also support Emergency Multidisciplinary Unit as required)

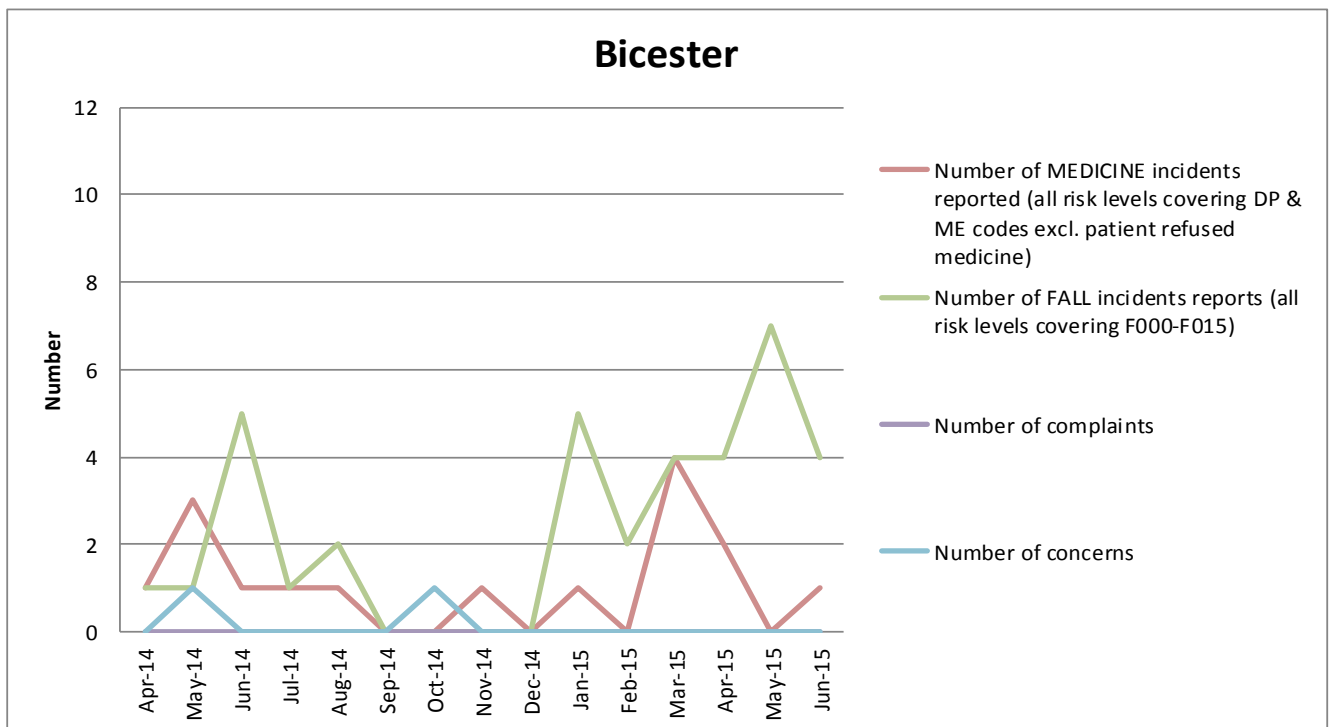
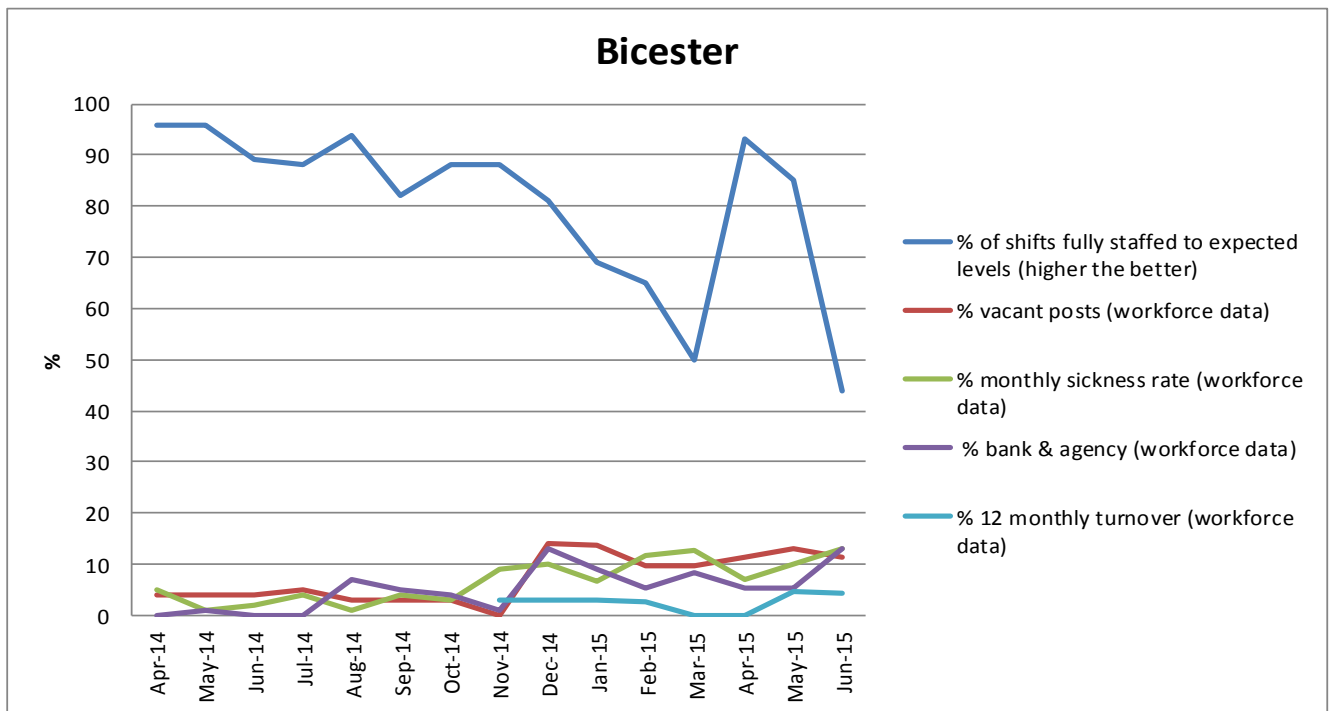
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans been reviewed weekly (lastest CHD audit)	% reported staff communicate clearly & 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	% compliance with Resuscitation training (PPST)
Apr-14	63	16	6	20				2	11	1	0	
May-14	84	13	5	20				5	7	0	0	
Jun-14	82	19	4	35		100	100	4	7	0	0	
Jul-14	87	19	4	39				5	10	1	0	
Aug-14	86	19	5	33				5	2	0	0	
Sep-14	89	17	13	29		11	100	4	7	0	0	
Oct-14	87	17	7	26				2	1	0	0	
Nov-14	89	17	9	14	26			1	8	0	1	
Dec-14	86	20	9	17	30	80	100	2	6	0	0	
Jan-15	79	20	8.23	20	31.3			3	5	0	0	
Feb-15	86	23.4	8.67	19.3	31.65			2	5	0	0	
Mar-15	87	20.6	6.15	34.3	31.08	67	100	2	4	1	0	
Apr-15	95	17.5	4.77	11.2	27.64			1	5	0	1	
May-15	91	17.6	5.34	16.1	30.77			1	1	0	0	
Jun-15	97	18.2	4.98	5.9	24.68	56		0	1	0	0	95



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Bicester

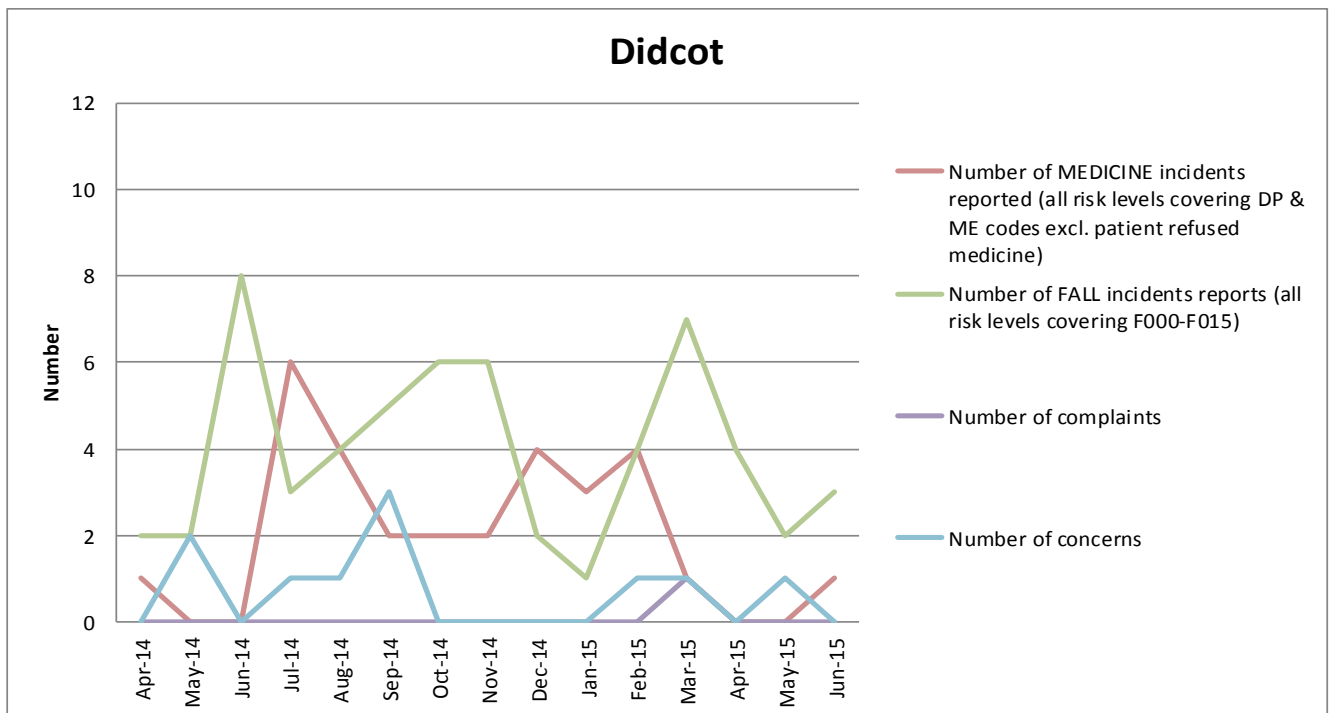
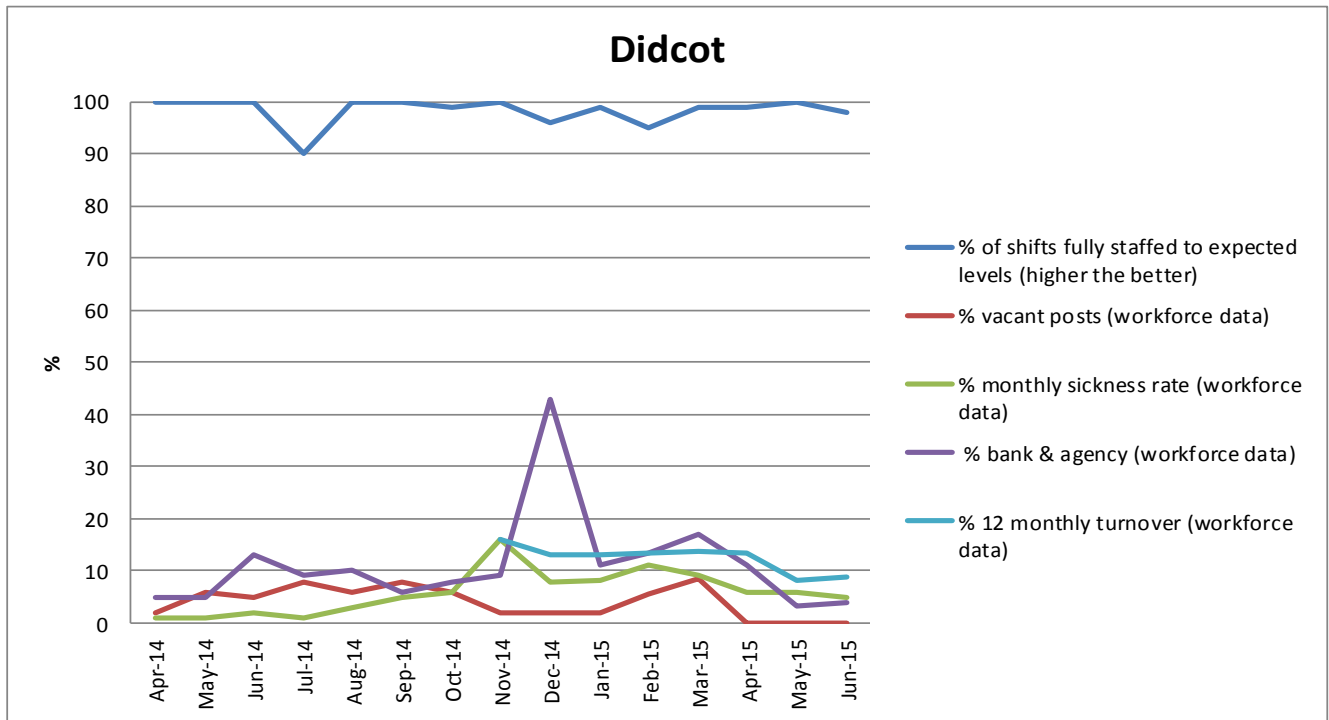
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans been reviewed weekly (lastest CHD audit)	% reported staff communicate clearly & 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	% compliance with Resuscitation training (PPST)
Apr-14	96	4	5	0				1	1	0	0	
May-14	96	4	1	1				3	1	0	1	
Jun-14	89	4	2	0		80	100	1	5	0	0	
Jul-14	88	5	4	0				1	1	0	0	
Aug-14	94	3	1	7				1	2	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	13.8	6.84	9	2.85			1	5	0	0	
Feb-15	65	9.7	11.65	5.4	2.72			0	2	0	0	
Mar-15	50	9.7	12.58	8.4	0	100	100	4	4	0	0	
Apr-15	93	11.5	6.86	5.2	0			2	4	0	0	
May-15	85	12.9	9.88	5.5	4.56			0	7	0	0	
Jun-15	44	11.5	12.97	13.1	4.49	100		1	4	0	0	71



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Didcot

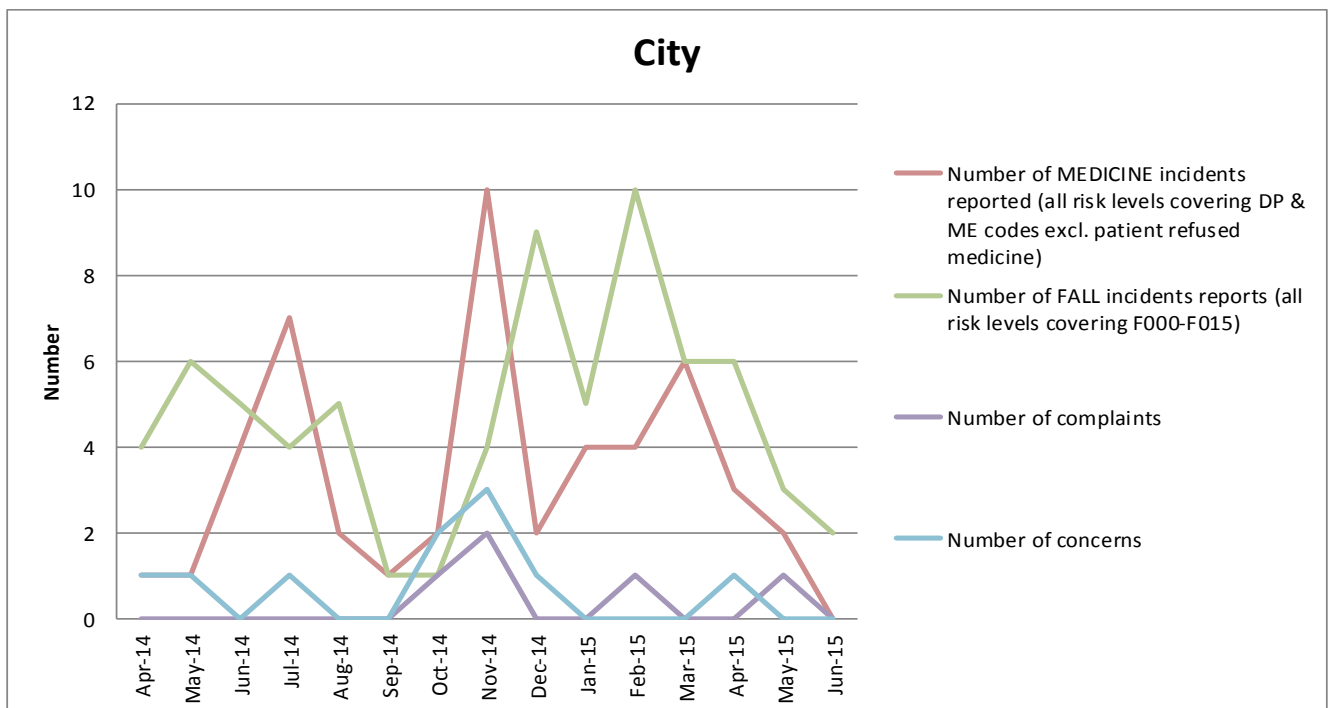
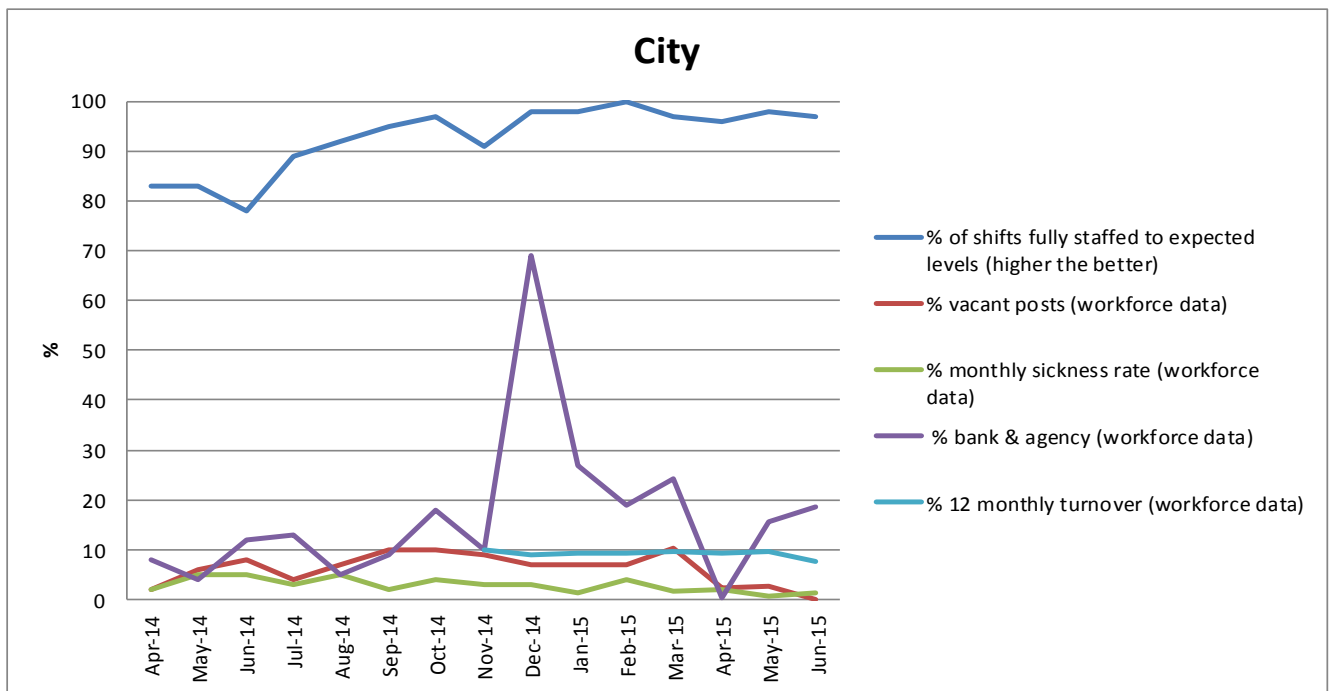
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans been reviewed weekly (lastest CHD audit)	% reported staff communicate clearly & 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	% compliance with Resuscitation training (PPST)
Apr-14	100	2	1	5				1	2	0	0	
May-14	100	6	1	5				0	2	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				2	6	0	0	
Nov-14	100	2	16	9	16			2	6	0	0	
Dec-14	96	2	8	43	13	100	100	4	2	0	0	
Jan-15	99	2.1	8.11	11.2	13			3	1	0	0	
Feb-15	95	5.7	11.11	13.3	13.48			4	4	0	1	
Mar-15	99	8.6	9.05	17.1	13.9	100	100	1	7	1	1	
Apr-15	99	0	5.73	11.2	13.28			0	4	0	0	
May-15	100	0	5.99	3.4	8.16			0	2	0	1	
Jun-15	98	0	4.89	3.9	8.81	100		1	3	0	0	96



PUBLIC BOARD REPORT

City

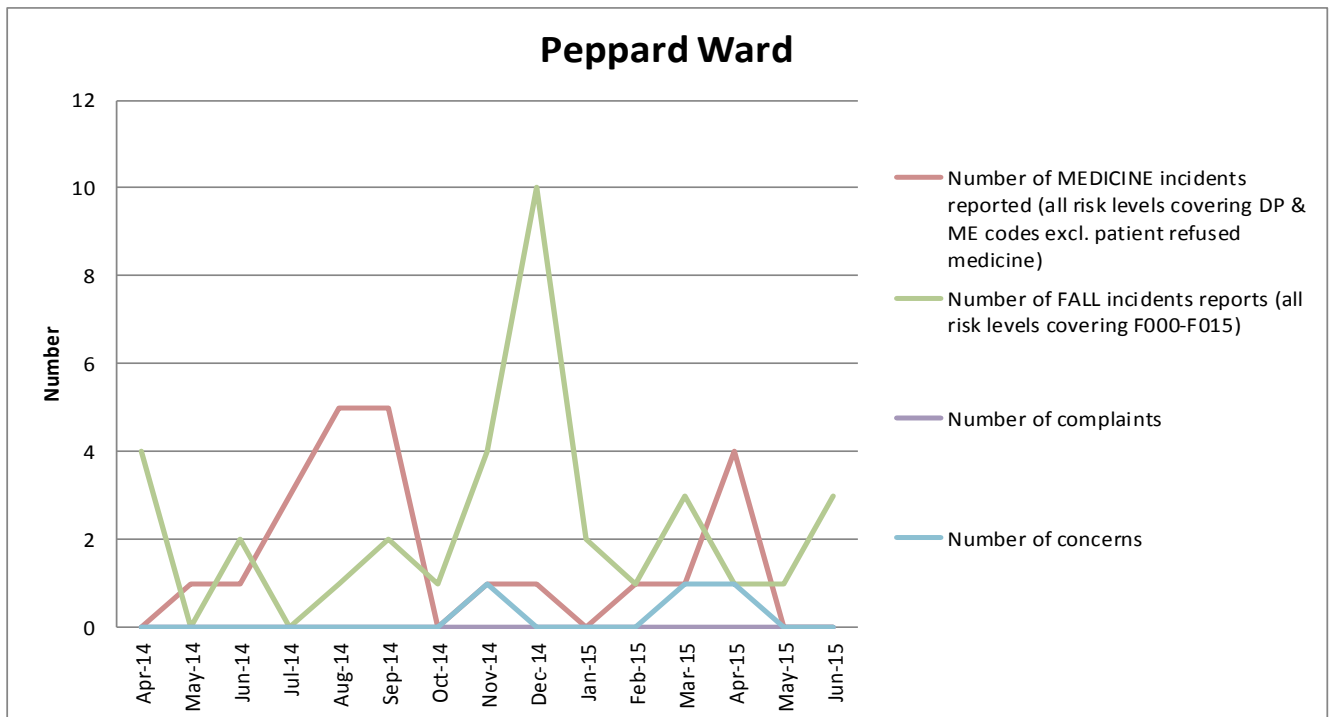
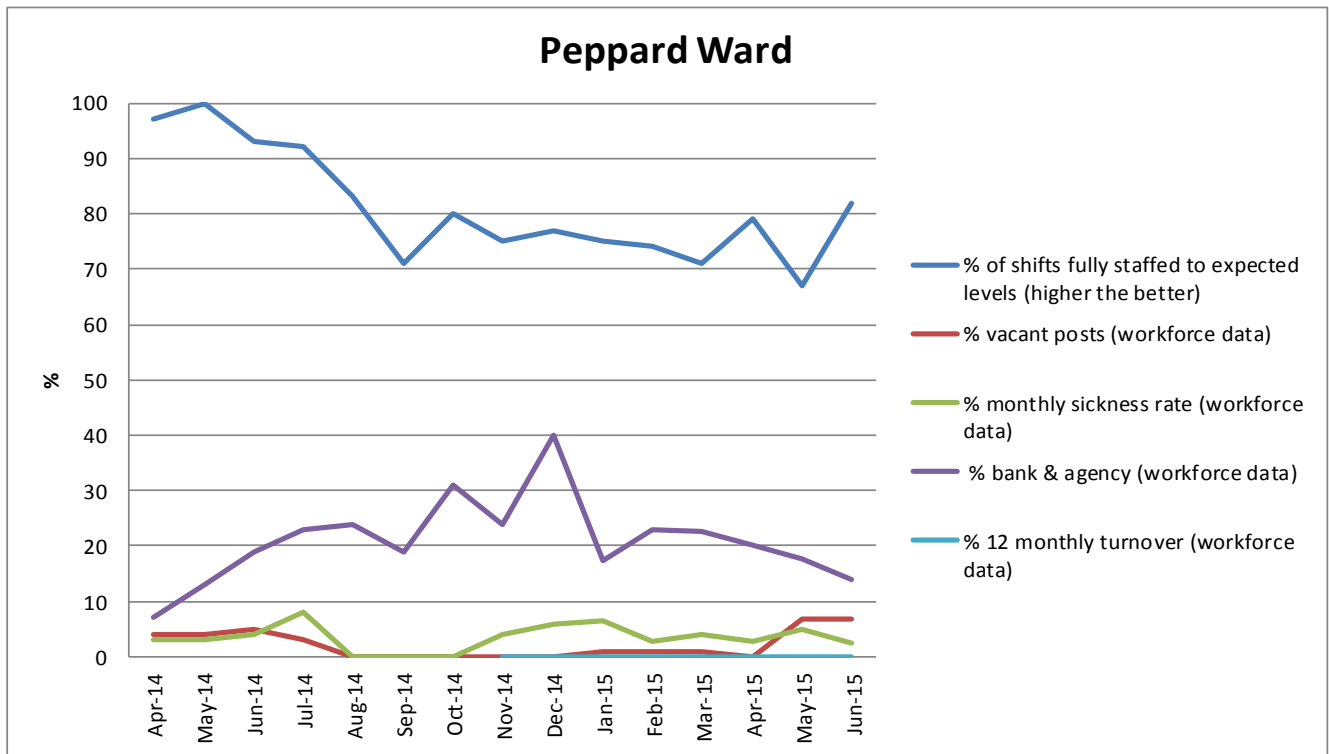
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans been reviewed weekly (lastest CHD audit)	% reported staff communicate clearly & 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	% compliance with Resuscitation training (PPST)
Apr-14	83	2	2	8					1	4	0	1
May-14	83	6	5	4					1	6	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	4	2	3
Dec-14	98	7	3	69	9	33	100		2	9	0	1
Jan-15	98	6.9	1.16	26.7	9.35				4	5	0	0
Feb-15	100	6.9	4.09	18.8	9.35				4	10	1	0
Mar-15	97	10.4	1.74	24.3	9.72	80	100		6	6	0	0
Apr-15	96	2.4	2.01	0.3	9.44				3	6	0	1
May-15	98	2.5	0.65	15.5	9.59				2	3	1	0
Jun-15	97	0	1.34	18.6	7.74	100			0	2	0	0



PUBLIC BOARD REPORT

Henley Peppard ward

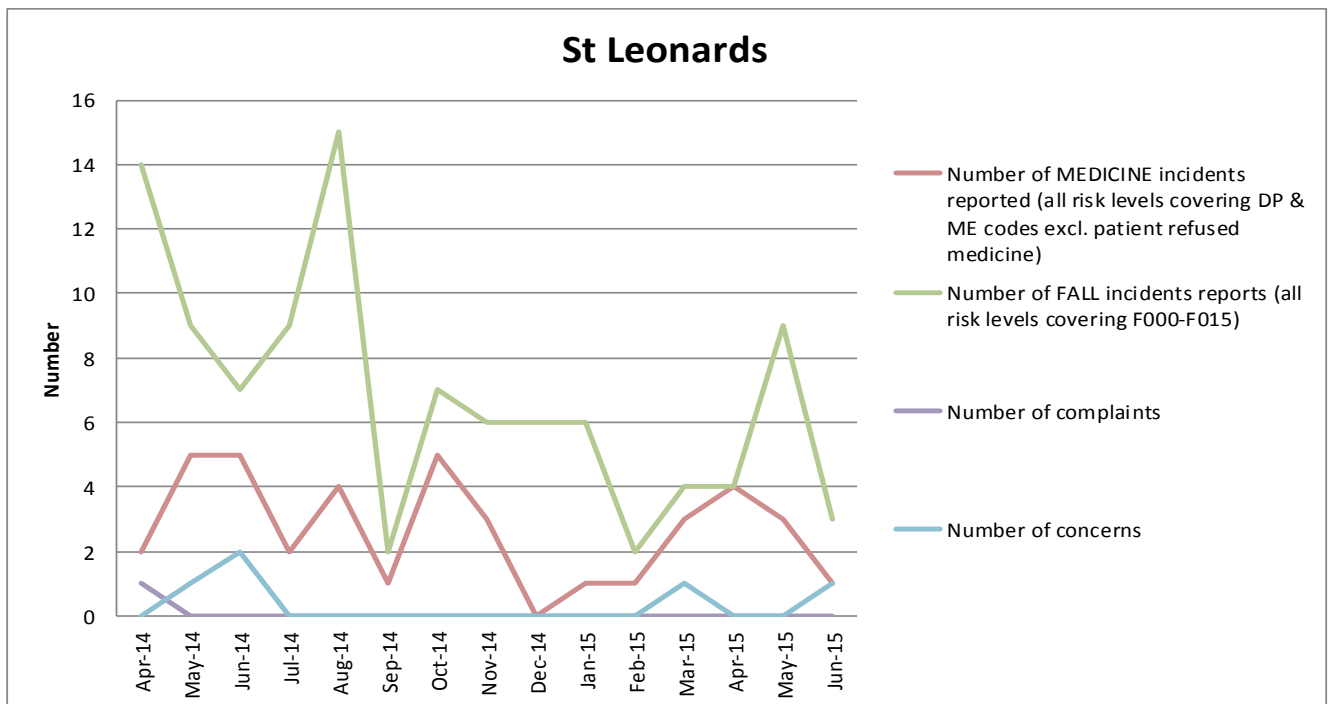
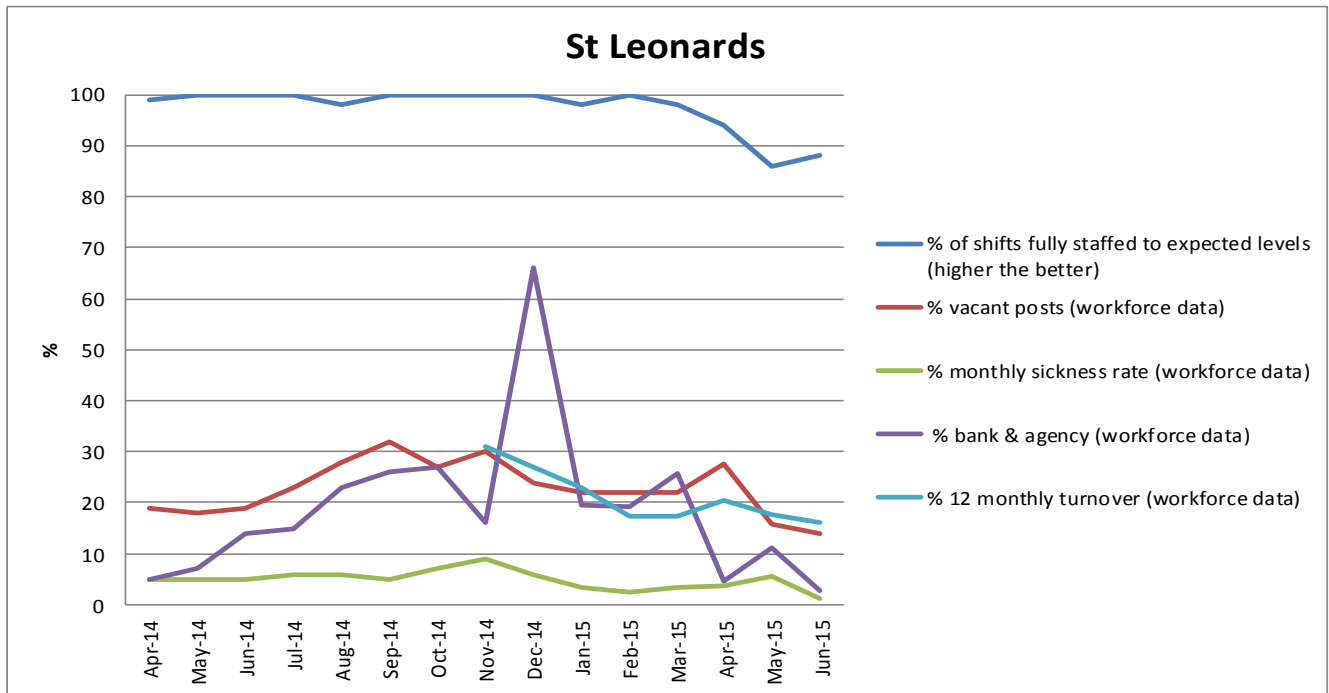
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans been reviewed weekly (lastest CHD audit)	% reported staff communicate clearly & 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	% compliance with Resuscitation training (PPST)
Apr-14	97	4	3	7				0	4	0	0	
May-14	100	4	3	13				1	0	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	6.46	17.3	0			0	2	0	0	
Feb-15	74	1	2.72	22.9	0			1	1	0	0	
Mar-15	71	1	4.07	22.5	0	83	100	1	3	0	1	
Apr-15	79	0	2.68	20.2	0			4	1	0	1	
May-15	67	6.8	4.82	17.7	0			0	1	0	0	
Jun-15	82	6.8	2.47	13.9	0		88	0	3	0	0	64



PUBLIC BOARD REPORT

Wallingford St Leonards ward

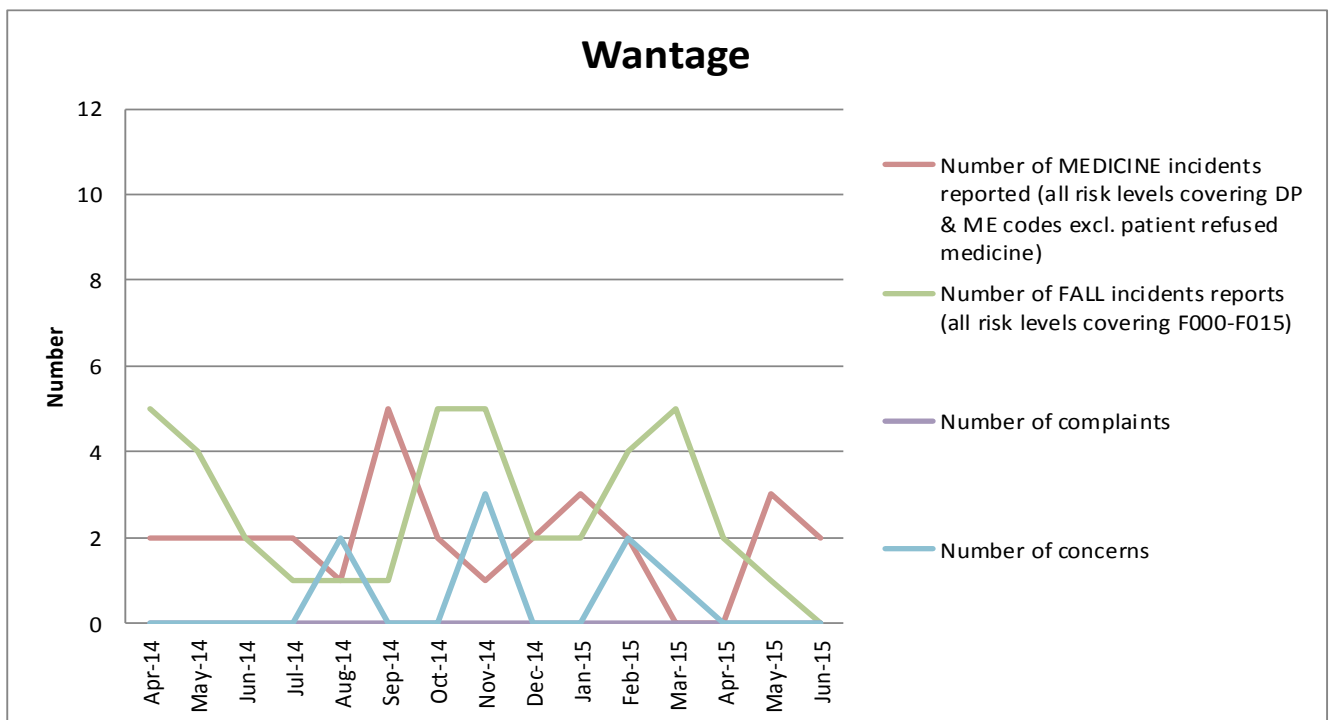
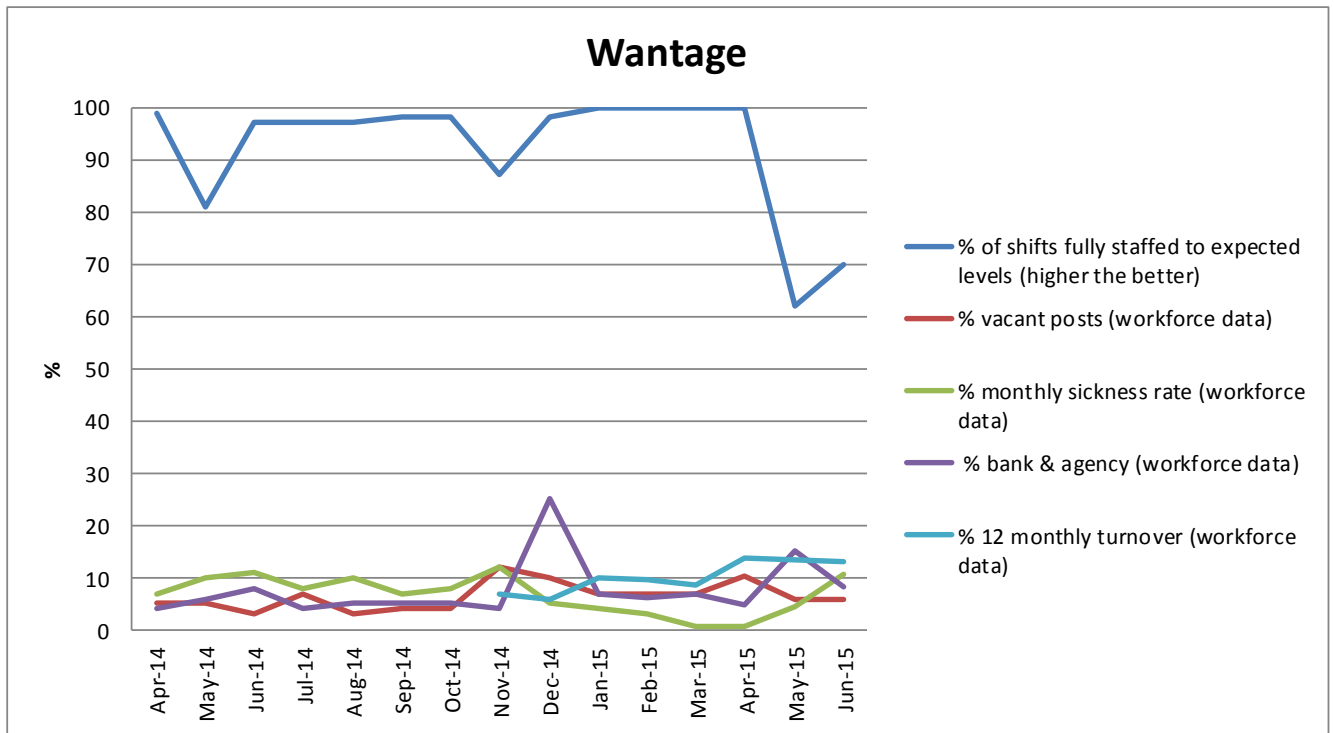
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans been reviewed weekly (latest CHD audit)	% reported staff communicate clearly & respectfully with you (latest 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	% compliance with Resuscitation training (PPST)
Apr-14	99	19	5	5				2	14	1	0	
May-14	100	18	5	7				5	9	0	1	
Jun-14	100	19	5	14		50	100	5	7	0	2	
Jul-14	100	23	6	15				2	9	0	0	
Aug-14	98	28	6	23				4	15	0	0	
Sep-14	100	32	5	26			71	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	3.49	19.4	23.09			1	6	0	0	
Feb-15	100	22	2.47	19.2	17.32			1	2	0	0	
Mar-15	98	22	3.35	25.7	17.5	100	100	3	4	0	1	
Apr-15	94	27.5	3.62	4.7	20.54			4	4	0	0	
May-15	86	15.7	5.49	11.1	17.77			3	9	0	0	
Jun-15	88	13.9	1.31	2.9	16.06	100		1	3	0	1	75



PUBLIC BOARD REPORT

Wantage

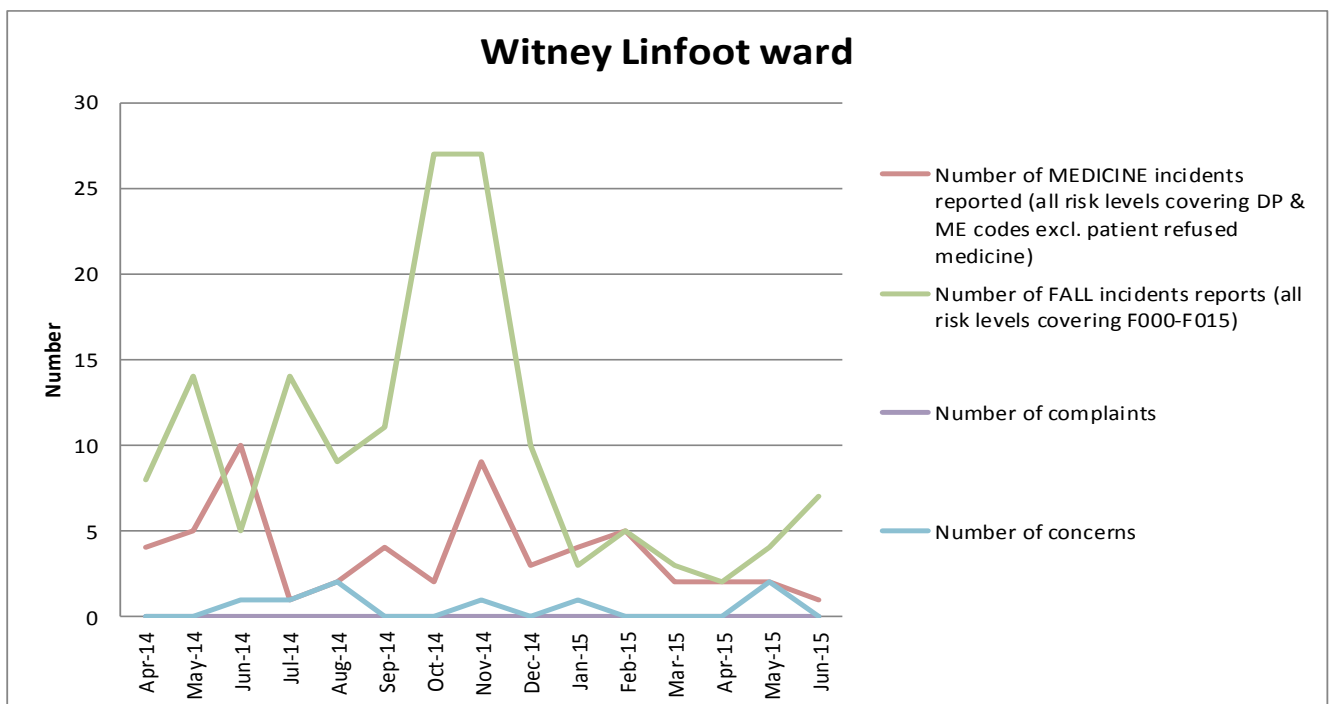
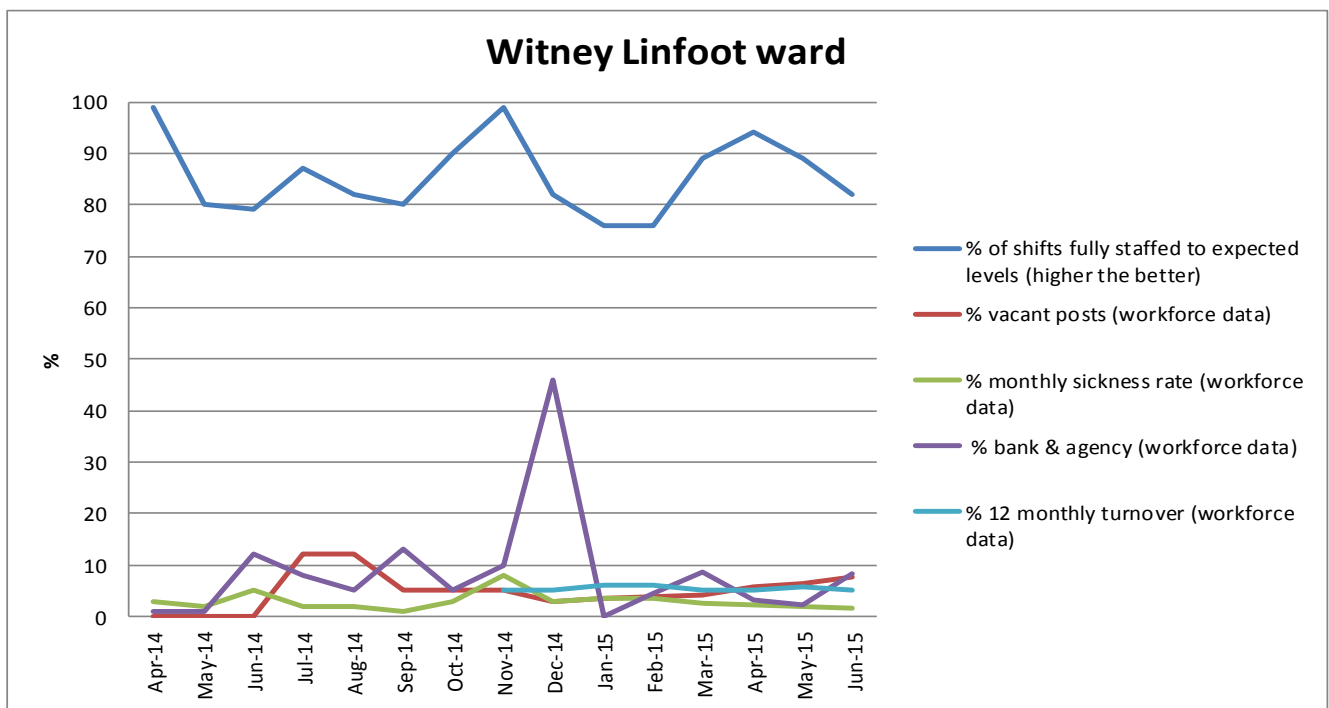
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans been reviewed weekly (lastest CHD audit)	% reported staff communicate clearly & 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	% compliance with Resuscitation training (PPST)
Apr-14	99	5	7	4				2	5	0	0	
May-14	81	5	10	6				2	4	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	6.8	4.02	6.7	10.11			3	2	0	0	
Feb-15	100	6.8	3.25	6.1	9.73			2	4	0	2	
Mar-15	100	6.8	0.74	7	8.53	100	100	0	5	0	1	
Apr-15	100	10.2	0.74	4.7	13.59			0	2	0	0	
May-15	62	5.8	4.53	15.1	13.27			3	1	0	0	
Jun-15	70	5.8	10.58	8.3	12.96	60		2	0	0	0	96



PUBLIC BOARD REPORT

Witney Linfoot ward (staff also support Emergency Multidisciplinary Unit as required)

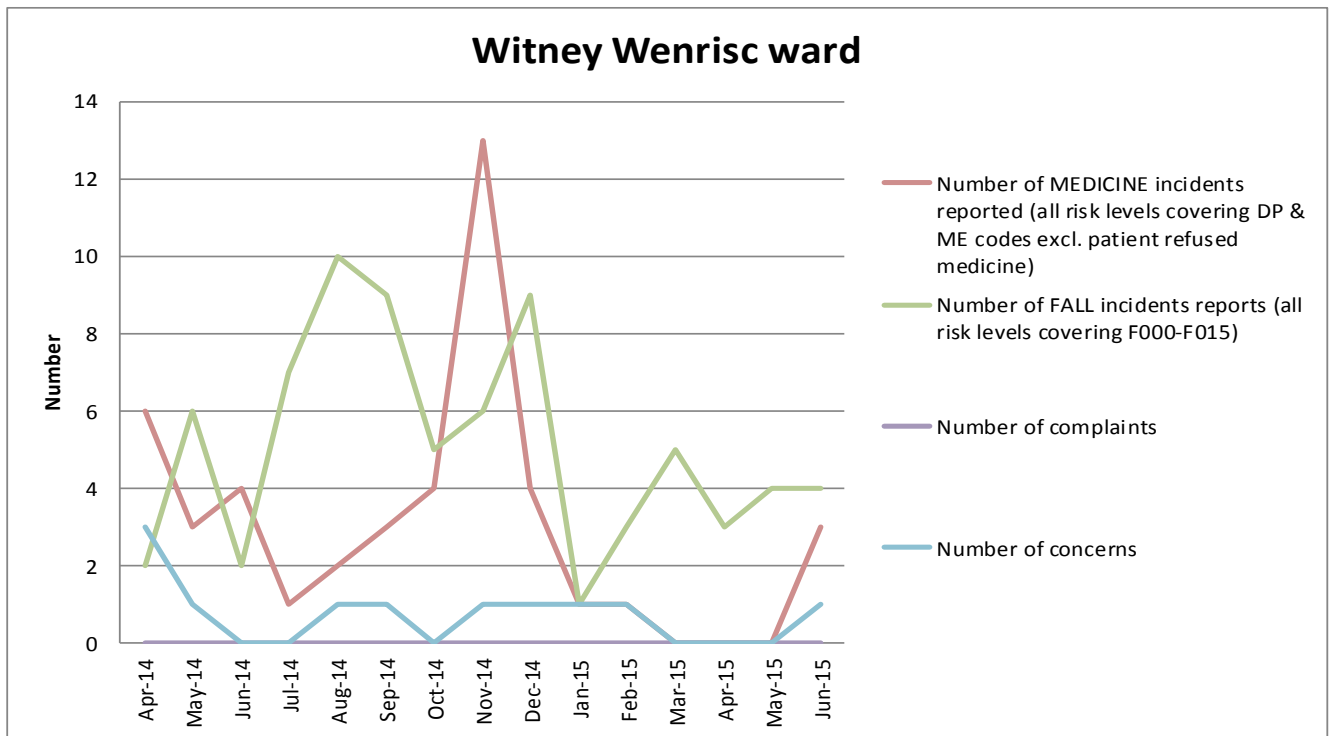
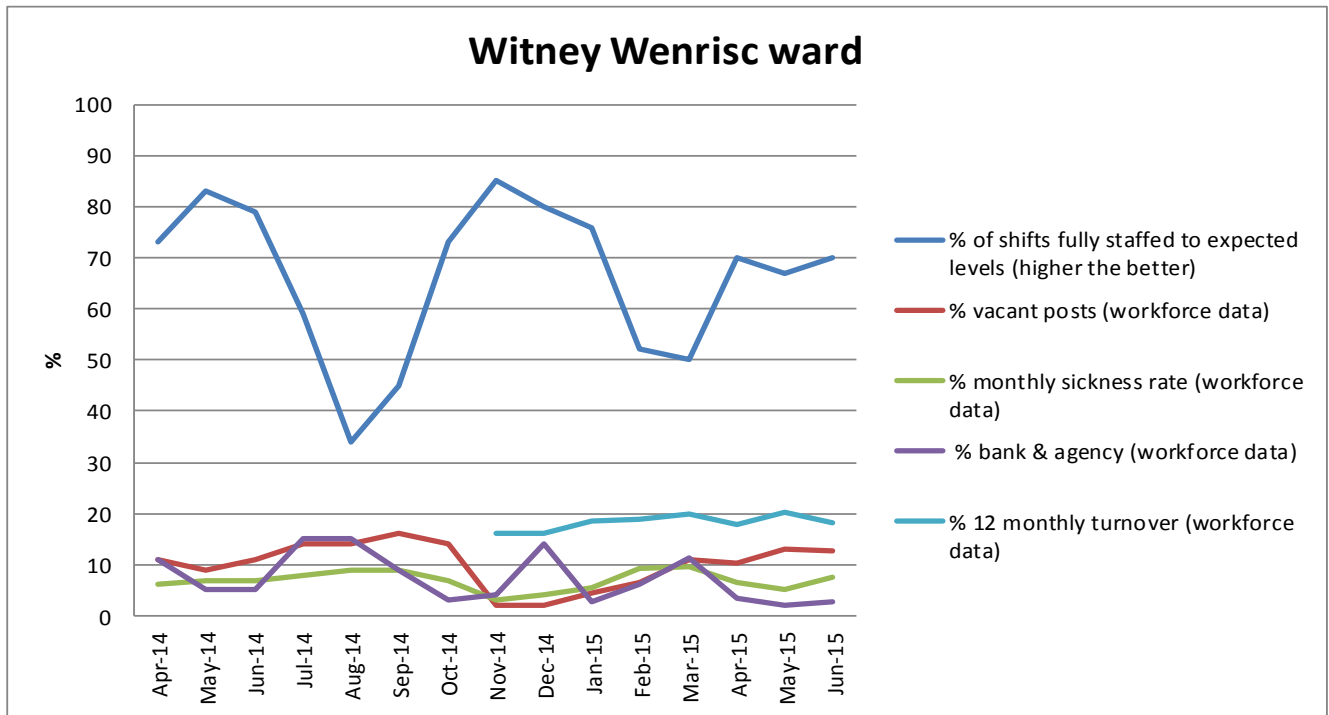
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans been reviewed weekly (lastest CHD audit)	% reported staff communicate clearly & 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	% compliance with Resuscitation training (PPST)
Apr-14	99	0	3	1				4	8	0	0	
May-14	80	0	2	1				5	14	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	9	0	2	
Sep-14	80	5	1	13		56	100	4	11	0	0	
Oct-14	90	5	3	5				2	27	0	0	
Nov-14	99	5	8	10	5			9	27	0	1	
Dec-14	82	3	3	46	5	33	100	3	10	0	0	
Jan-15	76	3.4	3.41	0	5.97			4	3	0	1	
Feb-15	76	3.9	3.5	4.4	6.03			5	5	0	0	
Mar-15	89	4.2	2.38	8.6	5.12	100	100	2	3	0	0	
Apr-15	94	5.7	2.28	3.2	5.21			2	2	0	0	
May-15	89	6.4	1.87	2.3	5.75			2	4	0	2	
Jun-15	82	7.8	1.65	8.2	5.16	100		1	7	0	0	83



PUBLIC BOARD REPORT

Witney Wenrisc ward

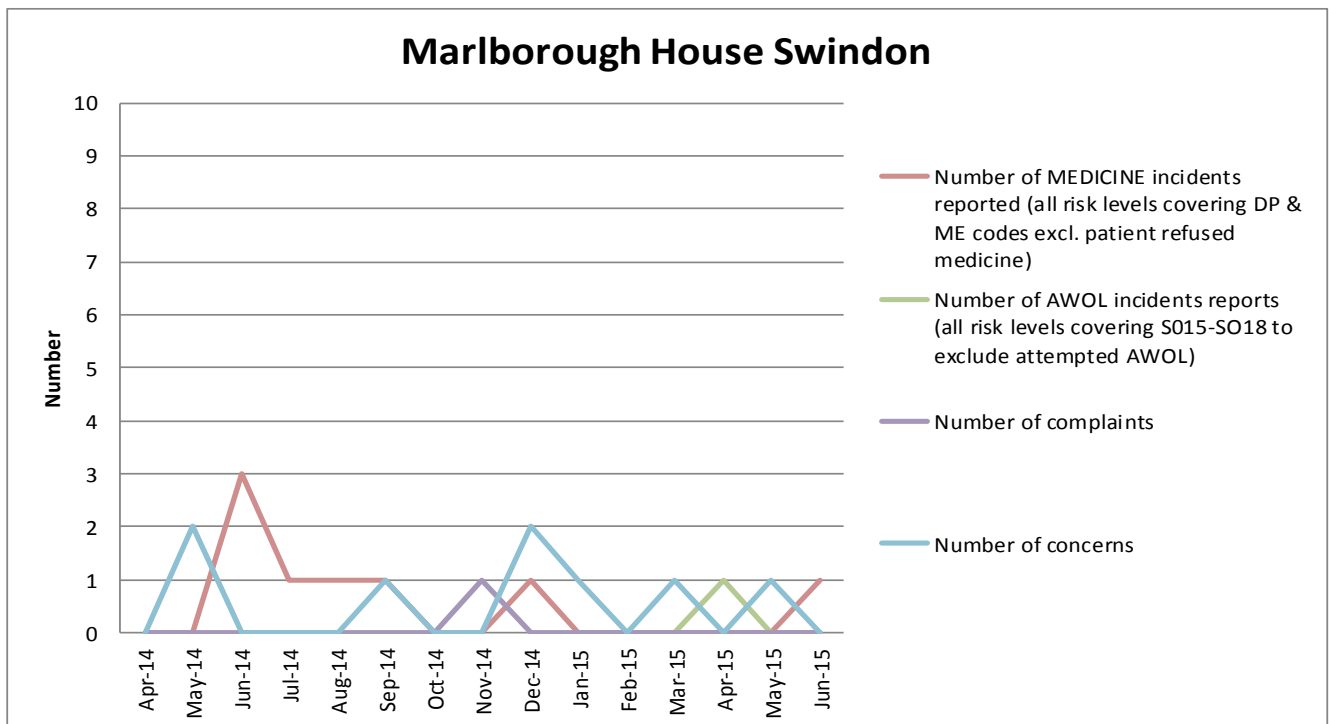
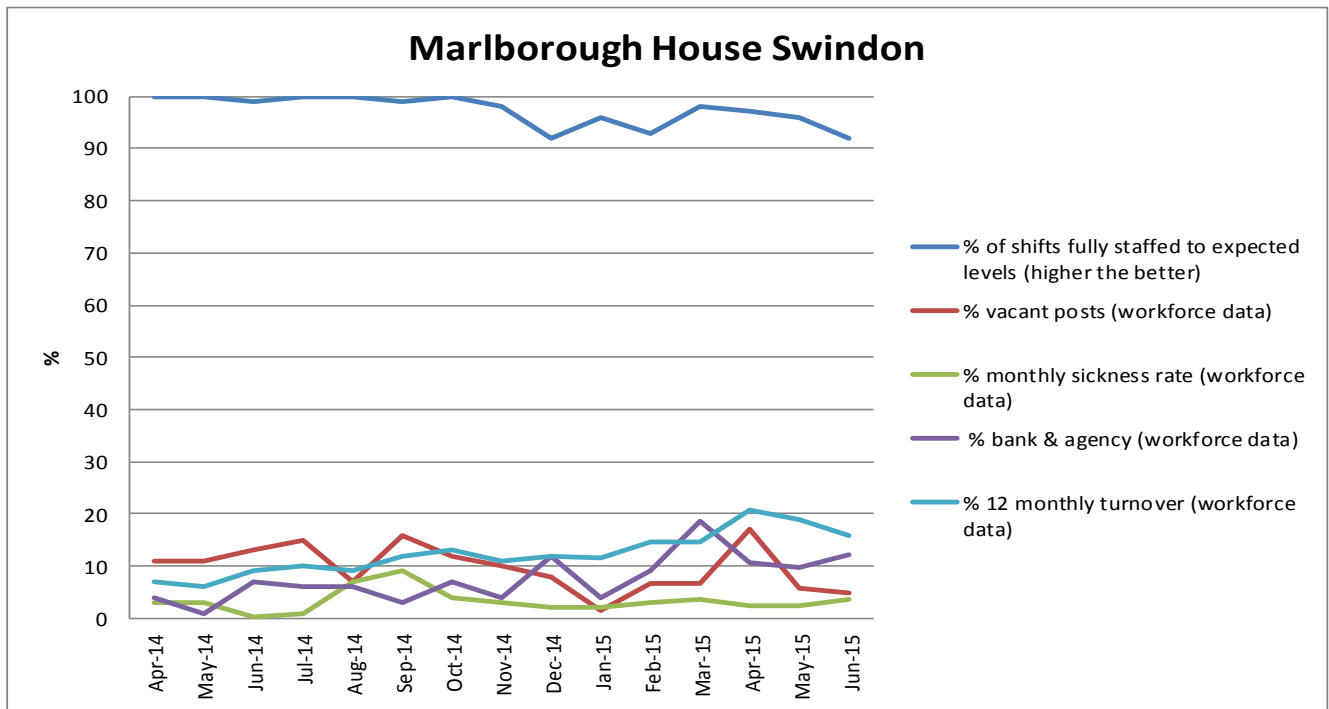
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans been reviewed weekly (lastest CHD audit)	% reported staff communicate clearly & 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	% compliance with Resuscitation training (PPST)
Apr-14	73	11	6	11				6	2	0	3	
May-14	83	9	7	5				3	6	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	9	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	9	0	1	
Jan-15	76	4.4	5.56	2.6	18.62			1	1	0	1	
Feb-15	52	6.4	9.14	6	19.02			1	3	0	1	
Mar-15	50	10.8	9.57	11.3	19.72	63	100	0	5	0	0	
Apr-15	70	10.2	6.54	3.3	17.67			0	3	0	0	
May-15	67	13	5.28	2.1	20.35			0	4	0	0	
Jun-15	70	12.6	7.56	2.9	18.17	100		3	4	0	1	75



PUBLIC BOARD REPORT

Marlborough House Swindon (CAMHS)

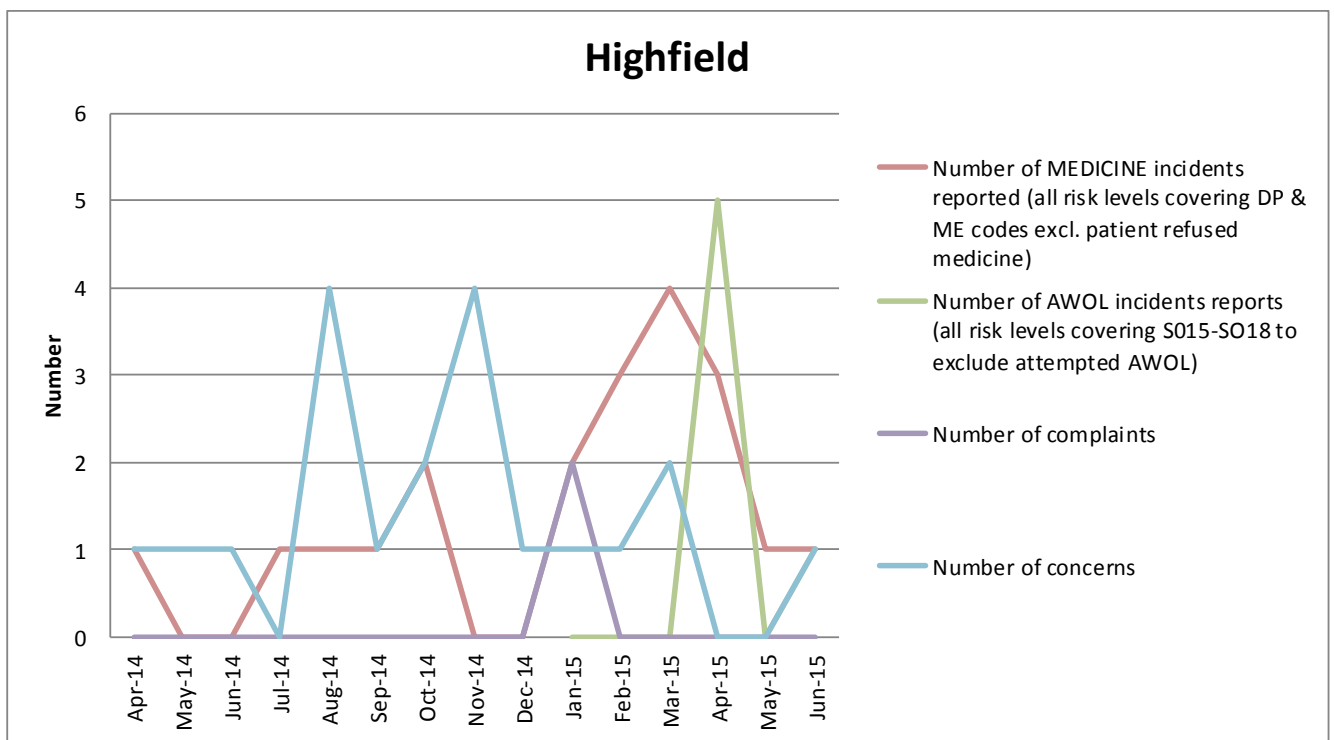
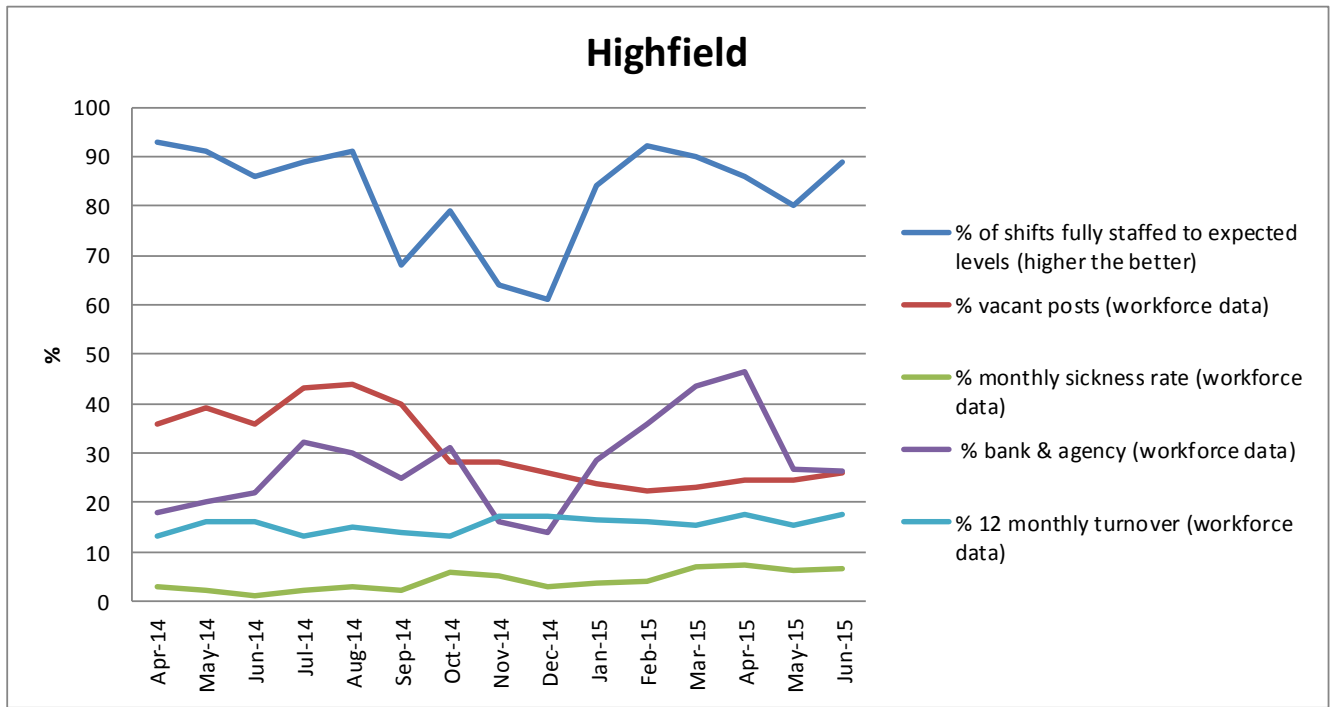
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with 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-S018 to exclude attempted AWOL)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	100	11	3	4	7	no data	no data	0		0	0	
May-14	100	11	3	1	6			0		0	2	
Jun-14	99	13	0.3	7	9	100	100	3		0	0	
Jul-14	100	15	1	6	10			1		0	0	
Aug-14	100	7	7	6	9	100	100	1		0	0	
Sep-14	99	16	9	3	12			1		0	1	
Oct-14	100	12	4	7	13	no data	no data	0		0	0	
Nov-14	98	10	3	4	11			0		1	0	
Dec-14	92	8	2	12	12	100	100	1		0	2	
Jan-15	96	1.4	2.15	4	11.71			0	0	0	1	
Feb-15	93	6.7	2.95	9	14.67	100	100	0	0	0	0	
Mar-15	98	6.7	3.54	18.5	14.67			0	0	0	1	
Apr-15	97	17.1	2.48	10.8	20.88	100	100	0	1	0	0	
May-15	96	5.81	2.5	9.8	18.87			0	0	0	1	
Jun-15	92	4.81	3.69	12.2	15.84	100	100	1	0	0	0	52



PUBLIC BOARD REPORT

Highfield (CAMHS)

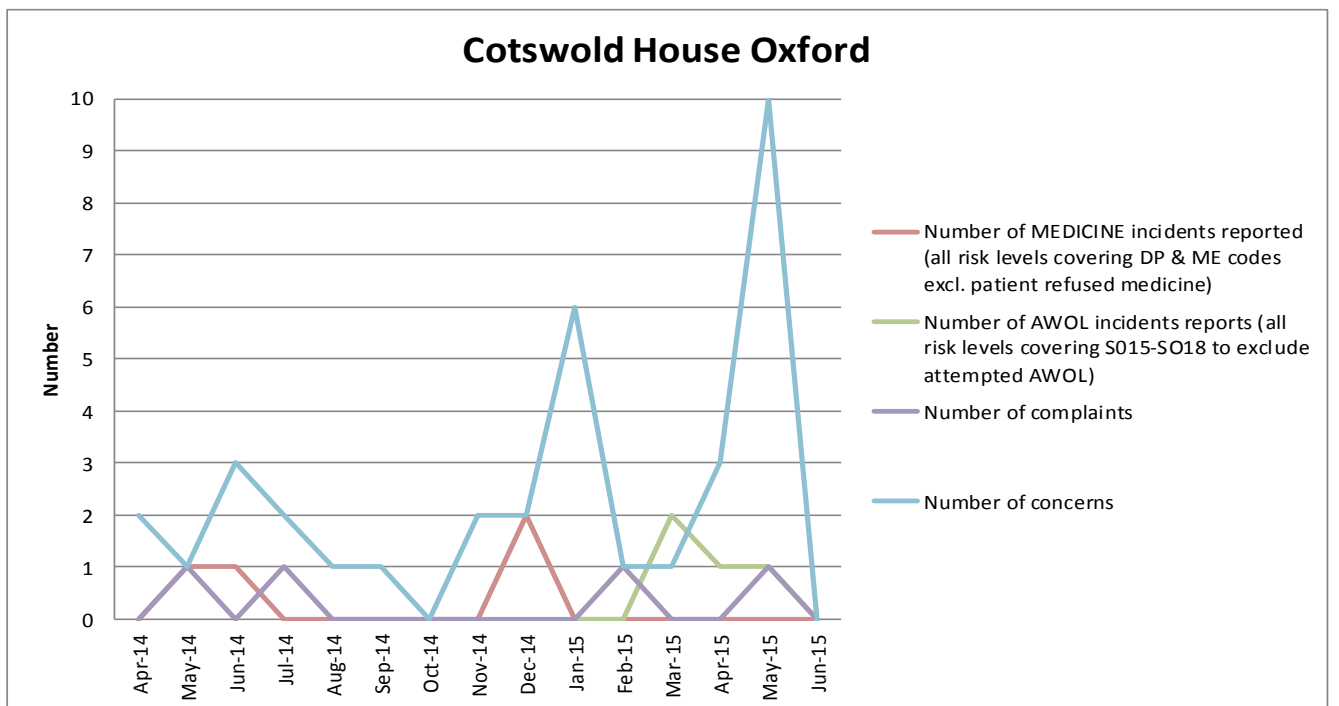
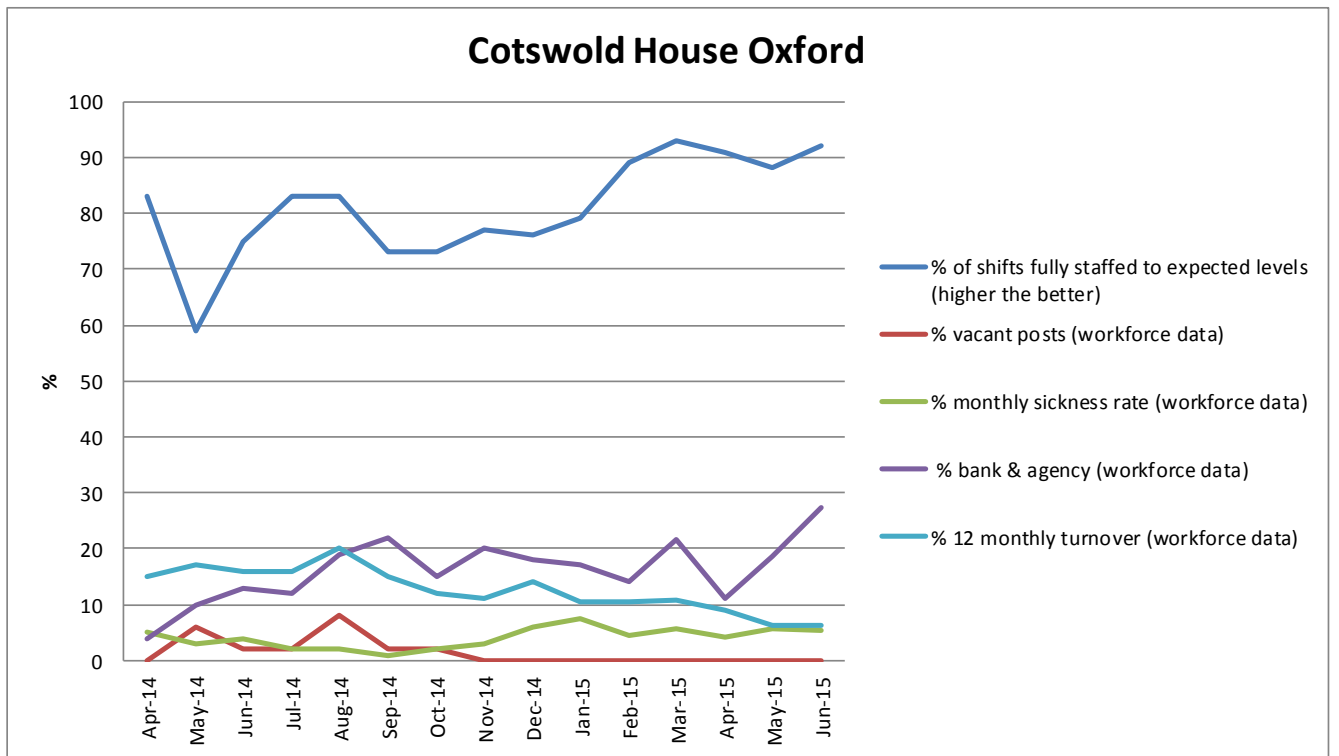
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with 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-SO18 to exclude attempted AWOL)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	93	36	3	18	13	no data	no data	1		0	1	
May-14	91	39	2	20	16			0		0	1	
Jun-14	86	36	1	22	16	no data	no data	0		0	1	
Jul-14	89	43	2	32	13			1		0	0	
Aug-14	91	44	3	30	15	100	100	1		0	4	
Sep-14	68	40	2	25	14			1		0	1	
Oct-14	79	28	6	31	13	100	80	2		0	2	
Nov-14	64	28	5	16	17			0		0	4	
Dec-14	61	26	3	14	17	100	80	0		0	1	
Jan-15	84	23.6	3.6	28.5	16.3			2	0	2	1	
Feb-15	92	22.2	4.02	35.7	15.99	100	no data	3	0	0	1	
Mar-15	90	23.1	7.07	43.4	15.45			4	0	0	2	
Apr-15	86	24.6	7.4	46.5	17.6	100	100	3	5	0	0	
May-15	80	24.6	6.15	26.6	15.45			1	0	0	0	
Jun-15	89	26.1	6.42	26.4	17.6	100	100	1	1	0	1	61



PUBLIC BOARD REPORT

Cotswold House Oxford

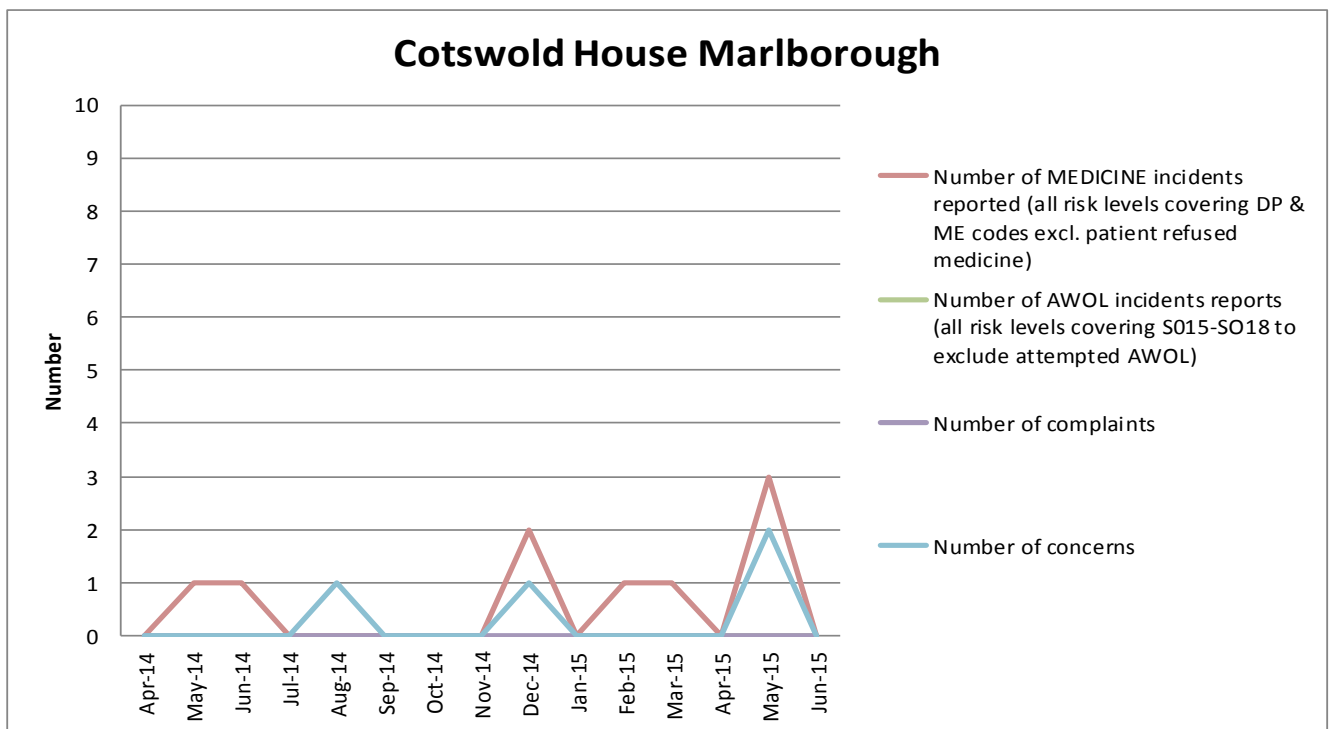
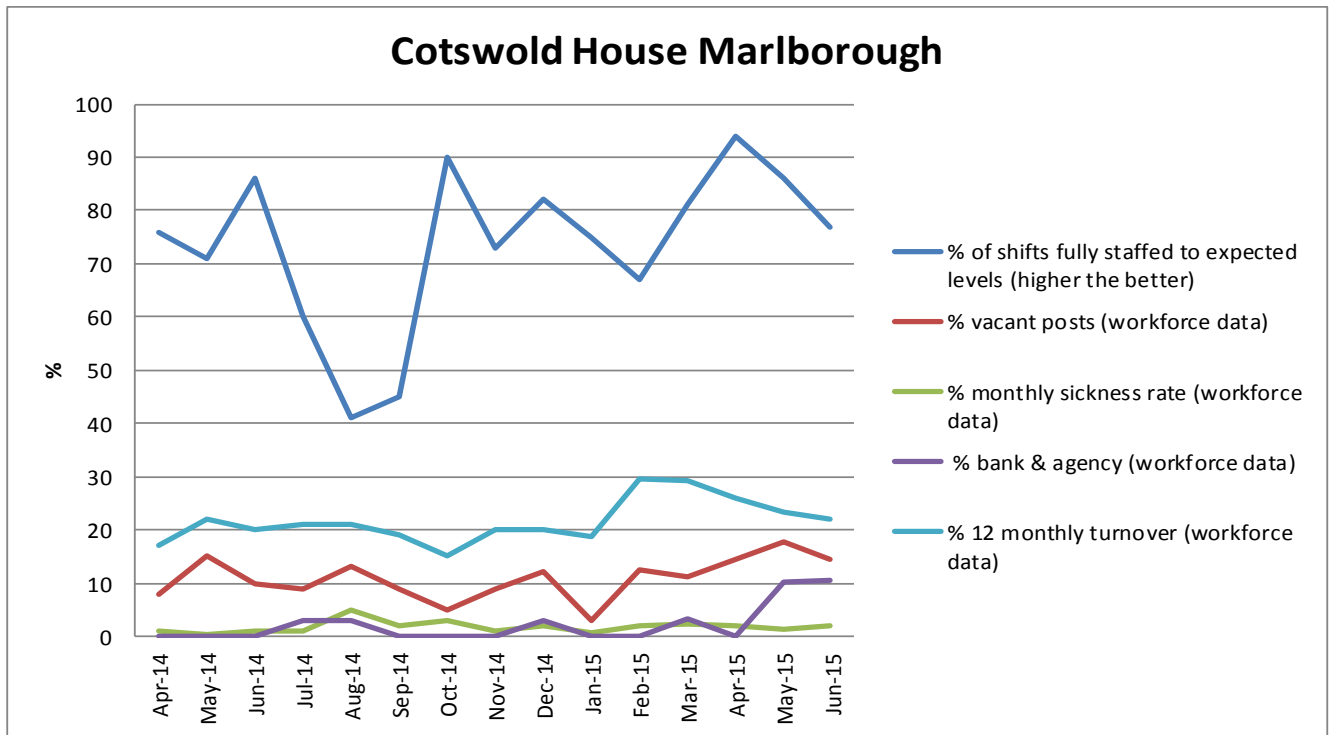
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with 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-SO18 to exclude attempted AWOL)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	83	0	5	4	15	100	100	0	0	0	2	
May-14	59	6	3	10	17			1	1	1	1	
Jun-14	75	2	4	13	16	100	100	1	0	0	3	
Jul-14	83	2	2	12	16			0	0	1	2	
Aug-14	83	8	2	19	20	no data	no data	0	0	0	1	
Sep-14	73	2	1	22	15			0	0	0	1	
Oct-14	73	2	2	15	12	100	100	0	0	0	0	
Nov-14	77	0	3	20	11			0	0	0	2	
Dec-14	76	0	6	18	14	no data	no data	2	0	0	2	
Jan-15	79	0	7.61	17.2	10.54			0	0	0	6	
Feb-15	89	0	4.45	14.2	10.48	100	0	0	0	1	1	
Mar-15	93	0	5.65	21.5	10.7			0	2	0	1	
Apr-15	91	0	4.24	11.1	9.09	100	100	0	1	0	3	
May-15	88	0	5.81	18.6	6.16			0	1	1	10	
Jun-15	92	0	5.29	27.3	6.16			0	0	0	0	56



PUBLIC BOARD REPORT

Cotswold House Marlborough

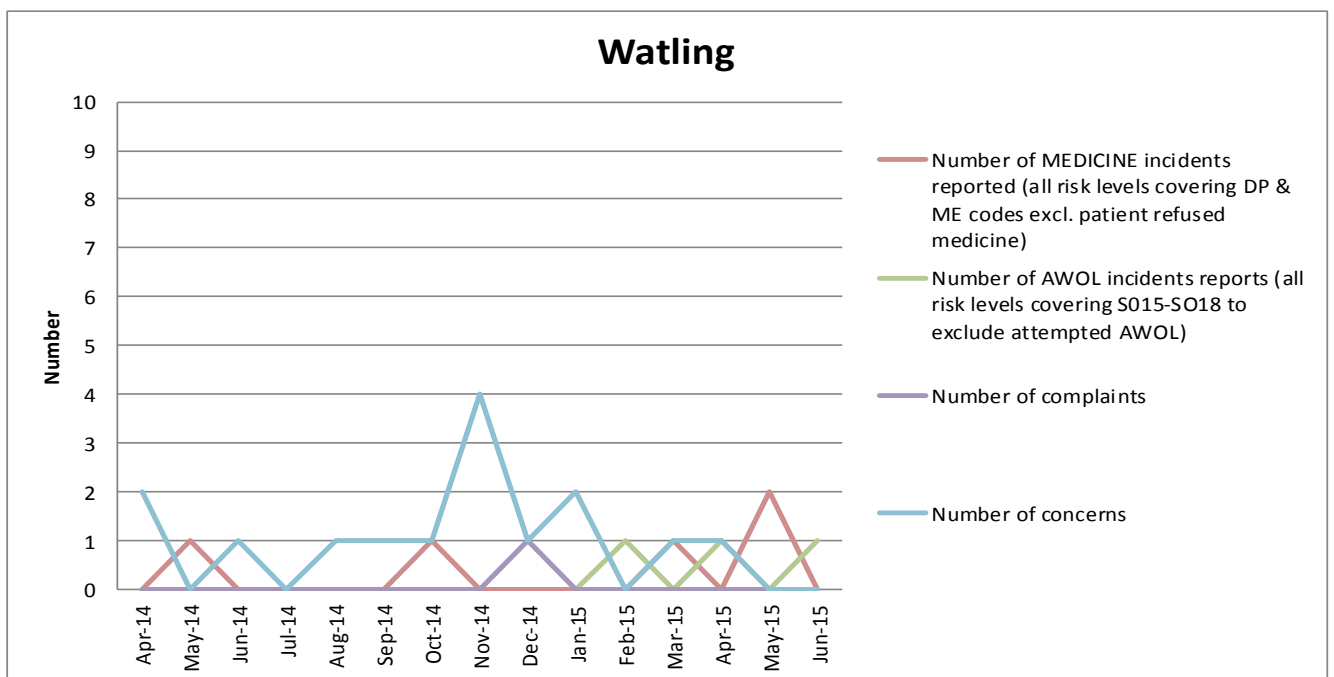
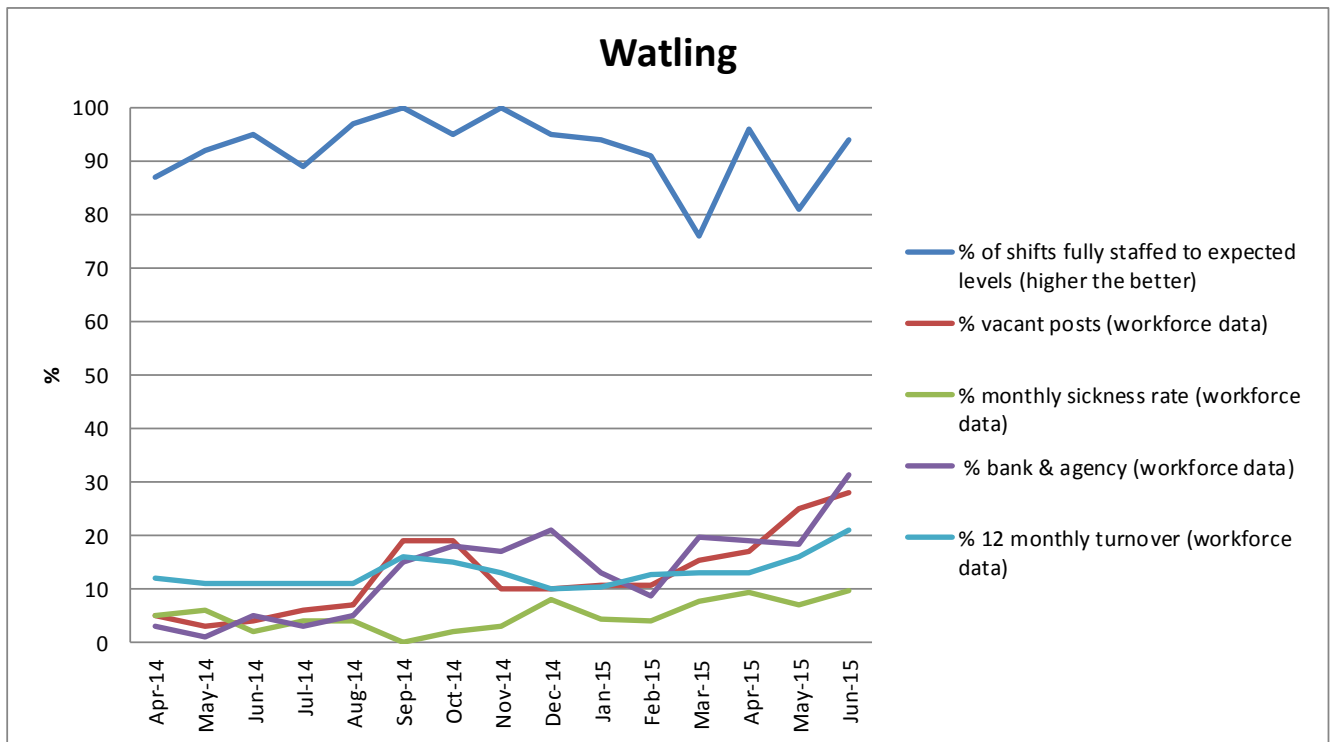
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (latest ES audit)	% Evidence of 1:1 meetings with patients (latest 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-SO18 to exclude attempted AWOL)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	76	8	1	0	17	100	100	0	0	0	0	0
May-14	71	15	0.3	0	22	100	100	1	0	0	0	0
Jun-14	86	10	1	0	20	100	100	1	0	0	0	0
Jul-14	60	9	1	3	21	100	100	0	0	0	0	0
Aug-14	41	13	5	3	21	40	100	0	0	0	1	0
Sep-14	45	9	2	0	19	100	100	0	0	0	0	0
Oct-14	90	5	3	0	15	100	100	0	0	0	0	0
Nov-14	73	9	1	0	20	100	100	0	0	0	0	0
Dec-14	82	12	2	3	20	100	100	2	0	0	1	0
Jan-15	75	3.1	0.55	0	18.66	100	100	0	0	0	0	0
Feb-15	67	12.5	1.94	0	29.54	100	100	1	0	0	0	0
Mar-15	81	11.2	2.43	3.3	29.1	100	100	1	0	0	0	0
Apr-15	94	14.5	2.06	0	25.98	100	100	0	0	0	0	0
May-15	86	17.8	1.23	10.2	23.42	100	100	3	0	0	2	0
Jun-15	77	14.5	2.06	10.4	22.04	100	100	0	0	0	0	0



PUBLIC BOARD REPORT

Watling

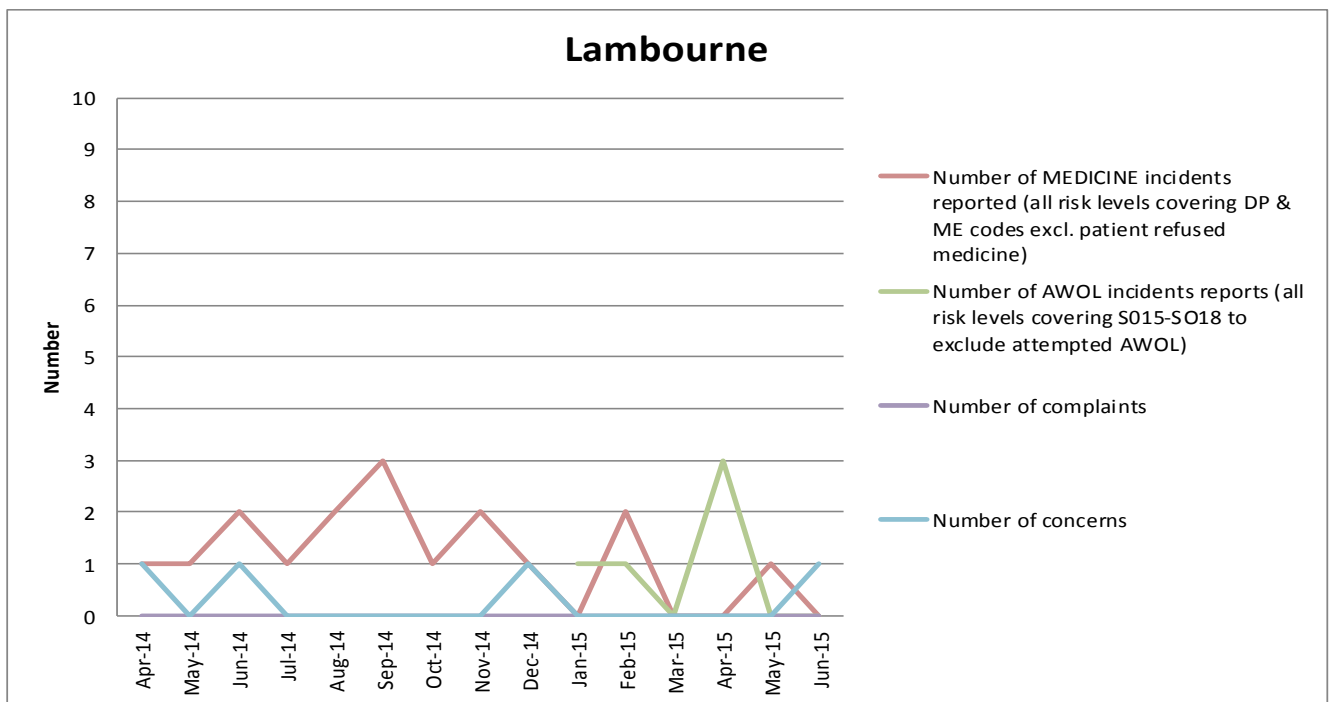
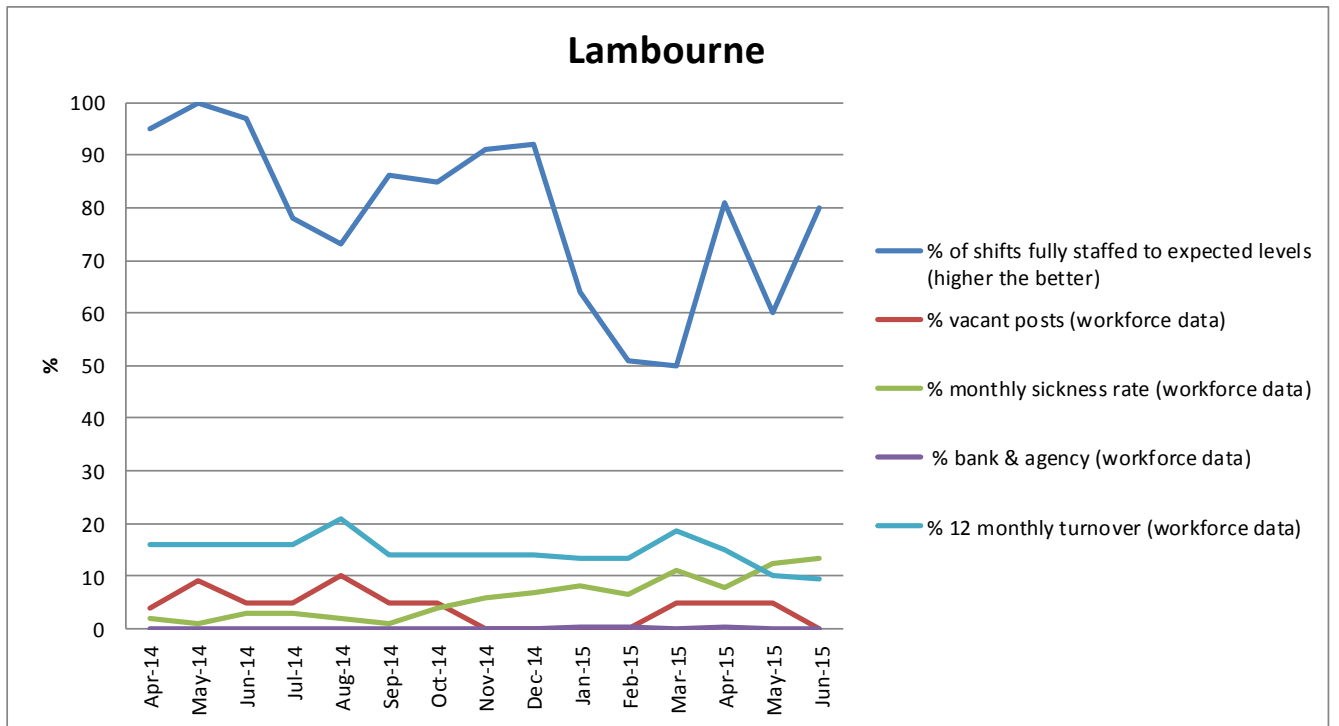
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with 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-SO18 to exclude attempted AWOL)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	87	5	5	3	12	100	100	0	0	0	2	
May-14	92	3	6	1	11			1	0	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	0	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	10.8	4.25	13.1	10.34			0	0	0	2	
Feb-15	91	10.8	3.88	8.8	12.59	100	100	0	1	0	0	
Mar-15	76	15.2	7.78	19.6	13.09			1	0	0	1	
Apr-15	96	17	9.42	19.1	13.09	100	100	0	1	0	1	
May-15	81	24.8	7.13	18.3	15.92			2	0	0	0	
Jun-15	94	28	9.74	31.4	20.88	100	100	0	1	0	0	50



PUBLIC BOARD REPORT

Lambourne

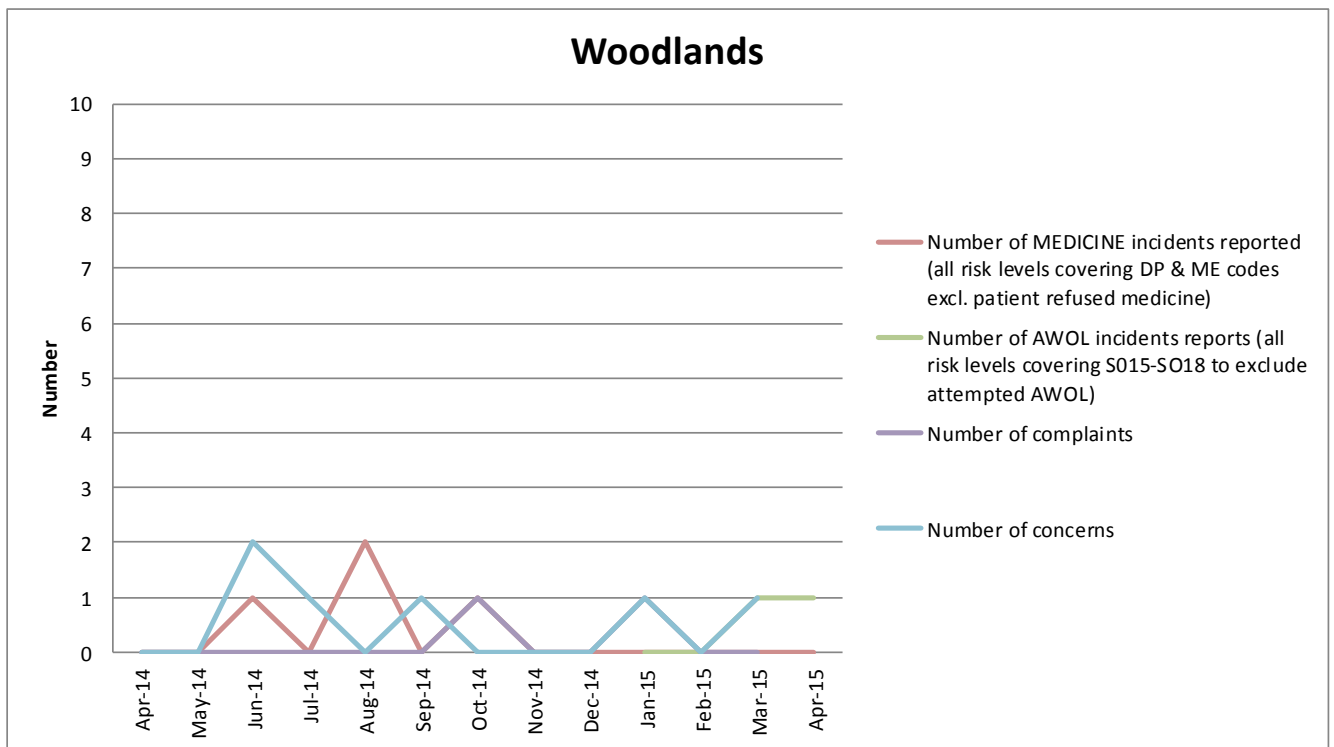
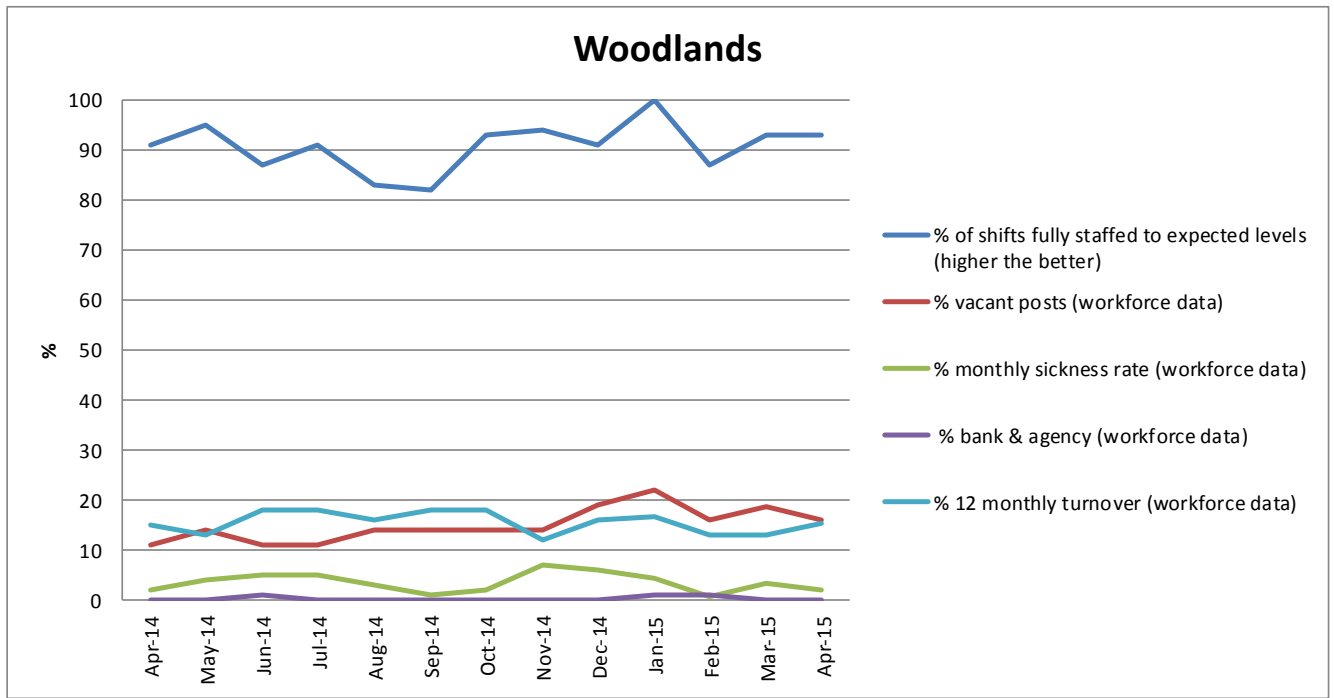
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with 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-S018 to exclude attempted AWOL)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	95	4	2	0	16	no data	no data	1		0	1	
May-14	100	9	1	0	16			1		0	0	
Jun-14	97	5	3	0	16	100	100	2		0	1	
Jul-14	78	5	3	0	16			1		0	0	
Aug-14	73	10	2	0	21	100	100	2		0	0	
Sep-14	86	5	1	0	14			3		0	0	
Oct-14	85	5	4	0	14	100	100	1		0	0	
Nov-14	91	0	6	0	14			2		0	0	
Dec-14	92	0	7	0	14	100	100	1		0	1	
Jan-15	64	0	8.02	0.3	13.27			0	1	0	0	
Feb-15	51	0	6.48	0.3	13.27	100	100	2	1	0	0	
Mar-15	50	5	11.24	0	18.45			0	0	0	0	
Apr-15	81	5	7.9	0.3	14.85	100	100	0	3	0	0	
May-15	60	5	12.33	0	10.15			1	0	0	0	
Jun-15	80	0	13.44	0	9.57	60	100	0	0	0	1	79



PUBLIC BOARD REPORT

Woodlands

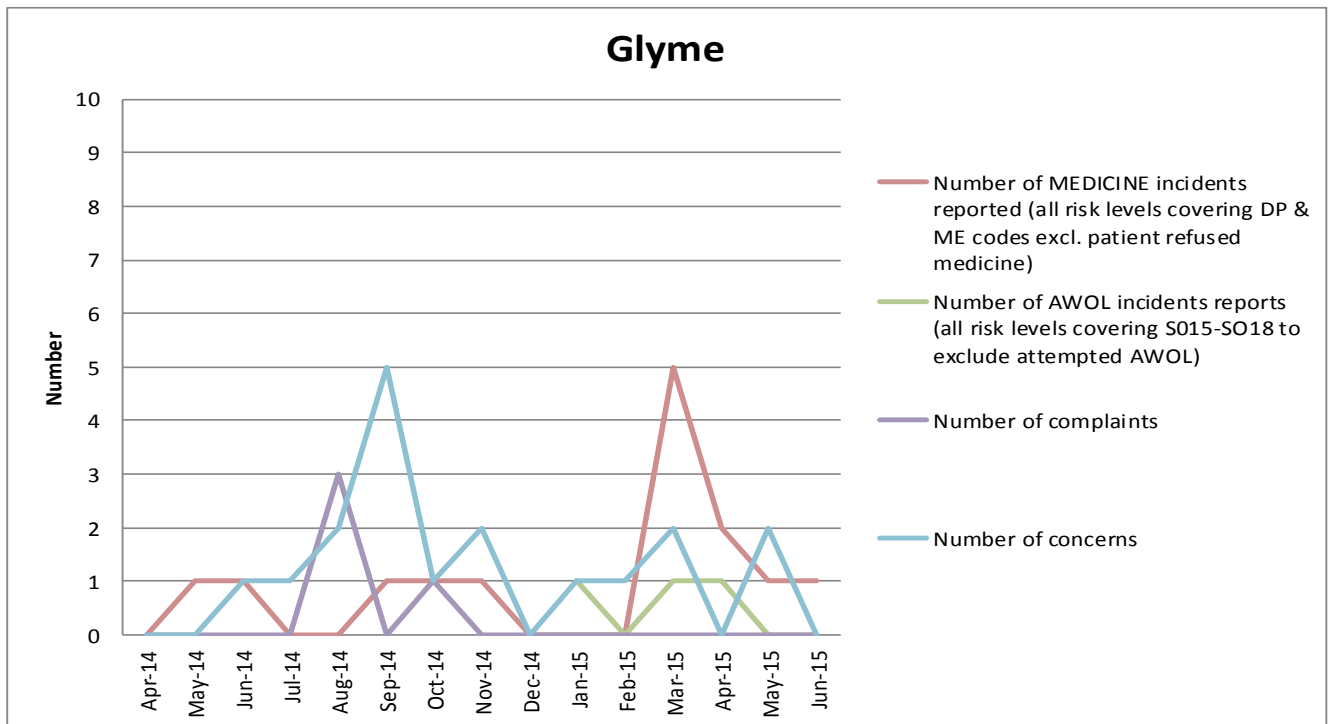
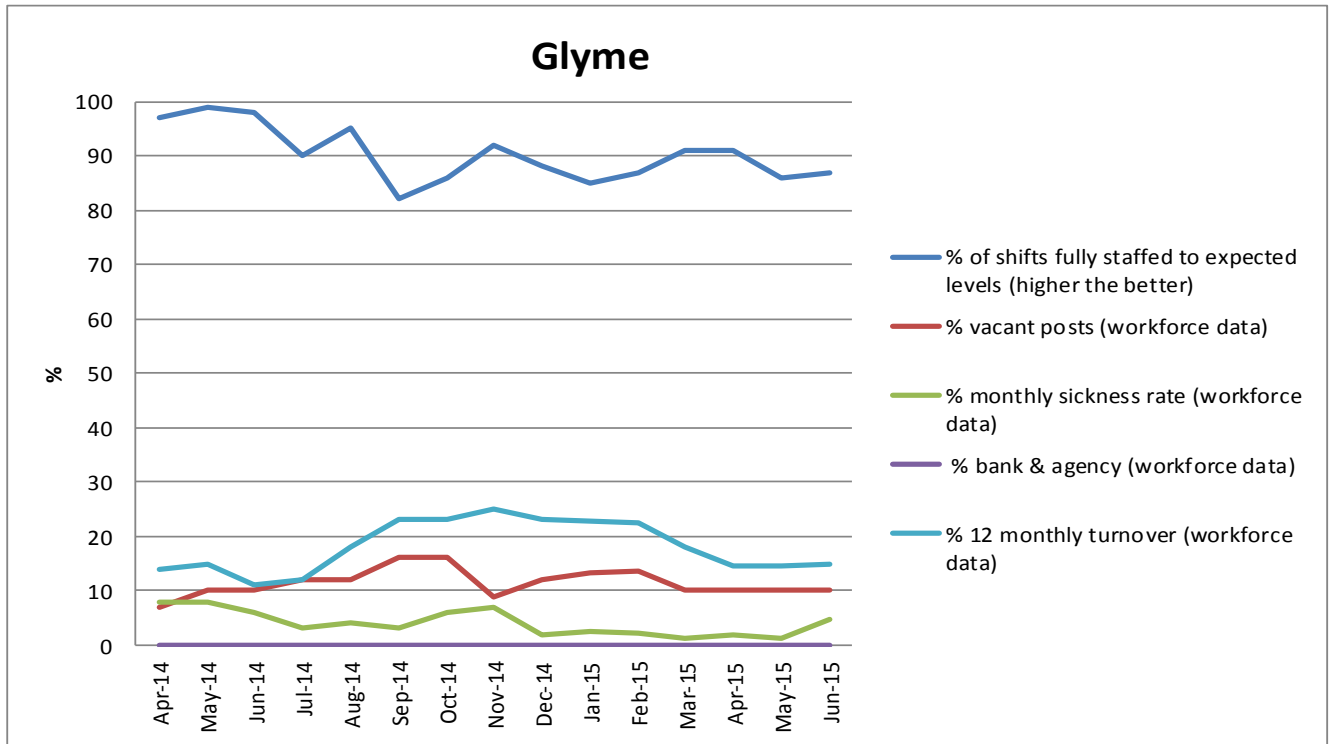
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with 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-SO18 to exclude attempted AWOL)	Number of complaints	Number of concerns
Apr-14	91	11	2	0	15	100	100	0	0	0	0
May-14	95	14	4	0	13			0	0	0	0
Jun-14	87	11	5	1	18	100	100	1	0	0	2
Jul-14	91	11	5	0	18			0	0	0	1
Aug-14	83	14	3	0	16	100	60	2	0	0	0
Sep-14	82	14	1	0	18			0	0	0	1
Oct-14	93	14	2	0	18	80	100	1	1	0	0
Nov-14	94	14	7	0	12			0	0	0	0
Dec-14	91	19	6	0	16	100	100	0	0	0	0
Jan-15	100	21.9	4.29	0.9	16.77			0	0	1	1
Feb-15	87	16	0.66	1.1	12.89	100	100	0	0	0	0
Mar-15	93	18.7	3.39	0	13.11			0	1	0	1
Apr-15	93	16	1.97	0	15.38	100	60	0	1	1	1



PUBLIC BOARD REPORT

Glyme

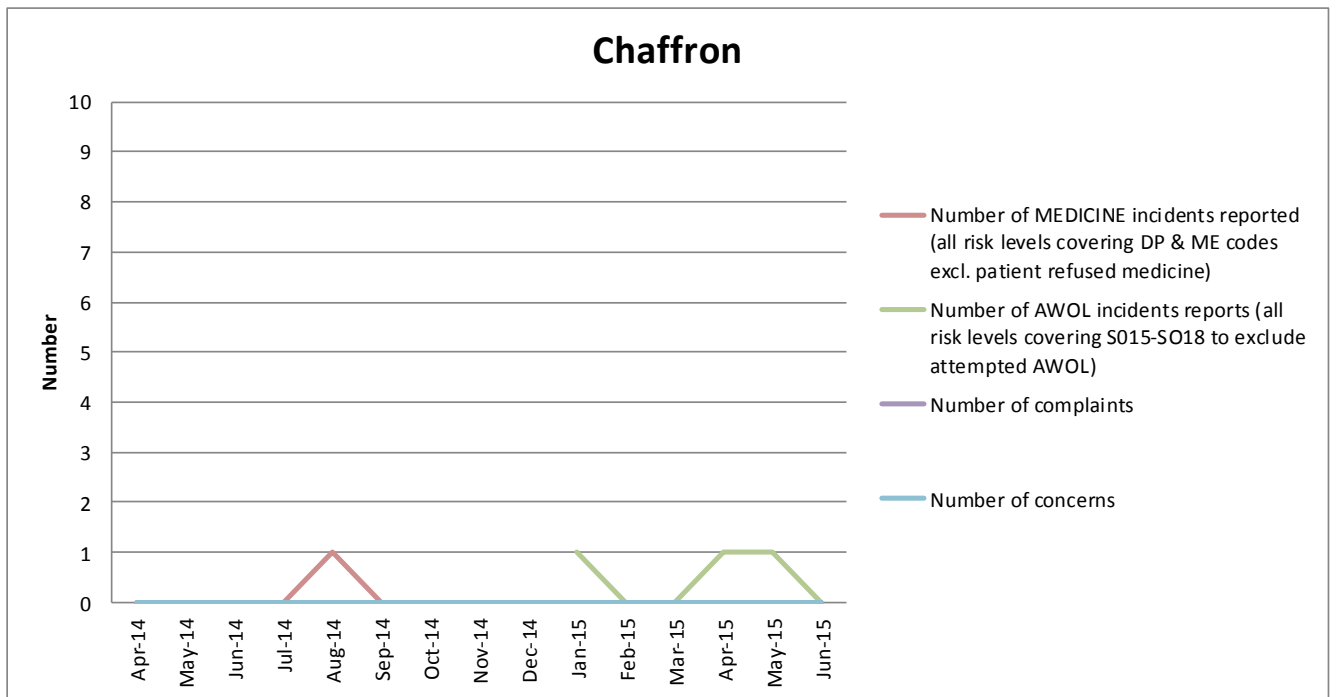
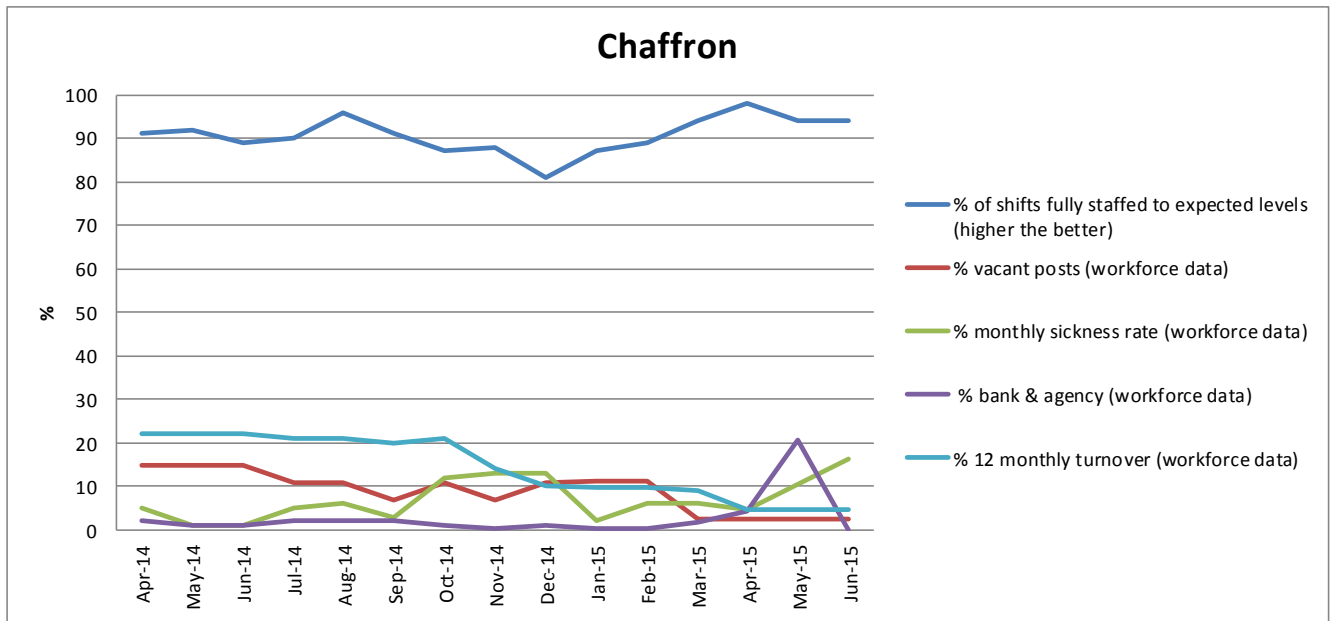
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with 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-S018 to exclude attempted AWOL)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	97	7	8	0	14	40	80	0		0	0	
May-14	99	10	8	0	15			1		0	0	
Jun-14	98	10	6	0	11	100	100	1		0	1	
Jul-14	90	12	3	0	12			0		0	1	
Aug-14	95	12	4	0	18	100	100	0		3	2	
Sep-14	82	16	3	0	23			1		0	5	
Oct-14	86	16	6	0	23	100	60	1		1	1	
Nov-14	92	9	7	0	25			1		0	2	
Dec-14	88	12	2	0	23	100	100	0		0	0	
Jan-15	85	13.4	2.54	0	22.75			0	1	0	1	
Feb-15	87	13.5	2.06	0	22.35	100	100	0	0	0	1	
Mar-15	91	10.2	1.38	0	17.95			5	1	0	2	
Apr-15	91	10.2	1.98	0	14.62	100	80	2	1	0	0	
May-15	86	10.2	1.1	0	14.62			1	0	0	2	
Jun-15	87	10.2	4.76	0	14.9	100	100	1	0	0	0	68



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Chaffron

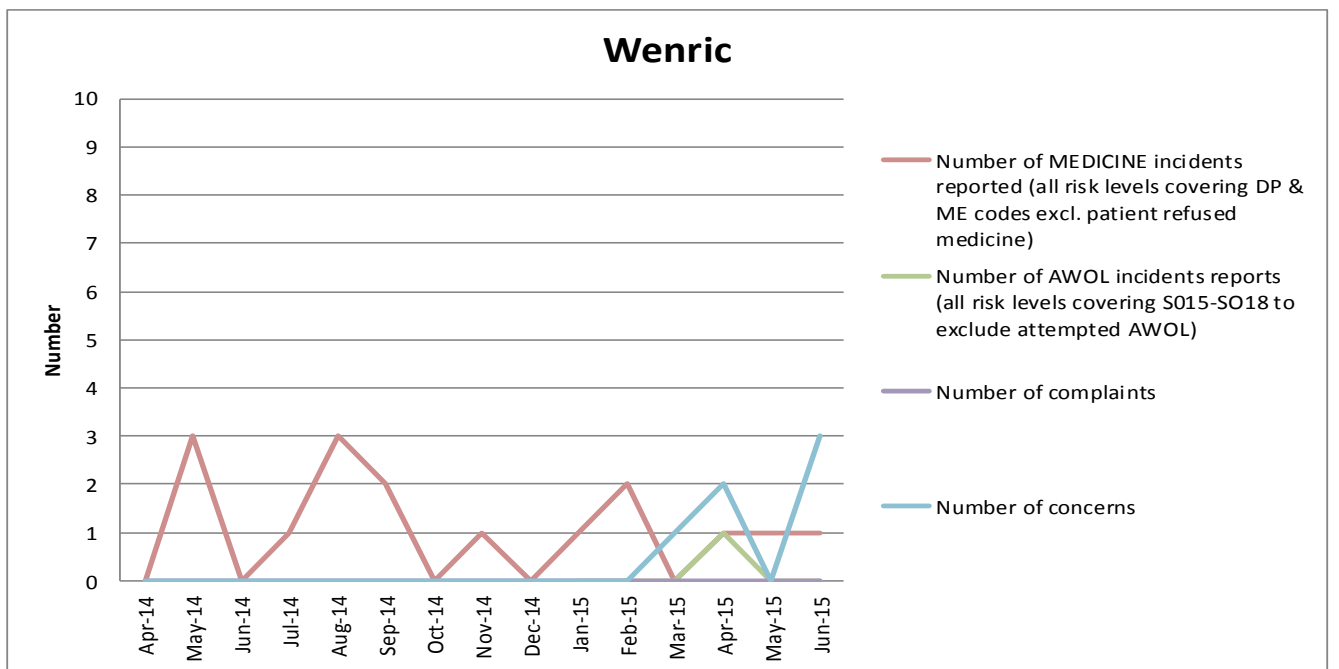
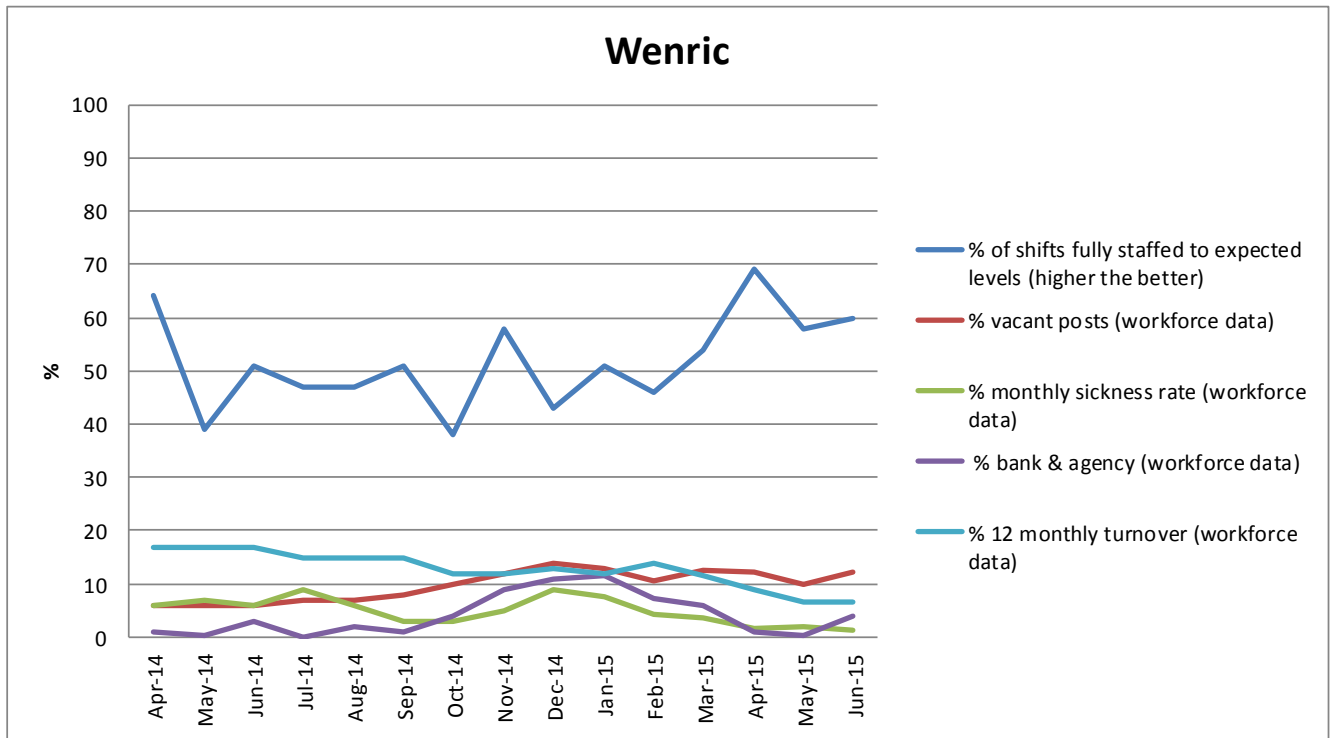
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with 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-S018 to exclude attempted AWOL)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	91	15	5	2	22	100	100	0	0	0	0	
May-14	92	15	1	1	22			0	0	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	0	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	11.1	2.21	0.5	9.78			0	1	0	0	
Feb-15	89	11.1	5.99	0.2	9.78	100	100	0	0	0	0	
Mar-15	94	2.4	6.05	1.7	9.11			0	0	0	0	
Apr-15	98	2.4	4.6	4.3	4.66	100	100	0	1	0	0	
May-15	94	2.4	10.58	20.7	4.66			0	1	0	0	
Jun-15	94	2.4	16.4	0	4.66	100	100	0	0	0	0	60



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Wenric

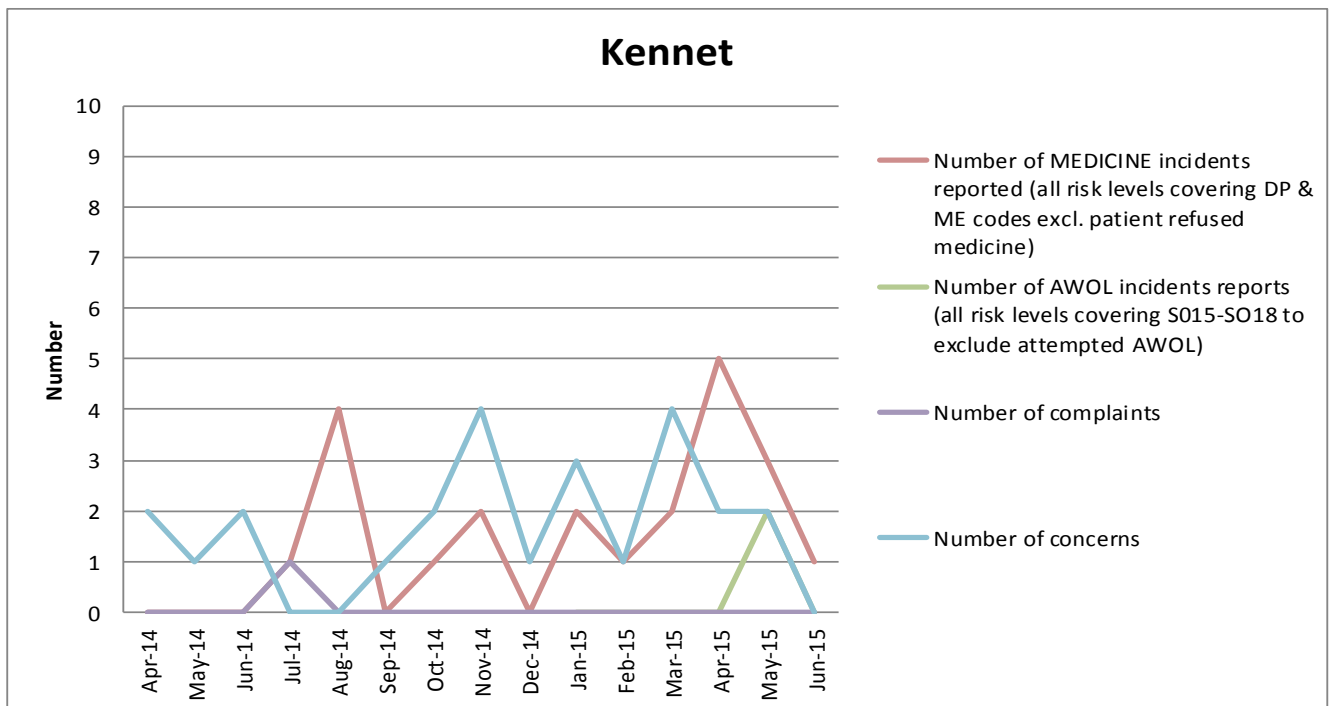
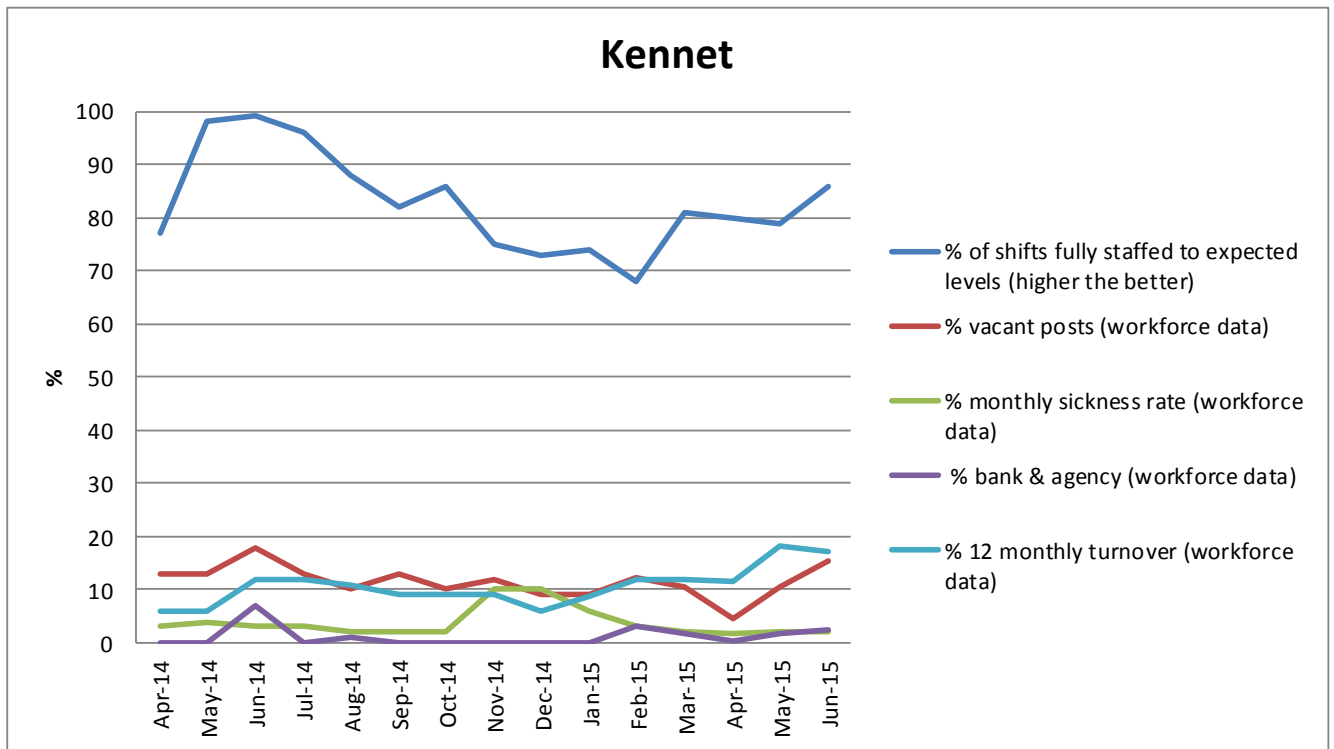
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with 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-S018 to exclude attempted AWOL)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	64	6	6	1	17	100	100	0		0	0	
May-14	39	6	7	0	17			3		0	0	
Jun-14	51	6	6	3	17	100	100	0		0	0	
Jul-14	47	7	9	0	15			1		0	0	
Aug-14	47	7	6	2	15	100	100	3		0	0	
Sep-14	51	8	3	1	15			2		0	0	
Oct-14	38	10	3	4	12	100	100	0		0	0	
Nov-14	58	12	5	9	12			1		0	0	
Dec-14	43	14	9	11	13	100	100	0		0	0	
Jan-15	51	12.9	7.62	11.7	12			1	0	0	0	
Feb-15	46	10.6	4.24	7.1	13.95	100	100	2	0	0	0	
Mar-15	54	12.6	3.62	5.9	11.62			0	0	0	1	
Apr-15	69	12.3	1.49	1	8.86	100	100	1	1	0	2	
May-15	58	10	2.01	0.3	6.59			1	0	0	0	
Jun-15	60	12.3	1.3	4.1	6.76	100	60	1	0	0	3	75



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Kennet

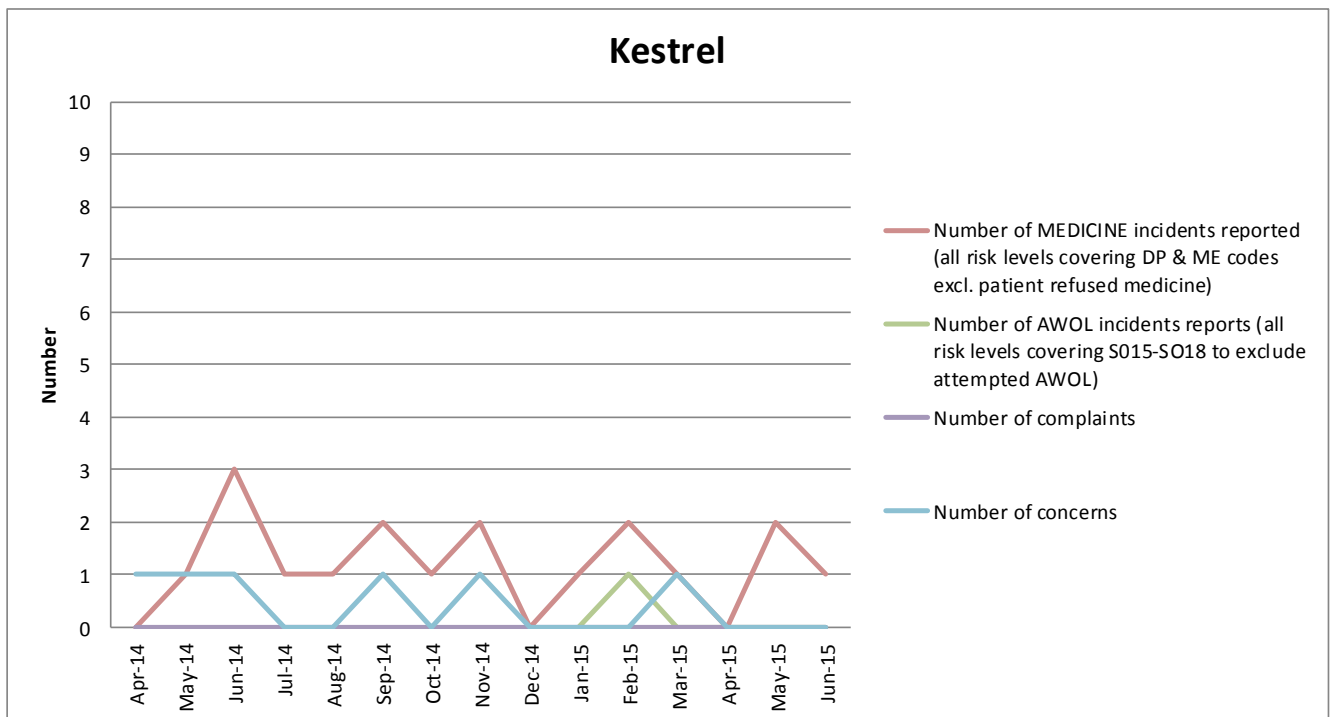
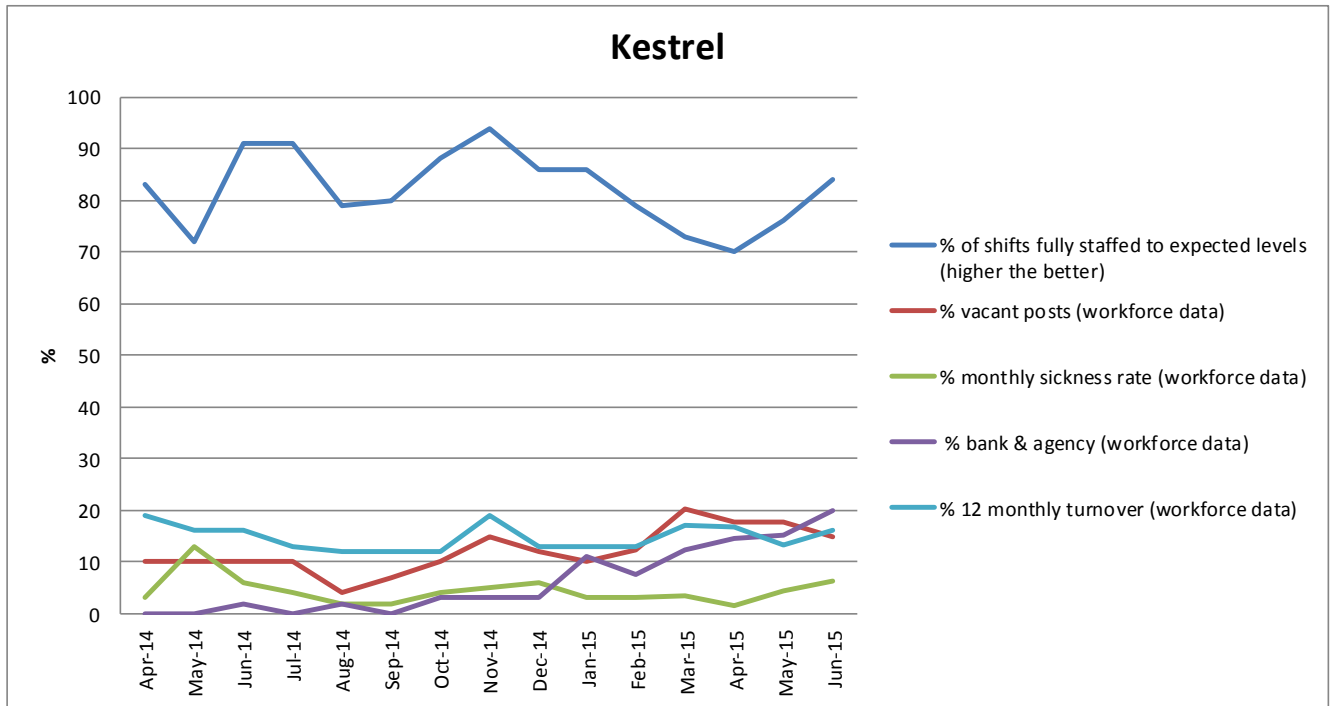
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with 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-SO18 to exclude attempted AWOL)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	77	13	3	0	6	100	100	0	0	0	2	
May-14	98	13	4	0	6			0	0	0	1	
Jun-14	99	18	3	7	12	100	100	0	0	0	2	
Jul-14	96	13	3	0	12			1	1	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	1	0	2	
Nov-14	75	12	10	0	9			2	0	0	4	
Dec-14	73	9	10	0	6	80	100	0	0	0	1	
Jan-15	74	9	6	0	8.8			2	0	0	3	
Feb-15	68	12.2	3.29	3.2	11.99	100	100	1	0	0	1	
Mar-15	81	10.4	2.25	1.9	11.75			2	0	0	4	
Apr-15	80	4.7	1.56	0.4	11.4	100	100	5	0	0	2	
May-15	79	10.4	2.25	1.6	18.25			3	2	0	2	
Jun-15	86	15.5	2.13	2.5	17.05	100	100	1	0	0	0	55



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Kestrel

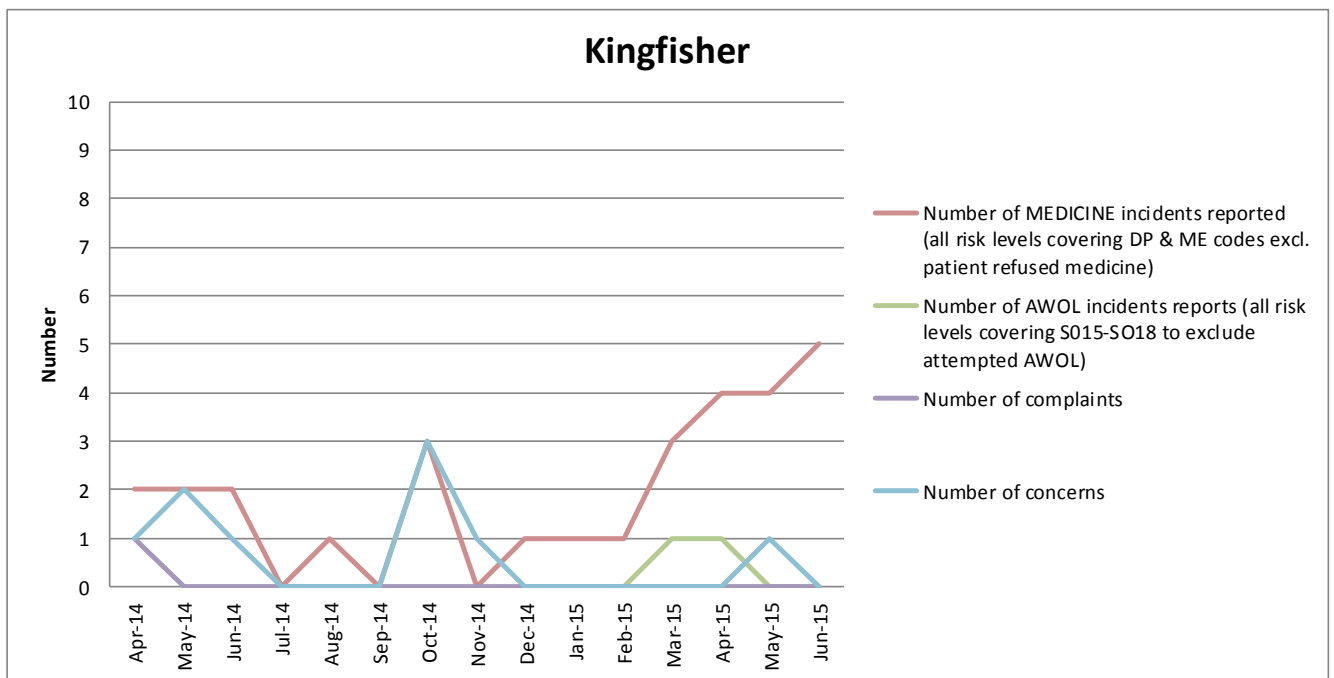
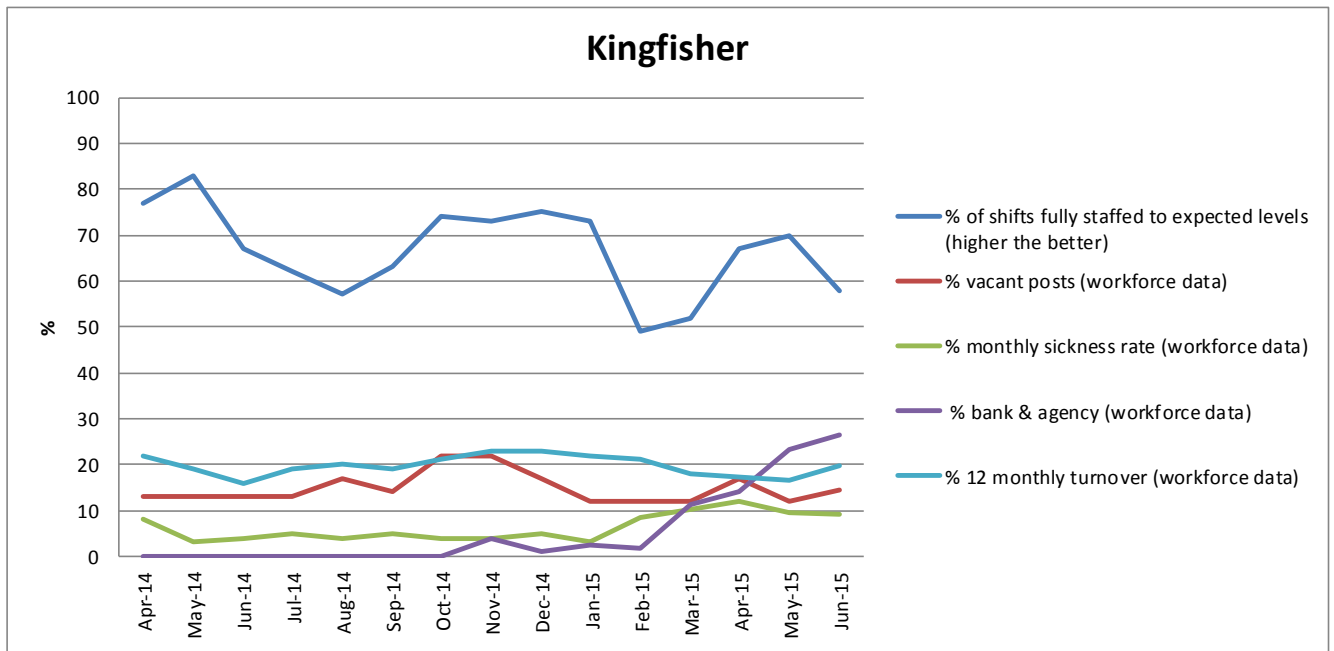
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with 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-SO18 to exclude attempted AWOL)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	83	10	3	0	19	100	100	0		0	1	
May-14	72	10	13	0	16			1		0	1	
Jun-14	91	10	6	2	16	100	100	3		0	1	
Jul-14	91	10	4	0	13			1		0	0	
Aug-14	79	4	2	2	12	100	100	1		0	0	
Sep-14	80	7	2	0	12			2		0	1	
Oct-14	88	10	4	3	12	100	100	1		0	0	
Nov-14	94	15	5	3	19			2		0	1	
Dec-14	86	12	6	3	13	100	100	0		0	0	
Jan-15	86	10	3	11	13			1	0	0	0	
Feb-15	79	12.2	3.1	7.7	13.1	100	100	2	1	0	0	
Mar-15	73	20.2	3.4	12.5	17.24			1	0	0	1	
Apr-15	70	17.6	1.66	14.7	16.67		33	0	0	0	0	
May-15	76	17.6	4.3	15.2	13.33			2	0	0	0	
Jun-15	84	14.9	6.45	19.9	16.13		0	1	0	0	0	50



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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-S018 to exclude attempted AWOL)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	77	13	8	0	22	100	100	2	0	1	1	
May-14	83	13	3	0	19			2	0	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	0	0	0	
Sep-14	63	14	5	0	19			0	0	0	0	
Oct-14	74	22	4	0	21	100	100	3	0	0	3	
Nov-14	73	22	4	4	23			0	0	0	1	
Dec-14	75	17	5	1	23	100	100	1	0	0	0	
Jan-15	73	12	3	2.3	22			1	0	0	0	
Feb-15	49	12	8.6	1.6	21	100	100	1	0	0	0	
Mar-15	52	12.1	10.09	11.4	18.03			3	1	0	0	
Apr-15	67	16.8	11.95	14	17.41	100	100	4	1	0	0	
May-15	70	12.1	9.53	23.2	16.69			4	0	0	1	
Jun-15	58	14.4	9.17	26.6	19.74	0	100	5	0	0	0	43



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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. Modern matron and ward managers are excluded from the data unless they are working as part of the nursing team to meet safe staffing levels.
4. Wintle ward did not submit data for 2 weeks (8-14th and 15th-21st)
5. Phoenix ward did not submit data for 1 week (1st-7th)
6. Opal ward did not submit data for 3 weeks (1st-7th, 8th-14th and 15th-21st)

