

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

**Inpatient Safe Staffing**

June 2014. For Information

**Summary**

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

Appendix 1 presents the staffing levels by ward for May 2014 (going from 28<sup>th</sup> April to 1<sup>st</sup> June 2014) with an explanation of the reasons for any variations, the actions and performance against key quality and workforce indicators. The majority of wards are reported to have no or low level concerns about achieving expected staffing levels. Where wards are not achieving their expected staffing levels the main reasons identified for these variances are recruitment to recently increased planned staffing levels, and recruitment difficulties in some geographical areas and in some specialties which require further strategic attention.

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

In May 2014 NHS England introduced an additional requirement to complete a monthly data submission via Unify on the number of expected hours registered and unregistered staff should work versus the number of actual hours worked split by day and night shifts. Our first submission was completed on 10<sup>th</sup> June 2014.

**Trust wide results submitted to Unify show:**

- 96.2% of day shifts filled by registered staff
- 94.5% of day shifts filled by unregistered staff
- 99.5% of night shifts filled by registered staff
- 99.8% of night shifts filled by unregistered staff

The wards identified as struggling to achieve their expected staffing levels and therefore they are being more closely monitored by senior staff were: Cotswold House Oxford, Wenric, Phoenix, Cotswold House Marlborough, Ruby, Allen, Wintle, Vaughan Thomas, Highfield unit, Kingfisher, Kestrel, Cherwell, Abingdon ward 1 and Abingdon ward 2. Further detail is outlined in Appendix 2.

## **PUBLIC BOARD REPORT**

### **Recommendations**

The Board of Directors is requested to note the processes in place to ensure safe staffing levels on the wards in the organisation, those wards where there are exceptions and the actions being taken to ensure safe staffing on all our 35 wards.

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Jane Kershaw, Lead for Registration and Quality

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

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

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

**Inpatient Safe Staffing**

June 2014. For Information

**1. Introduction**

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

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

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

**2. National Developments**

In May 2014 NHS England introduced a new requirement to complete a monthly data submission via Unify on the number of expected hours registered and unregistered staff should work versus the number of actual hours worked split by day and night shifts. Our first submission was completed on 10<sup>th</sup> June 2014 and a summary is in table 1 below with the full results by ward in Appendix 2. The information will be published on the NHS Choices website at the end of June 2014 alongside other national indicators eg staff and patient Friends and Family Test, CQC inspection results.

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

	Day time Shifts (Early, Late and Twilight)		Night time Shift	
	Registered nurses	Unregistered staff	Registered nurses	Unregistered staff
Trust wide	96.20%	94.50%	99.50%	99.80%

Information submitted from other similar and local Trusts indicate that these levels are mid range compared with other local Trusts.

**3. Management of Staffing Levels**

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

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The staffing levels by ward for May 2014 (going from 28<sup>th</sup> April to 1<sup>st</sup> June 2014) with an explanation of the reasons for any variations, the actions and performance against key quality and workforce indicators is presented in Appendix 1. The information in Appendix 1 has been calculated based on number of shifts filled based on three shifts a day, rather than the Unify return (Appendix 2) which is based on number of hours filled in a month.

When looking at the number of shifts which were staffed to expected levels, the majority of wards (21 out of 35 wards) were shown to have no or low level concerns. The following wards were highlighted as having difficulties (medium or high level of concern); however for all wards immediate steps were taken to ensure safe staffing was maintained for patient care.

The following wards were identified as high risk. For each of the wards the staffing levels were closely monitored by senior staff on a daily basis.

- ❖ Cotswold House Oxford (Children and Families Directorate): Staffing levels were increased for a number of weeks with one and two extra staff members per shift to meet patient's needs, however on some shifts this additional need for staff could not be met, due to vacancies already in the team. The main reason a high risk was identified for the ward was because of the high use of temporary staff to achieve safe staffing levels.
- ❖ Wenric ward (Adult Directorate): the ward has struggled to meet expected staffing levels due to two members of staff being unable to carry out clinical duties whilst being pregnant, a staff member supervising workmen on site during building improvements, sickness, vacancies and the ward increasing staffing levels to meet additional patient needs. To ensure staffing levels have been safe on every shift, the ward has borrowed staff from other neighbouring wards and made every attempt to use temporary staff to achieve safe staffing levels
- ❖ Phoenix (Adult Directorate): Following a nursing establishment review the staffing on all of the adult mental health wards was increased to one more member of staff per shift from 5:5:4 to 6:6:5. As a consequence of only recently moving to these enhanced staffing levels the ward has a number of vacancies to fill, and quite often the ward has been one person below on each shift (therefore working to the previous establishment of 5:5:4). The ward manager and modern matron for the ward who are normally supernumerary to the nurse staffing numbers have been working in a nursing role to ensure safe staffing levels are achieved.

The following wards were identified as moderate risk.

- ❖ Cotswold House Marlborough (Children and Families Directorate): This is due to the number of vacancies and two registered staff are currently going through preceptorship so require additional support and mentorship. To ensure safe staffing levels the ward manager and modern matron for the ward who are normally supernumerary to the nurse staffing numbers have been working in a nursing role. In addition a number of temporary staff are being used which is some of the reason for the moderate risk rating.
- ❖ Ruby, Allen, Wintle, and Vaughan Thomas (Adult Directorate): Following a nursing establishment review the staffing on all of the adult mental health wards was increased to one more member of staff per shift from 5:5:4 to 6:6:5. As a consequence of moving to these enhanced staffing levels the ward has a number of vacancies to fill, and quite often the ward has been one person below on each shift (therefore working to the previous establishment of 5:5:4). Temporary staff are being used where possible.

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- ❖ Highfield Unit (Children and Families Directorate): Following a nursing establishment review the staffing was increased from 7:7:6 to 10:10:9. As a consequence of moving to these enhanced staffing levels the ward has a number of vacancies to fill. Temporary staff are being used where possible.
- ❖ Kingfisher and Kestrel wards (Adult Directorate): This is due to the wards having a number of vacancies, the wards have appointed newly qualified staff however they are not able to start till August 2014. Temporary staff are being used where possible.
- ❖ Cherwell ward (Older Adult Directorate): Following a nursing establishment review the staffing on all of the older adult mental health wards was increased from 5:4:3 to 5:5:4. As a consequence of moving to these enhanced staffing levels the ward has a number of vacancies to fill. Temporary staff are being used when available.
- ❖ Abingdon ward 1 and ward 2 (Older Adult Directorate): This is due to the wards having high staff sickness and a number of vacancies. A number of new staff have been appointed who are due to start in mid July 2014. In the short term staff are staying beyond shift finish times to support the ward and temporary staff are being used when available.

### 4. Nursing Vacancies

Nursing vacancies are proactively monitored and managed on a weekly and monthly basis with the Executive Team. We use national and localised recruitment campaigns to attract the right staff.

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

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

### 5. Impact of Staffing Levels on Quality and Workforce Measures

A selection of key quality and workforce measures are presented alongside the staffing level information in Appendix 1. There does not appear to be a correlation yet between the staffing level information and the impact or early warning signs identified by the quality and workforce measures. We will be monitoring and developing how we draw conclusions in future monthly reports.

### 6. Conclusion

This report is the second published monthly report on inpatient nurse staffing levels for May 2014.

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

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Appendix 1 identifies fourteen wards this month where there was a gap between expected and actual levels of staffing in the month which had a moderate impact on patient care. There are different reasons identified including recruitment to recently increased expected staffing levels which is underway. There are recruitment difficulties in some geographical areas and in some specialties which require more strategic attention. The system for reliably supplying temporary staffing needs to improve and a project plan to deliver the new solution with a strategic recruitment plan will be presented to the Board of Directors in the coming months. The new proposed solution for temporary staffing was discussed in the Executive in June and detailed costing is being undertaken.

Appendix 2 shows the results of the new national monthly submission required via Unify based on the number of hours filled across the staff team. In addition we have continued to review staffing levels on a shift by shift basis (Appendix 1) because by calculating the difference between expected and actual hours filled over a month period some of the challenges identified during a particular shift are not demonstrated through high level top line reporting. This is rectified through our daily and weekly review processes.

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

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

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

Number of Shifts:

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

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

Temporary Staff (bank, agency or sessional)

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

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

\* Notes

- Sapphire and Allen wards only reported information in four of the five weeks, no information for week of 28<sup>th</sup> April to 4<sup>th</sup> May 2014.
- Highfield only reported information in four of the five weeks, no information for week of 19<sup>th</sup>-25<sup>th</sup> May 2014.

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Wards	Number of shifts where staffing temporarily fell below expected levels	% of shifts where staffing met expected levels	Level of concern internally risk rated	Narrative to explain the reasons for any gaps and the impact	Actions	Quality and Workforce Measures								
						Essential Standard (April 14)/ CHAT (Q4 13/14) audits	Number of Complaints (last 6 mths)	Total number of incidents (last 6 mths)	% of incidents extreme & high risk (last 6 mths)	Number of infection outbreaks (last 6 mths Q3 & Q4 2013/14)	Patient feedback (last 6 mths)– yes definitely felt involved in care	% lost to sickness (May 14)	WTE live vacancies (May 14)	% bank, sessional & agency (May 14)
Highfield Unit  Beds: 18+ 4 day places  Expected: 10:10:9 (agreed from 2 <sup>nd</sup> May 14)	7/81*	91.4%	Medium	Recent increase in establishment to move from expected levels of 7:7:6 to 10:10:9, figures based on new expected staffing levels. Number of vacancies and high use of temporary staff whilst recruitment underway.	Series of staff interviews planned.  Agency, bank and sessional staff are being used to meet vacancies currently.	No data	9	186	0.5%	0	No central data	1.9 %	29.4	24.3 %
Marlborough House, Swindon  Beds: 12  Expected: 5:5:4 (+ 1 unregistered working 9am-5pm)	0/105	100%	Low	Not applicable.	Not applicable.	No data	8	172	2.3%	0	No central data	3.3 %	4.1	13%
Cotswold House Marlborough	30/105	71.4%	Medium	Number of vacancies and 2 registered staff are currently going through preceptorship so require additional support	Recruitment is underway and senior staff are actively involved in	93%	7	28	0%	0	No central data	0.3 %	4.4	7.6%



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Beds: 12 Expected: 5:5:3				and mentorship. A high number of sessional staff are being used to try and fill gaps due to vacancies.	supporting the team on the ward.									
Cotswold House Oxford Beds: 14 Expected: 5:5:3	43/105	59%	High	Included in the figures are when staffing levels were increased by 1 and 2 members of staff per shift due to patient need; however on some shifts this additional need for staff could not be met.  This is compounded by some vacancies in the team and staff sickness in the last 2 weeks of May.	Recruitment is underway and senior staff are actively involved in supporting the team on the ward.  Temporary staff are being used.	100%	10	72	18%	0	No central data	2.8 %	1.9	20.1 %
Woodlands House Beds: 20 Expected: 5:4:4 (+unregistered working 9am-5pm)	5/105	95.2%	Low	The environment on the ward is being upgraded and an unregistered member of staff has been allocated to observe/chaperon the building contractors on site each day Mon-Fri. In addition the ward has 3 vacancies at the moment.	The building work is planned to be completed by October 2014, in the meantime the impact on staffing levels will continue to be closely monitored.	98%	3	68	2.9%	0	No central data	3.6 %	5	5.1%

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					Recruitment is underway and in the short term temporary staff are being used.									
Chaffron Beds: 8 Expected: 3:3:2	8/105	92.4%	Low	Gaps as a result of staff sickness, all sickness is being managed following Trust policy.	Management of staff sickness.	98%	0	10	0%	0	No central data	1.4 %	3.55	5.28 %
Kingfisher Beds: 16 Expected: 7:7:5	18/105	82.9%	Medium	In two of the five weeks staffing was challenging due to sickness and vacancies. Newly qualified staff have been recruited however they are unable to start till Aug 14 so there is high use of temporary staff.	Recruitment is underway and in the short term temporary staff are being used.	95%	9	104	0%	0	No central data	3.4 %	5.6	14.9 %
Kestrel Beds: 10 Expected: 7:7:6	29/105	72.4%	Medium	Newly qualified staff have been recruited however they are unable to start till Aug 14 so there is high use of temporary staff.	Recruitment is underway and in the short term temporary staff are being used.	90%	6	133	0.8%	0	No central data	12.9 %	4.6	23%
Wenric	64/105	39%	High	Gaps as a result of staff	The building work	100%	3	22	0%	0	No	6.7	2.5	5.2%

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						Essential Standard (April 14)/ CHAT (Q4 13/14) audits	Number of Complaints (last 6 mths)	Total number of incidents (last 6 mths)	% of incidents extreme & high risk (last 6 mths)	Number of infection outbreaks (last 6 mths Q3 & Q4 2013/14)	Patient feedback (last 6 mths) – yes definitely felt involved in care	% lost to sickness (May 14)	WTE live vacancies (May 14)	% bank, sessional & agency (May 14)
Beds: 21  Expected: 7:6:5				sickness, vacancies, 2 members of staff are pregnant and off clinical duties and 1 member of staff supervising contractors to complete building work on the ward Mon-Fri.	is planned to be completed by October 2014, in the meantime the impact on staffing levels will continue to be closely monitored.  Staff sickness is being managed following Trust policy and recruitment is underway.						central data	%		
Lambourne House  Beds: 15  Expected: 3:3:2	0/105	100%	Low	Not applicable.	Not applicable.	No data	6	55	9.1%	0	No central data	1.1 %	1.8	1.9%
Watling  Beds: 20	8/ 105	92.4%	Low	Gaps on the ward as a result of staff being required to leave the ward to support patient escorts to court.	None required.	92%	8	44	2.3%	0	No central data	5.9 %	1.25	15.3 %

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Expected: 8:8:7 (moving to 9:9:8 from end of May 14)															
Glyme  Beds: 17  Expected: 5:5:3 (+ unregistered working Mon-Fri)	1/105	99%	Low	None required.	None required.	86%	4	30	6.7%	0	No central data	8.1 %	3.1	7.8%	
Kennet  Beds: 15  Expected: 6:6:5 (+ 1 unregistered working 9am-5pm)	2/105	98.1%	Low	Ward is using a high number of temporary staff due to vacancies and need to staff above expected levels to meet patient needs.	Recruitment underway.	94%	15	70	2.9%	0	No central data	3.8 %	4.7	13.7 %	
Sapphire	9/84*	89.3%	Low	Following a nursing establishment review the	Recruitment underway to fill	82%	8	179	0%	1	2/6	2.1 %	5.7	17.8 %	

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Beds: 20 (+S136 place of safety)  Expected: 6:6:4				staffing on all of the adult mental health wards was increased to one more member of staff per shift (from 5:5:4 to 6:6:4). As a consequence of moving to these enhanced staffing levels the ward has a number of vacancies to fill, and quite often the ward will be one person below on each shift (therefore working to the previous establishment of 5:5:4). Temporary staff are being used as far as possible when available.	new establishment.										
Ruby Beds: 20  Expected: 6:6:4	36/105	65.7%	Medium	Following a nursing establishment review the staffing on all of the adult mental health wards was increased to one more member of staff per shift (from 5:5:4 to 6:6:4). As a consequence of moving to these enhanced staffing levels the ward has a number of vacancies to fill, and quite often the ward will be	Recruitment underway to fill new establishment.	70%	6	270	0.4%	1	6/27	4%	8.4	11.9 %	

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				<p>one person below on each shift (therefore working to the previous establishment of 5:5:4). Temporary staff are being used as far as possible when available.</p> <p>In addition the ward has a member of staff who is pregnant and off clinical duties and another person on maternity leave.</p>										
Opal (recent change from Mandalay House)  Beds: 20  Expected: 4:4:4 (moved to 5:5:4 in mid May 14)	23/105	78.1%	Low	Gap as a result of vacancies and sickness.	Recruitment is underway and in the short term temporary staff are being used.	89%	6	61	0%	0	12/66	4.3 %	9.7	6.3%
Allen	21/84*	75%	Medium	Following a nursing establishment review the	Recruitment underway to fill	82%	14	103	0%	0	5/18	5.5 %	13.7	24.5 %

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Beds: 21  Expected: 6:6:4				staffing on all of the adult mental health wards was increased to one more member of staff per shift (from 5:5:4 to 6:6:4). As a consequence of moving to these enhanced staffing levels the ward has a number of vacancies to fill, and quite often the ward will be one person below on each shift (therefore working to the previous establishment of 5:5:4). Temporary staff are being used as far as possible when available.	new establishment.									
Wintle  Beds: 16  Expected: 6:6:4	35/105	66.7%	Medium	Following a nursing establishment review the staffing on all of the adult mental health wards was increased to one more member of staff per shift (from 5:5:4 to 6:6:4). As a consequence of moving to these enhanced staffing levels the ward has a number of vacancies to fill, and quite often the ward will be	Recruitment underway to fill new establishment.	72%	25	138	3.6%	0	2/5	3.8 %	9.8	13.7 %

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				one person below on each shift (therefore working to the previous establishment of 5:5:4). Temporary staff are being used as far as possible when available.										
Vaughan Thomas  Beds: 18  Expected: 6:6:4	40/ 105	61.9%	Medium	Following a nursing establishment review the staffing on all of the adult mental health wards was increased to one more member of staff per shift (from 5:5:4 to 6:6:4). As a consequence of moving to these enhanced staffing levels the ward has a number of vacancies to fill, and quite often the ward will be one person below on each shift (therefore working to the previous establishment of 5:5:4). Temporary staff are being used as far as possible when available.	Recruitment completed to fill new establishment, a number of news starters due from end of May 14.	77%	10	133	2.3%	0	11/17	7.9 %	12.2	23%
Phoenix  Beds: 21	55/105	47.6%	High	Following a nursing establishment review the staffing on all of the adult	Recruitment completed to fill new establishment	84%	10	108	2.8%	1	1/2	8.6 %	6.4	20.8 %



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(+S136 place of safety)  Expected: 6:6:4				<p>mental health wards was increased to one more member of staff per shift (from 5:5:4 to 6:6:4). As a consequence of moving to these enhanced staffing levels the ward has a number of vacancies to fill, and quite often the ward will be one person below on each shift (therefore working to the previous establishment of 5:5:4). Temporary staff are being used as far as possible when available.</p> <p>In addition gaps have been a result of staff sickness and maternity leave.</p>	and 2 members of staff due to start in Aug 14.									
Ashurst PICU  Beds: 13 (+S136 place of safety)  Expected: 8:8:6	21/105	80%	Low	Gaps as a result of staff sickness and staff needing to take emergency compassionate leave, which are being managed following Trust policies.	Continue to manage staff sickness and support ward team.	85%	29	295	2.0%	0	No central data	4.1 %	9.4	19.8

**PUBLIC BOARD REPORT**

Wards	Number of shifts where staffing temporarily fell below expected levels	% of shifts where staffing met expected levels	Level of concern internally risk rated	Narrative to explain the reasons for any gaps and the impact	Actions	Quality and Workforce Measures								
						Essential Standard (April 14)/ CHAT (Q4 13/14) audits	Number of Complaints (last 6 mths)	Total number of incidents (last 6 mths)	% of incidents extreme & high risk (last 6 mths)	Number of infection outbreaks (last 6 mths Q3 & Q4 2013/14)	Patient feedback (last 6 mths) – yes definitely felt involved in care	% lost to sickness (May 14)	WTE live vacancies (May 14)	% bank, sessional & agency (May 14)
Sandford  Beds: 17  Expected: 5:5:4	16/105	84.8%	Low	Following a nursing establishment review the staffing on all of the older adult mental health wards was increased. As a consequence of moving to these enhanced staffing levels the ward has a number of vacancies to fill. Temporary staff are being used to fill vacancies in the short term.	Recruitment underway to fill new establishment.	93%	7	178	6.7%	0	7/19	5.3 %	10	20.5 %
Cherwell  Beds: 17  Expected: 5:5:4	36/105	65.7%	Medium	Following a nursing establishment review the staffing on all of the older adult mental health wards was increased. As a consequence of moving to these enhanced staffing levels the ward has a number of vacancies to fill. Temporary staff are being used to fill vacancies in the short term.	Recruitment underway to fill new establishment.	94%	4	57	0%	0	14/38	4.6 %	12.5	25.1 %
Fiennes  Beds: 10 (17 available)	10/105	90.5%	Low	The ward has a high number of vacancies therefore the number of beds was reduced to ensure safe staffing levels.	Continue to review number of beds.	94%	5	60	1.7%	0	1/5	1%	0	34%

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Wards	Number of shifts where staffing temporarily fell below expected levels	% of shifts where staffing met expected levels	Level of concern internally risk rated	Narrative to explain the reasons for any gaps and the impact	Actions	Quality and Workforce Measures								
						Essential Standard (April 14)/ CHAT (Q4 13/14) audits	Number of Complaints (last 6 mths)	Total number of incidents (last 6 mths)	% of incidents extreme & high risk (last 6 mths)	Number of infection outbreaks (last 6 mths Q3 & Q4 2013/14)	Patient feedback (last 6 mths) – yes definitely felt involved in care	% lost to sickness (May 14)	WTE live vacancies (May 14)	% bank, sessional & agency (May 14)
reduced number open)  Expected: 4:4:3														
Amber  Beds: 20  Expected: 6:6:4	14/105	86.7%	Low	Gaps as a result of staff sickness, maternity leave and emergency compassion leave.	Continue to manage staff sickness and support ward team.	96%	14	161	3.1%	0	4/17	6.1 %	18.2	11.8 %
Bicester  Beds: 11  Expected: 4:3:3	4/105	96.2%	Low	Gaps as a result of staff sickness.	Continue to manage staff sickness and support ward team.	87%	0	27	0%	1	4/8	0.2 %	0	0%
Didcot  Beds: 12  Expected: 4:4:3	0/105	100%	Low	Not applicable.	Not applicable.	89%	0	74	6.8%	3	4/9	1%	5.1	7.5%
Abingdon ward 1	24/105	77.1%	Medium	Gaps as a result of staff sickness and vacancies. Temporary staff are being used	Recruitment underway, 3 new staff due to start in	87%	4	104	8.7%	0	1/8	4.1 %	4.7	4.3%

## PUBLIC BOARD REPORT

Wards	Number of shifts where staffing temporarily fell below expected levels	% of shifts where staffing met expected levels	Level of concern internally risk rated	Narrative to explain the reasons for any gaps and the impact	Actions	Quality and Workforce Measures								
						Essential Standard (April 14)/ CHAT (Q4 13/14) audits	Number of Complaints (last 6 mths)	Total number of incidents (last 6 mths)	% of incidents extreme & high risk (last 6 mths)	Number of infection outbreaks (last 6 mths Q3 & Q4 2013/14)	Patient feedback (last 6 mths) – yes definitely felt involved in care	% lost to sickness (May 14)	WTE live vacancies (May 14)	% bank, sessional & agency (May 14)
Beds: 18 Expected: 8:5:3				as far as possible when available.	July 14. Continue to manage staff sickness									
Abingdon ward 2 Beds: 26 Expected: 9:6:4	17/105	83.8%	Medium	Gaps as a result of staff sickness and vacancies. Temporary staff are being used as far as possible when available.	Recruitment underway and interviews planned for June 14.	85%	1	138	2.2%	1	12/22	4.9 %	4.7	21.5 %
Henley Peppard ward Beds: 14 Expected: 4:4:3	0/105	100%	Low	Not applicable.	Not applicable.	94%	9	34	5.9%	0	4/12	1.2 %	3.1	25.5 %
Wantage Beds: 12 Expected: 4:3:3	20/105	81%	Low	Gaps as a result of staff sickness.	Continue to manage staff sickness and support ward team.	94%	1	83	9.6%	0	3/6	14.8 %	0.6	11.7 %
Wallingford St Leonards ward	0/105	100%	Low	Not applicable.	Not applicable.	90%	18	1	0%	0	8/18	4.7 %	1.2	11.9 %

## PUBLIC BOARD REPORT

Wards	Number of shifts where staffing temporarily fell below expected levels	% of shifts where staffing met expected levels	Level of concern internally risk rated	Narrative to explain the reasons for any gaps and the impact	Actions	Quality and Workforce Measures								
						Essential Standard (April 14)/ CHAT (Q4 13/14) audits	Number of Complaints (last 6 mths)	Total number of incidents (last 6 mths)	% of incidents extreme & high risk (last 6 mths)	Number of infection outbreaks (last 6 mths Q3 & Q4 2013/14)	Patient feedback (last 6 mths) – yes definitely felt involved in care	% lost to sickness (May 14)	WTE live vacancies (May 14)	% bank, sessional & agency (May 14)
Beds: 22 Expected: 6:5:3														
City Beds: 20 Expected: 7:5:3	18/105	82.9%	Low	Gaps as a result of staff sickness and vacancy.	Staff sickness is being managed following Trust policy and interviews for vacancy at the end of May 14.	79%	8	84	20.2%	4	1/6	5.4 %	2.3	6.2%
Witney Linfoot ward Beds: 30 Expected: 10:8:5	20/105	80.1%	Low	Gaps as a result of staff vacancies.	Recruitment underway.	81%	8	170	17.1%	1	5/10	1.8 %	0	3.9%
Witney wenrisc ward Beds: 30 Expected: 10:9:5	17/105	83.4%	Low	Gaps as a result of vacancies.	Recruitment underway.	79%	14	95	8.4%	1	6/16	5.3 %	4.4	6.4%

## PUBLIC BOARD REPORT

### Appendix 2. Summary of the staffing levels by ward (Unify Return)

This is calculated based on total number of actual hours worked by staff divided by expected number of hours, split by day and night shifts and registered and unregistered staff.

(see Appendix 1 for more detail)

Directorate	Speciality	Ward	Day Shifts (Early, Late and Twilight)		Night Shift	
			Registered nurses	Unregistered staff	Registered nurses	Unregistered staff
Children and Families	Children and Adolescent Mental Health	Marlborough House, Swindon	100.0%	100.0%	100.0%	100.0%
	Children and Adolescent Mental Health	Highfield Ward	93.6%	100.0%	100.0%	100.0%
	Eating Disorder	Cotswold House, Oxford	89.0%	89.7%	94.1%	100.0%
	Eating Disorder	Cotswold House, Marlborough	83.1%	95.1%	100.0%	100.0%
Adult	Adult Mental Health	Allen Ward	93.8%	90.1%	100.0%	100.0%
	Adult Mental Health	Vaughan Thomas Ward	99.5%	80.8%	100.0%	100.0%
	Adult Mental Health	Wintle Ward	99.0%	80.8%	100.0%	100.0%
	Adult Mental Health	Ashurst Unit	95.6%	97.5%	100.0%	100.0%
	Adult Mental Health	Phoenix Ward	86.8%	87.8%	92.6%	97.1%
	Adult Mental Health	Opal Ward	97.1%	86.8%	100.0%	100.0%
	Adult Mental Health	Ruby Ward	100.0%	81.4%	100.0%	100.0%
	Adult Mental Health	Sapphire Ward	98.8%	95.1%	100.0%	100.0%
	Forensic Mental Health	Watling Ward	100.0%	98.5%	100.0%	100.0%
	Forensic Mental Health	Lambourn House	100.0%	100.0%	100.0%	100.0%
	Forensic Mental Health	Woodlands House	98.8%	98.3%	100.0%	100.0%
	Forensic Mental Health	Glyme Ward	100.0%	99.6%	100.0%	100.0%
	Forensic Mental Health	Chaffron Ward	92.7%	97.8%	100.0%	100.0%
	Forensic Mental Health	Wenric House	95.9%	80.1%	100.0%	97.0%
	Forensic Mental Health	Kennet Ward	100.0%	99.3%	100.0%	100.0%
	Forensic Mental Health	Kestrel Ward	98.5%	91.8%	100.0%	100.0%
	Forensic Mental Health	Kingfisher Ward	95.6%	96.2%	100.0%	100.0%
Older Adult	Older Adult Mental Health	Cherwell Ward	89.0%	90.7%	100.0%	100.0%
	Older Adult Mental Health	Fiennes Unit	95.6%	95.6%	100.0%	100.0%

**PUBLIC BOARD REPORT**

Directorate	Speciality	Ward	Day Shifts (Early, Late and Twilight)		Night Shift	
			Registered nurses	Unregistered staff	Registered nurses	Unregistered staff
	Older Adult Mental Health	Sandford Ward	97.1%	94.6%	97.1%	98.5%
	Older Adult Mental Health	Amber Ward	99.3%	97.5%	100.0%	100.0%
	Community Hospital	Abingdon Ward 1	89.7%	99.2%	100.0%	100.0%
	Community Hospital	Abingdon Ward 2	94.1%	99.6%	100.0%	100.0%
	Community Hospital	Bicester Ward	98.5%	100.0%	97.1%	100.0%
	Community Hospital	Didcot Ward	100.0%	100.0%	100.0%	100.0%
	Community Hospital	City Ward	97.1%	95.8%	100.0%	100.0%
	Community Hospital	Henley Peppard Ward	100.0%	100.0%	100.0%	100.0%
	Community Hospital	Wallingford St Leonards Ward	100.0%	100.0%	100.0%	100.0%
	Community Hospital	Wantage Ward	93.4%	90.2%	100.0%	100.0%
	Community Hospital	Witney Linfoot Ward	98.0%	97.1%	100.0%	100.0%
	Community Hospital	Witney Wenrisc Ward	96.7%	98.0%	100.0%	100.0%
		Trust wide	96.20%	94.50%	99.50%	99.80%