

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

**29<sup>th</sup> June 2016**

**Inpatient Safer Staffing Report  
For Information**

**Introduction**

This is a 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 a 4 week period from 25<sup>th</sup> April to 22<sup>nd</sup> May 2016.

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.

In addition this month's report includes information on the outcome of the most recent inpatient nurse staffing establishment reviews by clinical directorate.

**Highlights from the Inpatient Safe Staffing Levels Report**

At a senior level we continue to monitor staffing levels by ward each week. Table 1 in the body of the report summarises the staffing position by ward. Each ward is taking a range of immediate actions on a daily basis to ensure safe staffing levels are maintained appropriate to the needs of patients.

When looking at the number of shifts which were fully staffed to expected levels, five wards were identified as having the most difficulties across the four week period in achieving expected staffing levels on every shift. However all wards did maintain minimum staffing levels to remain safe to deliver patient care. The four wards which were not able to fully staff at least 85% of shifts were; Allen, Ruby, Vaughan Thomas and Ashurst, more detail is provided in the report.

The main reason wards have been unable to fully staff every shift is due to vacancies related to recruitment difficulties in some geographical areas and some specialties which we are giving more strategic attention to. Retention of staff is also a strategic priority and solutions to reduce turnover are proposed in the Organisational Development, Workforce and Nursing Strategies.

**Inpatient Nurse Staffing Establishment Review**

The recent staffing reviews completed highlight some minor amendments to expected staffing levels made since the last report in October 2015, as a result of changing bed numbers, changes in skill mix and/ or changes in patient presentations. Appendix 1 shows the current nursing establishment for each ward and highlights any changes to expected staffing levels since the last report in October 2015.

The current review and planned consultation of the community hospital inpatient service being led by our commissioners in response to patients changing needs and acuity, is currently and will affect the staffing levels and ward configurations in the future.

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### **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
- ❖ The changes in expected nursing levels since October 2015

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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 Safer Staffing 25<sup>th</sup> April to 22<sup>nd</sup> May 2016

#### **Introduction**

This is a monthly report to the Board of Directors presenting the actual nurse staff levels (registered and unregistered) on each ward against their required need on a shift by shift basis for a 4 week period from 25<sup>th</sup> April to 22<sup>nd</sup> May 2016.

In addition in this month's report there is information on the outcome of the recent inpatient nurse staffing establishment review.

#### **Inpatient Safe Staffing Levels Report**

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 continually reviewed on each 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 April/ May 2016 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 the trusts bank 'staffing solutions' and external agencies, and reducing beds on some wards.

As reported previously peppard ward in Henley was temporarily closed from November 2015 following a decision by Oxfordshire Clinical Commissioning Group.

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

#### **Management of Staffing Levels**

Trust has moved to an electronic rostering system and we have been using the data collected through the rotas to report and review staffing levels at a senior level on a weekly basis. The benefits of using the rostering system include being able to report on; shifts going above planned staffing levels due to patient need and acuity, the staffing position across professions (not just nursing), and the ability to review information from a single electronic source on a 'live' basis.

The electronic rostering system is being rolled out across community teams which will enable a more comprehensive review of staffing on a regular basis and regular reporting to the board of directors in coming months.

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
- Temporarily reducing beds on some wards and closing one community hospital ward
- 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

#### **Summary Position**

Table 1 below shows the staffing levels by ward for 25<sup>th</sup> April to 22<sup>nd</sup> May 2016, with a breakdown by day and night shifts, alongside a series of other measures including skill mix and workforce indicators. The thresholds are based on trust/ national targets and used to highlight particular areas.

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Similar to previous months the following wards are highlighted as struggling to meet staffing levels;

- **Allen (overall 83% of shifts fully staffed)**- high number of vacancies (14.3 WTE) and high sickness (7.6%) and therefore the ward is using a high % of agency staff (11%) however the ward has struggled over all four weeks to meet the staffing required, particularly for registered nurses on day shifts.
- **Ashurst (overall 81% of shifts fully staffed)**-high number of vacancies (9.5 WTE), high sickness (10%) and agency use (9.6%) around registered nursing staff therefore unable to meet planned registered staffing on day and night shifts. The ward particularly struggled with staffing in the week of 16<sup>th</sup>-22<sup>nd</sup> May 2016.
- **Ruby (overall 72% of shifts fully staffed)**-high number of vacancies (8 WTE), high sickness (4.9%) and particularly high agency use (26.6%) to maintain safe nurse staffing levels. The ward has struggled across all four weeks, particularly with registered staff on night shifts.
- **Vaughan Thomas (overall 72% of shifts fully staffed)**-high number of vacancies (9 WTE) resulting in high agency use (8.8%). The ward has struggled across all four weeks, particularly registered staff on day shifts.

The other wards to note that have high vacancies and have had to use high amounts of agency and temporary staff to maintain safe staffing levels

- Ward 2 in Abingdon Community Hospital
- Highfield
- Kestrel
- Kingfisher
- Wenrisc ward in Witney Community Hospital

### 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 continued to be given strategic attention. Retention of staff is also a strategic priority and solutions to reduce turnover are proposed in the 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.

### Out of area placements

In light of the report from the Independent Commission on Acute Adult Psychiatric Care published in March 2016, table 2 is a summary about the out of area placements from adult and older adult mental health wards due to demand and capacity from April 2016 (this excludes out of area specialist placements as clinically appropriate). For patients still out at the time of this report, the number of days has been calculated up until 31/05/16.

Table 2. Out of area placements

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Oxfordshire adults of working age					Buckinghamshire adults of working age				
Month	Number of admissions out of area	Total bed days	Total distance in miles	Average distance in miles	Month	Number of admissions out of area	Total bed days	Total distance in miles	Average distance in miles
Apr-16	7	90	590	84	Apr-16	6	165	336	56
May-16	10	104	798	80	May-16	12	180	797	66
Oxfordshire older people					Buckinghamshire older people				
Month	Number of admissions out of area	Total bed days	Total distance in miles	Average distance in miles	Month	Number of admissions out of area	Total bed days	Total distance in miles	Average distance in miles
Apr-16	0			N/A	Apr-16	0			N/A
May-16	0			N/A	May-16	0			N/A

For May 2016 a breakdown of the patients demographic by gender, ethnicity and age.

Age, Gender and Ethnicity Breakdown							
May-16	Gender		Ethnicity		Age		
	Males	9	Not Recorded		9	Under 18	0
	Females	13	White-British		11	18-29	9
			White English			30-39	6
			White - Other/Unsp.		1	40-49	6
			Mixed - Any other.		1	50-59	1
						60-69	0
						70 +	0

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Table 1.

Data source: electronic rostering system

Ward	% of shifts filled against required numbers (highlighted if less than 85%)						Skill Mix (highlighted if less than 50%)	Workforce indicators (highlighted according to trust targets)		
	% of all shifts filled (all professions)	Comparison to previous 4 weeks (28th March to 24th April 2016)	% Registered day shifts filled by nurses (submitted to NHS England)	% Unregistered day shifts filled by nurses (submitted to NHS England)	% Registered night shift filled by nurses (submitted to NHS England)	% Unregistered night shifts filled by nurses (submitted to NHS England)	% Registered Skill Mix	% Agency Use	% Sickness	Vacancies Vs Budget (WTE)
Abingdon Ward 1	97.20%	96.00%	101%	95%	100%	100%	55.9%	16.6%	1.1%	10.8
Abingdon Ward 2	99%	99%	117%	120%	100%	100%	53.9%	17.0%	7.6%	18.1
Allen	83.10%	82.00%	82%	96%	97%	102%	53.2%	11.0%	3.7%	14.3
Amber	99.50%	78.00%	104%	101%	100%	93%	42.9%	13.1%	4.6%	7.1
Ashurst (PICU)	80.70%	85.00%	79%	97%	78%	96%	33.6%	9.6%	10.0%	9.5
Bicester	99.80%	99.00%	98%	105%	100%	100%	52.6%	4.9%	11.7%	3.3
Cotswold House Marlborough	93.70%	98.00%	94%	97%	103%	98%	41.0%	8.3%	4.3%	12.7
Cotswold House Oxford	98.50%	89.00%	104%	91%	100%	93%	44.2%	7.1%	7.8%	3.3
Chaffron	100%	100%	101%	101%	100%	103%	46.3%	0.0%	6.6%	2.2
Cherwell	90.50%	91.00%	78%	98%	97%	102%	44.6%	6.4%	8.5%	5.1
City	98.40%	95.00%	95%	135%	98%	98%	50.7%	8.8%	3.4%	9
Didcot	99.60%	98.00%	105%	96%	103%	96%	53.7%	6.0%	4.2%	1.3
Glyme	94.20%	97.00%	95%	95%	69%	155%	40.5%	0.0%	3.7%	7.8
Highfield (CAMHS)	88.90%	87.00%	115%	88%	129%	88%	44.8%	21.7%	5.6%	19.7
Kennet	99.80%	99.00%	103%	99%	102%	101%	34.6%	3.4%	2.8%	9.7
Kestrel	86.20%	89.00%	87%	101%	114%	91%	34.5%	34.8%	6.4%	16.6
Kingfisher	91.60%	85.00%	104%	90%	100%	92%	30.8%	31.5%	6.4%	11.8
Lambourne House	87.80%	92.00%	127%	87%	100%	100%	51.7%	0.0%	1.9%	0.4
Linfoot Witney	97.50%	99.00%	100%	96%	102%	96%	51.2%	5.7%	8.6%	9.6
Marlborough House Swindon (CAMHS)	94.10%	85.00%	103%	101%	99%	99%	48.9%	20.8%	0.8%	7.6
Opal (Rehabilitation)	96.80%	93.00%	87%	108%	78%	121%	41.3%	2.6%	0.5%	8.2
Phoenix	92.80%	90.00%	94%	97%	100%	98%	47.8%	12.2%	15.2%	6.3
Ruby	71.70%	73.00%	96%	88%	85%	96%	42.2%	26.6%	4.9%	8
Sandford	94.70%	94.00%	82%	106%	98%	99%	42.0%	12.7%	8.1%	7.5
Sapphire	96.30%	97.00%	97%	98%	92%	104%	46.4%	16.0%	3.0%	9.3
Vaughan Thomas	71.90%	74.00%	67%	100%	103%	97%	51.3%	8.8%	1.0%	9
St Leonards Wallingford	99.70%	99.00%	100%	99%	100%	100%	49.6%	4.8%	1.9%	0.1
Wantage	100%	100%	100%	93%	102%	97%	65.0%	11.3%	7.3%	2.1
Watling	90.30%	96.00%	79%	125%	100%	108%	30.1%	5.5%	4.2%	11.5
Wenric	99.70%	100.00%	95%	104%	102%	99%	41.8%	16.0%	7.8%	7.3
Wenrisc Witney	87.40%	82.00%	90%	95%	105%	94%	52.7%	3.6%	3.3%	14.7
Wintle	98.50%	98.00%	74%	126%	102%	99%	43.3%	4.7%	8.2%	6.1
Woodlands	88.40%	88.00%	132%	77%	126%	75%	57.6%	2.0%	2.1%	7.9

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### **Inpatient Nurse Staffing Establishment Review**

Following the last report in October 2015 and brief update last month, this is the fifth report presenting the outcome of a 6 monthly review of nurse staffing establishment.

The evidence-based tools developed by Hurst (2002) and Sheldon (2005) have been used to review staffing levels on all community hospital wards; however the application in mental health wards is limited. Over the last six months the trust has been engaged in national programmes to develop evidence based staffing tools for mental health adult and older people wards as well as community adult mental health teams. The national guidance recognises there are currently limited tools available to help to determine the right nurse staffing levels on wards therefore the review of establishments has been conducted based on clinical and professional judgement and patient need. Nationally there are a number of work streams developing guidance and models to recommend a minimum staffing level which are expected to publish this year.

The most recent reviews completed highlight some minor amendments to expected levels that have been made since the last report as a result of changing bed numbers, changes in skills mix and or changes in patient need. In addition the trust has reviewed shift patterns and made a decision not to allow staff to work permanent night shifts.

Appendix 1 shows the current nursing establishment for each ward and highlights any changes to expected staffing levels since the last report in October 2015. This information excludes modern matrons and ward managers who are treated as supernumerary providing a leadership role. For all wards the allowance built into the establishment for planned and unplanned leave, sickness and training is set at 23%.

A recent review of staffing on adult mental health wards has been completed to specifically look at the equity and demand on staffing for the three wards with a S136 suite (place of safety). An options appraisal has been written for consideration but further work is needed to look at activity data for a longer period before the directorate can make a recommendation to change the staffing for the board to approve. Currently the staffing on the adult acute mental health wards remains at 6:6:4 (early:late:night shifts), the rehabilitation ward (Opal) at 5:5:4 and the psychiatric intensive care unit (Ashurst) at 7:7:5.

Below is a summary of the changes made to expected staffing levels in the last 6 months;

- ❖ Peppard ward at Henley Community Hospital – closed from November 2015 to deliver a new ambulatory care service model.
- ❖ Witney community hospital – from the 1<sup>st</sup> March 2016 the second ward was re-opened after being temporarily closed to improve the quality and safety of care.
- ❖ Ward 2 Abingdon community hospital - Following a second ward re-opening at Witney Community Hospital the staffing numbers have reduced from 31<sup>st</sup> March 2016.
- ❖ St Leonards, Wallingford community hospital - Staffing levels have been increased as a result of bed numbers being increased from 16 to 24 (and even to 26 during the period of winter pressures).
- ❖ Didcot community hospital - 1 additional unregistered staff member on early shift and on twilight shift from mid-November 2015 as a result of an increase in 4 beds.
- ❖ Wenric forensic ward - 1 less registered members of staff on the early shift to be in line with the rest of the forensic service.

Over the next 6 months the following reviews are planned which may recommend changes to expected staffing levels in the future;

- ❖ Temporarily closure of Wantage community hospital

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- ❖ The current review and planned consultation of the community hospital inpatient service being led by our commissioners in response to patients changing needs and acuity, is currently and will affect the staffing levels and ward configurations in the future.
- ❖ Cotswold House Oxford (eating disorders) - the staffing levels will be reviewed as acuity and complexity of the patient group is increasing. The ward is recognised as a specialist for gastro nasal feeding which means more acutely unwell patients are treated on the ward rather than being transferred to an acute hospital.

The next establishment review is due to be reported to Board by October 2016.



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**Appendix 1. Staffing Establishments by ward**

Ward	Setting	Number of beds	Expected Staffing by shift June 2016 (based on establishment in budget)			Changes from October 2015
Abingdon ward 1	Older People Community Hospital and stroke beds	12-13		Registered	Unregistered	none
			Early	4	4	
			Late	3	3	
			Night	2	1	
			Twilight	0	0	
			Cross shift	0	0	
Abingdon ward 2	Older People Community Hospital and EMU	20		Registered	Unregistered	Following a second ward re-opening at Witney Community Hospital the staffing numbers have reduced from 31st March 2016.
			Early	4	5	
			Late	3	4	
			Night	3	3	
			Twilight	0	0	
			Cross shift	0	0	
Bicester	Older People Community Hospital	12		Registered	Unregistered	none
			Early	2	2	
			Late	2	2	
			Night	2	2	
			Twilight	0	0	
			Cross shift	0	0	
City	Older People Community Hospital	16		Registered	Unregistered	None. Beds reduced by 1 since 1 <sup>st</sup> May 2016.
			Early	3	3	
			Late	2	2	
			Night	2	2	
			Twilight	0	0	
			Cross shift	0	0	
Didcot	Older People Community Hospital	16		Registered	Unregistered	1 additional unregistered staff member on early shift and on twilight shift from mid-November 2015 as a result of an increase in 4 beds.  None. However when the beds increase to 14 in mid-November 2015 the number of unregistered staff at night will increase by 1.
			Early	2	3	
			Late	2	2	
			Night	2	1	
			Twilight	0	1	
			Cross shift	0	0	
St Leonards (Wallingford)	Older People Community	24		Registered	Unregistered	Staffing levels have been increased as a result of bed numbers being increased from 16 to 24 (and even to 26 during the period of winter

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Ward	Setting	Number of beds	Expected Staffing by shift June 2016 (based on establishment in budget)			Changes from October 2015
	Hospital		Early	4	4	pressures).
			Late	4	4	
			Night	3	3	
			Twilight	0	0	
			Cross shift	0	0	
Wantage	Older People Community Hospital	12-13		Registered	Unregistered	none
			Early	2	2	
			Late	2	1	
			Night	2	1	
			Twilight	0	0	
			Cross shift	0	0	
Linfoot Witney community hospital	Older People Community Hospital, stroke beds and EMU	18		Registered	Unregistered	Two wards at Witney Community Hospital re-opened from 31 <sup>st</sup> March 2016. A risk managed approach had been taken to consolidate the 30 beds and staffing from two to one wards at Witney community hospital from early Sept 2015 to 31 <sup>st</sup> March 2016.
			Early	4	4	
			Late	4	4	
			Night	2	2	
			Twilight	0	0	
			Cross shift	0	0	
Wenrisc Witney community hospital	Older People Community Hospital, stroke beds and EMU	18		Registered	Unregistered	Two wards at Witney Community Hospital re-opened from 31 <sup>st</sup> March 2016. A risk managed approach had been taken to consolidate the 30 beds and staffing from two to one wards at Witney community hospital from early Sept 2015 to 31 <sup>st</sup> March 2016.
			Early	4	4	
			Late	4	4	
			Night	2	2	
			Twilight	0	0	
			Cross shift	0	0	
Amber	Older People Mental Health Acute Ward	20		Registered	Unregistered	none
			Early	3	3	
			Late	3	3	
			Night	2	2	
			Twilight	0	0	
			Cross shift	0	0	
Cherwell	Older People Mental Health Acute Ward	17		Registered	Unregistered	none
			Early	2	3	
			Late	2	3	
			Night	2	2	
			Twilight	0	0	
			Cross shift	0	0	

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Ward	Setting	Number of beds	Expected Staffing by shift June 2016 (based on establishment in budget)			Changes from October 2015
Sandford	Older People Mental Health Acute Ward	17		Registered	Unregistered	none
			Early	2	3	
			Late	2	3	
			Night	2	2	
			Twilight	0	0	
			Cross shift	0	0	
Allen	Adult Mental Health Acute Ward	21		Registered	Unregistered	none
			Early	3	3	
			Late	3	3	
			Night	2	2	
			Twilight	0	0	
			Cross shift	0	0	
Ashurst	Psychiatric Intensive Care Unit and S136 suite	10		Registered	Unregistered	none
			Early	4	3	
			Late	4	3	
			Night	3	2	
			Twilight	0	0	
			Cross shift	0	0	
Opal	Adult Mental Health Rehabilitation Ward	20		Registered	Unregistered	none
			Early	2	3	
			Late	2	3	
			Night	2	2	
			Twilight	0	0	
			Cross shift	0	0	
Phoenix	Adult Mental Health Acute Ward	21		Registered	Unregistered	none
			Early	3	3	
			Late	3	3	
			Night	2	2	
			Twilight	0	0	
			Cross shift	0	0	
Ruby	Adult Mental Health Acute Ward	20		Registered	Unregistered	none
			Early	3	3	
			Late	3	3	
			Night	2	2	
			Twilight	0	0	

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Ward	Setting	Number of beds	Expected Staffing by shift June 2016 (based on establishment in budget)			Changes from October 2015
			Cross shift	Registered	Unregistered	
Sapphire	Adult Mental Health Acute Ward and S136 suite	20	Cross shift	0	0	none
				Registered	Unregistered	
			Early	3	3	
			Late	3	3	
			Night	2	2	
			Twilight	0	0	
Vaughan Thomas	Adult Mental Health Acute Ward and S136 suite	18		Registered	Unregistered	none
			Early	3	3	
			Late	3	3	
			Night	2	2	
			Twilight	0	0	
			Cross shift	0	0	
Wintle	Adult Mental Health Acute Ward	16		Registered	Unregistered	none
			Early	3	3	
			Late	3	3	
			Night	2	2	
			Twilight	0	0	
			Cross shift	0	0	
Watling	Forensic Mental Health Ward	20		Registered	Unregistered	none
			Early	4	4	
			Late	4	4	
			Night	3	4	
			Twilight	0	0	
			Cross shift	0	0	
Glyme	Forensic Mental Health Ward	17		Registered	Unregistered	none
			Early	2	3	
			Late	2	3	
			Night	2	1	
			Twilight	0	0	
			Cross shift	0	1 (Mon-Fri)	
Kennet	Forensic Mental Health Ward	15		Registered	Unregistered	none
			Early	2	4	
			Late	2	4 (5 on Sat & Sun)	

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Ward	Setting	Number of beds	Expected Staffing by shift June 2016 (based on establishment in budget)			Changes from October 2015
			Night	2	3	
			Twilight	0	0	
			Cross shift	0	1 (Mon-Fri)	
Kestrel	Forensic Mental Health Ward	10		Registered	Unregistered	none
			Early	2	5	
			Late	2	5	
			Night	2	4	
			Twilight	0	0	
			Cross shift	0	0	
Kingfisher	Forensic Mental Health Ward	16		Registered	Unregistered	none
			Early	2	5	
			Late	2	5	
			Night	2	3	
			Twilight	0	0	
			Cross shift	0	0	
Lambourne	Forensic Mental Health Ward (pre-discharge unit)	15		Registered	Unregistered	none
			Early	1	2	
			Late	1	2	
			Night	1	1	
			Twilight	0	0	
			Cross shift	0	0	
Chaffron	Forensic Mental Health Ward	8		Registered	Unregistered	none
			Early	1	2	
			Late	1	2	
			Night	1	1	
			Twilight	0	0	
			Cross shift	0	0	
Wenric	Forensic Mental Health Ward	22		Registered	Unregistered	1 less registered members of staff on the early shift to be in line with the rest of the forensic service.
			Early	2	5	
			Late	2	5	
			Night	2	3	
			Twilight	0	0	
			Cross shift	0	0	
Woodlands	Forensic Mental Health Ward	20		Registered	Unregistered	none
			Early	2	3	

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Ward	Setting	Number of beds	Expected Staffing by shift June 2016 (based on establishment in budget)			Changes from October 2015
			Late	2	3	
			Night	2	2	
			Twilight	0	0	
			Cross shift	0	1	
Cotswold house oxford	Eating disorder unit	14 (plus 6 day places)		Registered	Unregistered	Agreed in principle for staffing levels to be increased later in 2016 to 6:6:4 weekdays and 5:5:4 on weekends/ bank holidays.
			Early	2	3 (2 on Sat & Sun)	
			Late	2	3 (2 on Sat & Sun)	
			Night	1	2	
			Twilight	0	0	
			Cross shift	0	0	
Cotswold house Marlborough	Eating disorder unit	12		Registered	Unregistered	none
			Early	2	3 (2 on Sat & Sun)	
			Late	2	3 (2 on Sat & Sun)	
			Night	1	2	
			Twilight	0	0	
			Cross shift	0	0	
Highfield	Child and adolescent mental health ward	18 Plus 2 high dependency beds		Registered	Unregistered	none
			Early	3	7	
			Late	3	7	
			Night	2	9	
			Twilight	1	0	
			Cross shift	0	0	
Marlborough house Swindon	Child and adolescent mental health ward	12		Registered	Unregistered	none
			Early	3	3	
			Late	3	3	
			Night	2	2	
			Twilight	0	1 (Fri & Sun)	
			Cross shift	0	1 (Mon & Tues)	

