

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

PAPER
BOD 40/2015
(Agenda item: 10)

25 March 2015

**Inpatient Safer Staffing (Nursing)
For Information**

Summary

The National Quality Board published guidance in November 2013, *How to ensure the right people, with the right skills, are in the right place at the right time* set and this was followed in March 2014 by NHS England issuing further guidance on the expectations for providers in relation to getting inpatient nursing and care staffing right, *Hard Truths Commitments Regarding the Publishing of Staffing Data*. The expectations include the monthly reporting of actual staffing levels and at least a six monthly report on recommendations following a review of expected staffing levels to the Board of Directors which are then published. In November 2014 further guidance was published by NHS England which we are preparing to implement. This guidance is additionally requiring wards to report on the percentage of direct care provided by nursing teams using a recognised methodology for example productive care activity follows. NICE is developing evidence based safe staffing guidance for mental health services during 2015/16 and the CQC has developed a new fundamental standard on staffing to be introduced from 1st April 2015.

This is the 10th 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 February 2015.

The staffing levels by ward are reviewed shift by shift by ward staff and immediate managers, daily by Modern Matrons and weekly by the Heads of Nursing, Director of Nursing and Clinical Standards and Chief Operating Officer to ensure there is an appropriate level and skill mix of nursing staff to match the acuity and needs of patients to provide safe and effective care. Throughout February 2015 all wards were staffed safely, this was achieved in some wards through use of our staff working extra paid shifts and using external temporary staff.

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:

- Managing capacity by reducing bed numbers in wards temporarily-
- 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 matrons and ward managers) have worked as part of the nursing shift numbers
- Staff were borrowed from other wards to increase the staff to patient ratio
- Staff worked flexibly, sometimes working an extra hour at the beginning or end of a shift whilst additional staff are found
- Increased use of temporary staff including establishing 'long lines of work' with agency staff to improve continuity of care and reliability of temporary staff

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Following on from January's report it was agreed to review the wards which have experienced staffing pressures most months. Table 1 in the body of the report summarises the staffing position by ward based on three cross referencing pieces of information; looking at the trend over the last 11 months, the position in Feb 2015 based on a calculation of data and the position in Feb 2015 based on the clinical review of the ward management team. Using all these three pieces of information six wards are identified as having the most difficulties across the month, these are Vaughan Thomas, Opal, Sandford, Wenrisc, Cotswold House Marlborough and Kingfisher. In comparison to last month (January 2015) more wards seem to be having difficulty meeting expected staffing levels. This seems to be related to increased sickness and turnover and the time lag for new appointed staff to start in their new roles. Beds have been closed temporarily on Wenrisc ward Witney, and the other wards are managing the staffing pressures deploying the methods outlined above. We remain vigilant monitoring the safety and quality outcomes accompanying this staffing report.

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 evidenced through local clinical audit results, investigations from serious incidents requiring investigation and visits by the CQC. Work to introduce the new electronic health record will support and help clinicians to more easily record the care and treatment they have agreed and are working with for each patient. However additional work is required in this important area of clinical activity and safe staffing levels need to ensure there is adequate time to complete records.

The main reason wards have been unable to fully staff every shift is due to vacancies related to recruitment difficulties in some geographical areas and some specialties which we are giving more strategic attention. The number of vacancies has also been increased due to an increase in staffing establishment (and therefore expected staffing levels) on a number of wards over the last year which is taking time to recruit into. Vacancies are being monitored and managed on a weekly and monthly basis with the Executive Team. Following a campaign of recruitment the trust wide vacancy rates have been falling for the last four months, however a large number of staff are still currently going through pre-employment checks therefore have not started in their new roles yet, the wards should start to feel a significant improvement in staffing numbers from April 2015. To strategically address the challenges with nursing vacancies the trust has initiated a values based recruitment project and recruitment action plan. The secondary reason for staffing challenges is due to a rising level of sickness which is being actively examined with support from HR advisors so that solutions can be worked through.

Recommendations

The Board is asked to note:

- ❖ The processes in place to monitor safe staffing levels on the wards, those wards where there are difficulties and the actions being taken to ensure safe staffing on all 34 wards.
- ❖ The recent work to highlight the six wards which have experienced more enduring staffing pressures and the measures being taken to manage care safely.

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

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

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

Inpatient Safe Staffing

March 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 February 2015 (from 2nd February to 1st March 2015). The agreed expected (also known as planned) levels are reviewed at least twice a year summarised in the nursing establishment review report which was last presented to the Board of Directors in October 2014.

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 February 2015 all wards were staffed to achieve safe staffing levels; however this has been achieved in some wards through the use of additional hours and shifts worked by our staff and the high use of temporary staff both NHSP bank and agency.

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

2. National Picture

In response to the Francis enquiry, NICE was asked to develop evidence-based guidelines on safe staffing for the NHS and to review and endorse any associated toolkits. NICE has been asked by the Department of Health and NHS England to produce guidelines for a variety of different settings, including mental health inpatient settings which is due to be published during 2015/16.

The 28 new fundamental standards under the law of the Health and Social Care Act Regulations 2014 and CQC Registration Regulations 2009 were finalised and published on 11th March. The fundamental standards replace the current essential quality and safety standards from 1st April 2015, and one of the standards is for each provider to ensure there are sufficient numbers of suitably qualified, skilled and experienced staff to be able to deliver high quality care (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 November 2014 and February 2015 further guidance was published by NHS England relating to reporting and publishing additional information around safer staffing levels for inpatient wards. The guidance requires providers to introduce and report on care contact time from the summer 2015, for example the results from the productive care activity follows every six months to show how much of staff time is spent with patients. NHS England is also 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 in spring 2015.

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

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

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

- Managing capacity by reducing bed numbers in wards temporarily
- 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 matrons and ward managers) have worked as part of the nursing shift numbers
- Staff were borrowed from other wards to increase the staff to patient ratio
- Staff worked flexibly, sometimes working an extra hour at the beginning or end of a shift whilst additional staff are found
- Increased use of temporary staff including establishing 'long lines of work' with agency staff to improve continuity of care and reliability of temporary staff

4. Summary Position

When looking at the number of shifts which were fully staffed to expected levels, 16 out of 34 wards were identified as having the most difficulties across February 2015 in achieving expected staffing levels on every shift (with 75% or less of shifts fully staffed to expected levels). However all wards did maintain minimum staffing levels to remain safe to deliver patient care. Across the majority of these wards the staffing levels have varied week to week which highlights the importance of a weekly review. In comparison to last month (January 2015) 12 wards remain a concern and four wards have been added, an increase in February 2015 could be related to the time lag from appointment of new staff to them actually starting on the ward and an increase in sickness over the last two months. The safer staffing information has been captured in the same way now for 11 months in that period 11 wards have struggled with staffing on six or more of those months.

Table 1 summarises the staffing position by ward based on three cross referencing pieces of information; looking at the trend over the last 11 months, the position in Feb 2015 based on a calculation of data and the position in Feb 2015 based on the clinical review of the ward management team. When using all these three pieces of information six wards are identified, shown highlighted in blue below. More detail for each of the six wards identified is given under the sub heading on highlighted wards.

Table 1. Summary Position

Ward	Trend: staffing of shifts less than 75% in 6 or more of the last 11 months	Feb 2015 staffing levels across shifts 75% or less	Feb 2015 wards which reported staffing as difficult, internal RAG rating as amber/ red for at least 3 of 4 weeks in month
Allen	Yes		
Vaughan Thomas	Yes	Yes	Yes
Wintle	Yes	Yes	
Ashurst			
Phoenix	Yes		
Opal	Yes	Yes	Yes
Ruby	Yes	Yes	
Sapphire		Yes	

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Ward	Trend: staffing of shifts less than 75% in 6 or more of the last 11 months	Feb 2015 staffing levels across shifts 75% or less	Feb 2015 wards which reported staffing as difficult, internal RAG rating as amber/ red for at least 3 of 4 weeks in month
Cherwell		Yes	Yes
Sandford	Yes	Yes	Yes
Amber		Yes	
Abingdon ward 1			Yes
Abingdon ward 2			Yes
Bicester		Yes	
Didcot			
City			Yes
Peppard Henley		Yes	Yes
St Leonards Wallingford			
Wantage			
Linfoot Witney			
Wenrisc Witney	Yes	Yes	Yes
Marlborough House Swindon			Yes
Highfield			Yes
Cotswold House Oxford			
Cotswold House Marlborough	Yes	Yes	Yes
Watling			Yes
Lambourne		Yes	Yes
Woodlands			
Glyme			
Chaffron			
Wenric	Yes	Yes	
Kennet		Yes	Yes
Kestrel			Yes
Kingfisher	Yes	Yes	Yes

5. Quality and workforce indicators

Trust wide over the last 12 months vacancy rates have continued to fall since September 2014 (note time lag from appointment to a new member of staff starting their new role), spend on temporary staff has remained high and relatively the same since June 2014, sickness has been increasing since September 2014 and turnover has remained high and relatively the same.

We continue to develop the quality and workforce indicators selected to be reviewed alongside the staffing level information to identify if and when the quality of care has declined, representing those most similar to the acute nursing red flags recommended by NICE and described in the *Safer staffing: a guide to care contact time* (November 2014). Appendix 1 shows each wards performance against the indicators. By ward the fluctuations across the indicators do not currently show a trend, but over time this may change as more information is available. However we continue to 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

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clinical audit results, investigations from serious incidents requiring investigation and visits by the CQC. Work to introduce the new electronic health record will support and help clinicians to more easily record the care and treatment they have agreed and are working with for each patient. However additional work is required in this important area of clinical activity and safe staffing levels need to ensure there is adequate time to complete records.

In the last 12 months (January 2014-January 2015) there have been 12 serious incidents across all 34 wards, these have related to an unknown cause of an injury during hospital transfer, pressure ulcer grade 3, a patient fall, unexpected death cause not confirmed but believed to be related to physical health, patient assault on person/ property, allegation against a member of staff letting a patient administer his own medication, a detained patient going absence without leave, and failure/ delay to undertake physical tests on admission. Out of the six wards identified as having the most difficulty in achieving expected staffing levels only one ward has had a serious incident in September 2014 which related to a fall whilst a patient was mobilising.

6. Highlighted wards

The six wards identified as having the most difficulty in achieving expected staffing levels on every shift are listed below with more detail. For each of these wards immediate actions are taken by the ward management team for example; asking existing staff to work more hours, staff that would normally be supernumerary working as part of the nursing team, requesting to use agency staff, borrowing staff from other wards often for part of a shift and not taking any further admissions. The difficulties are escalated to the Head of Nursing and/ or Head of Service for further advice and support as required. The trust is taking strategic actions to reduce the number of staff vacancies, as described below under the sub heading nursing vacancies; however it may take a few more months for the wards to feel the impact.

Vaughan Thomas (Adult Directorate – adult mental health ward): in Feb 2015 71% of shifts were fully staffed to expected levels; the ward has experienced difficulty with staffing every month over the last 11 months. The shifts below related mostly to unregistered staff on day shifts. The ward identified staffing to be more difficult on three of the four weeks. The main reason was due to vacancies (24.9%, 9.95 WTE) as the increased establishment is achieved, and medium/ long term sickness (9.3%). As of the beginning of March 2015 9 WTE registered and 6 WTE unregistered vacancies are being recruited to of which 3 registered posts and 2 unregistered posts have been offered.

Opal (Adult Directorate – adult mental health ward): in Feb 2015 46% of shifts were fully staffed to expected levels, the ward has experienced difficulty with staffing particularly between June 2014 to Feb 2015. The shifts below related to registered staff on day and night shifts. The ward identified staffing was more difficult on all three weeks information was reported. The main reasons were due to vacancies (8.4%, 3.21 WTE) as the increased establishment is achieved and lending staff to work on other wards. As of the beginning of March 2015 3 WTE registered and 1 WTE unregistered vacancies are being recruited to, all are at interview stage.

Sandford (Older People Directorate – older people mental health ward): in Feb 2015 58% of shifts were fully staffed to expected levels, the ward has experienced difficulty with staffing particularly between June 2014 to Feb 2015. The shifts below related to unregistered staff on day shifts. The ward identified staffing was more difficult across all four weeks. The main reasons were due to medium/ long term sickness (5.41%) and vacancies (14.8%, 5.49 WTE). As of the beginning of March 2015 2 WTE unregistered vacancies are being recruited to.

Witney Wenrisc (Older People Directorate – older people mental health ward): in Feb 2015 52% of shifts were fully staffed to expected levels; the ward has experienced difficulty with staffing particularly between July-October 2014. The shifts below related to registered staff on day and night shifts. The ward identified staffing was more difficult across all four weeks. The main reasons were due to short/

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medium term sickness (9.14%), vacancies (6.4%, 3.22 WTE) and staff on maternity leave (3.6 WTE). As of the beginning of March 2015 2 WTE registered and 1 WTE unregistered vacancies are being recruited to and at advert/ shortlisting stage. The ward increased the number of patients from 24 to 30 at the beginning of the month however due to staffing and a high number of patients with increased care needs this was reduced to 26 and then 25 patients by the end of the month.

Cotswold House Marlborough (Children and Young People Directorate – eating disorder ward): in Feb 2015 67% of shifts were fully staffed to expected levels, the ward has struggled with staffing across seven of the 11 months. The shifts below relate to registered staff on day shifts. The ward identified staffing as more difficult across three of the four weeks. The main reason was due to vacancies (12.5%, 3.69 WTE). As of the beginning of March 2015 6 WTE registered and 1 WTE unregistered vacancies are being recruited to of which 4 registered posts have been offered.

Kingfisher (Adult Directorate – forensic ward): in Feb 2015 49% of shifts were fully staffed to expected levels, the ward has struggled with staffing across nine of the 11 months. The shifts below related to mostly unregistered staff on day shifts. The ward identified staffing as more difficult across all four weeks. The main reasons are due to vacancies (12.1%, 5.10 WTE) and short/ medium term sickness (8.58%). As of the beginning of March 2015 3 WTE registered and 5 WTE unregistered vacancies are being advertised by both Kingfisher and Kestrel wards, of which 1 registered post and 5 unregistered posts have been offered.

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, Opal and Sapphire did not submit data for one week, 9th-15th February 2015.

7. Nursing Vacancies

Nursing vacancies are the main reason the wards have challenges with staffing shifts, related to recruitment difficulties in some geographical areas e.g. Oxford City, Abingdon and Henley and some specialties which are also reflected nationally e.g. registered mental health nurses for adult acute and forensic wards. The number of vacancies has also increased due to an increase in staffing establishment (and therefore expected staffing levels) on a number of wards over the last year which is taking time to recruit into. Vacancies are being monitored and managed on a weekly and monthly basis with the Executive Team. Following a campaign of recruitment the trust wide vacancy rates have been falling for the last four months, however a large number of staff are still currently going through pre-employment checks therefore have not started in their new roles yet, the wards should start to feel an improvement in staffing numbers from April 2015. To strategically address the challenges with nursing vacancies the trust has initiated a values based recruitment project and recruitment action plan, further details below. The trust is also currently establishing an internal bank and hoping to increase the number of agencies listed on the trusts local recruitment framework to improve the quality and consistency of temporary staff used on the wards.

In addition to our focus on improving recruitment, sickness levels have been rising in January and February 2015 for a number of wards as shown above; the issues are being examined on a ward by ward basis, supported by HR as this could be an early warning sign.

Values Based Recruitment

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

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Recruitment Action Plan

A Recruitment Action Group has been established with the main focus on discussing and trialling candidate attraction strategies. Further detailed work has commenced on identifying temporary accommodation for new staff, revising the staff accommodation brochure now available on NHS jobs, developing closer links with Universities, taking part in external recruitment fairs (a number have been attended), holding internal open days on hospital sites (held in July 2014, December 2014, January 2015 and February 2015), career progression for unregistered staff plus equity in banding, and considering how to more fully utilise social media. Targeted open days have proved to be successful with over 45 new staff attracted and appointed through this approach.

8. Monthly Unify Data Return

In May 2014 NHS England introduced a requirement to complete a monthly data submission via unify on the number of expected hours staff should work versus the number of actual hours worked split by day and night shifts. Our submission across all wards for February 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	96.20%	94.50%	99.50%	99.80%
June 2014	96.9%	97.3%	95.6%	97.7%
July 2014	98.7%	96.3%	92.5%	98.6%
August 2014	95.1%	93.4%	94.9%	97.5%
September 2014	95.6%	93.9%	95.5%	96.4%
October 2014	96.1%	95.1%	96%	96.3%
November 2014	95.5%	94%	94.8%	98.1%
December 2014	95.1%	94.1%	95.1%	97.3%
January 2015	95.2%	94.7%	96%	97.8%
February 2015	94.7%	93.2%	95.2%	97.9%

9. Conclusion

The national requirements on providers around monitoring and reporting staffing levels is continuing to increase, showing the importance NHS England and CQC place on 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.

Table 1 summarises the staffing position by ward based on three cross referencing pieces of information; looking at the trend over the last 11 months, the position in Feb 2015 based on a calculation of data and the position in Feb 2015 based on the clinical review of the ward management team. When using all these three pieces of information six wards are identified as having the most

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difficulties across the month. In comparison to last month (January 2015) more wards seem to be experiencing difficulties meeting expected staffing levels which appear to be related to increased sickness and turnover and the time lag for new appointed staff to start in their new roles.

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. Work to introduce the new electronic health record will support and help clinicians to more easily record the care and treatment they have agreed and are working with for each patient. However additional work is required in this important area of clinical activity and safe staffing levels need to ensure there is adequate time to complete records.

The main reason wards have been unable to fully staff every shift is due to vacancies related to recruitment difficulties in some geographical areas and some specialties which we are giving more strategic attention. The number of vacancies has also been increased due to an increase in staffing establishment (and therefore expected staffing levels) on a number of wards over the last year which is taking time to recruit into. The secondary reason is due to a rising level of sickness which is being actively examined with support from HR advisors so that solutions can be worked through.

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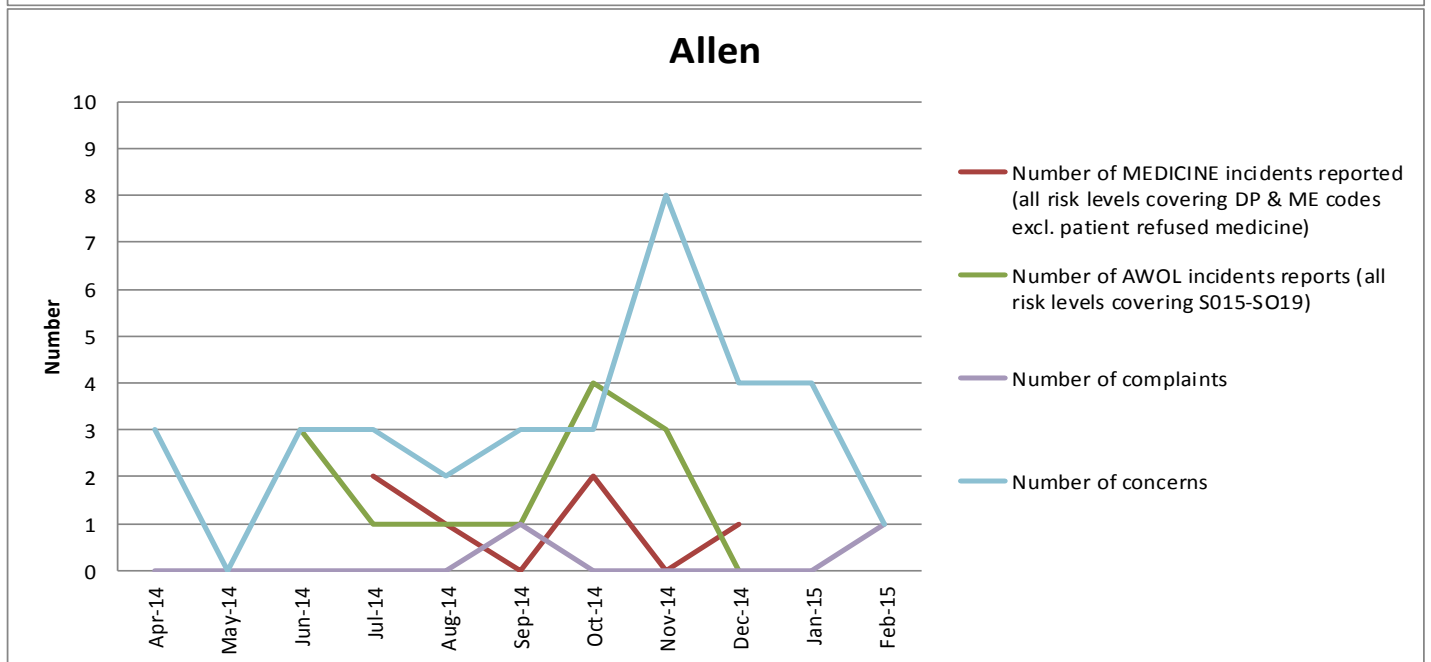
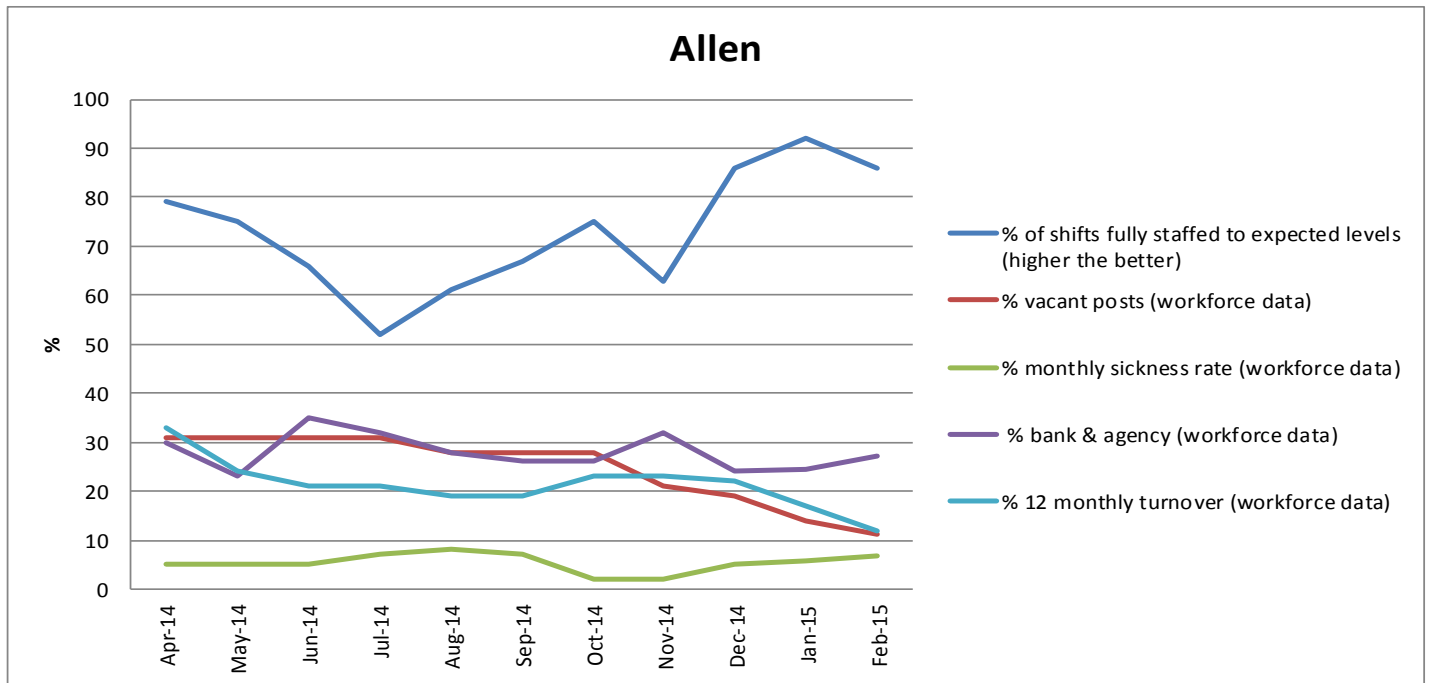
Appendix 1. Quality and Workforce Indicators

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, Opal and Sapphire wards did not submit data for one week, 9th-15th Feb 2015.

Allen

	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (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-SO19)	Number of complaints	Number of concerns
Apr-14	79	31	5	30	33	100	40			0	3
May-14	75	31	5	23	24					0	0
Jun-14	66	31	5	35	21	60	60		3	0	3
Jul-14	52	31	7	32	21			2	1	0	3
Aug-14	61	28	8	28	19	100	100	1	1	0	2
Sep-14	67	28	7	26	19			0	1	1	3
Oct-14	75	28	2	26	23	60	60	2	4	0	3
Nov-14	63	21	2	32	23			0	3	0	8
Dec-14	86	19	5	24	22	100	100	1	0	0	4
Jan-15	92	13.8	5.76	24.3	17					0	4
Feb-15	86	11.3	6.64	27	11.77	40	100			1	1

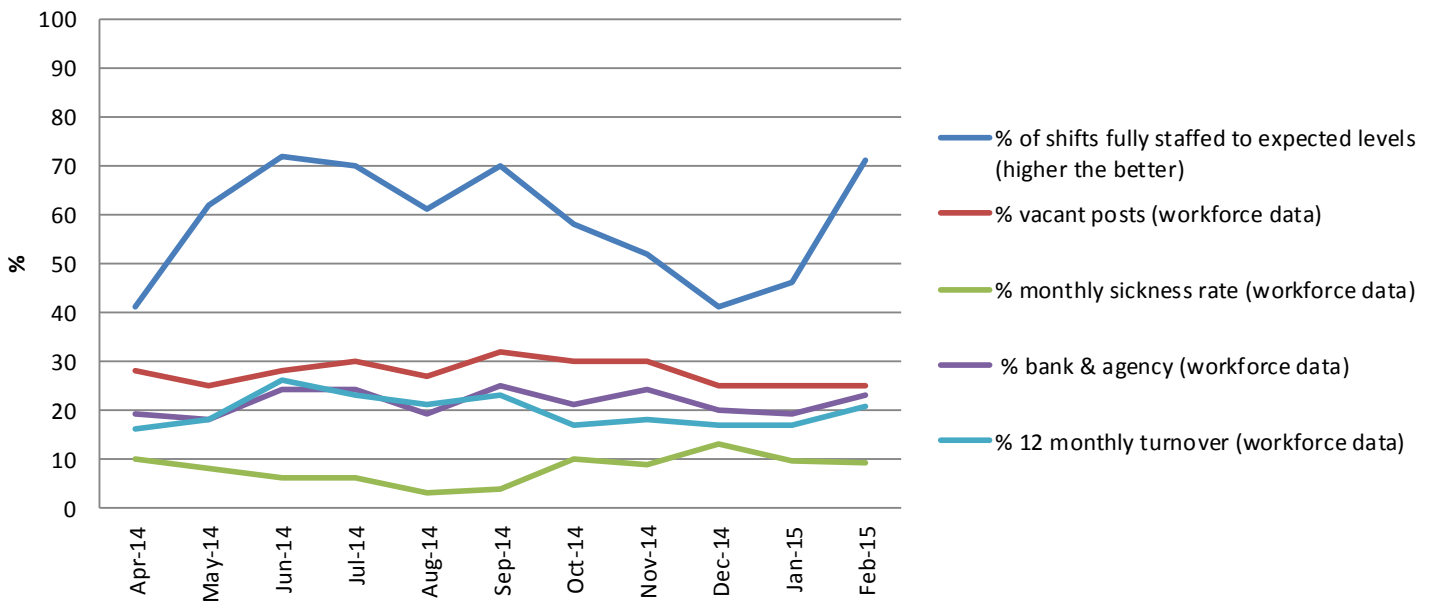


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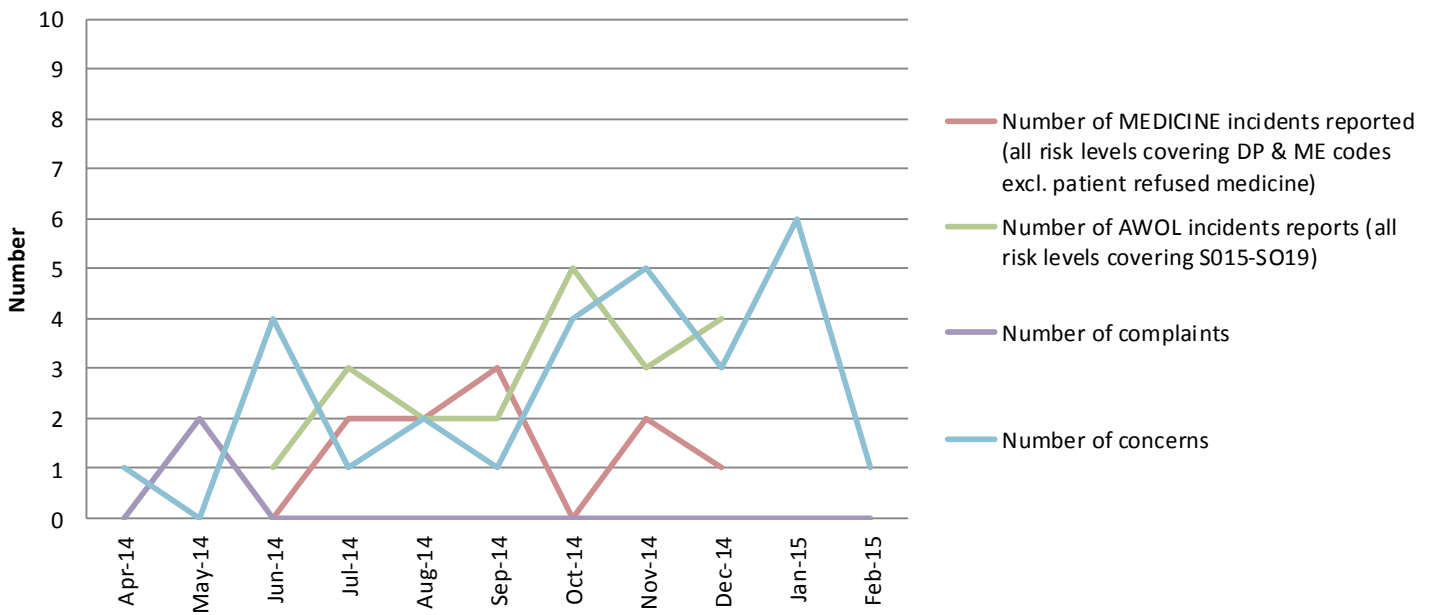
Vaughan Thomas (also provides staff for the S136 assessment suite)

	% 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-SO19)	Number of complaints	Number of concerns
Apr-14	41	28	10	19	16	60	80			0	1
May-14	62	25	8	18	18					2	0
Jun-14	72	28	6	24	26	100	100	0	1	0	4
Jul-14	70	30	6	24	23			2	3	0	1
Aug-14	61	27	3	19	21	100	100	2	2	0	2
Sep-14	70	32	4	25	23			3	2	0	1
Oct-14	58	30	10	21	17	100	100	0	5	0	4
Nov-14	52	30	9	24	18			2	3	0	5
Dec-14	41	25	13	20	17	100	100	1	4	0	3
Jan-15	46	24.9	9.41	19.1	17.01					0	6
Feb-15	71	24.9	9.3	22.9	20.59	100	100			0	1

Vaughan Thomas



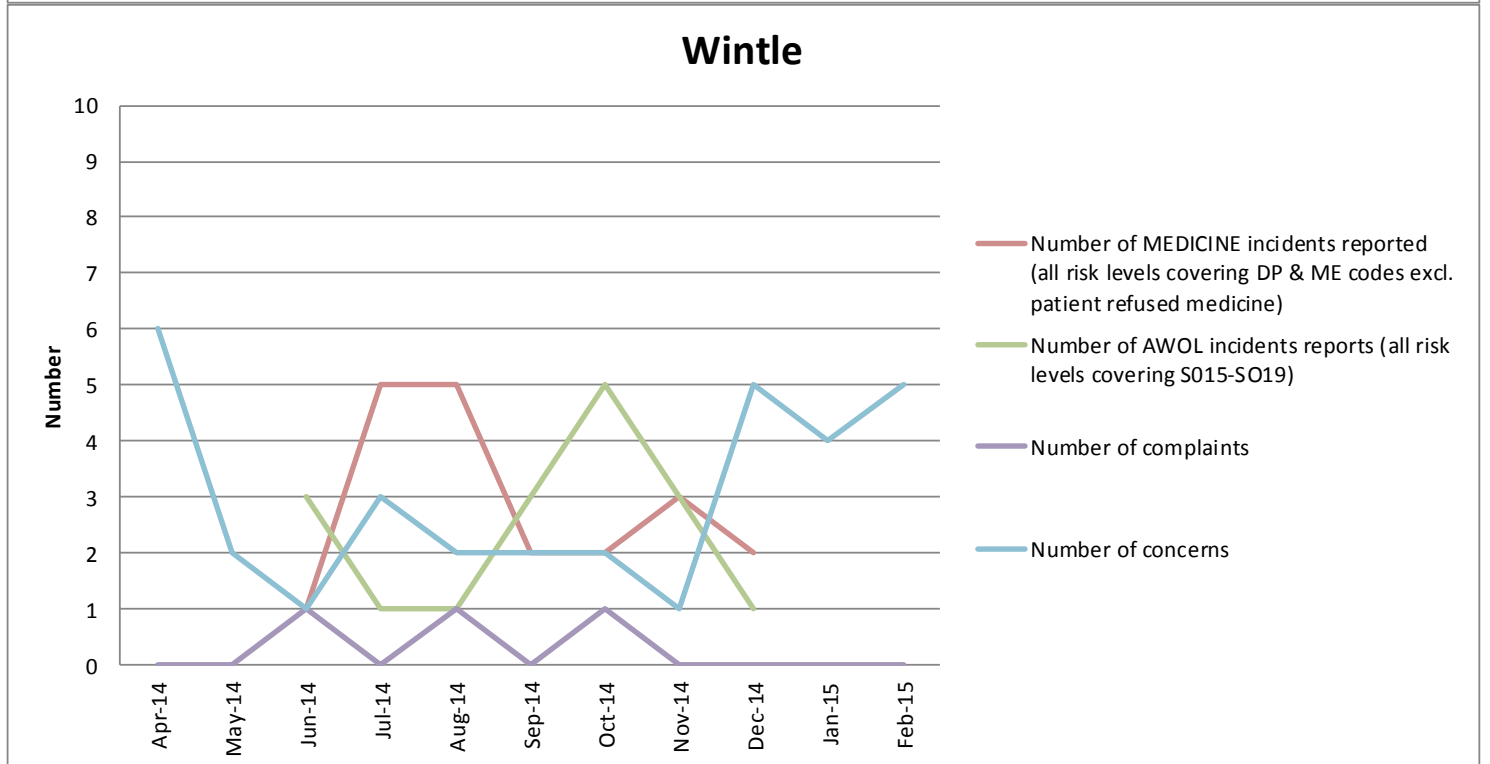
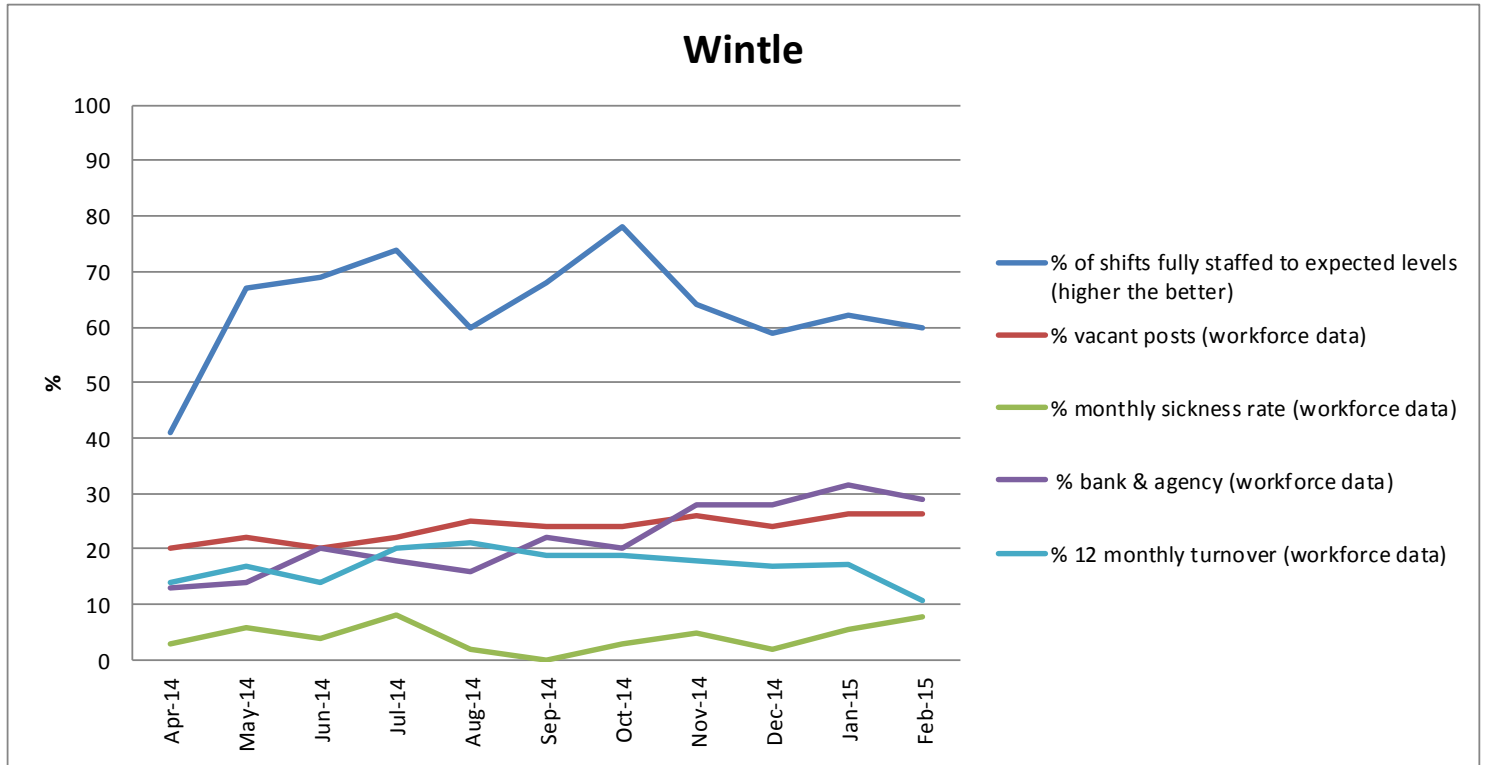
Vaughan Thomas



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Wintle

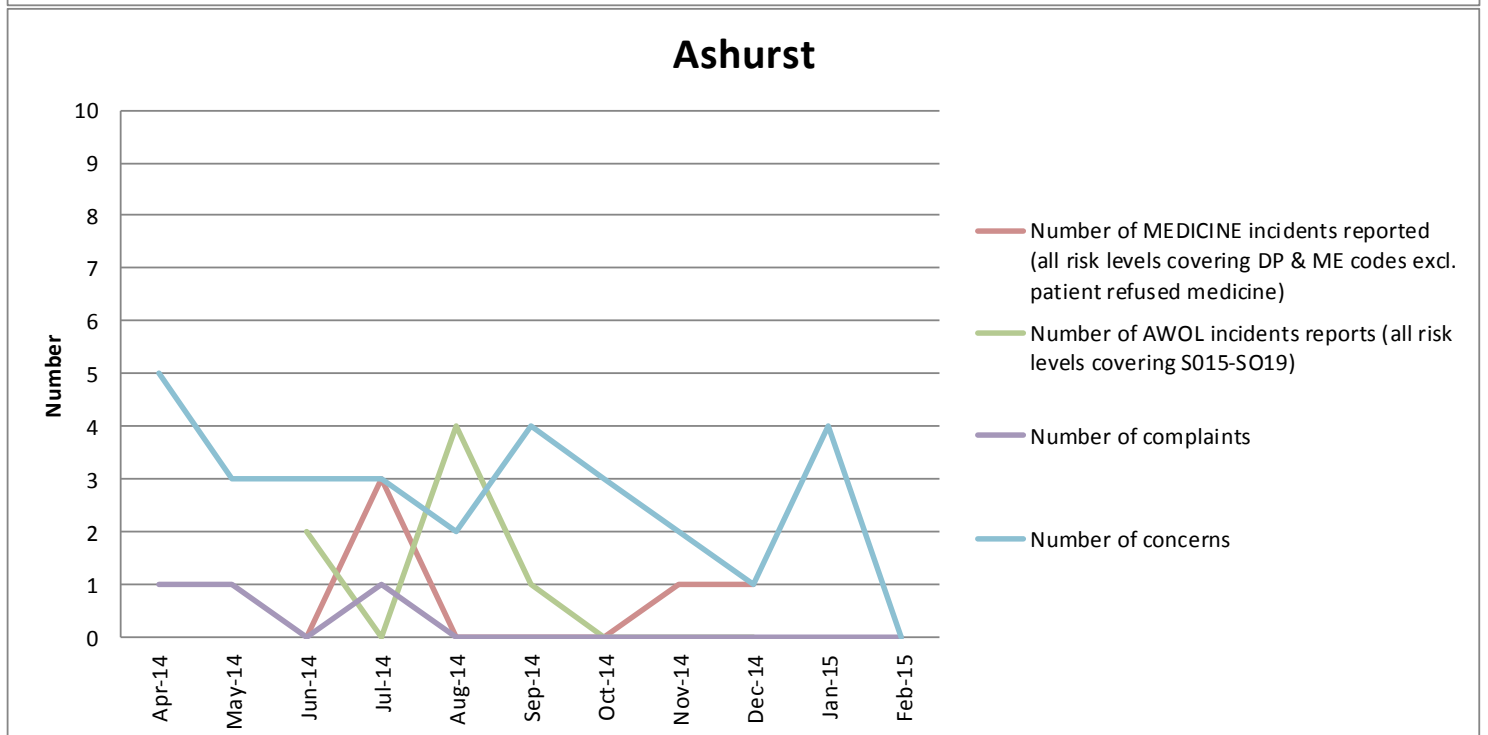
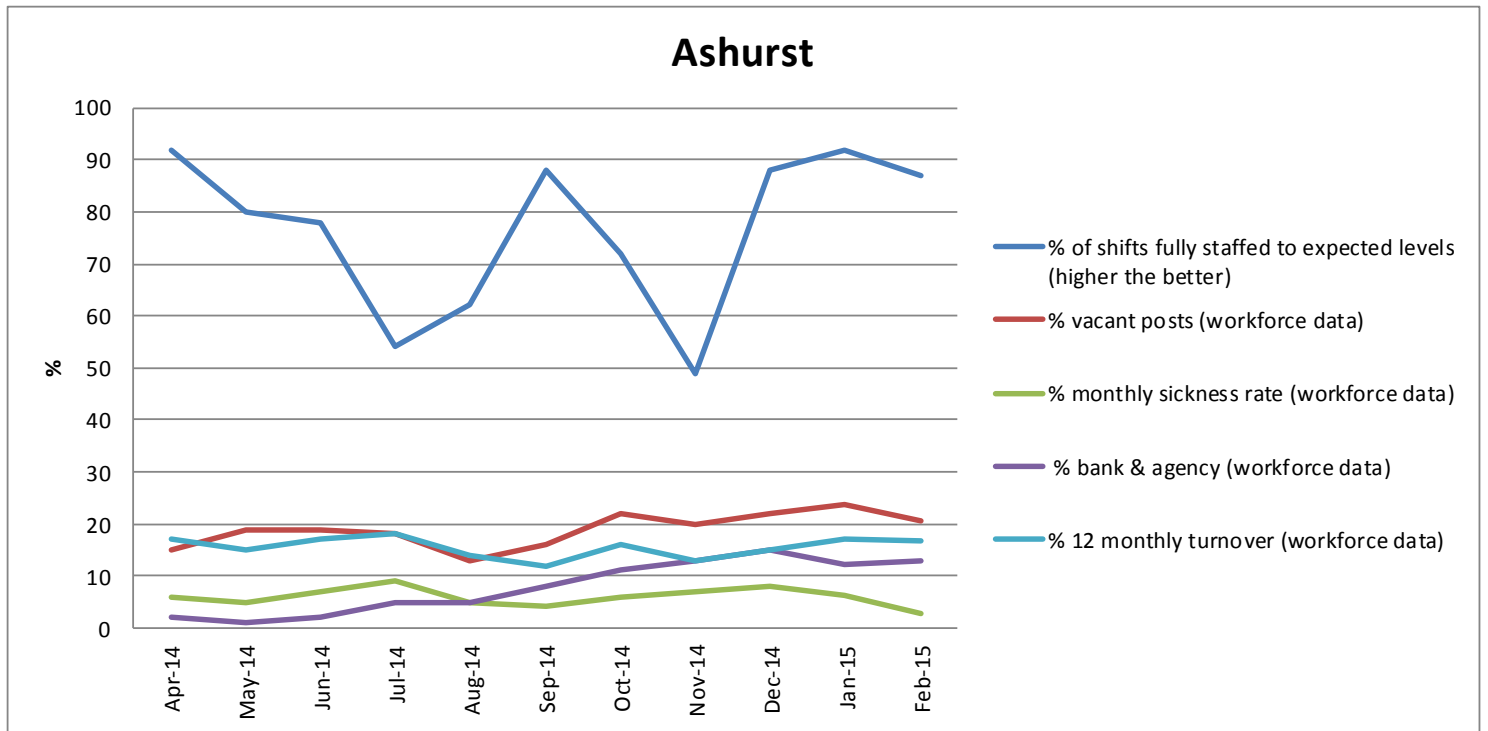
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with 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-S019)	Number of complaints	Number of concerns
Apr-14	41	20	3	13	14	40	100			0	6
May-14	67	22	6	14	17					0	2
Jun-14	69	20	4	20	14	80	100	1	3	1	1
Jul-14	74	22	8	18	20			5	1	0	3
Aug-14	60	25	2	16	21	80	100	5	1	1	2
Sep-14	68	24	0.1	22	19			2	3	0	2
Oct-14	78	24	3	20	19	100	100	2	5	1	2
Nov-14	64	26	5	28	18			3	3	0	1
Dec-14	59	24	2	28	17	100	60	2	1	0	5
Jan-15	62	26.5	5.58	31.6	17.29					0	4
Feb-15	60	26.4	7.91	28.8	10.75	100	100			0	5



PUBLIC BOARD REPORT

Ashurst (also provides staff for the S136 assessment suite)

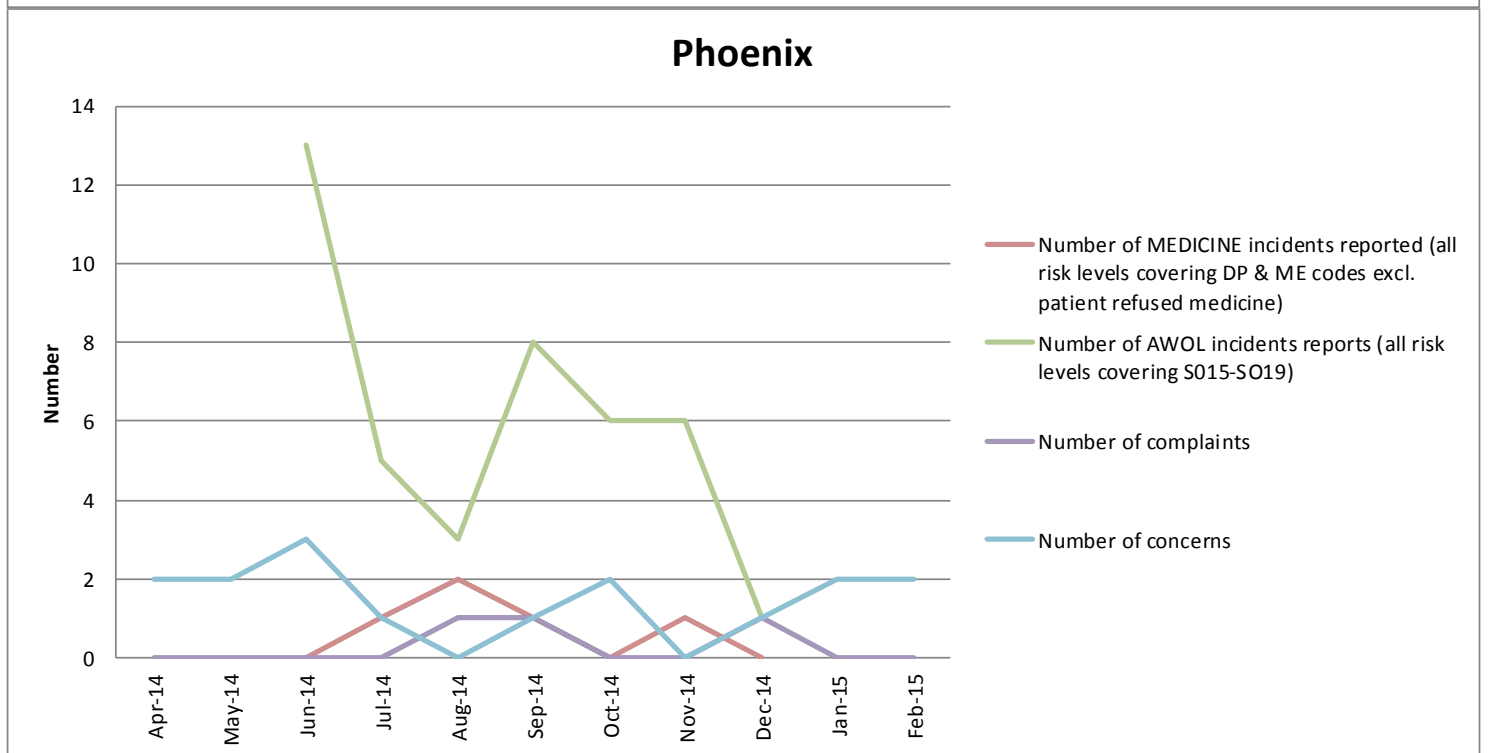
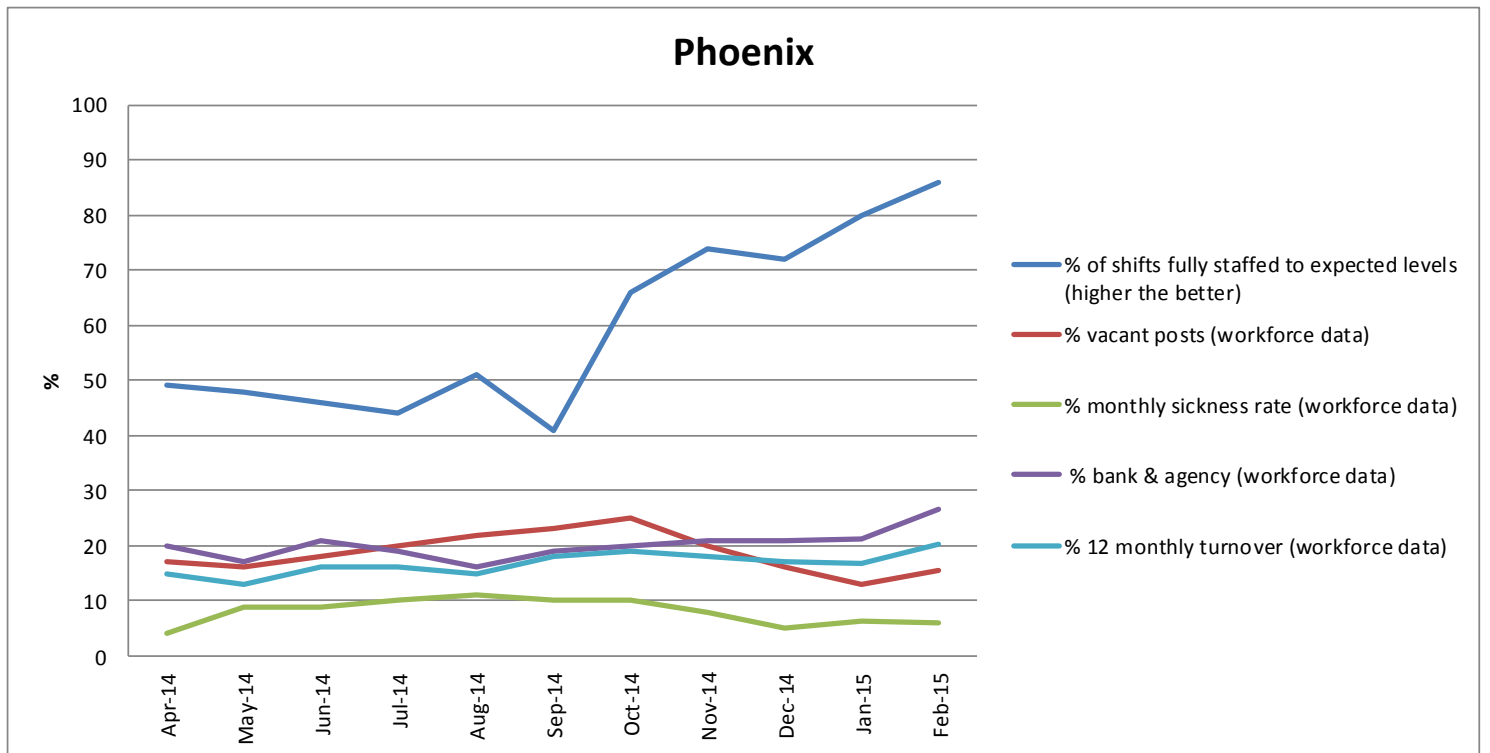
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with 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-SO19)	Number of complaints	Number of concerns
Apr-14	92	15	6	2	17	80	100			1	5
May-14	80	19	5	1	15					1	3
Jun-14	78	19	7	2	17	100	20	0	2	0	3
Jul-14	54	18	9	5	18			3	0	1	3
Aug-14	62	13	5	5	14	no data	no data	0	4	0	2
Sep-14	88	16	4	8	12			0	1	0	4
Oct-14	72	22	6	11	16	100	67	0	0	0	3
Nov-14	49	20	7	13	13			1	0	0	2
Dec-14	88	22	8	15	15	100	100	1	0	0	1
Jan-15	92	23.8	6.38	12.2	17.11					0	4
Feb-15	87	20.7	2.79	12.9	16.63	100	20			0	0



PUBLIC BOARD REPORT

Phoenix

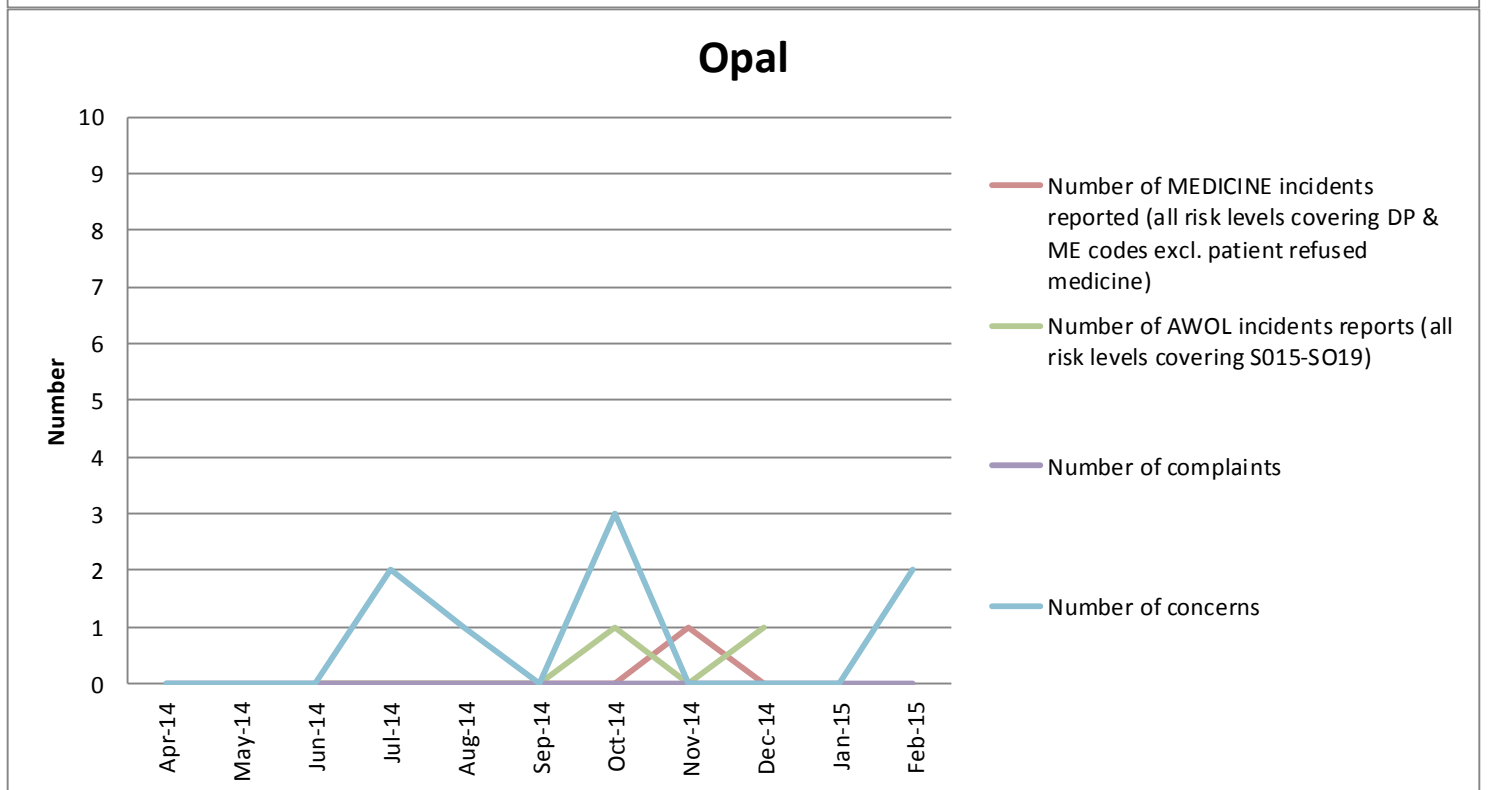
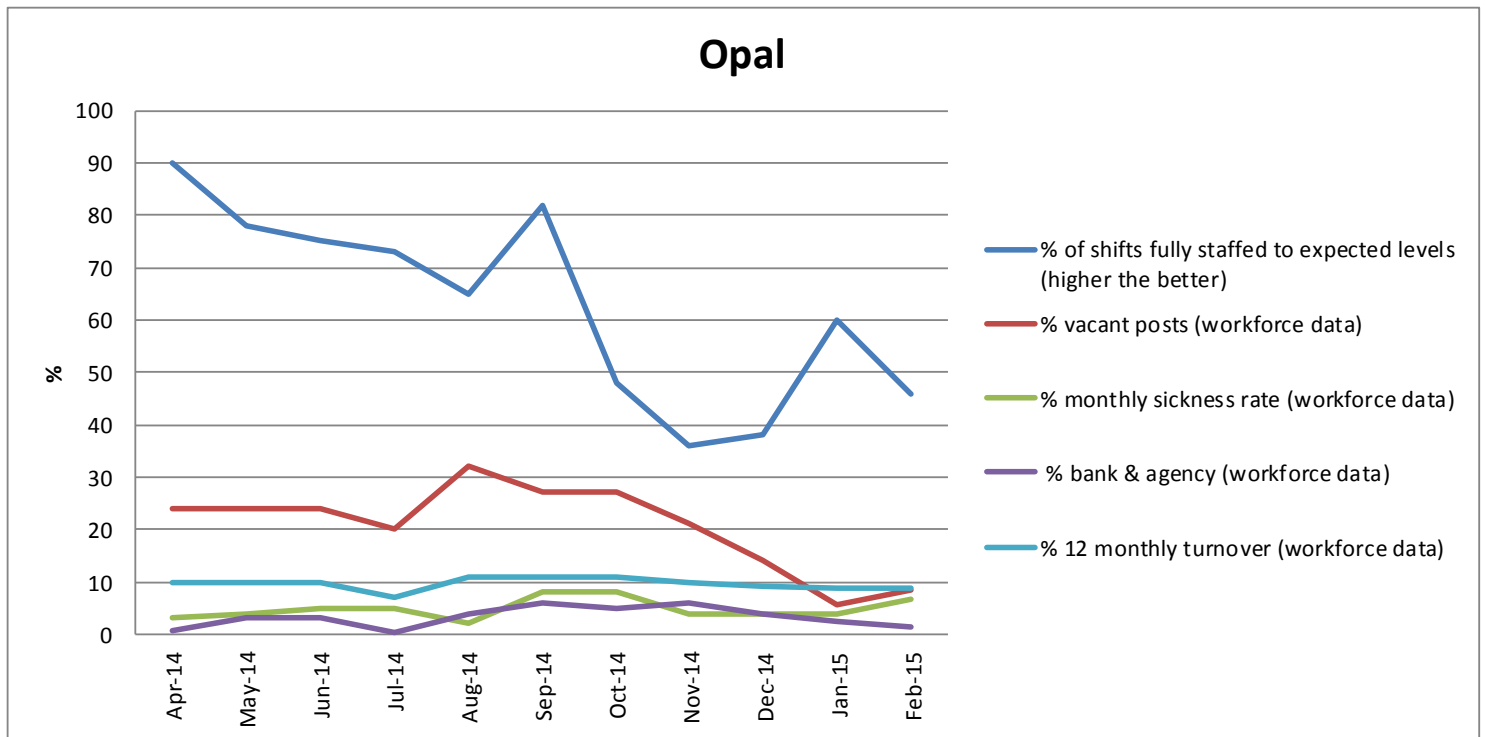
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reports (all risk levels covering S015-SO19)	Number of complaints	Number of concerns
Apr-14	49	17	4	20	15	80	100			0	2
May-14	48	16	9	17	13					0	2
Jun-14	46	18	9	21	16	40	80	0	13	0	3
Jul-14	44	20	10	19	16			1	5	0	1
Aug-14	51	22	11	16	15	40	100	2	3	1	0
Sep-14	41	23	10	19	18			1	8	1	1
Oct-14	66	25	10	20	19	no data	no data	0	6	0	2
Nov-14	74	20	8	21	18			1	6	0	0
Dec-14	72	16	5	21	17	60	100	0	1	1	1
Jan-15	80	13	6.39	21.3	16.88					0	2
Feb-15	86	15.4	6.02	26.7	20.13					0	2



PUBLIC BOARD REPORT

Opal

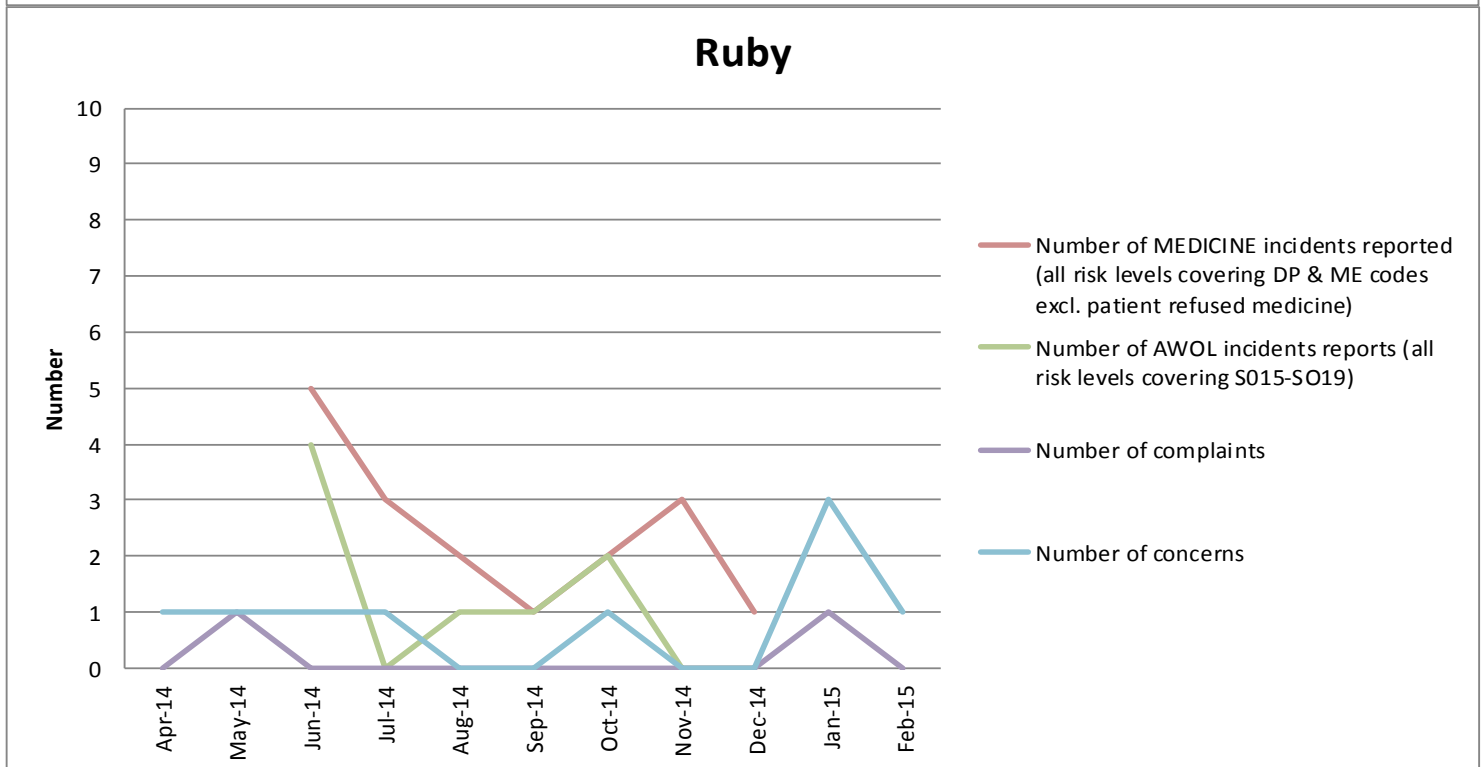
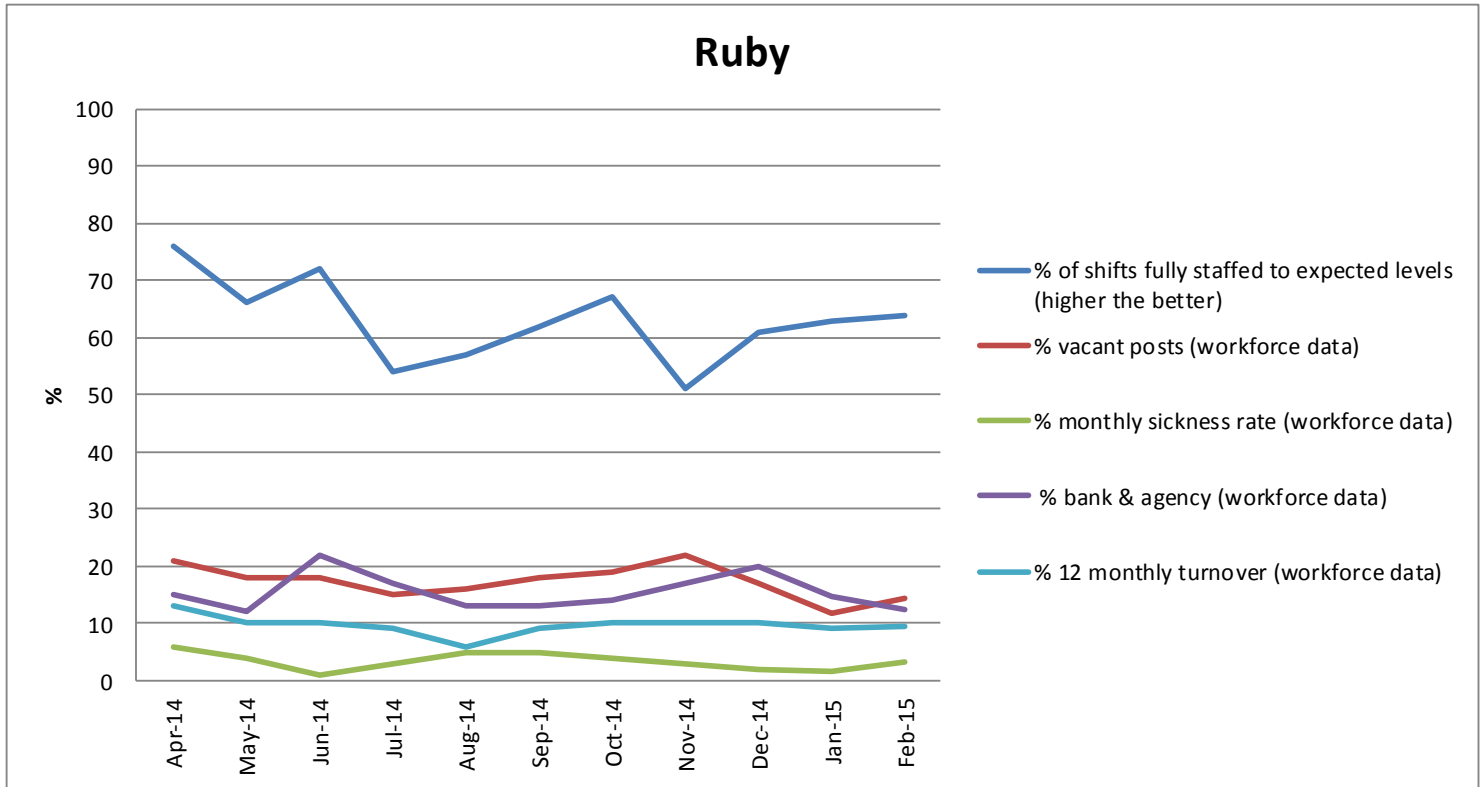
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (latest ES audit)	% Evidence of 1:1 meetings with patients (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-S019)	Number of complaints	Number of concerns
Apr-14	90	24	3	1	10	80	100			0	0
May-14	78	24	4	3	10					0	0
Jun-14	75	24	5	3	10	80	80	0	0	0	0
Jul-14	73	20	5	0	7			0	0	0	2
Aug-14	65	32	2	4	11	20	40	0	0	0	1
Sep-14	82	27	8	6	11			0	0	0	0
Oct-14	48	27	8	5	11	100	100	0	1	0	3
Nov-14	36	21	4	6	10			1	0	0	0
Dec-14	38	14	4	4	9	60	60	0	1	0	0
Jan-15	60	5.8	3.79	2.4	8.63					0	0
Feb-15	46	8.4	6.74	1.3	8.88	40	80			0	2



PUBLIC BOARD REPORT

Ruby

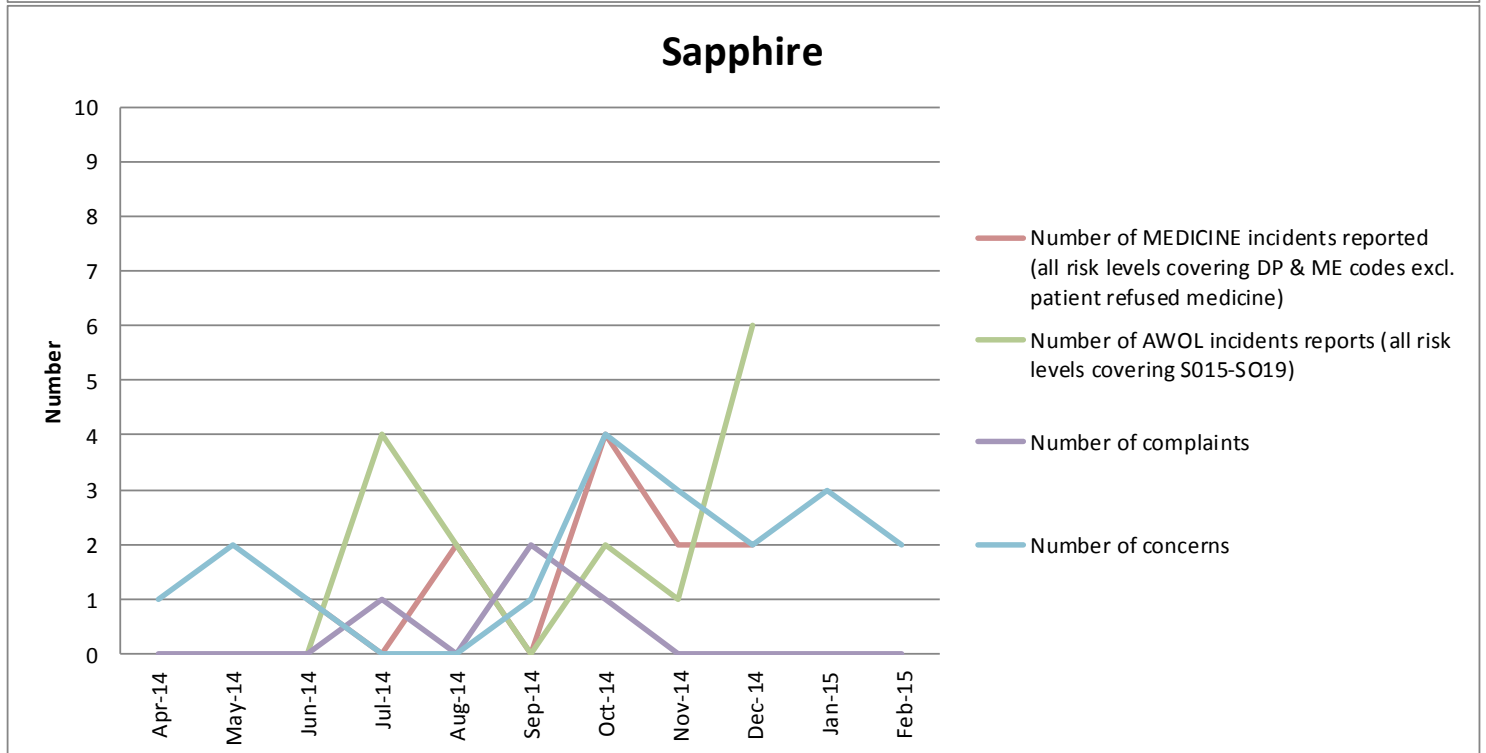
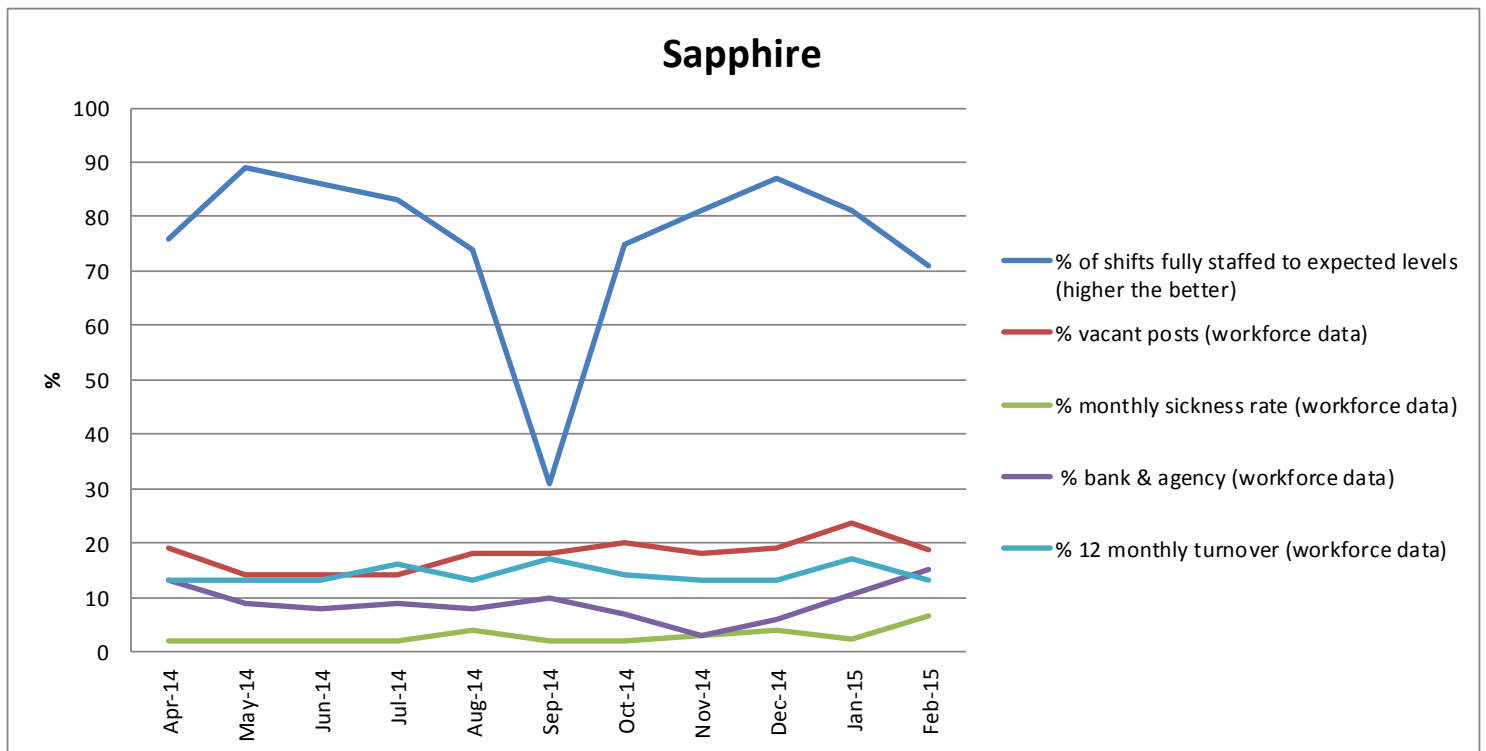
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reports (all risk levels covering S015-SO19)	Number of complaints	Number of concerns
Apr-14	76	21	6	15	13	40	80			0	1
May-14	66	18	4	12	10					1	1
Jun-14	72	18	1	22	10	80	100	5	4	0	1
Jul-14	54	15	3	17	9			3	0	0	1
Aug-14	57	16	5	13	6	40	60	2	1	0	0
Sep-14	62	18	5	13	9			1	1	0	0
Oct-14	67	19	4	14	10	100	100	2	2	0	1
Nov-14	51	22	3	17	10			3	0	0	0
Dec-14	61	17	2	20	10	60	100	1	0	0	0
Jan-15	63	11.9	1.67	14.6	9.16					1	3
Feb-15	64	14.4	3.39	12.5	9.45	100	80			0	1



PUBLIC BOARD REPORT

Sapphire (also provides staff for the S136 assessment suite)

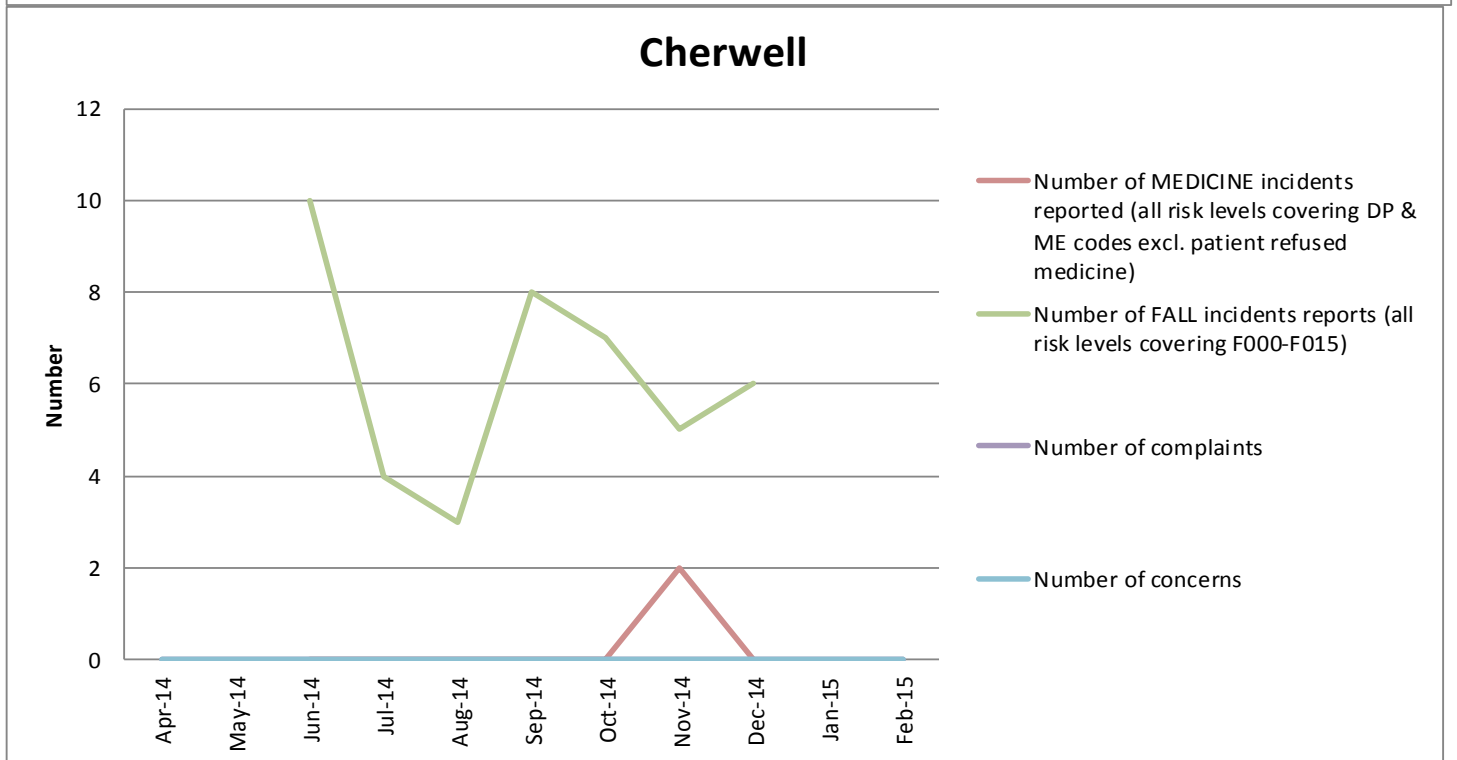
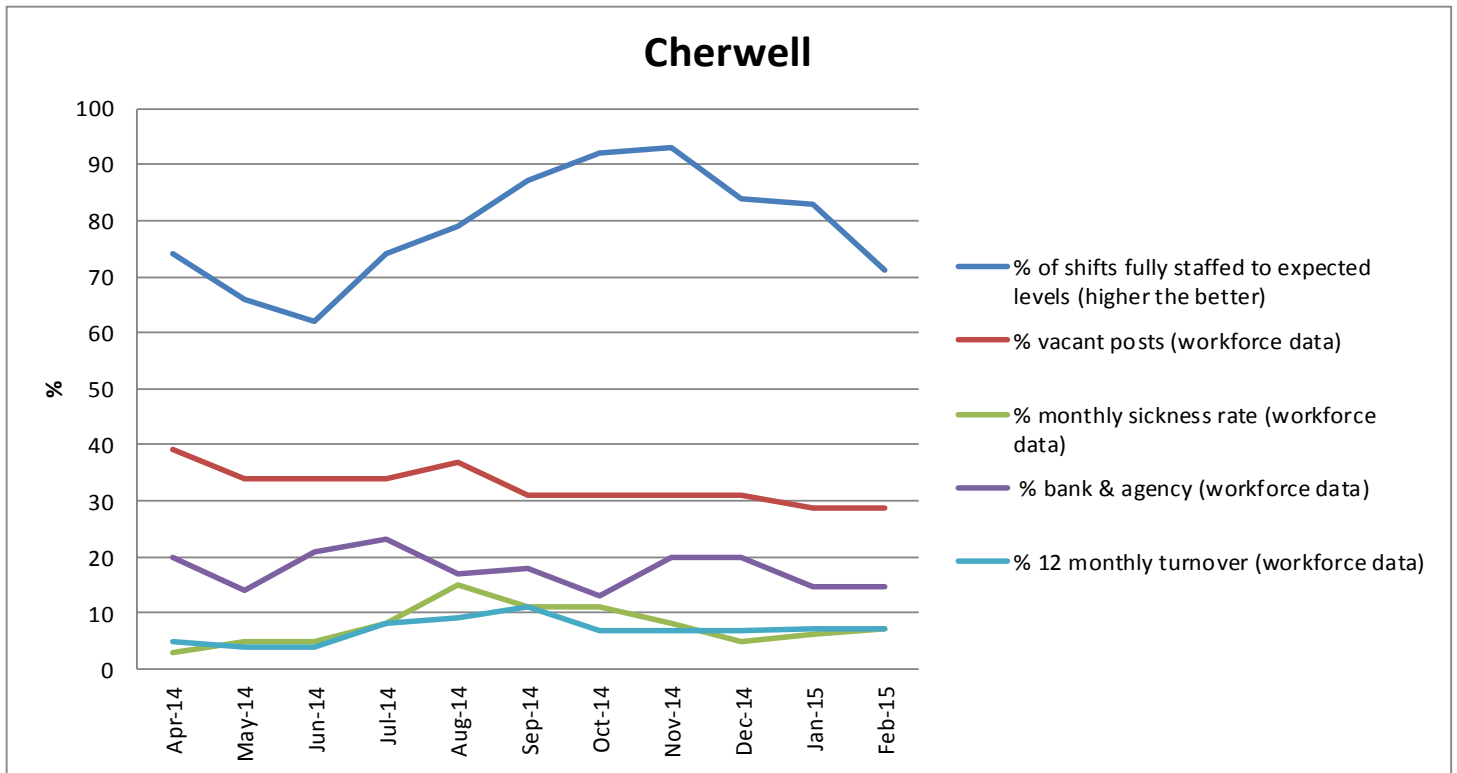
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with 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-SO19)	Number of complaints	Number of concerns
Apr-14	76	19	2	13	13	80	100			0	1
May-14	89	14	2	9	13					0	2
Jun-14	86	14	2	8	13	60	80	1	0	0	1
Jul-14	83	14	2	9	16			0	4	1	0
Aug-14	74	18	4	8	13	80	80	2	2	0	0
Sep-14	31	18	2	10	17			0	0	2	1
Oct-14	75	20	2	7	14	40	60	4	2	1	4
Nov-14	81	18	3	3	13			2	1	0	3
Dec-14	87	19	4	6	13	100	80	2	6	0	2
Jan-15	81	23.6	2.26	10.6	16.99					0	3
Feb-15	71	18.7	6.42	15.1	13.14	20	60			0	2



PUBLIC BOARD REPORT

Cherwell

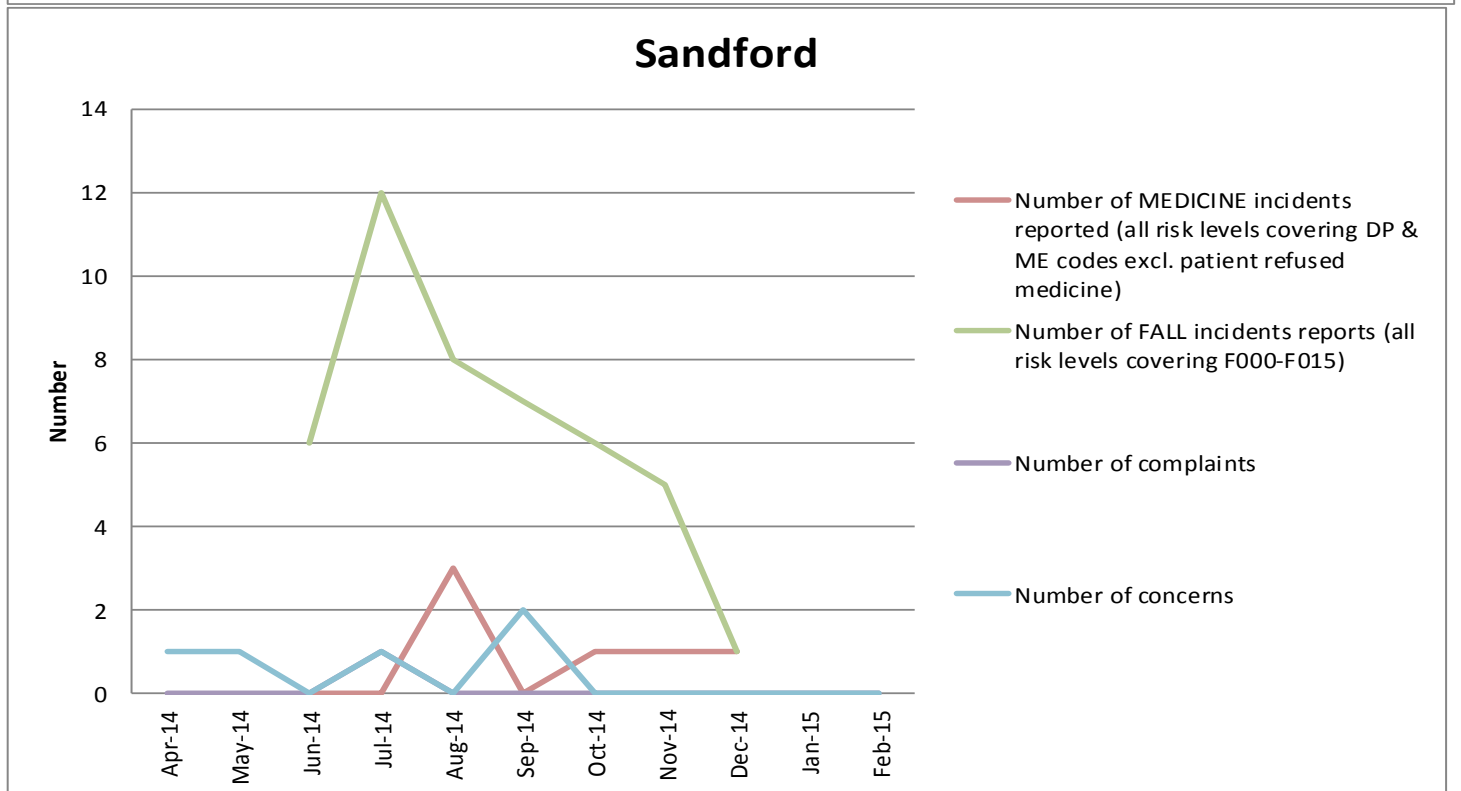
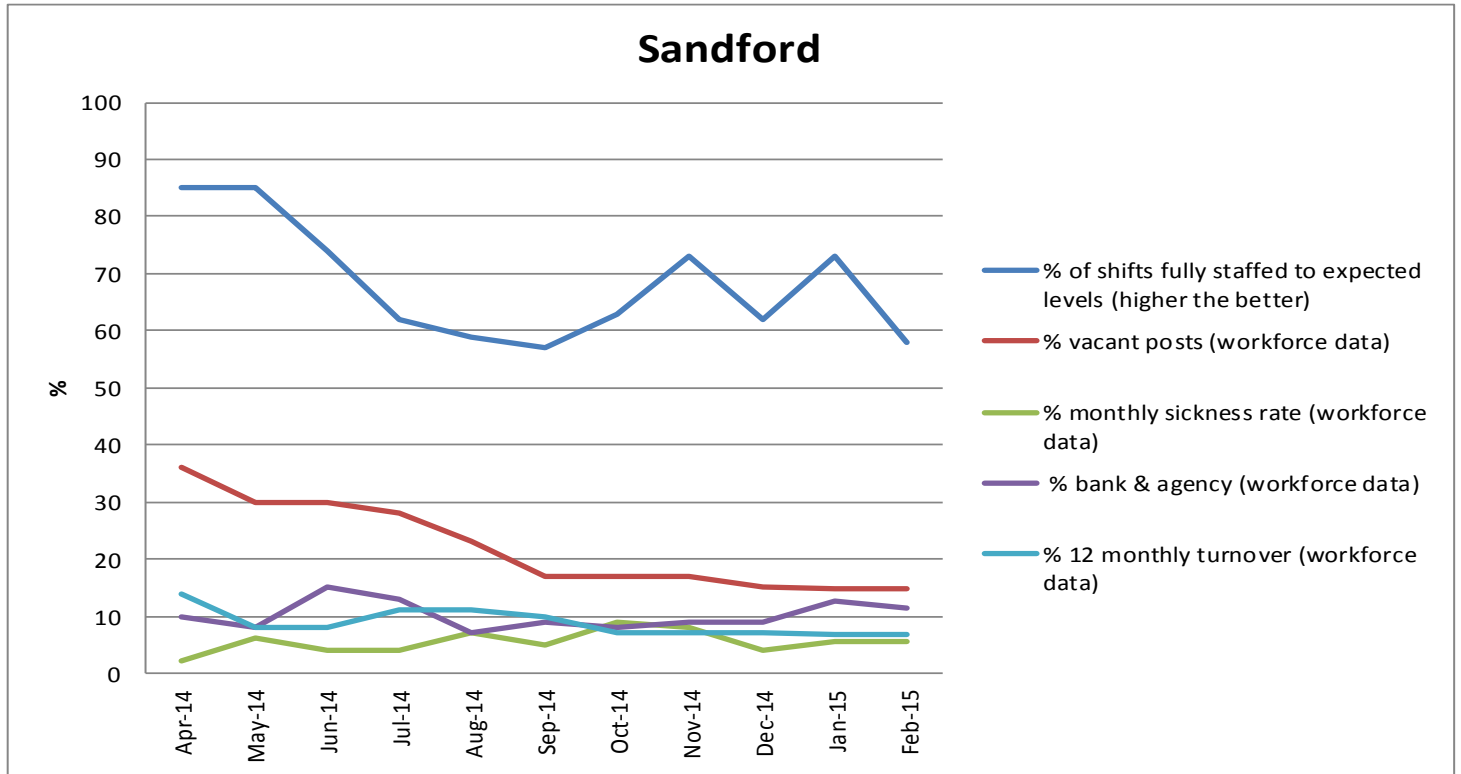
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with 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
Apr-14	74	39	3	20	5	60	100			0	0
May-14	66	34	5	14	4					0	0
Jun-14	62	34	5	21	4	80	100	0	10	0	0
Jul-14	74	34	8	23	8			0	4	0	0
Aug-14	79	37	15	17	9	50	60	0	3	0	0
Sep-14	87	31	11	18	11			0	8	0	0
Oct-14	92	31	11	13	7	80	100	0	7	0	0
Nov-14	93	31	8	20	7			2	5	0	0
Dec-14	84	31	5	20	7	60	100	0	6	0	0
Jan-15	83	28.7	6.16	14.6	7.13					0	0
Feb-15	71	28.7	7.02	14.6	7.13	100	100			0	0



PUBLIC BOARD REPORT

Sandford

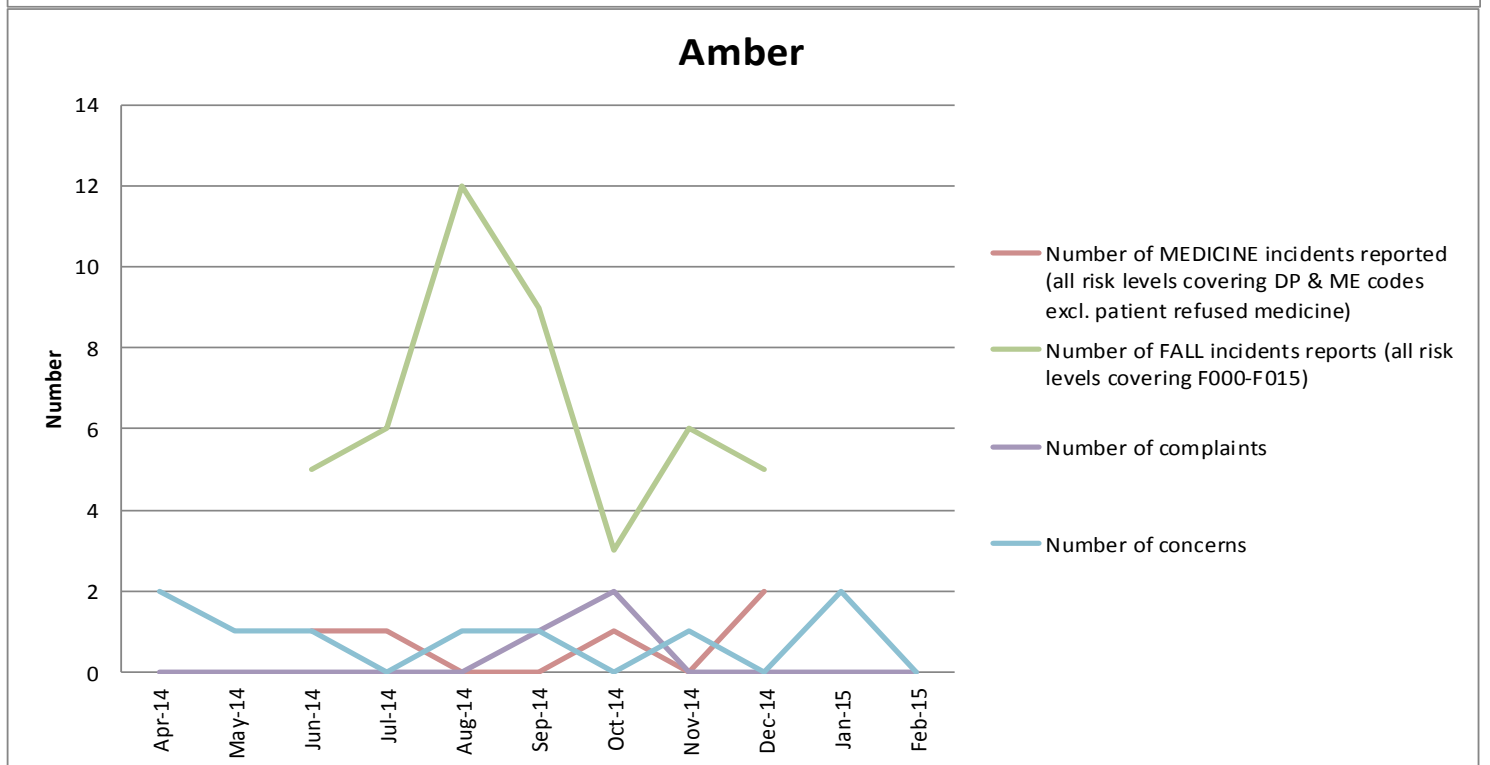
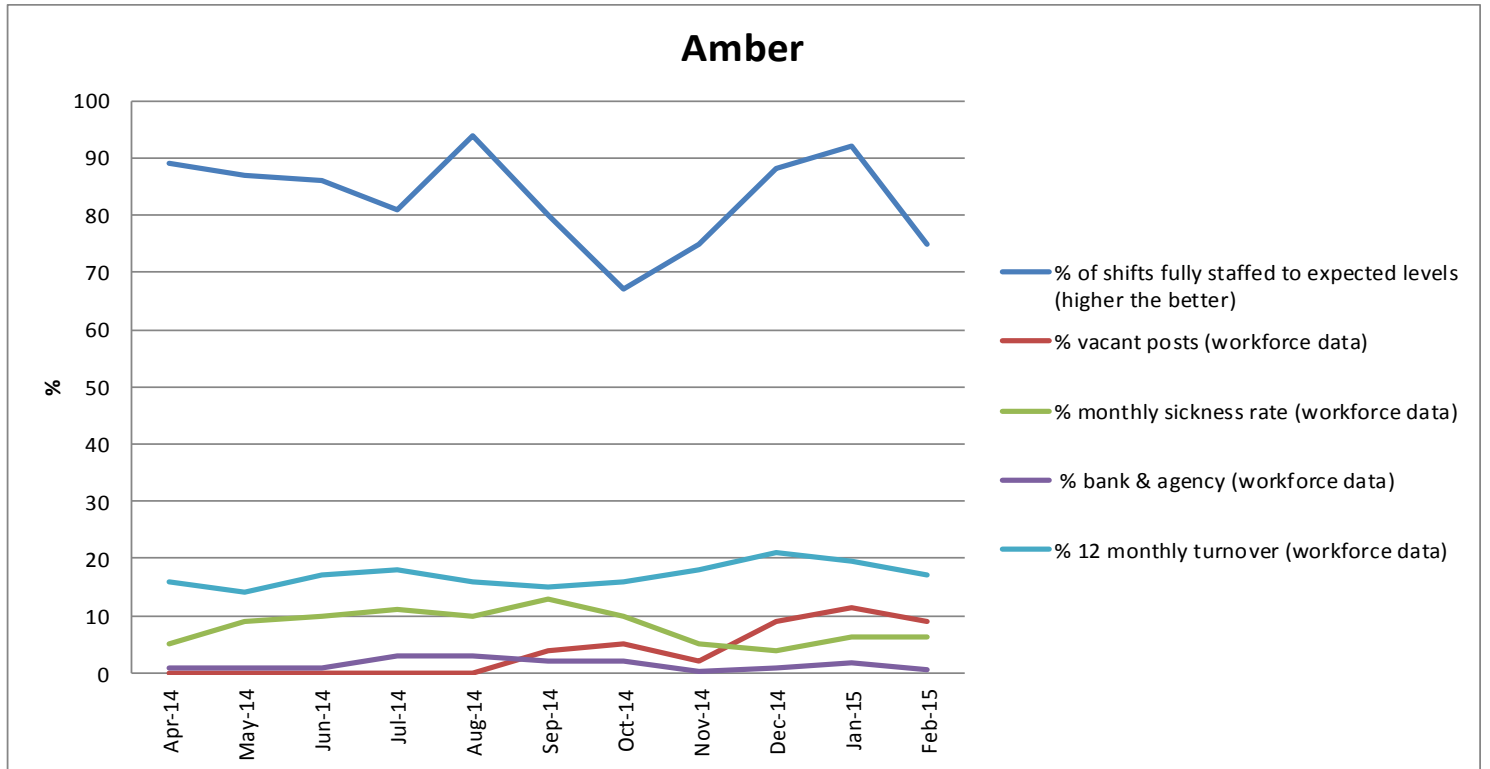
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with 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
Apr-14	85	36	2	10	14	80	100			0	1
May-14	85	30	6	8	8					0	1
Jun-14	74	30	4	15	8	100	100	0	6	0	0
Jul-14	62	28	4	13	11			0	12	1	1
Aug-14	59	23	7	7	11	60	100	3	8	0	0
Sep-14	57	17	5	9	10			0	7	0	2
Oct-14	63	17	9	8	7	80	100	1	6	0	0
Nov-14	73	17	8	9	7			1	5	0	0
Dec-14	62	15	4	9	7	80	100	1	1	0	0
Jan-15	73	14.9	5.41	12.7	6.67					0	0
Feb-15	58	14.8	5.41	11.3	6.67	80	100			0	0



PUBLIC BOARD REPORT

Amber

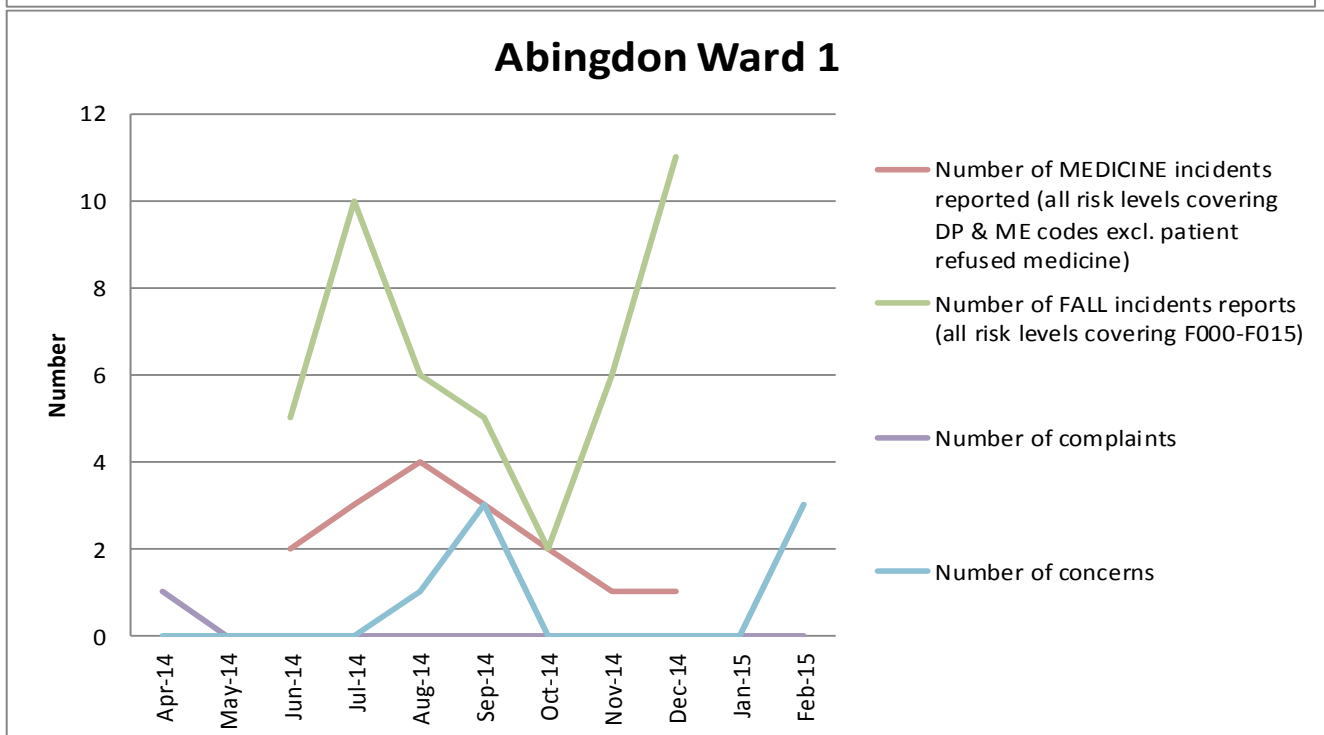
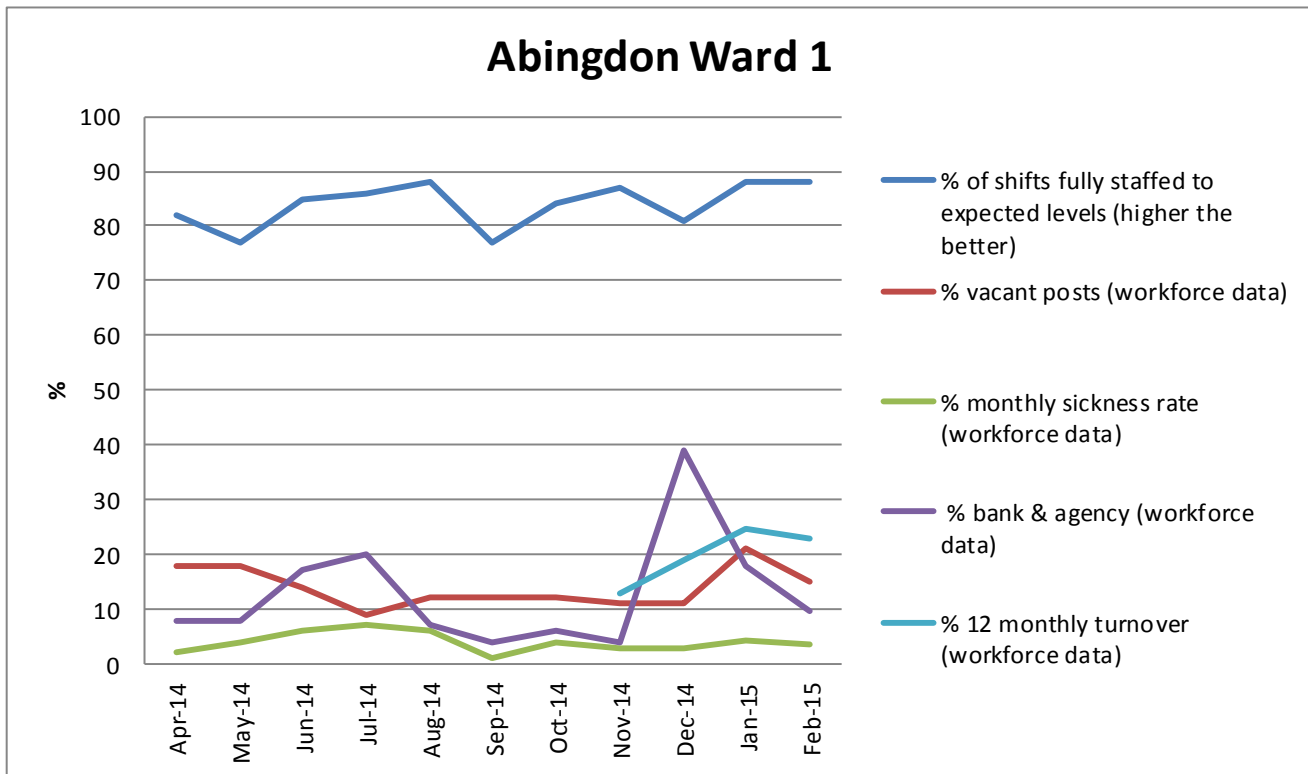
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of FALL incidents reports (all risk levels covering F000-F015)	Number of complaints	Number of concerns
Apr-14	89	0	5	1	16	80	100			0	2
May-14	87	0	9	1	14					0	1
Jun-14	86	0	10	1	17	100	100	1	5	0	1
Jul-14	81	0	11	3	18			1	6	0	0
Aug-14	94	0	10	3	16	100	100	0	12	0	1
Sep-14	80	4	13	2	15			0	9	1	1
Oct-14	67	5	10	2	16	80	100	1	3	2	0
Nov-14	75	2	5	0	18			0	6	0	1
Dec-14	88	9	4	1	21	100	100	2	5	0	0
Jan-15	92	11.4	6.42	1.7	19.65					0	2
Feb-15	75	9	6.2	0.5	17.16	100	100			0	0



PUBLIC BOARD REPORT

Abingdon ward 1

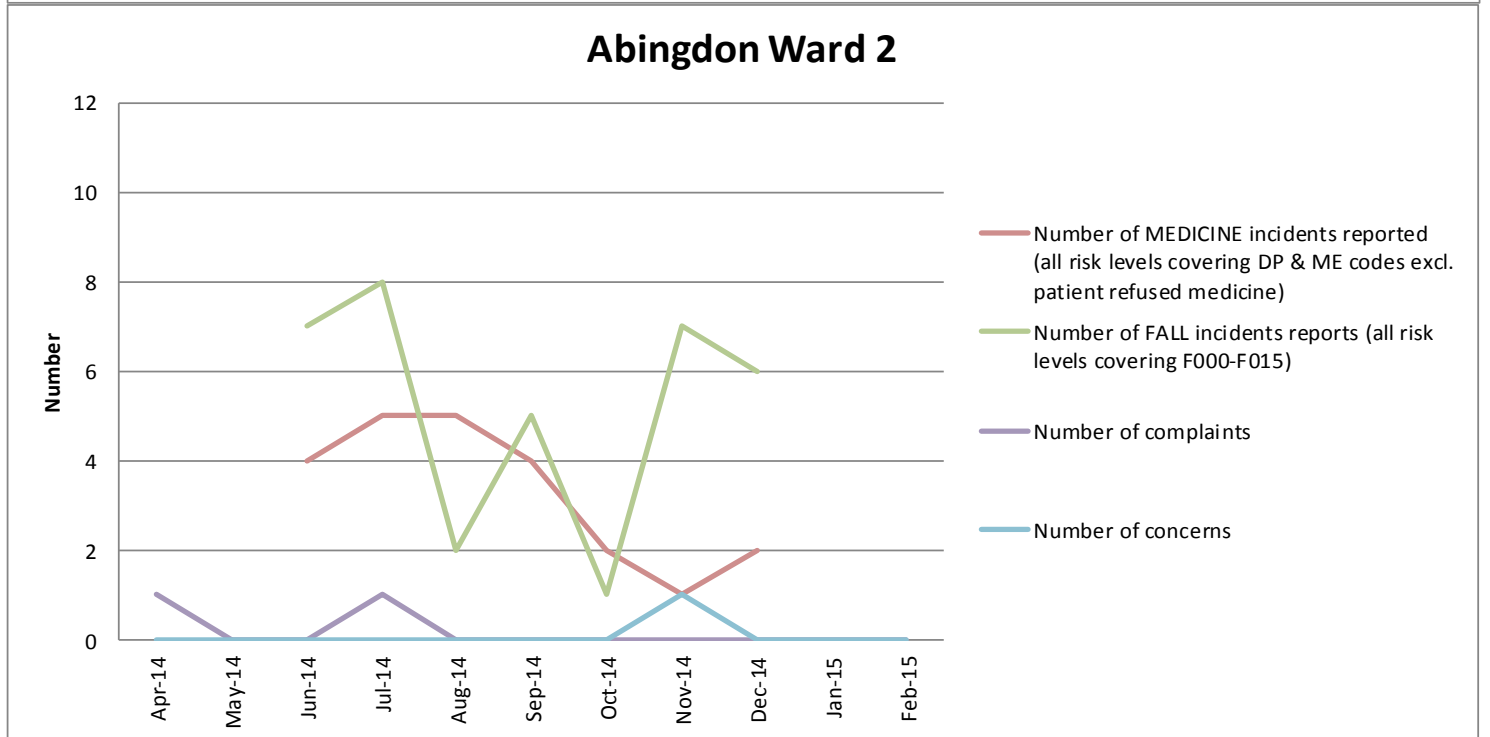
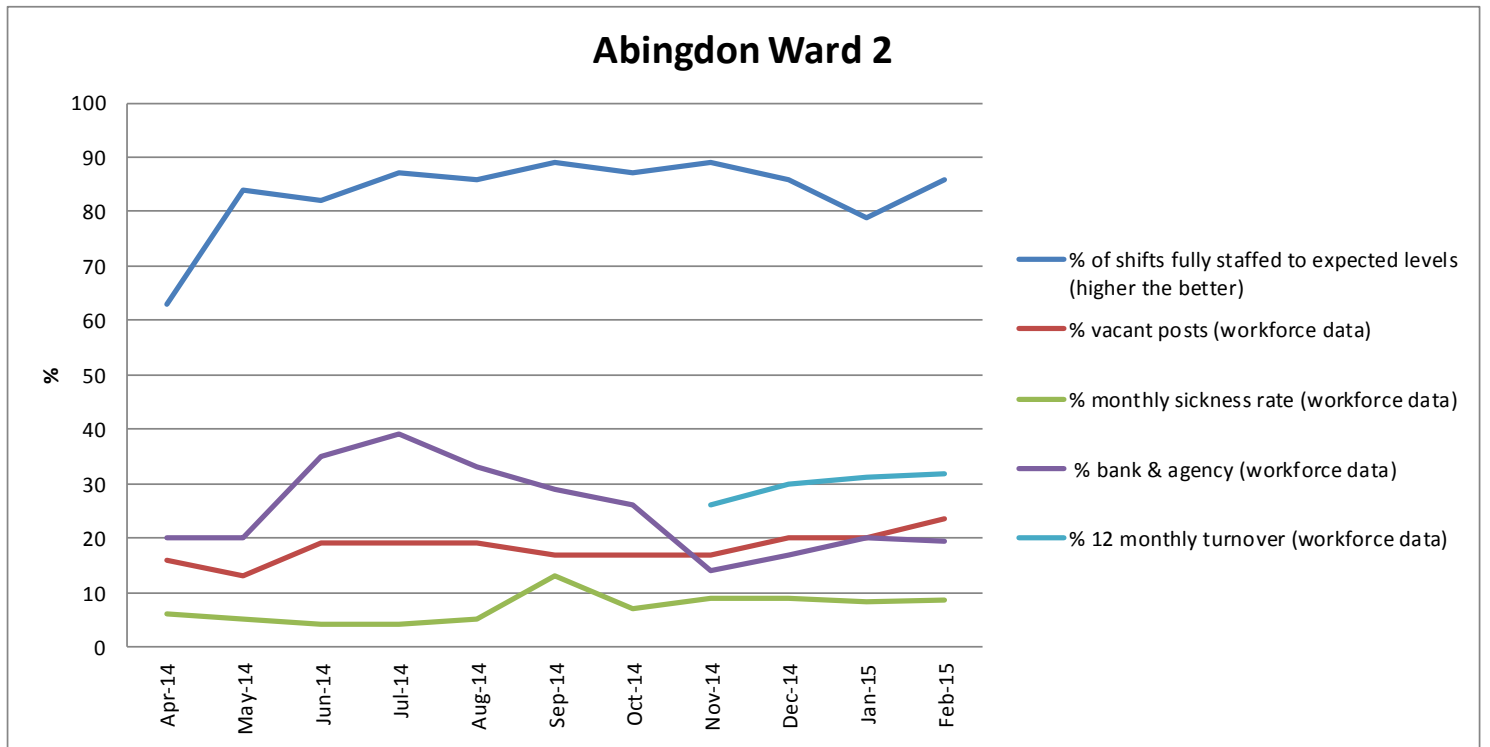
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans been reviewed weekly (lastest CHD audit)	% reported staff communicate clearly & respectfully with you (lastest CHD audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of FALL incidents reports (all risk levels covering F000-F015)	Number of complaints	Number of concerns
Apr-14	82	18	2	8						1	0
May-14	77	18	4	8						0	0
Jun-14	85	14	6	17		13	100	2	5	0	0
Jul-14	86	9	7	20				3	10	0	0
Aug-14	88	12	6	7				4	6	0	1
Sep-14	77	12	1	4		100	100	3	5	0	3
Oct-14	84	12	4	6				2	2	0	0
Nov-14	87	11	3	4	13			1	6	0	0
Dec-14	81	11	3	39	19	88	100	1	11	0	0
Jan-15	88	21	4.19	17.9	24.71					0	0
Feb-15	88	15.1	3.69	9.7	22.98					0	3



PUBLIC BOARD REPORT

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

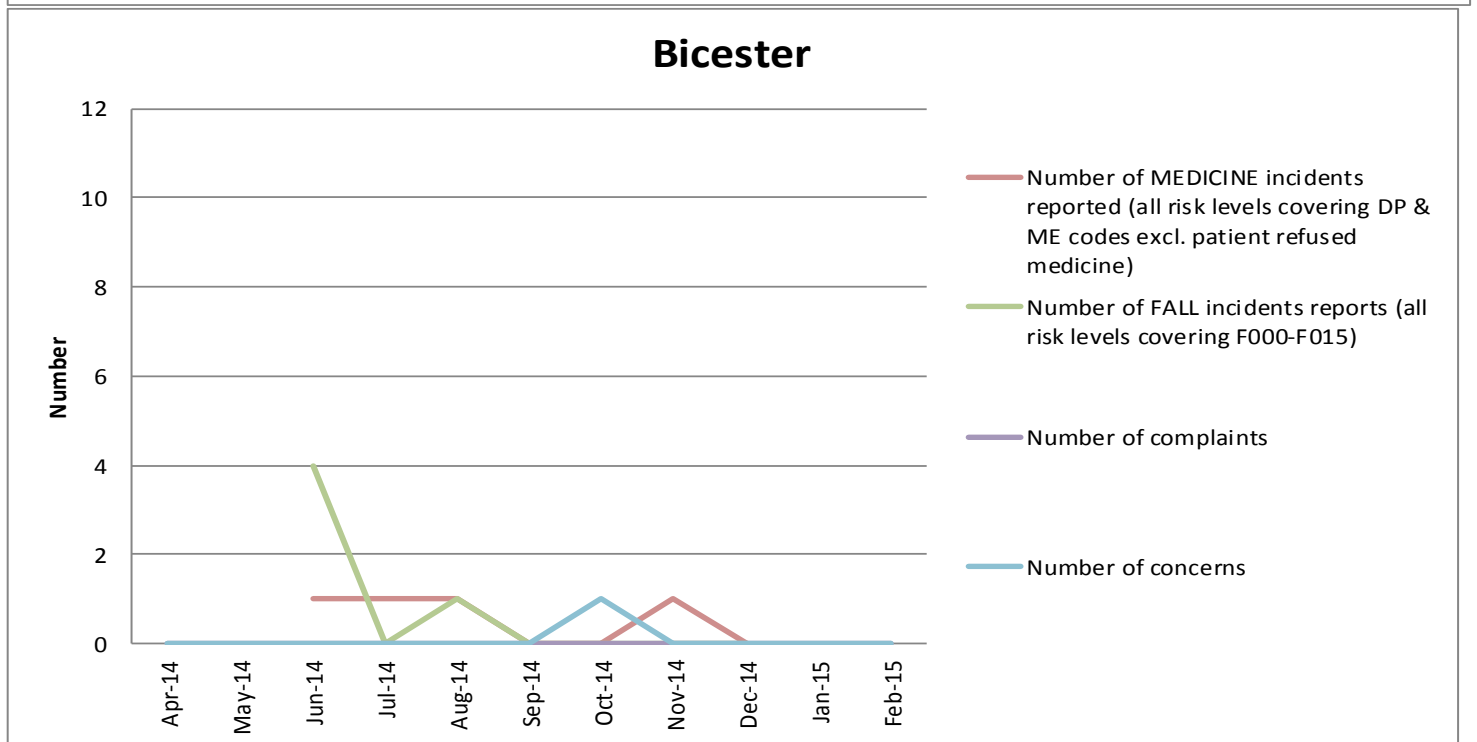
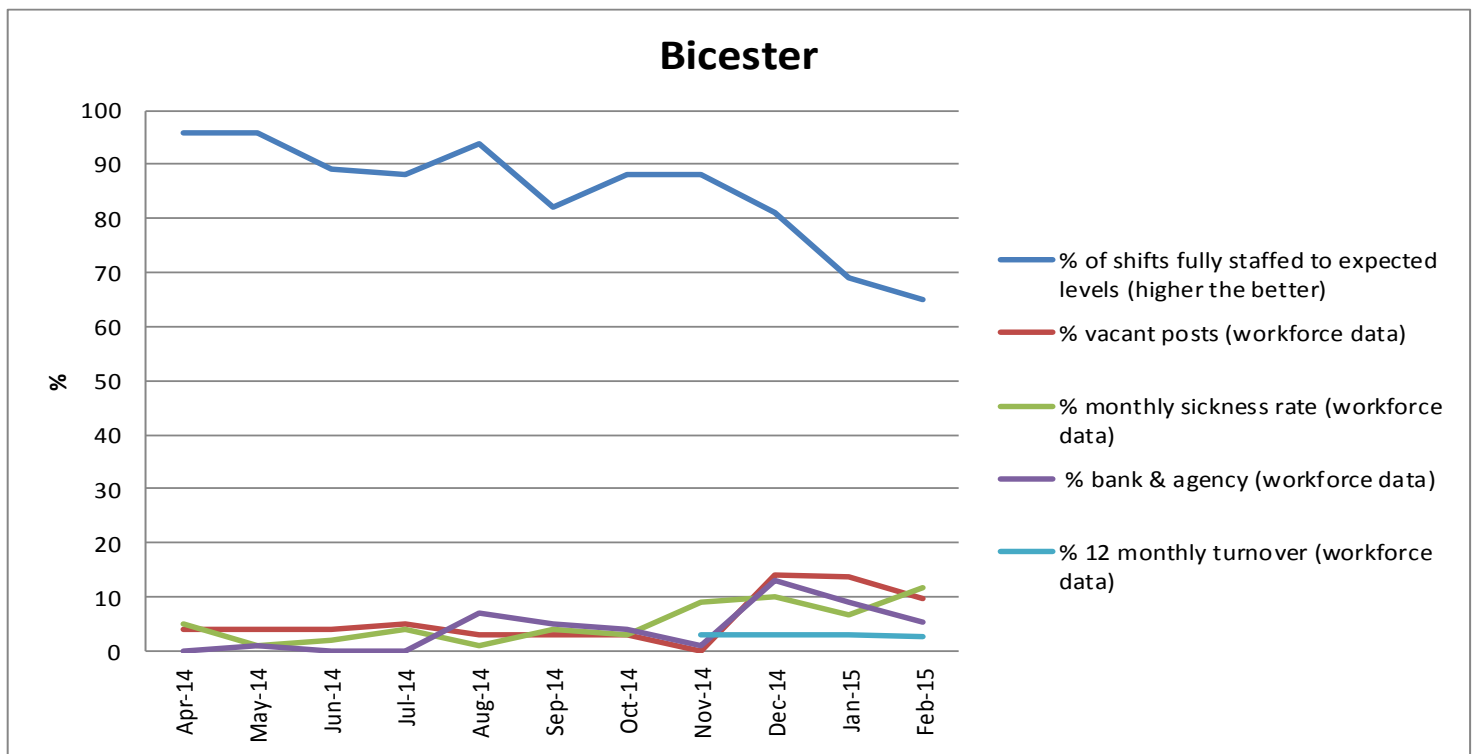
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans been reviewed weekly (lastest CHD audit)	% reported staff communicate clearly & 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
Apr-14	63	16	6	20						1	0
May-14	84	13	5	20						0	0
Jun-14	82	19	4	35		100	100	4	7	0	0
Jul-14	87	19	4	39				5	8	1	0
Aug-14	86	19	5	33				5	2	0	0
Sep-14	89	17	13	29		11	100	4	5	0	0
Oct-14	87	17	7	26				2	1	0	0
Nov-14	89	17	9	14	26			1	7	0	1
Dec-14	86	20	9	17	30	80	100	2	6	0	0
Jan-15	79	20	8.23	20	31.3					0	0
Feb-15	86	23.4	8.67	19.3	31.65					0	0



PUBLIC BOARD REPORT

Bicester

	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans been reviewed weekly (lastest CHD audit)	% reported staff communicate clearly & respectfully with you (lastest CHD audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of FALL incidents reports (all risk levels covering F000-F015)	Number of complaints	Number of concerns
Apr-14	96	4	5	0						0	0
May-14	96	4	1	1						0	0
Jun-14	89	4	2	0		80	100	1	4	0	0
Jul-14	88	5	4	0				1	0	0	0
Aug-14	94	3	1	7				1	1	0	0
Sep-14	82	3	4	5		80	100	0	0	0	0
Oct-14	88	3	3	4				0	0	0	1
Nov-14	88	0	9	1	3			1	0	0	0
Dec-14	81	14	10	13	3	100	100	0	0	0	0
Jan-15	69	13.8	6.84	9	2.85					0	0
Feb-15	65	9.7	11.65	5.4	2.72					0	0

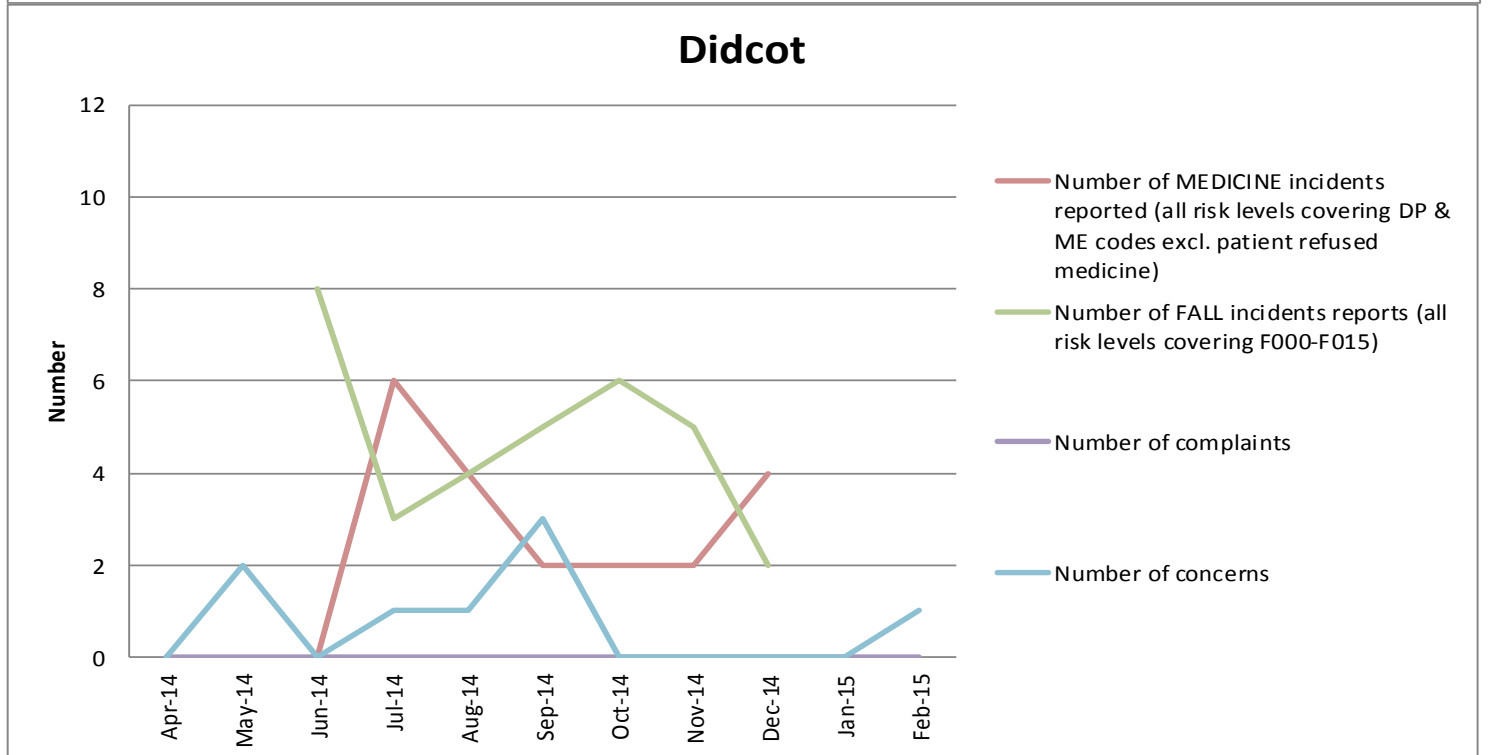
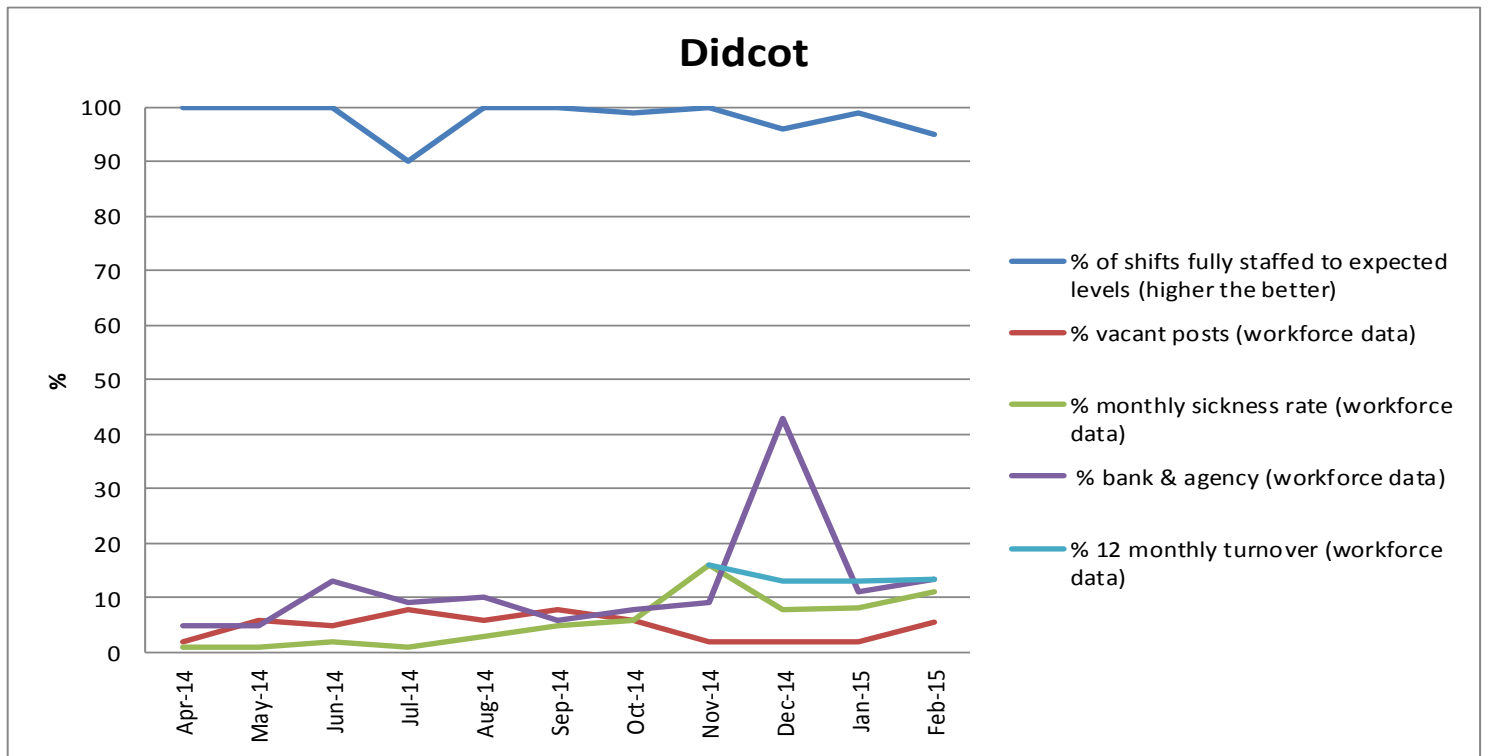


PUBLIC BOARD REPORT

Didcot

Note. Increase in beds in Feb 2015 from 12 to 18 beds.

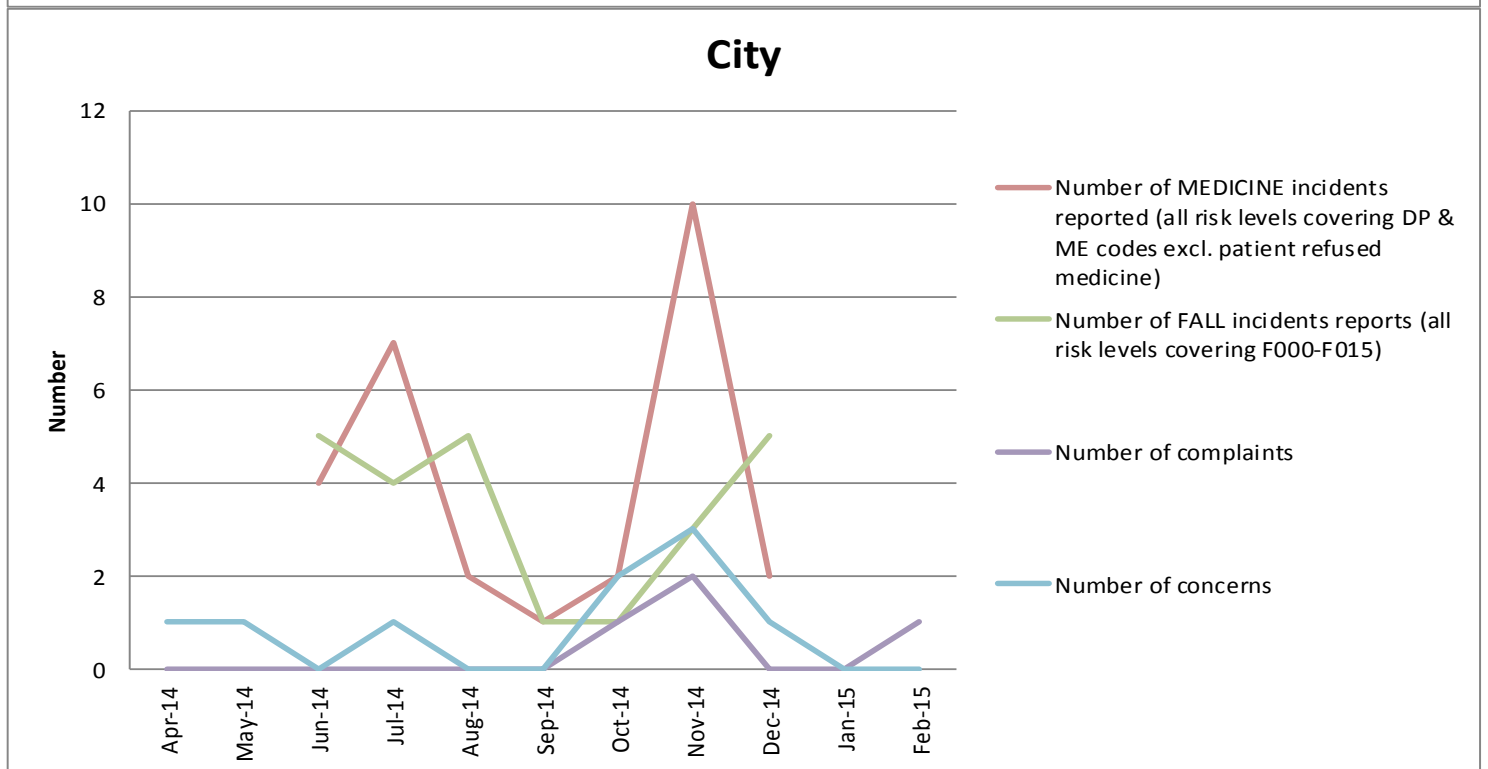
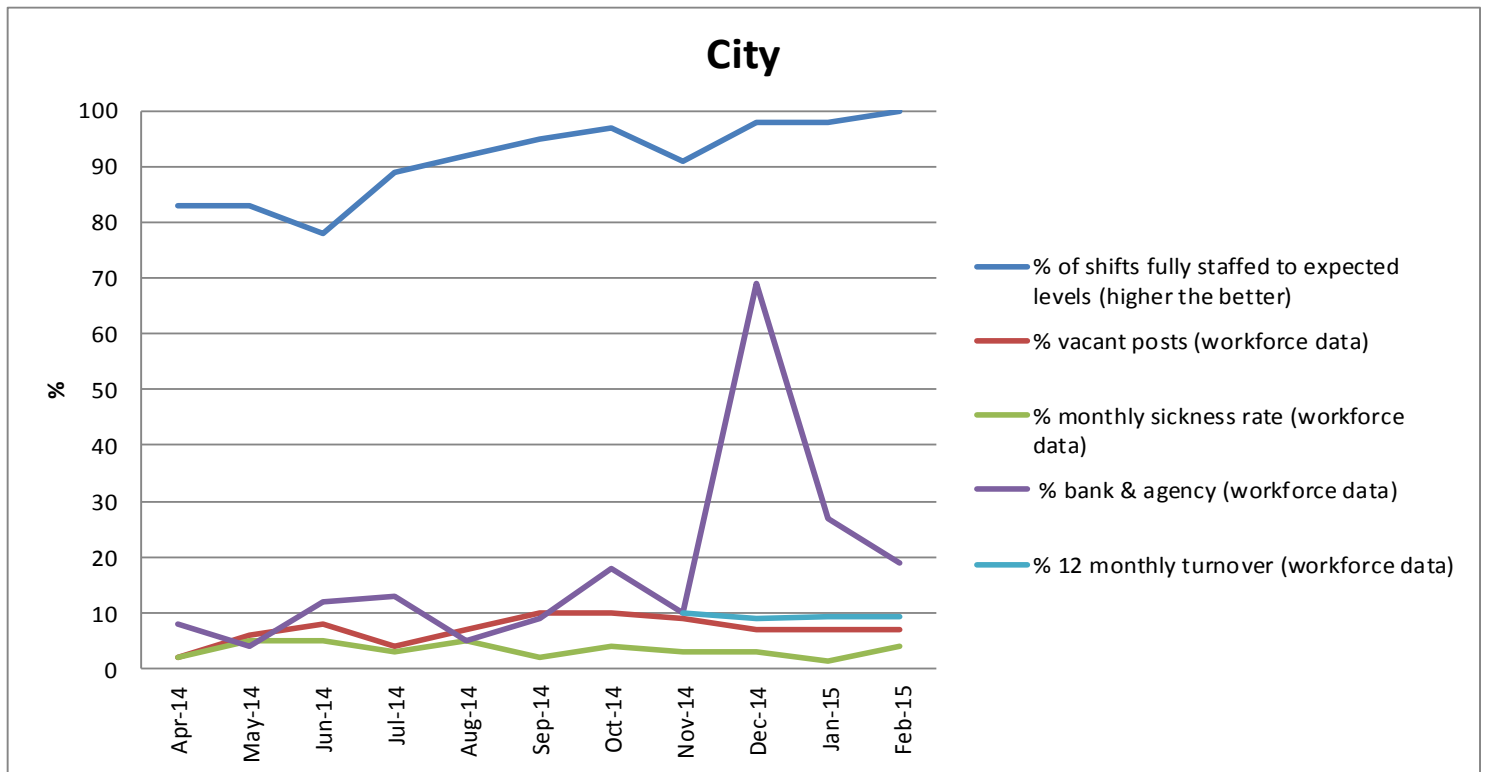
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans been reviewed weekly (lastest CHD audit)	% reported staff communicate clearly & respectfully with you (lastest CHD audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of FALL incidents reports (all risk levels covering F000-F015)	Number of complaints	Number of concerns
Apr-14	100	2	1	5						0	0
May-14	100	6	1	5						0	2
Jun-14	100	5	2	13		50	100	0	8	0	0
Jul-14	90	8	1	9				6	3	0	1
Aug-14	100	6	3	10				4	4	0	1
Sep-14	100	8	5	6		100	90	2	5	0	3
Oct-14	99	6	6	8				2	6	0	0
Nov-14	100	2	16	9	16			2	5	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					0	0
Feb-15	95	5.7	11.11	13.3	13.48					0	1



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 (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
Apr-14	83	2	2	8						0	1
May-14	83	6	5	4						0	1
Jun-14	78	8	5	12		50	100	4	5	0	0
Jul-14	89	4	3	13				7	4	0	1
Aug-14	92	7	5	5				2	5	0	0
Sep-14	95	10	2	9		50	100	1	1	0	0
Oct-14	97	10	4	18				2	1	1	2
Nov-14	91	9	3	10	10			10	3	2	3
Dec-14	98	7	3	69	9	33	100	2	5	0	1
Jan-15	98	6.9	1.16	26.7	9.35					0	0
Feb-15	100	6.9	4.09	18.8	9.35					1	0

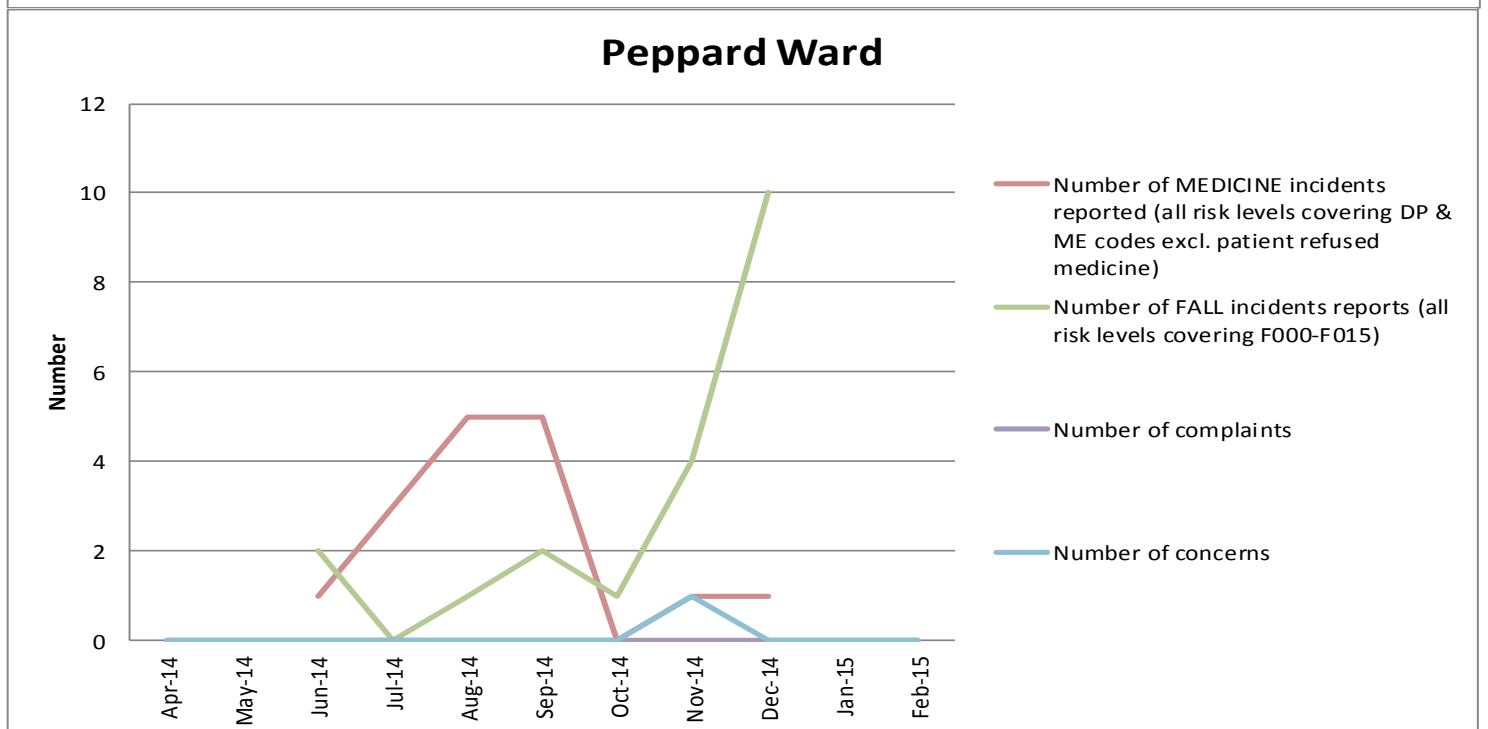
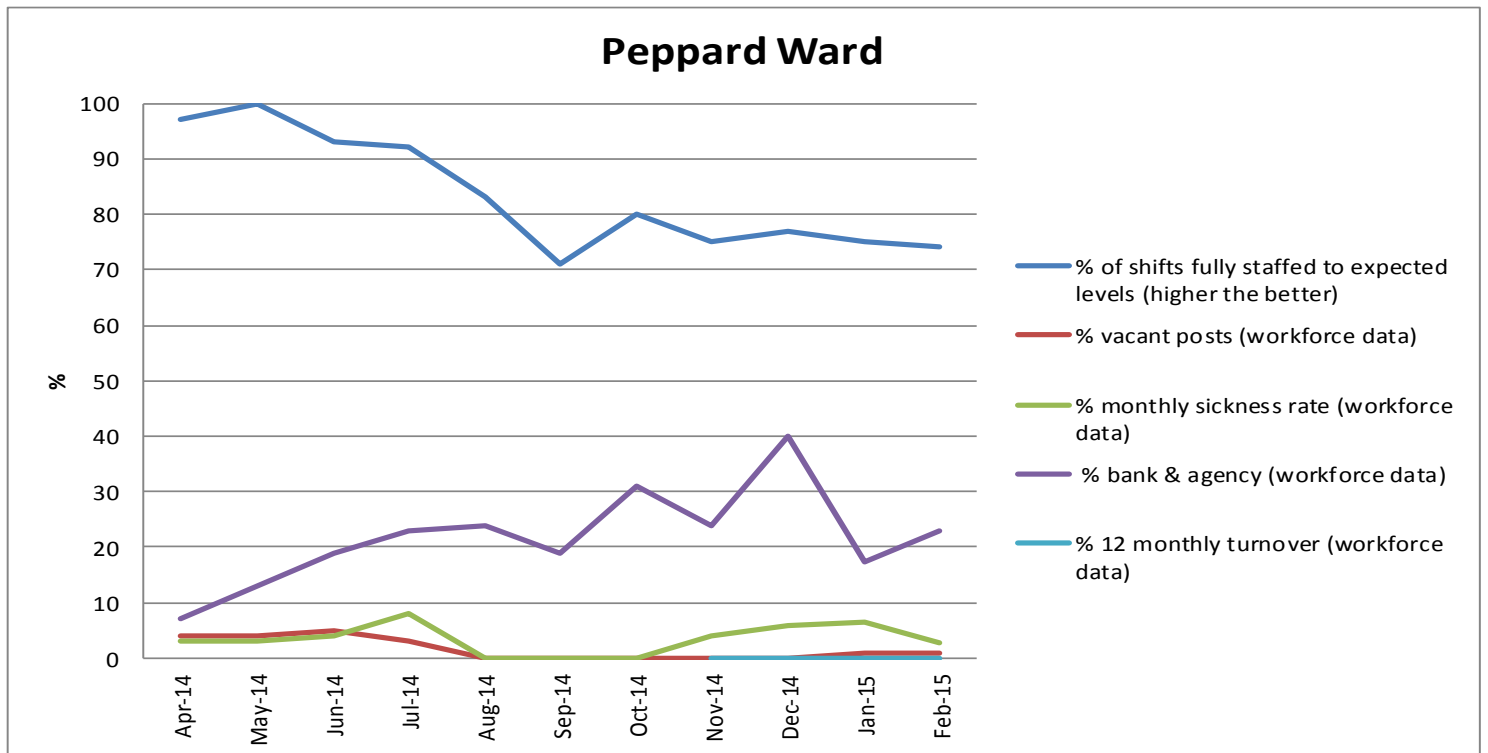


PUBLIC BOARD REPORT

Henley Peppard ward

Note. Increase of 1 WTE HCA on early shift in Feb 2015 on a temporary basis whilst the number of beds is increased from 14 to 15.

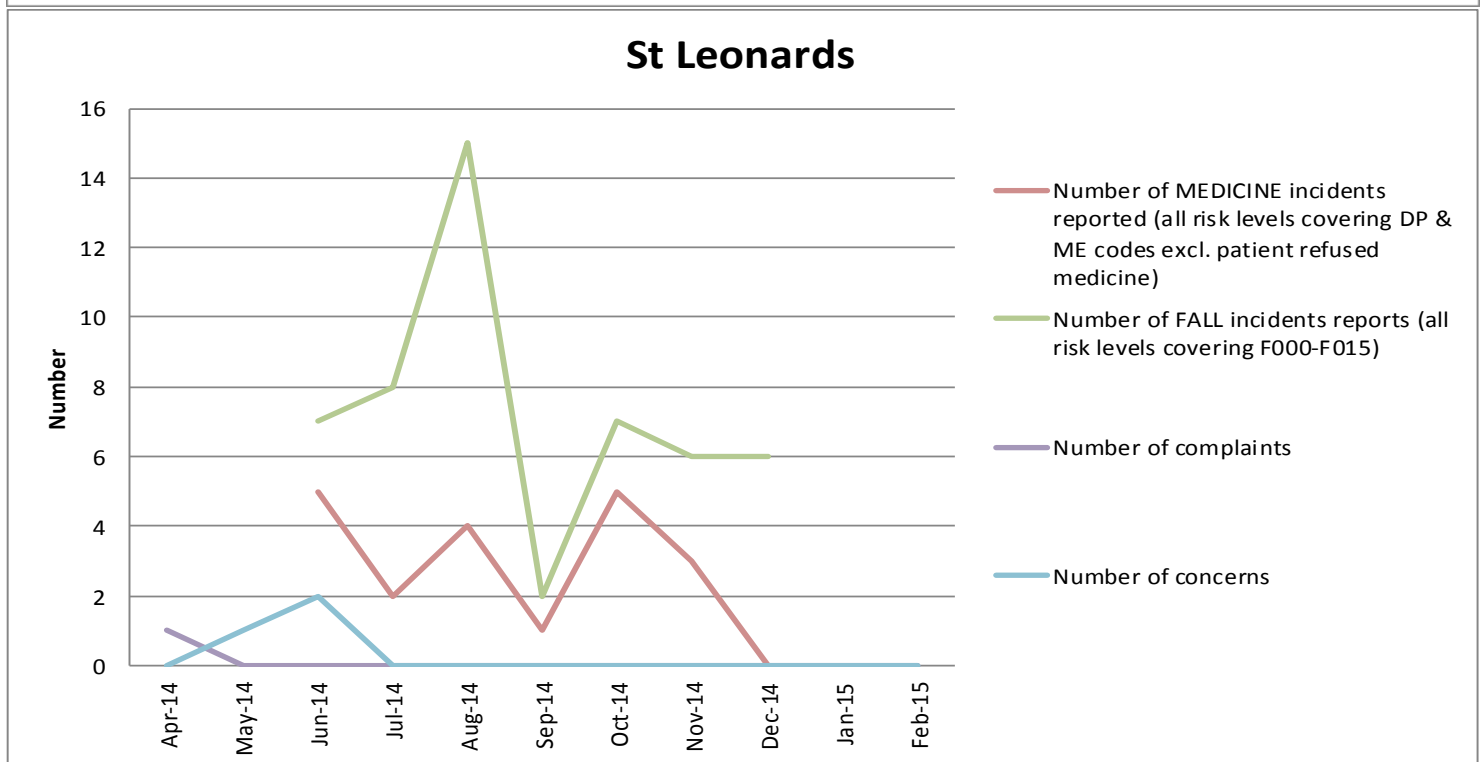
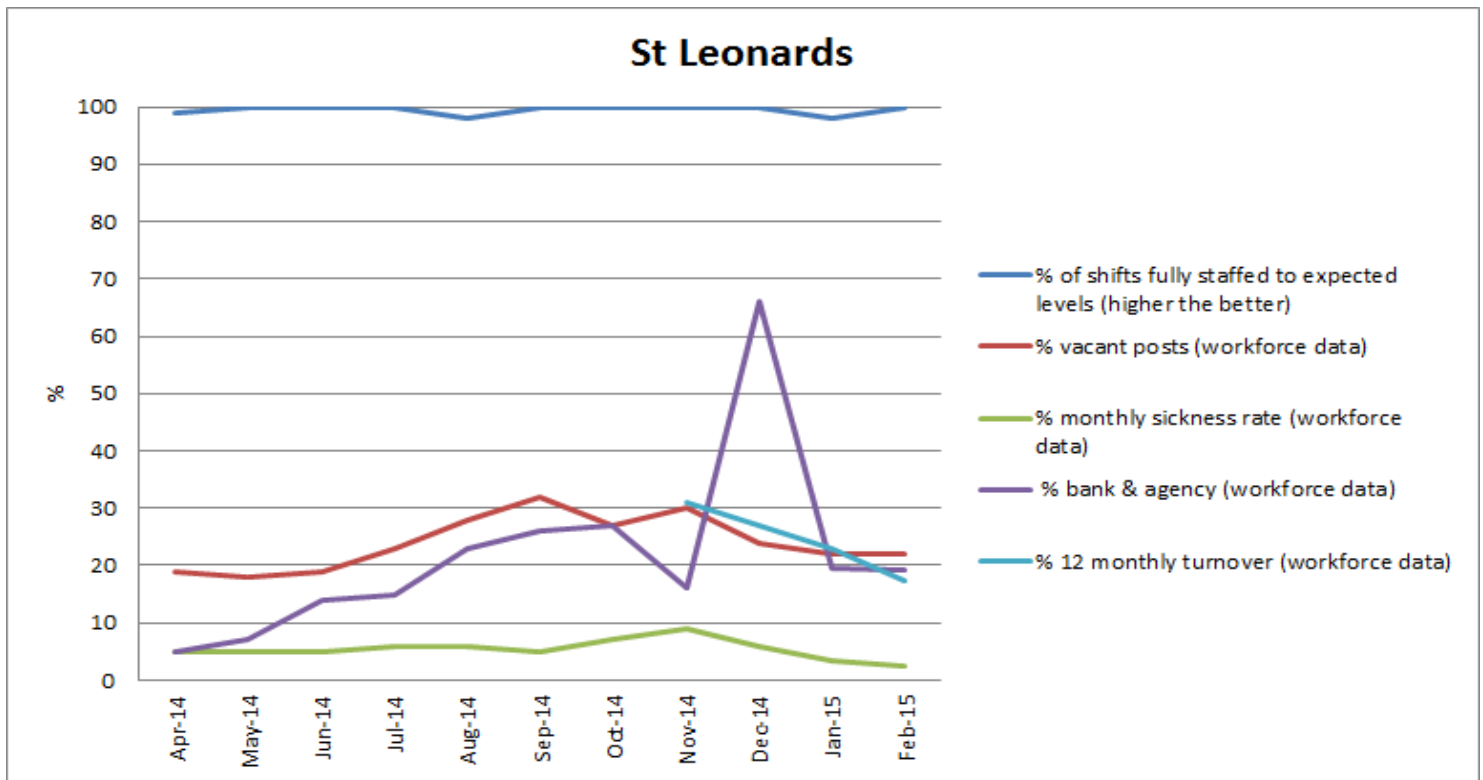
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans been reviewed weekly (lastest CHD audit)	% reported staff communicate clearly & respectfully with you (lastest CHD audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of FALL incidents reports (all risk levels covering F000-F015)	Number of complaints	Number of concerns
Apr-14	97	4	3	7						0	0
May-14	100	4	3	13						0	0
Jun-14	93	5	4	19		100	100	1	2	0	0
Jul-14	92	3	8	23				3	0	0	0
Aug-14	83	0	0	24				5	1	0	0
Sep-14	71	0	0	19		100	100	5	2	0	0
Oct-14	80	0	0	31				0	1	0	0
Nov-14	75	0	4	24	0			1	4	0	1
Dec-14	77	0	6	40	0	43	100	1	10	0	0
Jan-15	75	1	6.46	17.3	0					0	0
Feb-15	74	1	2.72	22.9	0					0	0



PUBLIC BOARD REPORT

Wallingford St Leonards ward

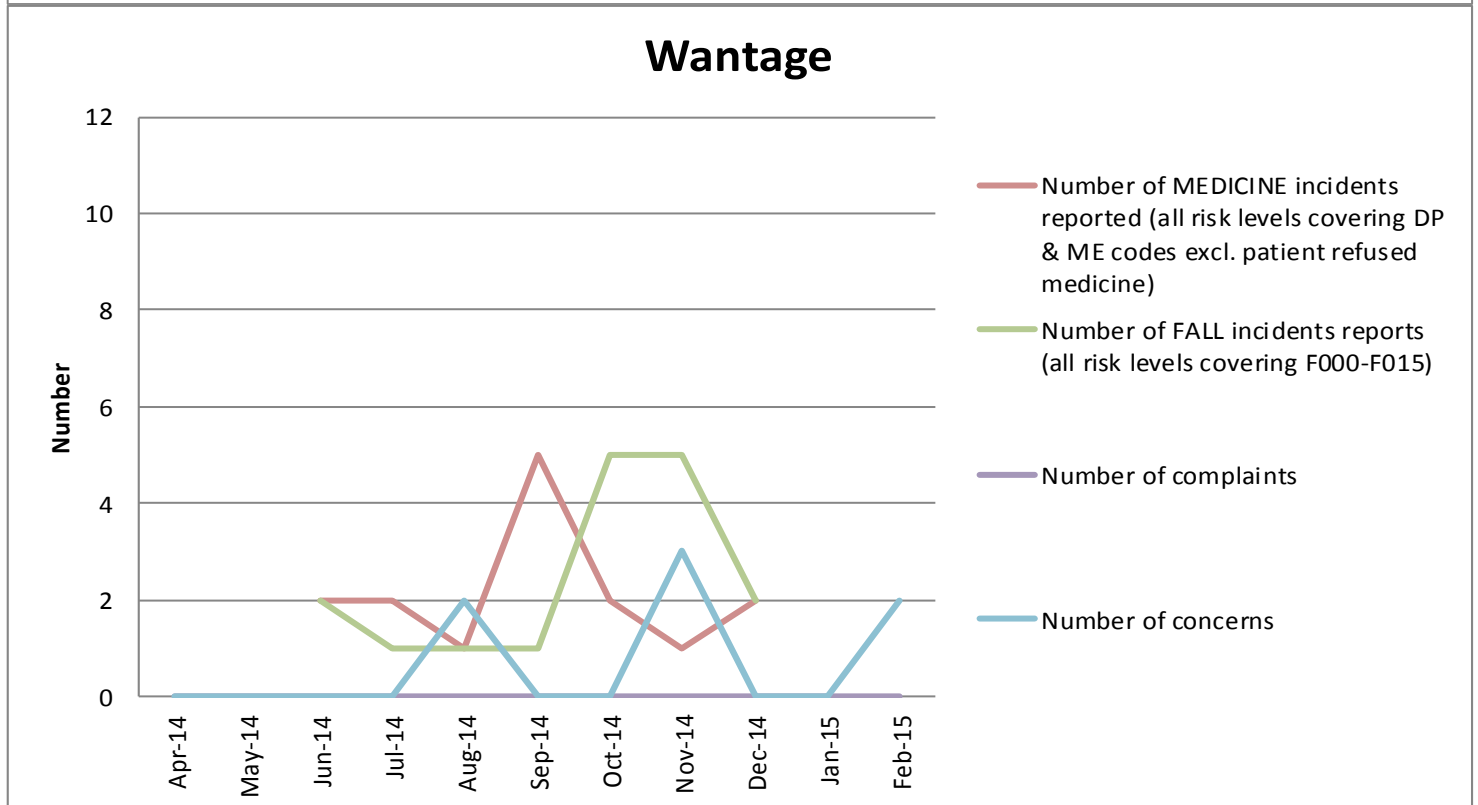
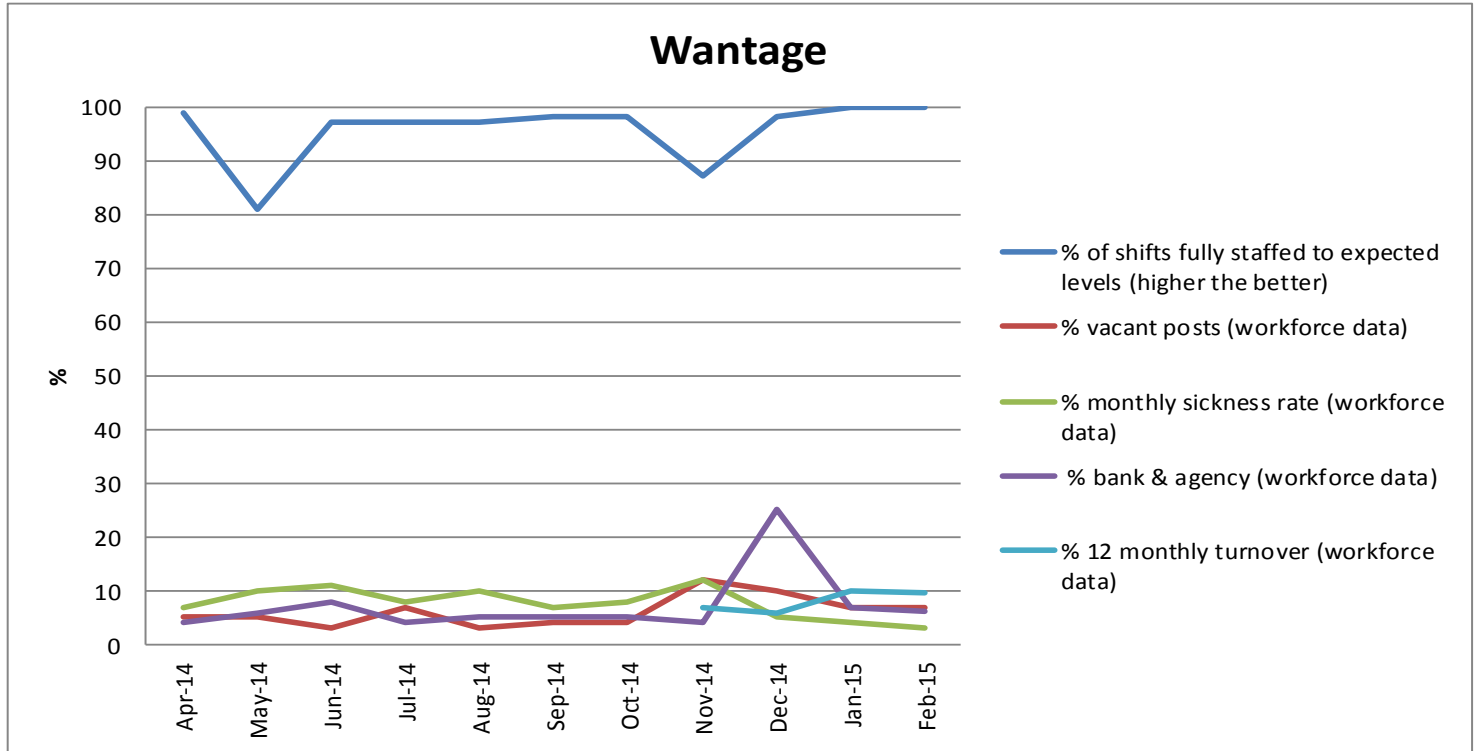
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans been reviewed weekly (lastest CHD audit)	% reported staff communicate clearly & respectfully with you (lastest CHD audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of FALL incidents reports (all risk levels covering F000-F015)	Number of complaints	Number of concerns
Apr-14	99	19	5	5						1	0
May-14	100	18	5	7						0	1
Jun-14	100	19	5	14		50	100	5	7	0	2
Jul-14	100	23	6	15				2	8	0	0
Aug-14	98	28	6	23				4	15	0	0
Sep-14	100	32	5	26		71	90	1	2	0	0
Oct-14	100	27	7	27				5	7	0	0
Nov-14	100	30	9	16	31			3	6	0	0
Dec-14	100	24	6	66	27	44	100	0	6	0	0
Jan-15	98	22	3.49	19.4	23.09					0	0
Feb-15	100	22	2.47	19.2	17.32					0	0



PUBLIC BOARD REPORT

Wantage

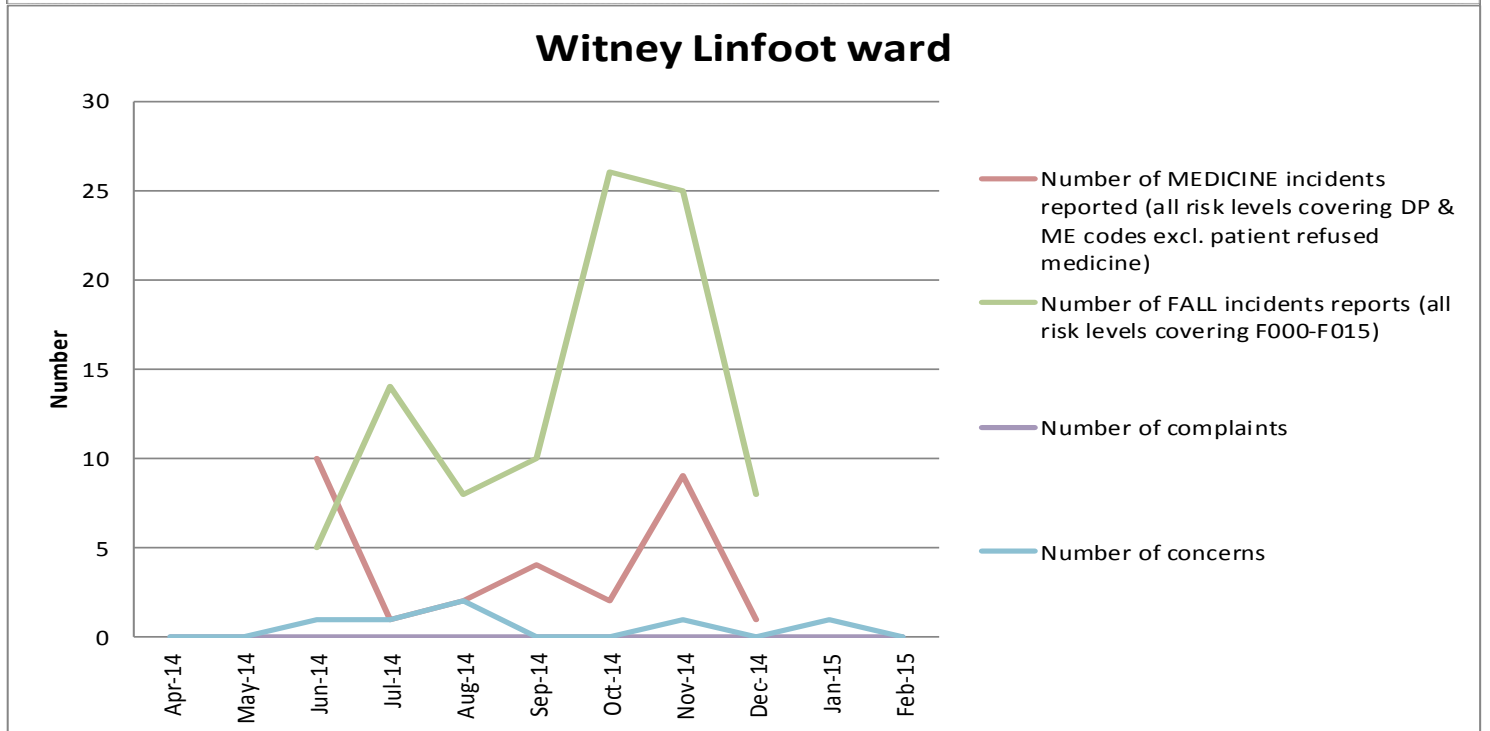
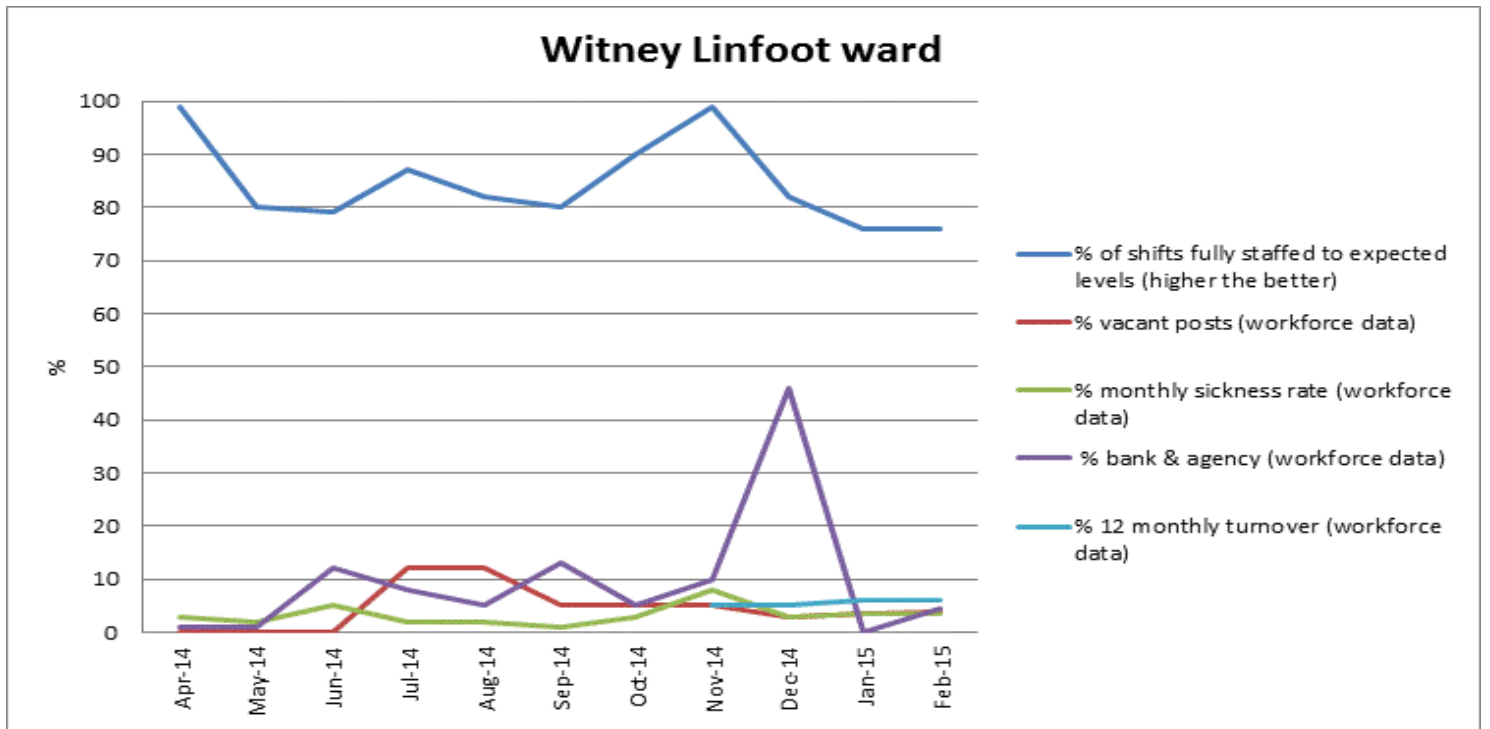
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans been reviewed weekly (lastest CHD audit)	% reported staff communicate clearly & respectfully with you (lastest CHD audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of FALL incidents reports (all risk levels covering F000-F015)	Number of complaints	Number of concerns
Apr-14	99	5	7	4						0	0
May-14	81	5	10	6						0	0
Jun-14	97	3	11	8		86	100	2	2	0	0
Jul-14	97	7	8	4				2	1	0	0
Aug-14	97	3	10	5				1	1	0	2
Sep-14	98	4	7	5		100	100	5	1	0	0
Oct-14	98	4	8	5				2	5	0	0
Nov-14	87	12	12	4	7			1	5	0	3
Dec-14	98	10	5	25	6	100	100	2	2	0	0
Jan-15	100	6.8	4.02	6.7	10.11					0	0
Feb-15	100	6.8	3.25	6.1	9.73					0	2



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
Apr-14	99	0	3	1						0	0
May-14	80	0	2	1						0	0
Jun-14	79	0	5	12		100	100	10	5	0	1
Jul-14	87	12	2	8				1	14	0	1
Aug-14	82	12	2	5				2	8	0	2
Sep-14	80	5	1	13		56	100	4	10	0	0
Oct-14	90	5	3	5				2	26	0	0
Nov-14	99	5	8	10	5			9	25	0	1
Dec-14	82	3	3	46	5	33	100	1	8	0	0
Jan-15	76	3.4	3.41	0	5.97					0	1
Feb-15	76	3.9	3.5	4.4	6.03					0	0

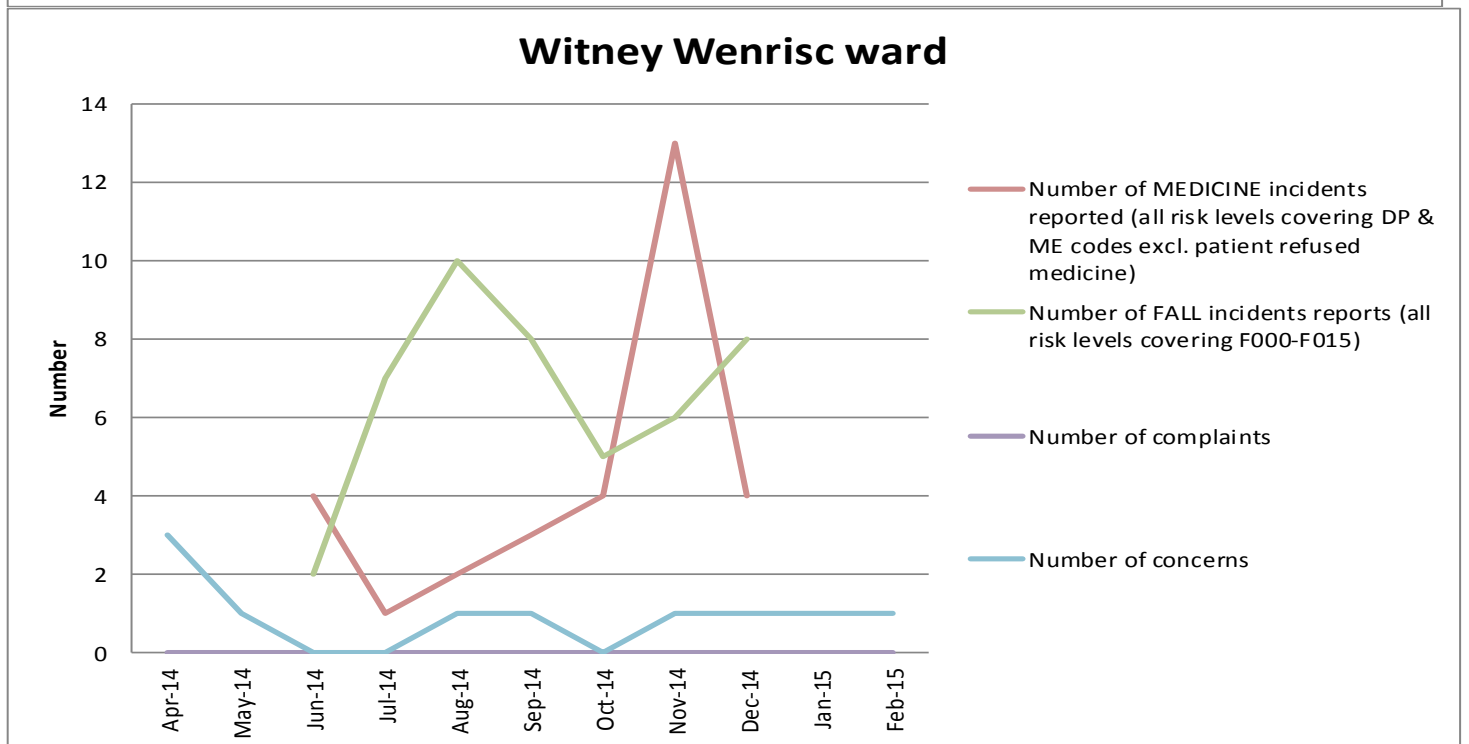
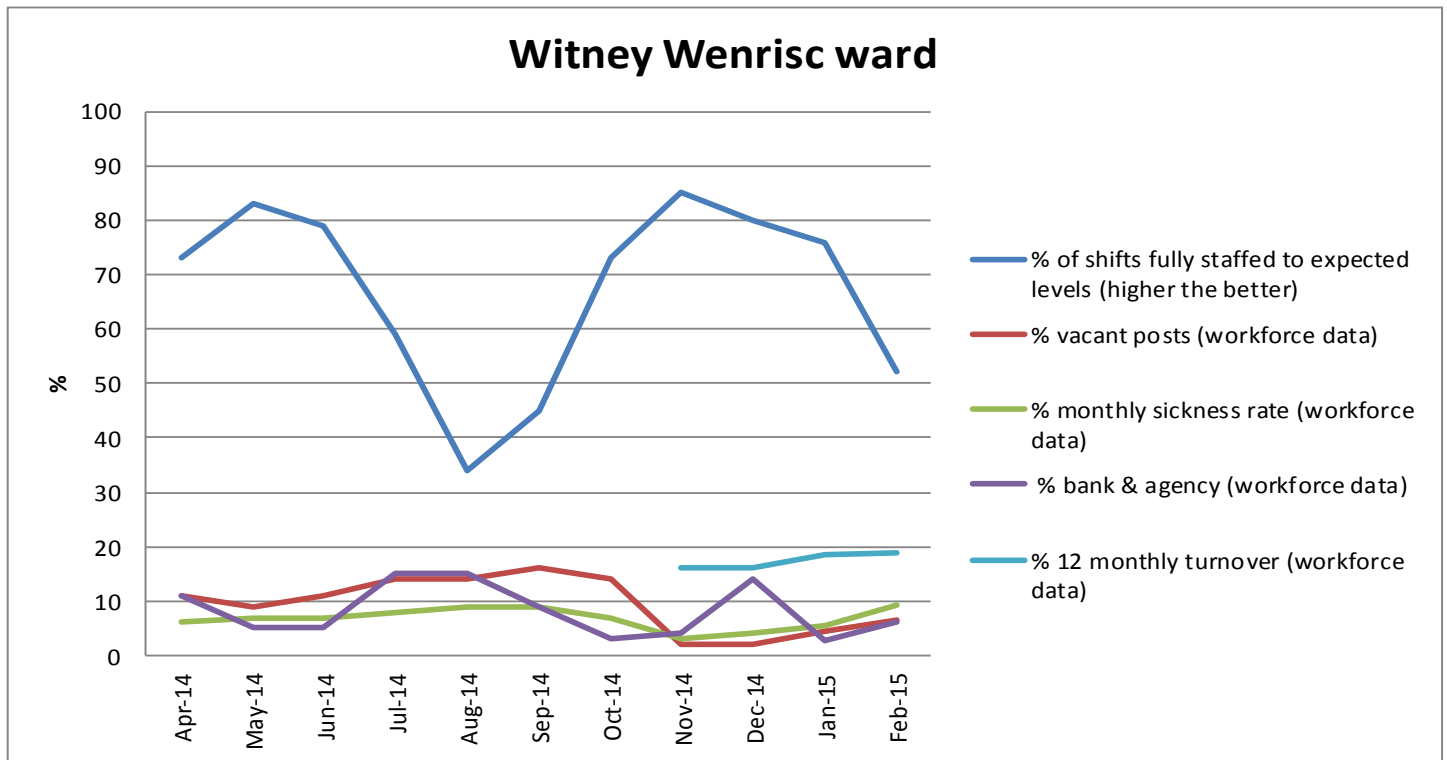


PUBLIC BOARD REPORT

Witney Wenrisc ward

Note. Increase in beds in Feb 2015 from 24 to 30 beds which over the month was reduced back slightly to 25.

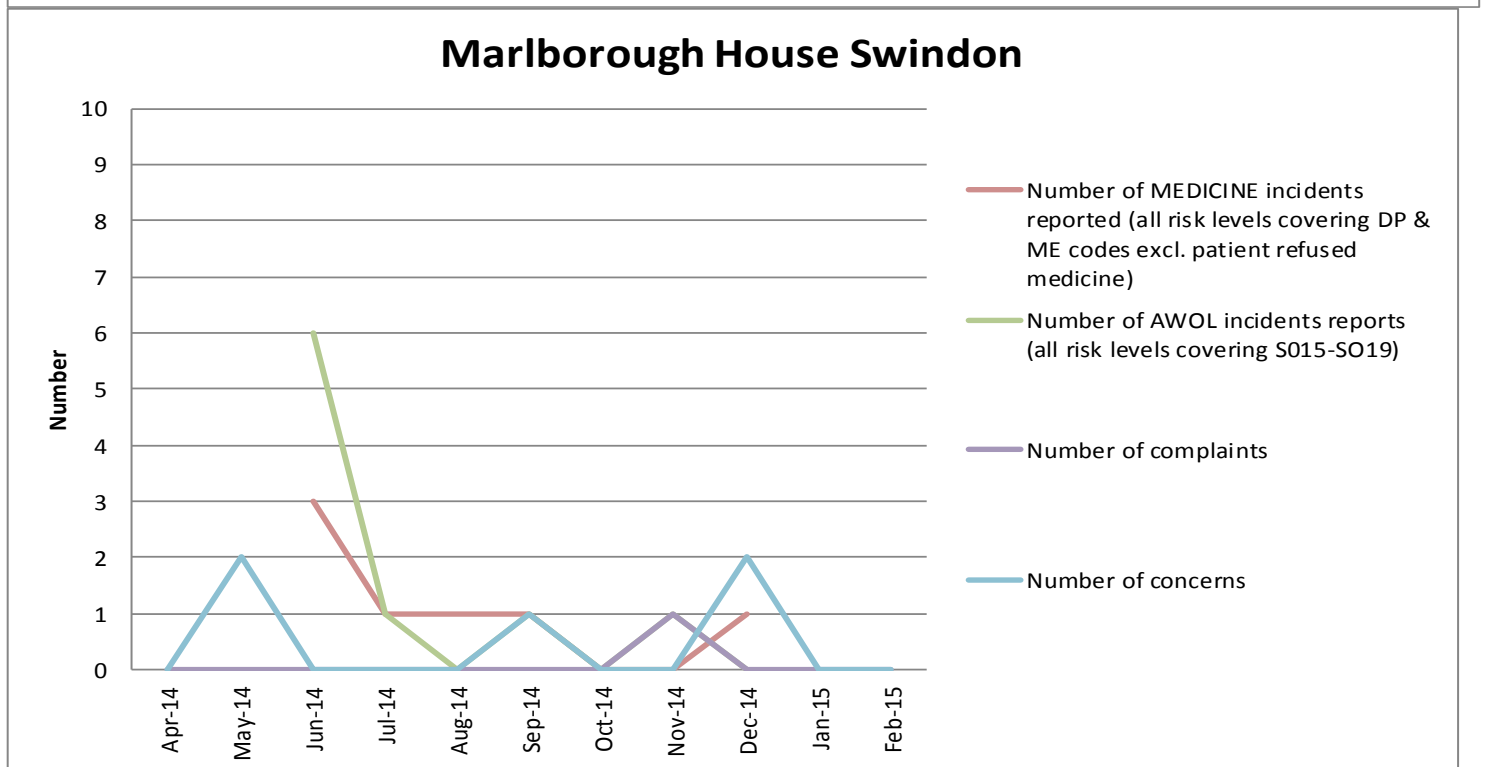
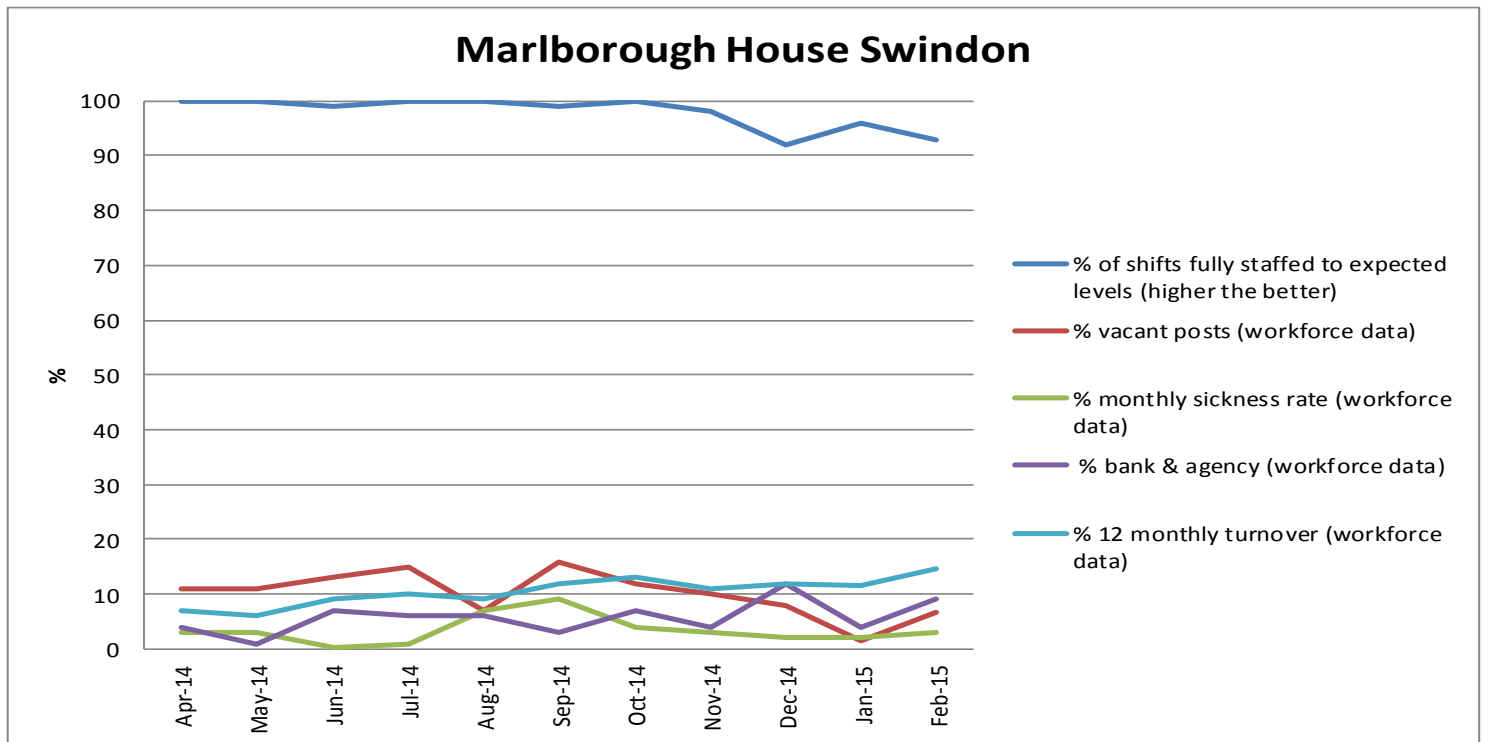
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans been reviewed weekly (lastest CHD audit)	% reported staff communicate clearly & respectfully with you (lastest CHD audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of FALL incidents reports (all risk levels covering F000-F015)	Number of complaints	Number of concerns
Apr-14	73	11	6	11						0	3
May-14	83	9	7	5						0	1
Jun-14	79	11	7	5		100	100	4	2	0	0
Jul-14	59	14	8	15				1	7	0	0
Aug-14	34	14	9	15				2	10	0	1
Sep-14	45	16	9	9		25	100	3	8	0	1
Oct-14	73	14	7	3				4	5	0	0
Nov-14	85	2	3	4	16			13	6	0	1
Dec-14	80	2	4	14	16	60	100	4	8	0	1
Jan-15	76	4.4	5.56	2.6	18.62					0	1
Feb-15	52	6.4	9.14	6	19.02					0	1



PUBLIC BOARD REPORT

Marlborough House Swindon (CAMHS)

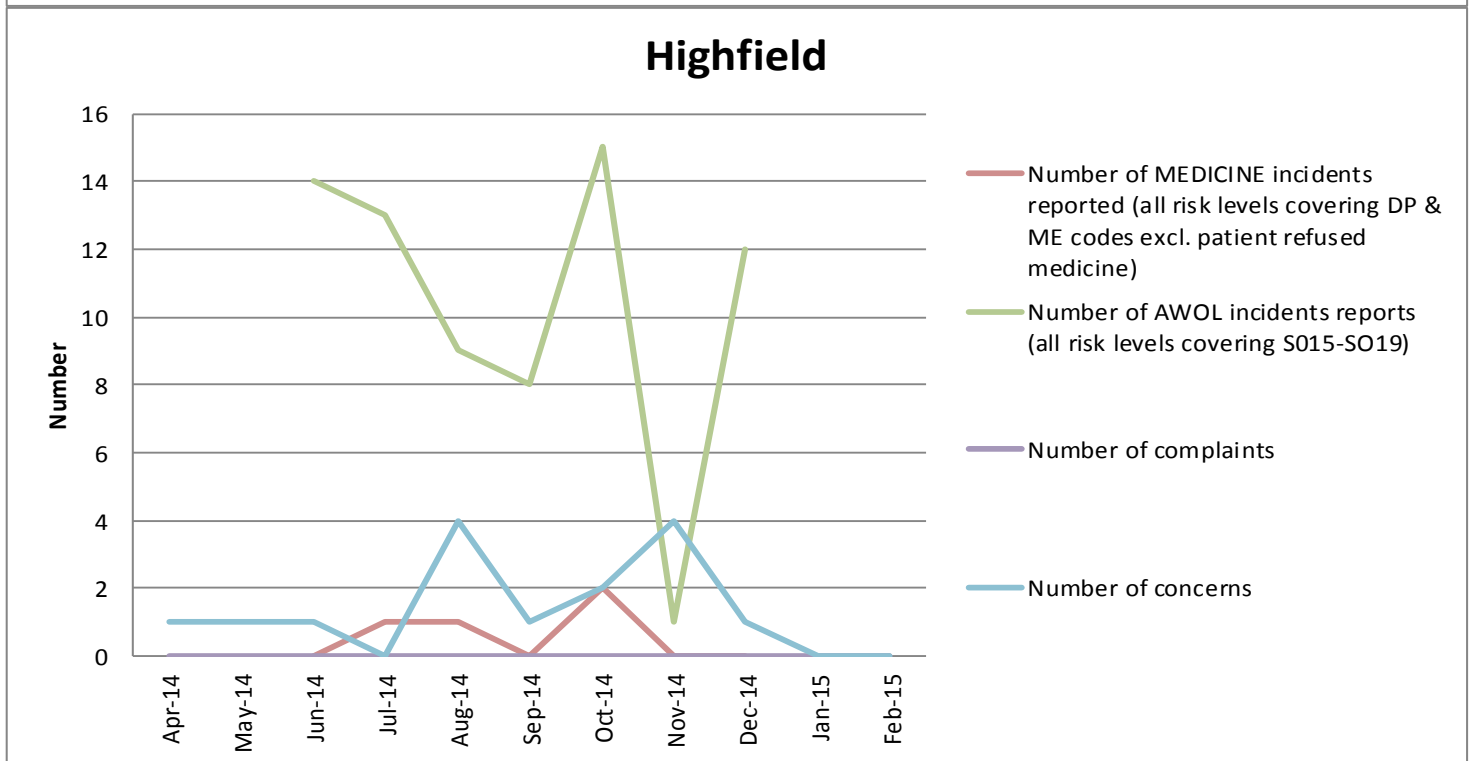
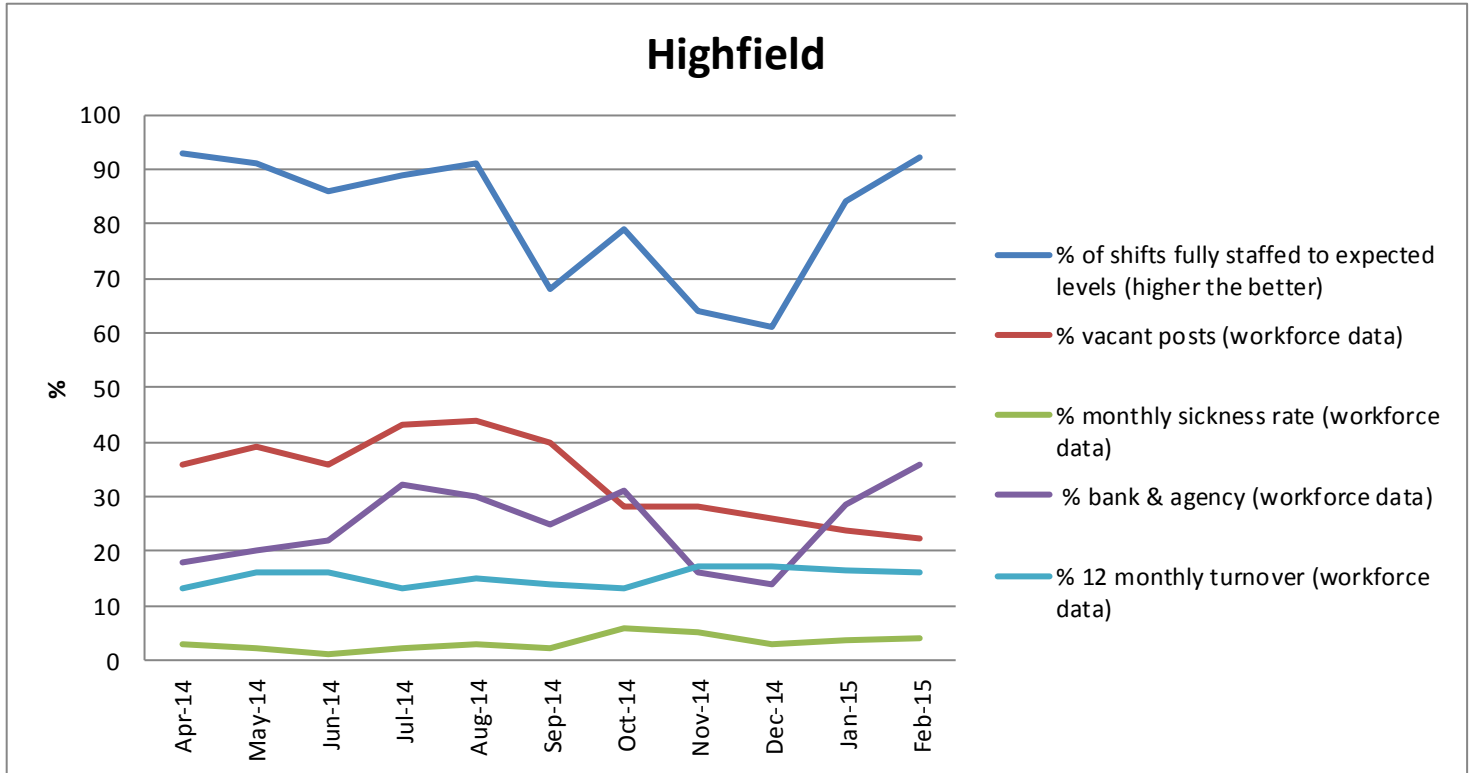
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with 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-SO19)	Number of complaints	Number of concerns
Apr-14	100	11	3	4	7	no data	no data			0	0
May-14	100	11	3	1	6					0	2
Jun-14	99	13	0.3	7	9	100	100	3	6	0	0
Jul-14	100	15	1	6	10			1	1	0	0
Aug-14	100	7	7	6	9	100	100	1	0	0	0
Sep-14	99	16	9	3	12			1	1	0	1
Oct-14	100	12	4	7	13	no data	no data	0	0	0	0
Nov-14	98	10	3	4	11			0	1	1	0
Dec-14	92	8	2	12	12	100	100	1	0	0	2
Jan-15	96	1.4	2.15	4	11.71					0	0
Feb-15	93	6.7	2.95	9	14.67		100			0	0



PUBLIC BOARD REPORT

Highfield (CAMHS)

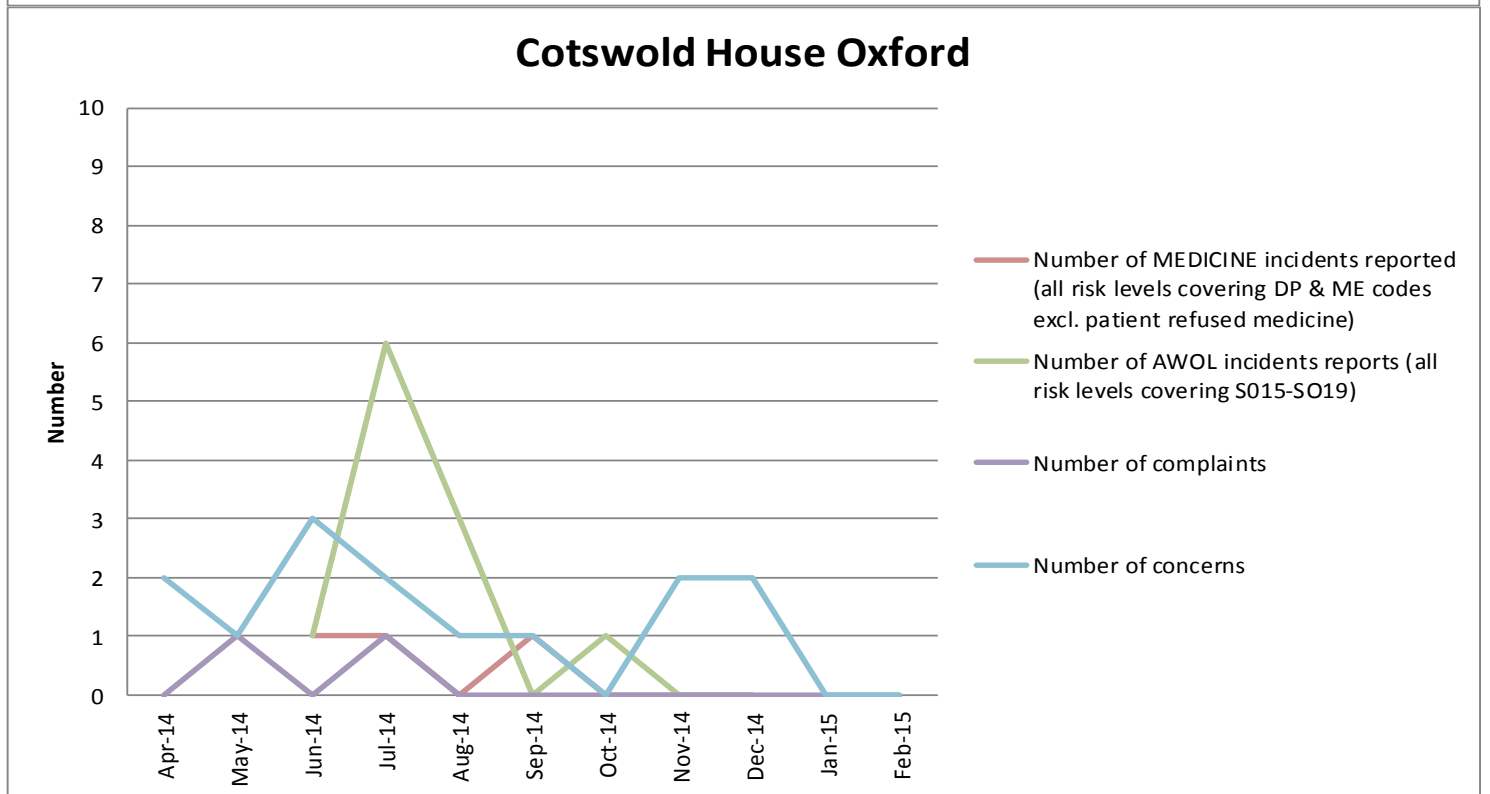
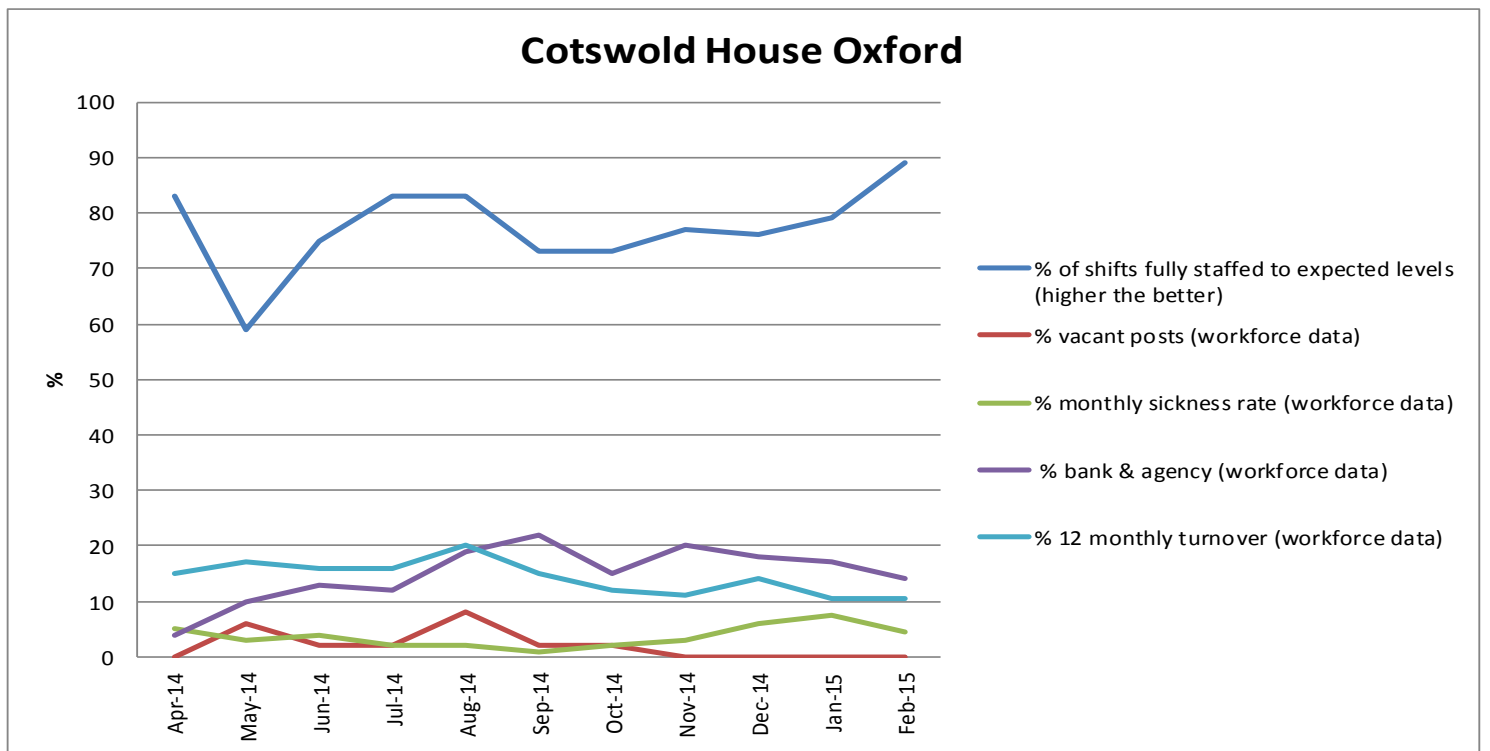
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with 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-SO19)	Number of complaints	Number of concerns
Apr-14	93	36	3	18	13	no data	no data			0	1
May-14	91	39	2	20	16					0	1
Jun-14	86	36	1	22	16	no data	no data	0	14	0	1
Jul-14	89	43	2	32	13			1	13	0	0
Aug-14	91	44	3	30	15	100	100	1	9	0	4
Sep-14	68	40	2	25	14			0	8	0	1
Oct-14	79	28	6	31	13	100	80	2	15	0	2
Nov-14	64	28	5	16	17			0	1	0	4
Dec-14	61	26	3	14	17	100	80	0	12	0	1
Jan-15	84	23.6	3.6	28.5	16.3					0	0
Feb-15	92	22.2	4.02	35.7	15.99	100	no data			0	0



PUBLIC BOARD REPORT

Cotswold House Oxford

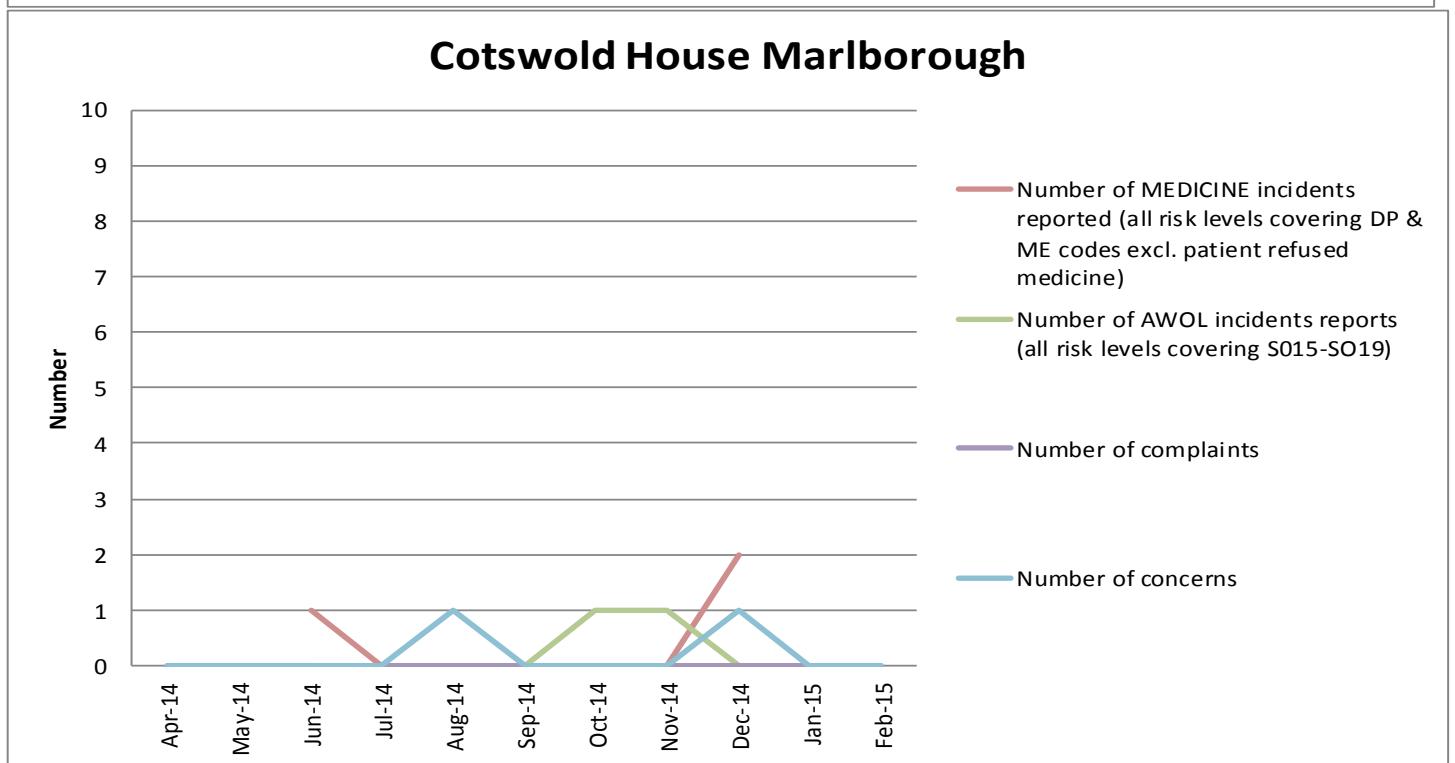
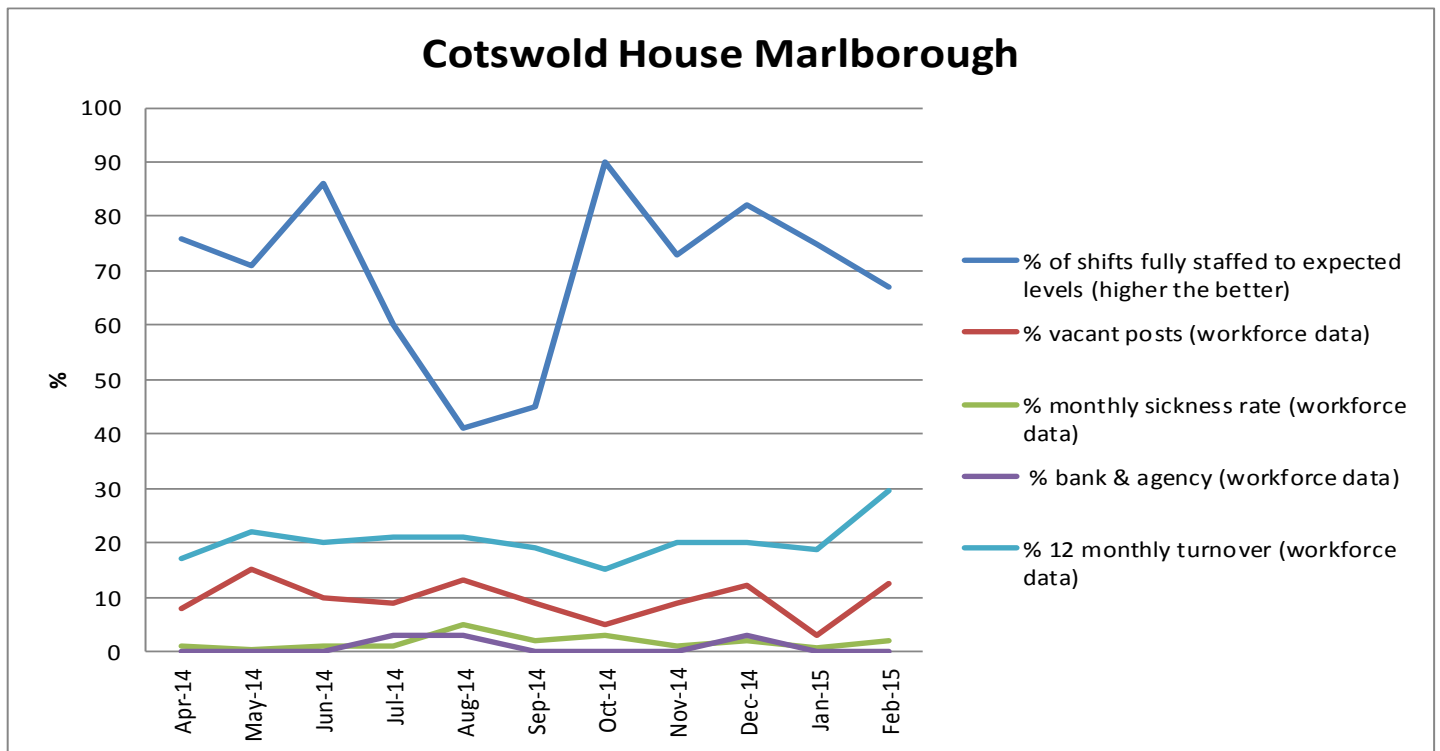
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with 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-S019)	Number of complaints	Number of concerns
Apr-14	83	0	5	4	15	100	100			0	2
May-14	59	6	3	10	17					1	1
Jun-14	75	2	4	13	16	100	100	1	1	0	3
Jul-14	83	2	2	12	16			1	6	1	2
Aug-14	83	8	2	19	20	no data	no data	0	3	0	1
Sep-14	73	2	1	22	15			1	0	0	1
Oct-14	73	2	2	15	12	100	100	0	1	0	0
Nov-14	77	0	3	20	11			0	0	0	2
Dec-14	76	0	6	18	14	no data	no data	0	0	0	2
Jan-15	79	0	7.61	17.2	10.54					0	0
Feb-15	89	0	4.45	14.2	10.48	100	0			0	0



PUBLIC BOARD REPORT

Cotswold House Marlborough

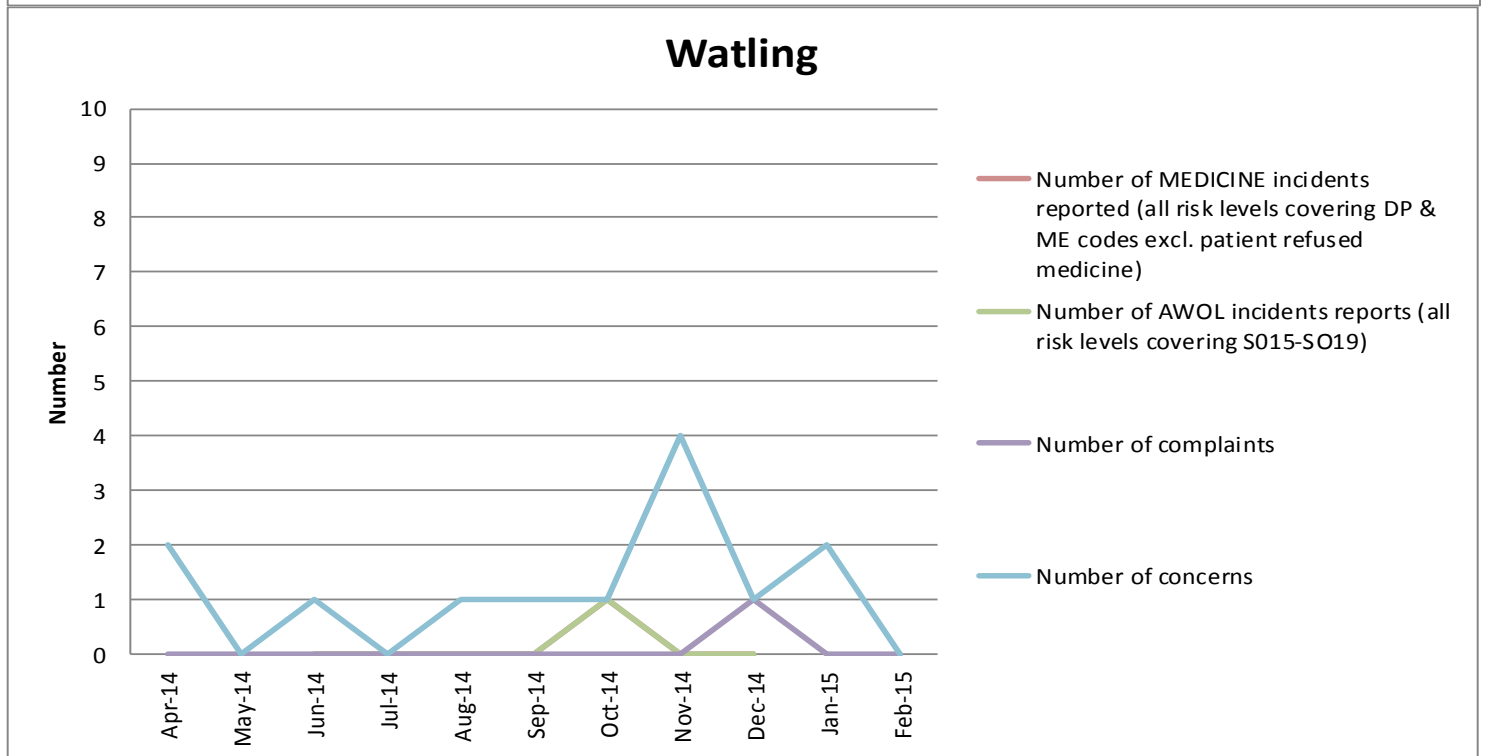
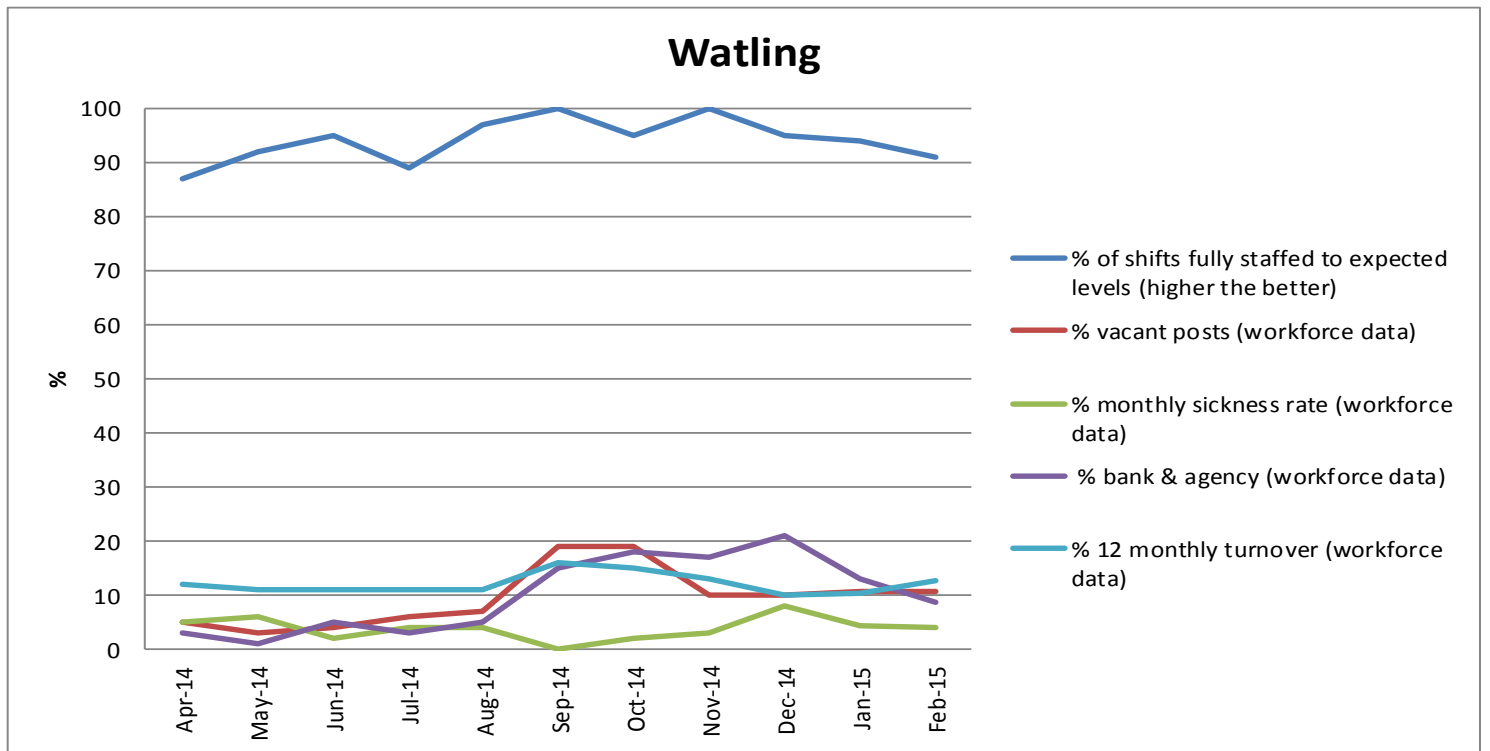
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reports (all risk levels covering S015-SO19)	Number of complaints	Number of concerns
Apr-14	76	8	1	0	17	100	100			0	0
May-14	71	15	0.3	0	22					0	0
Jun-14	86	10	1	0	20	100	100	1	0	0	0
Jul-14	60	9	1	3	21			0	0	0	0
Aug-14	41	13	5	3	21	40	100	0	0	0	1
Sep-14	45	9	2	0	19			0	0	0	0
Oct-14	90	5	3	0	15	100	100	0	1	0	0
Nov-14	73	9	1	0	20			0	1	0	0
Dec-14	82	12	2	3	20	100	100	2	0	0	1
Jan-15	75	3.1	0.55	0	18.66					0	0
Feb-15	67	12.5	1.94	0	29.54	100	100			0	0



PUBLIC BOARD REPORT

Watling

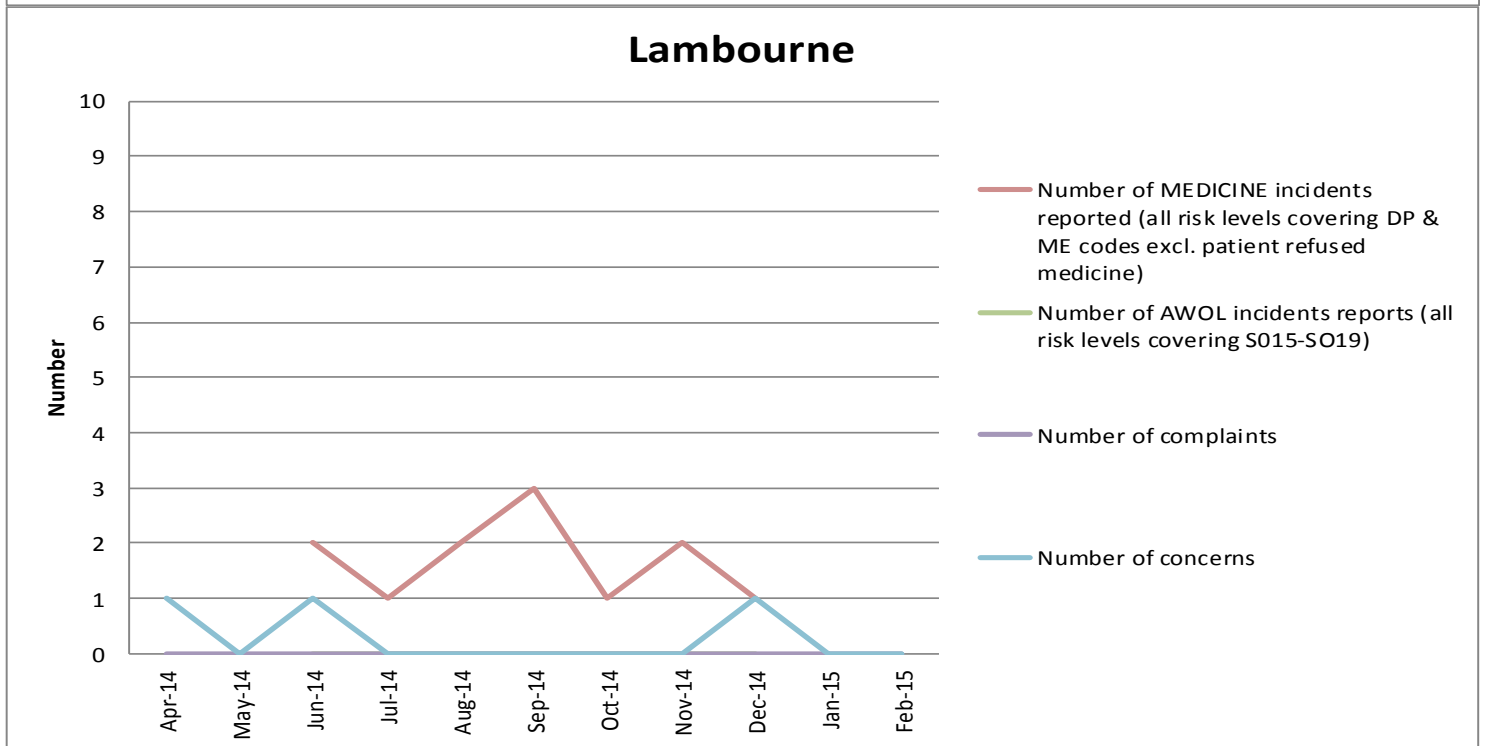
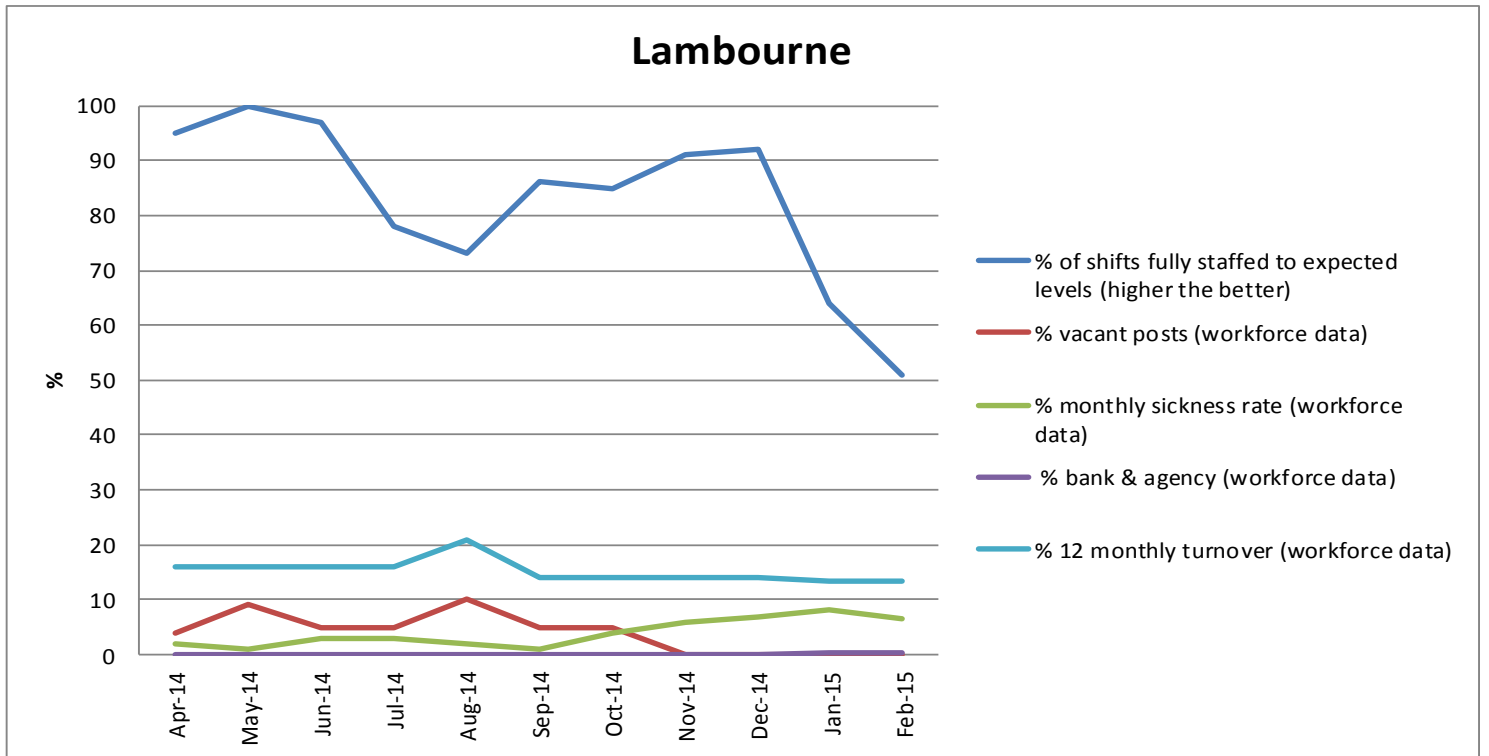
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with 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-SO19)	Number of complaints	Number of concerns
Apr-14	87	5	5	3	12	100	100			0	2
May-14	92	3	6	1	11					0	0
Jun-14	95	4	2	5	11	100	100	0	0	0	1
Jul-14	89	6	4	3	11			0	0	0	0
Aug-14	97	7	4	5	11	100	100	0	0	0	1
Sep-14	100	19	0	15	16			0	0	0	1
Oct-14	95	19	2	18	15	100	100	1	1	0	1
Nov-14	100	10	3	17	13			0	0	0	4
Dec-14	95	10	8	21	10	100	100	0	0	1	1
Jan-15	94	10.8	4.25	13.1	10.34					0	2
Feb-15	91	10.8	3.88	8.8	12.59	100	100			0	0



PUBLIC BOARD REPORT

Lambourne

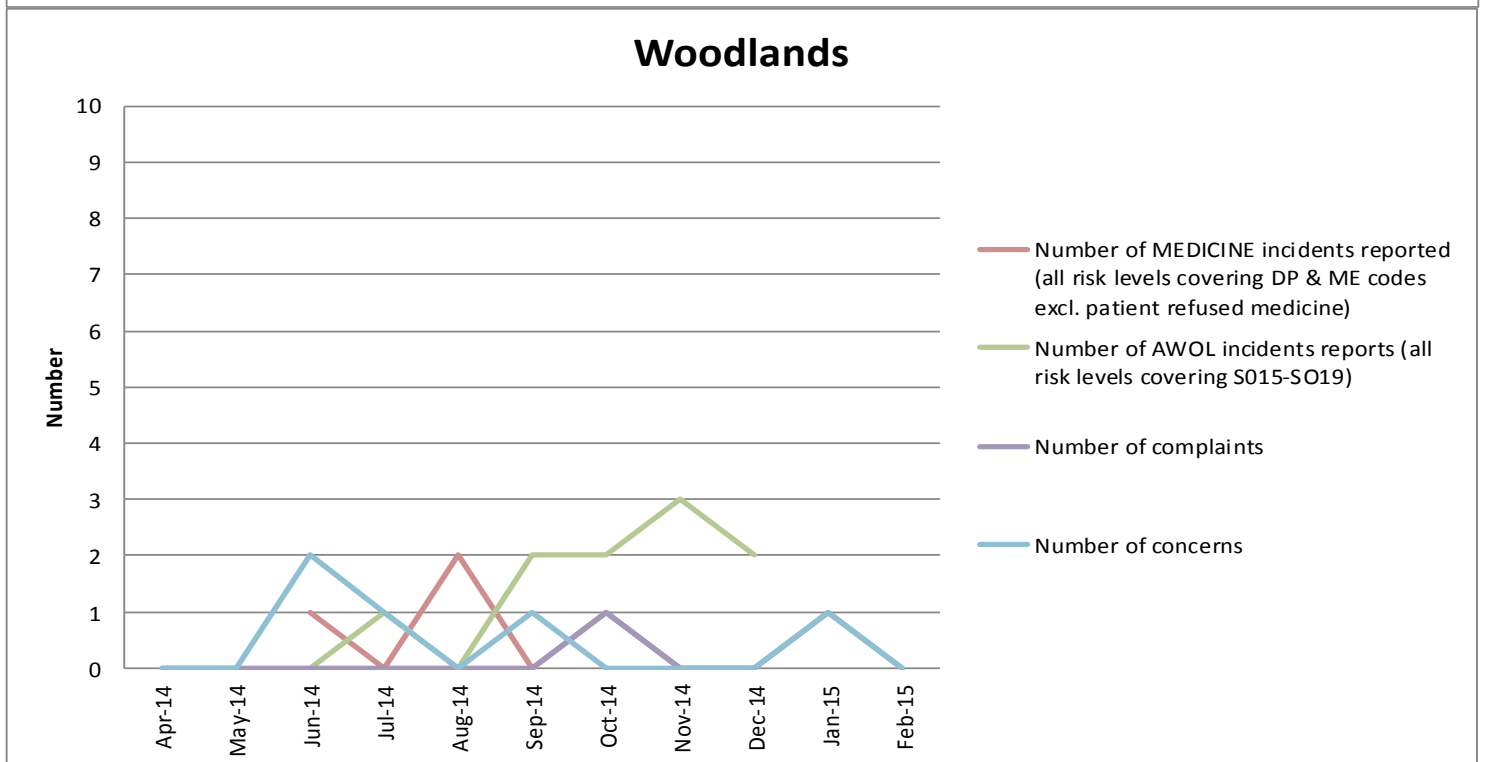
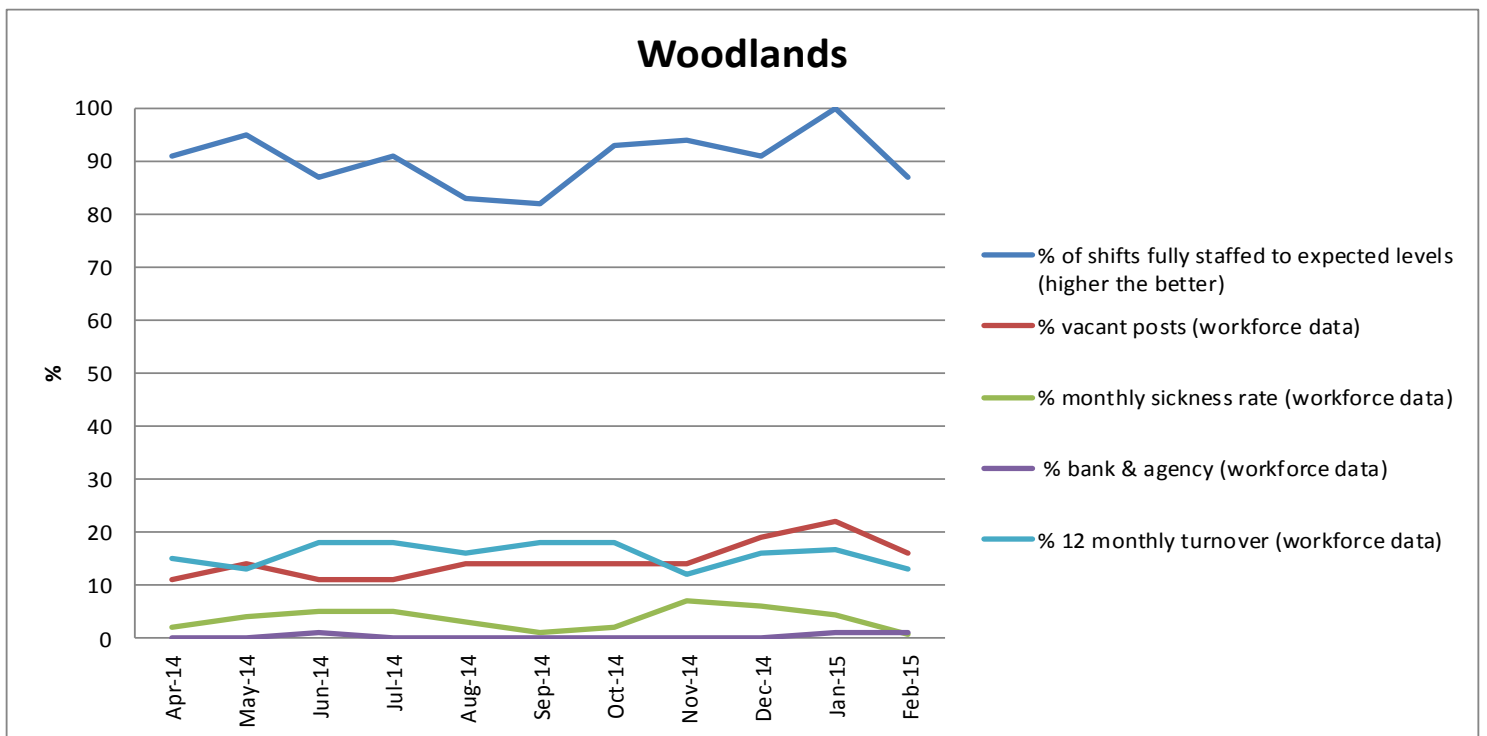
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with 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-SO19)	Number of complaints	Number of concerns
Apr-14	95	4	2	0	16	no data	no data			0	1
May-14	100	9	1	0	16					0	0
Jun-14	97	5	3	0	16	100	100	2	0	0	1
Jul-14	78	5	3	0	16			1	0	0	0
Aug-14	73	10	2	0	21	100	100	2	0	0	0
Sep-14	86	5	1	0	14			3	0	0	0
Oct-14	85	5	4	0	14	100	100	1	0	0	0
Nov-14	91	0	6	0	14			2	0	0	0
Dec-14	92	0	7	0	14	100	100	1	0	0	1
Jan-15	64	0	8.02	0.3	13.27					0	0
Feb-15	51	0	6.48	0.3	13.27	100	100			0	0



PUBLIC BOARD REPORT

Woodlands

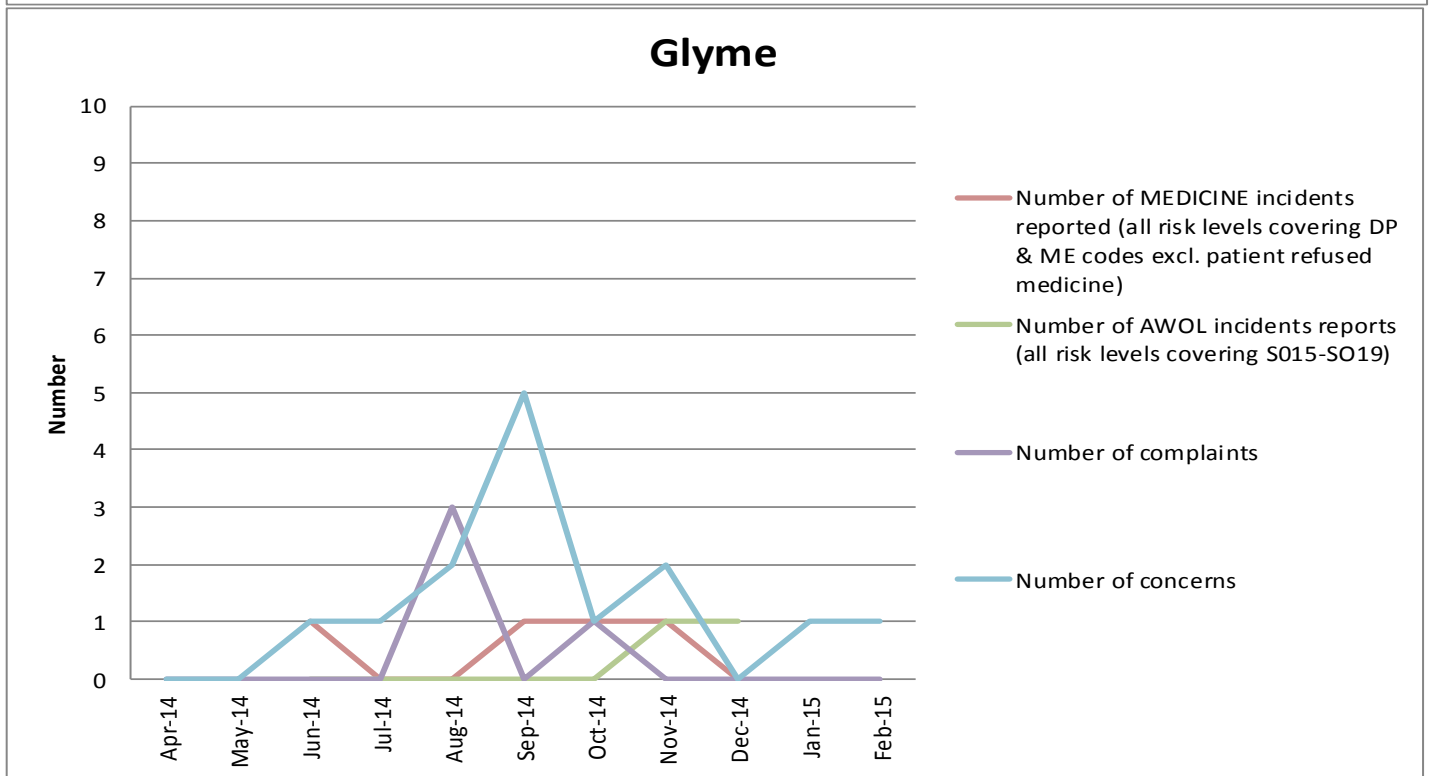
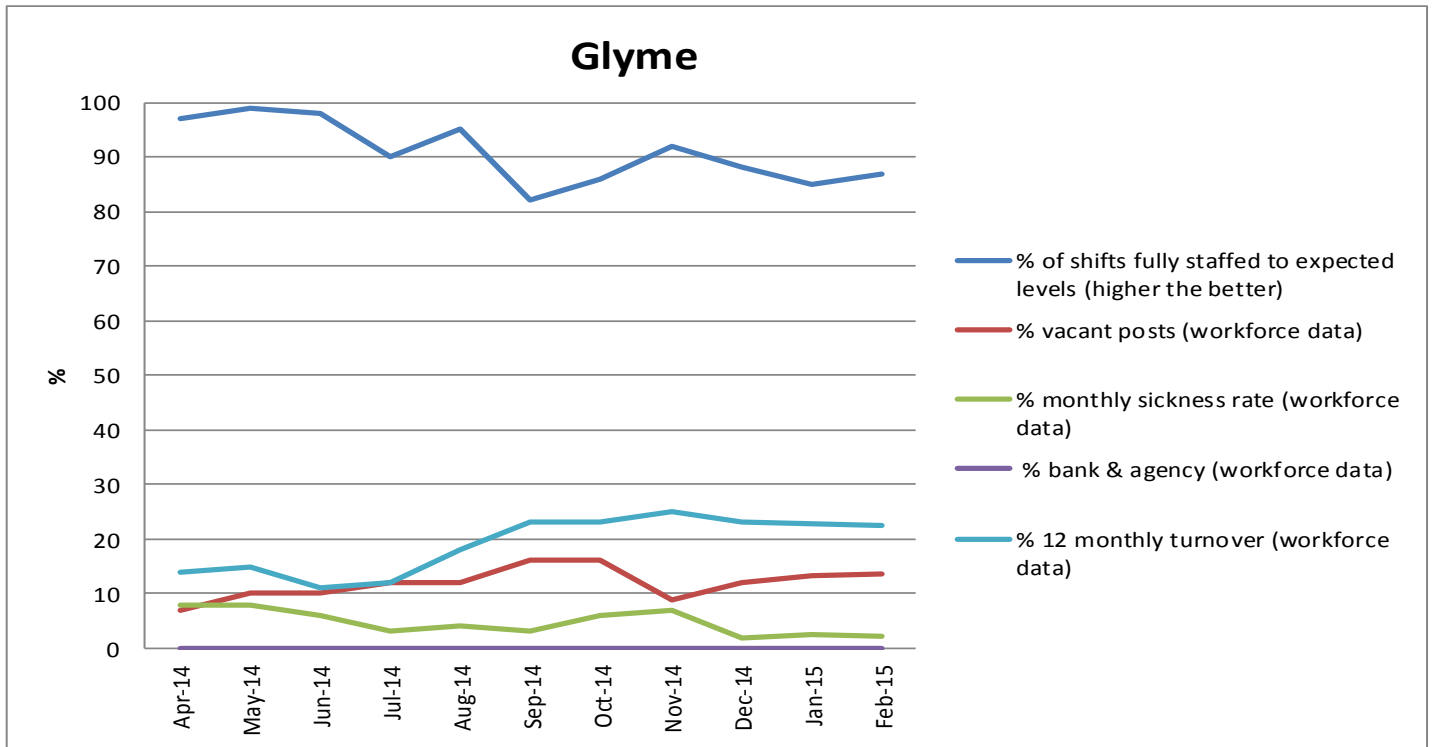
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with 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-SO19)	Number of complaints	Number of concerns
Apr-14	91	11	2	0	15	100	100			0	0
May-14	95	14	4	0	13					0	0
Jun-14	87	11	5	1	18	100	100	1	0	0	2
Jul-14	91	11	5	0	18			0	1	0	1
Aug-14	83	14	3	0	16	100	60	2	0	0	0
Sep-14	82	14	1	0	18			0	2	0	1
Oct-14	93	14	2	0	18	80	100	1	2	1	0
Nov-14	94	14	7	0	12			0	3	0	0
Dec-14	91	19	6	0	16	100	100	0	2	0	0
Jan-15	100	21.9	4.29	0.9	16.77					1	1
Feb-15	87	16	0.66	1.1	12.89	100	100			0	0



PUBLIC BOARD REPORT

Glyme

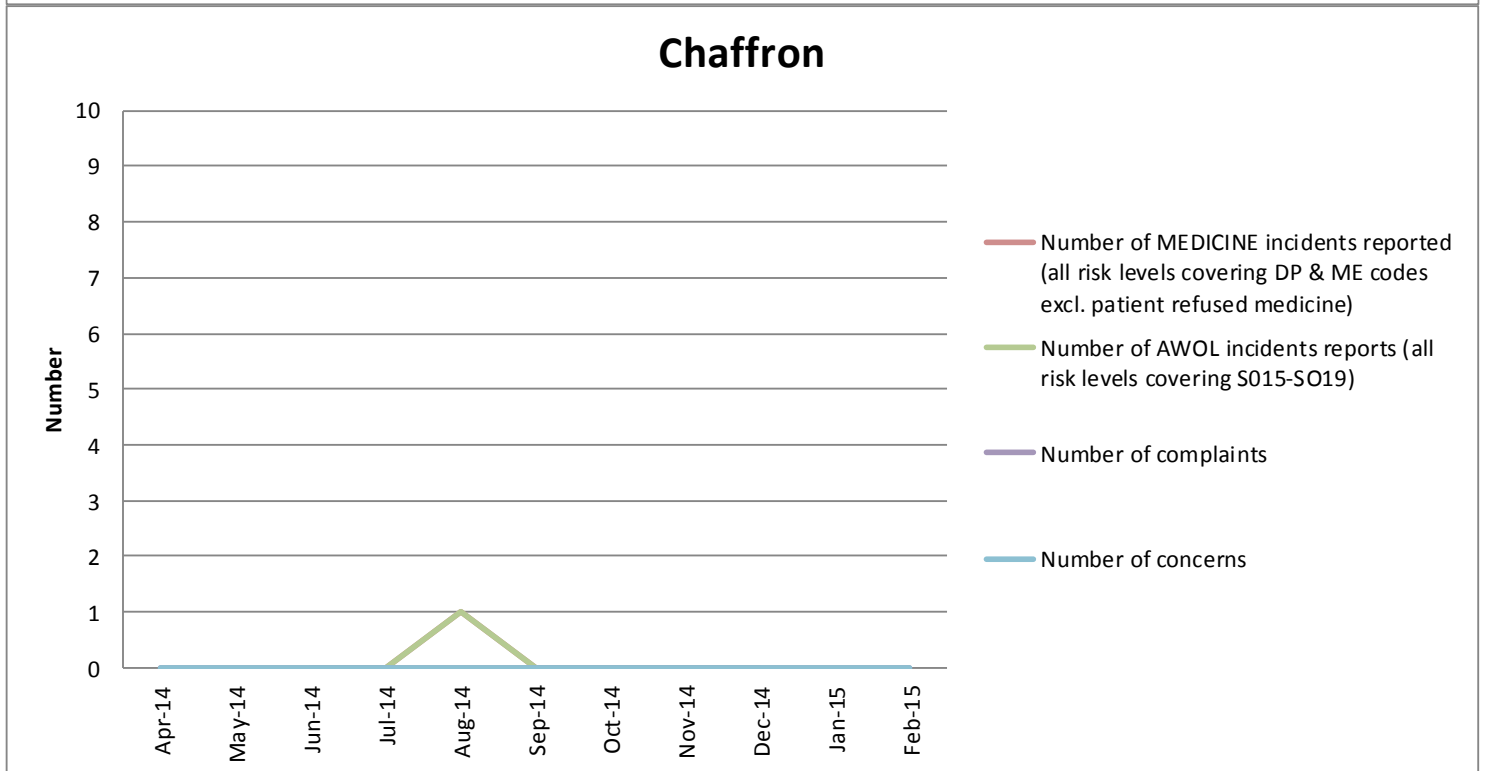
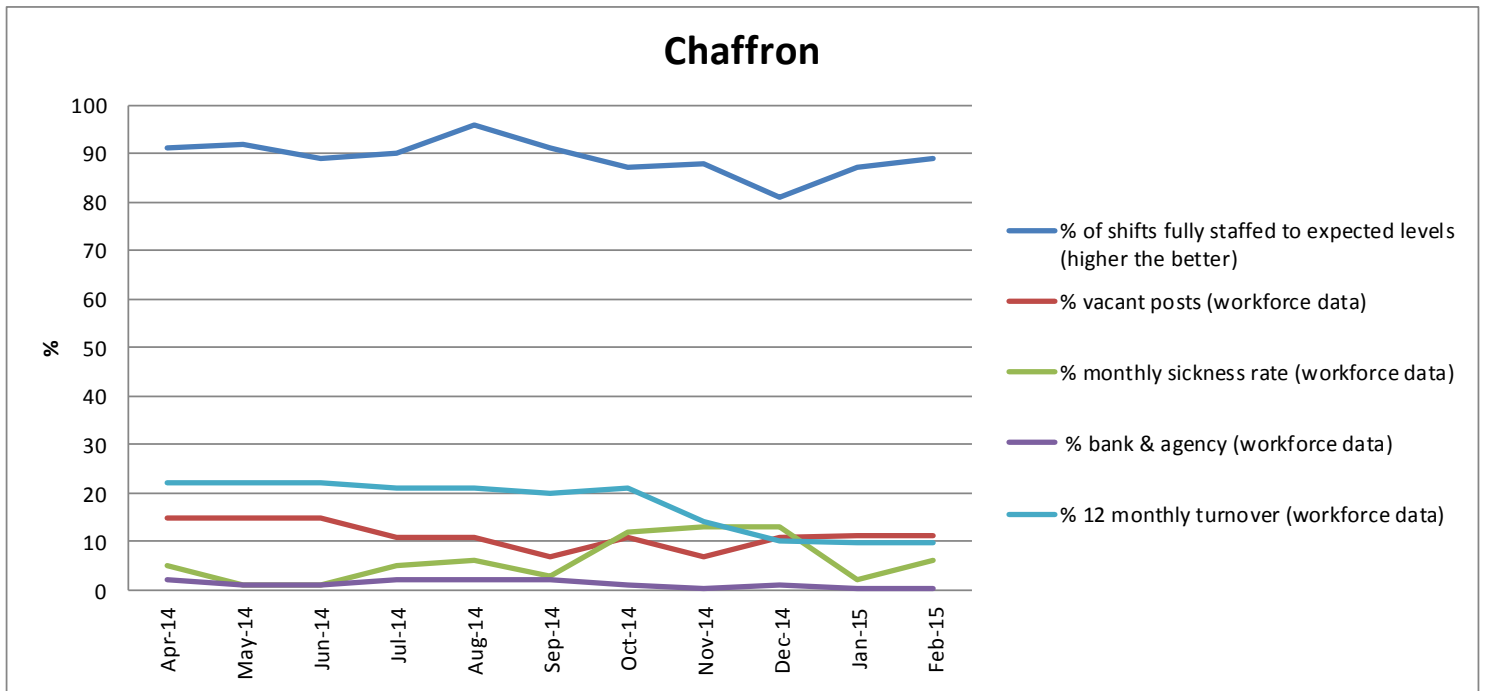
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with 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-SO19)	Number of complaints	Number of concerns
Apr-14	97	7	8	0	14	40	80			0	0
May-14	99	10	8	0	15					0	0
Jun-14	98	10	6	0	11	100	100	1	0	0	1
Jul-14	90	12	3	0	12			0	0	0	1
Aug-14	95	12	4	0	18	100	100	0	0	3	2
Sep-14	82	16	3	0	23			1	0	0	5
Oct-14	86	16	6	0	23	100	60	1	0	1	1
Nov-14	92	9	7	0	25			1	1	0	2
Dec-14	88	12	2	0	23	100	100	0	1	0	0
Jan-15	85	13.4	2.54	0	22.75					0	1
Feb-15	87	13.5	2.06	0	22.35	100	100			0	1



PUBLIC BOARD REPORT

Chaffron

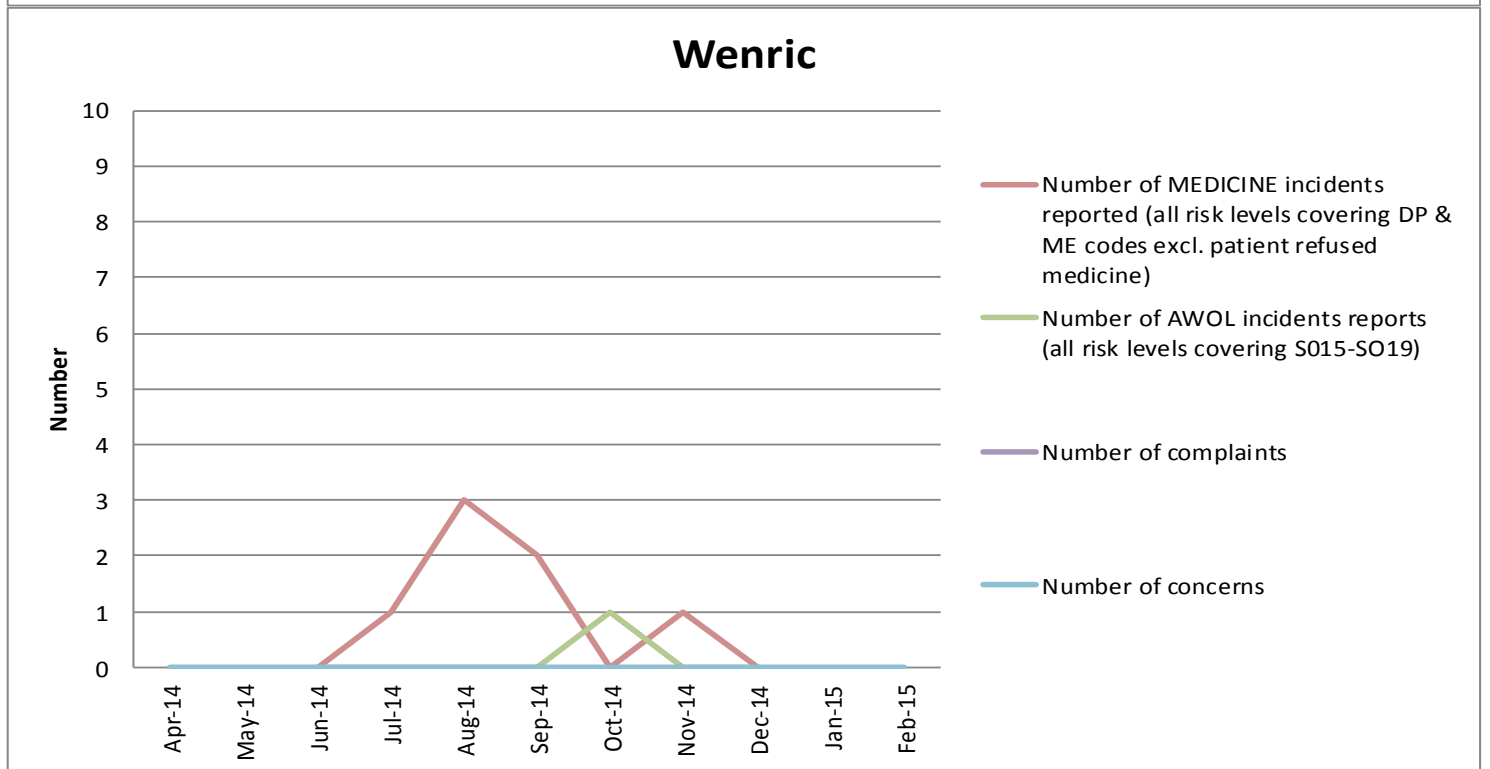
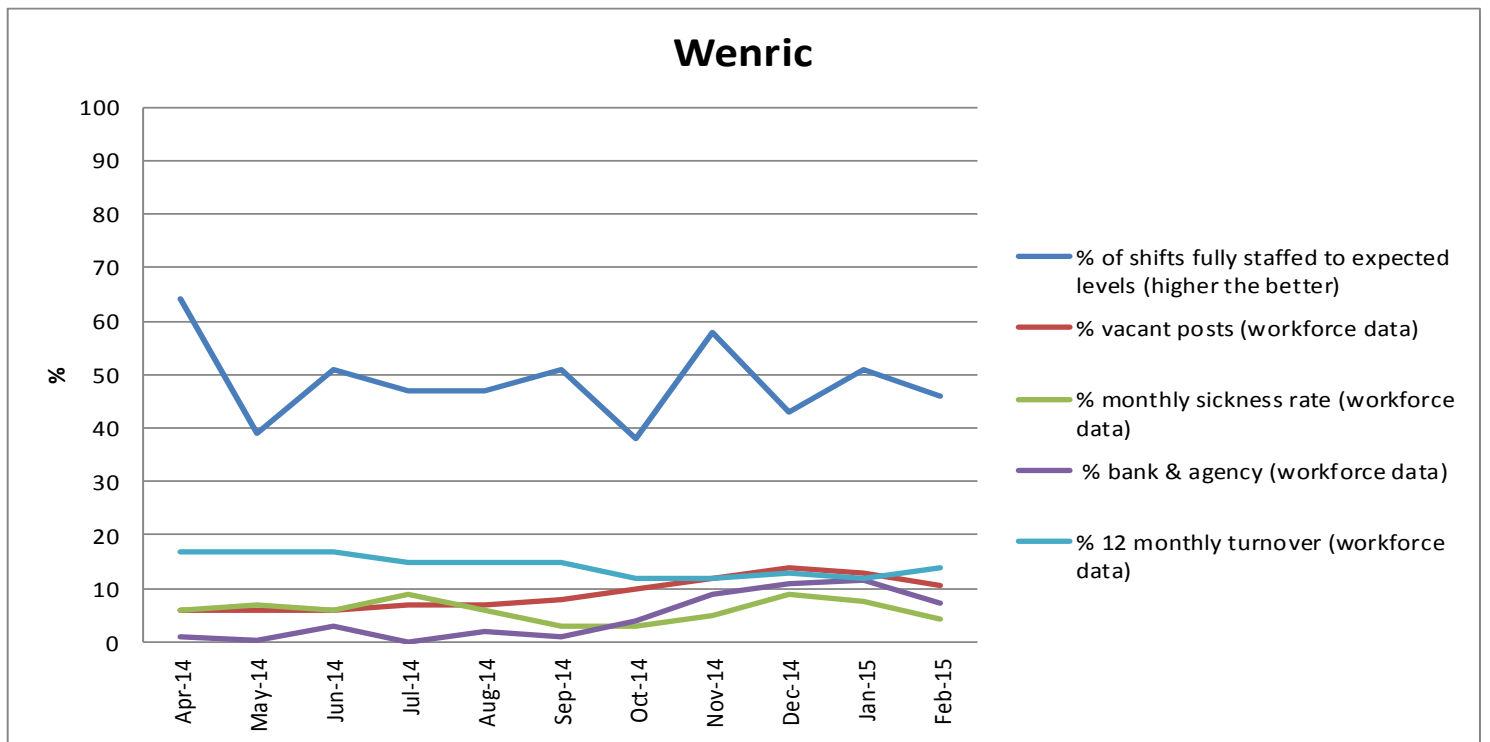
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (latest ES audit)	% Evidence of 1:1 meetings with patients (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-SO19)	Number of complaints	Number of concerns
Apr-14	91	15	5	2	22	100	100			0	0
May-14	92	15	1	1	22					0	0
Jun-14	89	15	1	1	22	100	100	0	0	0	0
Jul-14	90	11	5	2	21			0	0	0	0
Aug-14	96	11	6	2	21	100	100	1	1	0	0
Sep-14	91	7	3	2	20			0	0	0	0
Oct-14	87	11	12	1	21	100	100	0	0	0	0
Nov-14	88	7	13	0	14			0	0	0	0
Dec-14	81	11	13	1	10	100	100	0	0	0	0
Jan-15	87	11.1	2.21	0.5	9.78					0	0
Feb-15	89	11.1	5.99	0.2	9.78	100	100			0	0



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Wenric

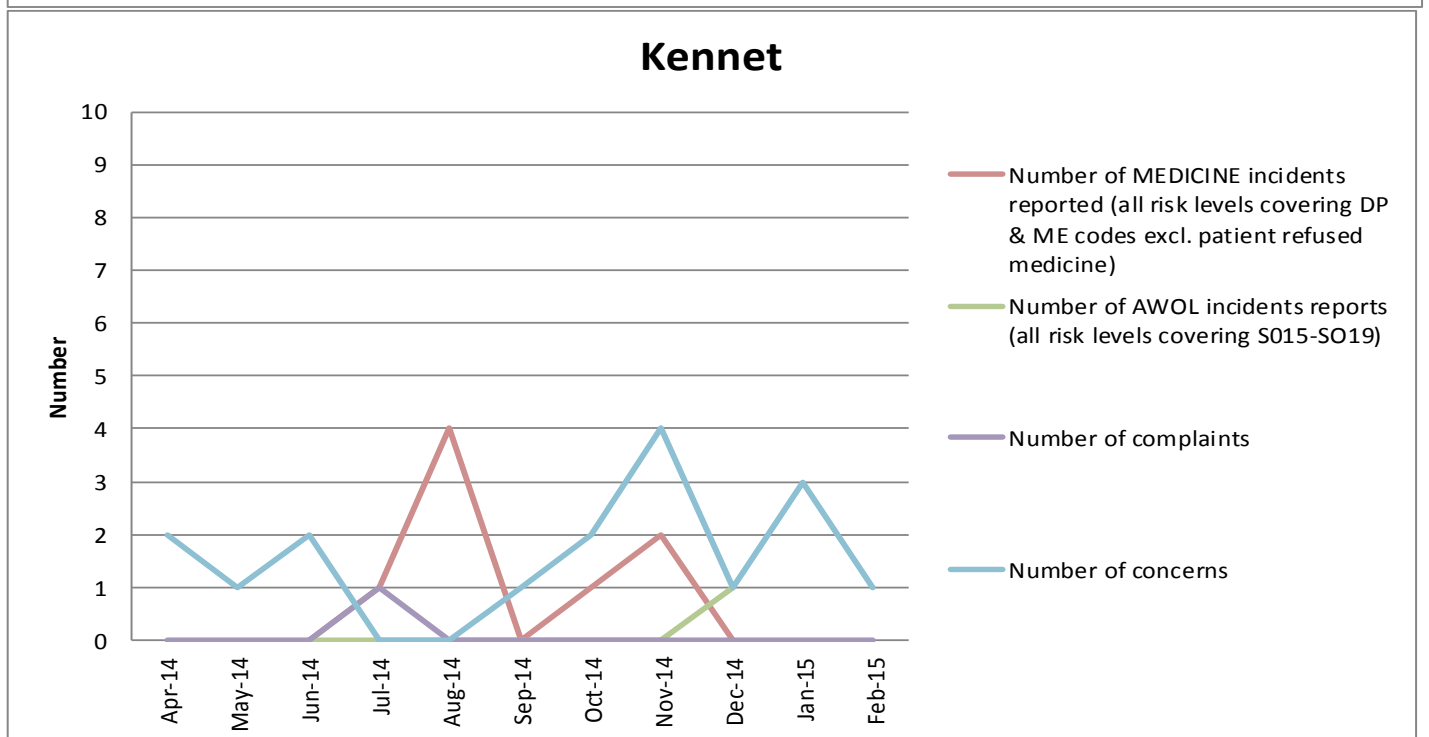
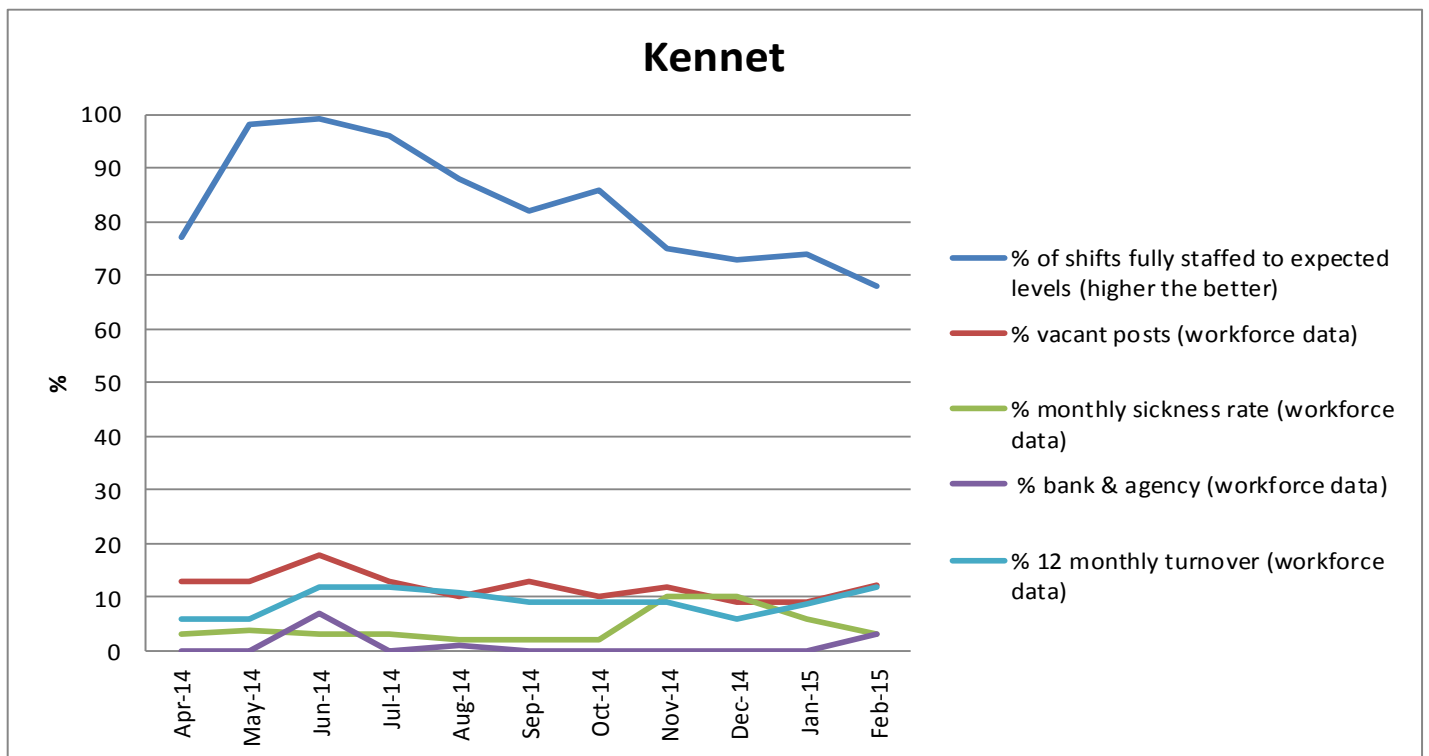
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (latest ES audit)	% Evidence of 1:1 meetings with patients (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-S019)	Number of complaints	Number of concerns
Apr-14	64	6	6	1	17	100	100			0	0
May-14	39	6	7	0	17					0	0
Jun-14	51	6	6	3	17	100	100	0	0	0	0
Jul-14	47	7	9	0	15			1	0	0	0
Aug-14	47	7	6	2	15	100	100	3	0	0	0
Sep-14	51	8	3	1	15			2	0	0	0
Oct-14	38	10	3	4	12	100	100	0	1	0	0
Nov-14	58	12	5	9	12			1	0	0	0
Dec-14	43	14	9	11	13	100	100	0	0	0	0
Jan-15	51	12.9	7.62	11.7	12					0	0
Feb-15	46	10.6	4.24	7.1	13.95	100	100			0	0



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Kennet

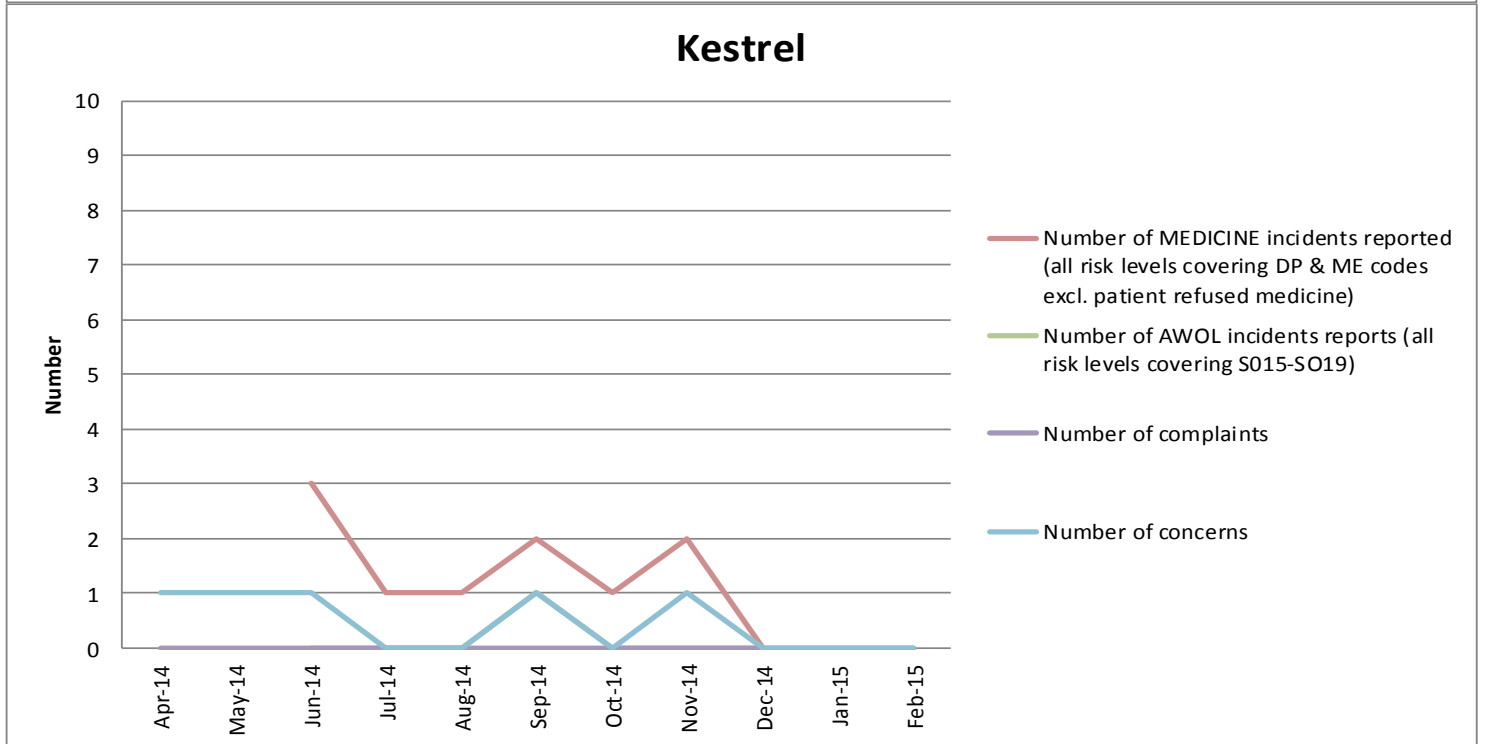
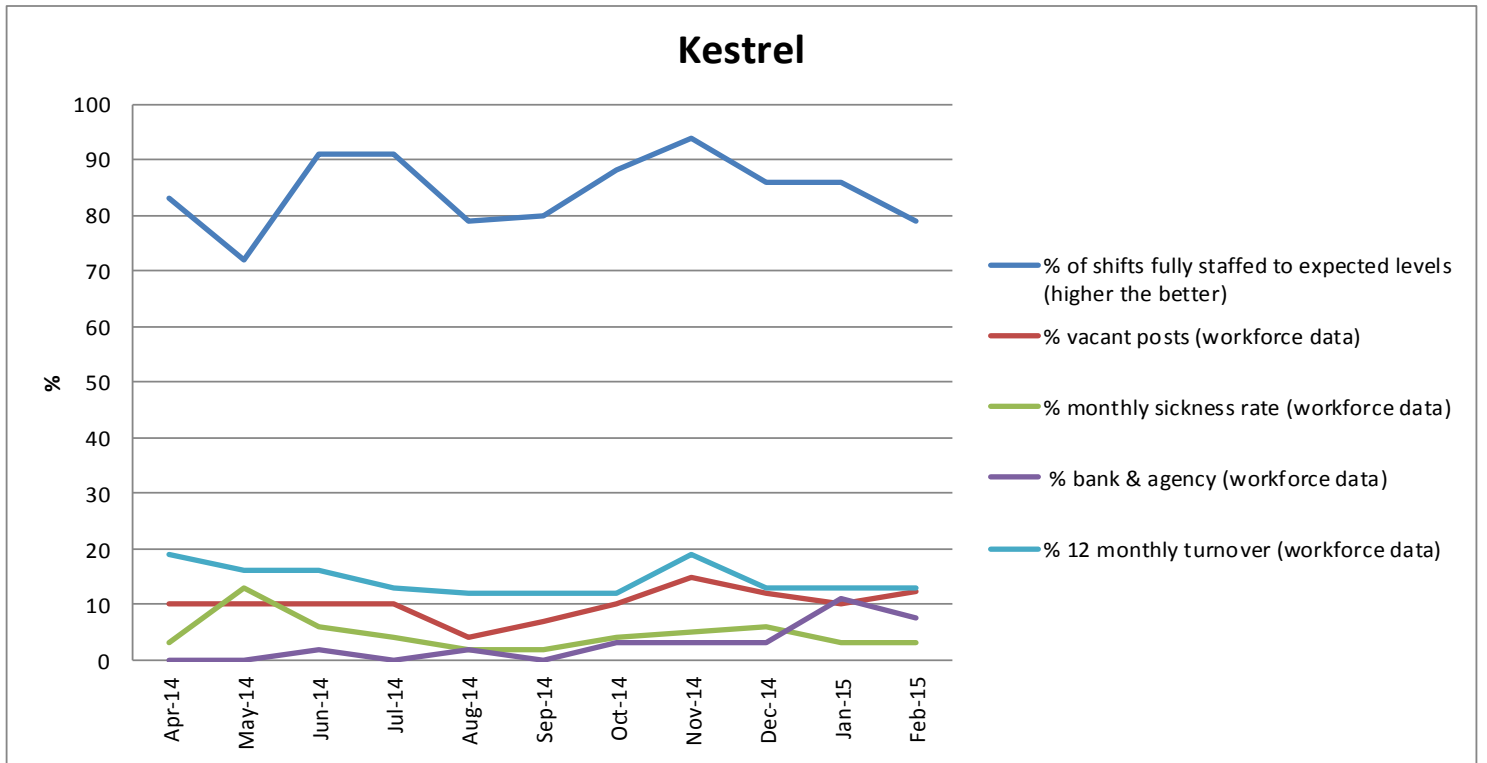
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with 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-SO19)	Number of complaints	Number of concerns
Apr-14	77	13	3	0	6	100	100			0	2
May-14	98	13	4	0	6					0	1
Jun-14	99	18	3	7	12	100	100	0	0	0	2
Jul-14	96	13	3	0	12			1	0	1	0
Aug-14	88	10	2	1	11	40	100	4	0	0	0
Sep-14	82	13	2	0	9			0	0	0	1
Oct-14	86	10	2	0	9	80	100	1	0	0	2
Nov-14	75	12	10	0	9			2	0	0	4
Dec-14	73	9	10	0	6	80	100	0	1	0	1
Jan-15	74	9	6	0	8.8					0	3
Feb-15	68	12.2	3.29	3.2	11.99	100	100			0	1



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Kestrel

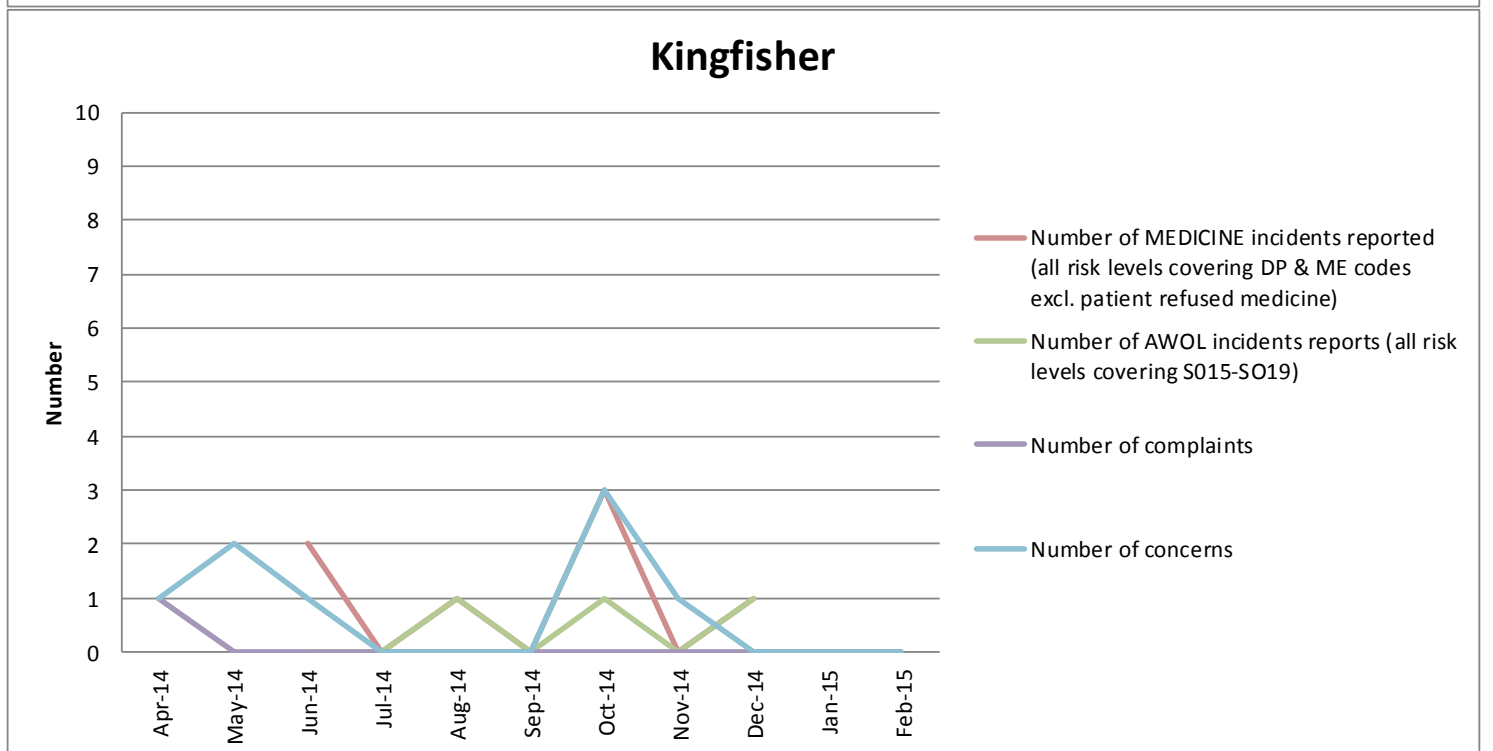
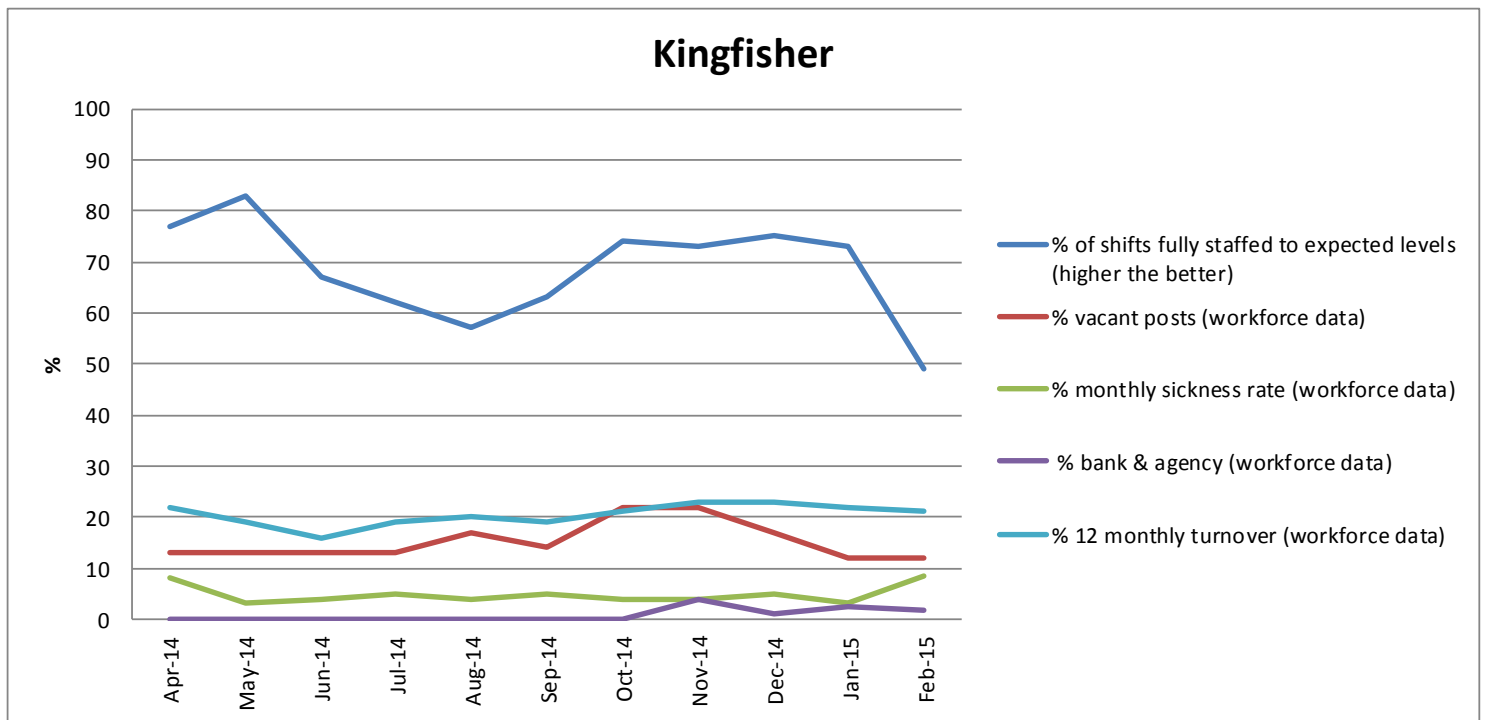
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with 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-SO19)	Number of complaints	Number of concerns
Apr-14	83	10	3	0	19	100	100			0	1
May-14	72	10	13	0	16					0	1
Jun-14	91	10	6	2	16	100	100	3	0	0	1
Jul-14	91	10	4	0	13			1	0	0	0
Aug-14	79	4	2	2	12	100	100	1	0	0	0
Sep-14	80	7	2	0	12			2	1	0	1
Oct-14	88	10	4	3	12	100	100	1	0	0	0
Nov-14	94	15	5	3	19			2	0	0	1
Dec-14	86	12	6	3	13	100	100	0	0	0	0
Jan-15	86	10	3	11	13					0	0
Feb-15	79	12.2	3.1	7.7	13.1	100	100			0	0



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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-SO19)	Number of complaints	Number of concerns
Apr-14	77	13	8	0	22	100	100			1	1
May-14	83	13	3	0	19					0	2
Jun-14	67	13	4	0	16	100	100	2	0	0	1
Jul-14	62	13	5	0	19			0	0	0	0
Aug-14	57	17	4	0	20	100	100	1	1	0	0
Sep-14	63	14	5	0	19			0	0	0	0
Oct-14	74	22	4	0	21	100	100	3	1	0	3
Nov-14	73	22	4	4	23			0	0	0	1
Dec-14	75	17	5	1	23	100	100	1	1	0	0
Jan-15	73	12	3	2.3	22					0	0
Feb-15	49	12	8.6	1.6	21	100	100			0	0



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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, Opal and Sapphire wards did not submit data for one week, 9th-15th Feb 2015.

