

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

23rd March 2016

**Inpatient Safer Staffing information up to February 2016
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 February 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.

Management of staffing levels

Escalation processes are in place to manage staffing safely on a shift by shift basis with senior staff giving appropriate support to ward teams. The staffing levels by ward are reviewed daily by Modern Matrons and weekly by the Heads of Nursing, Director of Nursing and Chief Operating Officer to ensure there is an appropriate level and skill mix of nursing staff to match the acuity and needs of patients to provide safe and effective care. Throughout February 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 and the high use of temporary staff both from NHSP bank and external agencies.

To ensure adequate safe staffing on every ward on a shift by shift basis a number of actions were taken specific to each ward, these are detailed in the report.

Summary position

When looking at the number of shifts which were fully staffed to expected levels, eight out of 32 wards were identified as having the most difficulties across February 2016 in achieving expected staffing levels on every shift (as in the month they only achieved 75% or less of shifts fully staffed to expected levels). However all wards did maintain minimum staffing levels to remain safe to deliver patient care by using some of the immediate actions identified above.

The wards which have only been able to fully staff 75% of shifts or below are: Allen, VT, Wintle, Opal, Sapphire, Cherwell, Wenric and Kingfisher.

Table 1 in the body of the report summarises the staffing position by ward showing the trend over the last 18 months and the position in February 2016 based on the clinical view of the ward management team. When bringing these three pieces of information together three wards are identified as needing more support and attention. The three wards are Vaughan Thomas, Wintle and Kingfisher.

Quality and workforce indicators

The indicators fluctuate across the 22 months for each ward, shown in Appendix 1, so no trend or direct correlation with any of the indicators can be identified currently, although it is starting to appear for some wards (but not conclusive) that the number of informal concerns, medication incidents and falls incidents are

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the most sensitive indicators which can rise when staffing levels are difficult and/ or high temporary staff are being used.

Why are there challenges

The main reason wards have been unable to fully staff every shift is due to vacancies related to recruitment difficulties in some geographical areas and some specialties which is being given strategic attention. Retention of staff is also a strategic priority and solutions to reduce turnover are proposed in the Organisational Development, Workforce and Nursing Strategies. The secondary reasons are due to a rising level of sickness in some wards which are being actively examined ward by ward with support from HR advisors so that solutions can be worked through.

Recommendations

The Board is asked to note:

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

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

Inpatient Safer Staffing information up to February 2016

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 2016 (covering the period from 1st to 28th February 2016). The agreed expected (also known as planned) levels are reviewed at least twice a year and the outcome of the next review is due to be reported in April 2016.

The staffing levels by ward continue to be 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 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 NHSP bank and external agencies, and reducing beds on some wards.

As previously mentioned; one of the wards at Witney Community Hospital has been temporarily closed from September 2015 until the end of March 2016, with additional beds being opened across other community hospital wards in the county. Peppard Ward in Henley was also 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 and to the NHS Choices website.

2. CQC Quality Standards

The 28 new fundamental standards under the law of the Health and Social Care Act Regulations 2014 and CQC Registration Regulations 2009 were introduced from 1st April 2015. 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.

The recent CQC comprehensive inspection in September/ October 2015 found "Most staffing levels were adequate to meet patient needs." However in the older people core service an improvement was identified to ensure there are sufficient numbers of suitably qualified staff in the District Nurse Service, MSK Physiotherapy and Reablement to meet increasing demand and complexity of patients. In addition the inspection identified an improvement to how staffing levels are monitored to meet changing needs across the adult mental health teams. Both of these areas for improvement are being addressed through an action plan being overseen by the Executive Team.

3. Management of Staffing Levels

We have developed and implemented a weekly tool for each ward to complete to report and manage safe staffing levels on a day to day and shift by shift basis. The tool includes an internal RAG rating (Red, Amber, Green) which the Ward Manager/ Modern Matron completes and is verified by the Head of Nursing and/or the Head of Service from the Directorate to rate the potential level of concern and impact on patient care based on the variances between expected and actual staffing levels and the use of temporary staff. The tool being used is not able to report on when individual shifts are staffed over expected levels to meet patient acuity. From April 2016 we will start to use the new e-rostering system to report on staffing against expected levels on a weekly and monthly basis.

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
- Suspending admissions and temporarily closing two community hospital wards
- Level of need has been taken into account when deciding which ward to admit patients

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- 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

4. Summary Position

When looking at the number of shifts which were fully staffed to expected levels, eight out of 32 wards were identified as having the most difficulties across February 2016 in achieving expected staffing levels on every shift (as in the month they only achieved 75% or less of shifts fully staffed to expected levels). However all wards did maintain minimum staffing levels to remain safe to deliver patient care by using some of the immediate actions identified above.

The wards which have only been able to fully staff 75% of shifts or below are: Allen, VT, Wintle, Opal, Sapphire, Cherwell, Wenric and Kingfisher.

Table 1 in the body of the report summarises the staffing position by ward showing the trend over the last 18 months and the position in February 2016 based on the clinical view of the ward management team. When bringing these three pieces of information together three wards are identified as needing more support and attention. The three wards are VT, Wintle (both adult acute mental health wards) and Kingfisher (forensic ward).

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Table 1. Summary Position – rolling 18 months

Ward	% of shifts fully staffed to expected levels (pink highlights 75% or less)																		Trend 12 months- staffing of shifts in last 12 months (6 or more months where 75% or less staffing achieved)	Internal Rating by ward - staffing reported as difficult (amber) for at last 3 of the 4 weeks in Feb 16 or a red in any week
	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16		
Allen	67	75	63	86	92	86	67	85	79	81	79	70	74	74	70	77	83	74	Yes	No
Vaughan Thomas	70	58	52	41	46	71	72	71	70	64	67	63	80	68	73	75	83	73	Yes	Yes
Wintle	68	78	64	59	67	60	68	58	58	54	58	54	55	56	61	69	69	69	Yes	Yes
Ashurst	88	72	49	88	92	87	94	88	94	85	88	78	89	87	89	86	94	94	No	No
Phoenix	41	66	74	72	80	86	78	75	85	79	81	76	77	69	83	80	83	94	No	Yes
Opal	82	48	36	38	60	46	44	33	46	57	45	12	38	55	77	64	64	58	Yes	No
Ruby	62	67	51	61	63	64	59	69	70	71	55	50	56	82	85	83	88	83	Yes	No
Sapphire	31	75	81	87	81	71	60	73	96	86	87	76	79	91	95	75	82	69	No	No
Cherwell	87	92	93	84	83	71	89	82	76	83	92	91	85	83	86	77	33	35	No	Yes
Amber	80	67	75	88	92	75	84	86	92	78	63	76	94	95	80	89	92	92	No	No
Sandford	57	63	73	62	73	58	59	71	81	91	79	80	84	77	89	85	91	87	No	No
Ward 1 Abingdon	77	84	87	81	88	88	81	96	77	59	83	92	93	92	95	96	98	89	No	Yes
Ward 2 Abingdon	89	87	89	86	79	86	87	95	91	97	97	98	97	99	100	88	91	90	No	No
Bicester	82	88	88	81	69	65	50	93	85	44	100	100	100	99	100	100	100	100	No	No
Didcot	100	99	100	96	99	95	99	99	100	98	95	96	98	96	100	100	98	92	No	No
City	95	97	91	98	98	100	97	96	98	97	94	99	98	99	100	98	100	100	No	No
Peppard ward Henley	71	80	75	77	75	74	71	79	67	82	73	75	75	73	temporarily closed					
St Leonards Wallingford	100	100	100	100	98	100	98	94	86	88	96	99	99	99	95	96	94	96	No	No
Wantage	98	98	87	98	100	100	100	100	62	70	88	100	82	94	100	57	98	85	No	No
Linfoot Witney	80	90	99	82	76	76	89	94	89	82	95	99	temporarily closed							
Witney	45	73	85	80	76	52	50	70	67	70	96	83	63	62	75	58	95	81	Yes	No
Marlborough House Swindon	99	100	98	92	96	93	98	97	96	92	97	97	98	99	83	84	90	96	No	Yes
Highfield	68	79	64	61	84	92	90	86	80	89	88	89	89	88	94	88	91	85	No	Yes
Cotswold House Oxford	73	73	77	76	79	89	93	91	88	92	83	81	92	89	92	88	91	94	No	No
Cotswold House Marlborough	45	90	73	82	75	67	81	94	86	77	75	96	92	98	100	97	96	99	No	No
Watling	100	95	100	95	94	91	76	96	81	94	98	80	99	100	100	99	100	100	No	No
Lambourne	86	85	91	92	64	51	50	81	60	80	61	71	86	86	86	91	85	92	No	No
Woodlands	82	93	94	91	100	87	93	93	98	79	86	71	88	89	92	88	97	96	No	No
Glyme	82	86	92	88	85	87	91	91	86	87	71	75	58	69	85	83	83	80	No	No
Chaffron	91	87	88	81	87	89	94	98	94	94	98	100	91	91	94	86	96	98	No	No
Wenric	51	38	58	43	51	46	54	69	58	60	46	43	35	31	39	60	60	74	Yes	No
Kennet	82	86	75	73	74	68	81	80	79	86	87	80	58	85	87	79	89	91	No	No
Kestral	80	88	94	86	86	79	73	70	76	84	94	84	81	92	94	79	93	93	No	Yes
Kingfisher	63	74	73	75	73	49	52	67	70	58	75	71	68	60	79	80	75	69	Yes	Yes

* The following wards did not submit information for one of the four weeks covered by this report (1st-28th Feb 2016); VT, Ruby, and Witney community hospital.

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5. Quality and workforce indicators

We continue to develop the quality and workforce indicators selected to be reviewed alongside the staffing level information (see Appendix 1) to identify if and when the quality of care has declined, representing those most similar to the physical health acute nursing red flags recommended by NICE and described in the *Safer staffing: a guide to care contact time* (November 2014). The indicators fluctuate across the 22 months for each ward, shown in Appendix 1, so no trend or direct correlation with any of the indicators can be identified currently, although it is starting to appear for some wards (but not conclusive) that the number of informal concerns, medication incidents and fall incidents are the most sensitive indicators which can rise when staffing levels are difficult and/ or a high number of temporary staff are being used.

In light of the report from the Independent Commission on Acute Adult Psychiatric Care published in February 2016, table 2 below is a summary about the out of area placements from adult and older adult mental health wards due to demand and capacity between April 2015-February 2016 (this excludes out of area specialist placements as clinically appropriate).

Table 2. Out of area placements

Oxfordshire Adults of working age					Buckinghamshire Adults of working age				
Month	No. of ECR Admissions in month	Total bed days	Total distance in miles	Average distance in miles	Month	No. of ECR Admissions in month	Total bed days	Total distance in miles	Average distance in miles
Apr-15	7	112	851	122	Apr-15	5	115	249	50
May-15	9	117	1012	112	May-15	9	204	463	51
Jun-15					Jun-15	1	7	180	180
Jul-15	1	1	58	58	Jul-15	2	54	224	112
Aug-15	1	8	526	526	Aug-15	1	1	64	64
Sep-15	8	121	1169	146	Sep-15	5	39	548	110
Oct-15	9	120	1215	135	Oct-15	4	94	510	128
Nov-15	9	94	646	72	Nov-15	7	117	467	67
Dec-15	4	47	322	81	Dec-15	2	37	126	63
Jan-16	5	77	492	98	Jan-16	4	80	316.9	79
Feb-16	4	34	730	183	Feb-16	5	74	318.3	64
TOTALS	57	731	7021	123	TOTALS	45	822	3466.2	77

Oxfordshire Older Adult					Buckinghamshire Older Adult				
Month	No. of ECR Admissions in month	Total bed days	Total distance in miles	Average distance in miles	Month	No. of ECR Admissions in month	Total bed days	Total distance in miles	Average distance in miles
Apr-15					Apr-15	2	348	49	25
May-15					May-15				
Jun-15					Jun-15				
Jul-15	1	11	73	73	Jul-15	1	25	30	30
Aug-15					Aug-15				
Sep-15					Sep-15	1	5	51	51
Oct-15	1	7	38	38	Oct-15				
Nov-15	1	21	38	38	Nov-15				
Dec-15					Dec-15				
Jan-16					Jan-16				
Feb-16					Feb-16				
TOTALS	3	39	149	50	TOTALS	4	378	130	33

6. Highlighted wards

The information in Table 1 identifies three wards as having the most difficulty in fully achieving expected staffing levels over the month, further detail is given below. In addition the Board should note five additional wards are indicating difficulties this particular month and in some cases as a consequence have used a high number of temporary staff; Allen (registered staff on day shifts), Opal (registered staff on day and night shifts), Sapphire (unregistered staff on day shifts), Cherwell (registered and unregistered staff on day and night shifts - to note a high number of violence and aggression incidents and fall incidents, see Appendix 1), and Wenric (unregistered staff on day shifts).

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Kingfisher (Adult Directorate – forensic ward): in February 2016 69% of shifts were fully staffed to expected levels (a decline from last month); the ward has struggled across 16 of the last 18 months. The shifts below related to registered staff on day and night shifts. This month the ward identified staffing as more difficult across all four weeks. The main reasons are due to vacancies 8.60 WTE (22.7%) as a result of 5 WTE staff leaving between June 2015-January 2016. Sickness has been high since April 2015 (mix of long term and short term sickness). A high amount of agency staff are being used to maintain safe staffing. As of 14th March 2016 13 WTE registered and 4 WTE unregistered posts are being advertised, of which 1 registered post has been offered and 4 unregistered posts have been offered.

There is no apparent pattern of incidents or concerns to indicate safety is being compromised because of staffing levels. Both Kestrel and Kingfisher are utilising agency staff booked full time on long lines of work, so that they can care-coordinate and receive regular clinical supervision etc. Staff on Kestrel (the adjacent ward to Kingfisher on Thames House) are currently treating a very high risk patient who has been in seclusion for a month and has damaged multiple seclusion rooms. The ward team are managing the lady appropriately while they wait for her to be found a bed in higher security, her care is being overseen by the senior clinical team.

Vaughan Thomas (VT) (Adult Directorate – adult mental health ward): in February 2016 73% of shifts were fully staffed to expected levels (a decline from last month); the ward has struggled across 16 of the last 18 months. The shifts below related to unregistered staff on day shifts. This month the ward identified staffing as more difficult across all three weeks data was submitted. The main reasons are due to vacancies 17.1% as a result of an average turnover of 15% each month for the last 6 months. A high amount of agency staff are being used to maintain safe staffing. As of 14th March 2016 18 WTE registered and 2 WTE unregistered posts are being advertised, all are at advert stage.

Wintle (Adult Directorate – adult mental health ward): in February 2016 58% of shifts were fully staffed to expected levels (a decline from last month); the ward has struggled across 17 of the last 18 months. The shifts below related to registered staff on day shifts. This month the ward identified staffing as more difficult across three of the four weeks. The main reasons are due to vacancies 14.7% however average turnover has been relatively low at 7% each month for the last 6 months. A high amount of agency staff are being used to maintain safe staffing. As of 14th March 2016 18 WTE registered posts are being advertised, all are at advert stage.

Recruitment

A range of recruitment approaches are being tried to recruit new staff to mental health inpatient wards including using the RCN job bulletin website, using social media i.e. tweets/ facebook/ LinkedIn, advertising on University websites, targeting students in their third year of mental health nurse training and holding open days across the hospital sites. Despite the above efforts the number of applications from nurses is falling so particular services may have to review whether to look into attracting staff from overseas.

Staffing solutions, the trusts new internal staff bank, went live on 14th March 2016 to improve the management and number of flexible workers for clinical areas and reduce the use of agency staff.

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.

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7. Why are there challenges?

Across the wards staffing challenges are due to:

- ❖ Retention of staff as turnover remains high on some wards
- ❖ Large number of vacancies and difficulties with recruiting new staff
- ❖ Sickness, particularly difficult when this is long term sickness

The above factors are having an impact on:

- ❖ Staff morale and well being
- ❖ The time ward staff spend each day trying to find additional staff, taking them away from clinical duties
- ❖ Cost pressures due to the use of sessional, bank and agency spend
- ❖ Variability of patient involvement in care planning and documentation (possibly due to an increase in use of temporary staff)

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 up to February 2016 is summarised in table 3 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 for February 2016. 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 3. Unify Return based on number of hours filled across staff team

	Day time Shifts (Early, Late, Twilight and cross shifts)		Night time Shift	
	Registered nurses	Unregistered staff	Registered nurses	Unregistered staff
May 2014	96.2%	94.5%	99.5%	99.8%
June 2014	96.9%	97.3%	95.6%	97.7%
July 2014	98.7%	96.3%	92.5%	98.6%
August 2014	95.1%	93.4%	94.9%	97.5%
September 2014	95.6%	93.9%	95.5%	96.4%
October 2014	96.1%	95.1%	96%	96.3%
November 2014	95.5%	94%	94.8%	98.1%
December 2014	95.1%	94.1%	95.1%	97.3%
January 2015	95.2%	94.7%	96%	97.8%
February 2015	94.7%	93.2%	95.2%	97.9%
March 2015	94.7%	92.9%	95.2%	98.7%
April 2015	96.1%	96.2%	94.7%	98.6%
May 2015	95.1%	93.4%	95.9%	98.2%
June 2015	94.3%	94.2%	95.6%	97.7%
July 2015	94.4%	95.5%	95.6%	99.1%
August 2015	94.7%	95.4%	95.2%	98.7%
September 2015	94.6%	95.4%	94.1%	98.5%
October 2015	95.3%	95.7%	95.5%	98.4%
November 2015	96.4%	96.2%	98.1%	99.1%
December 2015	76.6%	75.4%	78.5%	79.5%
January 2016	95.7%	96.4%	96.7%	98.8%
February 2016	95.8%	96.1%	96.1%	98%

9. Conclusion

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

At a senior level we continue to monitor staffing levels on every ward each week. Table 1 in the body of the report summarises the staffing position by ward showing the trend over the last 18 months and the position in February 2016 based on the clinical view of the ward management team. The wards which have only been able to fully staff 75% of shifts or below are: Allen, VT, Wintle, Opal, Sapphire, Cherwell, Wenric and Kingfisher. Three wards are identified as needing more support and attention, these are VT, Wintle (both adult acute mental health wards) and Kingfisher (forensic ward). More detail about the staffing on these wards is provided in the report.

The main reason wards have been unable to fully staff every shift remain the same; turnover, vacancies, and sickness which can then mean high use of temporary staff to keep wards safe. A focus on retention and recruitment continues with a range of recruitment approaches being used however recruitment into some specialities i.e. forensic wards, is still very difficult.

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Appendix 1. Quality and Workforce Indicators

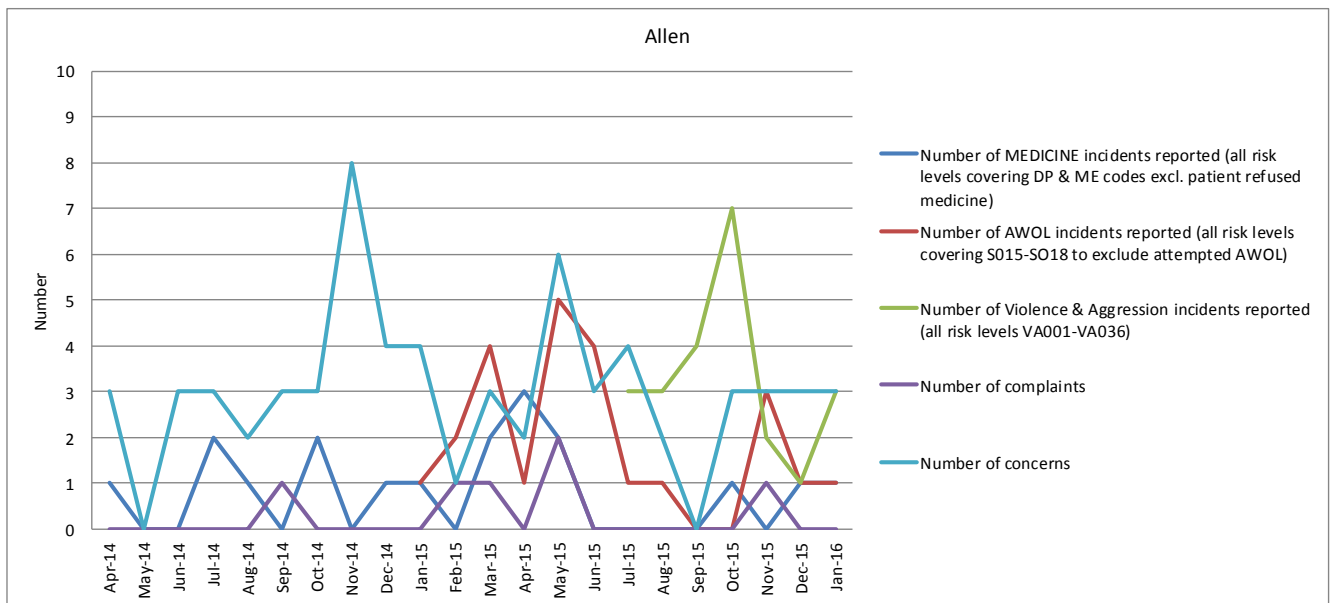
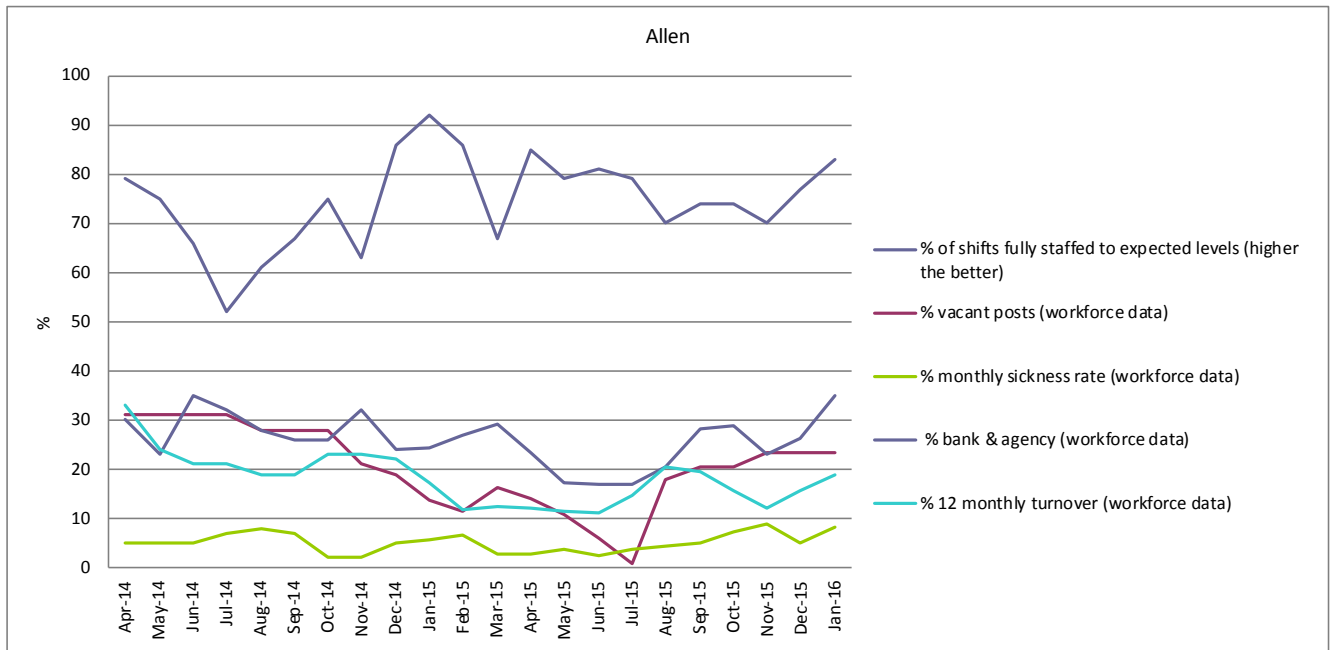
Note.

- 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. VT, Ruby and Witney community hospital did not submit information for all four weeks in February 2016.*

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Allen

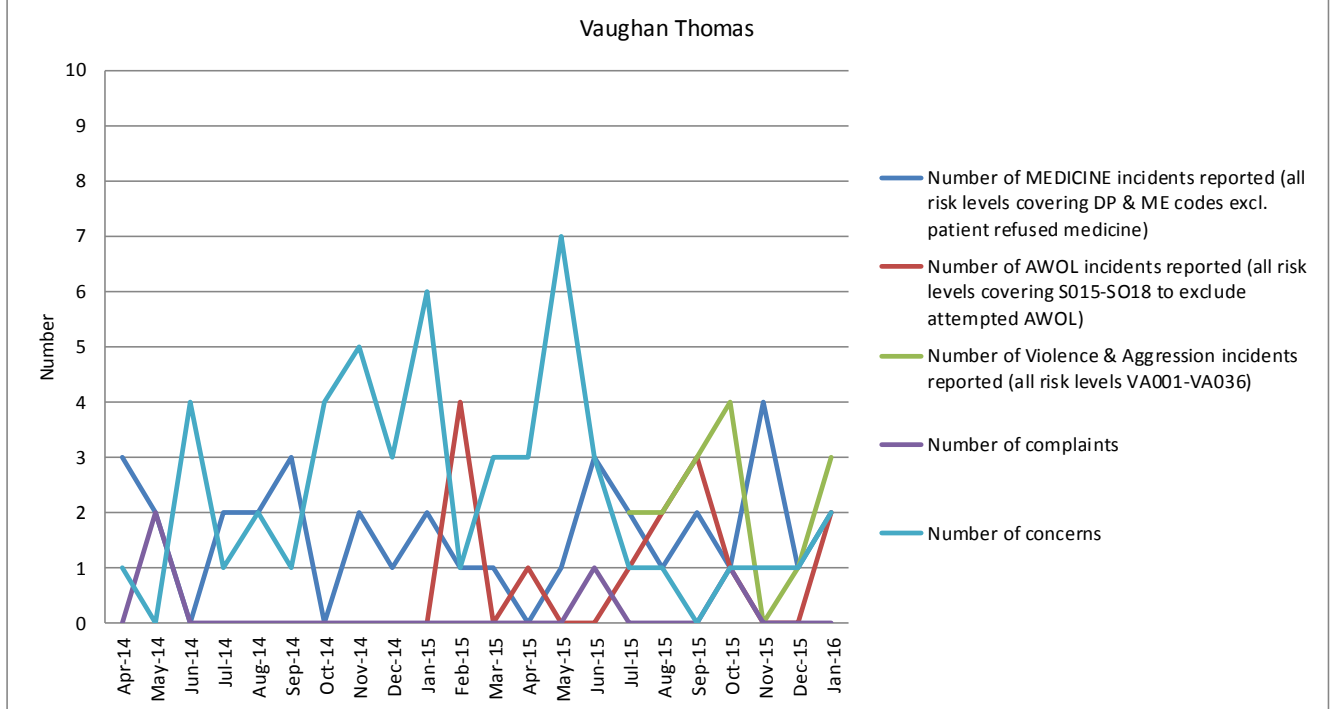
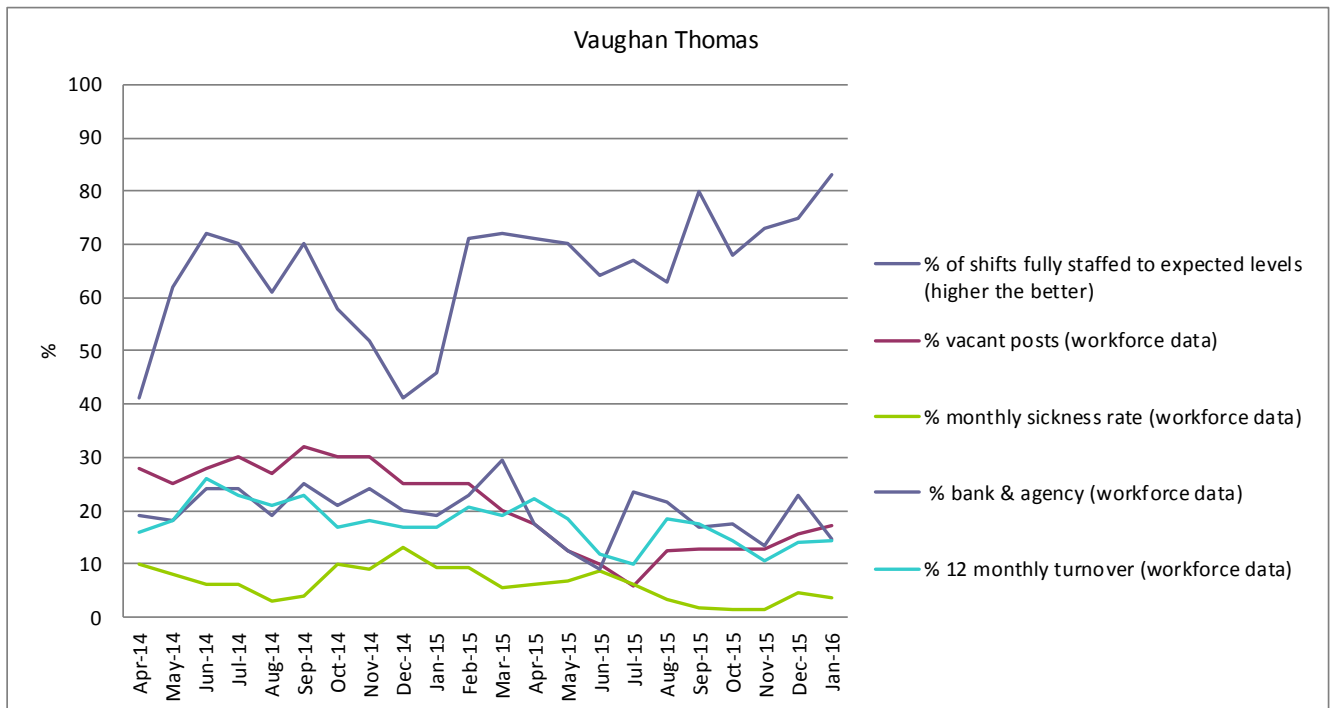
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reported (all risk levels covering S015-SO18 to exclude attempted AWOL)	Number of Violence & Aggression incidents reported (all risk levels VA001-VA036)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	79	31	5	30	33	100	40	1			0	3	
May-14	75	31	5	23	24			0			0	0	
Jun-14	66	31	5	35	21	60	60	0			0	3	
Jul-14	52	31	7	32	21			2			0	3	
Aug-14	61	28	8	28	19	100	100	1			0	2	
Sep-14	67	28	7	26	19			0			1	3	
Oct-14	75	28	2	26	23	60	60	2			0	3	
Nov-14	63	21	2	32	23			0			0	8	
Dec-14	86	19	5	24	22	100	100	1			0	4	
Jan-15	92	13.8	5.76	24.3	17			1	1		0	4	
Feb-15	86	11.3	6.64	27	11.77	40	100	0	2		1	1	
Mar-15	67	16.3	2.65	29.3	12.54			2	4		1	3	
Apr-15	85	13.9	2.73	23.5	12.14	40	100	3	1		0	2	
May-15	79	10.8	3.8	17.2	11.52			2	5		2	6	
Jun-15	81	5.9	2.43	16.9	11.02	80	80	0	4		0	3	94
Jul-15	79	0.9	3.8	17.0	14.52			0	1	3	0	4	
Aug-15	70	17.9	4.4	20.6	20.49			0	1	3	0	2	86
Sep-15	74	20.6	4.87	28.1	19.4	60	100	0	0	4	0	0	83
Oct-15	74	20.6	7.15	28.8	15.62	100	100	1	0	7	0	3	80
Nov-15	70	23.3	8.77	23	12.07			0	3	2	1	3	73
Dec-15	77	23.4	4.98	26.3	15.62	80	100	1	1	1	0	3	73
Jan-16	83	23.3	8.27	34.9	18.69			1	1	3	0	3	70



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

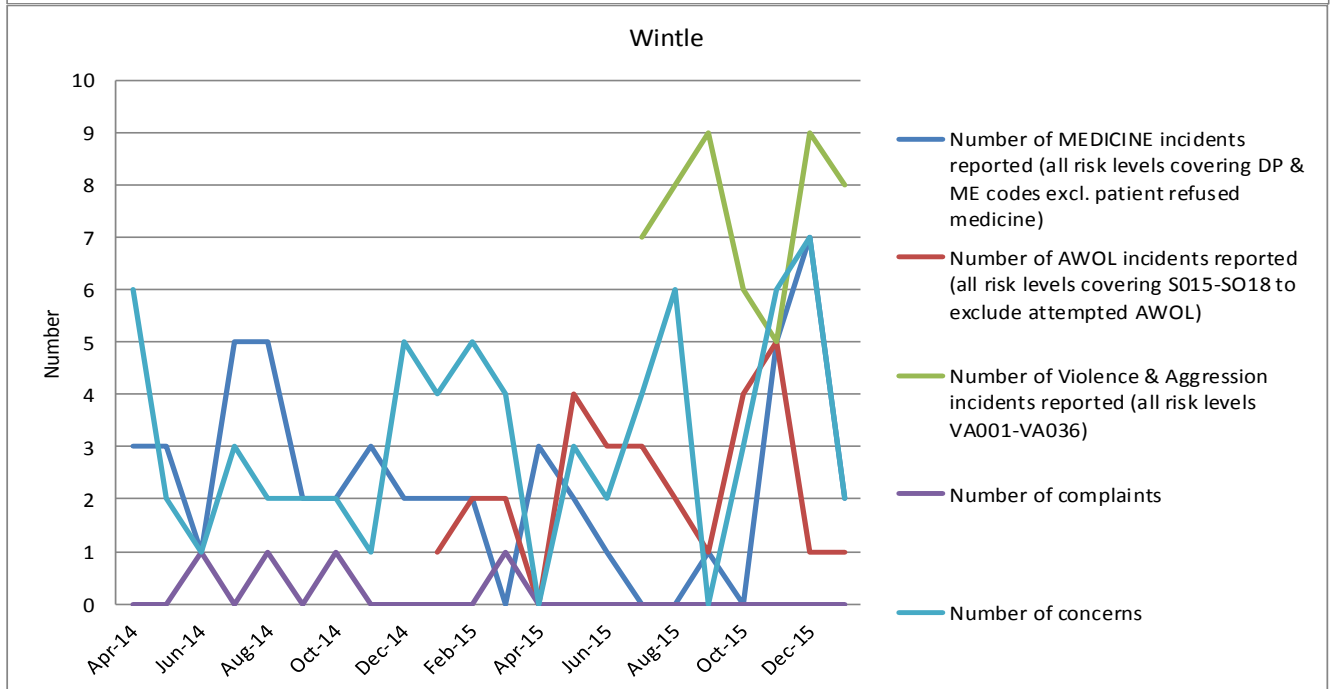
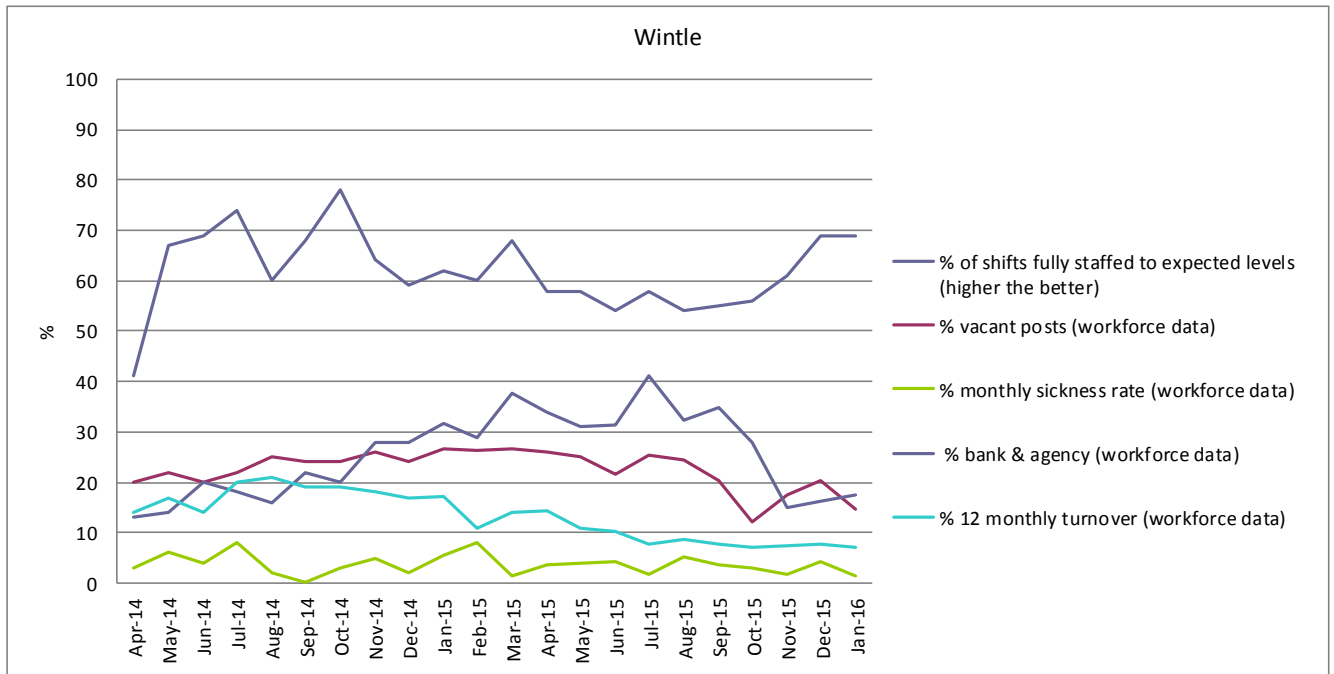
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (latest ES audit)	% Evidence of 1:1 meetings with patients (latest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reported (all risk levels covering S015-S018 to exclude attempted AWOL)	Number of Violence & Aggression incidents reported (all risk levels VA001-VA036)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	41	28	10	19	16	60	80	3			0	1	
May-14	62	25	8	18	18			2			2	0	
Jun-14	72	28	6	24	26	100	100	0			0	4	
Jul-14	70	30	6	24	23			2			0	1	
Aug-14	61	27	3	19	21	100	100	2			0	2	
Sep-14	70	32	4	25	23			3			0	1	
Oct-14	58	30	10	21	17	100	100	0			0	4	
Nov-14	52	30	9	24	18			2			0	5	
Dec-14	41	25	13	20	17	100	100	1			0	3	
Jan-15	46	24.9	9.41	19.1	17.01			2	0		0	6	
Feb-15	71	24.9	9.3	22.9	20.59	100	100	1	4		0	1	
Mar-15	72	19.9	5.57	29.5	19.21			1	0		0	3	
Apr-15	71	17.4	6.16	17.5	22.18	100	100	0	1		0	3	
May-15	70	12.4	6.76	12.3	18.29			1	0		0	7	
Jun-15	64	9.9	8.64	8.9	11.93	100	100	3	0		1	3	58
Jul-15	67	5.8	6.07	23.5	9.99			2	1	2	0	1	
Aug-15	63	12.5	3.37	21.6	18.56			1	2	2	0	1	65
Sep-15	80	12.7	1.8	17	17.6	60	100	2	3	3	0	0	68
Oct-15	68	12.7	1.51	17.4	14.32	60	100	1	1	4	1	1	62
Nov-15	73	12.6	1.54	13.5	10.55			4	0	0	0	1	73
Dec-15	75	15.5	4.63	22.9	14.06	60	60	1	0	1	0	1	73
Jan-16	83	17.1	3.65	14.6	14.37			2	2	3	0	2	72



PUBLIC BOARD REPORT

Wintle

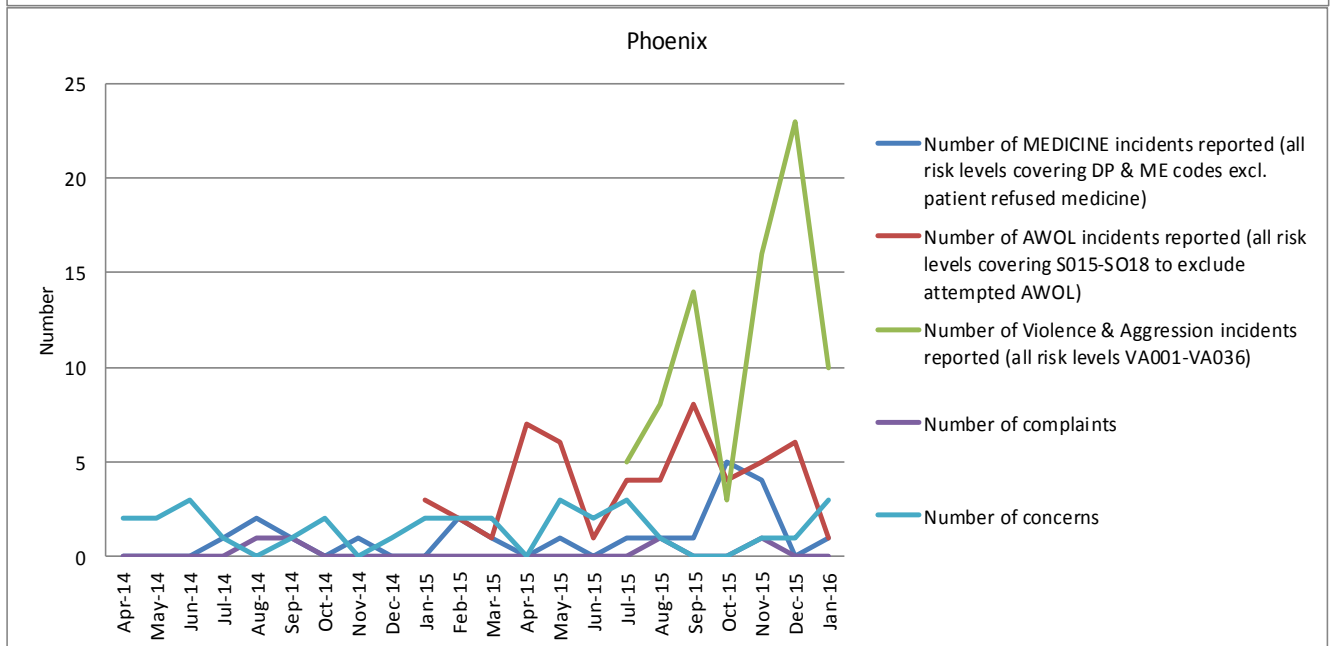
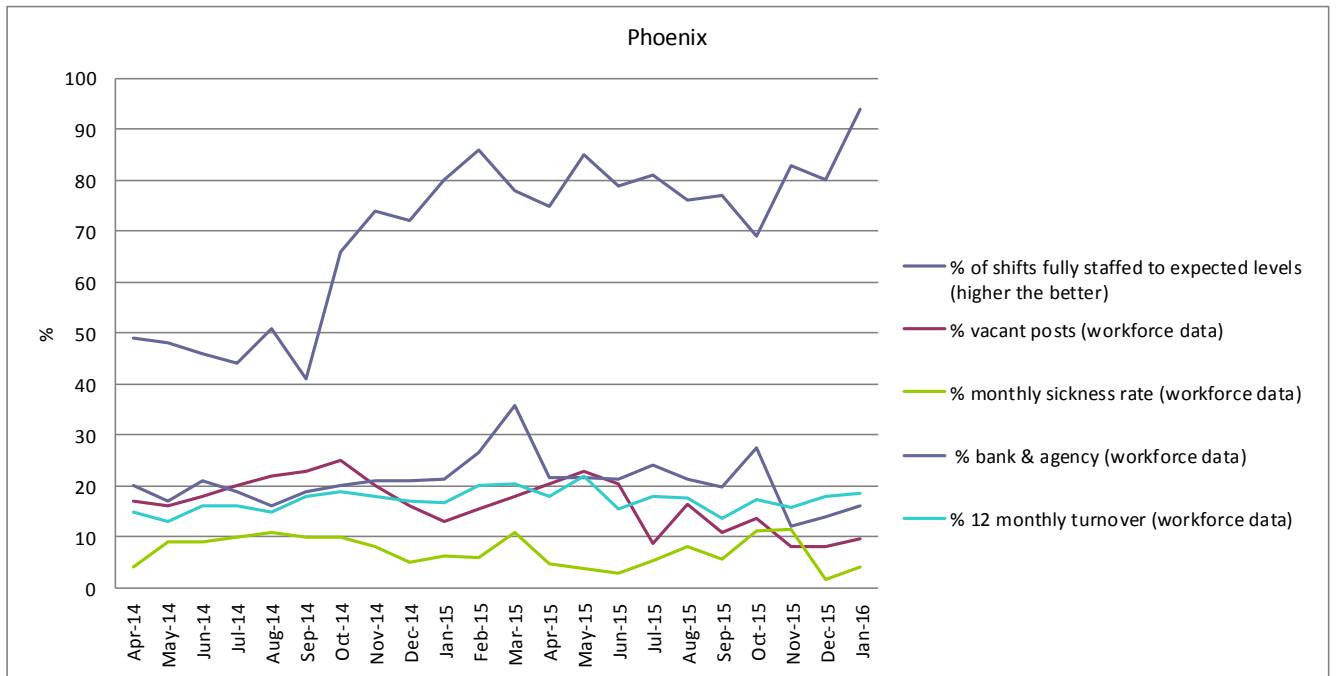
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reported (all risk levels covering S015-SO18 to exclude)	Number of Violence & Aggression incidents reported (all risk levels VAO01-VA036)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	41	20	3	13	14	40	100	3	3		0	6	
May-14	67	22	6	14	17			3			0	2	
Jun-14	69	20	4	20	14	80	100	1			1	1	
Jul-14	74	22	8	18	20			5			0	3	
Aug-14	60	25	2	16	21	80	100	5			1	2	
Sep-14	68	24	0.1	22	19			2			0	2	
Oct-14	78	24	3	20	19	100	100	2			1	2	
Nov-14	64	26	5	28	18			3			0	1	
Dec-14	59	24	2	28	17	100	60	2			0	5	
Jan-15	62	26.5	5.58	31.6	17.29			2	1		0	4	
Feb-15	60	26.4	7.91	28.8	10.75	100	100	2	2		0	5	
Mar-15	68	26.5	1.27	37.6	14.08			0	2		1	4	
Apr-15	58	26	3.52	33.9	14.23	100	60	3	0		0	0	
May-15	58	24.9	3.93	31	10.9			2	4		0	3	
Jun-15	54	21.6	4.34	31.4	10.21	100	100	1	3		0	2	76
Jul-15	58	25.3	1.61	41.1	7.73			0	3	7	0	4	
Aug-15	54	24.4	5.15	32.4	8.62			0	2	8	0	6	78
Sep-15	55	20.3	3.66	34.8	7.64	100	100	1	1	9	0	0	69
Oct-15	56	12	2.87	27.8	7.22	80	20	0	4	6	0	3	78
Nov-15	61	17.5	1.73	15.1	7.49			5	5	5	0	6	88
Dec-15	69	20.3	4.28	16.1	7.64	100	80	7	1	9	0	7	88
Jan-16	69	14.7	1.39	17.4	7.22			2	1	8	0	2	98



PUBLIC BOARD REPORT

Phoenix

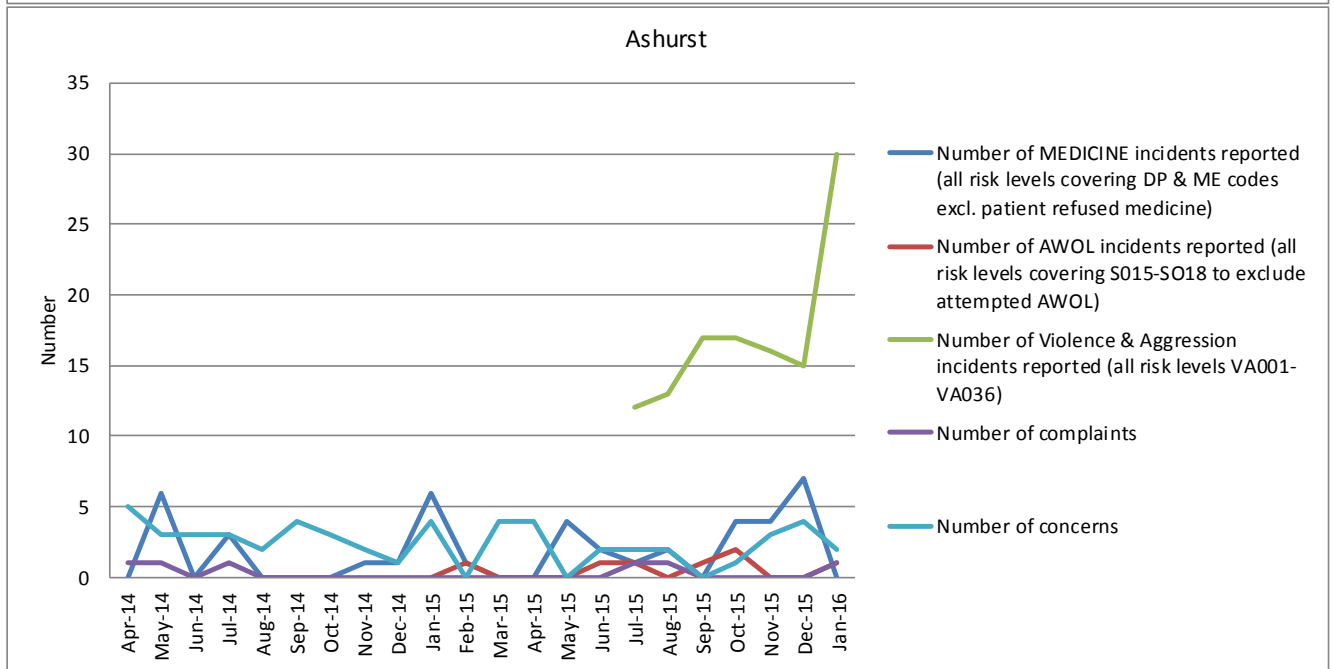
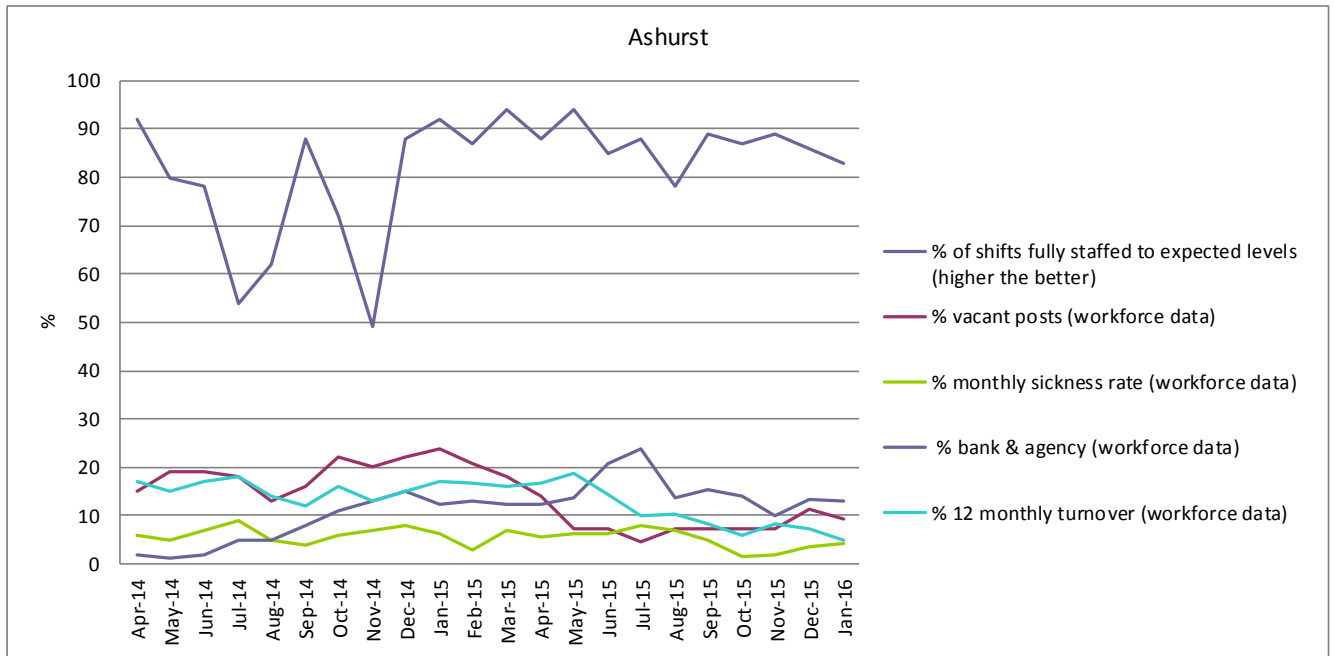
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (latest ES audit)	% Evidence of 1:1 meetings with patients (latest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reported (all risk levels covering S015-SO18 to exclude)	Number of Violence & Aggression incidents reported (all risk levels VA001-VA036)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	49	17	4	20	15	80	100	0			0	2	
May-14	48	16	9	17	13			0			0	2	
Jun-14	46	18	9	21	16	40	80	0			0	3	
Jul-14	44	20	10	19	16			1			0	1	
Aug-14	51	22	11	16	15	40	100	2			1	0	
Sep-14	41	23	10	19	18			1			1	1	
Oct-14	66	25	10	20	19	no data	no data	0			0	2	
Nov-14	74	20	8	21	18			1			0	0	
Dec-14	72	16	5	21	17	60	100	0			0	1	
Jan-15	80	13	6.39	21.3	16.88			0	3		0	2	
Feb-15	86	15.4	6.02	26.7	20.13	60	100	2	2		0	2	
Mar-15	78	18	10.77	35.8	20.43			1	1		0	2	
Apr-15	75	20.5	4.84	21.7	17.99	80	60	0	7		0	0	
May-15	85	22.9	3.89	21.8	21.91			1	6		0	3	
Jun-15	79	20.5	2.88	21.5	15.52	80	100	0	1		0	2	62
Jul-15	81	8.8	5.28	24.2	17.99			1	4	5	0	3	
Aug-15	76	16.5	8.25	21.4	17.79			1	4	8	1	1	64
Sep-15	77	10.8	5.72	19.7	13.75		100	1	8	14	0	0	70
Oct-15	69	13.6	11.08	27.6	17.48	80	60	5	4	3	0	0	66
Nov-15	83	8	11.6	12.2	15.82			4	5	16	1	1	58
Dec-15	80	8.1	1.74	14.1	18.13	80	60	0	6	23	0	1	58
Jan-16	94	9.7	4.03	16.1	18.46			1	1	10	0	3	68



PUBLIC BOARD REPORT

Ashurst (also provides staff for the S136 assessment suite)

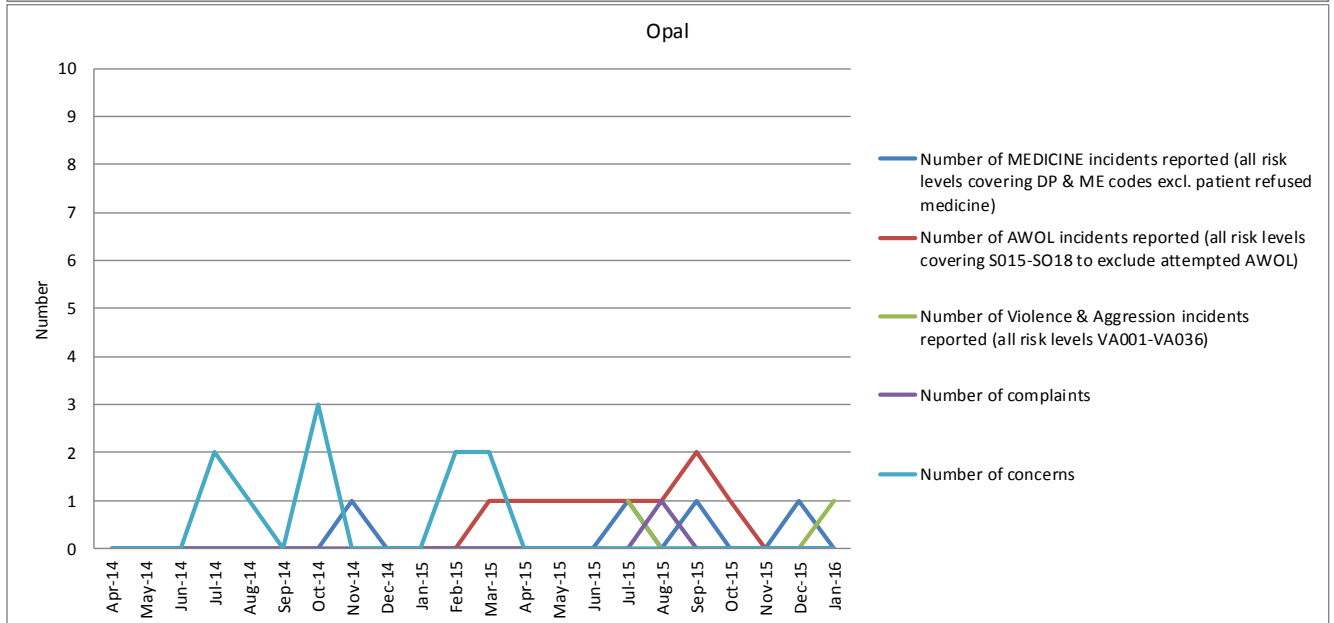
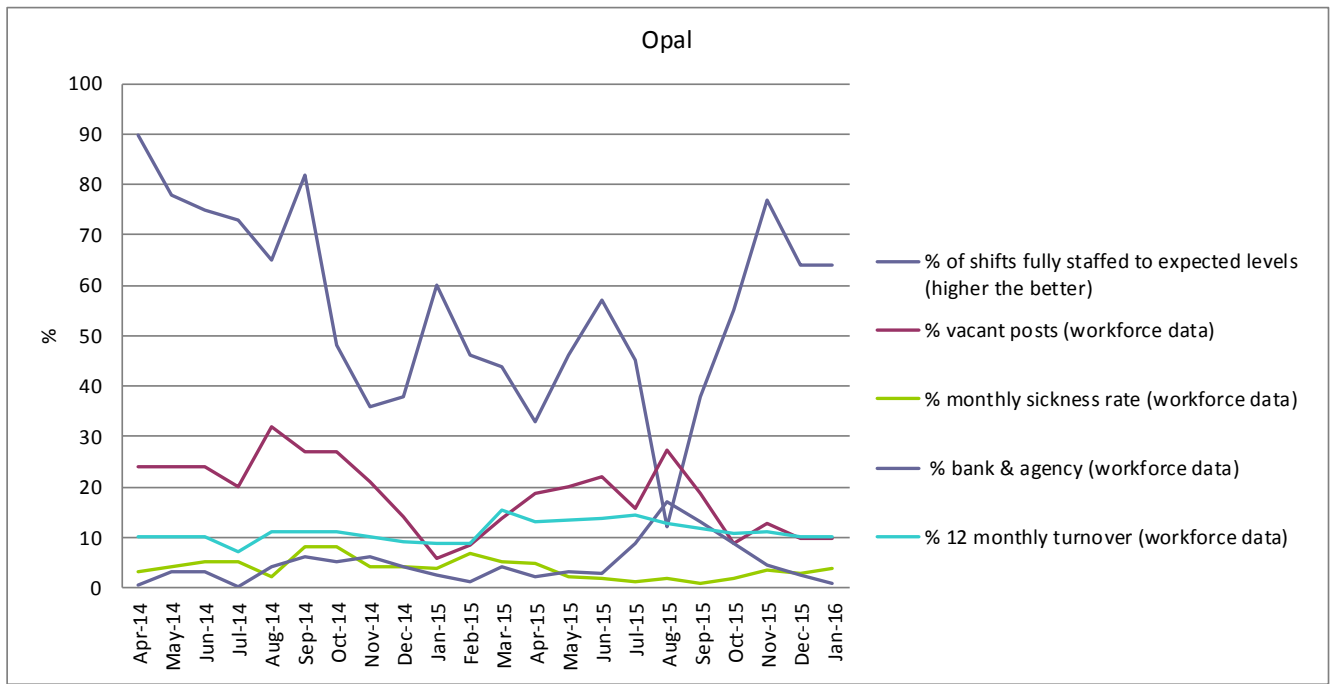
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (latest ES audit)	% Evidence of 1:1 meetings with patients (latest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reported (all risk levels covering S015-SO18 to exclude attempted AWOL)	Number of Violence & Aggression incidents reported (all risk levels VA001-VA036)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	92	15	6	2	17	80	100	0			1	5	
May-14	80	19	5	1	15			6			1	3	
Jun-14	78	19	7	2	17	100	20	0			0	3	
Jul-14	54	18	9	5	18			3			1	3	
Aug-14	62	13	5	5	14	no data	no data	0			0	2	
Sep-14	88	16	4	8	12			0			0	4	
Oct-14	72	22	6	11	16	100	67	0			0	3	
Nov-14	49	20	7	13	13			1			0	2	
Dec-14	88	22	8	15	15	100	100	1			0	1	
Jan-15	92	23.8	6.38	12.2	17.11			6	0		0	4	
Feb-15	87	20.7	2.79	12.9	16.63	100	20	1	1		0	0	
Mar-15	94	17.9	7.02	12.4	16.06			0	0		0	4	
Apr-15	88	14	5.61	12.3	16.6	80	80	0	0		0	4	
May-15	94	7.12	6.27	13.7	18.7			4	0		0	0	
Jun-15	85	7.11	6.39	20.7	14.3	80	100	2	1		0	2	66
Jul-15	88	4.5	7.92	23.8	10.08			1	1	12	1	2	
Aug-15	78	7.1	6.83	13.5	10.36			2	0	13	1	2	70
Sep-15	89	7.1	4.95	15.5	8.16	100	100	0	1	17	0	0	68
Oct-15	87	7.1	1.4	14	5.92	100	0	4	2	17	0	1	67
Nov-15	89	7.1	1.86	10.1	8.16			4	0	16	0	3	69
Dec-15	86	11.4	3.64	13.3	7.23			7	0	15	0	4	69
Jan-16	83	9.2	4.15	13.1	4.82			1	1	30	1	2	68



PUBLIC BOARD REPORT

Opal

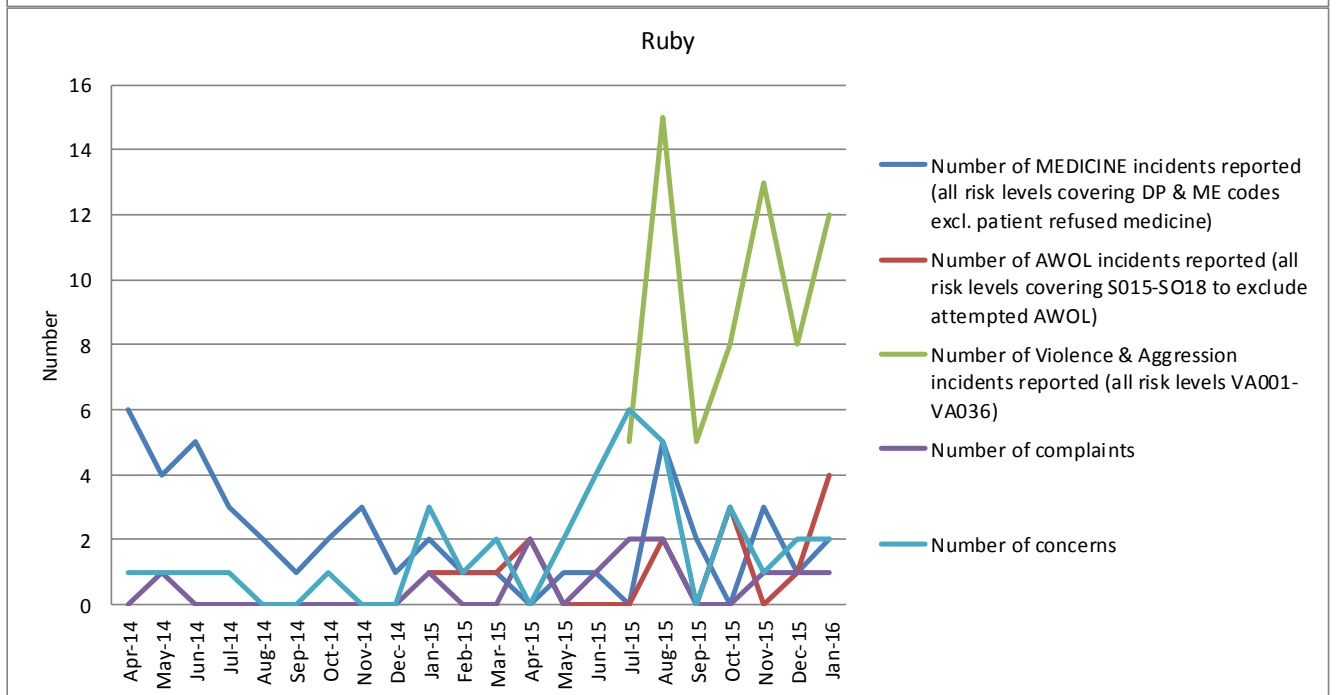
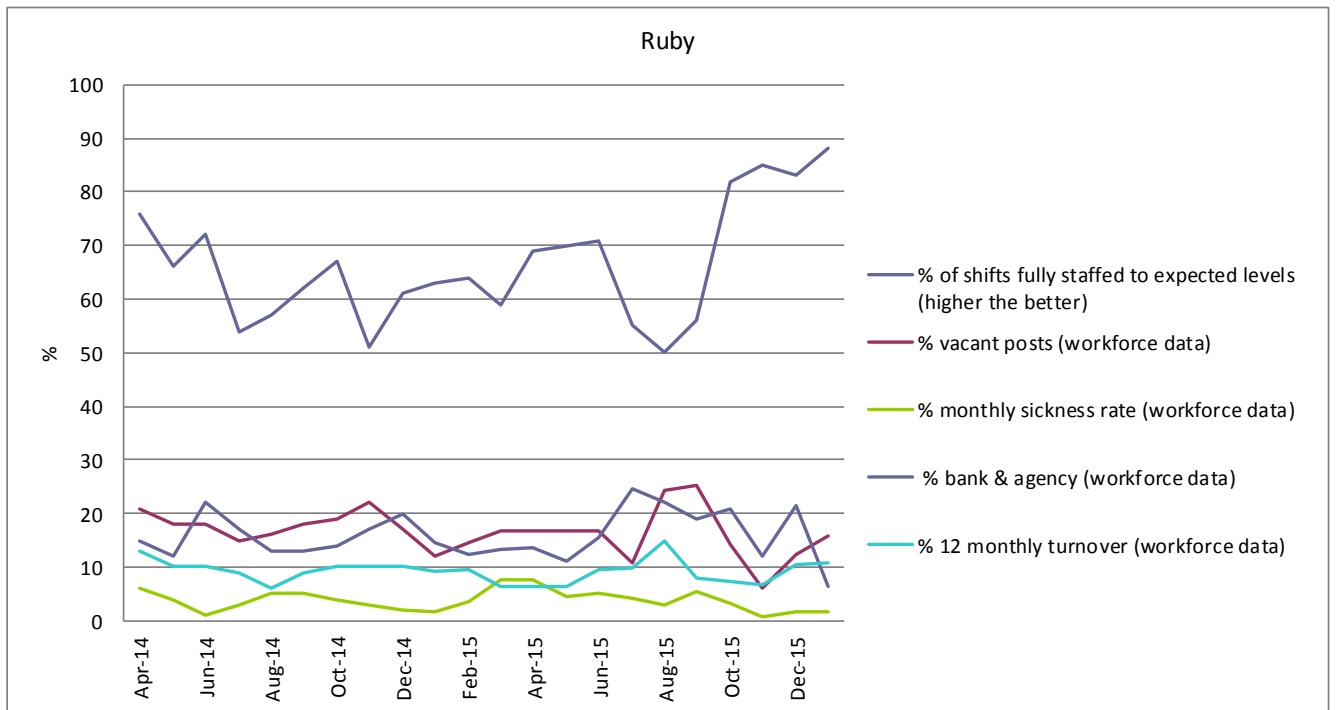
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (latest ES audit)	% Evidence of 1:1 meetings with patients (latest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reported (all risk levels covering S015-S018 to exclude attempted AWOL)	Number of Violence & Aggression incidents reported (all risk levels VA001-VA036)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	90	24	3	1	10	80	100	0	0	0	0	0	0
May-14	78	24	4	3	10			0			0	0	0
Jun-14	75	24	5	3	10	80	80	0	0	0	0	0	0
Jul-14	73	20	5	0	7			0			0	2	
Aug-14	65	32	2	4	11	20	40	0	0	0	0	1	
Sep-14	82	27	8	6	11			0			0	0	0
Oct-14	48	27	8	5	11	100	100	0	0	0	0	3	
Nov-14	36	21	4	6	10			1			0	0	0
Dec-14	38	14	4	4	9	60	60	0	0	0	0	0	0
Jan-15	60	5.8	3.79	2.4	8.63			0	0	0	0	0	0
Feb-15	46	8.4	6.74	1.3	8.88	40	80	0	0	0	0	2	
Mar-15	44	13.6	5.02	4	15.26			0	1	0	0	2	
Apr-15	33	18.6	4.84	2.2	13.22	80	100	0	1	0	0	0	
May-15	46	20.1	2.22	3	13.48			0	1	0	0	0	
Jun-15	57	21.9	1.89	2.9	13.79	40	75	0	1	0	0	0	75
Jul-15	45	15.7	1.01	8.8	14.29			1	1	1	0	0	0
Aug-15	12	27.3	1.68	16.9	12.77			0	1	0	1	0	84
Sep-15	38	18.6	0.86	12.0	11.76	60	80	1	2	0	0	0	80
Oct-15	55	8.7	1.71	8.8	10.75			0	1	0	0	0	83
Nov-15	77	12.8	3.57	4.3	10.91			0	0	0	0	0	91
Dec-15	64	9.9	2.88	2.4	10.17	100	80	1	0	0	0	0	91
Jan-16	64	9.9	3.86	0.7	9.97			0	0	1	0	0	91



PUBLIC BOARD REPORT

Ruby

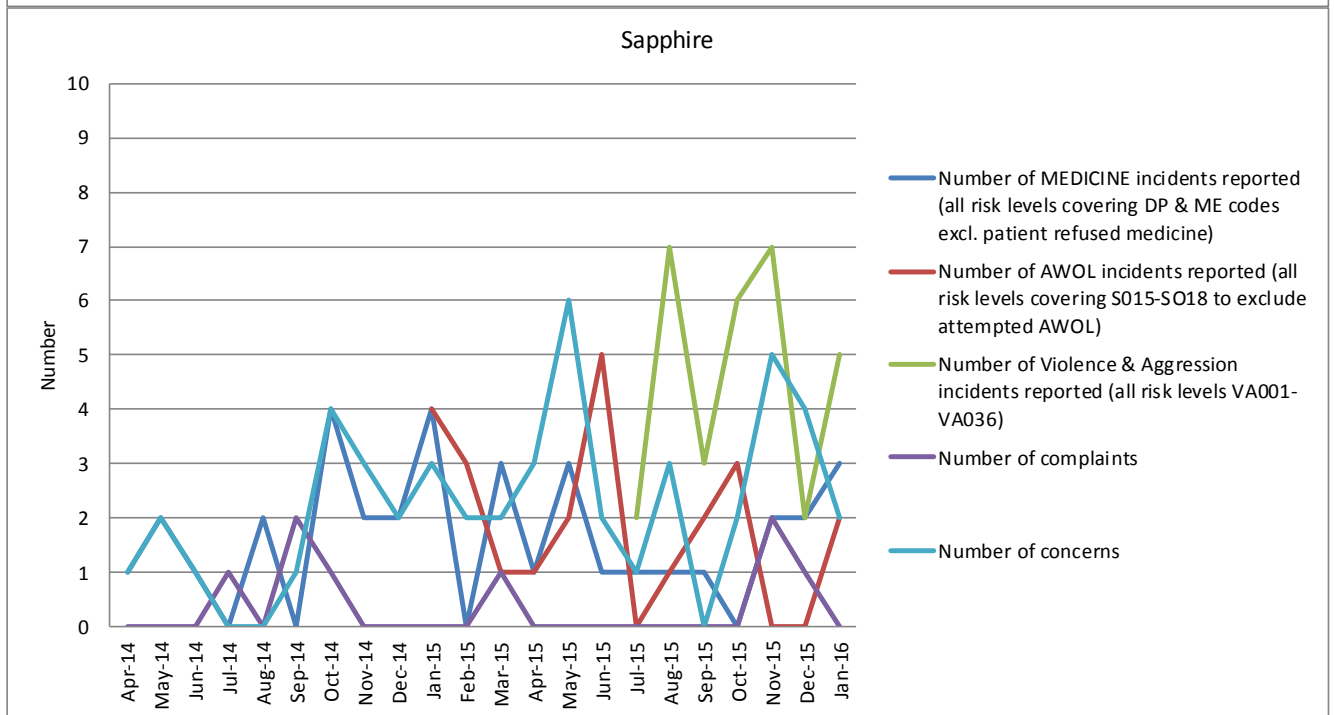
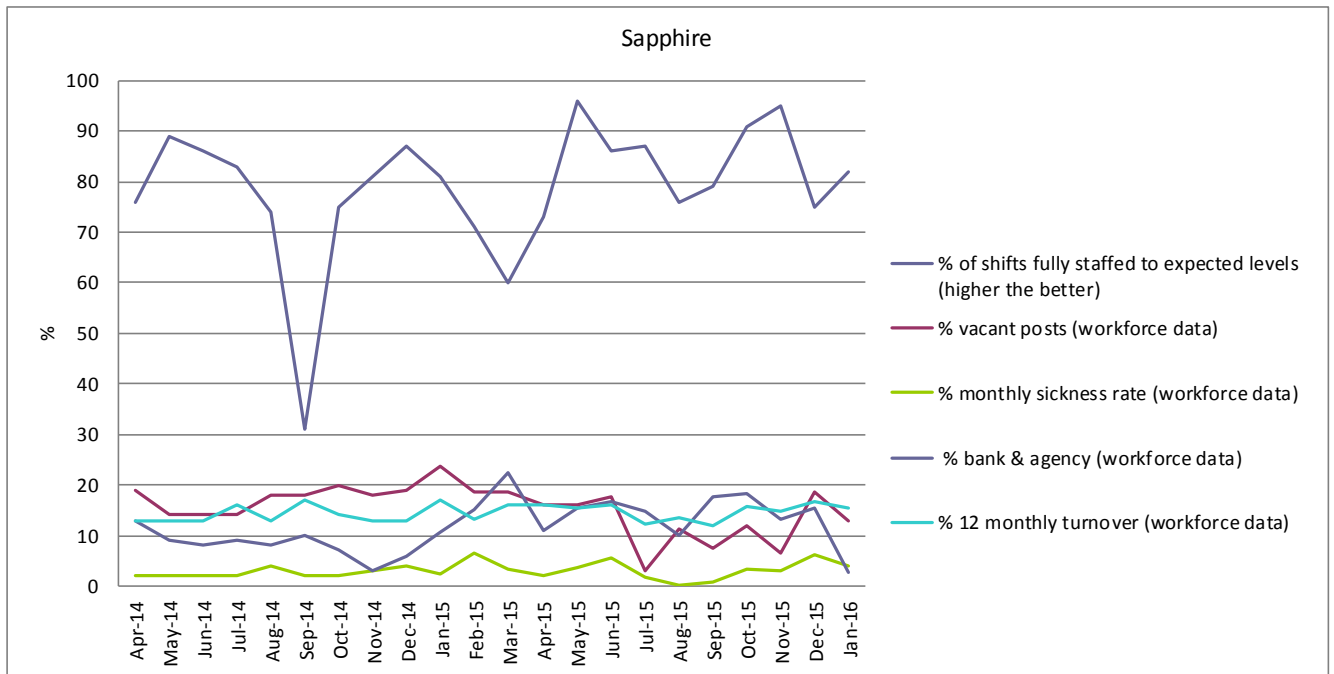
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (latest ES audit)	% Evidence of 1:1 meetings with patients (latest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reported (all risk levels covering S015-SO18 to exclude attempted AWOL)	Number of Violence & Aggression incidents reported (all risk levels VA001-VA036)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	76	21	6	15	13	40	80	6			0	1	
May-14	66	18	4	12	10			4			1	1	
Jun-14	72	18	1	22	10	80	100	5			0	1	
Jul-14	54	15	3	17	9			3			0	1	
Aug-14	57	16	5	13	6	40	60	2			0	0	
Sep-14	62	18	5	13	9			1			0	0	
Oct-14	67	19	4	14	10	100	100	2			0	1	
Nov-14	51	22	3	17	10			3			0	0	
Dec-14	61	17	2	20	10	60	100	1			0	0	
Jan-15	63	11.9	1.67	14.6	9.16			2	1		1	3	
Feb-15	64	14.4	3.39	12.5	9.45	100	80	1	1		0	1	
Mar-15	59	16.8	7.69	13.4	6.5			1	1		0	2	
Apr-15	69	16.9	7.76	13.7	6.5	100	40	0	2		2	0	
May-15	70	16.9	4.63	11.2	6.4			1	0		0	2	
Jun-15	71	16.9	5.07	15.6	9.45	60	100	1	0		1	4	74
Jul-15	55	10.9	4.23	24.6	9.82			0	0	5	2	6	
Aug-15	50	24.3	2.91	22	14.95			5	2	15	2	5	79
Sep-15	56	25.4	5.39	19	8.05	20	80	2	0	5	0	0	71
Oct-15	82	14.3	3.33	20.8	7.31			0	3	8	0	3	74
Nov-15	85	6	0.86	11.9	6.81			3	0	13	1	1	72
Dec-15	83	12.5	1.71	21.6	10.53	80	100	1	1	8	1	2	72
Jan-16	88	15.9	1.6	6.3	10.8			2	4	12	1	2	73



PUBLIC BOARD REPORT

Sapphire (also provides staff for the S136 assessment suite)

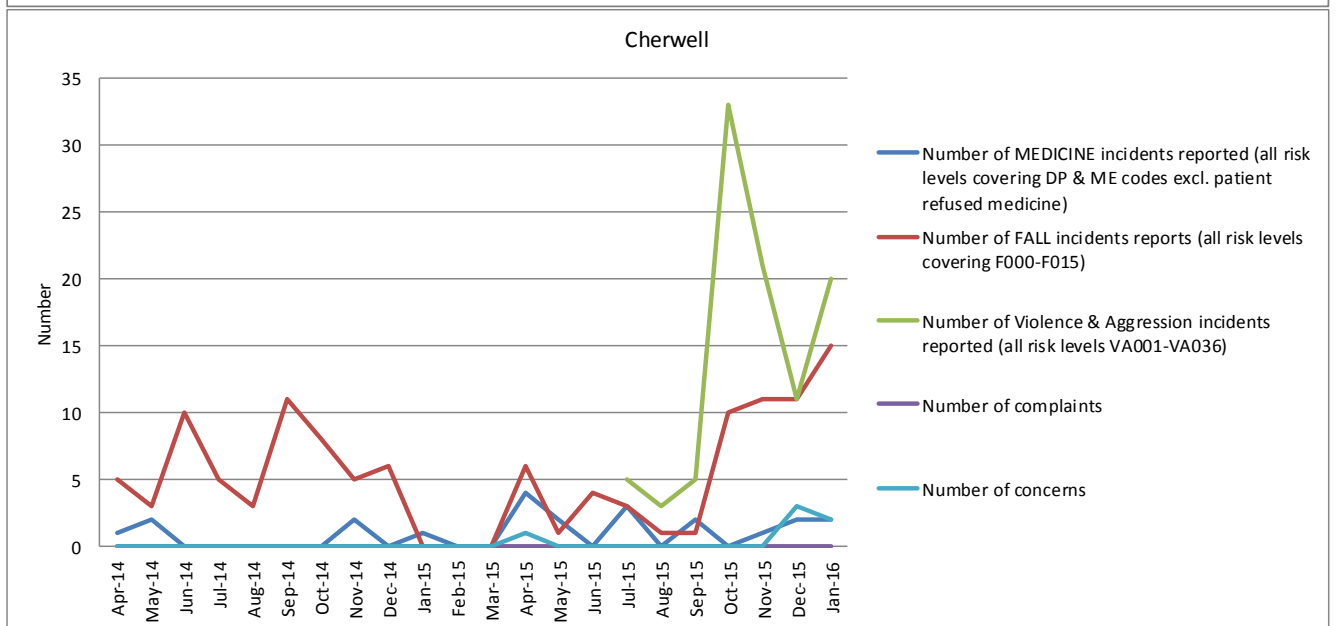
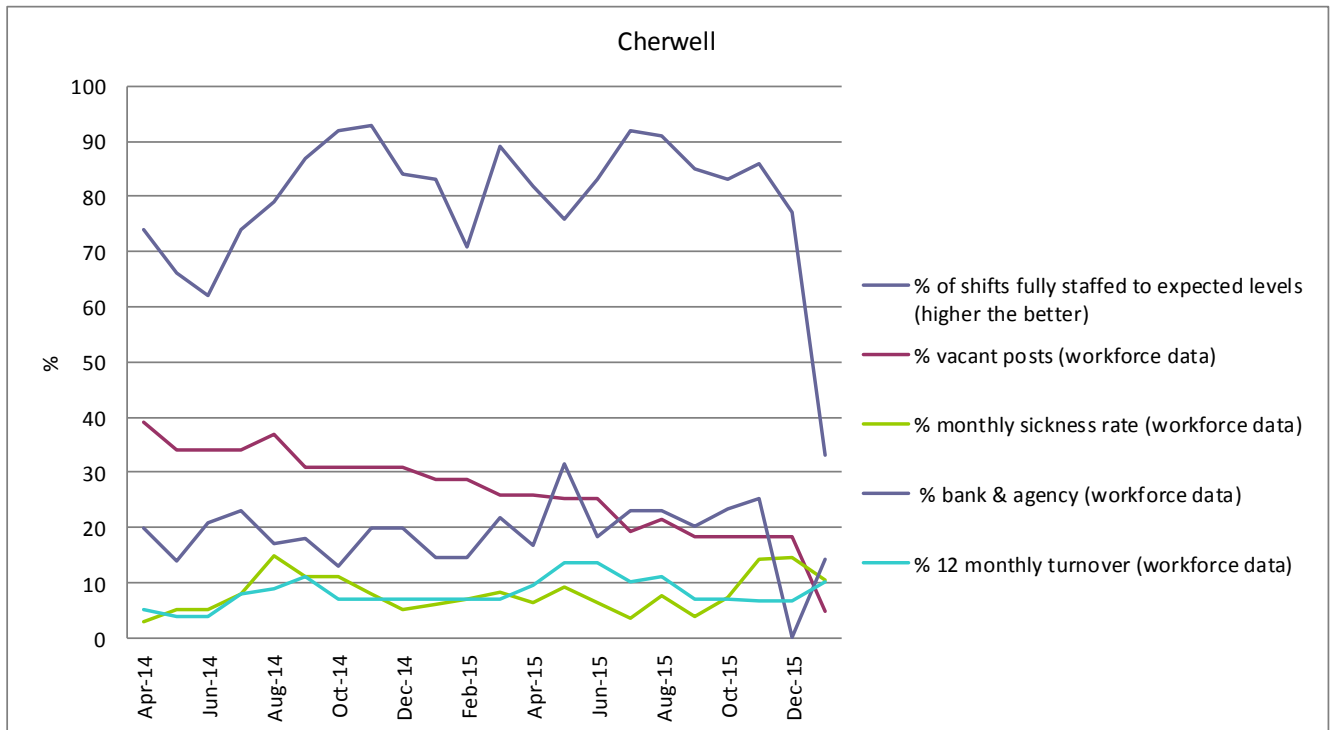
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reported (all risk levels covering S015-S018 to exclude attempted AWOL)	Number of Violence & Aggression incidents reported (all risk levels VA001-VA036)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	76	19	2	13	13	80	100	1	2		0	1	
May-14	89	14	2	9	13			2			0	2	
Jun-14	86	14	2	8	13	60	80	1			0	1	
Jul-14	83	14	2	9	16			0			1	0	
Aug-14	74	18	4	8	13	80	80	2			0	0	
Sep-14	31	18	2	10	17			0			2	1	
Oct-14	75	20	2	7	14	40	60	4			1	4	
Nov-14	81	18	3	3	13			2			0	3	
Dec-14	87	19	4	6	13	100	80	2			0	2	
Jan-15	81	23.6	2.26	10.6	16.99			4	4		0	3	
Feb-15	71	18.7	6.42	15.1	13.14	20	60	0	3		0	2	
Mar-15	60	18.7	3.25	22.4	15.91			3	1		1	2	
Apr-15	73	16.2	2.02	11.1	15.91	60	80	1	1		0	3	
May-15	96	16.2	3.59	15.3	15.42			3	2		0	6	
Jun-15	86	17.7	5.43	16.6	15.96	60	100	1	5		0	2	55
Jul-15	87	3.1	1.82	14.9	12.18			1	0		2	0	1
Aug-15	76	11.4	0.2	10	13.64			1	1	7	0	3	57
Sep-15	79	7.6	0.87	17.7	11.79	80	80	1	2	3	0	0	61
Oct-15	91	12	3.17	18.3	15.63	40	60	0	3	6	0	2	60
Nov-15	95	6.5	2.89	13.3	14.63			2	0	7	2	5	59
Dec-15	75	18.5	6.08	15.4	16.71	40	60	2	0	2	1	4	59
Jan-16	82	13	4.07	2.8	15.58			3	2	5	0	2	57



PUBLIC BOARD REPORT

Cherwell

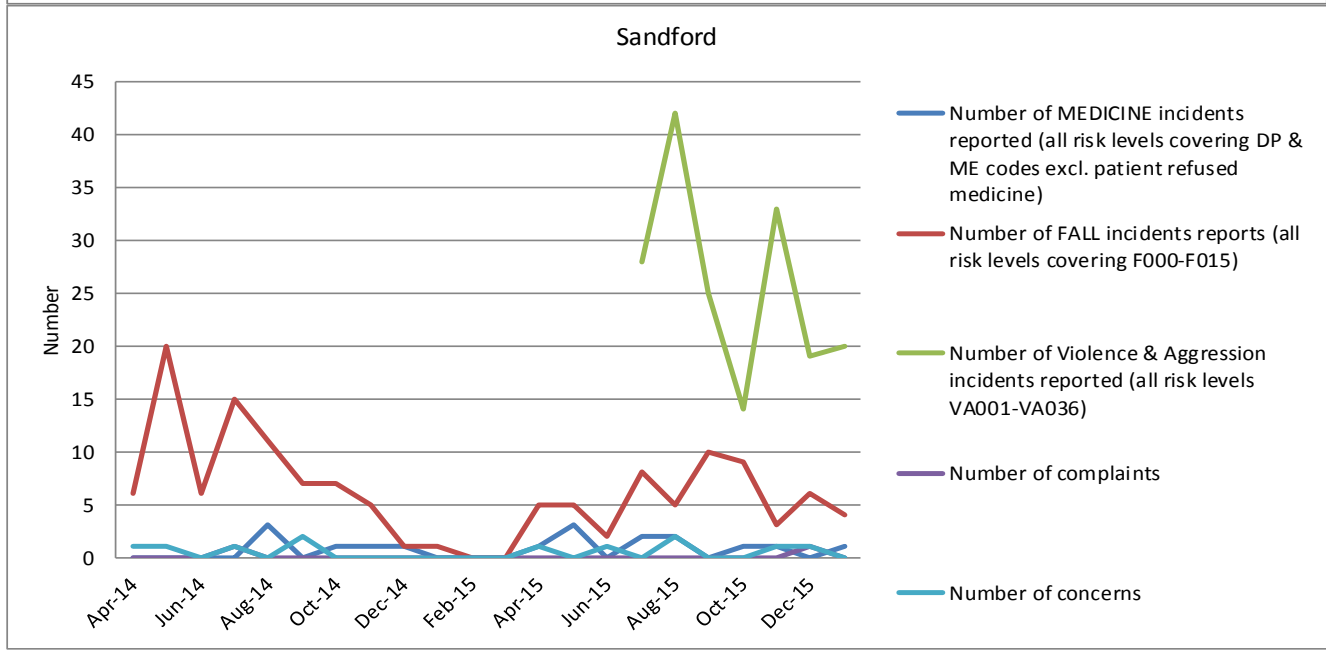
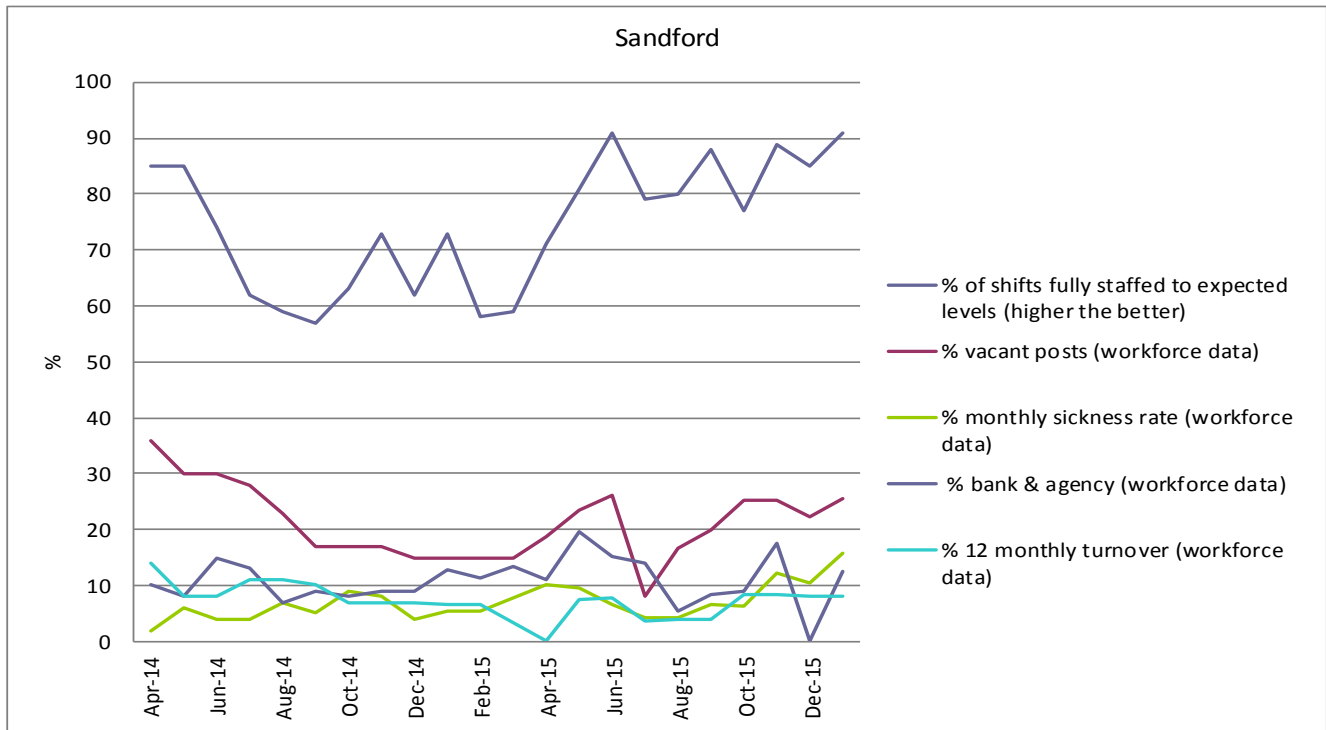
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with 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 Violence & Aggression incidents reported (all risk levels VA001-VA036)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	74	39	3	20	5	60	100	1	5		0	0	
May-14	66	34	5	14	4			2	3		0	0	
Jun-14	62	34	5	21	4	80	100	0	10		0	0	
Jul-14	74	34	8	23	8			0	5		0	0	
Aug-14	79	37	15	17	9	50	60	0	3		0	0	
Sep-14	87	31	11	18	11			0	11		0	0	
Oct-14	92	31	11	13	7	80	100	0	8		0	0	
Nov-14	93	31	8	20	7			2	5		0	0	
Dec-14	84	31	5	20	7	60	100	0	6		0	0	
Jan-15	83	28.7	6.16	14.6	7.13			1	0		0	0	
Feb-15	71	28.7	7.02	14.6	7.13	100	100	0	0		0	0	
Mar-15	89	26	8.11	21.9	6.99			0	0		0	0	
Apr-15	82	26	6.52	16.6	9.57	100	100	4	6		0	1	
May-15	76	25.2	9.08	31.4	13.51			2	1		0	0	
Jun-15	83	25.2	6.25	18.3	13.51			0	4		0	0	60
Jul-15	92	19.2	3.44	23.1	10.24			3	3		5	0	0
Aug-15	91	21.6	7.76	22.9	10.94			0	1		3	0	0
Sep-15	85	18.4	3.96	20.1	6.95			2	1		5	0	0
Oct-15	83	18.4	7.23	23.5	6.95	100	80	0	10		33	0	0
Nov-15	86	18.4	14.17	25.1	6.82			1	11		21	0	0
Dec-15	77	18.4	14.69	0	6.82	80	100	2	11		11	0	3
Jan-16	33	4.89	10.54	14.3	10.02			2	15		20	0	2



PUBLIC BOARD REPORT

Sandford

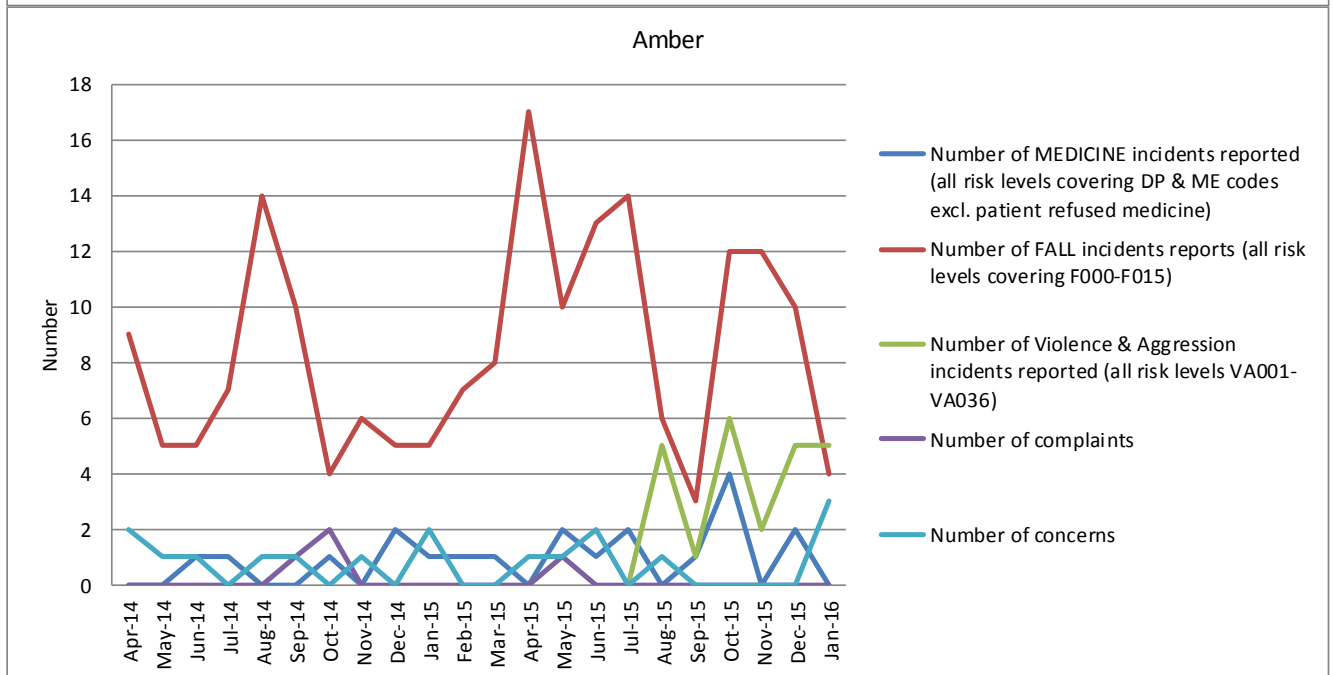
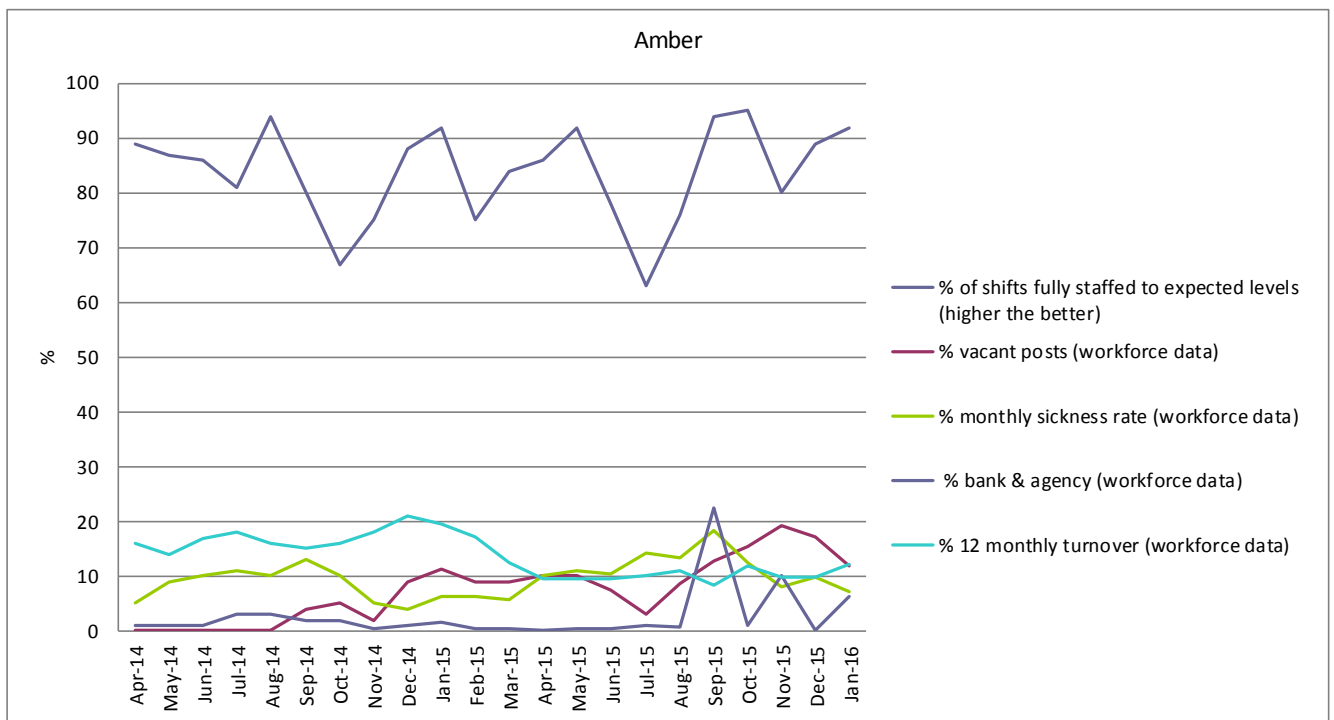
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with 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 Violence & Aggression incidents reported (all risk levels VA001-VA036)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	85	36	2	10	14	80	100	0	6		0	1	
May-14	85	30	6	8	8			0	20		0	1	
Jun-14	74	30	4	15	8	100	100	0	6		0	0	
Jul-14	62	28	4	13	11			0	15		1	1	
Aug-14	59	23	7	7	11	60	100	3	11		0	0	
Sep-14	57	17	5	9	10			0	7		0	2	
Oct-14	63	17	9	8	7	80	100	1	7		0	0	
Nov-14	73	17	8	9	7			1	5		0	0	
Dec-14	62	15	4	9	7	80	100	1	1		0	0	
Jan-15	73	14.9	5.41	12.7	6.67			0	1		0	0	
Feb-15	58	14.8	5.41	11.3	6.67	80	100	0	0		0	0	
Mar-15	59	14.8	7.76	13.3	3.39			0	0		0	0	
Apr-15	71	18.6	10.14	11	0	100	100	1	5		0	1	
May-15	81	23.5	9.53	19.7	7.46			3	5		0	0	
Jun-15	91	26.2	6.47	15.3	7.75	100	33	0	2		0	1	49
Jul-15	79	8.1	4.33	14	3.6			2	8	28	0	0	
Aug-15	80	16.7	4.36	5.5	3.98			2	5	42	0	2	56
Sep-15	88	19.9	6.55	8.4	3.98			0	10	25	0	0	69
Oct-15	77	25.3	6.38	9.1	8.38	80	100	1	9	14	0	0	67
Nov-15	89	25.3	12.14	17.5	8.38			1	3	33	0	1	80
Dec-15	85	22.3	10.31	0	8.04	100	100	0	6	19	1	1	80
Jan-16	91	25.4	15.64	12.5	8.04			1	4	20	0	0	76



PUBLIC BOARD REPORT

Amber

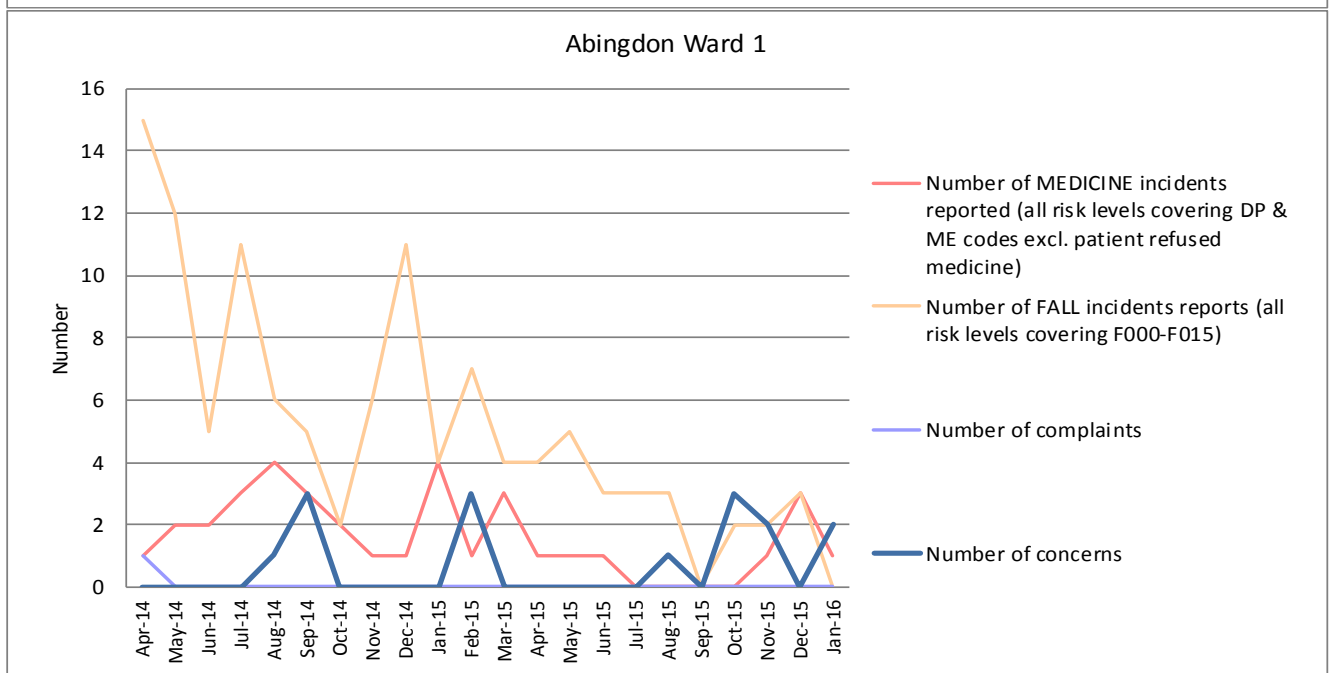
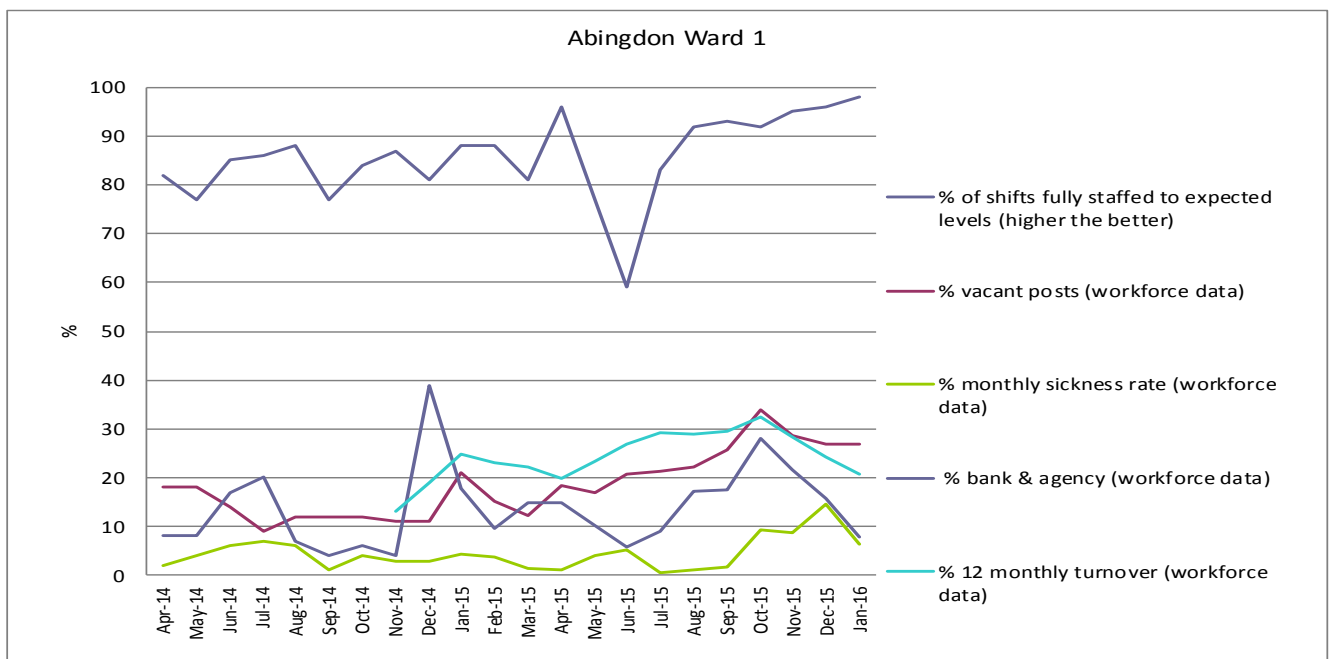
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (latest ES audit)	% Evidence of 1:1 meetings with patients (latest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of FALL incidents reports (all risk levels covering F000-F015)	Number of Violence & Aggression incidents reported (all risk levels VA001-VA036)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	89	0	5	1	16	80	100	0	9	0	0	2	
May-14	87	0	9	1	14			0	5	0	0	1	
Jun-14	86	0	10	1	17	100	100	1	5	0	0	1	
Jul-14	81	0	11	3	18			1	7	0	0	0	
Aug-14	94	0	10	3	16	100	100	0	14	0	0	1	
Sep-14	80	4	13	2	15			0	10	0	1	1	
Oct-14	67	5	10	2	16	80	100	1	4	0	2	0	
Nov-14	75	2	5	0	18			0	6	0	0	1	
Dec-14	88	9	4	1	21	100	100	2	5	0	0	0	
Jan-15	92	11.4	6.42	1.7	19.65			1	5	0	0	2	
Feb-15	75	9	6.2	0.5	17.16	100	100	1	7	0	0	0	
Mar-15	84	9	5.63	0.3	12.48			1	8	0	0	0	
Apr-15	86	10	10.16	0.2	9.66	100	100	0	17	0	0	1	
May-15	92	10	11.08	0.4	9.66			2	10	0	1	1	
Jun-15	78	7.6	10.5	0.3	9.53			1	13	0	2	2	56
Jul-15	63	3	14.11	0.9	10.05			2	14	0	0	0	
Aug-15	76	8.7	13.36	0.8	10.95			0	6	5	0	1	66
Sep-15	94	12.8	18.38	22.4	8.48	100	100	1	3	1	0	0	65
Oct-15	95	15.4	12.58	1.1	11.89	100	100	4	12	6	0	0	65
Nov-15	80	19.3	8.01	10.2	9.72			0	12	2	0	0	62
Dec-15	89	17.3	9.75	0	9.82	100	100	2	10	5	0	0	62
Jan-16	92	11.8	7.21	6.2	12.17			0	4	5	0	3	75



PUBLIC BOARD REPORT

Abingdon ward 1

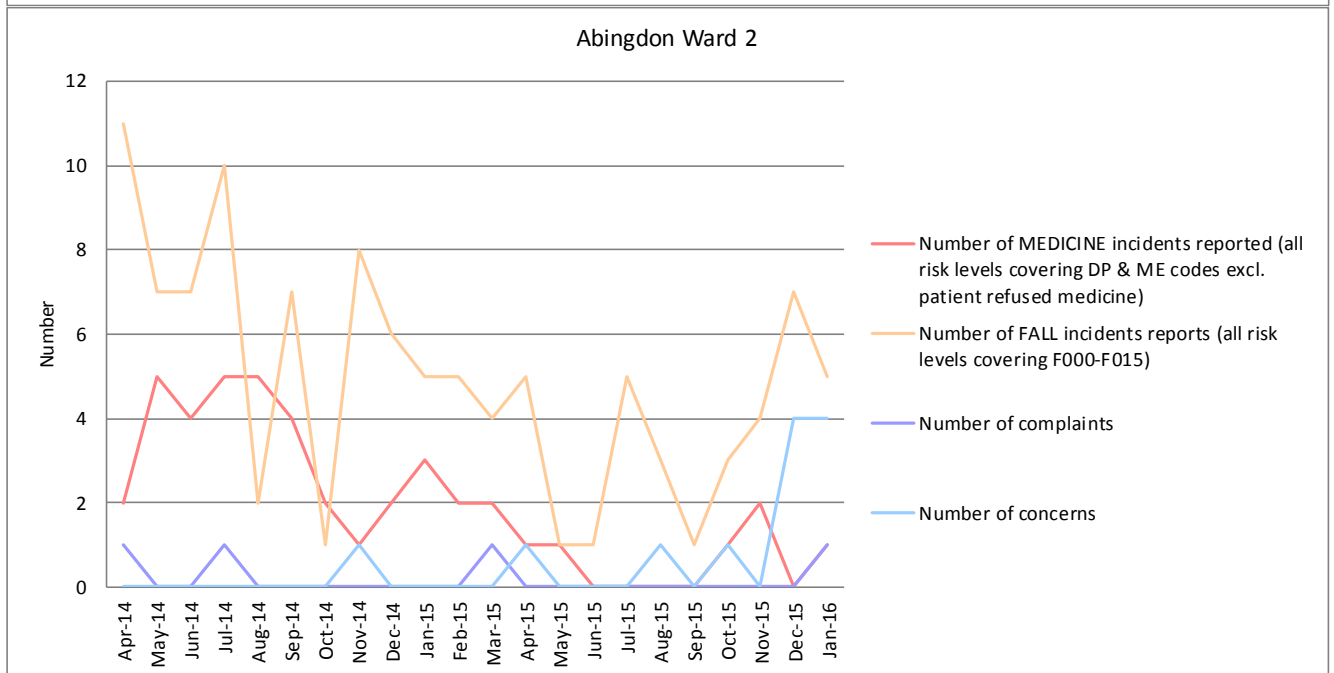
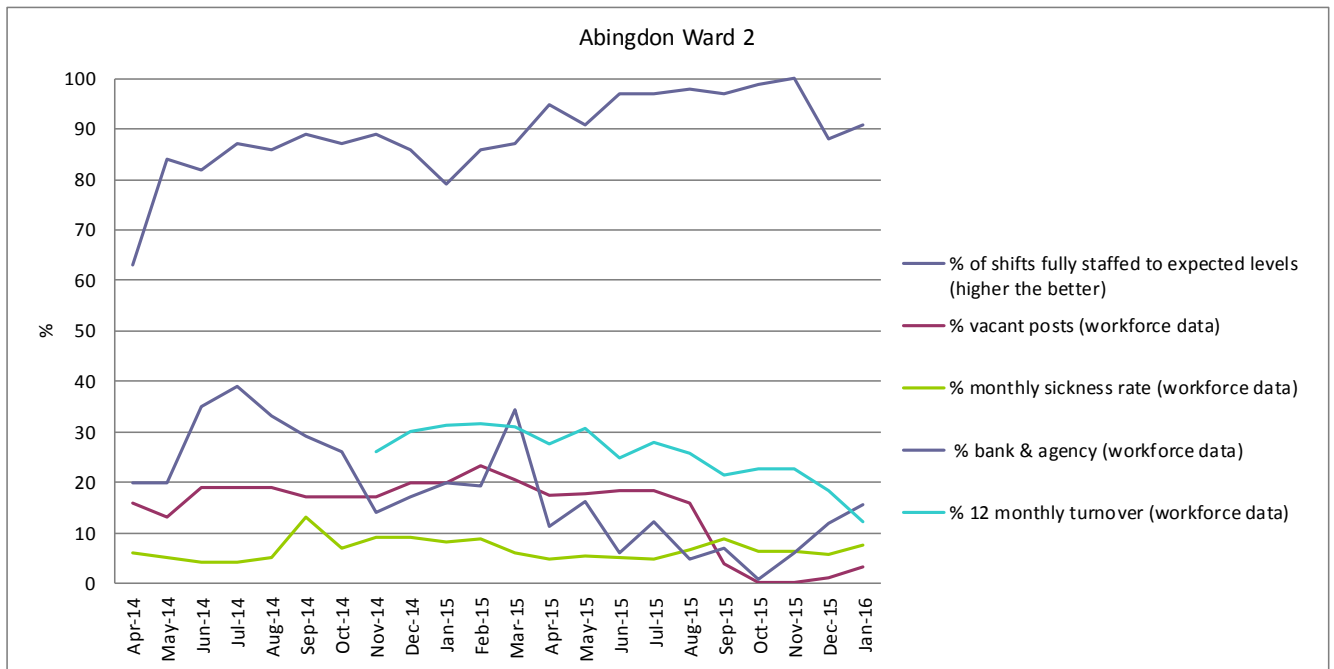
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans been reviewed weekly (lastest CHD audit)	% reported staff communicate clearly & 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	% compliance with Resuscitation training (PPST)
Apr-14	82	18	2	8				1	15	1	0	
May-14	77	18	4	8				2	12	0	0	
Jun-14	85	14	6	17		13	100	2	5	0	0	
Jul-14	86	9	7	20				3	11	0	0	
Aug-14	88	12	6	7				4	6	0	1	
Sep-14	77	12	1	4		100	100	3	5	0	3	
Oct-14	84	12	4	6				2	2	0	0	
Nov-14	87	11	3	4	13			1	6	0	0	
Dec-14	81	11	3	39	19	88	100	1	11	0	0	
Jan-15	88	21	4.19	17.9	24.71			4	4	0	0	
Feb-15	88	15.1	3.69	9.7	22.98			1	7	0	3	
Mar-15	81	12.2	1.55	15	22.21	86	100	3	4	0	0	
Apr-15	96	18.5	1.21	14.9	19.99			1	4	0	0	
May-15	77	16.8	4.15	10.2	23.47			1	5	0	0	
Jun-15	59	20.7	5.32	5.8	26.8	89		1	3	0	0	90
Jul-15	83	21.4	0.61	9.1	29.25			0	3	0	0	
Aug-15	92	22.2	1.21	17.2	28.78			0	3	0	1	85
Sep-15	93	25.7	1.82	17.5	29.61			0	0	0	0	88
Oct-15	92	33.8	9.22	28.1	32.37	90		0	2	0	3	90
Nov-15	95	28.6	8.66	21.6	28.23			1	2	0	2	86
Dec-15	96	26.8	14.58	15.8	24.11			3	3	0	0	86
Jan-16	98	26.8	6.5	7.81	20.62			1	0	0	2	93



PUBLIC BOARD REPORT

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

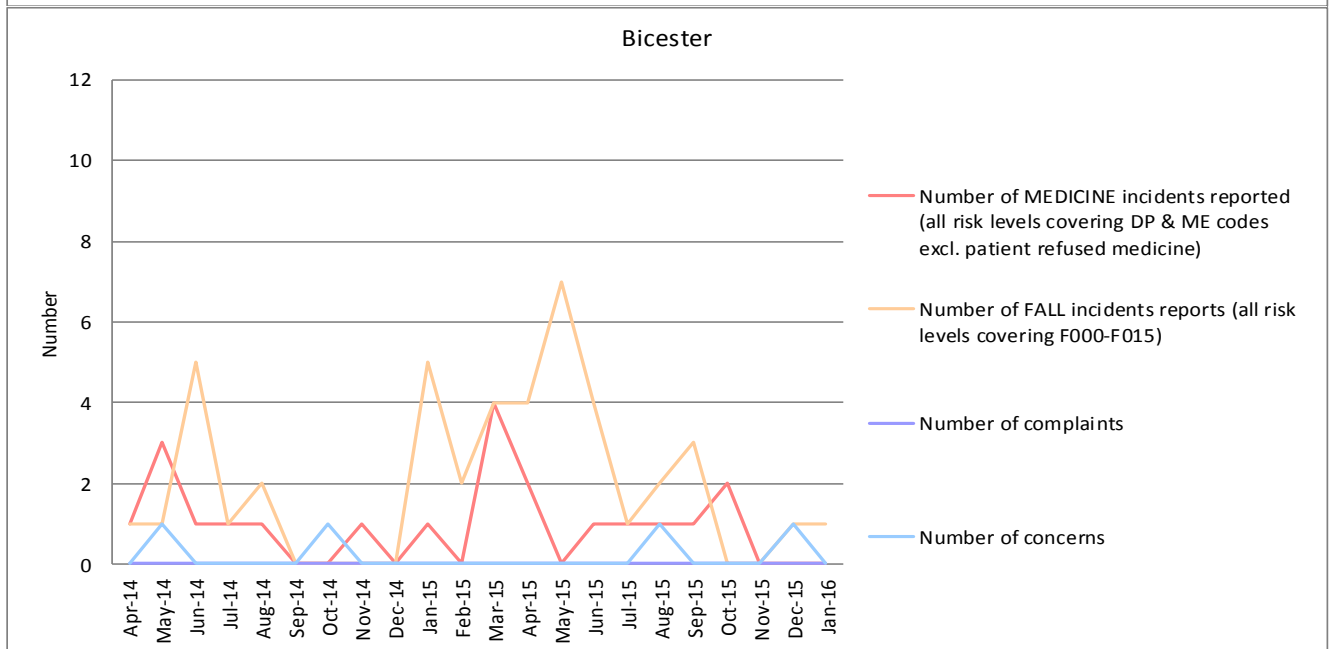
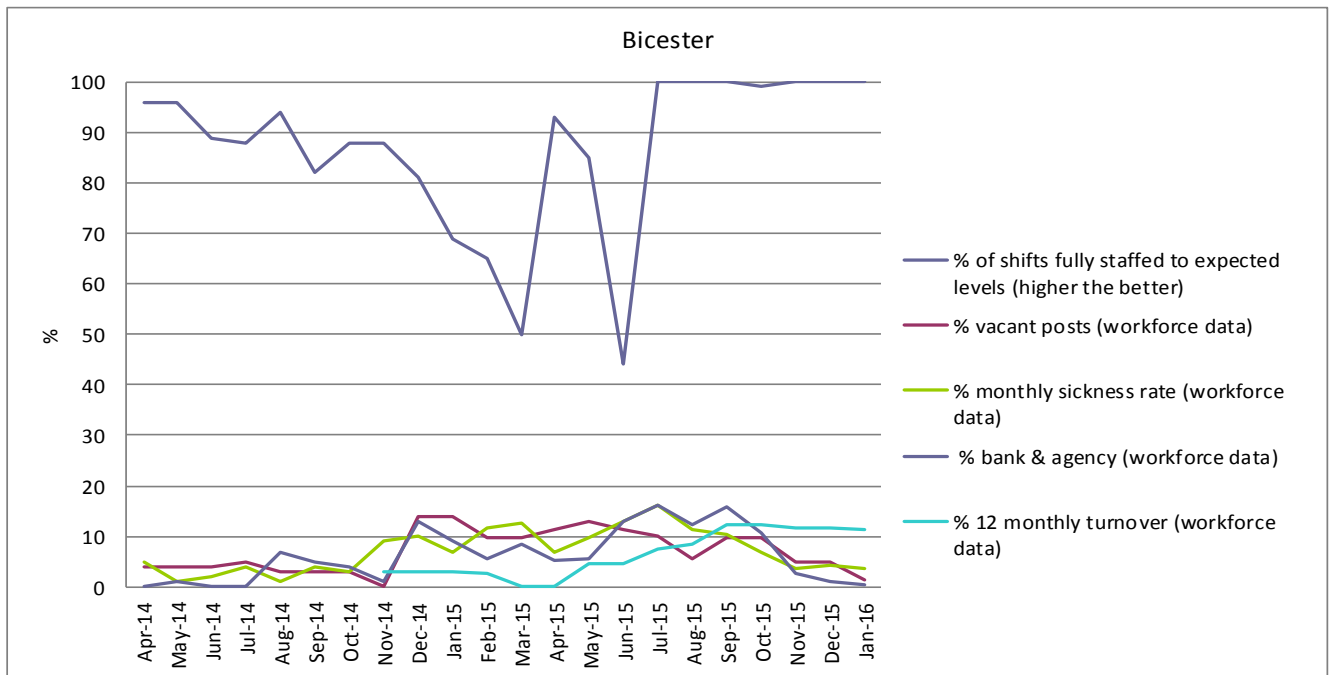
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans been reviewed weekly (lastest CHD audit)	% reported staff communicate clearly & respectfully with you (lastest CHD audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of FALL incidents reports (all risk levels covering F000-F015)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	63	16	6	20				2	11	1	0	
May-14	84	13	5	20				5	7	0	0	
Jun-14	82	19	4	35		100	100	4	7	0	0	
Jul-14	87	19	4	39				5	10	1	0	
Aug-14	86	19	5	33				5	2	0	0	
Sep-14	89	17	13	29		11	100	4	7	0	0	
Oct-14	87	17	7	26				2	1	0	0	
Nov-14	89	17	9	14	26			1	8	0	1	
Dec-14	86	20	9	17	30	80	100	2	6	0	0	
Jan-15	79	20	8.23	20	31.3			3	5	0	0	
Feb-15	86	23.4	8.67	19.3	31.65			2	5	0	0	
Mar-15	87	20.6	6.15	34.3	31.08	67	100	2	4	1	0	
Apr-15	95	17.5	4.77	11.2	27.64			1	5	0	1	
May-15	91	17.6	5.34	16.1	30.77			1	1	0	0	
Jun-15	97	18.2	4.98	5.9	24.68	56		0	1	0	0	95
Jul-15	97	18.2	4.82	12.2	27.89			0	5	0	0	
Aug-15	98	15.9	6.62	4.9	25.69			0	3	0	1	89
Sep-15	97	3.9	8.82	6.9	21.55			0	1	0	0	91
Oct-15	99	0	6.27	0.8	22.78	80		1	3	0	1	91
Nov-15	100	0	6.19	5.9	22.55			2	4	0	0	94
Dec-15	88	1	5.78	11.9	18.48			0	7	0	4	94
Jan-16	91	3.3	7.56	15.6	12.04			1	5	1	4	96



PUBLIC BOARD REPORT

Bicester

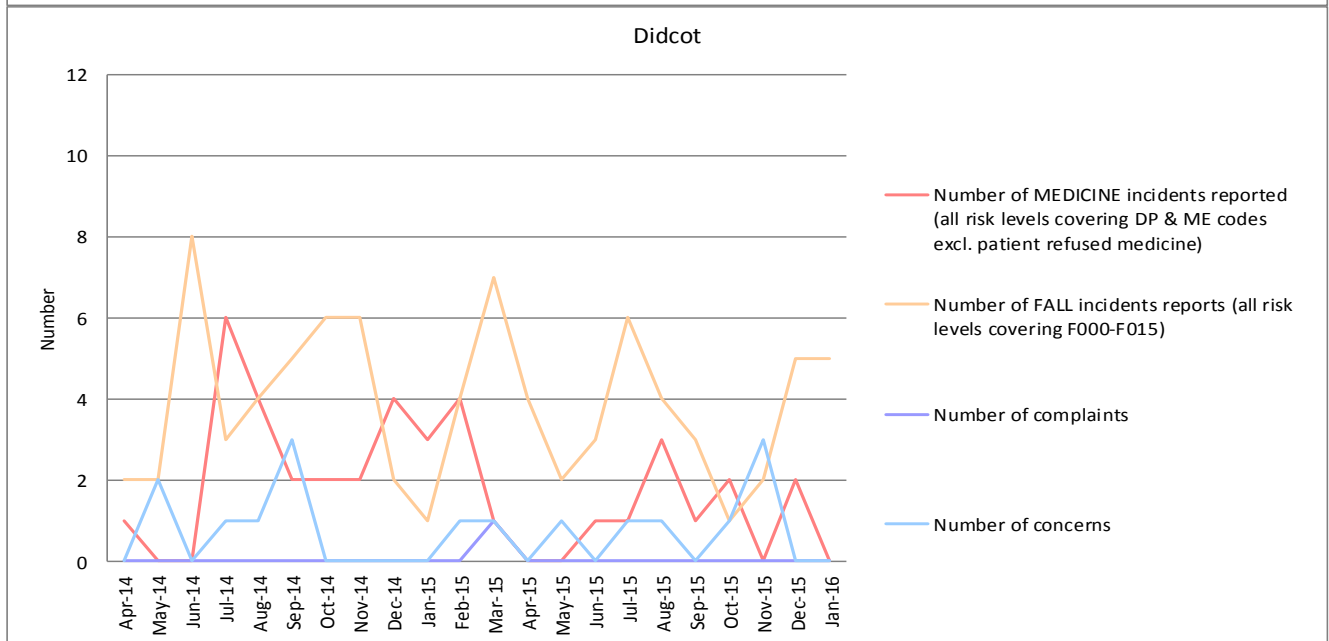
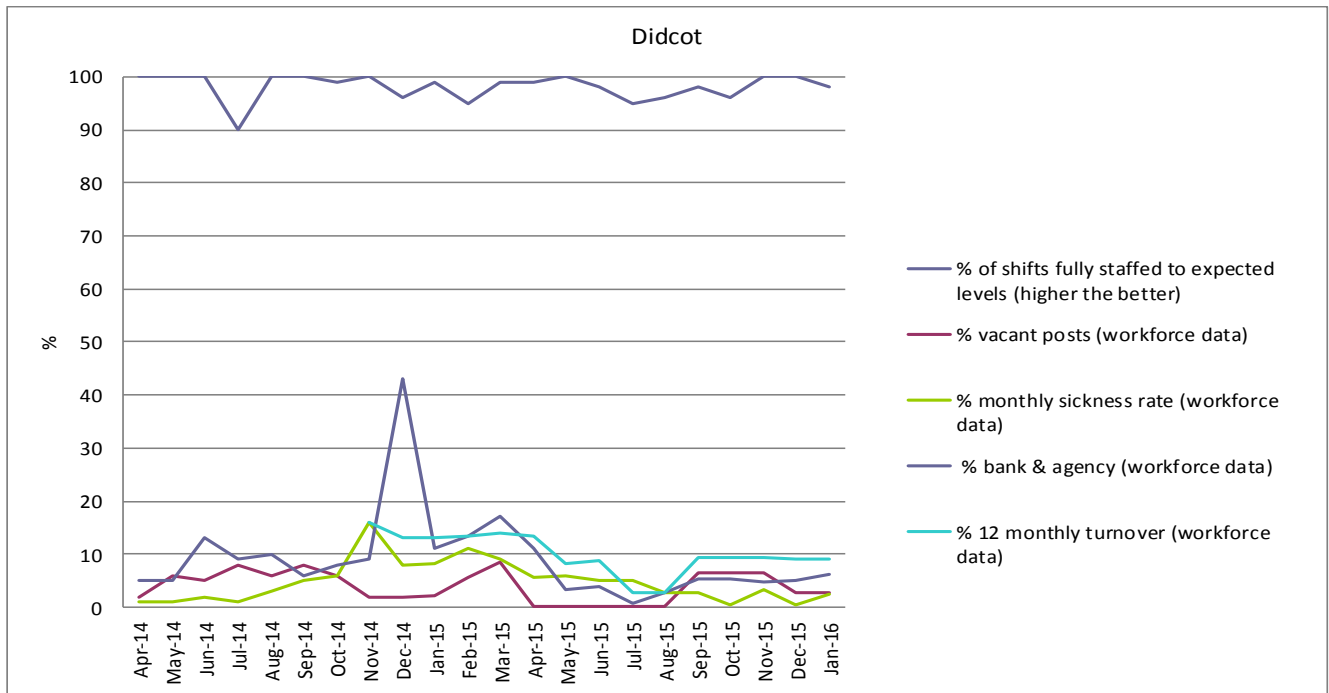
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans reviewed weekly (lastest CHD audit)	% reported staff communicate clearly & respectfully with you (lastest CHD audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of FALL incidents reports (all risk levels covering F000-F015)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	96	4	5	0				1	1	0	0	
May-14	96	4	1	1				3	1	0	1	
Jun-14	89	4	2	0		80	100	1	5	0	0	
Jul-14	88	5	4	0				1	1	0	0	
Aug-14	94	3	1	7				1	2	0	0	
Sep-14	82	3	4	5		80	100	0	0	0	0	
Oct-14	88	3	3	4				0	0	0	1	
Nov-14	88	0	9	1	3			1	0	0	0	
Dec-14	81	14	10	13	3	100	100	0	0	0	0	
Jan-15	69	13.8	6.84	9	2.85			1	5	0	0	
Feb-15	65	9.7	11.65	5.4	2.72			0	2	0	0	
Mar-15	50	9.7	12.58	8.4	0	100	100	4	4	0	0	
Apr-15	93	11.5	6.86	5.2	0			2	4	0	0	
May-15	85	12.9	9.88	5.5	4.56			0	7	0	0	
Jun-15	44	11.5	12.97	13.1	4.49	100		1	4	0	0	71
Jul-15	100	10.2	16.07	16.3	7.43			1	1	0	0	
Aug-15	100	5.6	11.19	12.4	8.44			1	2	0	1	86
Sep-15	100	9.8	10.3	15.9	12.25			1	3	0	0	89
Oct-15	99	9.8	6.87	10.6	12.25	100		2	0	0	0	79
Nov-15	100	4.9	3.59	2.7	11.61			0	0	0	0	88
Dec-15	100	4.9	4.22	0.9	11.61			0	1	0	1	88
Jan-16	100	1.4	3.48	0.35	11.4			0	1	0	0	91



PUBLIC BOARD REPORT

Didcot

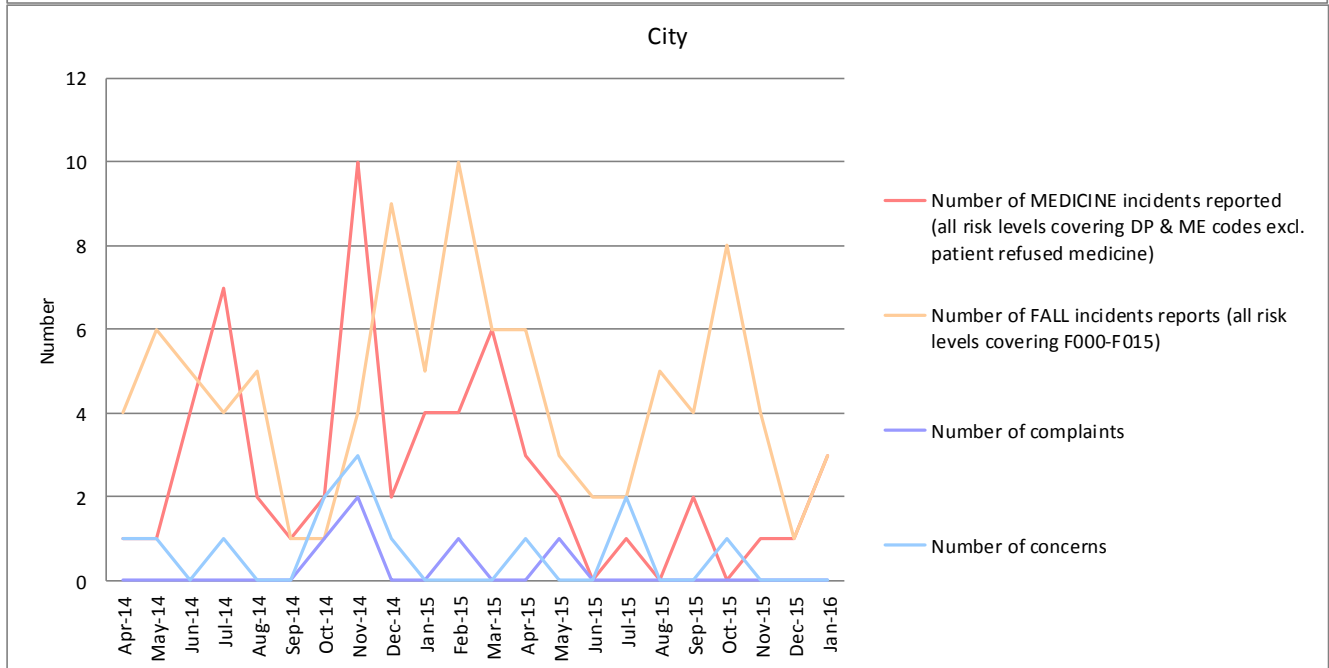
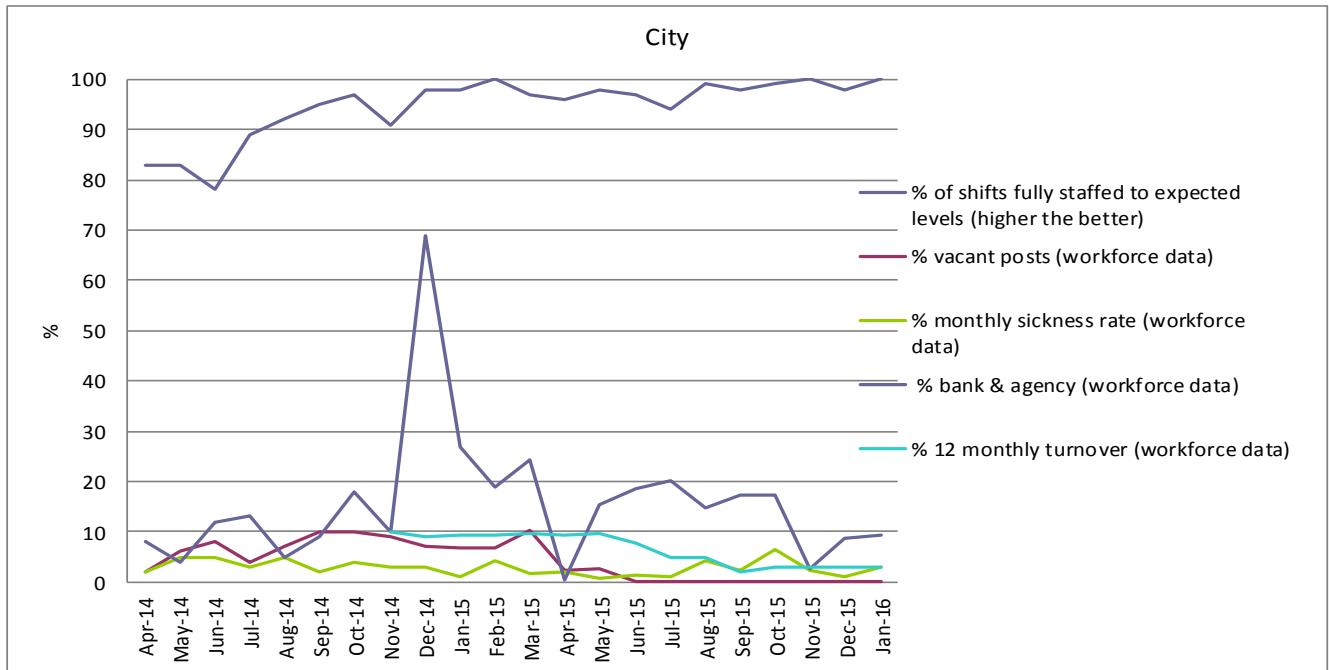
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans been reviewed weekly (latest CHD audit)	% reported staff communicate clearly & respectfully with you (latest CHD audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of FALL incidents reports (all risk levels covering F000-F015)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	100	2	1	5				1	2	0	0	
May-14	100	6	1	5				0	2	0	2	
Jun-14	100	5	2	13		50	100	0	8	0	0	
Jul-14	90	8	1	9				6	3	0	1	
Aug-14	100	6	3	10				4	4	0	1	
Sep-14	100	8	5	6		100	90	2	5	0	3	
Oct-14	99	6	6	8				2	6	0	0	
Nov-14	100	2	16	9	16			2	6	0	0	
Dec-14	96	2	8	43	13	100	100	4	2	0	0	
Jan-15	99	2.1	8.11	11.2	13			3	1	0	0	
Feb-15	95	5.7	11.11	13.3	13.48			4	4	0	1	
Mar-15	99	8.6	9.05	17.1	13.9	100	100	1	7	1	1	
Apr-15	99	0	5.73	11.2	13.28			0	4	0	0	
May-15	100	0	5.99	3.4	8.16			0	2	0	1	
Jun-15	98	0	4.89	3.9	8.81	100		1	3	0	0	96
Jul-15	95	0	5.14	0.7	2.78			1	6	0	1	
Aug-15	96	0	2.81	2.7	2.71			3	4	0	1	100
Sep-15	98	6.5	2.66	5.2	9.49			1	3	0	0	90
Oct-15	96	6.6	0.45	5.4	9.49	100		2	1	0	1	92
Nov-15	100	6.5	3.23	4.7	9.3			0	2	0	3	98
Dec-15	100	2.6	0.55	4.9	9.12			2	5	0	0	98
Jan-16	98	2.6	2.44	6.15	9.12			0	5	0	0	98



PUBLIC BOARD REPORT

City

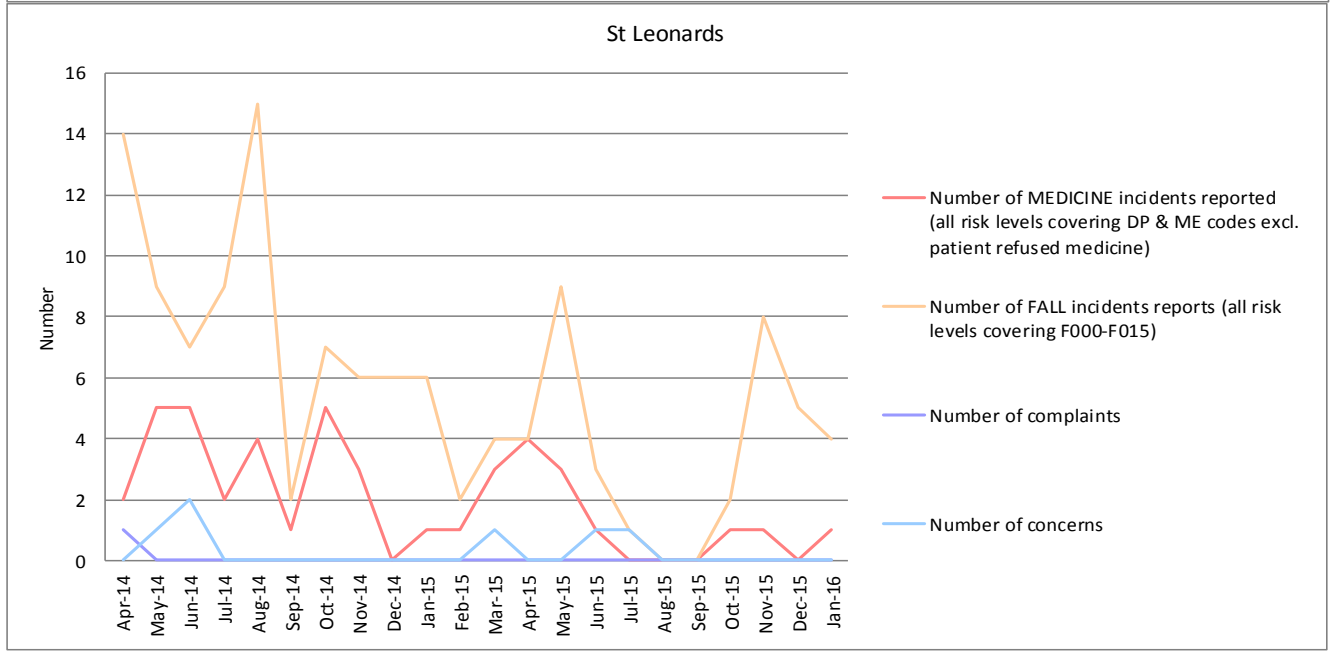
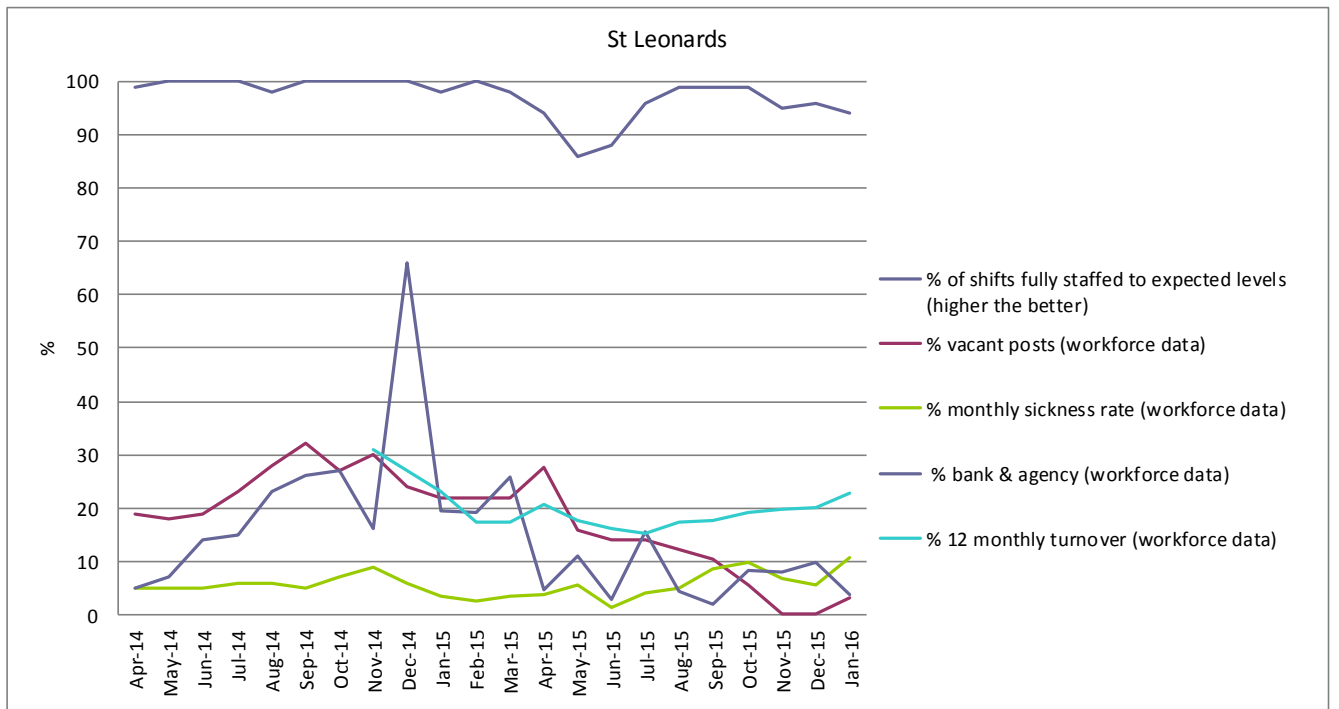
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans been reviewed weekly (lastest CHD audit)	% reported staff communicate clearly & respectfully with you (lastest CHD audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of FALL incidents reports (all risk levels covering F000-F015)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	83	2	2	8				1	4	0	1	
May-14	83	6	5	4				1	6	0	1	
Jun-14	78	8	5	12		50	100	4	5	0	0	
Jul-14	89	4	3	13				7	4	0	1	
Aug-14	92	7	5	5				2	5	0	0	
Sep-14	95	10	2	9		50	100	1	1	0	0	
Oct-14	97	10	4	18				2	1	1	2	
Nov-14	91	9	3	10	10			10	4	2	3	
Dec-14	98	7	3	69	9	33	100	2	9	0	1	
Jan-15	98	6.9	1.16	26.7	9.35			4	5	0	0	
Feb-15	100	6.9	4.09	18.8	9.35			4	10	1	0	
Mar-15	97	10.4	1.74	24.3	9.72	80	100	6	6	0	0	
Apr-15	96	2.4	2.01	0.3	9.44			3	6	0	1	
May-15	98	2.5	0.65	15.5	9.59			2	3	1	0	
Jun-15	97	0	1.34	18.6	7.74	100		0	2	0	0	57
Jul-15	94	0	1.19	20.2	4.88			1	2	0	2	
Aug-15	99	0	4.21	14.6	4.81			0	5	0	0	67
Sep-15	98	0	2.41	17.3	1.97			2	4	0	0	82
Oct-15	99	0	6.3	17.3	3.03	100		0	8	0	1	84
Nov-15	100	0	2.4	2.7	2.88			1	4	0	0	71
Dec-15	98	0	1.18	8.7	2.8			1	1	0	0	71
Jan-16	100	0	2.85	9.3	2.84			3	3	0	0	69



PUBLIC BOARD REPORT

Wallingford St Leonards ward

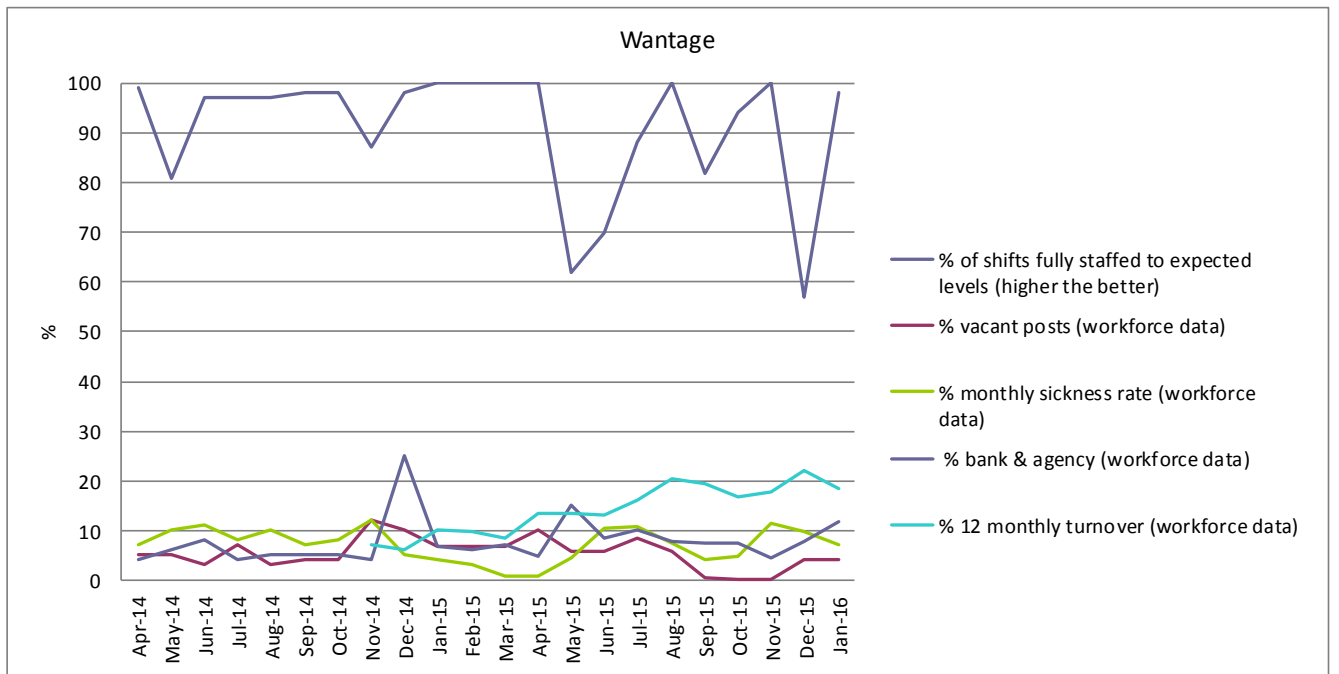
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans been reviewed weekly (latest CHD audit)	% reported staff communicate clearly & respectfully with you (latest CHD audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of FALL incidents reports (all risk levels covering F000-F015)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	99	19	5	5				2	14	1	0	
May-14	100	18	5	7				5	9	0	1	
Jun-14	100	19	5	14		50	100	5	7	0	2	
Jul-14	100	23	6	15				2	9	0	0	
Aug-14	98	28	6	23				4	15	0	0	
Sep-14	100	32	5	26		71	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			1	6	0	0	
Feb-15	100	22	2.47	19.2	17.32			1	2	0	0	
Mar-15	98	22	3.35	25.7	17.5	100	100	3	4	0	1	
Apr-15	94	27.5	3.62	4.7	20.54			4	4	0	0	
May-15	86	15.7	5.49	11.1	17.77			3	9	0	0	
Jun-15	88	13.9	1.31	2.9	16.06	100		1	3	0	1	75
Jul-15	96	13.9	4.12	15.5	15.26			0	1	0	1	
Aug-15	99	12.3	4.85	4.5	17.37			0	0	0	0	73
Sep-15	99	10.5	8.61	1.8	17.63			0	0	0	0	77
Oct-15	99	5.5	9.76	8.2	19.05	100		1	2	0	0	72
Nov-15	95	0	6.83	8.1	19.7			1	8	0	0	86
Dec-15	96	0	5.54	9.9	20.14			0	5	0	0	86
Jan-16	94	3.1	10.78	3.65	22.85			1	4	0	0	84



PUBLIC BOARD REPORT

Wantage

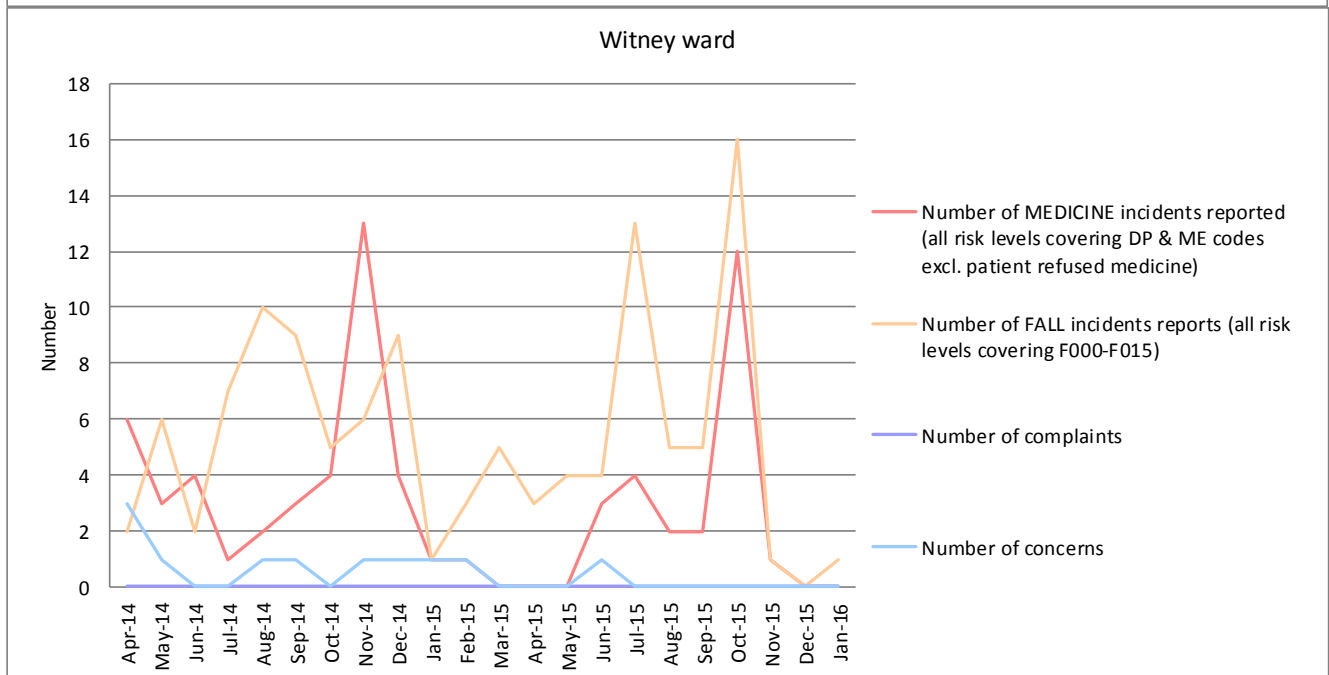
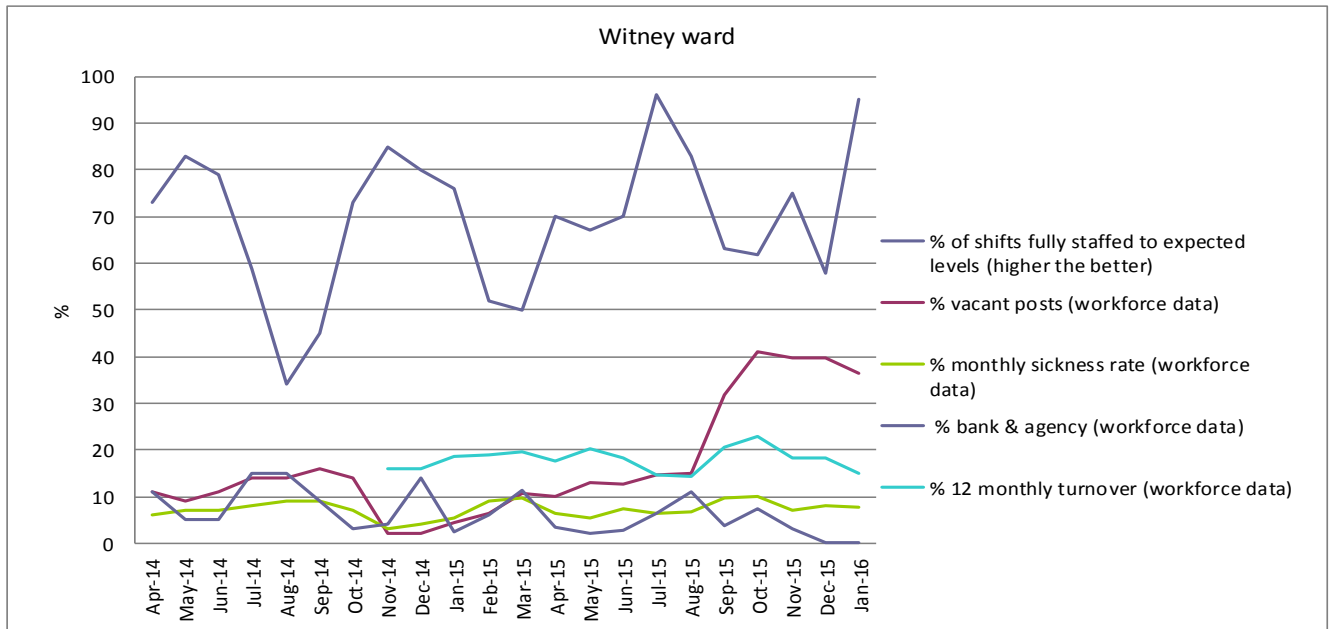
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans been reviewed weekly (lastest CHD audit)	% reported staff communicate clearly & respectfully with you (lastest CHD audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of FALL incidents reports (all risk levels covering F000-F015)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	99	5	7	4				2	5	0	0	
May-14	81	5	10	6				2	4	0	0	
Jun-14	97	3	11	8		86	100	2	2	0	0	
Jul-14	97	7	8	4				2	1	0	0	
Aug-14	97	3	10	5				1	1	0	2	
Sep-14	98	4	7	5		100	100	5	1	0	0	
Oct-14	98	4	8	5				2	5	0	0	
Nov-14	87	12	12	4	7			1	5	0	3	
Dec-14	98	10	5	25	6	100	100	2	2	0	0	
Jan-15	100	6.8	4.02	6.7	10.11			3	2	0	0	
Feb-15	100	6.8	3.25	6.1	9.73			2	4	0	2	
Mar-15	100	6.8	0.74	7	8.53	100	100	0	5	0	1	
Apr-15	100	10.2	0.74	4.7	13.59			0	2	0	0	
May-15	62	5.8	4.53	15.1	13.27			3	1	0	0	
Jun-15	70	5.8	10.58	8.3	12.96	60		2	0	0	0	96
Jul-15	88	8.5	10.93	10	15.96			2	0	0	0	
Aug-15	100	5.8	7.35	7.7	20.56			3	0	0	0	91
Sep-15	82	0.4	4.12	7.4	19.41			2	2	0	0	94
Oct-15	94	0	4.87	7.4	16.8	80		3	1	0	1	85
Nov-15	100	0	11.42	4.4	17.65			3	5	0	0	96
Dec-15	57	4.1	9.88	7.8	21.96			1	5	0	0	96
Jan-16	98	4.1	6.96	11.77	18.36			0	3	0	0	94



PUBLIC BOARD REPORT

Witney ward

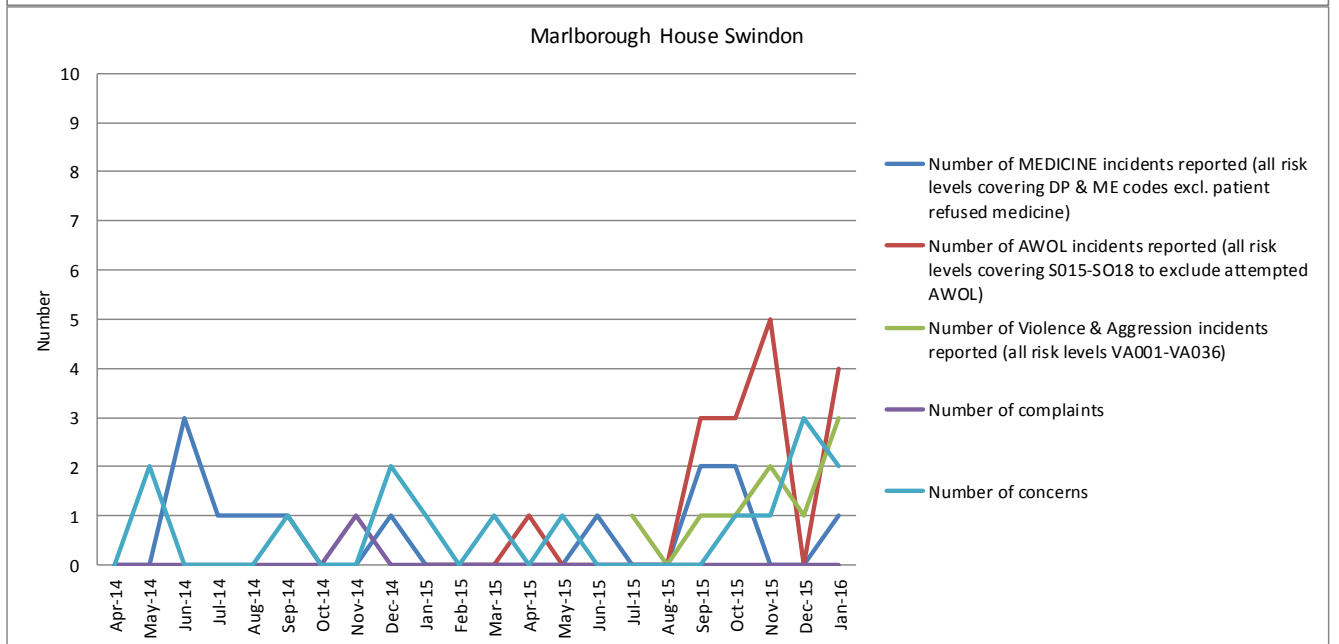
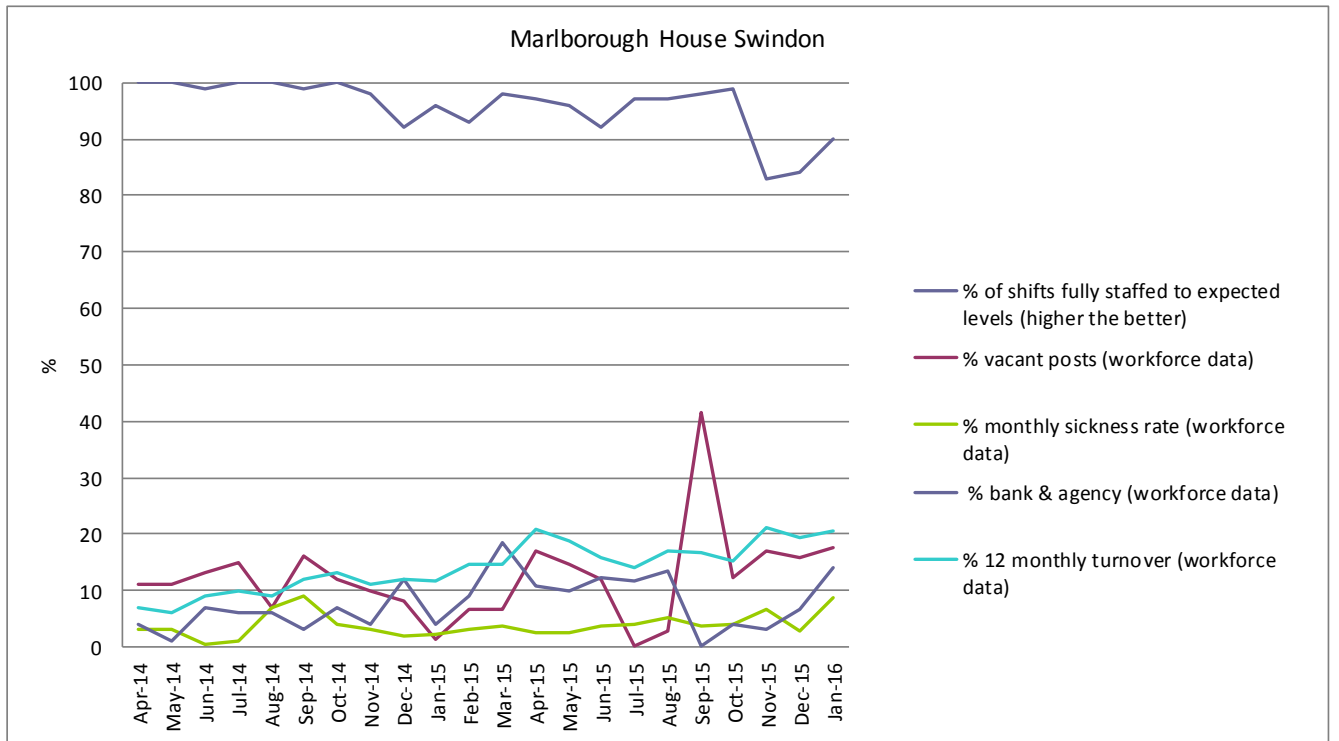
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans been reviewed weekly (lastest CHD audit)	% reported staff communicate clearly & respectfully with you (lastest CHD audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of FALL incidents reports (all risk levels covering F000-F015)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	73	11	6	11				6	2	0	3	
May-14	83	9	7	5				3	6	0	1	
Jun-14	79	11	7	5		100	100	4	2	0	0	
Jul-14	59	14	8	15				1	7	0	0	
Aug-14	34	14	9	15				2	10	0	1	
Sep-14	45	16	9	9		25	100	3	9	0	1	
Oct-14	73	14	7	3				4	5	0	0	
Nov-14	85	2	3	4	16			13	6	0	1	
Dec-14	80	2	4	14	16	60	100	4	9	0	1	
Jan-15	76	4.4	5.56	2.6	18.62			1	1	0	1	
Feb-15	52	6.4	9.14	6	19.02			1	3	0	1	
Mar-15	50	10.8	9.57	11.3	19.72	63	100	0	5	0	0	
Apr-15	70	10.2	6.54	3.3	17.67			0	3	0	0	
May-15	67	13	5.28	2.1	20.35			0	4	0	0	
Jun-15	70	12.6	7.56	2.9	18.17	100		3	4	0	1	75
Jul-15	96	14.5	6.48	6.3	14.75			4	13	0	0	
Aug-15	83	15.1	6.91	11	14.35			2	5	0	0	78
Sep-15	63	31.8	9.56	3.8	20.52			2	5	0	0	81
Oct-15	62	41	10	7.3	23.02	100		12	16	0	0	79
Nov-15	75	39.7	7.01	3.2	18.31			1	1	0	0	73
Dec-15	58	39.7	8.22	0.2	18.31			0	0	0	0	73
Jan-16	95	36.4	7.65	0	14.84			0	1	0	0	80



PUBLIC BOARD REPORT

Marlborough House Swindon (CAMHS)

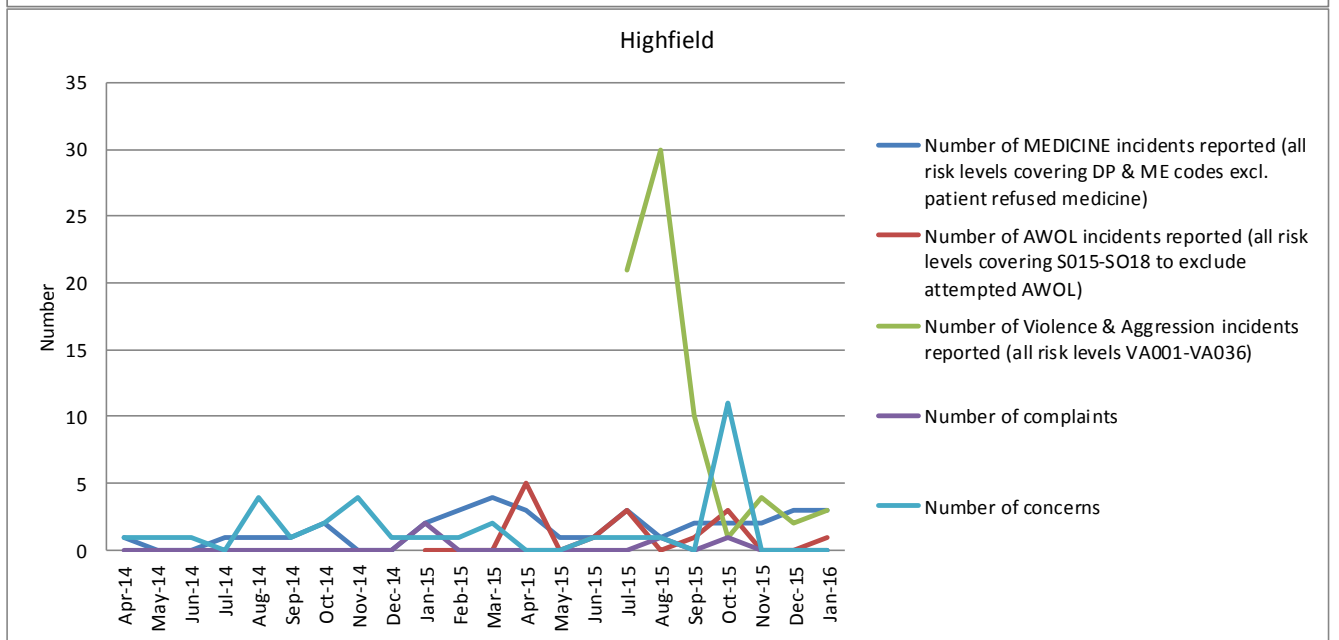
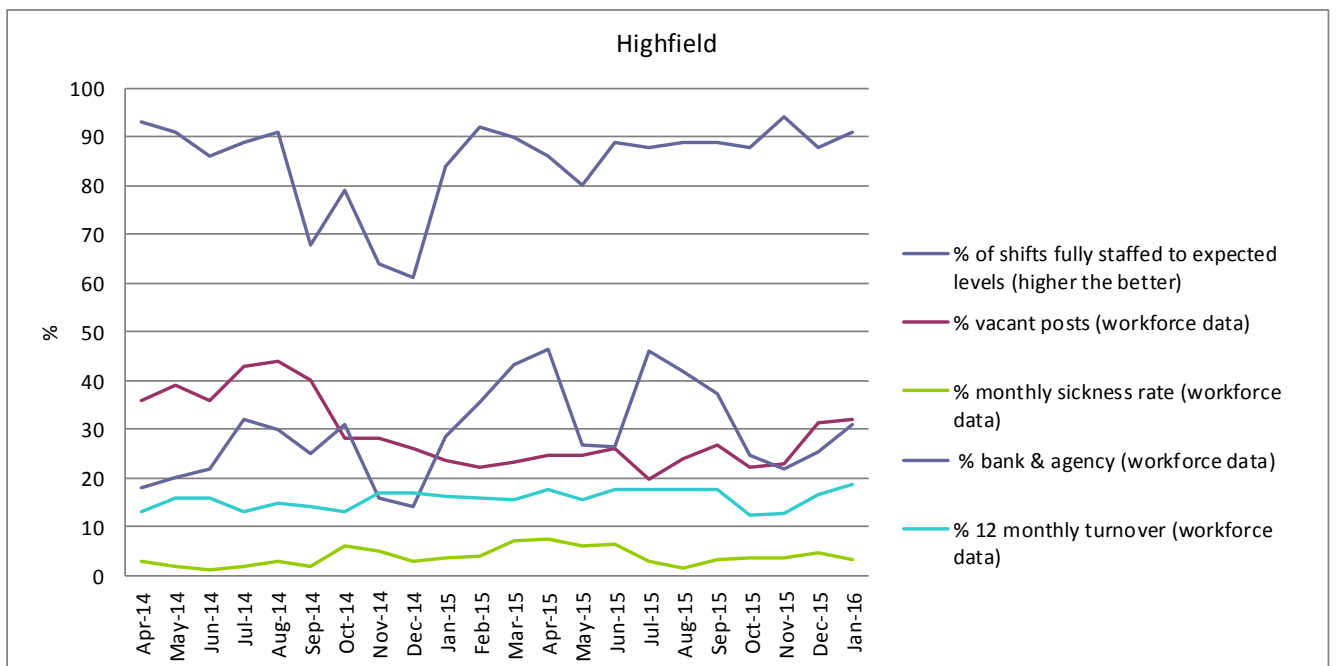
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (latest ES audit)	% Evidence of 1:1 meetings with patients (latest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reported (all risk levels covering S015-SO18 to exclude attempted AWOL)	Number of Violence & Aggression incidents reported (all risk levels VA001-VA036)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	100	11	3	4	7	no data	no data	0	0	0	0	0	0
May-14	100	11	3	1	6			0	0	0	0	2	
Jun-14	99	13	0.3	7	9	100	100	3			0	0	
Jul-14	100	15	1	6	10			1			0	0	
Aug-14	100	7	7	6	9	100	100	1			0	0	
Sep-14	99	16	9	3	12			1			0	1	
Oct-14	100	12	4	7	13	no data	no data	0			0	0	
Nov-14	98	10	3	4	11			0			1	0	
Dec-14	92	8	2	12	12	100	100	1			0	2	
Jan-15	96	14	2.15	4	11.71			0	0		0	1	
Feb-15	93	6.7	2.95	9	14.67	100	100	0	0		0	0	
Mar-15	98	6.7	3.54	18.5	14.67			0	0		0	1	
Apr-15	97	17.1	2.48	10.8	20.88	100	100	0	1		0	0	
May-15	96	14.6	2.5	9.8	18.87			0	0		0	1	
Jun-15	92	12.1	3.69	12.2	15.84	100	100	1	0		0	0	52
Jul-15	97	0	3.95	11.8	13.91			0	0	1	0	0	
Aug-15	97	2.7	5.18	13.4	16.88			0	0	0	0	0	68
Sep-15	98	41.4	3.55	0.1	16.64	100	100	2	3	1	0	0	69
Oct-15	99	12.2	3.85	3.9	15.07			2	3	1	0	1	67
Nov-15	83	17	6.66	3.2	21.17			0	5	2	0	1	76
Dec-15	84	15.7	2.89	6.5	19.39	100	100	0	0	1	0	3	76
Jan-16	90	17.5	8.58	13.9	20.41			1	4	3	0	2	80



PUBLIC BOARD REPORT

Highfield (CAMHS)

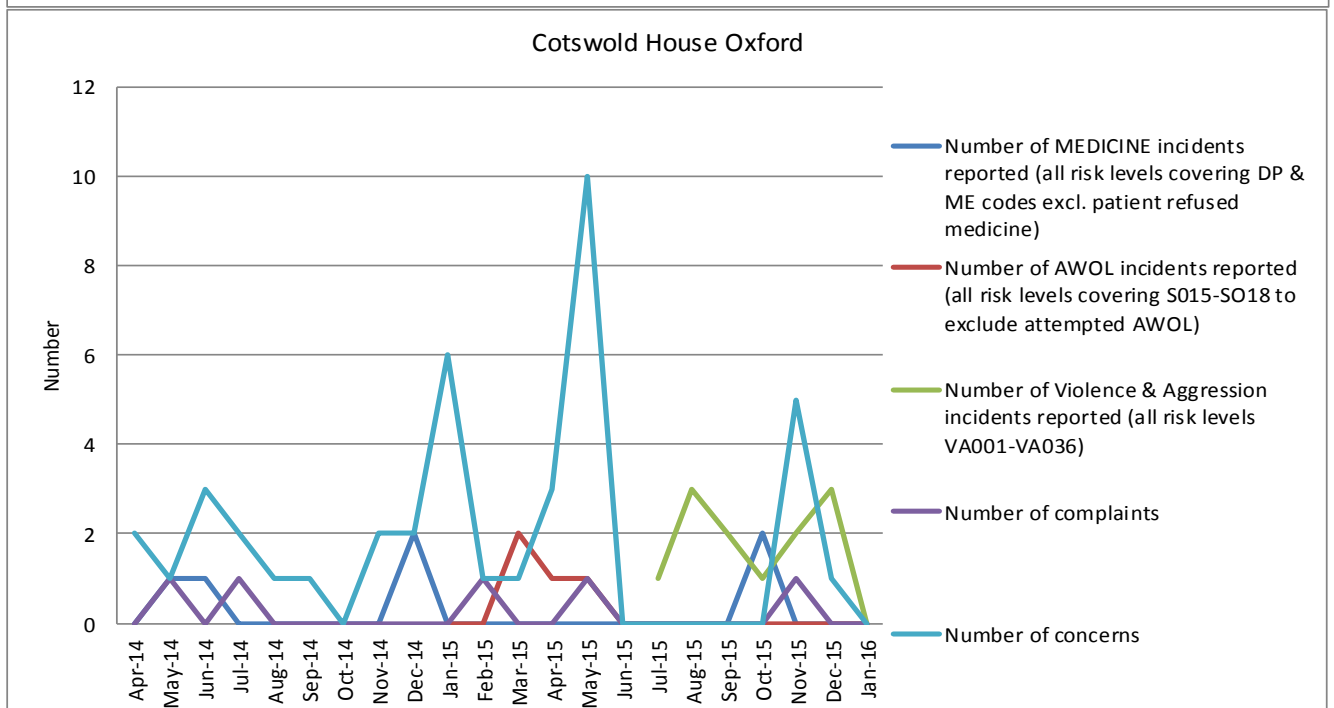
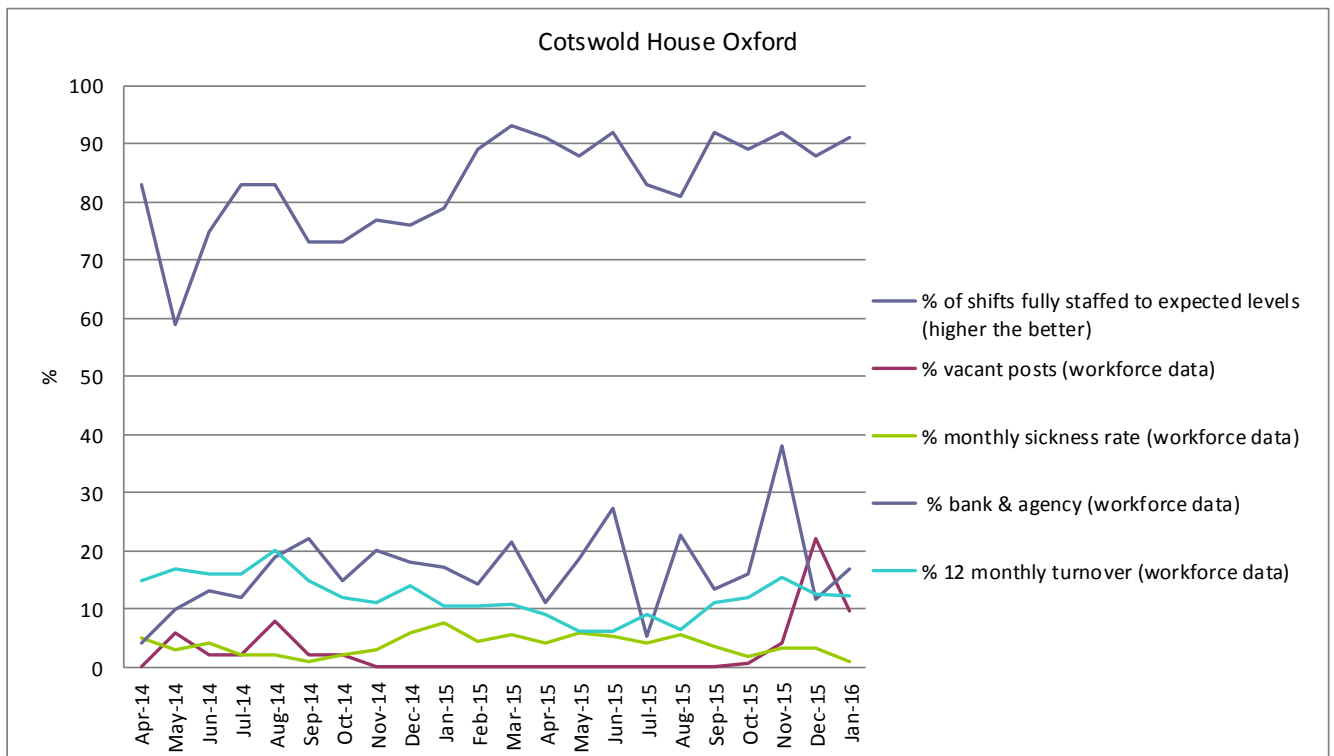
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reported (all risk levels covering S015-S018 to exclude attempted AWOL)	Number of Violence & Aggression incidents reported (all risk levels VA001-VA036)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	93	36	3	18	13	no data	no data		1		0	1	
May-14	91	39	2	20	16			0			0	1	
Jun-14	86	36	1	22	16	no data	no data	0			0	1	
Jul-14	89	43	2	32	13			1			0	0	
Aug-14	91	44	3	30	15	100	100	1			0	4	
Sep-14	68	40	2	25	14			1			0	1	
Oct-14	79	28	6	31	13	100	80	2			0	2	
Nov-14	64	28	5	16	17			0			0	4	
Dec-14	61	26	3	14	17	100	80	0			0	1	
Jan-15	84	23.6	3.6	28.5	16.3			2	0		2	1	
Feb-15	92	22.2	4.02	35.7	15.99	100	no data	3	0		0	1	
Mar-15	90	23.1	7.07	43.4	15.45			4	0		0	2	
Apr-15	86	24.6	7.4	46.5	17.6	100	100	3	5		0	0	
May-15	80	24.6	6.15	26.6	15.45			1	0		0	0	
Jun-15	89	26.1	6.42	26.4	17.6	100	100	1	1		0	1	61
Jul-15	88	19.8	2.94	46	17.6			3	3	21	0	1	
Aug-15	89	24.1	1.63	41.7	17.62			1	0	30	1	1	62
Sep-15	89	26.7	3.27	37.4	17.54	100	100	2	1	10	0	0	68
Oct-15	88	22.1	3.66	24.5	12.53	100	100	2	3	1	1	11	68
Nov-15	94	23	3.48	22	12.7			2	0	4	0	0	62
Dec-15	88	31.4	4.54	25.5	16.54			3	0	2	0	0	62
Jan-16	91	32.2	3.38	31	18.81			3	1	3	0	0	66



PUBLIC BOARD REPORT

Cotswold House Oxford

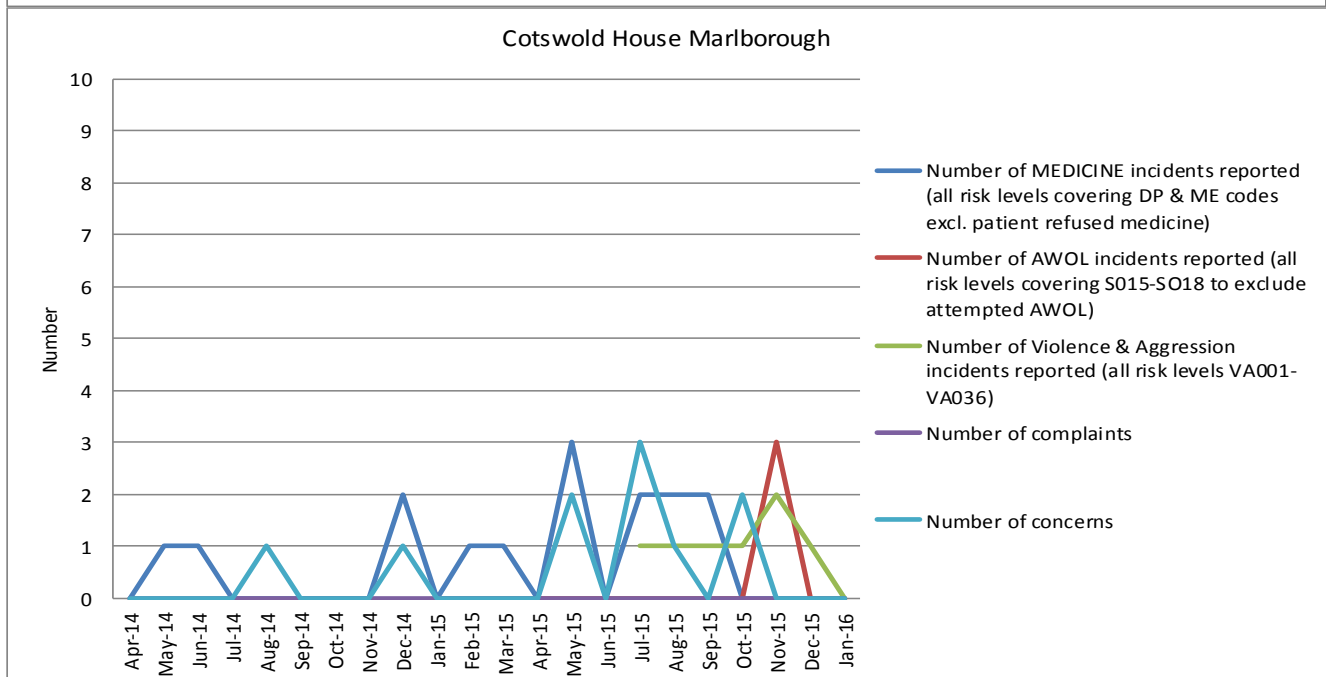
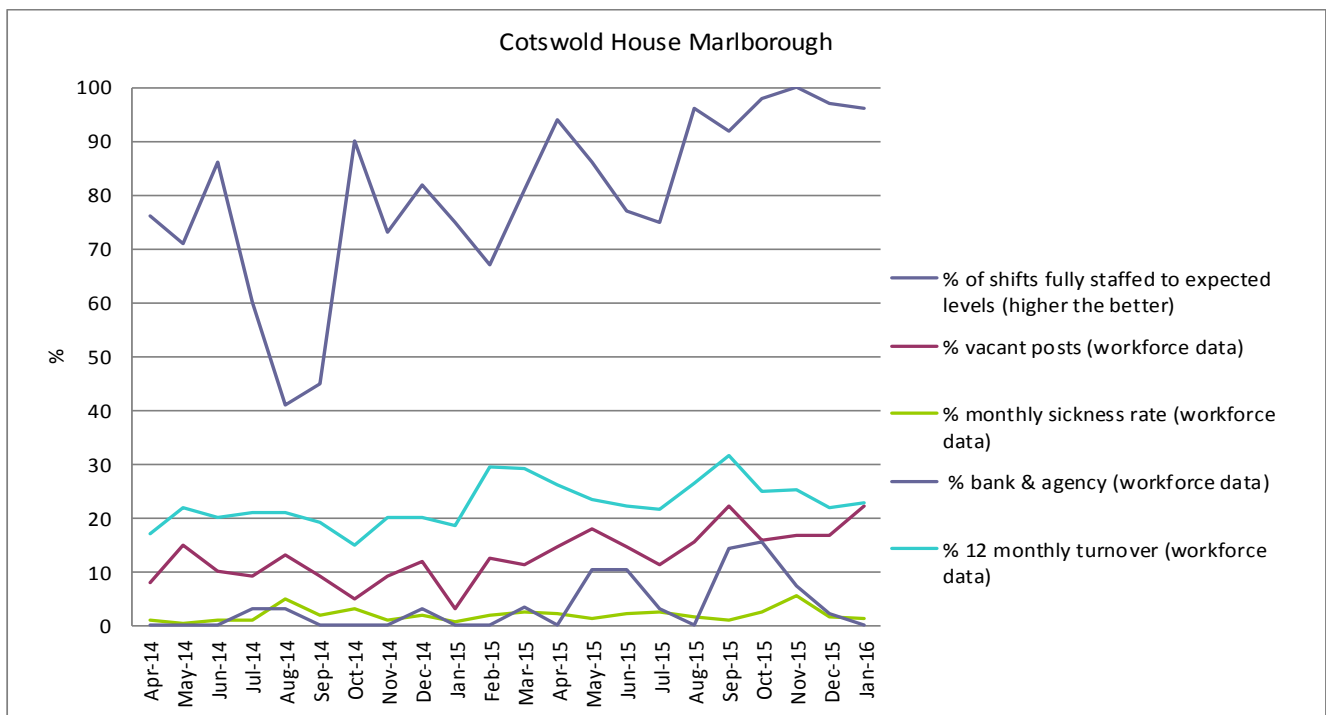
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (latest ES audit)	% Evidence of 1:1 meetings with patients (latest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	incidents reported (all risk levels covering S015-SO18 to exclude attempted AWOL)	Number of Violence & Aggression incidents reported (all risk levels VA001-VA036)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	83	0	5	4	15	100	100	0			0	2	
May-14	59	6	3	10	17			1			1	1	
Jun-14	75	2	4	13	16	100	100	1			0	3	
Jul-14	83	2	2	12	16			0			1	2	
Aug-14	83	8	2	19	20	no data	no data	0			0	1	
Sep-14	73	2	1	22	15			0			0	1	
Oct-14	73	2	2	15	12	100	100	0			0	0	
Nov-14	77	0	3	20	11			0			0	2	
Dec-14	76	0	6	18	14	no data	no data	2			0	2	
Jan-15	79	0	7.61	17.2	10.54			0	0		0	6	
Feb-15	89	0	4.45	14.2	10.48	100	0	0	0		1	1	
Mar-15	93	0	5.65	21.5	10.7			0	2		0	1	
Apr-15	91	0	4.24	11.1	9.09	100	100	0	1		0	3	
May-15	88	0	5.81	18.6	6.16			0	1		1	10	
Jun-15	92	0	5.29	27.3	6.16			0	0		0	0	56
Jul-15	83	0	4.24	5.3	9.2			0	0		1	0	0
Aug-15	81	0	5.52	22.6	6.54			0	0		3	0	0
Sep-15	92	0	3.64	13.3	11.19	100	100	0	0		2	0	64
Oct-15	89	0.7	1.75	15.9	11.85	100	100	2	0		1	0	58
Nov-15	92	4.1	3.37	38	15.33			0	0		2	1	5
Dec-15	88	22	3.41	11.8	12.64	100	100	0	0		3	0	1
Jan-16	91	9.6	0.83	16.9	12.19			0	0		0	0	0



PUBLIC BOARD REPORT

Cotswold House Marlborough

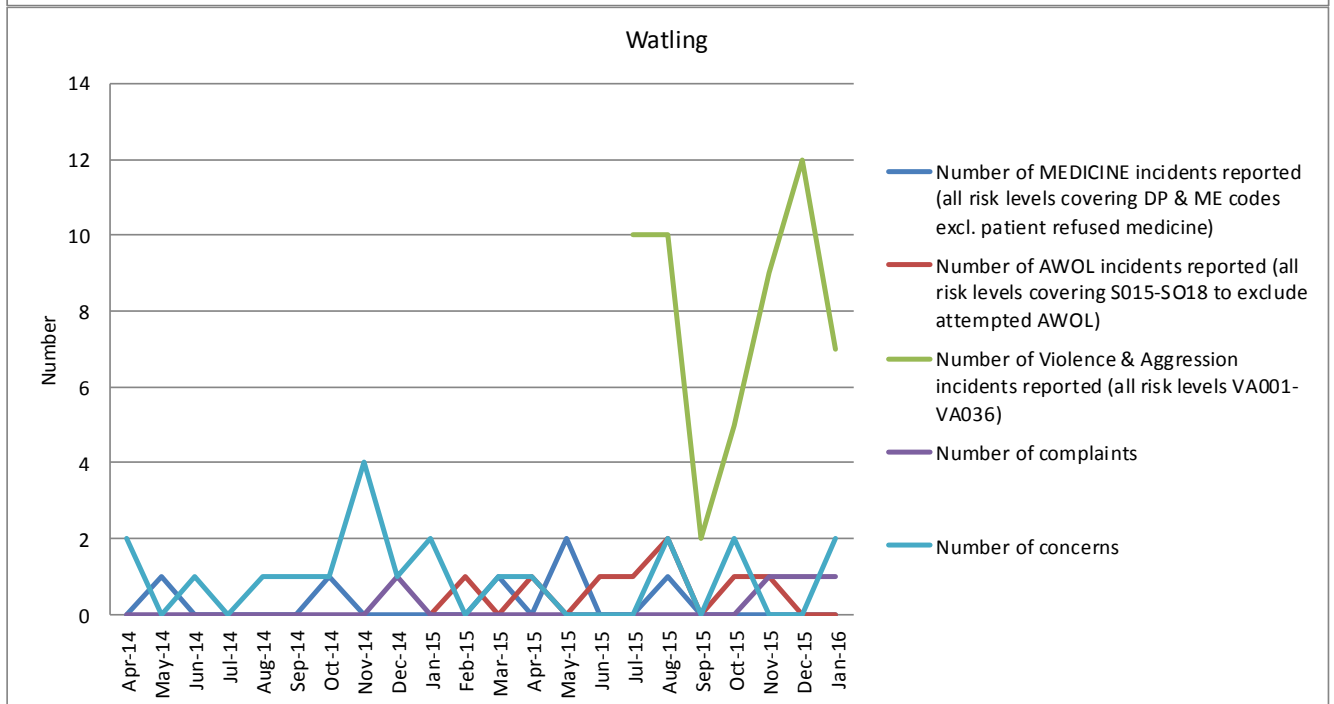
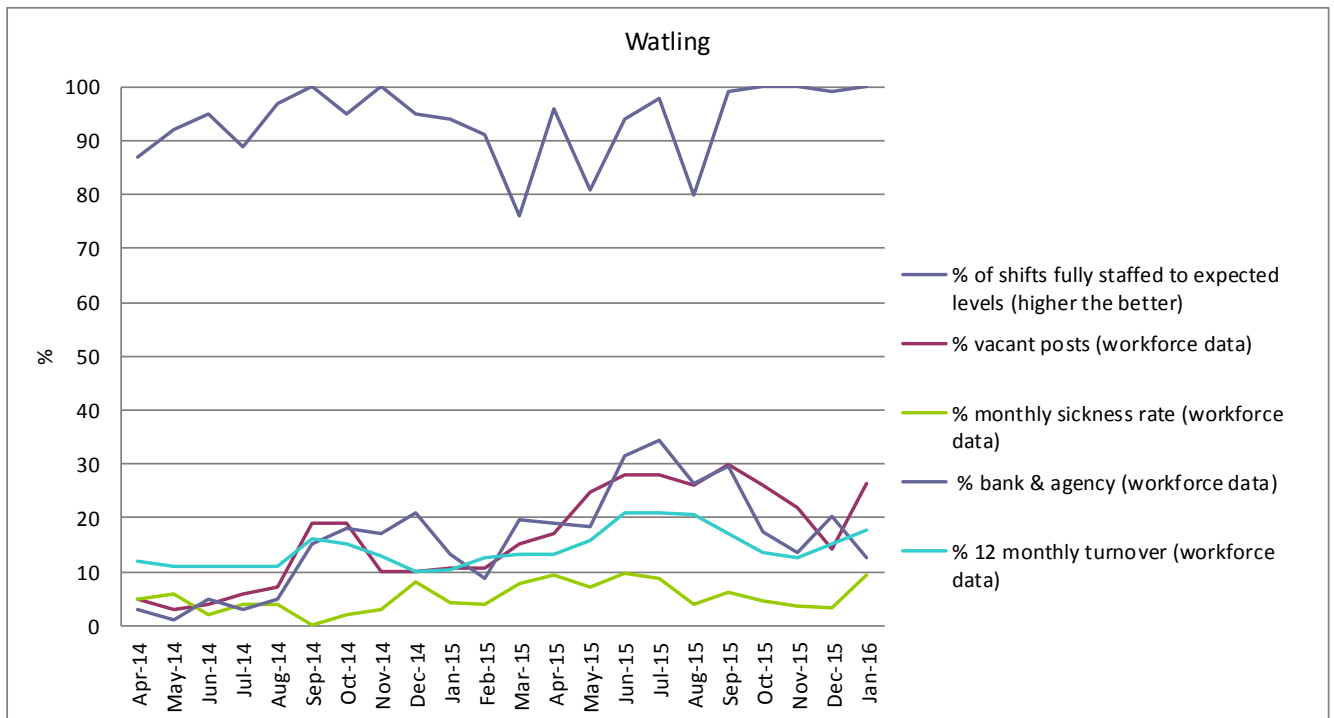
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (latest ES audit)	% Evidence of 1:1 meetings with patients (latest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reported (all risk levels covering S015-SO18 to exclude)	Number of Violence & Aggression incidents reported (all risk levels VA001-VA036)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	76	8	1	0	17	100	100	0	0	0	0	0	0
May-14	71	15	0.3	0	22	100	100	1	0	0	0	0	0
Jun-14	86	10	1	0	20	100	100	1	0	0	0	0	0
Jul-14	60	9	1	3	21	100	100	0	0	0	0	0	0
Aug-14	41	13	5	3	21	40	100	0	0	0	0	1	0
Sep-14	45	9	2	0	19	100	100	0	0	0	0	0	0
Oct-14	90	5	3	0	15	100	100	0	0	0	0	0	0
Nov-14	73	9	1	0	20	100	100	0	0	0	0	0	0
Dec-14	82	12	2	3	20	100	100	2	0	0	0	1	0
Jan-15	75	3.1	0.55	0	18.66	100	100	0	0	0	0	0	0
Feb-15	67	12.5	1.94	0	29.54	100	100	1	0	0	0	0	0
Mar-15	81	11.2	2.43	3.3	29.1	100	100	1	0	0	0	0	0
Apr-15	94	14.5	2.06	0	25.98	100	100	0	0	0	0	0	0
May-15	86	17.8	1.23	10.2	23.42	100	100	3	0	0	0	2	0
Jun-15	77	14.5	2.06	10.4	22.04	100	100	0	0	0	0	0	68
Jul-15	75	11.4	2.32	3.2	21.71	100	100	2	0	1	0	3	0
Aug-15	96	15.5	1.66	0.1	26.29	100	100	2	0	1	0	1	77
Sep-15	92	22.2	0.82	14.3	31.54	100	100	2	0	1	0	0	76
Oct-15	98	15.9	2.38	15.4	24.92	100	100	0	0	1	0	2	52
Nov-15	100	16.7	5.55	7.4	25.15	100	100	0	3	2	0	0	84
Dec-15	97	16.7	1.6	2.3	21.75	100	100	0	0	1	0	0	84
Jan-16	96	22.3	1.27	0	22.75	100	100	0	0	0	0	0	91



PUBLIC BOARD REPORT

Watling

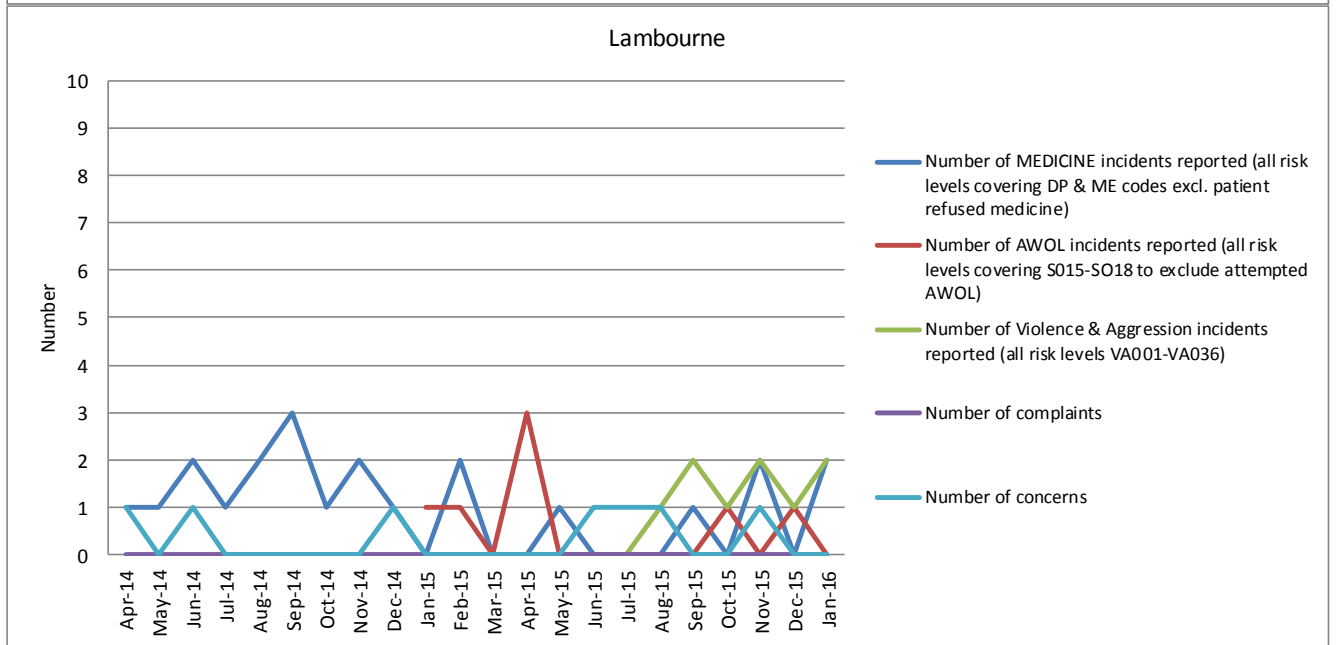
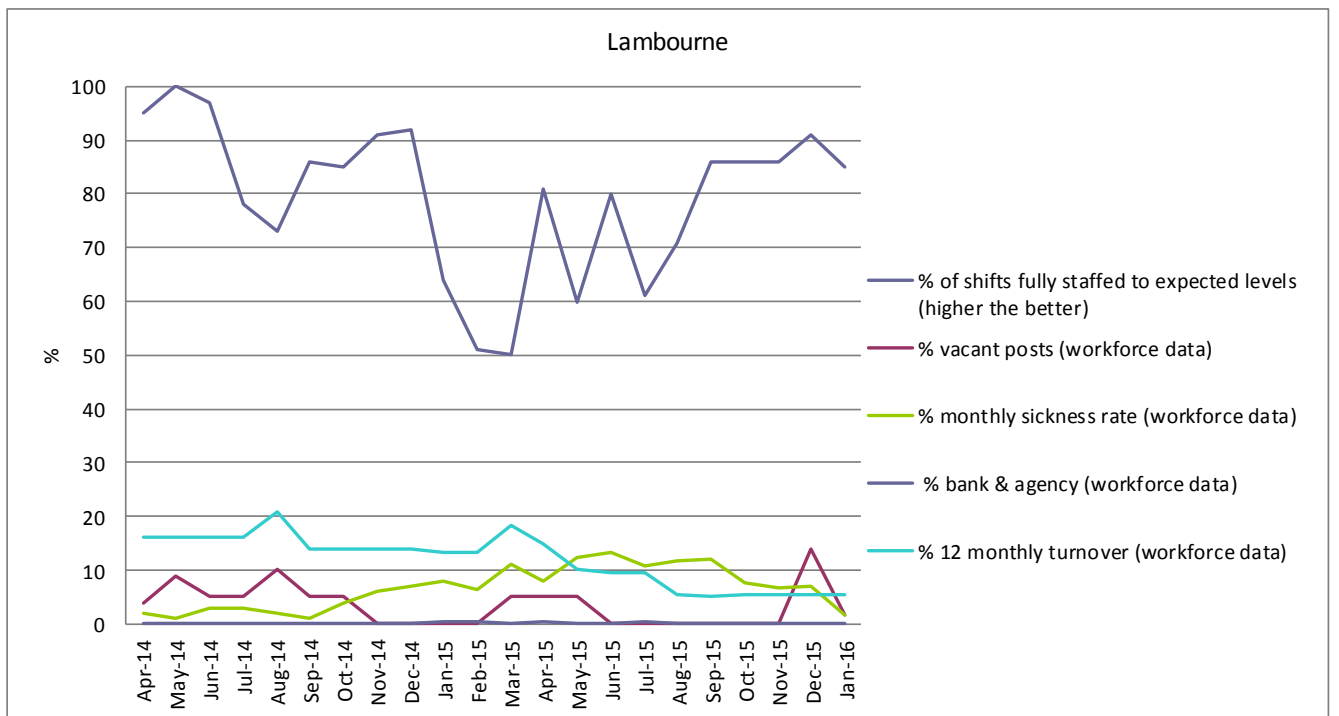
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (latest ES audit)	% Evidence of 1:1 meetings with patients (latest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reported (all risk levels covering S015-S018 to exclude)	Number of Violence & Aggression incidents reported (all risk levels VA001-VA036)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	87	5	5	3	12	100	100	0	0	0	0	2	
May-14	92	3	6	1	11			1				0	
Jun-14	95	4	2	5	11	100	100	0				0	
Jul-14	89	6	4	3	11			0				0	
Aug-14	97	7	4	5	11	100	100	0				0	
Sep-14	100	19	0	15	16			0				0	
Oct-14	95	19	2	18	15	100	100	1				0	
Nov-14	100	10	3	17	13			0				0	
Dec-14	95	10	8	21	10	100	100	0				1	
Jan-15	94	10.8	4.25	13.1	10.34			0	0			0	
Feb-15	91	10.8	3.88	8.8	12.59	100	100	0	1			0	
Mar-15	76	15.2	7.78	19.6	13.09			1	0			0	
Apr-15	96	17	9.42	19.1	13.09	100	100	0	1			0	
May-15	81	24.8	7.13	18.3	15.92			2	0			0	
Jun-15	94	28	9.74	31.4	20.88	100	100	0	1			0	50
Jul-15	98	28	8.78	34.5	20.88			0	1	10		0	
Aug-15	80	26	4.04	26.5	20.6			1	2	10		0	47
Sep-15	99	30	6.14	29.6	17.02	80	60	0	0	2		0	52
Oct-15	100	26	4.43	17.3	13.57	100	100	0	1	5		0	43
Nov-15	100	21.9	3.57	13.5	12.47			0	1	9		1	52
Dec-15	99	14.1	3.28	20.3	15.18	100	60	0	0	12		1	52
Jan-16	100	26.5	9.43	12.7	17.66			0	0	7		1	49



PUBLIC BOARD REPORT

Lambourne

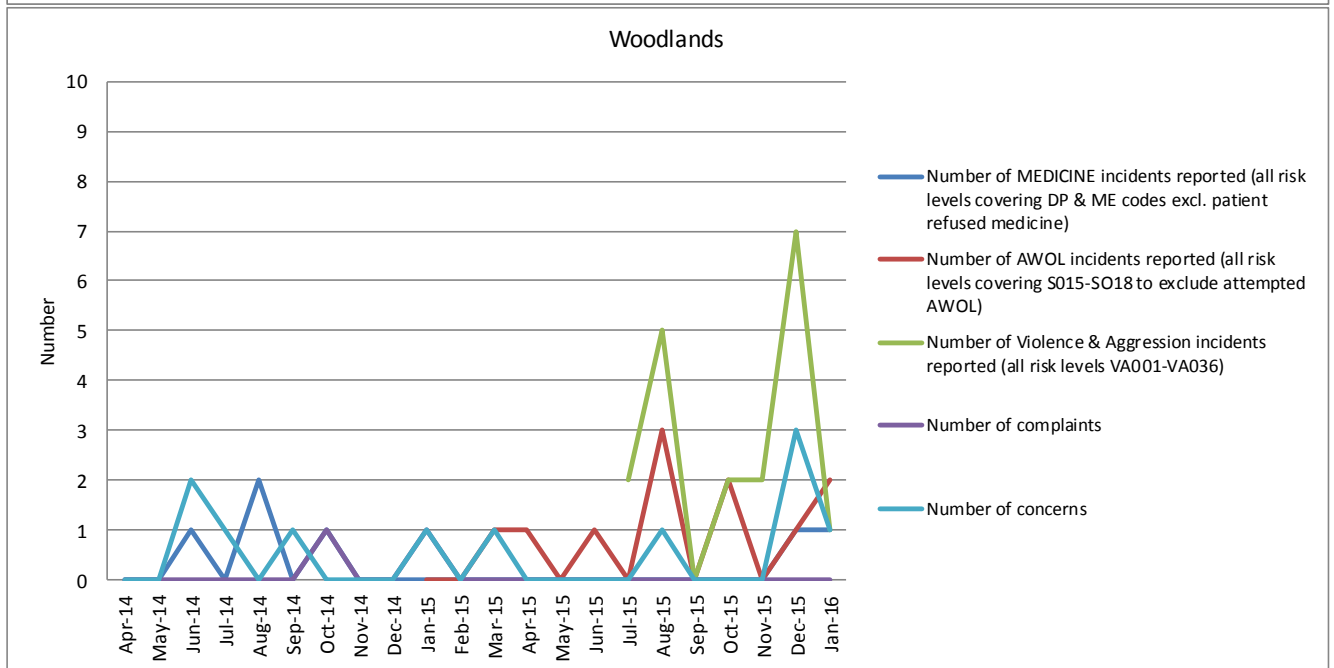
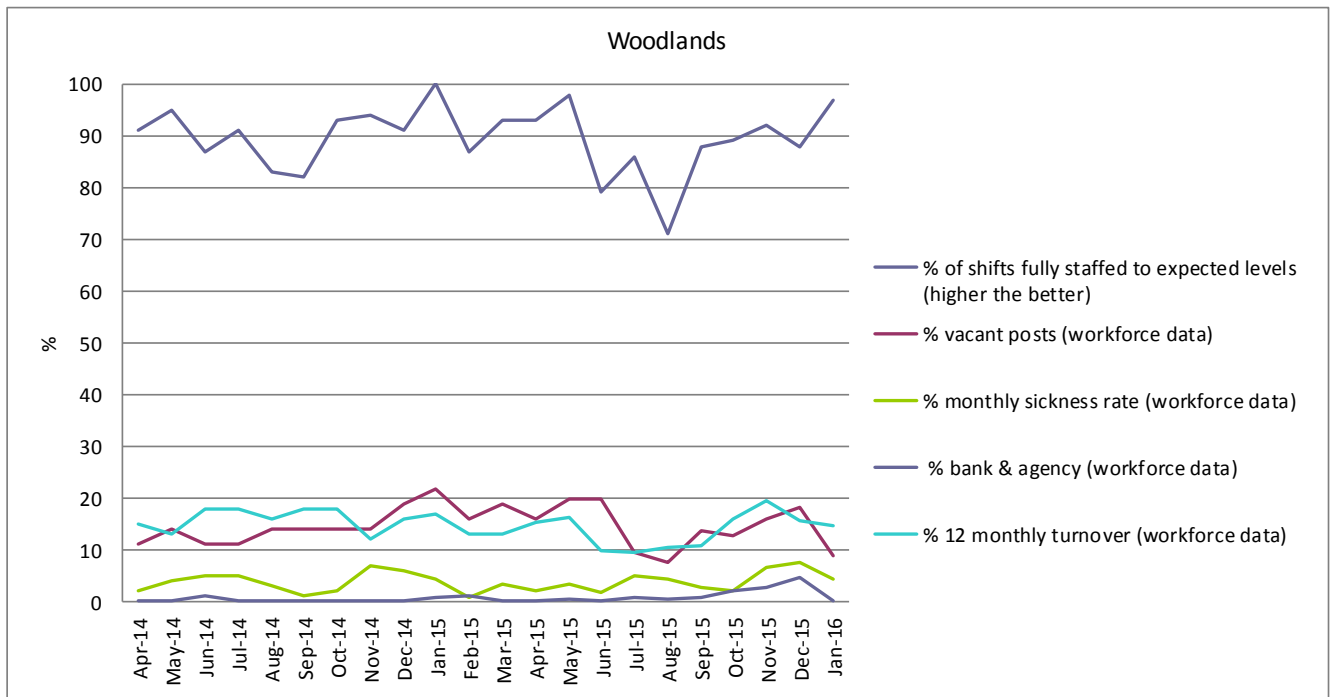
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	incidents reported (all risk levels covering S015-SO18 to exclude attempted AWOL)	Number of Violence & Aggression incidents reported (all risk levels VA001-VA036)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)	
Apr-14	95	4	2	0	16	no data	no data		1		0	0	1	
May-14	100	9	1	0	16				1		0	0	0	
Jun-14	97	5	3	0	16	100	100		2		0	1	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	1	1	
Jan-15	64	0	8.02	0.3	13.27				1		0	0	0	
Feb-15	51	0	6.48	0.3	13.27	100	100		2	1	0	0	0	
Mar-15	50	5	11.24	0	18.45				0	0	0	0	0	
Apr-15	81	5	7.9	0.3	14.85	100	100		0	3	0	0	0	
May-15	60	5	12.33	0	10.15				1	0	0	0	0	
Jun-15	80	0	13.44	0	9.57	60	100		0	0	0	1	79	
Jul-15	61	0	10.72	0.5	9.57				0	0	0	1	1	
Aug-15	71	0	11.79	0	5.38				0	0	1	0	1	75
Sep-15	86	0	12.14	0	5.24	100	100		1	0	2	0	0	75
Oct-15	86	0	7.79	0	5.29	100	100		0	1	1	0	0	66
Nov-15	86	0	6.77	0	5.29				2	0	2	0	1	61
Dec-15	91	14	7.07	0	5.29	100	100		0	1	1	0	0	61
Jan-16	85	1.8	1.75	0	5.29				2	0	2	0	0	64



PUBLIC BOARD REPORT

Woodlands

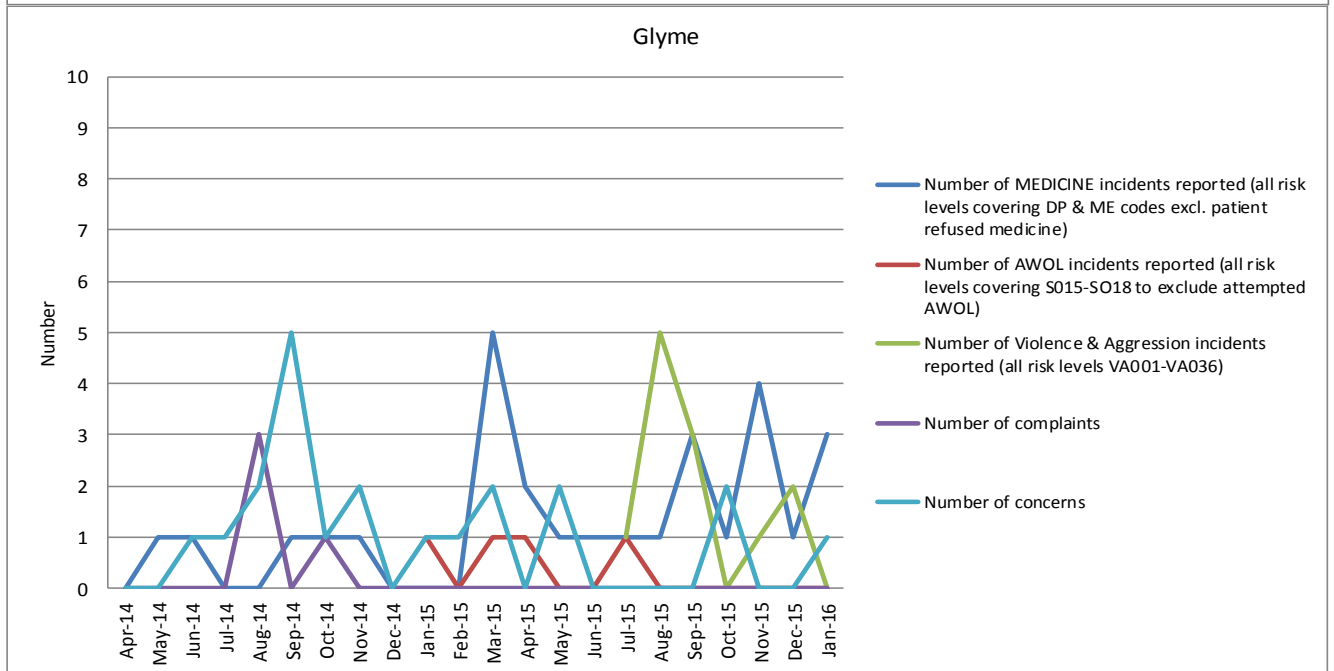
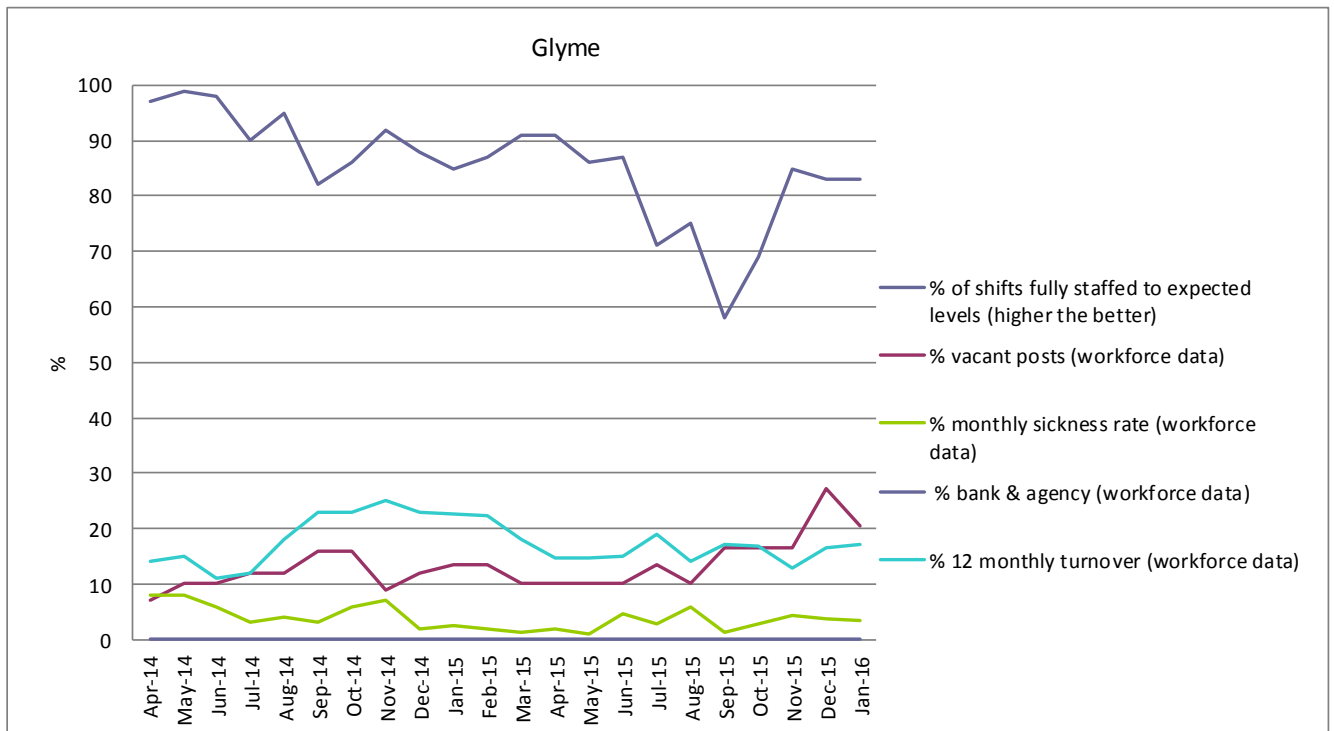
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Incidents reported (all risk levels covering S015-S018 to exclude attempted AWOL)	Number of Violence & Aggression incidents reported (all risk levels VA001-VA036)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	91	11	2	0	15	100	100	0			0	0	
May-14	95	14	4	0	13			0			0	0	
Jun-14	87	11	5	1	18	100	100	1			0	2	
Jul-14	91	11	5	0	18			0			0	1	
Aug-14	83	14	3	0	16	100	60	2			0	0	
Sep-14	82	14	1	0	18			0			0	1	
Oct-14	93	14	2	0	18	80	100	1			1	0	
Nov-14	94	14	7	0	12			0			0	0	
Dec-14	91	19	6	0	16	100	100	0			0	0	
Jan-15	100	21.9	4.29	0.9	16.77			0	0		1	1	
Feb-15	87	16	0.66	1.1	12.89	100	100	0	0		0	0	
Mar-15	93	18.7	3.39	0	13.11			0	1		0	1	
Apr-15	93	16	1.97	0	15.38	100	60	0	1		0	0	
May-15	98	19.7	3.22	0.6	16.33			0	0		0	0	
Jun-15	79	19.7	1.61	0	9.96	100	100	0	1		0	0	69
Jul-15	86	9.6	4.84	0.7	9.34			0	0	2	0	0	
Aug-15	71	7.6	4.4	0.4	10.48			0	3	5	0	1	85
Sep-15	88	13.7	2.7	0.8	10.78	80	100	0	0	0	0	0	78
Oct-15	89	12.8	2.23	2.2	15.85	100	100	0	2	2	0	0	86
Nov-15	92	15.8	6.61	2.8	19.63			0	0	2	0	0	86
Dec-15	88	18.3	7.62	4.6	15.53	100	100	1	1	7	0	3	86
Jan-16	97	8.9	4.27	0	14.78			1	2	1	0	1	88



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Glyme

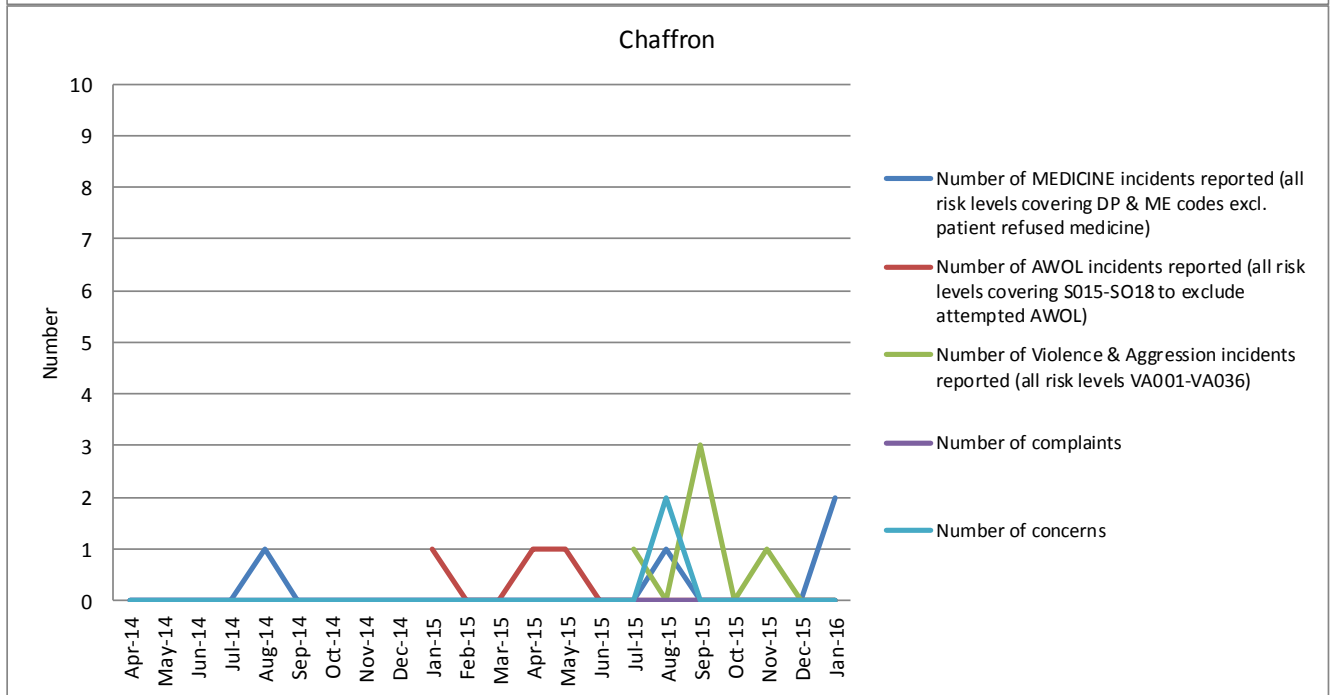
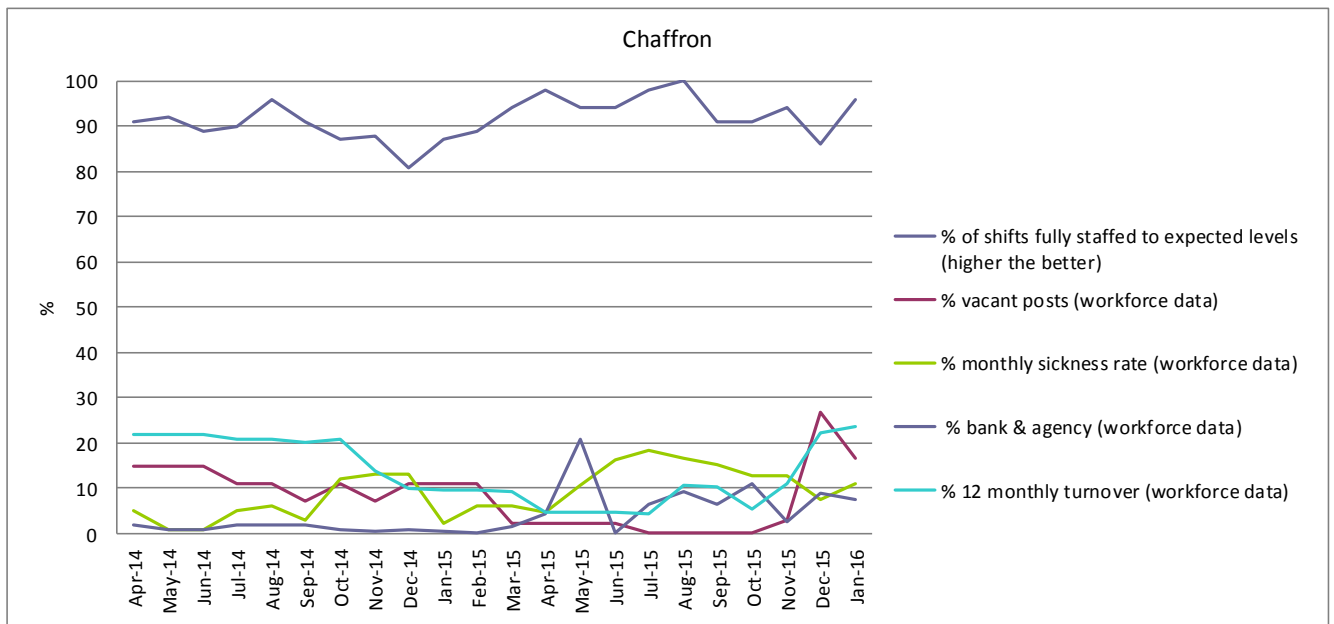
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (latest ES audit)	% Evidence of 1:1 meetings with patients (latest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reported (all risk levels covering S015-SO18 to exclude attempted AWOL)	Number of Violence & Aggression incidents reported (all risk levels VA001-VA036)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	97	7	8	0	14	40	80	0	0	0	0	0	0
May-14	99	10	8	0	15			1			0	0	0
Jun-14	98	10	6	0	11	100	100	1			0	1	
Jul-14	90	12	3	0	12			0			0	1	
Aug-14	95	12	4	0	18	100	100	0			3	2	
Sep-14	82	16	3	0	23			1			0	5	
Oct-14	86	16	6	0	23	100	60	1			1	1	
Nov-14	92	9	7	0	25			1			0	2	
Dec-14	88	12	2	0	23	100	100	0			0	0	
Jan-15	85	13.4	2.54	0	22.75			0	1		0	1	
Feb-15	87	13.5	2.06	0	22.35	100	100	0	0		0	1	
Mar-15	91	10.2	1.38	0	17.95			5	1		0	2	
Apr-15	91	10.2	1.98	0	14.62	100	80	2	1		0	0	
May-15	86	10.2	1.1	0	14.62			1	0		1	0	
Jun-15	87	10.2	4.76	0	14.9	100	100	1	0		0	0	68
Jul-15	71	13.5	2.76	0	18.97			1	1		1	0	
Aug-15	75	10.2	5.88	0	14.2			1	0		5	0	63
Sep-15	58	16.5	1.23	0	17.17	60	100	3	0		3	0	50
Oct-15	69	16.5	2.87	0	16.84	100	100	1	0		0	0	56
Nov-15	85	16.5	4.29	0	13.01			4	0		1	0	56
Dec-15	83	27.2	3.82	0	16.52	100	100	1	0		2	0	56
Jan-16	83	20.6	3.34	0	17.07			3	0		0	0	59



PUBLIC BOARD REPORT

Chaffron

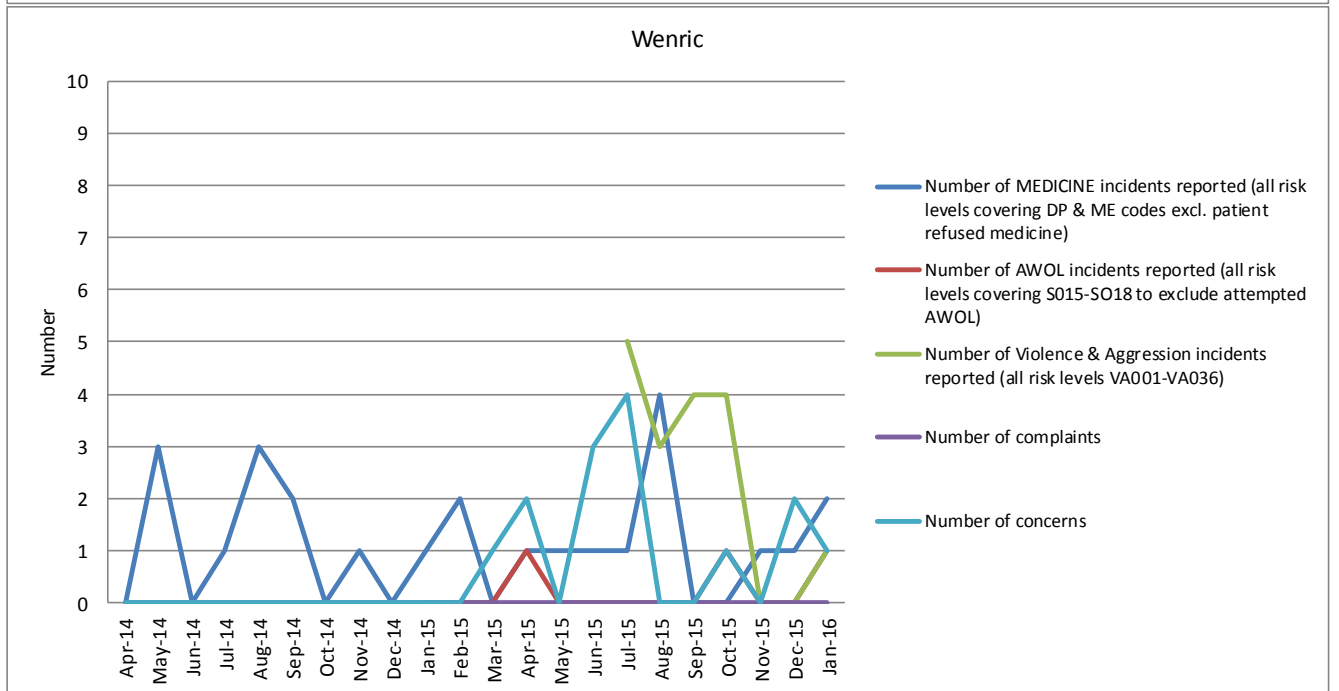
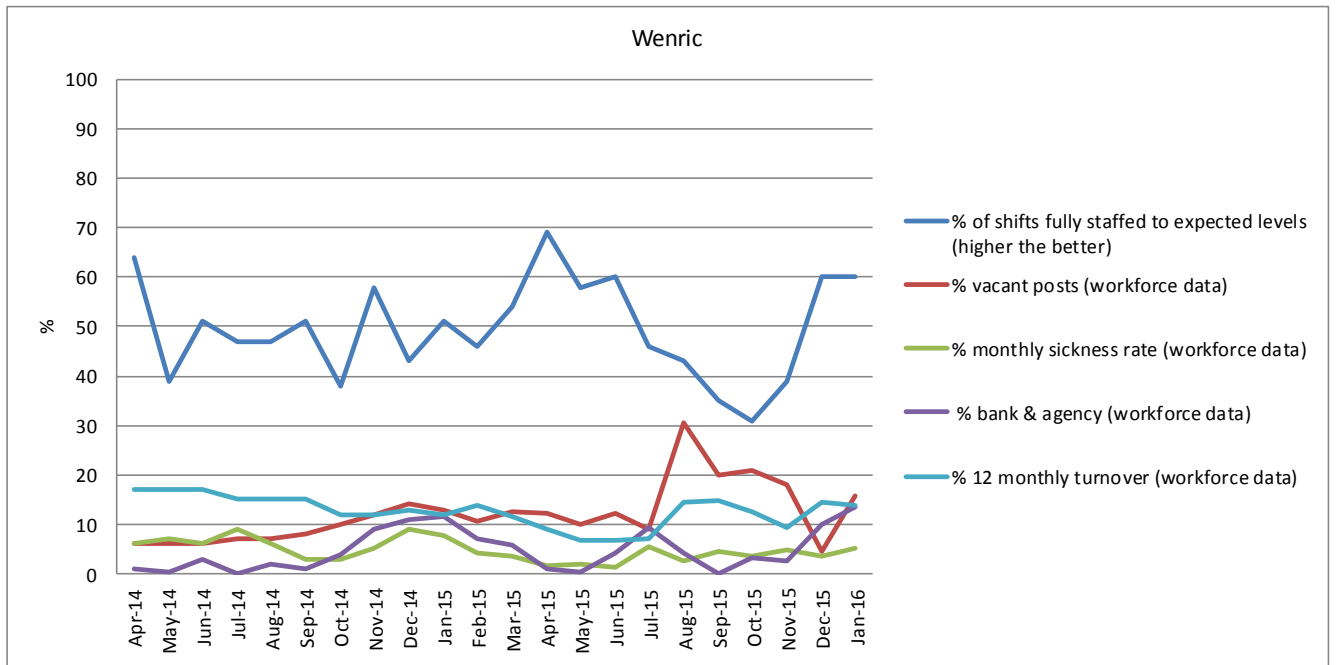
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (latest ES audit)	% Evidence of 1:1 meetings with patients (latest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reported (all risk levels covering S015-S018 to exclude attempted AWOL)	Number of Violence & Aggression incidents reported (all risk levels VA001-VA036)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)	
Apr-14	91	15	5	2	22	100	100	0	0	0	0	0	0	
May-14	92	15	1	1	22			0	0	0	0	0	0	
Jun-14	89	15	1	1	22	100	100	0	0	0	0	0	0	
Jul-14	90	11	5	2	21			0	0	0	0	0	0	
Aug-14	96	11	6	2	21	100	100	1	0	0	0	0	0	
Sep-14	91	7	3	2	20			0	0	0	0	0	0	
Oct-14	87	11	12	1	21	100	100	0	0	0	0	0	0	
Nov-14	88	7	13	0	14			0	0	0	0	0	0	
Dec-14	81	11	13	1	10	100	100	0	0	0	0	0	0	
Jan-15	87	11.1	2.21	0.5	9.78			0	1	0	0	0	0	
Feb-15	89	11.1	5.99	0.2	9.78	100	100	0	0	0	0	0	0	
Mar-15	94	2.4	6.05	1.7	9.11			0	0	0	0	0	0	
Apr-15	98	2.4	4.6	4.3	4.66	100	100	0	1	0	0	0	0	
May-15	94	2.4	10.58	20.7	4.66			0	1	0	0	0	0	
Jun-15	94	2.4	16.4	0	4.66	100	100	0	0	0	0	0	60	
Jul-15	98	0	18.27	6.6	4.45			0	0	0	1	0	0	
Aug-15	100	0	16.7	9.4	10.55			1	0	0	0	0	2	81
Sep-15	91	0	15.25	6.6	10.28	60		0	0	3	0	0	0	81
Oct-15	91	0	12.76	11	5.57	100	80	0	0	0	0	0	0	65
Nov-15	94	3.1	12.86	2.7	11.14			0	0	1	0	0	0	71
Dec-15	86	26.9	7.51	9.1	22.28	100	100	0	0	0	0	0	0	71
Jan-16	96	16.5	11.07	7.5	23.6			2	0	0	0	0	0	71



PUBLIC BOARD REPORT

Wenric

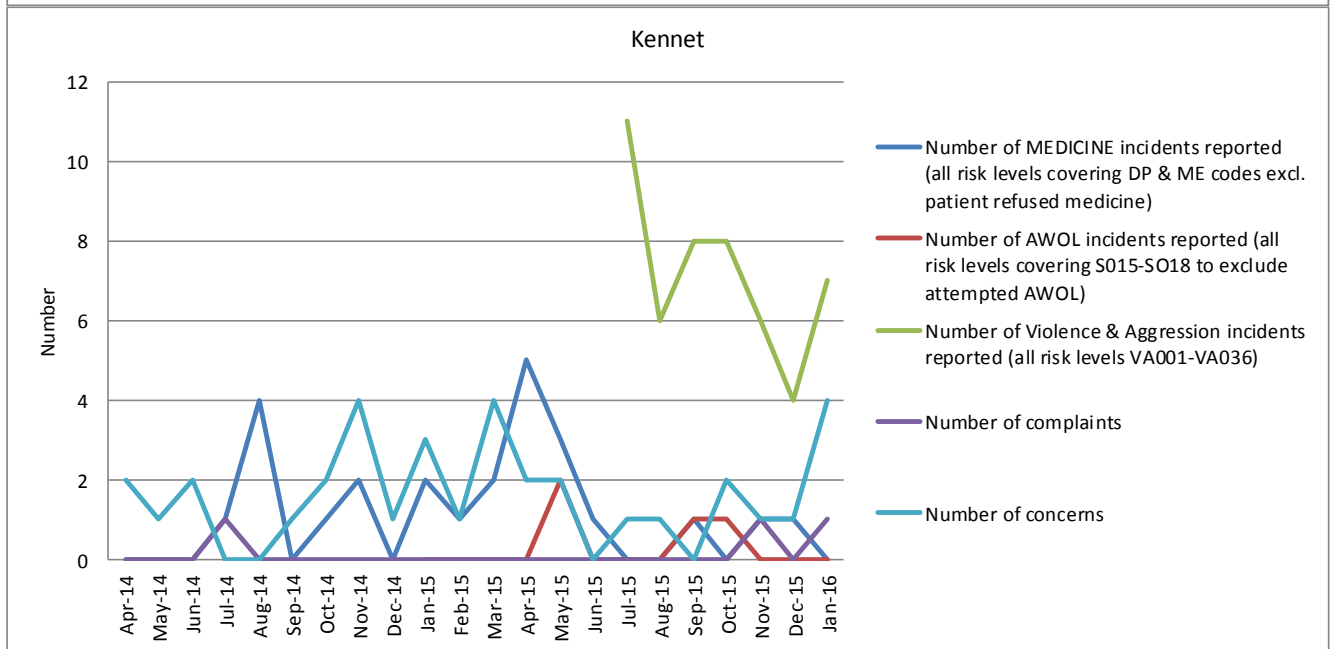
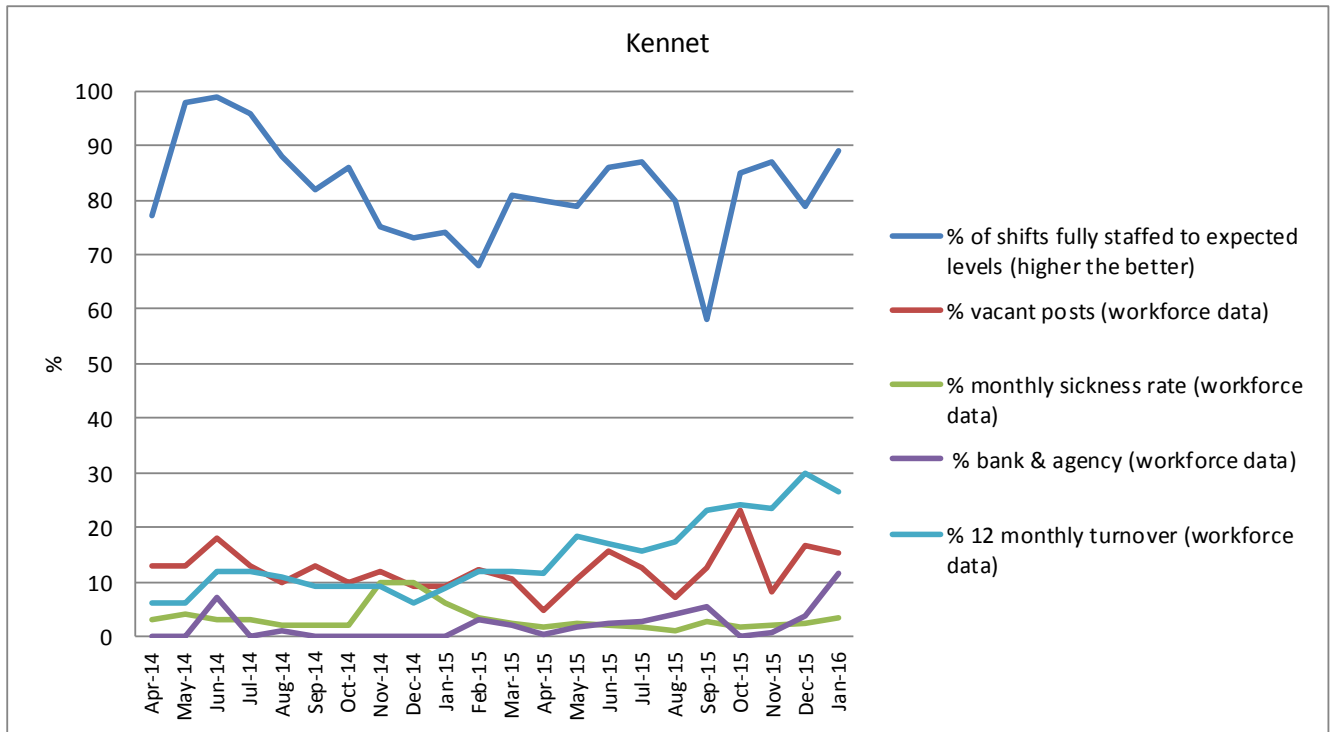
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reported (all risk levels covering S015-S018 to exclude attempted AWOL)	Number of Violence & Aggression incidents reported (all risk levels VA001-VA036)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	64	6	6	1	17	100	100	0			0	0	
May-14	39	6	7	0	17			3			0	0	
Jun-14	51	6	6	3	17	100	100	0			0	0	
Jul-14	47	7	9	0	15			1			0	0	
Aug-14	47	7	6	2	15	100	100	3			0	0	
Sep-14	51	8	3	1	15			2			0	0	
Oct-14	38	10	3	4	12	100	100	0			0	0	
Nov-14	58	12	5	9	12			1			0	0	
Dec-14	43	14	9	11	13	100	100	0			0	0	
Jan-15	51	12.9	7.62	11.7	12			1	0		0	0	
Feb-15	46	10.6	4.24	7.1	13.95	100	100	2	0		0	0	
Mar-15	54	12.6	3.62	5.9	11.62			0	0		0	1	
Apr-15	69	12.3	1.49	1	8.86	100	100	1	1		0	2	
May-15	58	10	2.01	0.3	6.59			1	0		0	0	
Jun-15	60	12.3	1.3	4.1	6.76	100	60	1	0		0	3	75
Jul-15	46	9	5.37	9.4	6.99			1	0		5	4	
Aug-15	43	30.4	2.71	4.1	14.29			4	0		3	0	62
Sep-15	35	20	4.55	0.1	14.7	100	100	0	0		4	0	
Oct-15	31	20.8	3.56	3.3	12.59	100	100	0	1		4	0	58
Nov-15	39	18.1	4.95	2.5	9.32			1	0		0	0	52
Dec-15	60	4.6	3.43	9.9	14.45	80	60	1	0		0	2	52
Jan-16	60	15.6	5.24	13.5	13.65			2	1		1	1	60



PUBLIC BOARD REPORT

Kennet

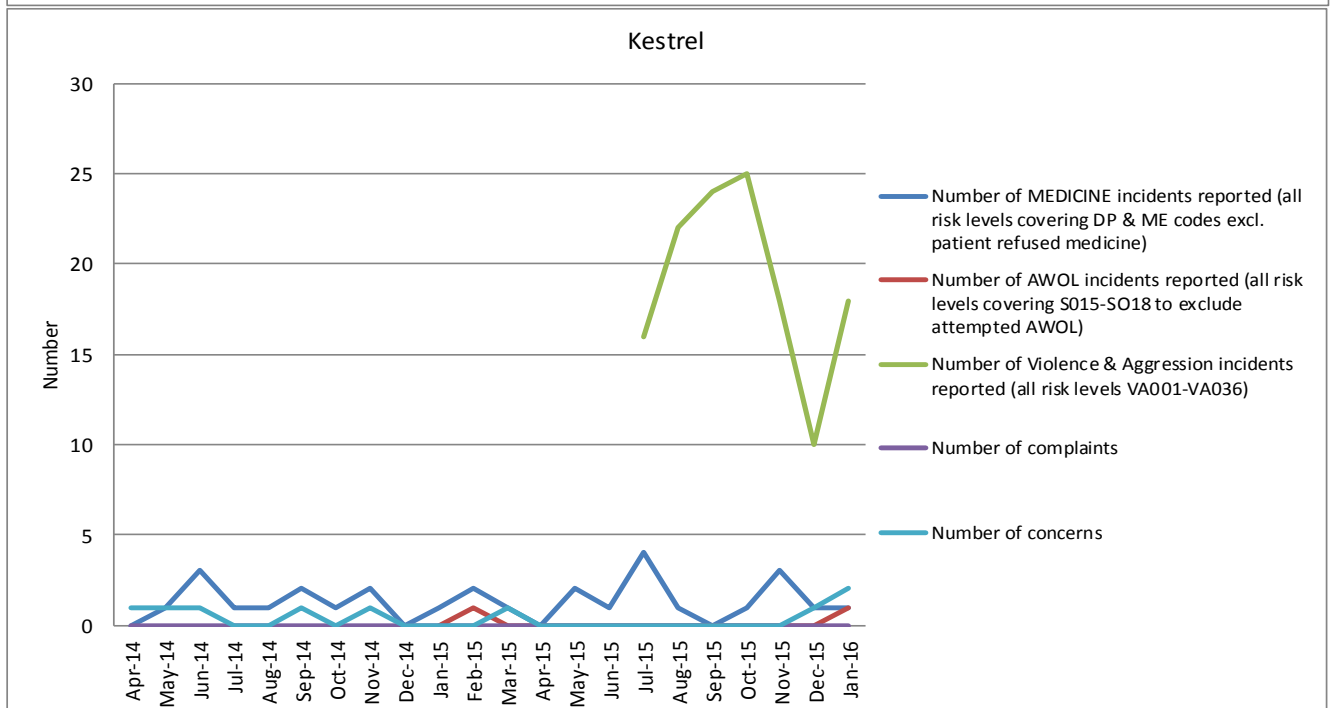
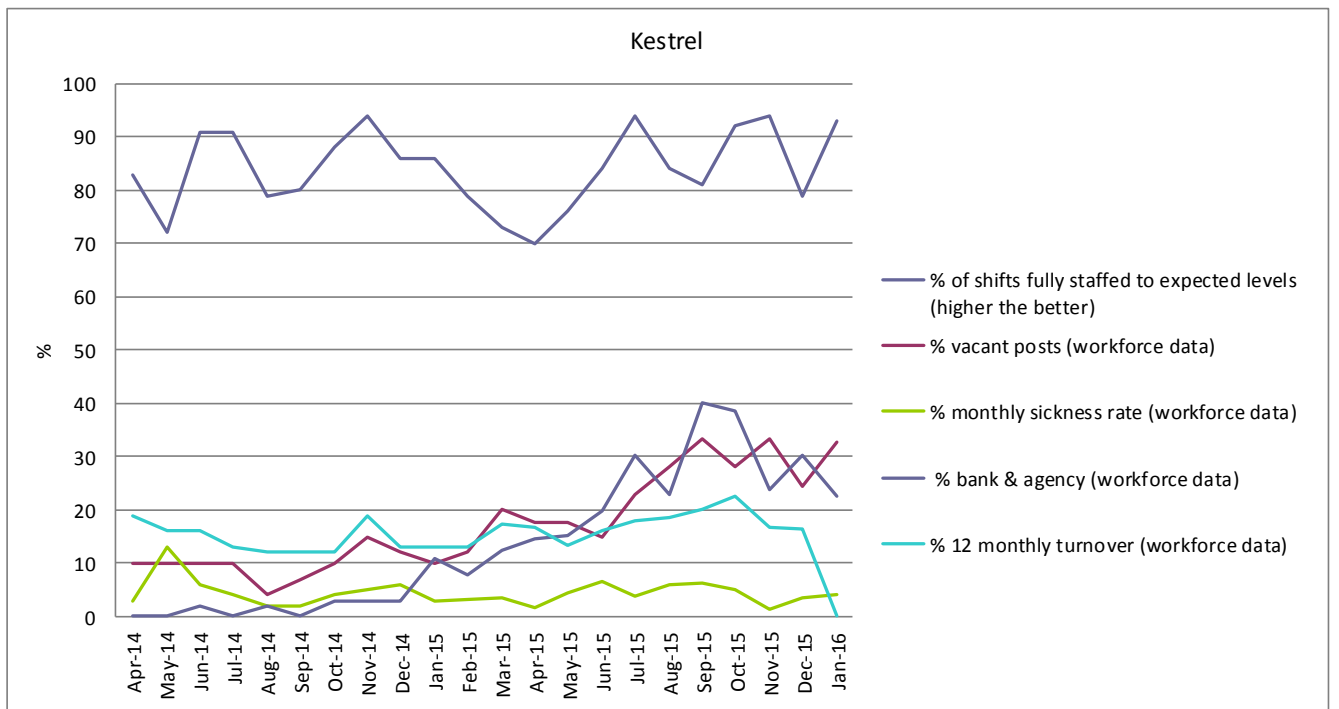
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reported (all risk levels covering S015-S018 to exclude attempted AWOL)	Number of Violence & Aggression incidents reported (all risk levels VA001-VA036)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	77	13	3	0	6	100	100	0	0	0	0	2	
May-14	98	13	4	0	6							1	
Jun-14	99	18	3	7	12	100	100	0			0	2	
Jul-14	96	13	3	0	12			1			1	0	
Aug-14	88	10	2	1	11	40	100	4			0	0	
Sep-14	82	13	2	0	9			0			0	1	
Oct-14	86	10	2	0	9	80	100	1			0	2	
Nov-14	75	12	10	0	9			2			0	4	
Dec-14	73	9	10	0	6	80	100	0			0	1	
Jan-15	74	9	6	0	8.8			2	0		0	3	
Feb-15	68	12.2	3.29	3.2	11.99	100	100	1	0		0	1	
Mar-15	81	10.4	2.25	1.9	11.75			2	0		0	4	
Apr-15	80	4.7	1.56	0.4	11.4	100	100	5	0		0	2	
May-15	79	10.4	2.25	1.6	18.25			3	2		0	2	
Jun-15	86	15.5	2.13	2.5	17.05	100	100	1	0		0	0	55
Jul-15	87	12.7	1.65	2.6	15.71			0	0	11	0	1	
Aug-15	80	7	1.13	3.9	17.48			0	0	6	0	1	58
Sep-15	58	12.7	2.87	5.4	23.09	80	100	1	1	8	0	0	58
Oct-15	85	23.1	1.59	0	24.29	100	100	0	1	8	0	2	55
Nov-15	87	8.3	2.02	0.6	23.47			1	0	6	1	1	46
Dec-15	79	16.7	2.35	3.6	29.83	80	100	1	0	4	0	1	46
Jan-16	89	15.3	3.53	11.7	26.58			0	0	7	1	4	41



PUBLIC BOARD REPORT

Kestrel

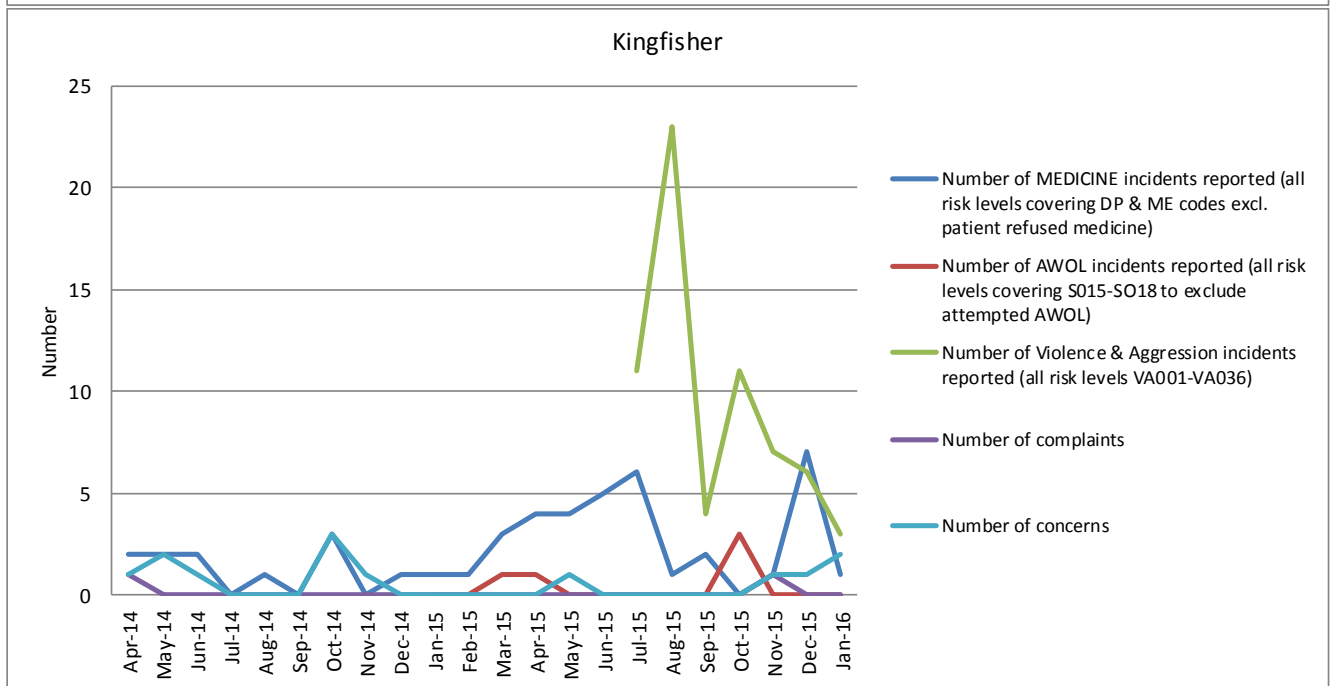
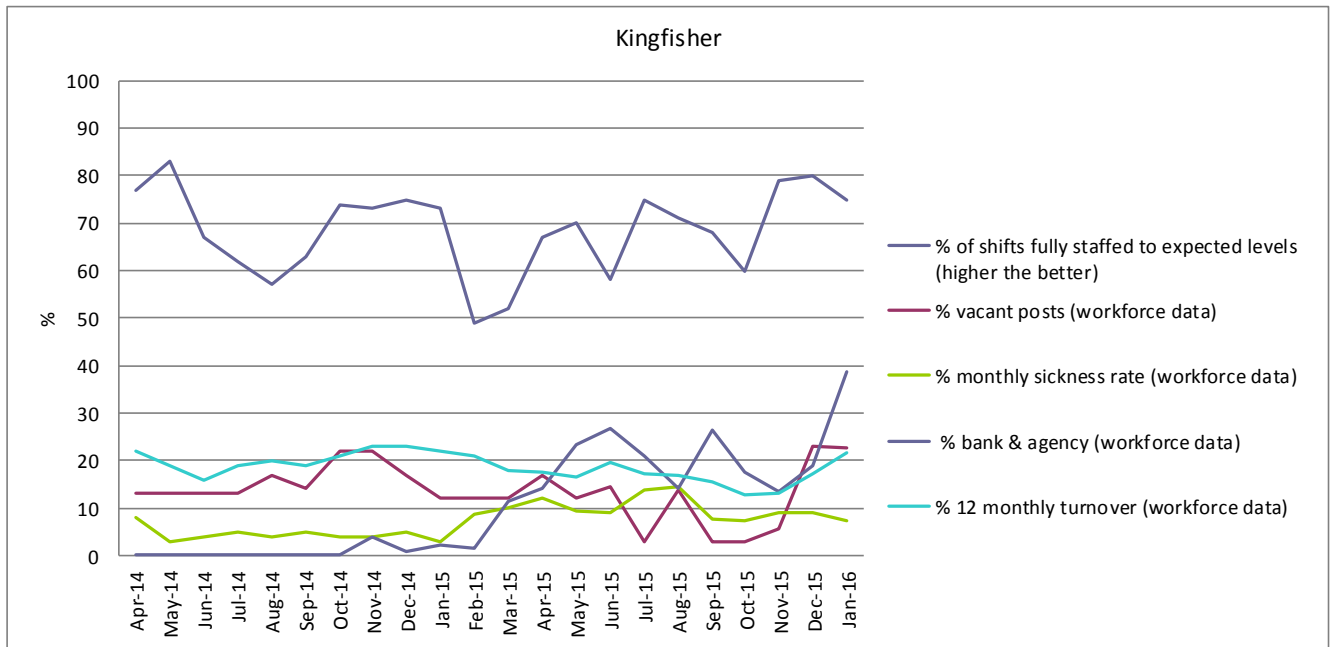
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reported (all risk levels covering S015-S018 to exclude attempted AWOL)	Number of Violence & Aggression incidents reported (all risk levels VA001-VA036)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	83	10	3	0	19	100	100	0			0	1	
May-14	72	10	13	0	16			1			0	1	
Jun-14	91	10	6	2	16	100	100	3			0	1	
Jul-14	91	10	4	0	13			1			0	0	
Aug-14	79	4	2	2	12	100	100	1			0	0	
Sep-14	80	7	2	0	12			2			0	1	
Oct-14	88	10	4	3	12	100	100	1			0	0	
Nov-14	94	15	5	3	19			2			0	1	
Dec-14	86	12	6	3	13	100	100	0			0	0	
Jan-15	86	10	3	11	13			1	0		0	0	
Feb-15	79	12.2	3.1	7.7	13.1	100	100	2	1		0	0	
Mar-15	73	20.2	3.4	12.5	17.24			1	0		0	1	
Apr-15	70	17.6	1.66	14.7	16.67	33	80	0	0		0	0	
May-15	76	17.6	4.3	15.2	13.33			2	0		0	0	
Jun-15	84	14.9	6.45	19.9	16.13	0	100	1	0		0	0	50
Jul-15	94	22.9	3.91	30.3	17.86			4	0	16	0	0	
Aug-15	84	28.2	5.97	22.9	18.52			1	0	22	0	0	68
Sep-15	81	33.5	6.33	40.1	20	100	20	0	0	24	0	0	62
Oct-15	92	28.2	5.03	38.7	22.64	100	100	1	0	25	0	0	60
Nov-15	94	33.5	1.32	23.8	16.67			3	0	18	0	0	46
Dec-15	79	24.5	3.6	30.4	16.33	100	100	1	0	10	0	1	46
Jan-16	93	32.6	4.13	22.5	0			1	1	18	0	2	57



PUBLIC BOARD REPORT

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 reported (all risk levels covering S015-SO18 to exclude attempted AWOL)	Number of Violence & Aggression incidents reported (all risk levels VA001-VA036)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	77	13	8	0	22	100	100	2			1	1	
May-14	83	13	3	0	19			2			0	2	
Jun-14	67	13	4	0	16	100	100	2			0	1	
Jul-14	62	13	5	0	19			0			0	0	
Aug-14	57	17	4	0	20	100	100	1			0	0	
Sep-14	63	14	5	0	19			0			0	0	
Oct-14	74	22	4	0	21	100	100	3			0	3	
Nov-14	73	22	4	4	23			0			0	1	
Dec-14	75	17	5	1	23	100	100	1			0	0	
Jan-15	73	12	3	2.3	22			1	0		0	0	
Feb-15	49	12	8.6	1.6	21	100	100	1			0	0	
Mar-15	52	12.1	10.09	11.4	18.03			3	1		0	0	
Apr-15	67	16.8	11.95	14	17.41	100	100	4	1		0	0	
May-15	70	12.1	9.53	23.2	16.69			4	0		0	1	
Jun-15	58	14.4	9.17	26.6	19.74	0	100	5	0		0	0	43
Jul-15	75	3	13.87	20.9	17.16			6	0		0	0	
Aug-15	71	13.7	14.54	14.1	16.82			1	0		23	0	52
Sep-15	68	3	7.63	26.4	15.52	60	60	2	0		4	0	50
Oct-15	60	3	7.31	17.5	12.61	100	100	0	3		11	0	47
Nov-15	79	5.6	8.95	13.3	13.02			1	0		7	1	38
Dec-15	80	23	8.86	19	17.11	100	50	7	0		6	0	38
Jan-16	75	22.7	7.23	38.8	21.64			1	0		3	0	38



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. The following wards did not submit information for one of the four weeks covered by this report; VT, Ruby and Witney community hospital

