

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

25th November 2015

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

Introduction

This is the 19th 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 September 2015.

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 October 2015 all wards were staffed to achieve safe staffing levels; however this has been achieved in some wards by our staff working additional hours and shifts and the high use of temporary staff both from NHSP bank and external agencies.

To ensure 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, 10 out of 33 wards (including Peppard ward in Henley) were identified as having the most difficulties across October 2015 in achieving expected staffing levels on every shift (only achieving 75% or less of shifts fully staffed to expected levels). However all wards did maintain adequate staffing levels to remain safe to deliver patient care by using some of the immediate actions identified above.

In comparison to last month (September 2015) eight wards remain a concern, two wards are no longer a concern and two wards have been added for October 2015 (Witney Community Hospital ward and Kennet, adult forensic ward). The wards which have only been able to fully staff 75% of shifts or below are: Allen, Vaughan Thomas, Wintle, Phoenix, Opal, Peppard Community Hospital in Henley, Witney Community Hospital, Glyme, Wenric and Kingfisher.

Table 2 in the body of the report summarises the staffing position by ward showing the trend over the last 19 months and the position in October 2015 based on the clinical view of the ward management team. When bringing these pieces of information together three wards are identified as needing more support and attention. The three wards are Wintle (adult acute mental health), Wenric and Kingfisher (forensic mental health) – two of these wards are the same as last month. More detail about the staffing on these three wards is provided in the report.

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Quality and workforce indicators

The indicators fluctuate across the 19 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 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 and increasing establishments 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 Safe Staffing Levels Report for October 2015

Reported in November 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 October 2015 (from 5th October to 1st November 2015). The agreed expected (also known as planned) levels are reviewed at least twice a year and were reported last month in October 2015.

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 October 2015 all wards were staffed to achieve safe staffing levels; however this has been achieved in some wards by our staff working additional hours and shifts, the high use of temporary staff both from NHSP bank and external agencies, and reducing beds on some wards.

As mentioned in last month's report, 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 has also been closed in November 2015 following the decision by Oxfordshire Clinical Commissioning Group to replace it with an ambulatory model of care in Henley.

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

2. National Picture

The 28 new fundamental standards under the law of the Health and Social Care Act Regulations 2014 and CQC Registration Regulations 2009 were introduced from 1st April 2015. The fundamental standards replace the previous essential quality and safety standards. One of the standards is for each provider to ensure there are sufficient numbers of suitably qualified, skilled and experienced staff to be able to deliver high quality care (regulation 18). This standard on staffing applies to all settings both inpatient and community and requires a provider to have a system to determine the number of staff required and staffing levels and skill mix are monitored to respond to changing needs of patients.

In response to national reports that suggest nurses are not visible enough and are often too busy with administrative tasks to deliver direct care to patients NHS England published guidance in November 2014, '*Safer staffing: a guide to care contact time*', which was followed by a letter in February 2015 with an additional requirement for providers to undertake contact time assessment by ward at least every six months using a consistent and recognised methodology. There is recognition that whilst significant amounts of nursing staff time should be spent on providing direct care there needs to be a balance with indirect care and non-direct activities. Oxford Health NHS FT has already been using one of the nationally recommended tools, the Productive Care activity follow, across a range of wards so this is the selected methodology which has been used to develop a baseline across all wards and will be repeated at least six monthly. The results by ward for qualified nursing staff time and unqualified nursing staff time were presented in the last report.

NHS England issued a letter on 11th June 2015 identifying future work streams to ensure the NHS is safely staffed which includes expanding work into community settings and looking across all professions not just nurses. Further details about expectations and reporting requirements are due to follow.

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

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From October 2015 as part of Monitor's new value for money risk assessment trigger all Foundation Trusts are required to submit a monthly profile of the use of agency registered staff and will require confirmation all agency staff used are on approved framework agreements.

3. Management of Staffing Levels

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

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

- Managing capacity and levels of agency staff by reducing bed numbers in wards temporarily i.e. beds have been temporarily reduced across the community hospital wards and on the PICU to maintain safe staffing levels.
- Suspending admissions and closing a ward temporality
- Level of need has been taken into account when deciding which ward to admit patients
- Staff who are normally supernumerary to the nurse staffing numbers such as modern matron, ward manager and deputy ward manager have worked as part of the nursing shift numbers
- Staff were borrowed from other wards to increase the staff to patient ratio
- Staff worked flexibly, sometimes working an extra hour at the beginning or end of a shift
- Increased use of temporary staff including the use of 'long lines of work' with agency staff on five wards to improve continuity of care and reliability of temporary staff

4. Summary Position

When looking at the number of shifts which were fully staffed to expected levels, 10 out of 33 wards (including Peppard ward in Henley) were identified as having the most difficulties across October 2015 in achieving expected staffing levels on every shift (only achieving 75% or less of shifts fully staffed to expected levels). However all wards did maintain minimum staffing levels to remain safe to deliver patient care by using some of the immediate actions identified above.

In comparison to last month (September 2015) eight wards remain a concern, two wards are no longer a concern and two wards have been added for October 2015 (Witney Community Hospital ward and Kennet, adult forensic ward). The wards which have only been able to fully staff 75% of shifts or below are: Allen, Vaughan Thomas, Wintle, Phoenix, Opal, Peppard Community Hospital ward in Henley, Witney community hospital, Glyme, Wenric and Kingfisher.

Table 2 in the body of the report summarises the staffing position by ward showing the trend over the last 19 months and the position in October 2015 based on the clinical view of the ward management team. When bringing these pieces of information together three wards are identified as needing more support and attention. The three wards are Wintle (adult acute mental health), Wenric and Kingfisher (forensic mental health) – two of these wards are the same as last month.

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Table 2. Summary Position

Ward	% of shifts fully staffed to expected levels (pink highlights 75% or less)																				Trend 12 months- staffing of shifts in last 12 months (6 or more months where 75% or less staffing achieved)	Internal Rating by ward - staffing reported as difficult (amber) for at last 3 of the 4 weeks in Oct 15 or a red in any week
	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15			
Allen	79	95	66	52	61	67	75	63	86	92	86	67	85	79	81	79	70	74	74	No	No	
Vaughan Thomas	41	62	72	70	61	70	58	52	41	46	71	72	71	70	64	67	63	80	68	Yes	No	
Wintle	41	67	69	74	60	68	78	64	59	67	60	68	58	58	54	58	54	55	56	Yes	Yes	
Ashurst	92	80	78	54	62	88	72	49	88	92	87	94	88	94	85	88	78	89	87	No	Yes	
Phoenix	49	48	46	44	51	41	66	74	72	80	86	78	75	85	79	81	76	77	69	No	No	
Opal	90	78	75	73	65	82	48	36	38	60	46	44	33	46	57	45	12	38	55	Yes	No	
Ruby	76	66	72	54	57	62	67	51	61	63	64	59	69	70	71	55	50	56	82	Yes	No	
Sapphire	76	89	86	83	74	31	75	81	87	81	71	60	73	96	86	87	76	79	91	No	No	
Cherwell	74	66	62	74	79	87	92	93	84	83	71	89	82	76	83	92	91	85	83	No	No	
Amber	89	87	86	81	94	80	67	75	88	92	75	84	86	92	78	63	76	94	95	No	No	
Sandford	85	85	74	62	59	57	63	73	62	73	58	59	71	81	91	79	80	84	77	Yes	No	
Ward 1 Abingdon	82	77	85	86	88	77	84	87	81	88	88	81	96	77	59	83	92	93	92	No	No	
Ward 2 Abingdon	63	84	83	87	86	89	87	89	86	79	86	87	95	91	97	97	98	97	99	No	No	
Bicester	96	96	89	88	94	82	88	88	81	69	65	50	93	85	44	100	100	100	99	No	No	
Didcot	100	100	100	90	100	100	99	100	96	99	95	99	99	100	98	95	96	98	96	No	No	
City	83	83	78	89	92	95	97	91	98	98	100	97	96	98	97	94	99	98	99	No	No	
Peppard ward Henley	97	100	93	92	83	71	80	75	77	75	74	71	79	67	82	73	75	75	73	Yes	No	
St Leonards Wallingford	99	100	100	100	98	100	100	100	100	98	100	98	94	86	88	96	99	99	99	No	No	
Wantage	99	81	97	97	97	98	98	87	98	100	100	100	100	62	70	88	100	82	94	No	No	
Linfoot Witney	99	80	79	87	82	80	90	99	82	76	76	89	94	89	82	95	99	temporarily closed			No	
Wenrisc Witney	73	83	79	59	34	45	73	85	80	76	52	50	70	67	70	96	83	63	62	Yes	No	
Marlborough House Swindon	100	100	99	100	100	99	100	98	92	96	93	98	97	96	92	97	97	98	99	No	No	
Highfield	93	91	86	89	91	68	79	64	61	84	92	90	86	80	89	88	89	89	88	No	Yes	
Cotswold House Oxford	83	59	75	83	83	73	73	77	76	79	89	93	91	88	92	83	81	92	89	No	No	
Cotswold House Marlborough	76	71	86	60	41	45	90	73	82	75	67	81	94	86	77	75	96	92	98	No	No	
Watling	87	92	95	89	97	100	95	100	95	94	91	76	96	81	94	98	80	99	100	No	No	
Lambourne	95	100	97	78	73	86	85	91	92	64	51	50	81	60	80	61	71	86	86	Yes	No	
Woodlands	91	95	87	91	83	82	93	94	91	100	87	93	93	98	79	86	71	88	89	No	No	
Glyme	97	99	98	90	95	82	86	92	88	85	87	91	91	86	87	71	75	58	69	No	No	
Chaffron	91	92	89	90	96	91	87	88	81	87	89	94	98	94	94	98	100	91	91	No	No	
Wenric	64	39	52	47	47	51	38	58	43	51	46	54	69	58	60	46	43	35	31	Yes	Yes	
Kennet*	97	98	99	96	88	82	86	75	73	74	68	81	80	79	86	87	80	58	85	No	No	
Kestral	83	72	91	91	79	80	88	94	86	86	79	73	70	76	84	94	84	81	92	No	Yes	
Kingfisher	77	83	67	62	57	63	74	73	75	73	49	52	67	70	58	75	71	68	60	Yes	Yes	

* Only Kennet did not submit weekly information for all four weeks in the month.

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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 19 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 high temporary staff are being used.

In the last six months between May-October 2015 there have been 16 Serious Incidents (SI) across the 33 wards. The wards with more than one SI, making up 11 out of the 16 SIs, are Witney Wenrisc (acute and stroke beds –now called the Witney Community Hospital Ward) (4), Witney Linfoot (now closed) (2), Ruby (3) and Phoenix (2). The number of SI has remained fairly consistent at about 3 per month. The five most common SIs by category are falls (4), injury found and unexplained (2) and fire including a false alarm (2). There is no reoccurring cause of incidents by ward and with the low numbers it is difficult to find a pattern with staffing levels.

6. Highlighted wards

The information in Table 2 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 seven 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), Vaughan Thomas (unregistered staff on day shifts), Phoenix (unregistered staff on day shifts), Opal (registered staff on day shifts), Peppard community hospital ward (now closed), Witney Community Hospital ward (registered staff on day shifts), and Glyme (registered and unregistered staff on day shifts).

Wintle (Adult Directorate – adult mental health ward): in October 2015 56% of shifts were fully staffed to expected levels (similar to the last two months); the ward has experienced difficulty with staffing in 18 out of the last 19 months and therefore has used a high amount of bank staff (and hardly any agency). The shifts below related mostly to registered staff on day shifts. This month the ward identified staffing to be more difficult on three of the four weeks. The main reason was due to vacancies, 12%, 4.31 WTE as of Oct 2015, which have reduced from last month. Sickness has fluctuated with long term sickness being high in the last four months. As of the 16th November 2015 5.47 WTE registered vacancies are being recruited to of which 2 posts have been offered.

Wenric (Adult Directorate – forensic ward): in October 2015 31% of shifts were fully staffed to expected levels (similar to last month); the ward has struggled with staffing across 19 of the 19 months. The shifts below related to unregistered staff on day shifts. This month the ward identified staffing as more difficult across all four weeks. The main reasons are due to vacancies 20.8%, 7.86 WTE as of Oct 15 similar to last month. Turnover remains high at 12.59% 12 month rolling average. The ward has low use of temporary staff, with sessional staff being used instead of bank or agency. In addition the ward has one suspension of a member of staff and is lending a registered member of staff to Kingfisher ward. As of the 16th November 2015 3 WTE registered vacancies are being advertised of which all are currently live.

Kingfisher (Adult Directorate – forensic ward): in October 2015 60% of shifts were fully staffed to expected levels (worse than last month); the ward has struggled with staffing across 17 of the 19 months and has had to use a high amount of temporary staff (17.5%), most of which are agency staff. The shifts below related to registered and unregistered staff on day shifts and registered staff on night

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shifts. This month the ward identified staffing as more difficult across all four weeks. The main reasons are due to vacancies, as new staff are recruited this is improving, and sickness particularly long term sickness. Turnover remains high at 12.61% 12 month rolling average, although no staff have left since September 2015. As of the 16th November 2015 12 WTE registered and 2 WTE unregistered vacancies are being advertised by both Kingfisher and Kestrel wards, of which 2 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.

7. Why are there challenges?

Across the wards staffing challenges are due to:

- ❖ Large number of vacancies and time lag for new appointed staff to start although staff are being recruited
- ❖ Turnover remaining high on some wards
- ❖ 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 October 2015 is summarised in table 2 below. The information is shared here because it is published on the NHS Choices website alongside national indicators around quality of care e.g. staff Friends and Family Test and CQC inspection results. Appendix 2 gives a breakdown of the results by ward and day/night shifts. This measure is less sensitive as it looks at the number of hours worked over an entire month rather than number of times a shift could not be fully staffed.

Table 2. Unify Return based on number of hours filled across staff team

	Day time Shifts (Early, Late, Twilight and cross shifts)		Night time Shift	
	Registered nurses	Unregistered staff	Registered nurses	Unregistered staff
May 2014	96.2%	94.5%	99.5%	99.8%
June 2014	96.9%	97.3%	95.6%	97.7%
July 2014	98.7%	96.3%	92.5%	98.6%
August 2014	95.1%	93.4%	94.9%	97.5%
September 2014	95.6%	93.9%	95.5%	96.4%
October 2014	96.1%	95.1%	96%	96.3%
November 2014	95.5%	94%	94.8%	98.1%
December 2014	95.1%	94.1%	95.1%	97.3%
January 2015	95.2%	94.7%	96%	97.8%

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	Day time Shifts (Early, Late, Twilight and cross shifts)		Night time Shift	
	Registered nurses	Unregistered staff	Registered nurses	Unregistered staff
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%

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 likely to develop for community based services.

Table 2 in the body of the report summarises the staffing position by ward showing the trend over the last 19 months and the position in October 2015 based on the clinical view of the ward management team. When bringing these pieces of information together three wards are identified as needing more support and attention. The three wards are Wintle (adult acute mental health), Wenric and Kingfisher (forensic mental health) – two of these wards are the same as last month. More detail about the staffing on these three wards is provided in the report.

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

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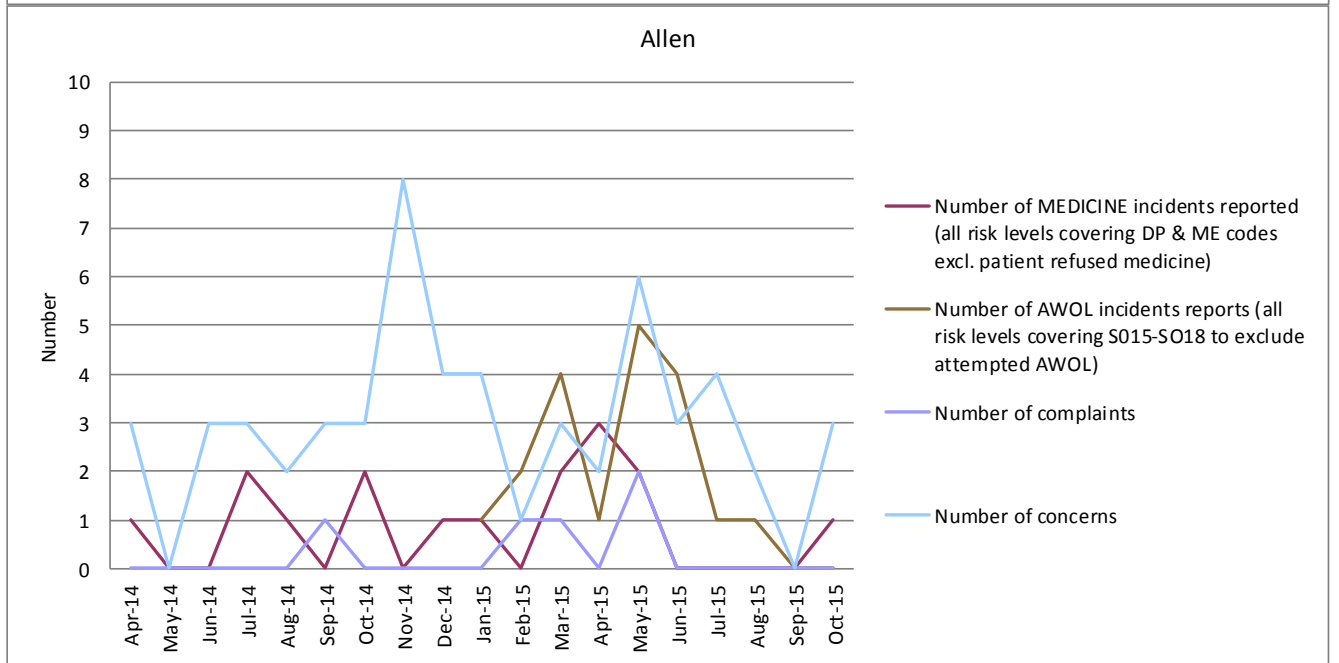
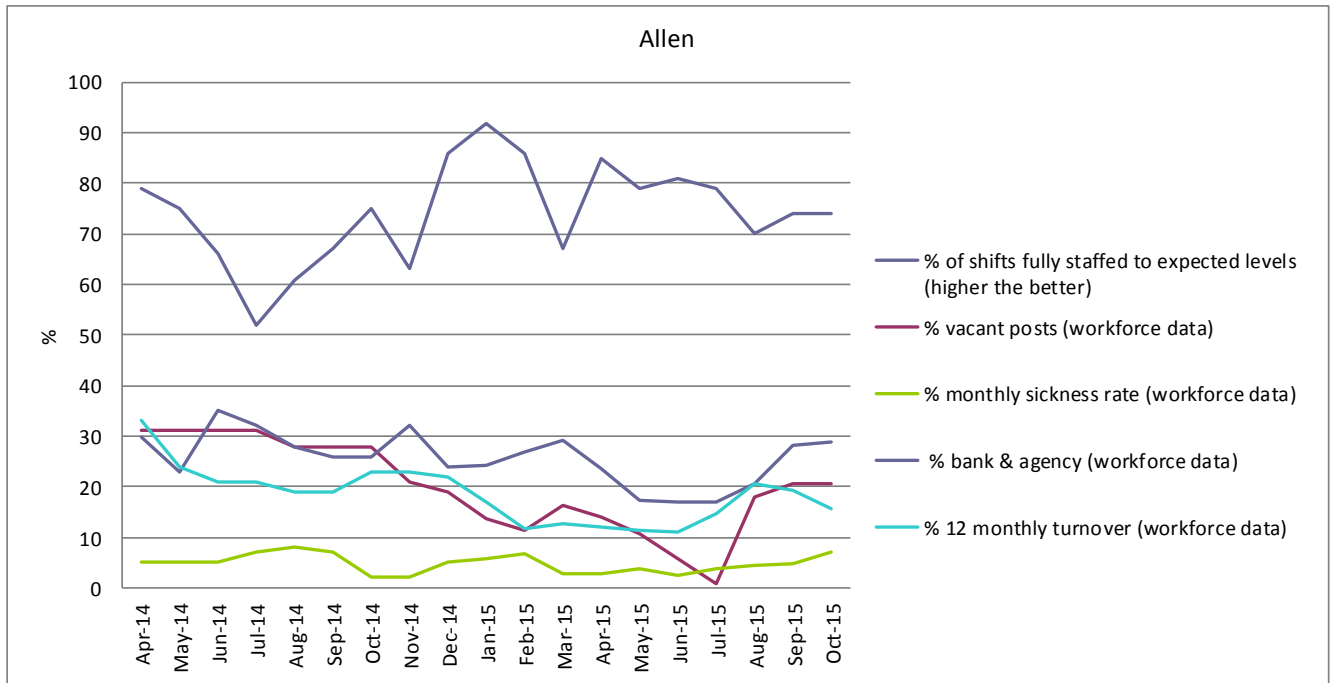
Appendix 1. Quality and Workforce Indicators

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. Only Kennet did not submit weekly information for all four weeks in the month.*

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Allen

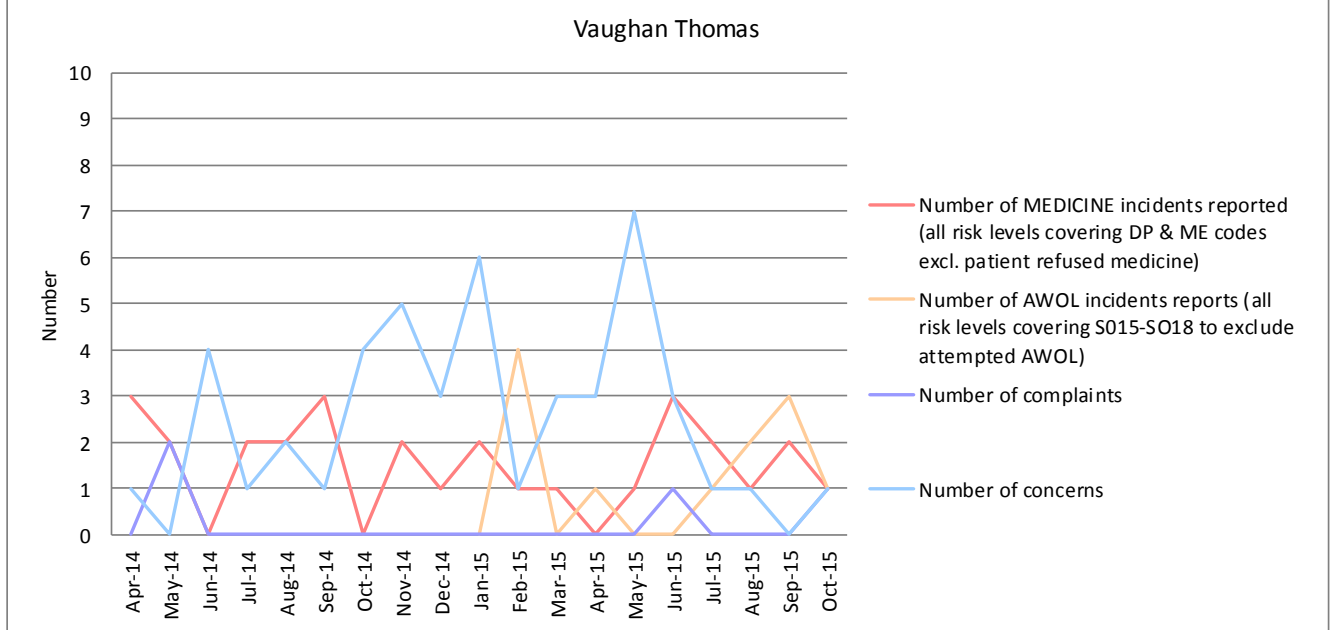
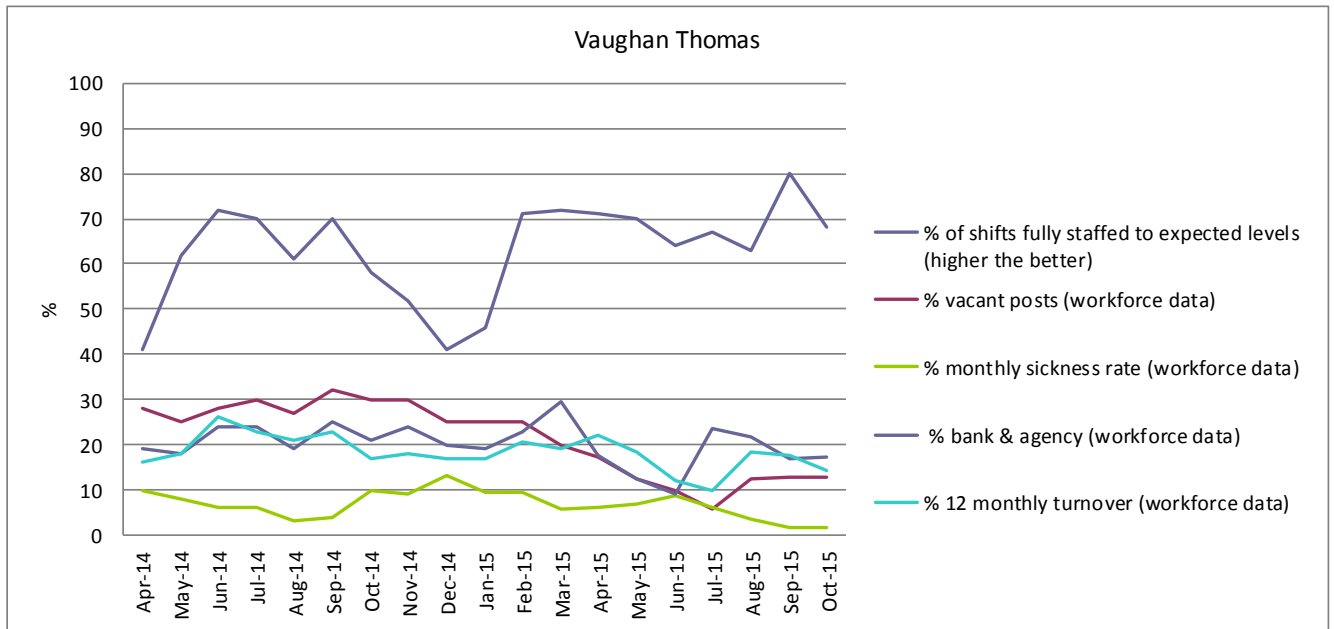
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (latest ES audit)	% Evidence of 1:1 meetings with patients (latest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reports (all risk levels covering S015-S018 to exclude attempted AWOL)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	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	0	4	
Aug-15	70	17.9	4.4	20.6	20.49			0	1	0	2	86
Sep-15	74	20.6	4.87	28.1	19.4	60	100	0	0	0	0	83
Oct-15	74	20.6	7.15	28.8	15.62	100	100	1	0	0	3	80



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

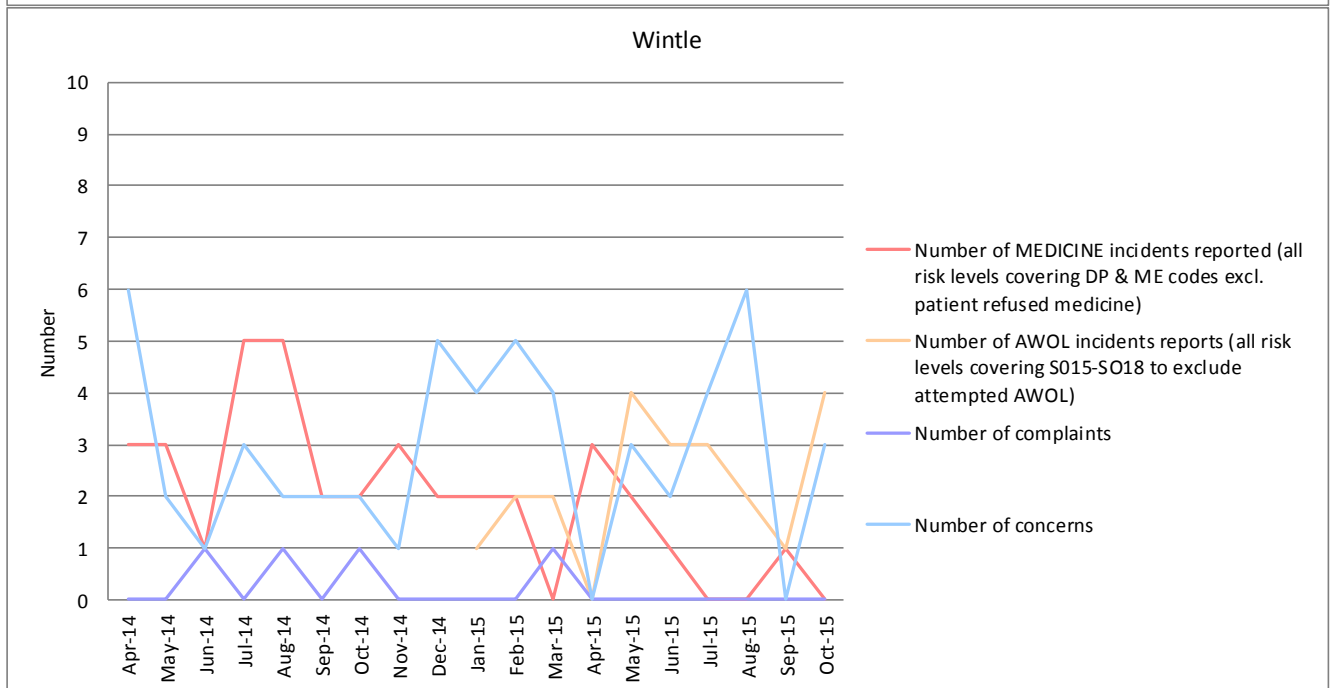
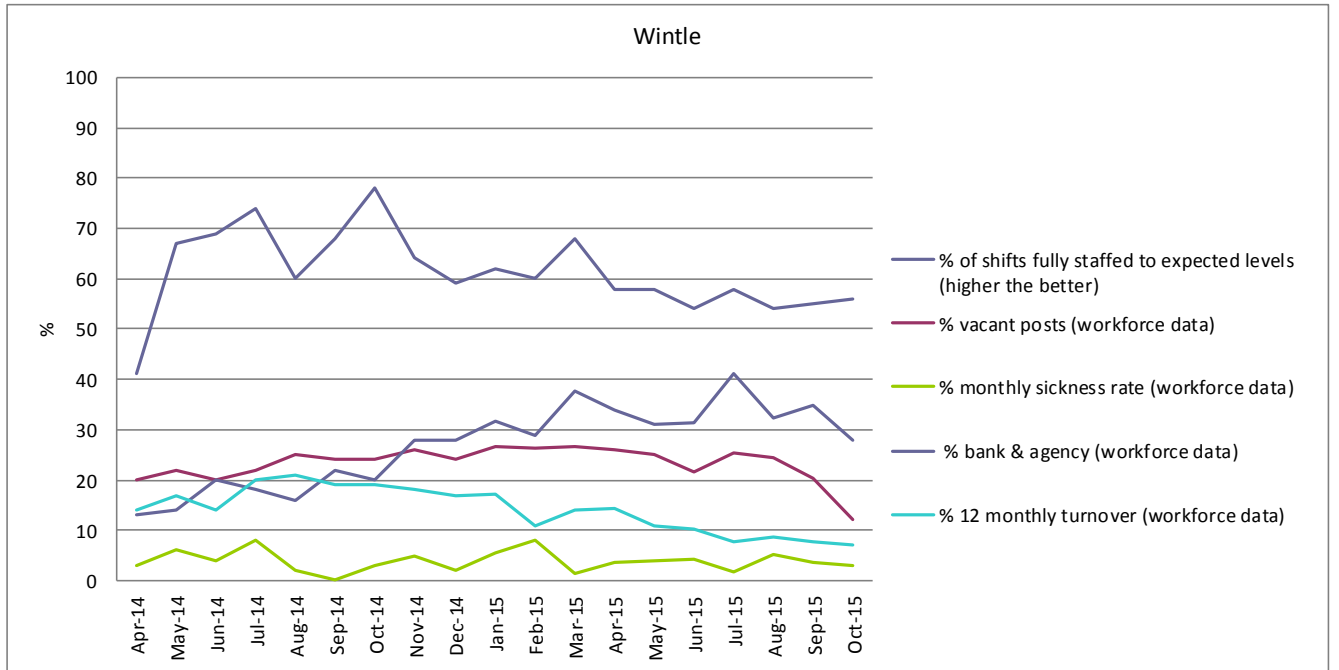
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reports (all risk levels covering S015-SO18 to exclude attempted AWOL)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	41	28	10	19	16	60	80	3	0	0	1	
May-14	62	25	8	18	18			2	0	2	0	
Jun-14	72	28	6	24	26	100	100	0	0	0	4	
Jul-14	70	30	6	24	23			2	0	0	1	
Aug-14	61	27	3	19	21	100	100	2	0	0	2	
Sep-14	70	32	4	25	23			3	0	0	1	
Oct-14	58	30	10	21	17	100	100	0	0	0	4	
Nov-14	52	30	9	24	18			2	0	0	5	
Dec-14	41	25	13	20	17	100	100	1	0	0	3	
Jan-15	46	24.9	9.41	19.1	17.01			2	0	0	6	
Feb-15	71	24.9	9.3	22.9	20.59	100	100	1	4	0	1	
Mar-15	72	19.9	5.57	29.5	19.21			1	0	0	3	
Apr-15	71	17.4	6.16	17.5	22.18	100	100	0	1	0	3	
May-15	70	12.4	6.76	12.3	18.29			1	0	0	7	
Jun-15	64	9.9	8.64	8.9	11.93	100	100	3	0	1	3	58
Jul-15	67	5.8	6.07	23.5	9.99			2	1	0	1	
Aug-15	63	12.5	3.37	21.6	18.56			1	2	0	1	65
Sep-15	80	12.7	1.8	17	17.6	60	100	2	3	0	0	68
Oct-15	68	12.7	1.51	17.4	14.32	60	100	1	1	1	1	62



PUBLIC BOARD REPORT

Wintle

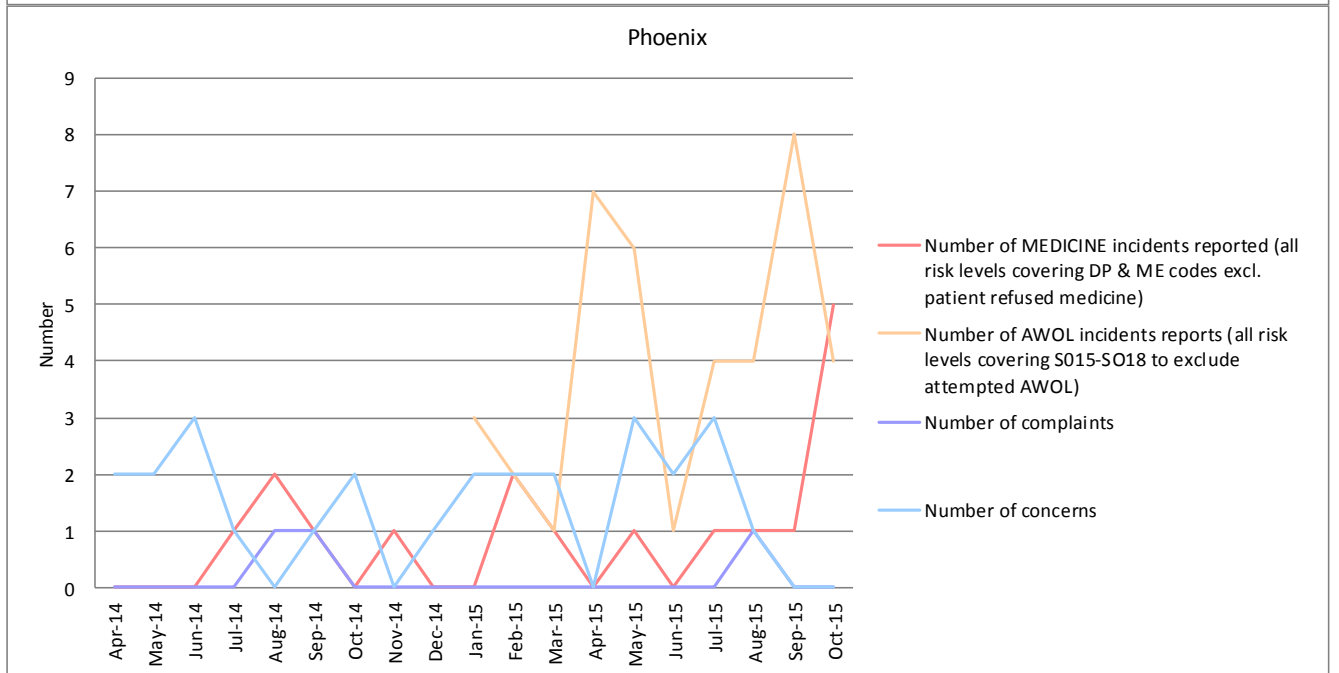
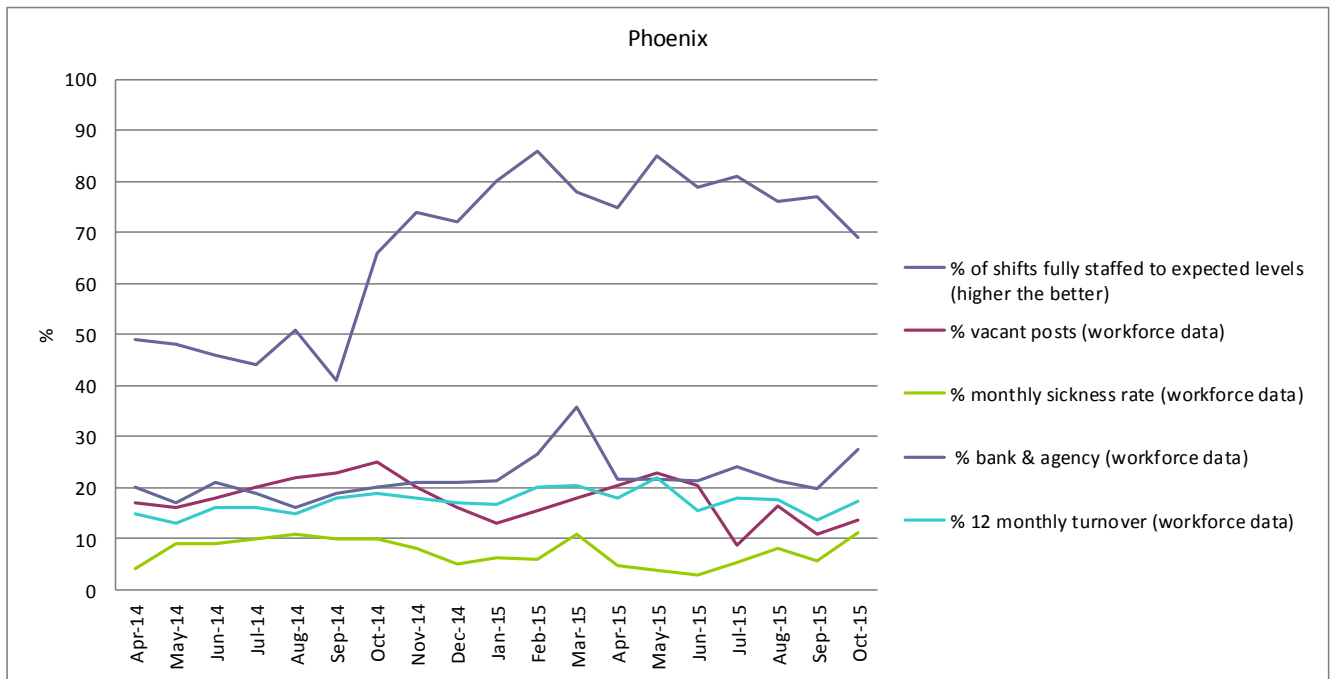
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reports (all risk levels covering S015-S018 to exclude attempted)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	41	20	3	13	14	40	100	3		0	6	
May-14	67	22	6	14	17			3		0	2	
Jun-14	69	20	4	20	14	80	100	1		1	1	
Jul-14	74	22	8	18	20			5		0	3	
Aug-14	60	25	2	16	21	80	100	5		1	2	
Sep-14	68	24	0.1	22	19			2		0	2	
Oct-14	78	24	3	20	19	100	100	2		1	2	
Nov-14	64	26	5	28	18			3		0	1	
Dec-14	59	24	2	28	17	100	60	2		0	5	
Jan-15	62	26.5	5.58	31.6	17.29			2	1	0	4	
Feb-15	60	26.4	7.91	28.8	10.75	100	100	2	2	0	5	
Mar-15	68	26.5	1.27	37.6	14.08			0	2	1	4	
Apr-15	58	26	3.52	33.9	14.23	100	60	3	0	0	0	
May-15	58	24.9	3.93	31	10.9			2	4	0	3	
Jun-15	54	21.6	4.34	31.4	10.21	100	100	1	3	0	2	76
Jul-15	58	25.3	1.61	41.1	7.73			0	3	0	4	
Aug-15	54	24.4	5.15	32.4	8.62			0	2	0	6	78
Sep-15	55	20.3	3.66	34.8	7.64	100	100	1	1	0	0	69
Oct-15	56	12	2.87	27.8	7.22		80	20	4	0	3	78



PUBLIC BOARD REPORT

Phoenix

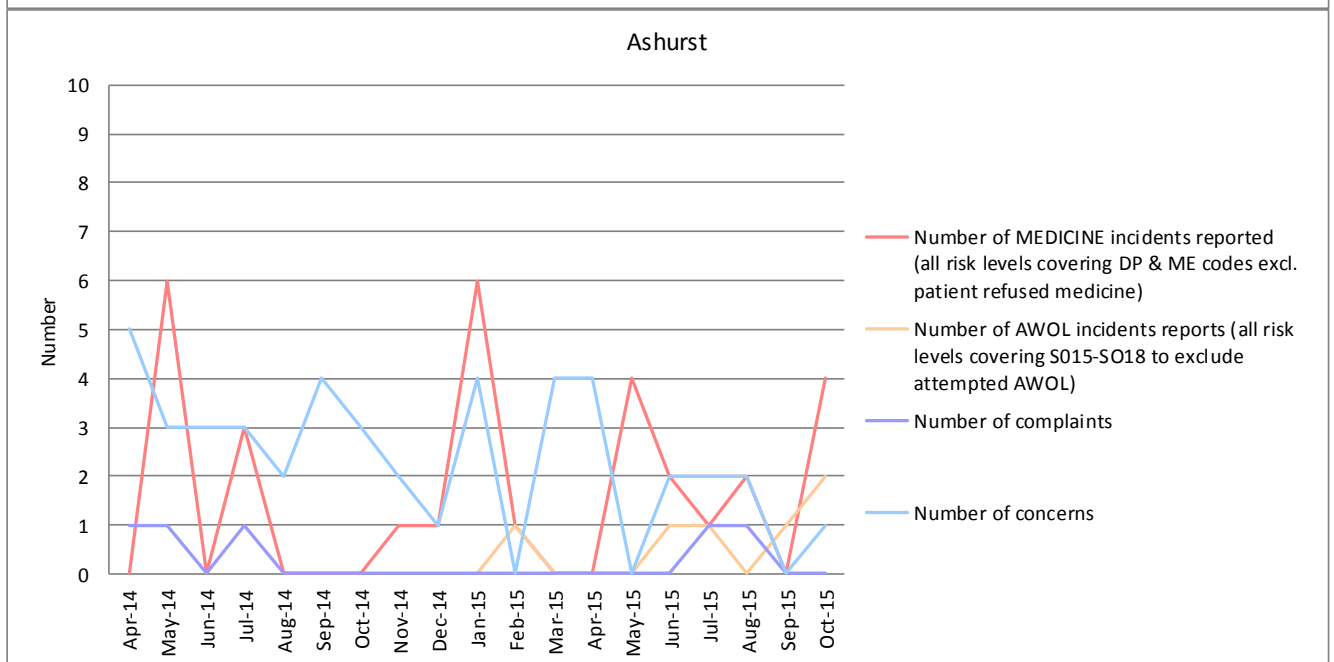
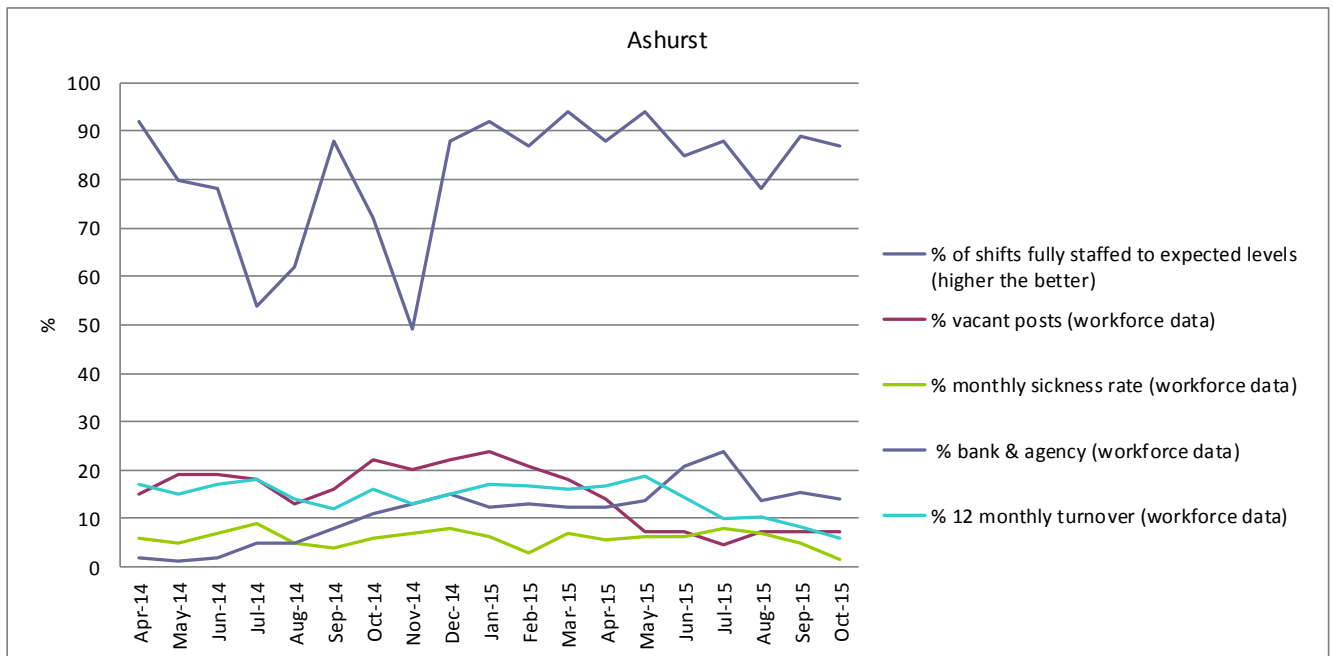
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reports (all risk levels covering S015-S018 to exclude attempted)	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	0	3	
Aug-15	76	16.5	8.25	21.4	17.79			1	4	1	1	64
Sep-15	77	10.8	5.72	19.7	13.75		100	1	8	0	0	70
Oct-15	69	13.6	11.08	27.6	17.48	80	60	5	4	0	0	66



PUBLIC BOARD REPORT

Ashurst (also provides staff for the S136 assessment suite)

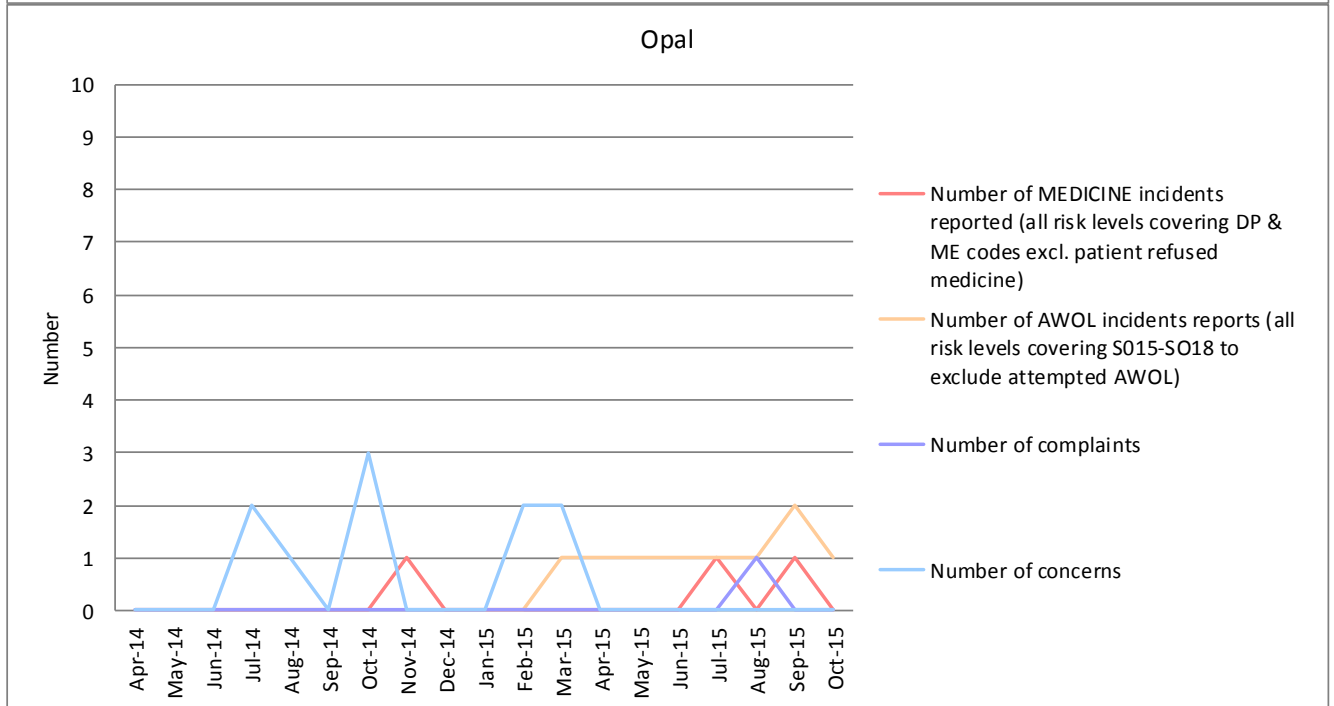
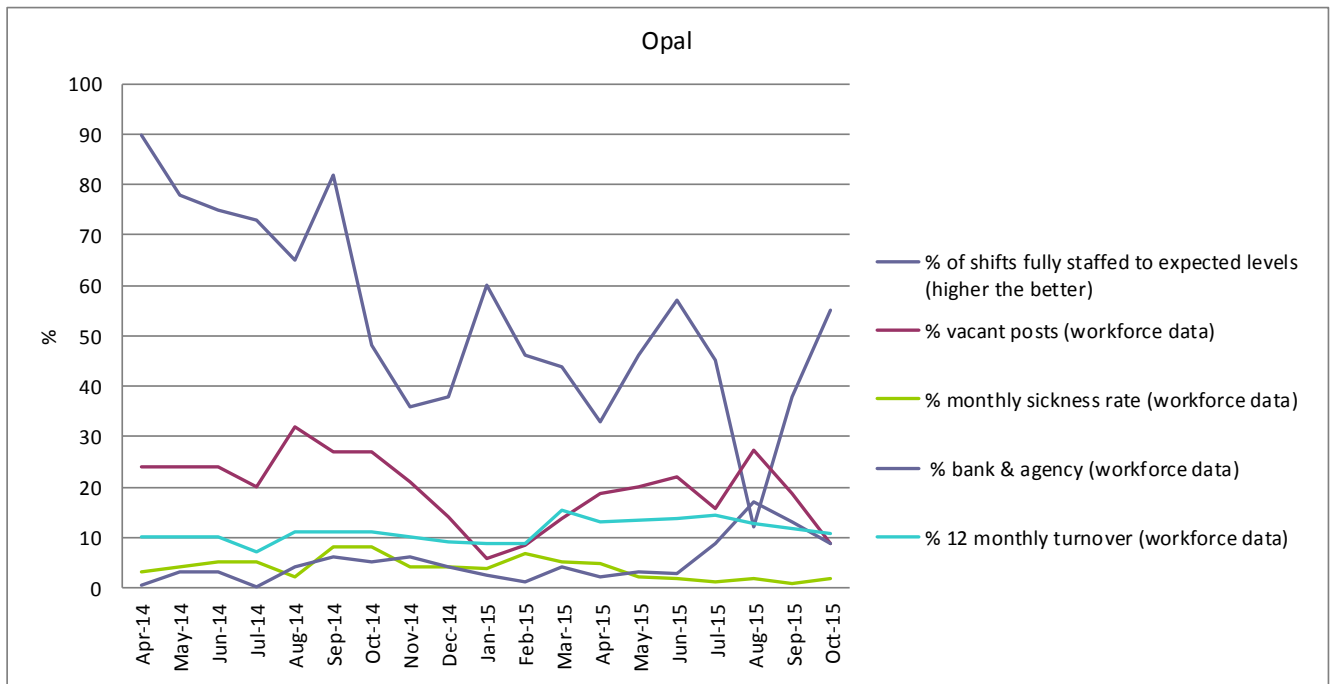
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reports (all risk levels covering S015-S018 to exclude attempted AWOL)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	92	15	6	2	17	80	100	0			1	5
May-14	80	19	5	1	15			6			1	3
Jun-14	78	19	7	2	17	100	20	0			0	3
Jul-14	54	18	9	5	18			3			1	3
Aug-14	62	13	5	5	14	no data	no data	0			0	2
Sep-14	88	16	4	8	12			0			0	4
Oct-14	72	22	6	11	16	100	67	0			0	3
Nov-14	49	20	7	13	13			1			0	2
Dec-14	88	22	8	15	15	100	100	1			0	1
Jan-15	92	23.8	6.38	12.2	17.11			6	0		0	4
Feb-15	87	20.7	2.79	12.9	16.63	100	20	1	1		0	0
Mar-15	94	17.9	7.02	12.4	16.06			0	0		0	4
Apr-15	88	14	5.61	12.3	16.6	80	80	0	0		0	4
May-15	94	7.12	6.27	13.7	18.7			4	0		0	0
Jun-15	85	7.11	6.39	20.7	14.3	80	100	2	1		0	2
Jul-15	88	4.5	7.92	23.8	10.08			1	1		1	2
Aug-15	78	7.1	6.83	13.5	10.36			2	0		1	2
Sep-15	89	7.1	4.95	15.5	8.16	100	100	0	1		0	0
Oct-15	87	7.1	1.4	14	5.92	100	0	4	2		0	1



PUBLIC BOARD REPORT

Opal

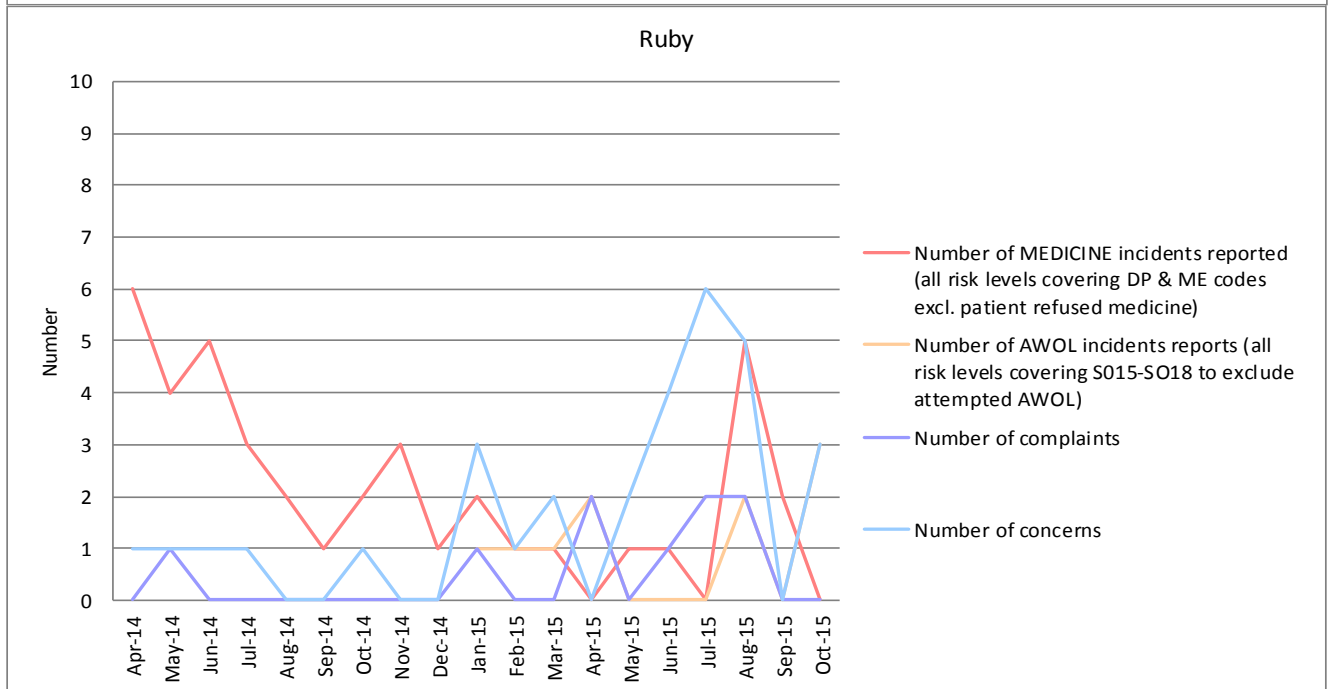
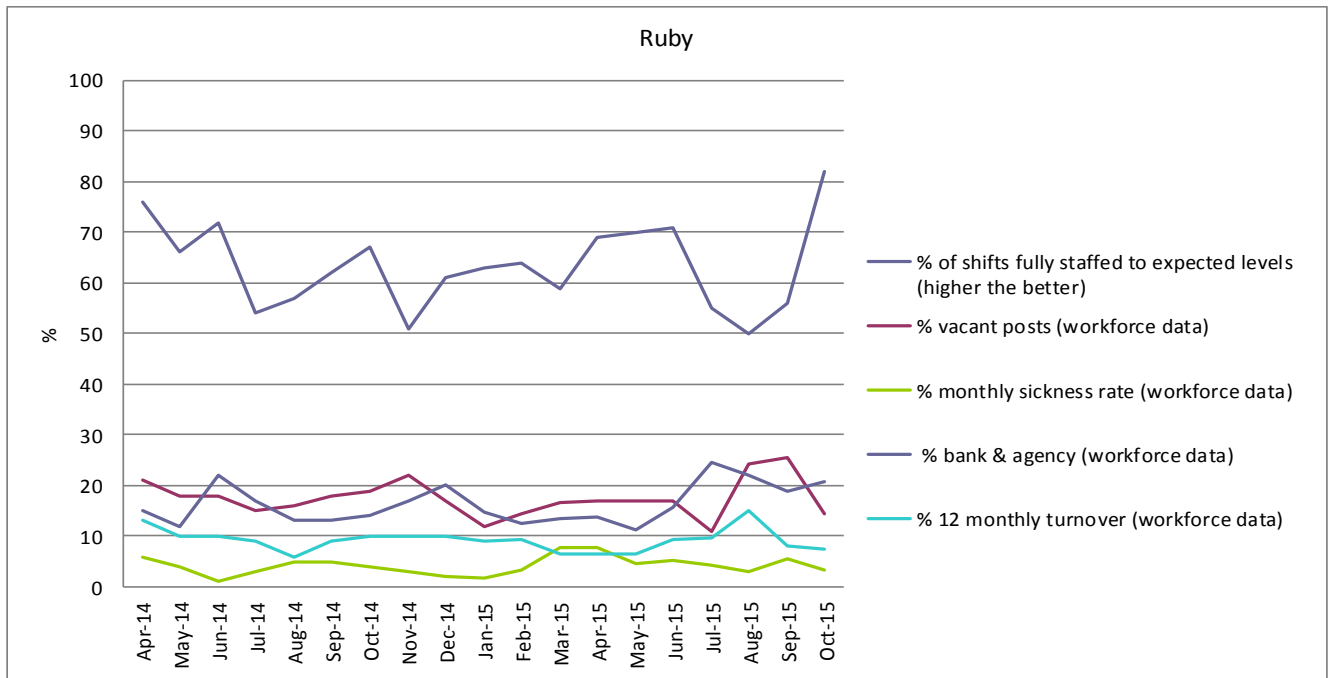
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (latest ES audit)	% Evidence of 1:1 meetings with patients (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-SO18 to exclude attempted AWOL)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	90	24	3	1	10	80	100	0	0	0	0	0
May-14	78	24	4	3	10			0	0	0	0	0
Jun-14	75	24	5	3	10	80	80	0	0	0	0	0
Jul-14	73	20	5	0	7			0	0	2	0	0
Aug-14	65	32	2	4	11	20	40	0	0	1	0	0
Sep-14	82	27	8	6	11			0	0	0	0	0
Oct-14	48	27	8	5	11	100	100	0	0	3	0	0
Nov-14	36	21	4	6	10			1	0	0	0	0
Dec-14	38	14	4	4	9	60	60	0	0	0	0	0
Jan-15	60	5.8	3.79	2.4	8.63			0	0	0	0	0
Feb-15	46	8.4	6.74	1.3	8.88	40	80	0	0	2	0	0
Mar-15	44	13.6	5.02	4	15.26			0	1	0	2	0
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	75
Jul-15	45	15.7	1.01	8.8	14.29			1	1	0	0	0
Aug-15	12	27.3	1.68	16.9	12.77			0	1	1	0	0
Sep-15	38	18.6	0.86	12.9	11.76	60	80	1	2	0	0	80
Oct-15	55	8.7	1.71	8.8	10.75			0	1	0	0	83



PUBLIC BOARD REPORT

Ruby

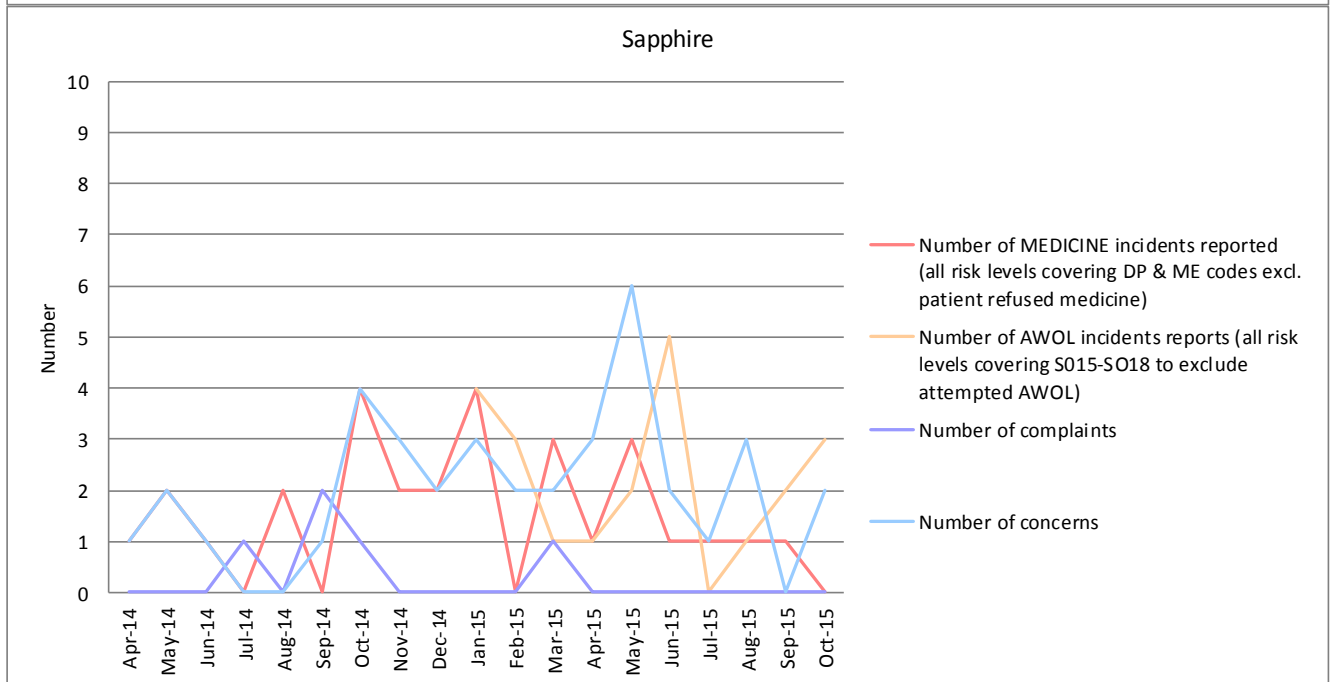
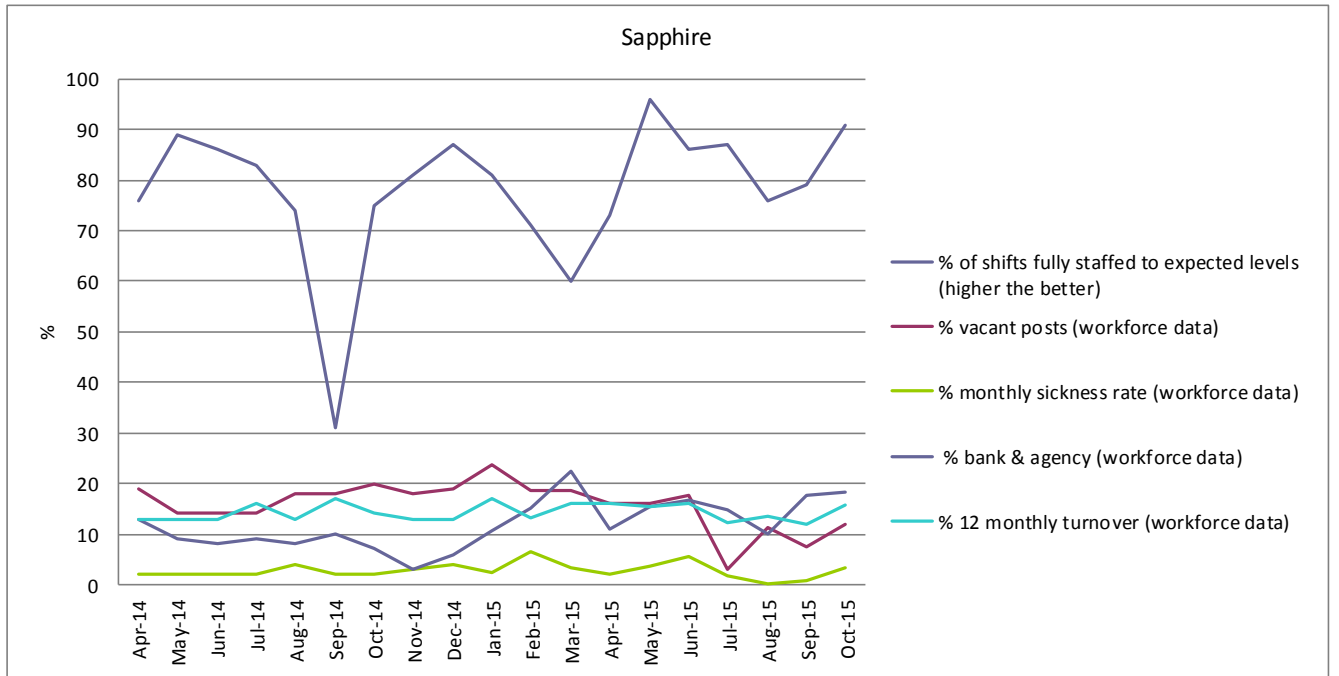
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (latest ES audit)	% Evidence of 1:1 meetings with patients (latest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reports (all risk levels covering S015-S018 to exclude attempted)	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	2	6	
Aug-15	50	24.3	2.91	22	14.95			5	2	2	5	79
Sep-15	56	25.4	5.39	19	8.05	20	80	2	0	0	0	71
Oct-15	82	14.3	3.33	20.8	7.31			0	3	0	3	74



PUBLIC BOARD REPORT

Sapphire (also provides staff for the S136 assessment suite)

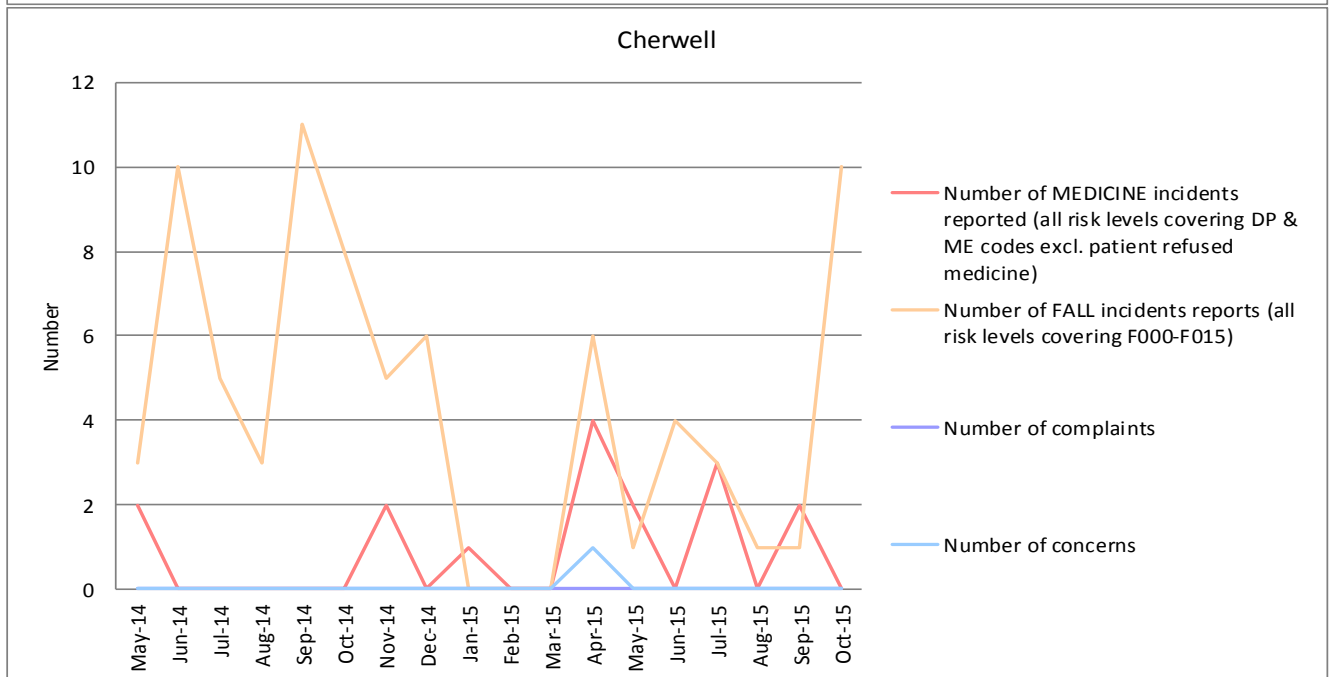
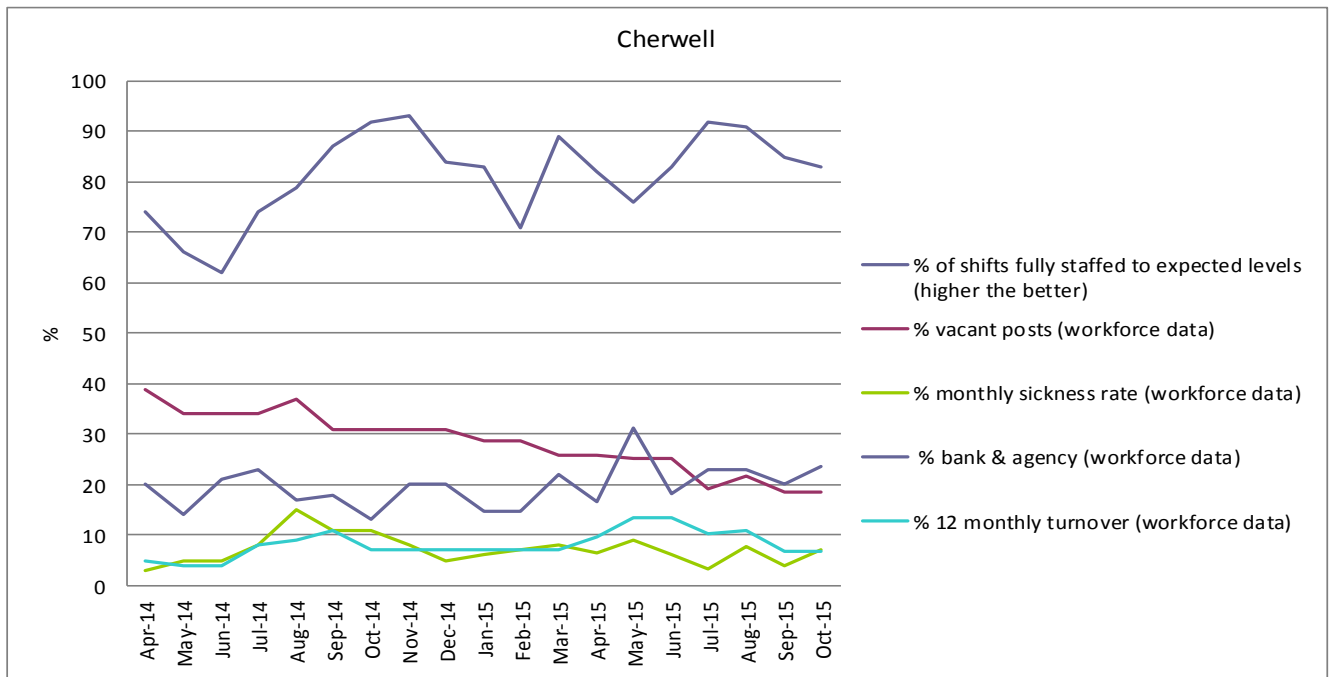
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with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



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Cherwell

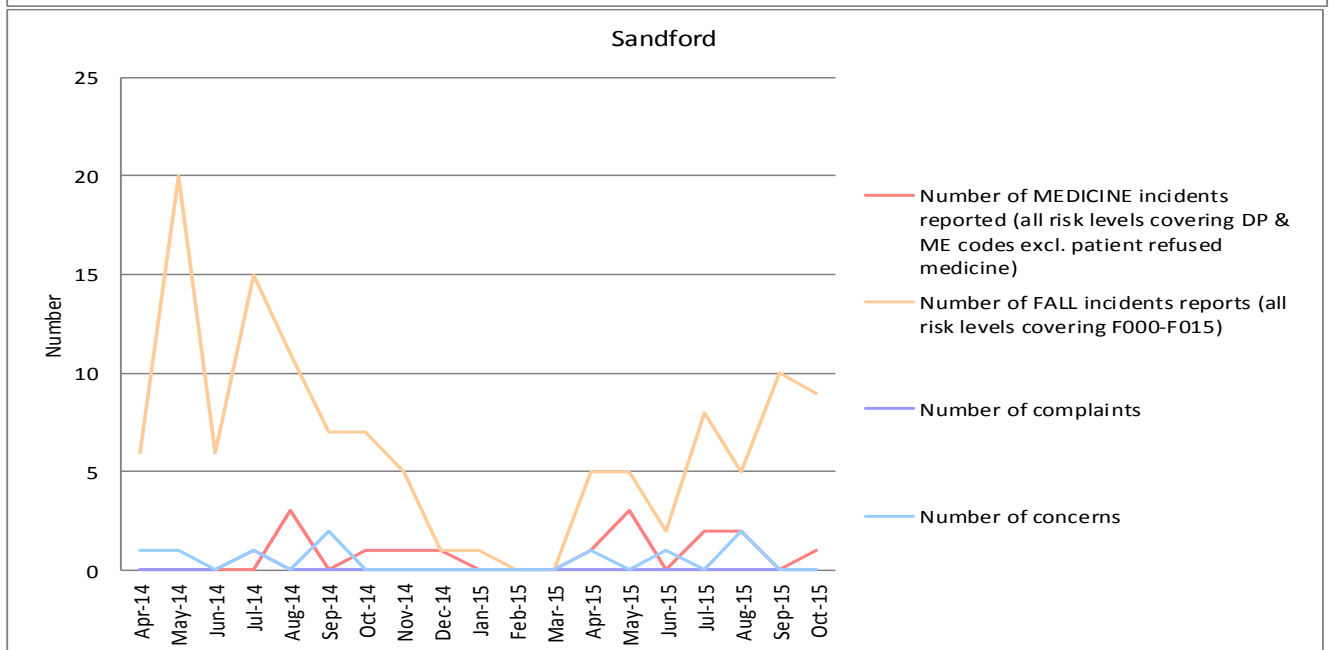
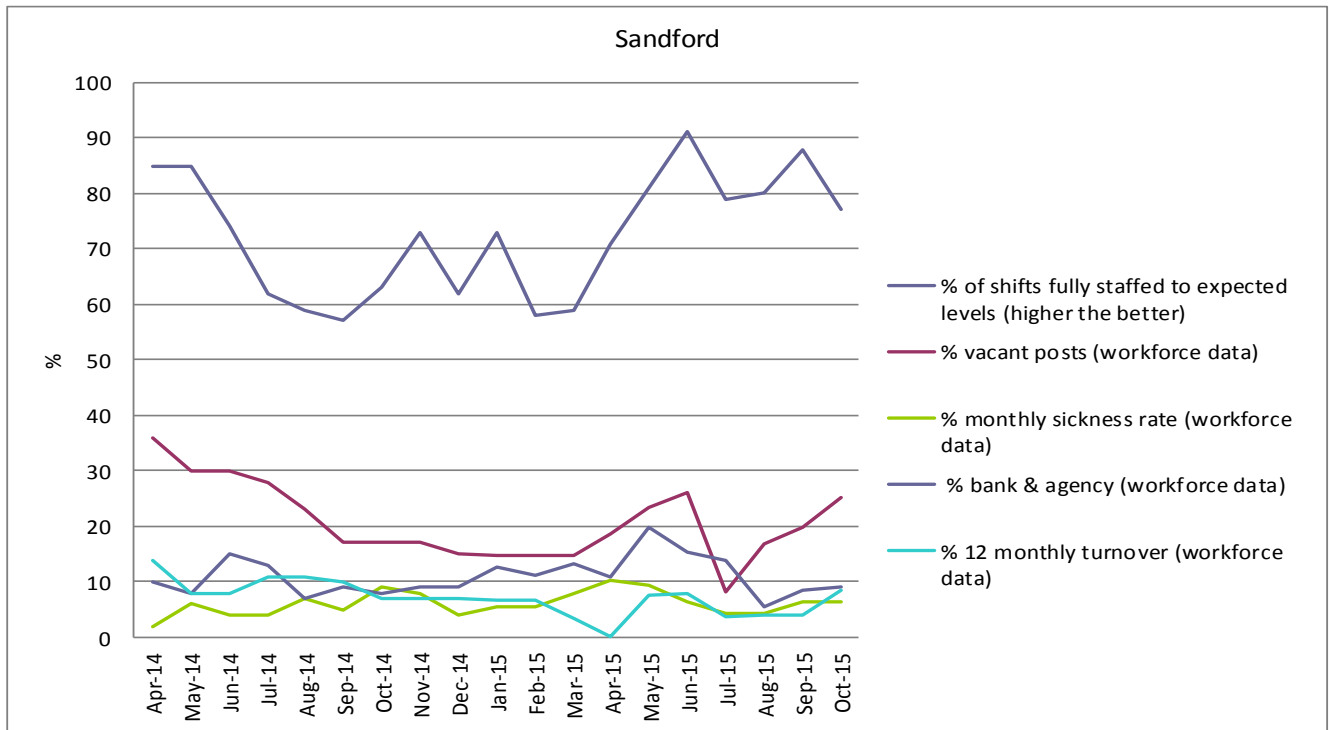
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of FALL incidents reports (all risk levels covering F000-F015)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	74	39	3	20	5	60	100	1	5	0	0	
May-14	66	34	5	14	4			2	3	0	0	
Jun-14	62	34	5	21	4	80	100	0	10	0	0	
Jul-14	74	34	8	23	8			0	5	0	0	
Aug-14	79	37	15	17	9	50	60	0	3	0	0	
Sep-14	87	31	11	18	11			0	11	0	0	
Oct-14	92	31	11	13	7	80	100	0	8	0	0	
Nov-14	93	31	8	20	7			2	5	0	0	
Dec-14	84	31	5	20	7	60	100	0	6	0	0	
Jan-15	83	28.7	6.16	14.6	7.13			1	0	0	0	
Feb-15	71	28.7	7.02	14.6	7.13	100	100	0	0	0	0	
Mar-15	89	26	8.11	21.9	6.99			0	0	0	0	
Apr-15	82	26	6.52	16.6	9.57	100	100	4	6	0	1	
May-15	76	25.2	9.08	31.4	13.51			2	1	0	0	
Jun-15	83	25.2	6.25	18.3	13.51			0	4	0	0	60
Jul-15	92	19.2	3.44	23.1	10.24			3	3	0	0	
Aug-15	91	21.6	7.76	22.9	10.94			0	1	0	0	66
Sep-15	85	18.4	3.96	20.1	6.95			2	1	0	0	75
Oct-15	83	18.4	7.23	23.5	6.95	100	80	0	10	0	0	67



PUBLIC BOARD REPORT

Sandford

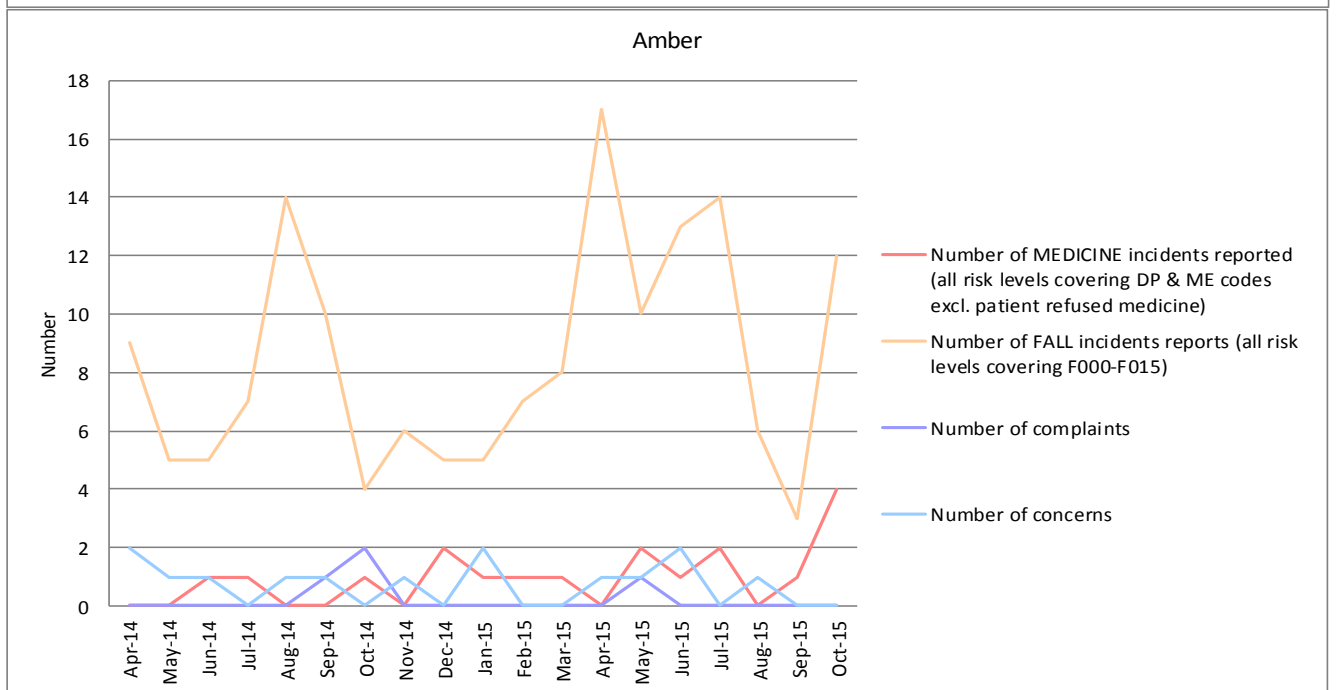
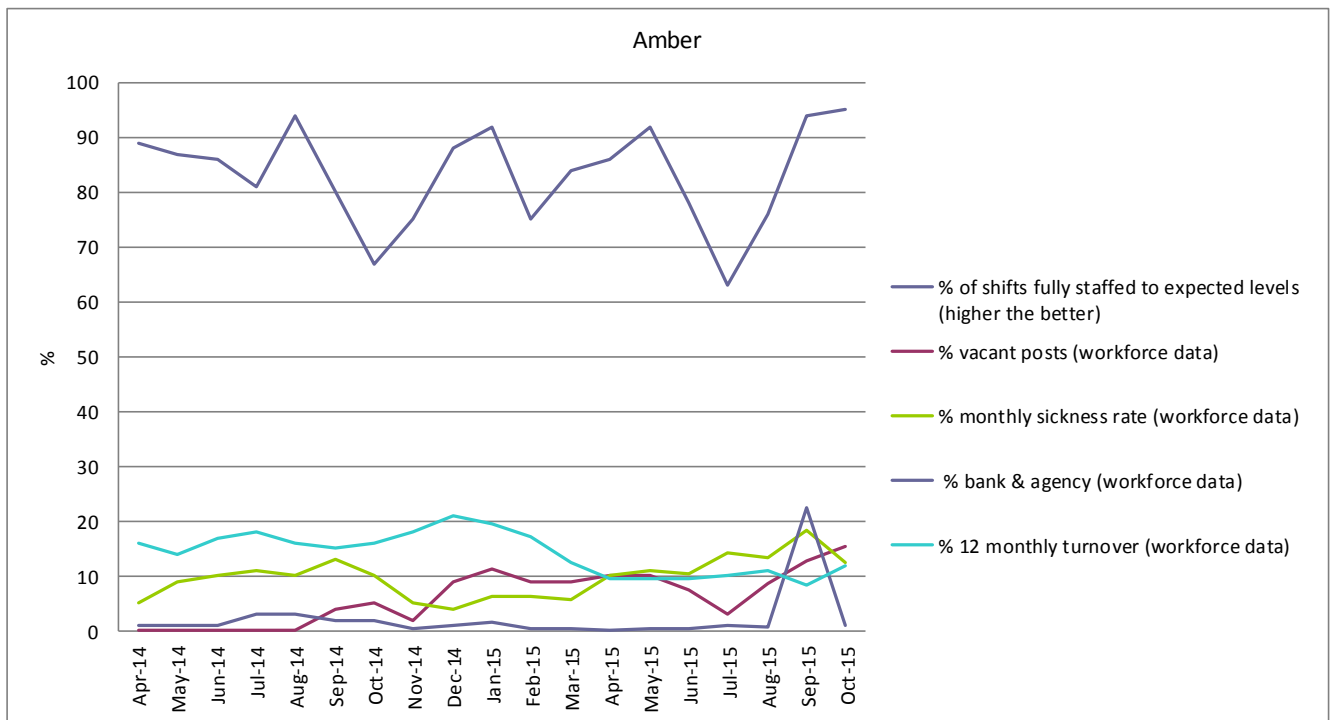
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (latest ES audit)	% Evidence of 1:1 meetings with patients (latest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of FALL incidents reports (all risk levels covering F000-F015)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	85	36	2	10	14		80	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	0	0	
Aug-15	80	16.7	4.36	5.5	3.98			2	5	0	2	56
Sep-15	88	19.9	6.55	8.4	3.98			0	10	0	0	69
Oct-15	77	25.3	6.38	9.1	8.38	80	100	1	9	0	0	67



PUBLIC BOARD REPORT

Amber

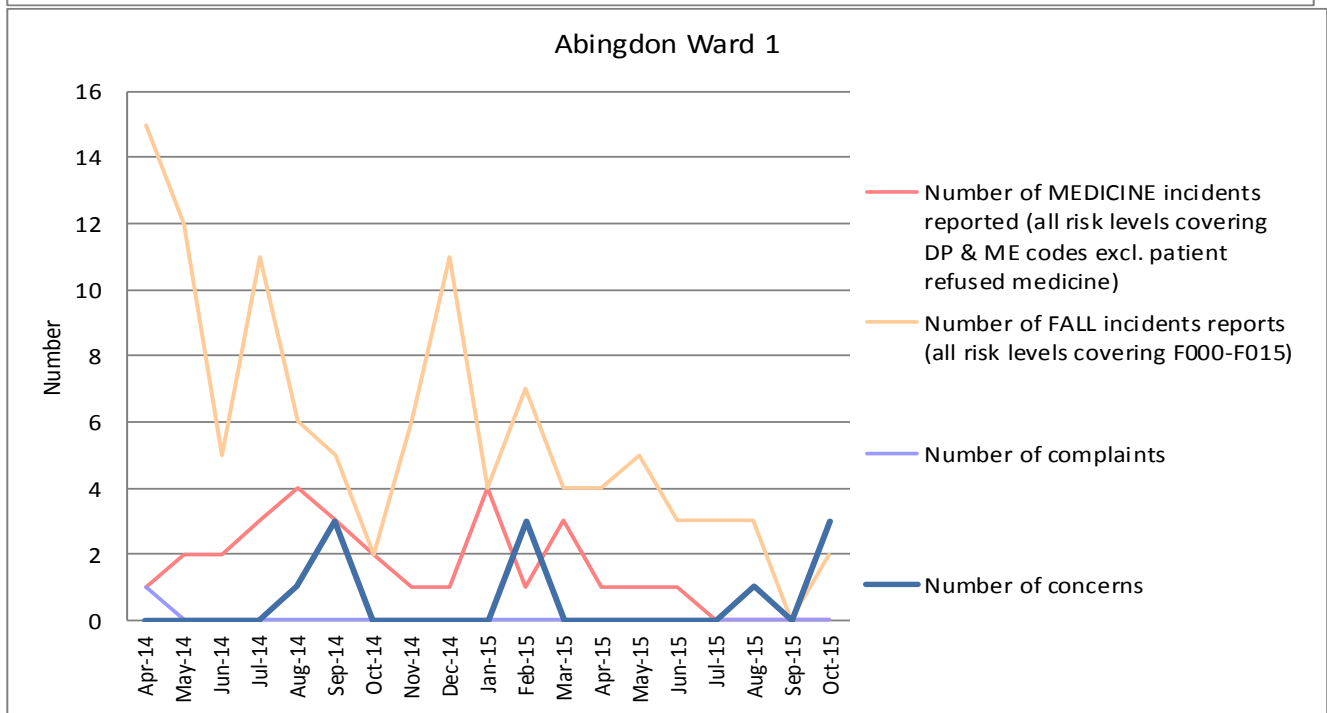
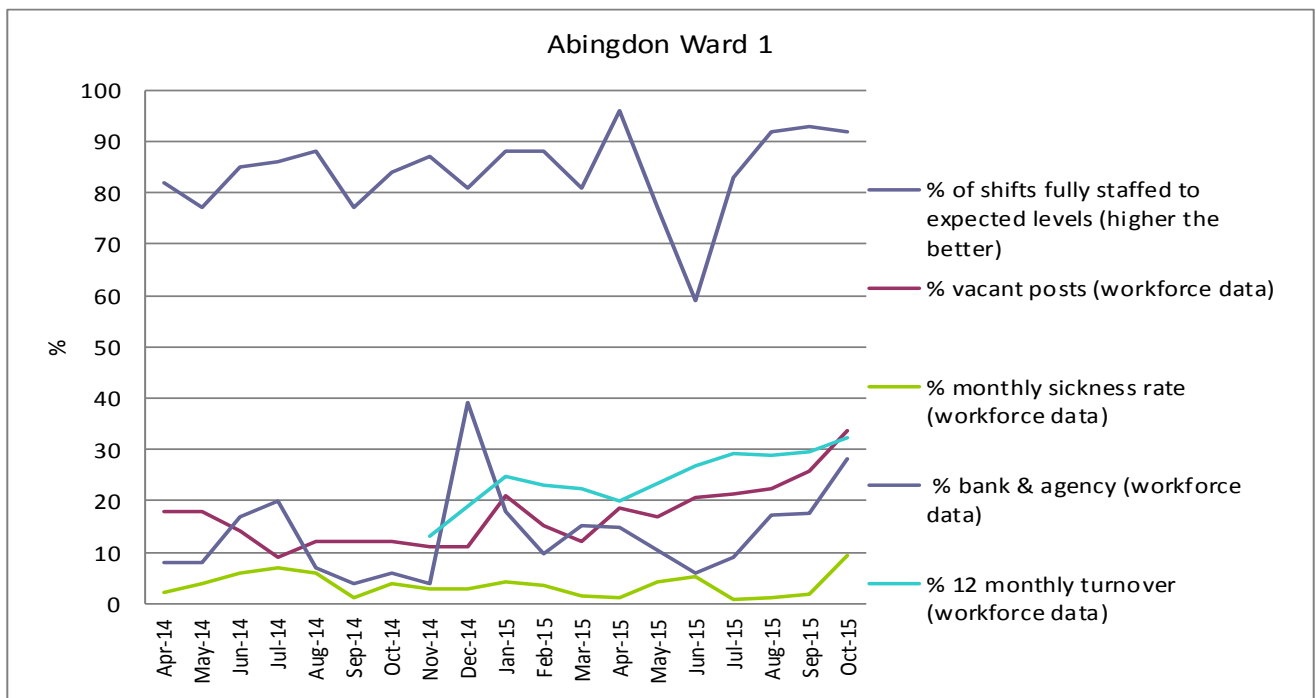
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (latest ES audit)	% Evidence of 1:1 meetings with patients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



PUBLIC BOARD REPORT

Abingdon ward 1

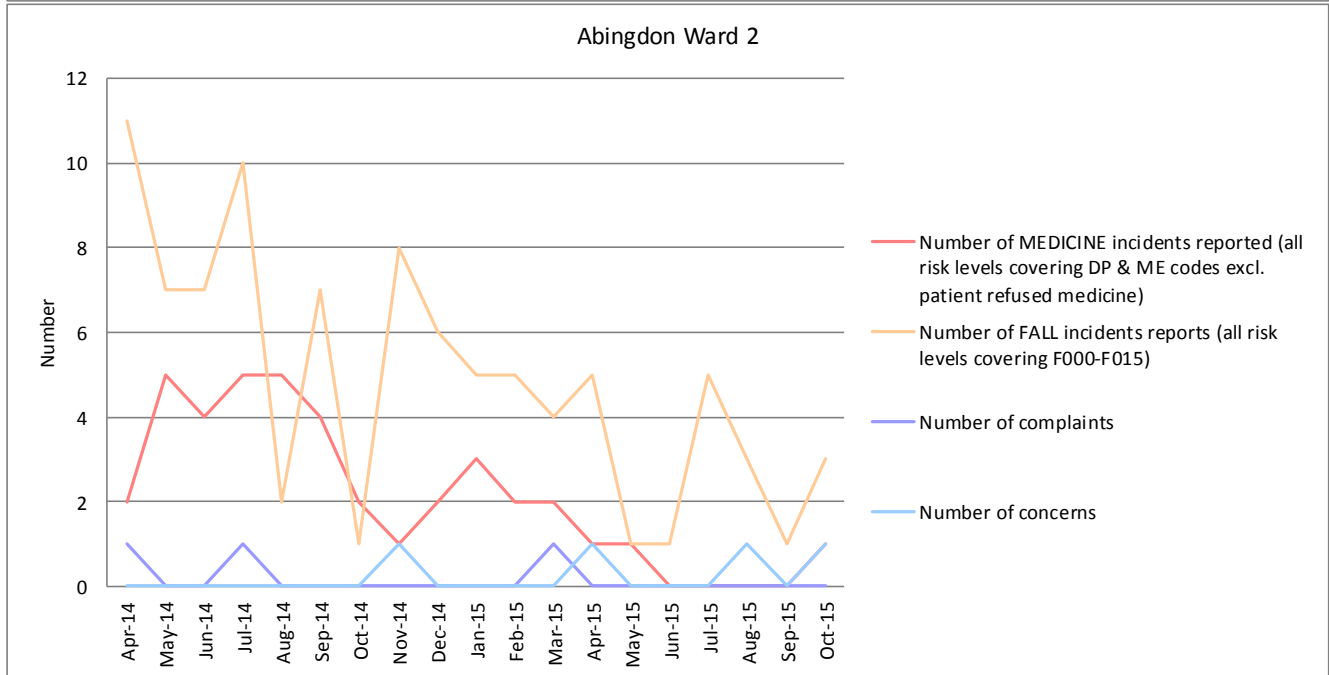
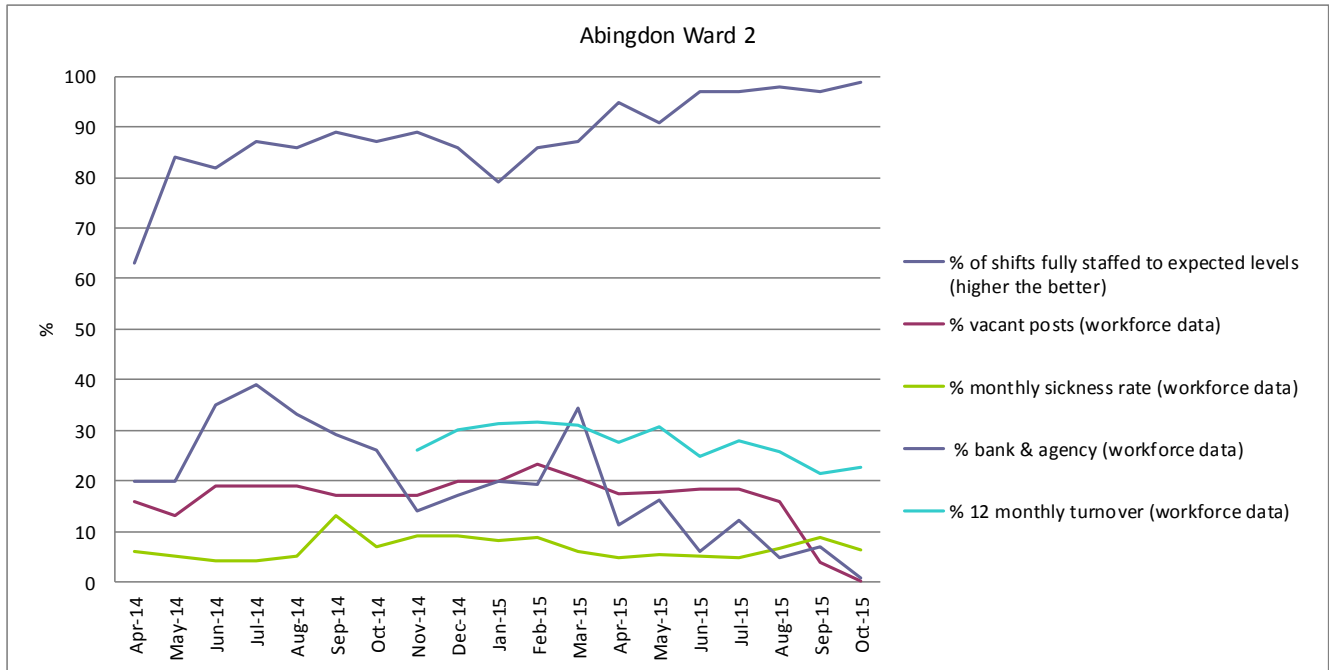
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans been reviewed weekly (lastest CHD audit)	% reported staff communicate clearly & 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



PUBLIC BOARD REPORT

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

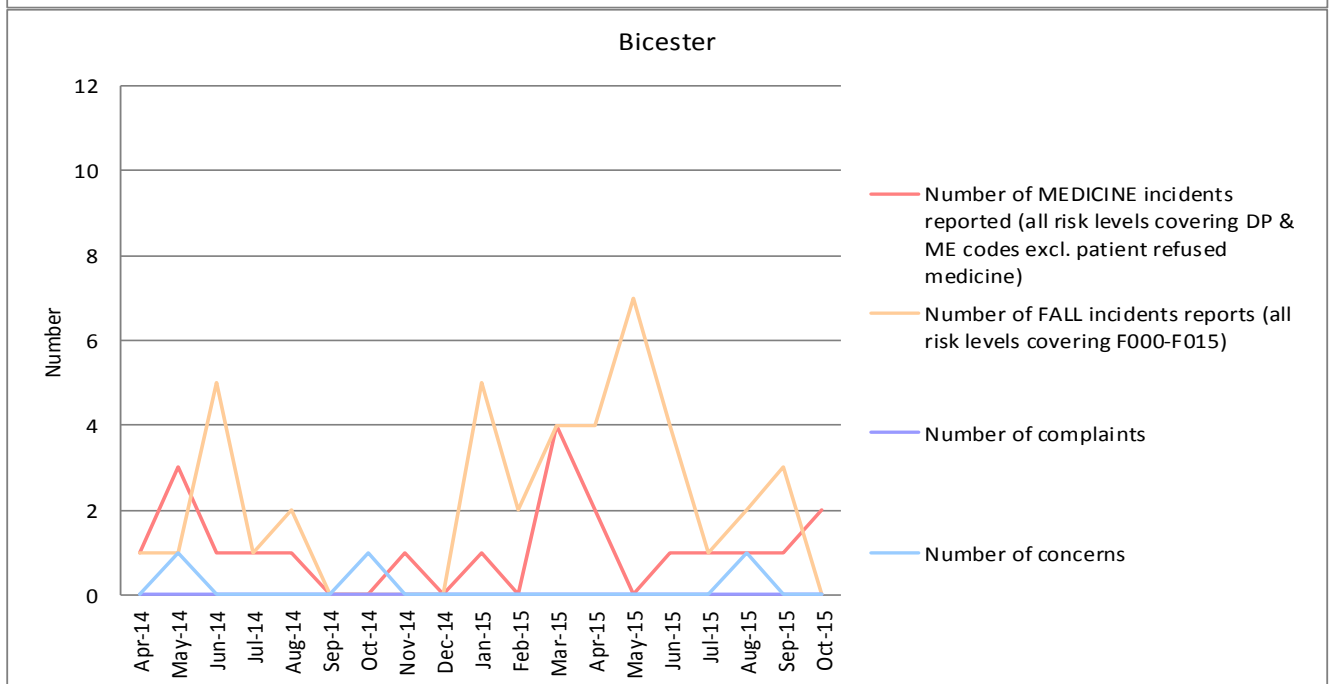
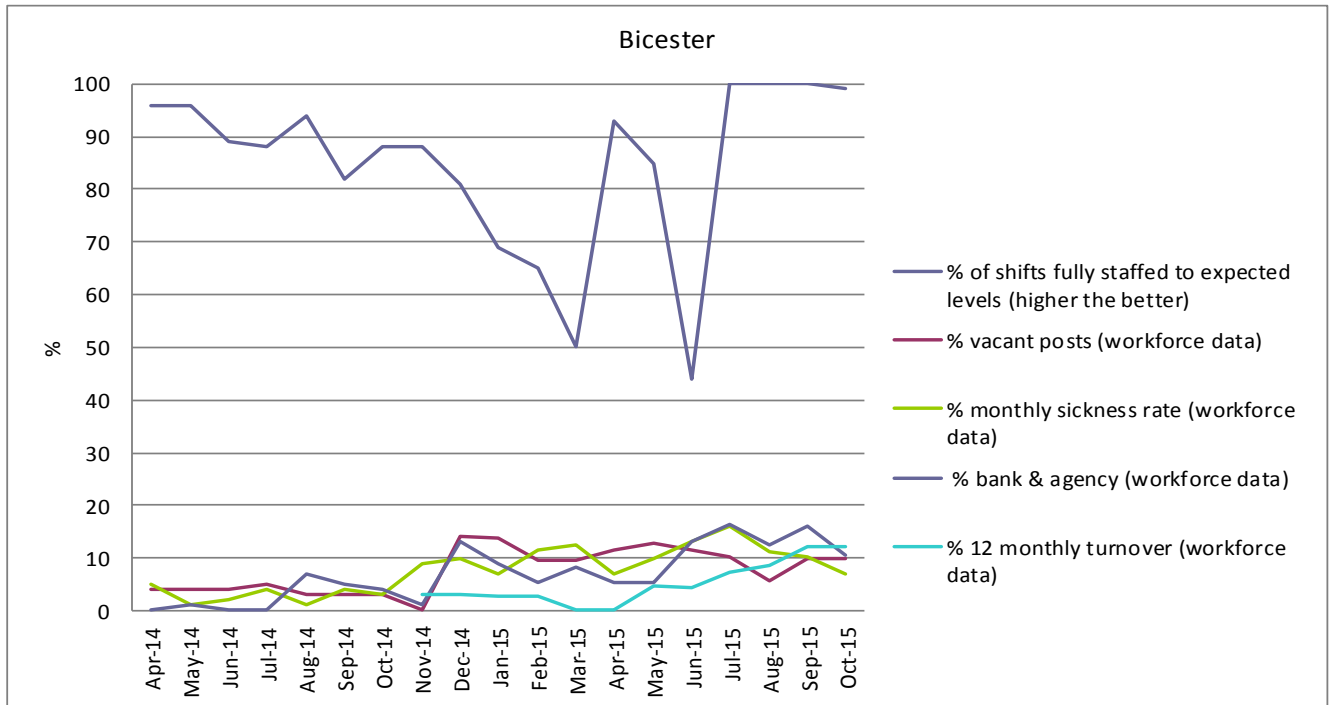
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans been reviewed weekly (lastest CHD audit)	% reported staff communicate clearly & 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



PUBLIC BOARD REPORT

Bicester

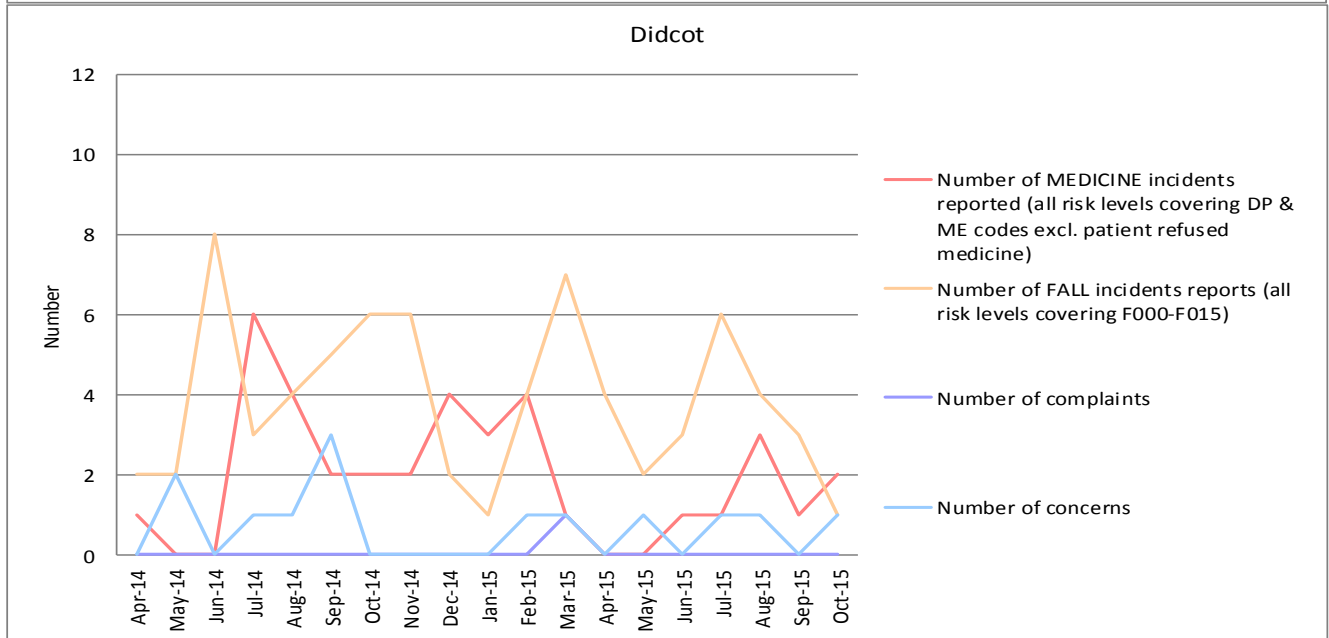
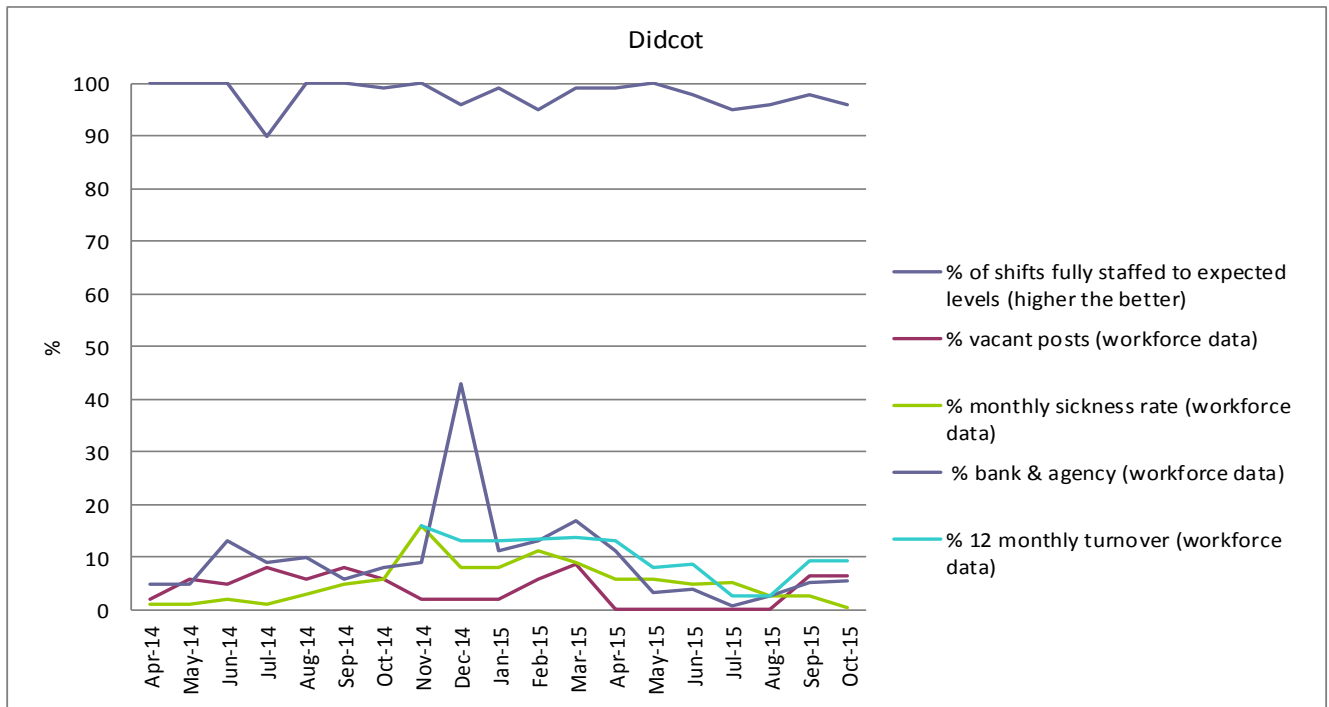
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans reviewed weekly (lastest CHD audit)	% reported staff communicate clearly & 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



PUBLIC BOARD REPORT

Didcot

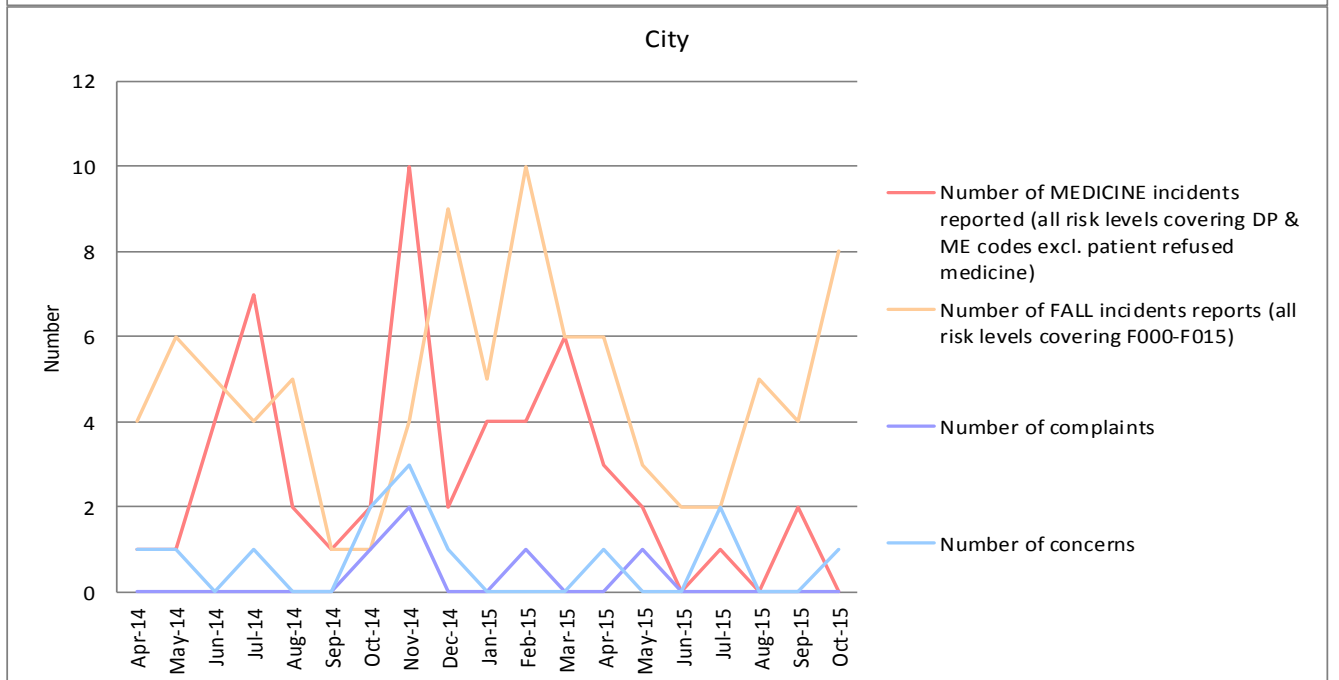
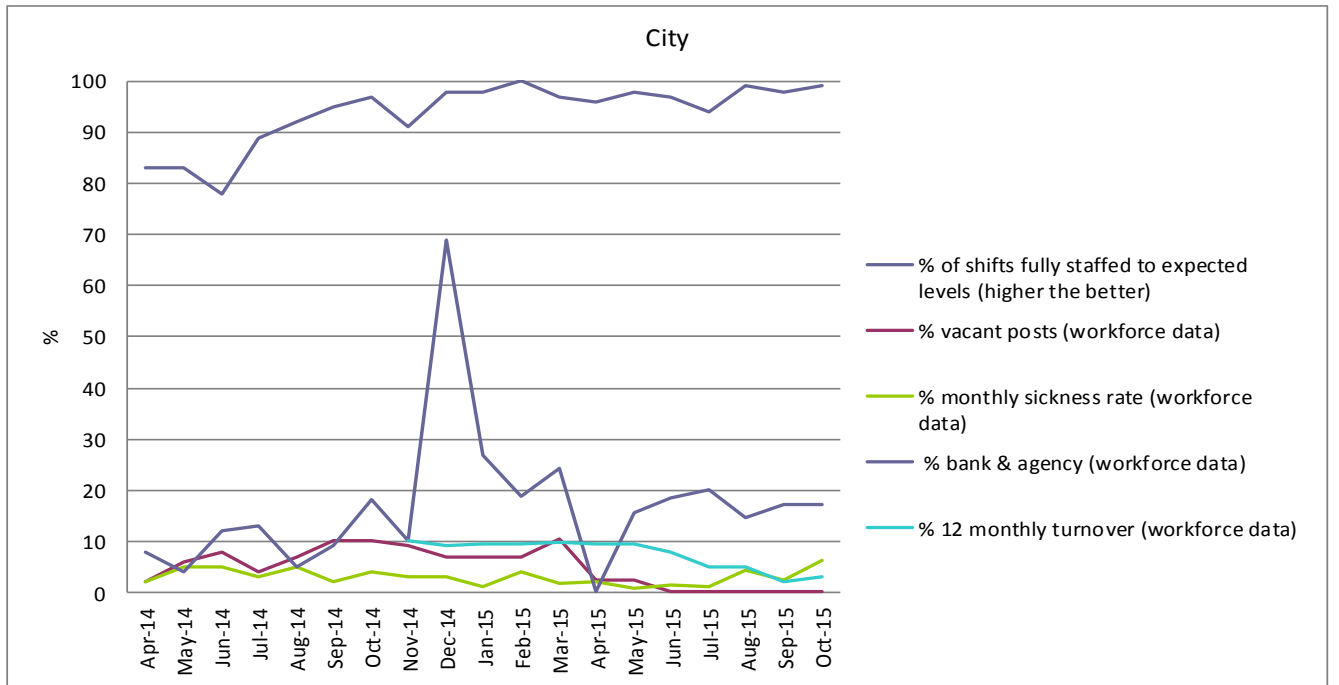
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans been reviewed weekly (latest CHD audit)	% reported staff communicate clearly & 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



PUBLIC BOARD REPORT

City

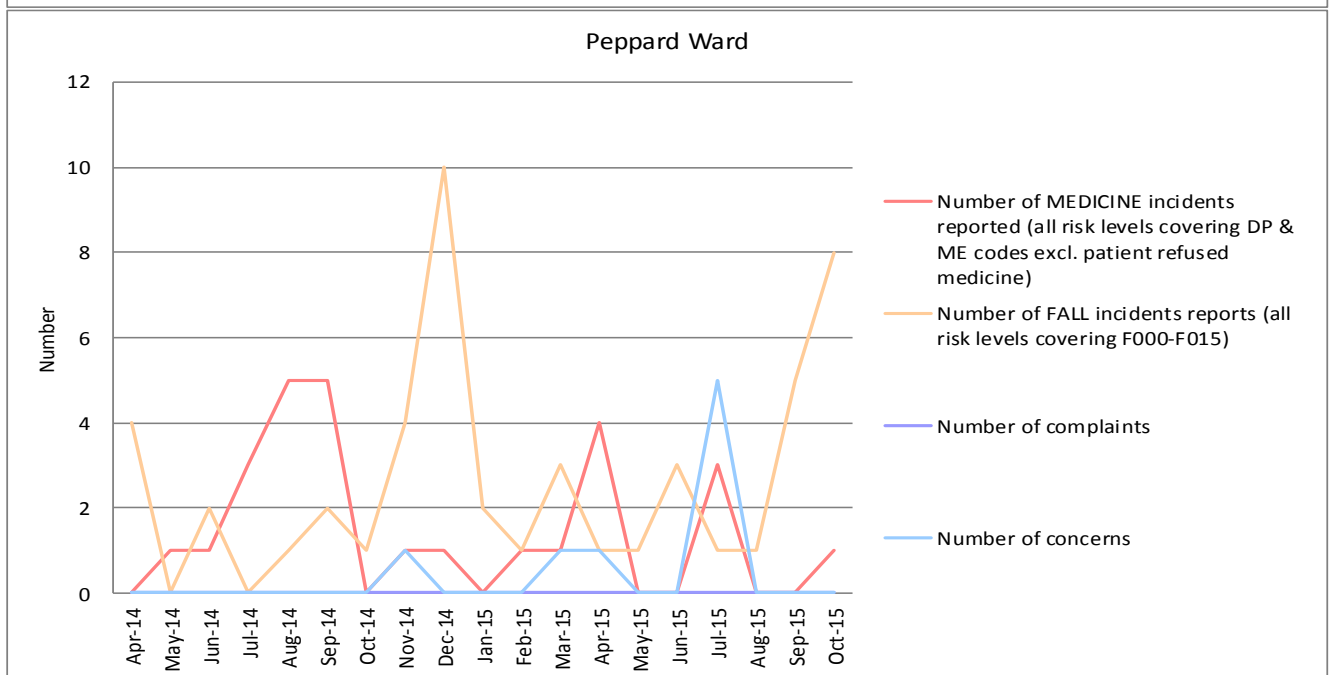
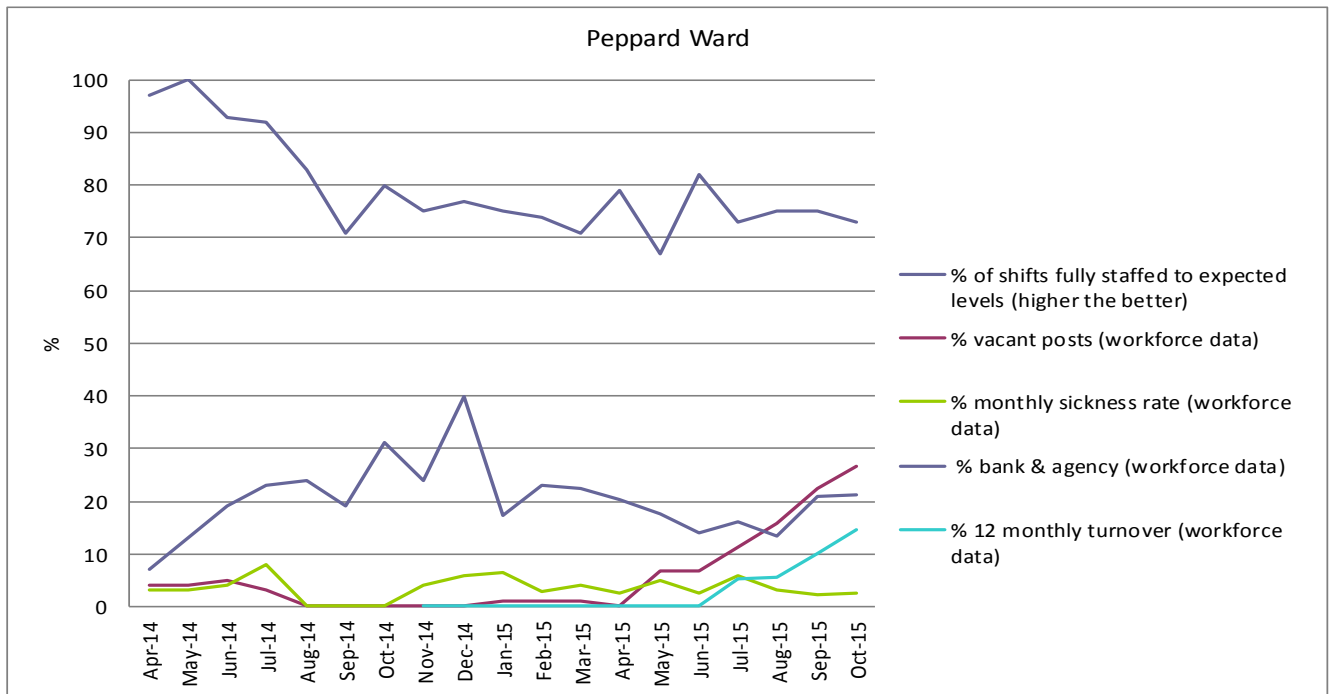
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans been reviewed weekly (latest CHD audit)	% reported staff communicate clearly & 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	% 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



PUBLIC BOARD REPORT

Henley Peppard ward

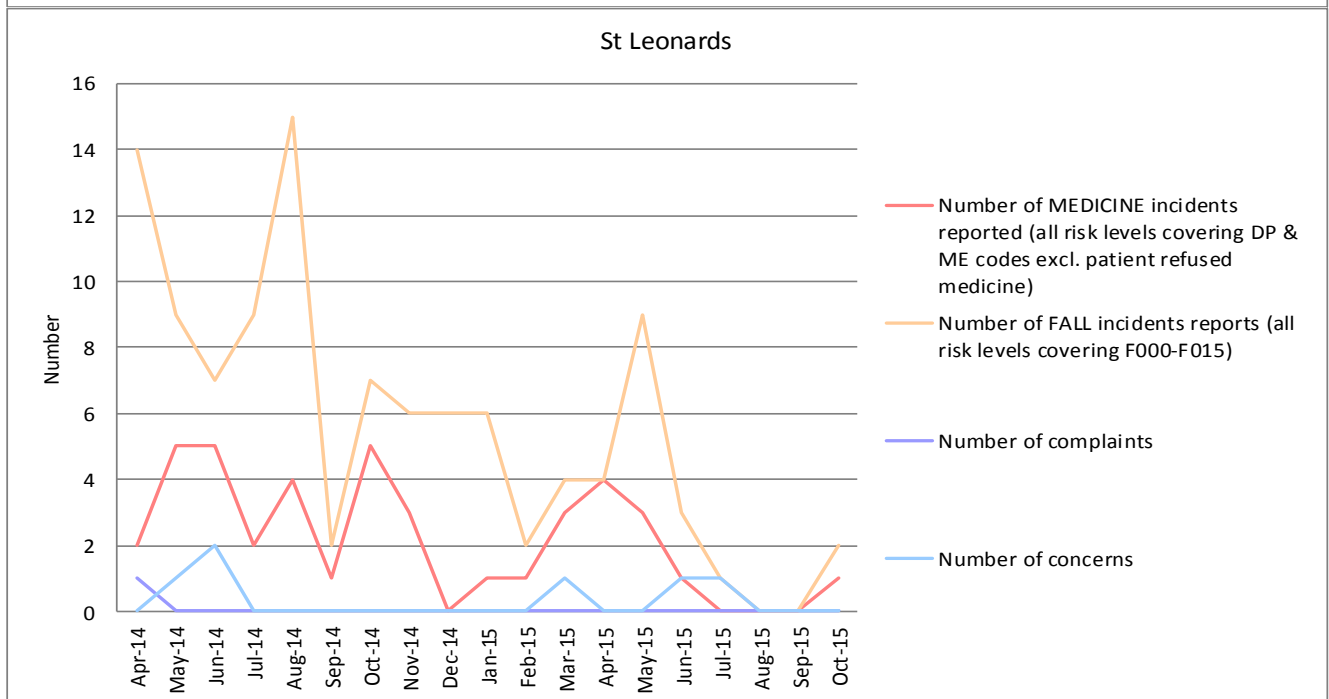
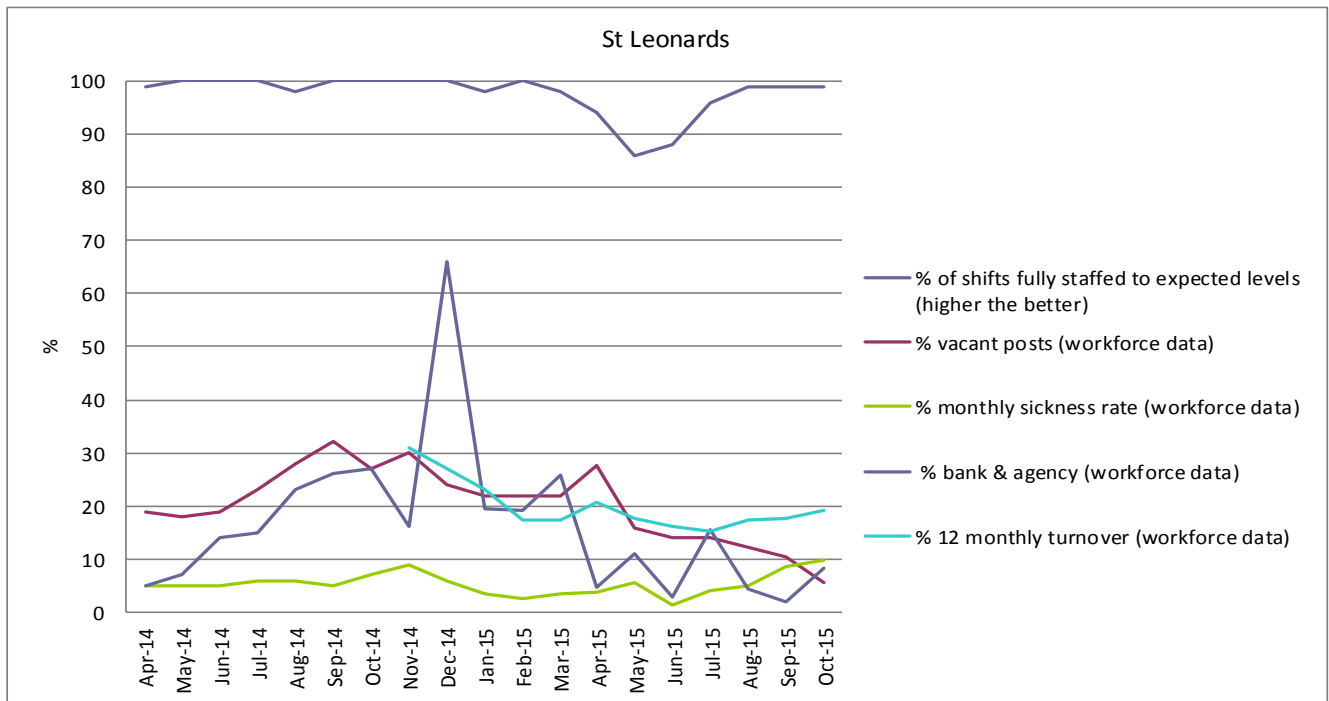
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans been reviewed weekly (lastest CHD audit)	% reported staff communicate clearly & respectfully with you (lastest CHD audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of FALL incidents reports (all risk levels covering F000-F015)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	97	4	3	7				0	4	0	0	
May-14	100	4	3	13				1	0	0	0	
Jun-14	93	5	4	19		100	100	1	2	0	0	
Jul-14	92	3	8	23				3	0	0	0	
Aug-14	83	0	0	24				5	1	0	0	
Sep-14	71	0	0	19		100	100	5	2	0	0	
Oct-14	80	0	0	31				0	1	0	0	
Nov-14	75	0	4	24	0			1	4	0	1	
Dec-14	77	0	6	40	0	43	100	1	10	0	0	
Jan-15	75	1	6.46	17.3	0			0	2	0	0	
Feb-15	74	1	2.72	22.9	0			1	1	0	0	
Mar-15	71	1	4.07	22.5	0	83	100	1	3	0	1	
Apr-15	79	0	2.68	20.2	0			4	1	0	1	
May-15	67	6.8	4.82	17.7	0			0	1	0	0	
Jun-15	82	6.8	2.47	13.9	0	88		0	3	0	0	64
Jul-15	73	11.4	5.78	16	5.15			3	1	0	5	
Aug-15	75	15.9	3.02	13.5	5.43			0	1	0	0	79
Sep-15	75	22.5	2.37	20.8	10.15			0	5	0	0	93
Oct-15	73	26.6	2.67	21.2	14.63	100		1	8	0	0	95



PUBLIC BOARD REPORT

Wallingford St Leonards ward

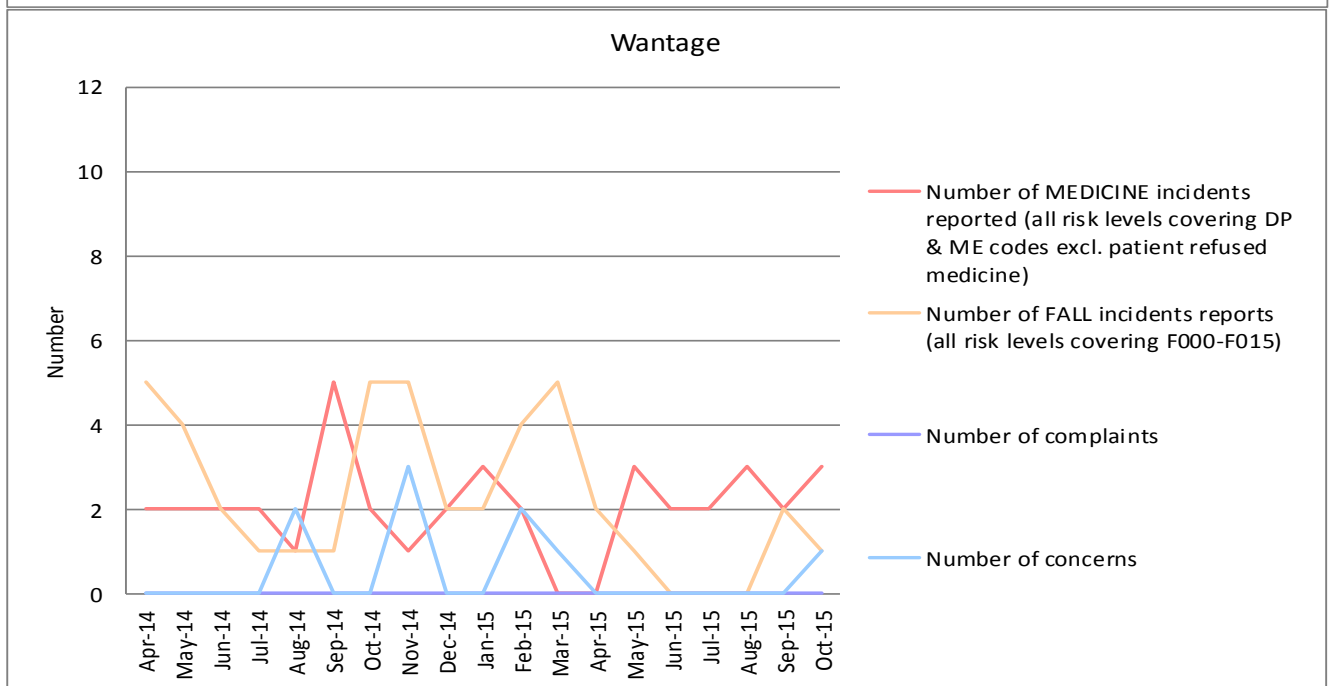
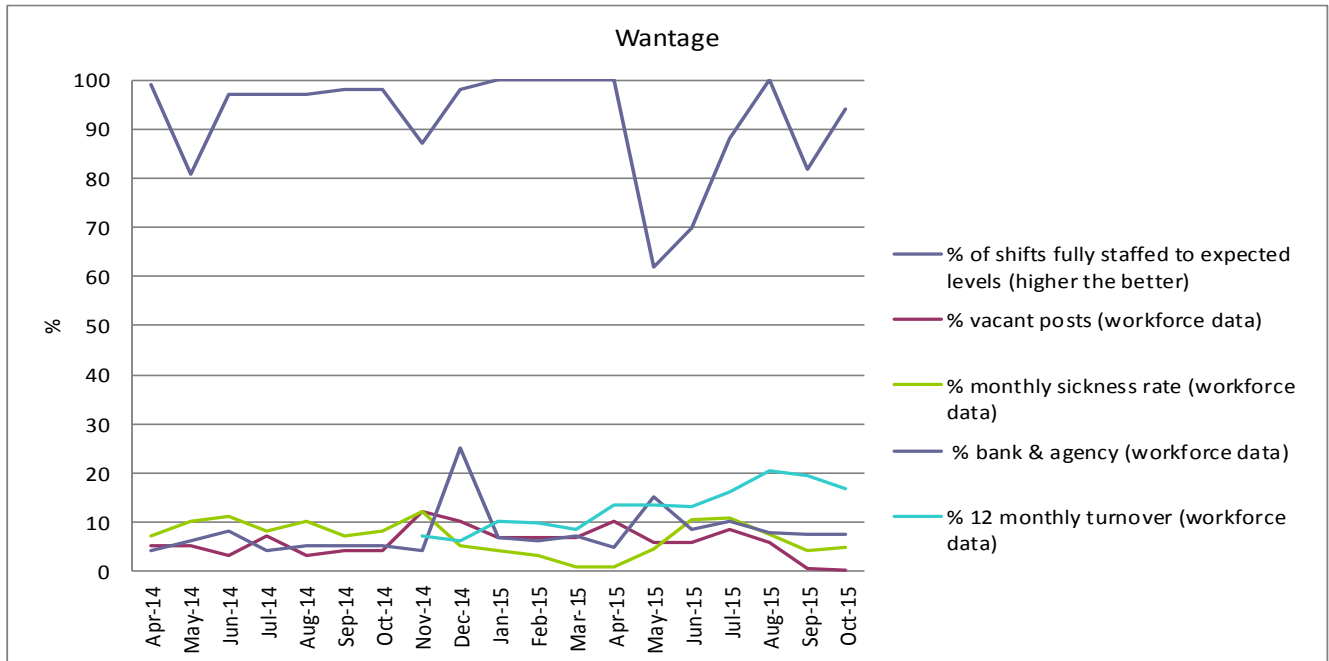
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans been reviewed weekly (latest CHD audit)	% reported staff communicate clearly & 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



PUBLIC BOARD REPORT

Wantage

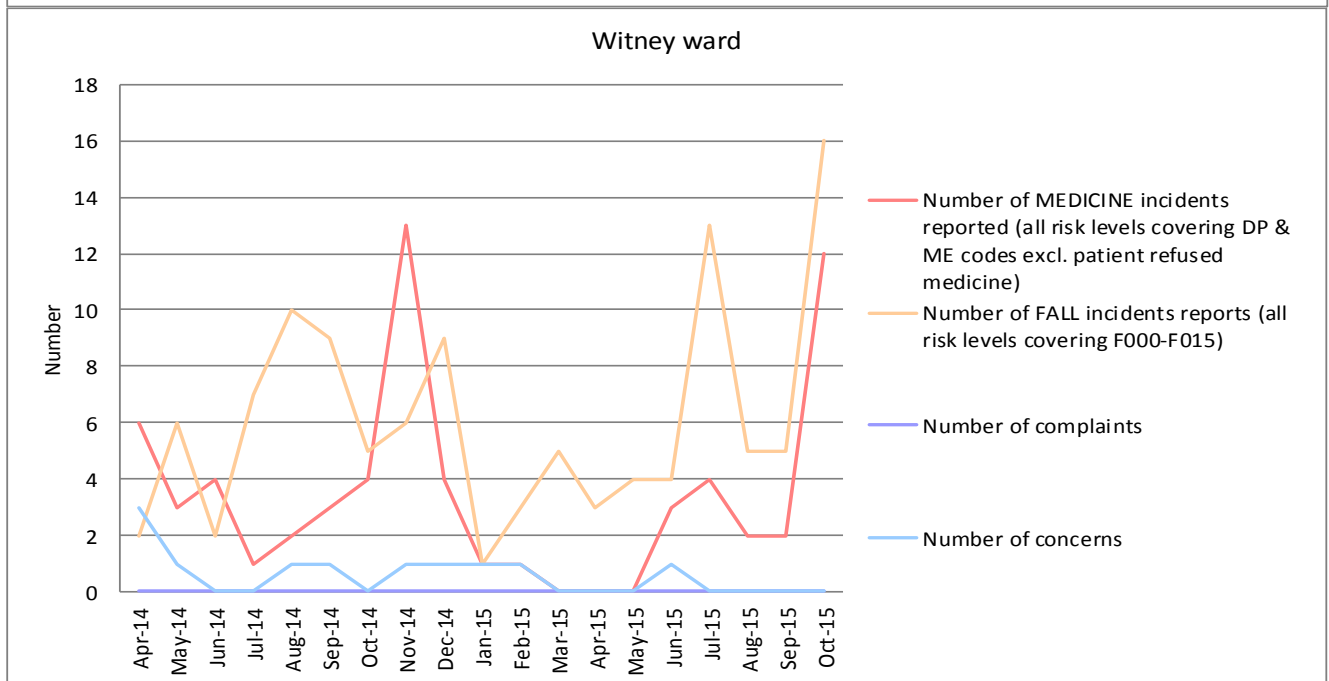
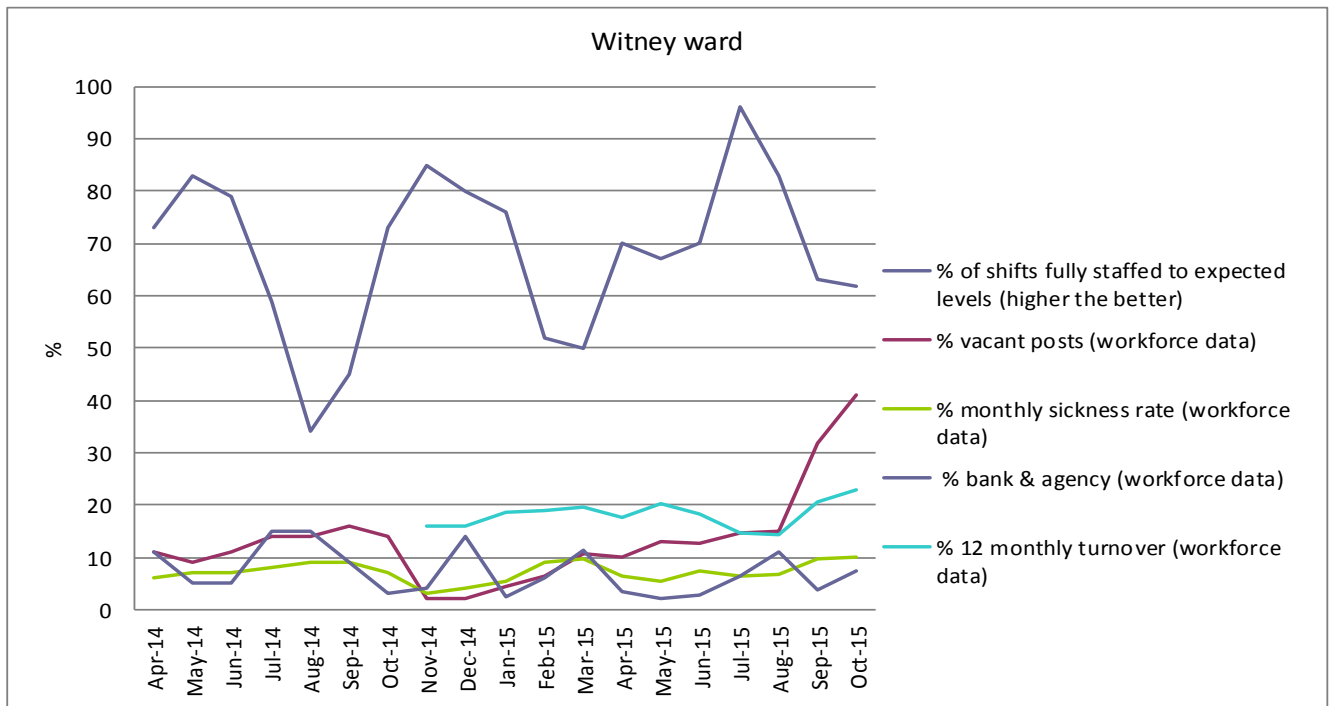
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans been reviewed weekly (lastest CHD audit)	% reported staff communicate clearly & 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



PUBLIC BOARD REPORT

Witney ward

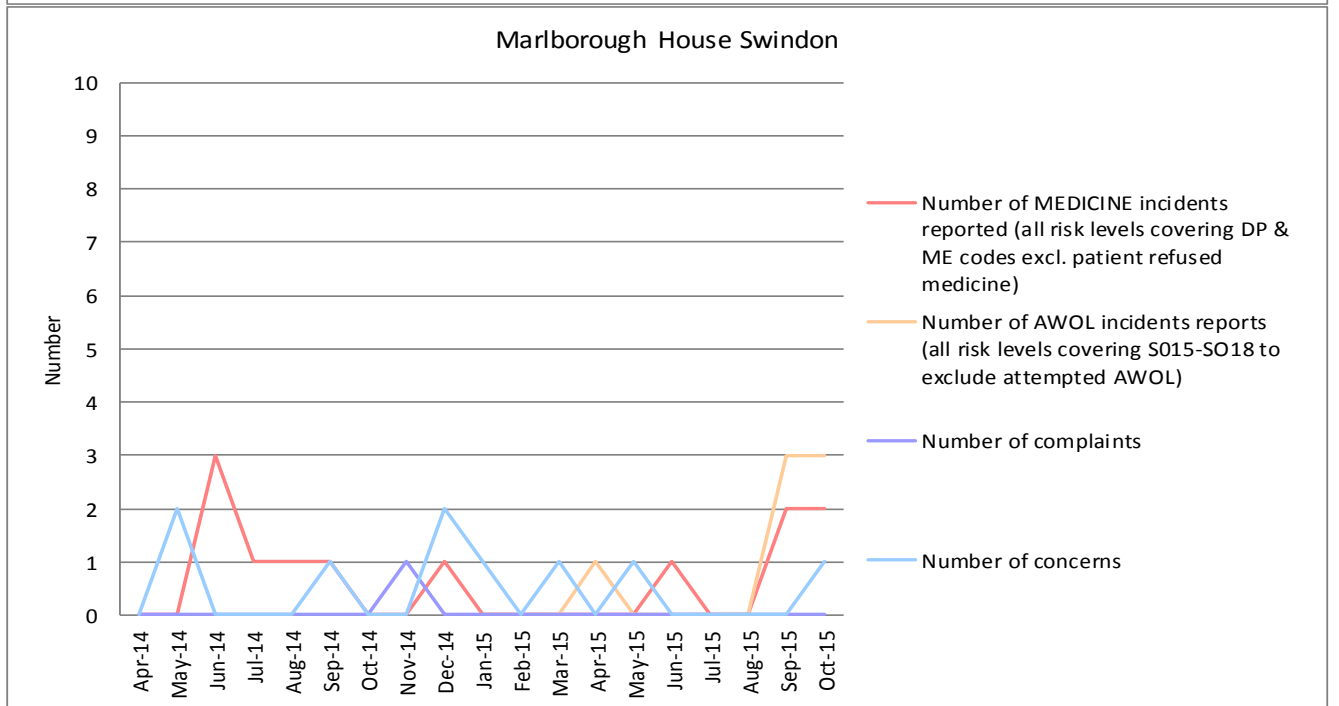
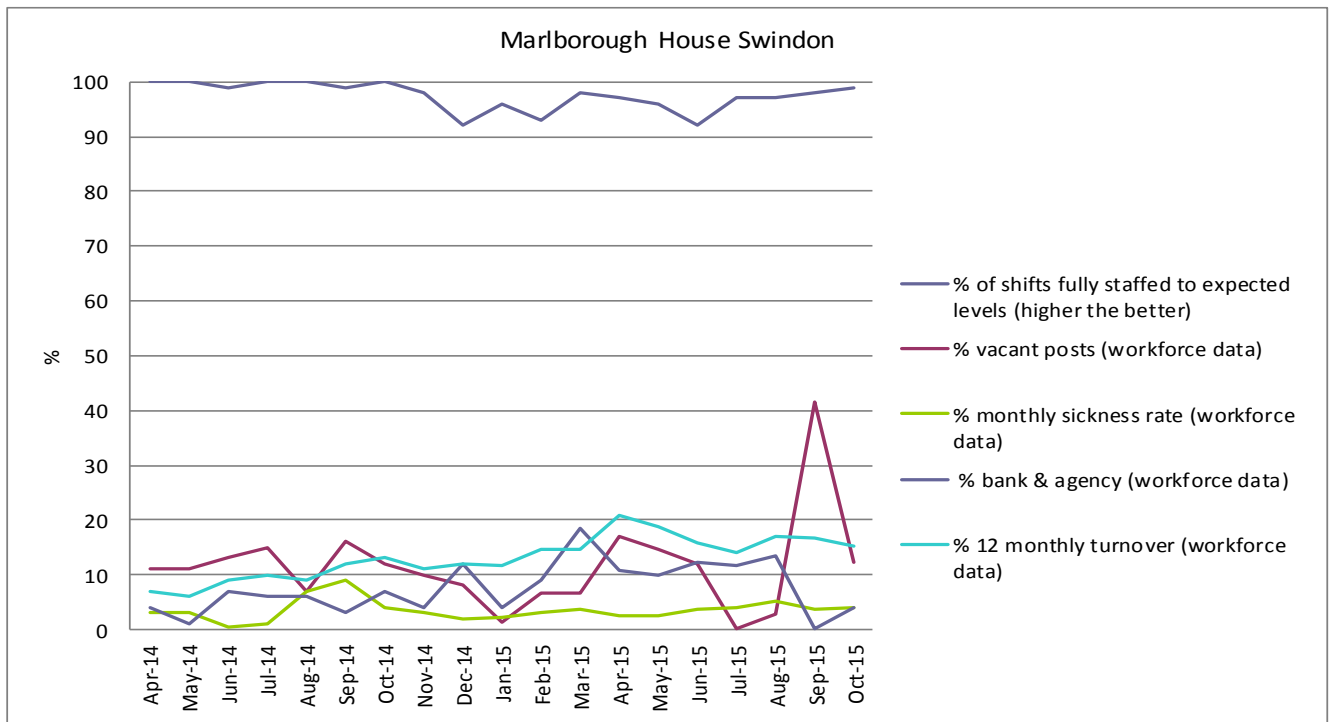
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans been reviewed weekly (lastest CHD audit)	% reported staff communicate clearly & 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



PUBLIC BOARD REPORT

Marlborough House Swindon (CAMHS)

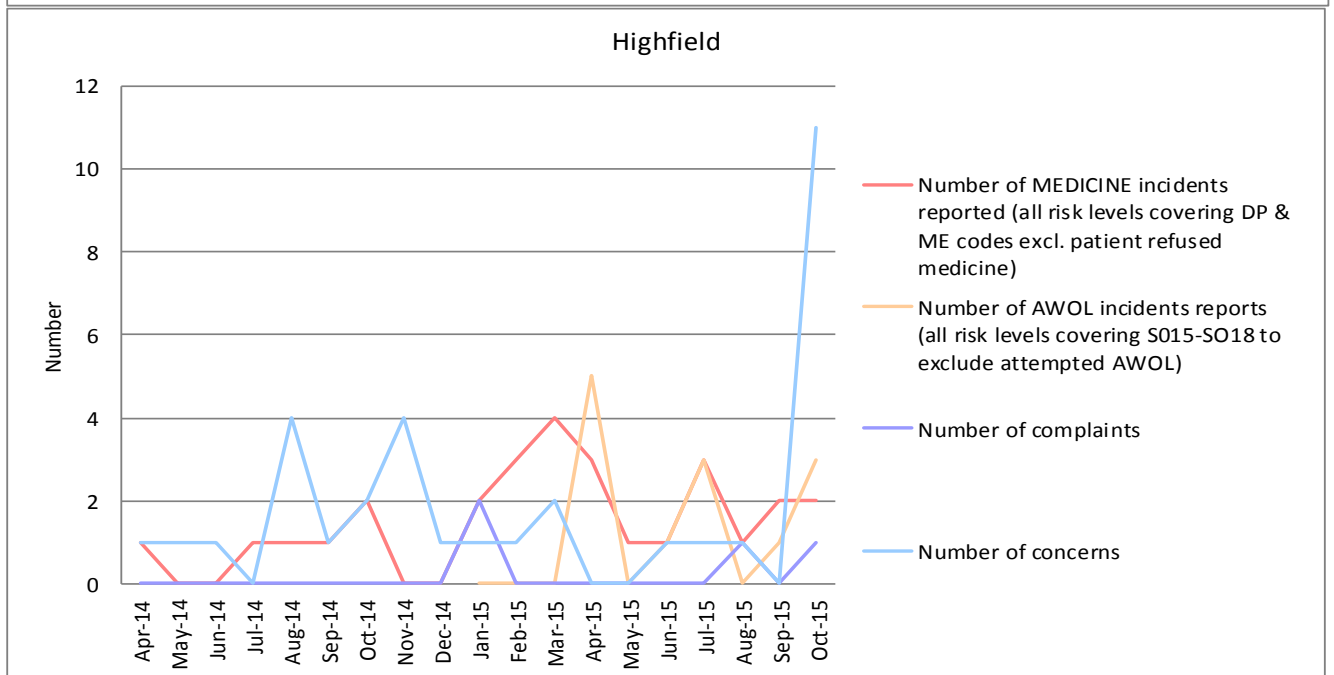
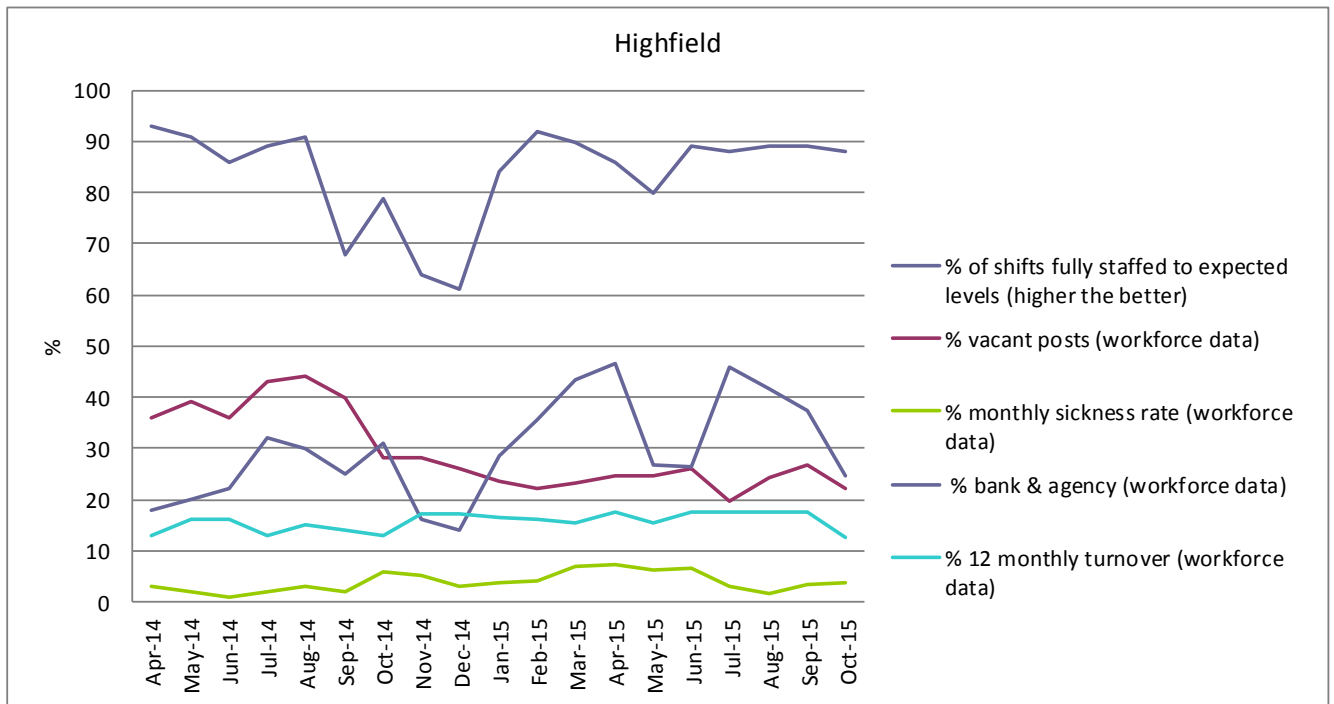
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (latest ES audit)	% Evidence of 1:1 meetings with patients (latest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reports (all risk levels covering S015-SO18 to exclude attempted)	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
May-14	100	11	3	1	6			0	0	0	2	
Jun-14	99	13	0.3	7	9	100	100	3	0	0	0	
Jul-14	100	15	1	6	10			1	0	0	0	
Aug-14	100	7	7	6	9	100	100	1	0	0	0	
Sep-14	99	16	9	3	12			1	0	1	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	0	0	
Dec-14	92	8	2	12	12	100	100	1	0	2	2	
Jan-15	96	1.4	2.15	4	11.71			0	0	0	1	
Feb-15	93	6.7	2.95	9	14.67	100	100	0	0	0	0	
Mar-15	98	6.7	3.54	18.5	14.67			0	0	0	1	
Apr-15	97	17.1	2.48	10.8	20.88	100	100	0	1	0	0	
May-15	96	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	0	0	
Aug-15	97	2.7	5.18	13.4	16.88			0	0	0	0	68
Sep-15	98	41.4	3.55	0.1	16.64	100	100	2	3	0	0	69
Oct-15	99	12.2	3.85	3.9	15.07			2	3	0	1	67



PUBLIC BOARD REPORT

Highfield (CAMHS)

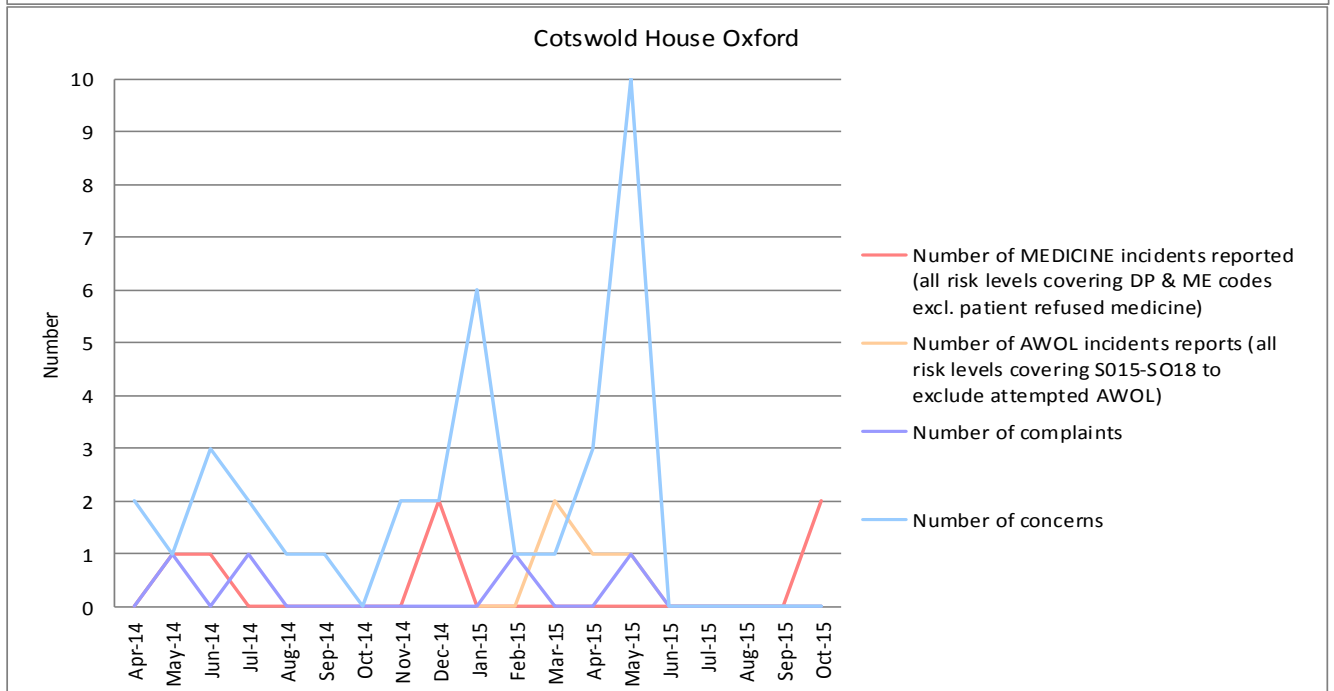
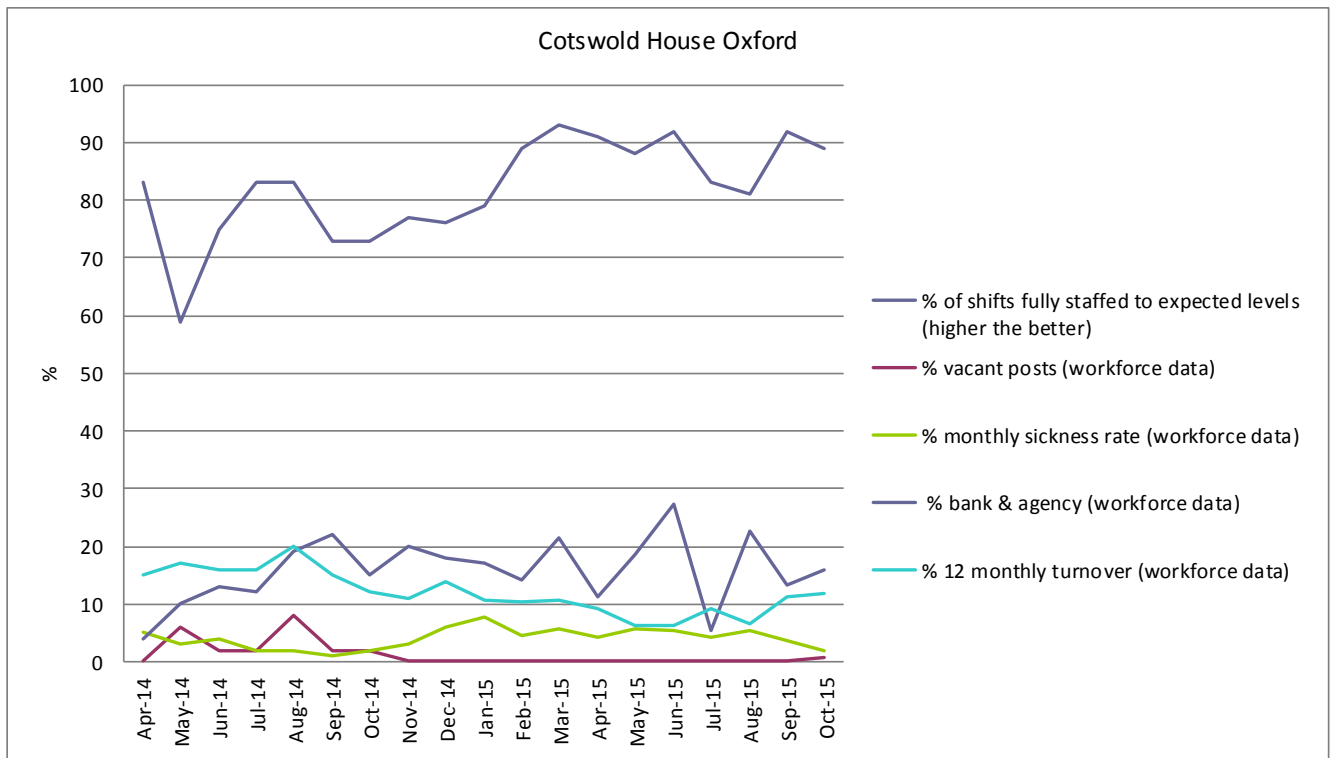
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reports (all risk levels covering S015-SO18 to exclude attempted AWOL)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	93	36	3	18	13	no data	no data	1		0	1	
May-14	91	39	2	20	16			0		0	1	
Jun-14	86	36	1	22	16	no data	no data	0		0	1	
Jul-14	89	43	2	32	13			1		0	0	
Aug-14	91	44	3	30	15	100	100	1		0	4	
Sep-14	68	40	2	25	14			1		0	1	
Oct-14	79	28	6	31	13	100	80	2		0	2	
Nov-14	64	28	5	16	17			0		0	4	
Dec-14	61	26	3	14	17	100	80	0		0	1	
Jan-15	84	23.6	3.6	28.5	16.3			2	0	2	1	
Feb-15	92	22.2	4.02	35.7	15.99	100	no data	3	0	0	1	
Mar-15	90	23.1	7.07	43.4	15.45			4	0	0	2	
Apr-15	86	24.6	7.4	46.5	17.6	100	100	3	5	0	0	
May-15	80	24.6	6.15	26.6	15.45			1	0	0	0	
Jun-15	89	26.1	6.42	26.4	17.6	100	100	1	1	0	1	61
Jul-15	88	19.8	2.94	46	17.6			3	3	0	1	
Aug-15	89	24.1	1.63	41.7	17.62			1	0	1	1	62
Sep-15	89	26.7	3.27	37.4	17.54	100	100	2	1	0	0	68
Oct-15	88	22.1	3.66	24.5	12.53	100	100	2	3	1	11	68



PUBLIC BOARD REPORT

Cotswold House Oxford

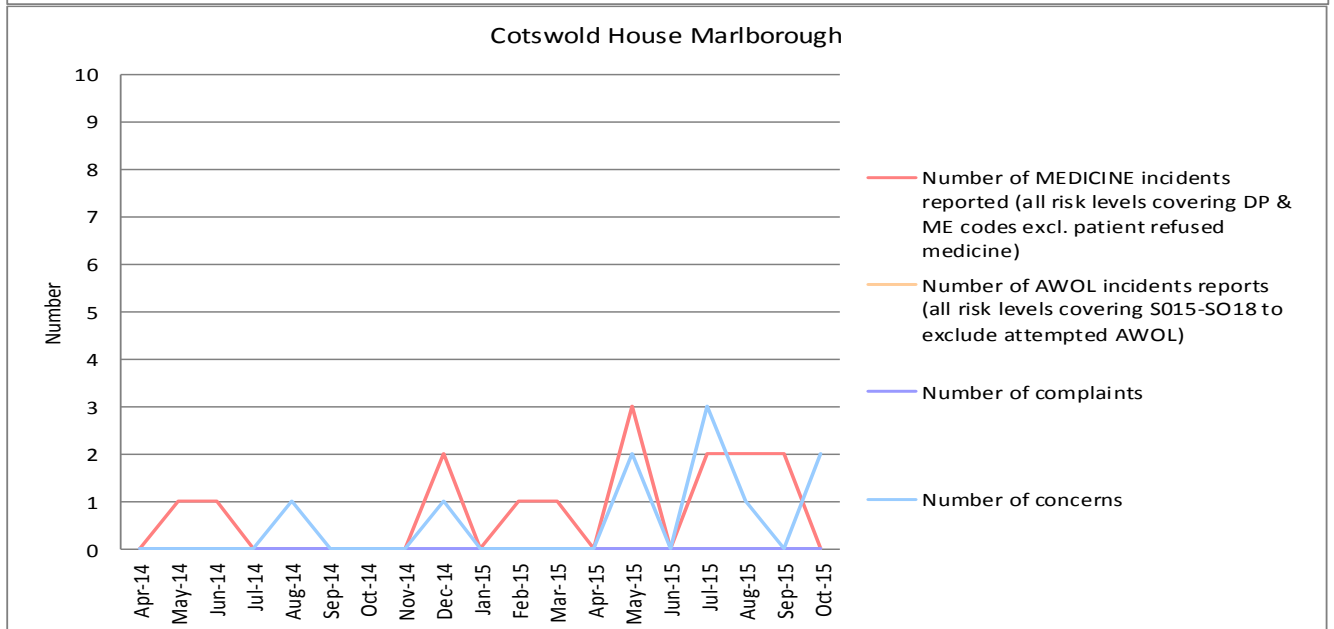
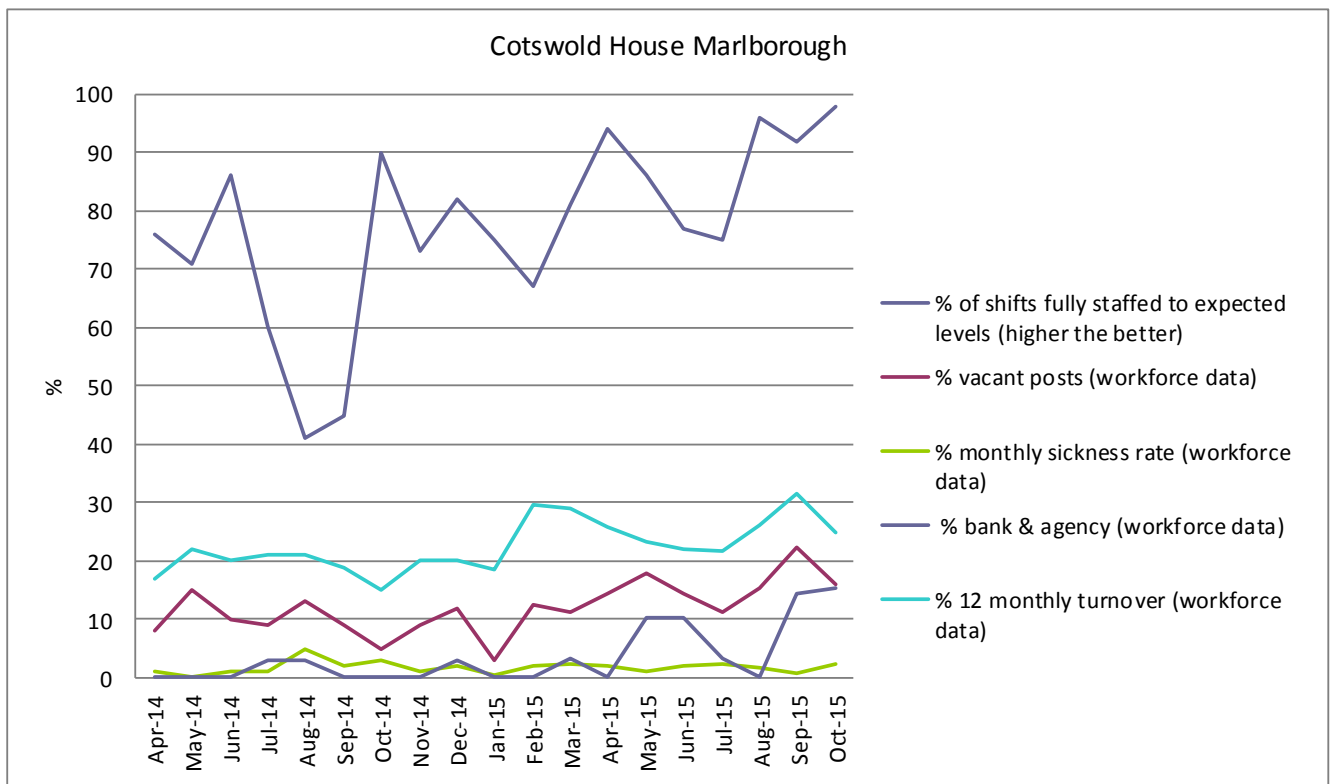
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (latest ES audit)	% Evidence of 1:1 meetings with patients (latest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	incidents reports (all risk levels covering S015-SO18 to exclude attempted AWOL)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	83	0	5	4	15	100	100	0	0	0	2	
May-14	59	6	3	10	17			1	1	1	1	
Jun-14	75	2	4	13	16	100	100	1	0	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	0	0	
Aug-15	81	0	5.52	22.6	6.54			0	0	0	0	58
Sep-15	92	0	3.64	13.3	11.19	100	100	0	0	0	0	64
Oct-15	89	0.7	1.75	15.9	11.85	100	100	2	0	0	0	58



PUBLIC BOARD REPORT

Cotswold House Marlborough

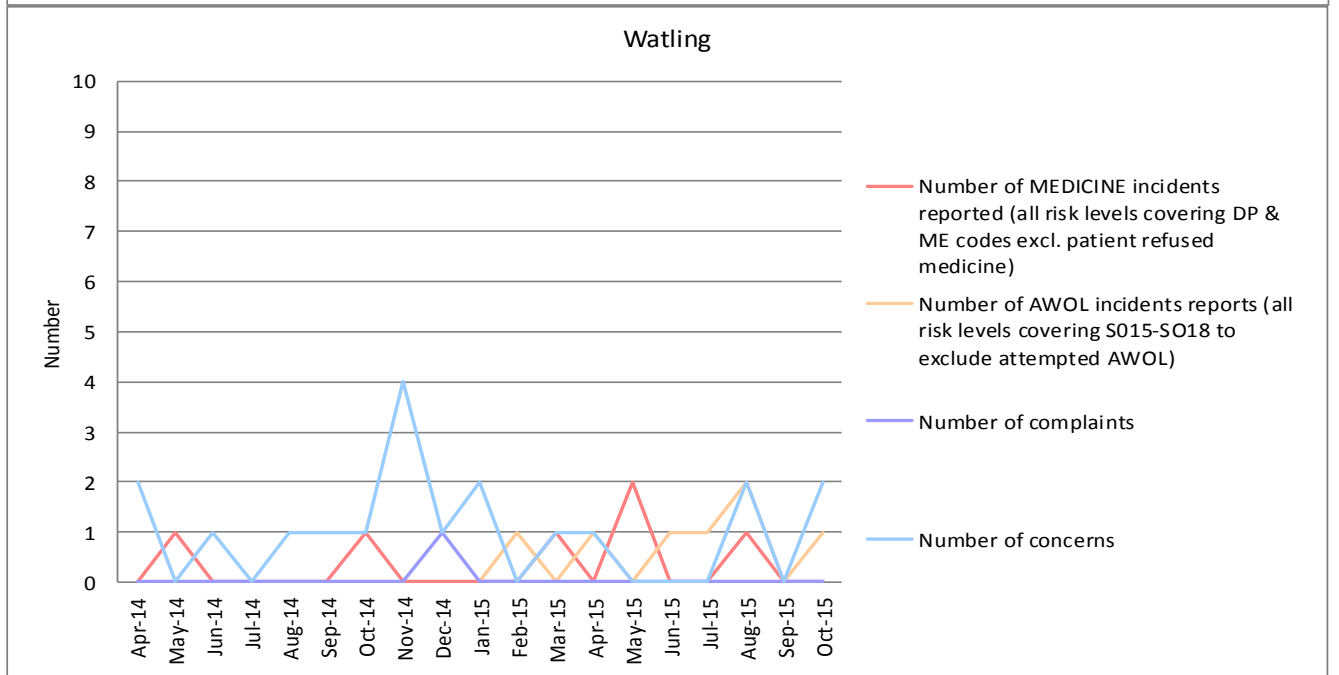
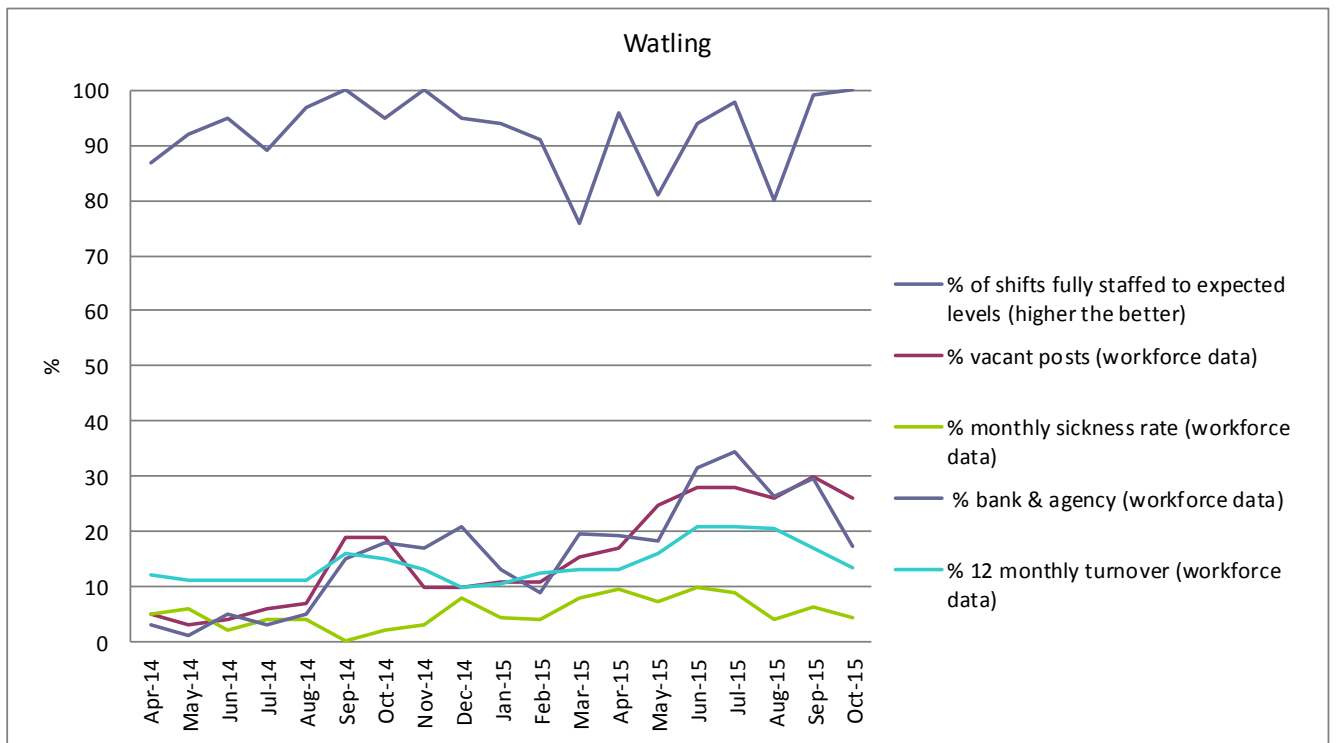
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with 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-SO18 to exclude attempted)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	76	8	1	0	17	100	100	0	0	0	0	0
May-14	71	15	0.3	0	22	100	100	1	0	0	0	0
Jun-14	86	10	1	0	20	100	100	1	0	0	0	0
Jul-14	60	9	1	3	21	100	100	0	0	0	0	0
Aug-14	41	13	5	3	21	40	100	0	0	0	1	0
Sep-14	45	9	2	0	19	100	100	0	0	0	0	0
Oct-14	90	5	3	0	15	100	100	0	0	0	0	0
Nov-14	73	9	1	0	20	100	100	0	0	0	0	0
Dec-14	82	12	2	3	20	100	100	2	0	0	1	0
Jan-15	75	3.1	0.55	0	18.66	100	100	0	0	0	0	0
Feb-15	67	12.5	1.94	0	29.54	100	100	1	0	0	0	0
Mar-15	81	11.2	2.43	3.3	29.1	100	100	1	0	0	0	0
Apr-15	94	14.5	2.06	0	25.98	100	100	0	0	0	0	0
May-15	86	17.8	1.23	10.2	23.42	100	100	3	0	0	2	0
Jun-15	77	14.5	2.06	10.4	22.04	100	100	0	0	0	0	68
Jul-15	75	11.4	2.32	3.2	21.71	100	100	2	0	0	3	0
Aug-15	96	15.5	1.66	0.1	26.29	100	100	2	0	0	1	77
Sep-15	92	22.2	0.82	14.3	31.54	100	100	2	0	0	0	76
Oct-15	98	15.9	2.38	15.4	24.92	100	100	0	0	0	2	52



PUBLIC BOARD REPORT

Watling

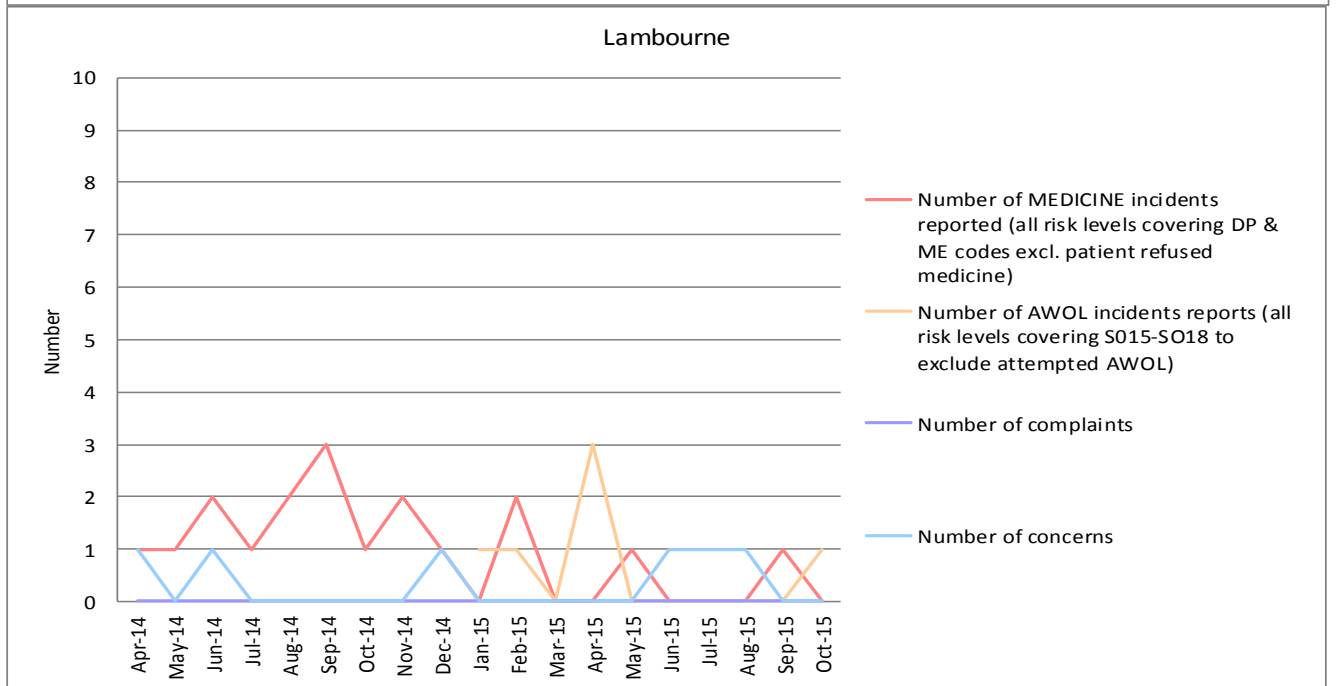
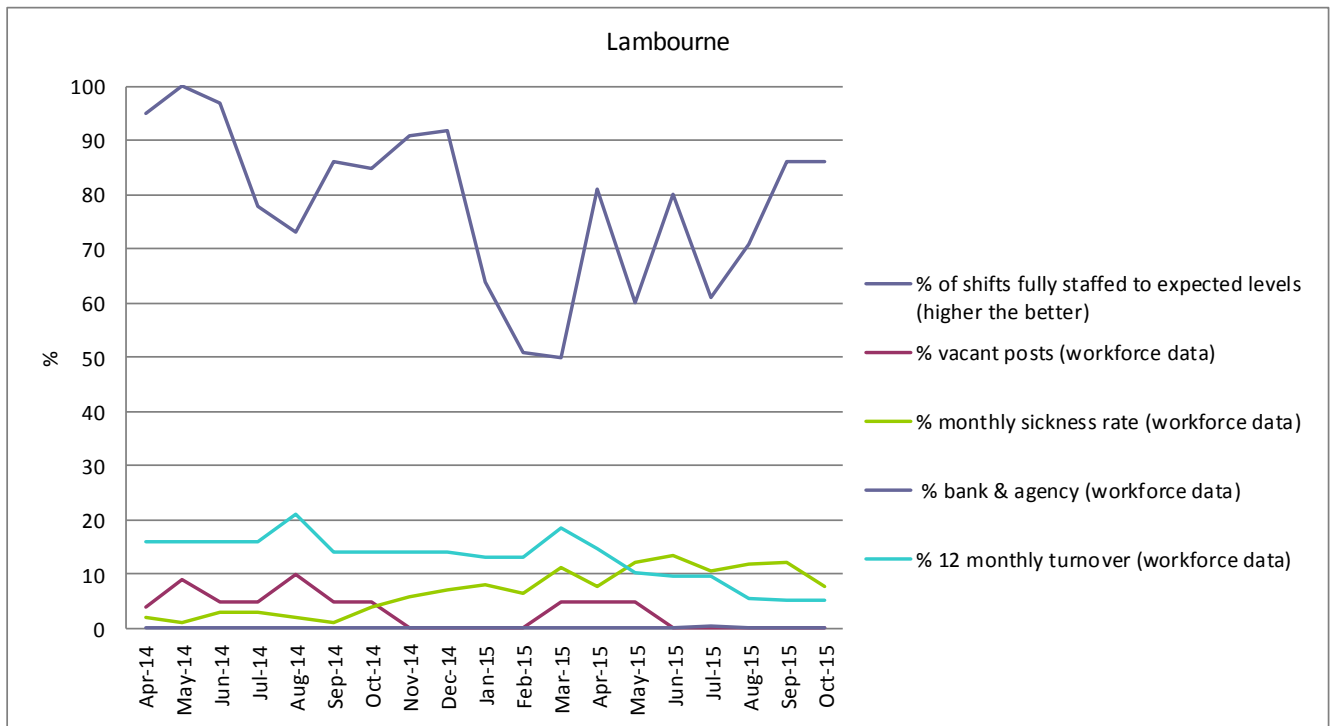
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with 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-S018 to exclude attempted)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	87	5	5	3	12	100	100	0	0	0	2	
May-14	92	3	6	1	11			1	0	0	0	
Jun-14	95	4	2	5	11	100	100	0	0	0	1	
Jul-14	89	6	4	3	11			0	0	0	0	
Aug-14	97	7	4	5	11	100	100	0	0	0	1	
Sep-14	100	19	0	15	16			0	0	0	1	
Oct-14	95	19	2	18	15	100	100	1	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	0	0	2	
Feb-15	91	10.8	3.88	8.8	12.59	100	100	0	1	0	0	
Mar-15	76	15.2	7.78	19.6	13.09			1	0	0	1	
Apr-15	96	17	9.42	19.1	13.09	100	100	0	1	0	1	
May-15	81	24.8	7.13	18.3	15.92			2	0	0	0	
Jun-15	94	28	9.74	31.4	20.88	100	100	0	1	0	0	50
Jul-15	98	28	8.78	34.5	20.88			0	1	0	0	
Aug-15	80	26	4.04	26.5	20.6			1	2	0	2	47
Sep-15	99	30	6.14	29.6	17.02	80	60	0	0	0	0	52
Oct-15	100	26	4.43	17.3	13.57	100	100	0	1	0	2	43



PUBLIC BOARD REPORT

Lambourne

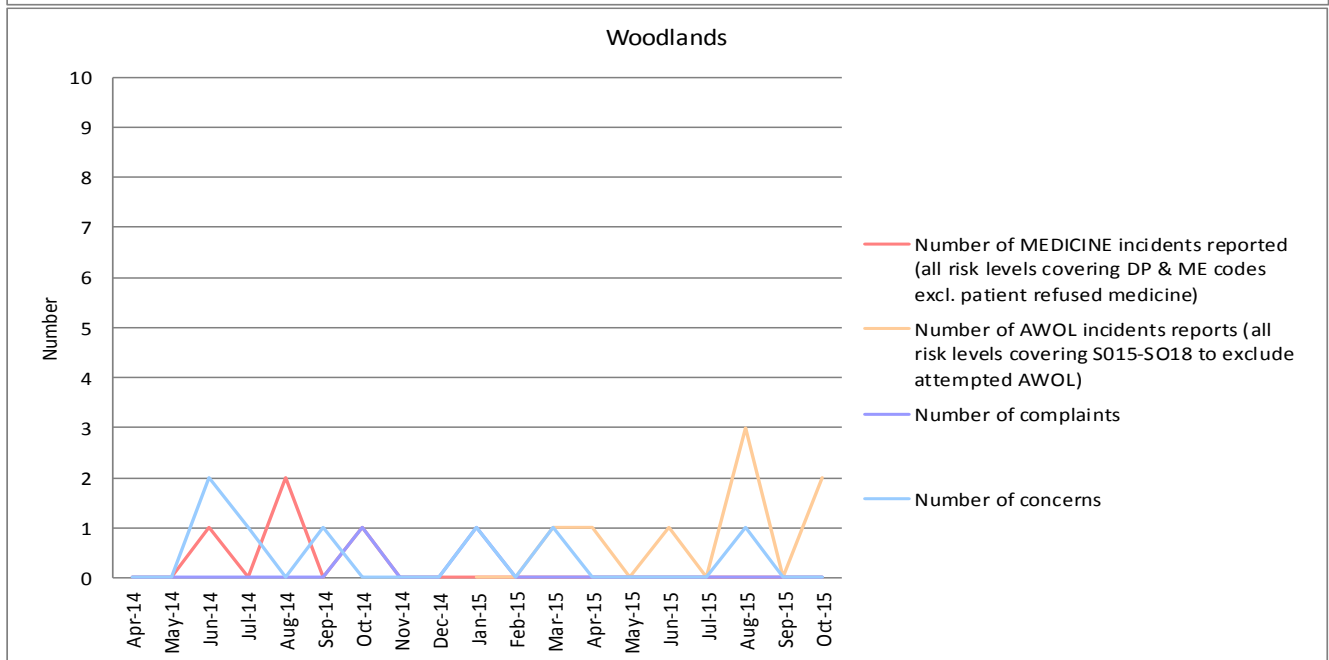
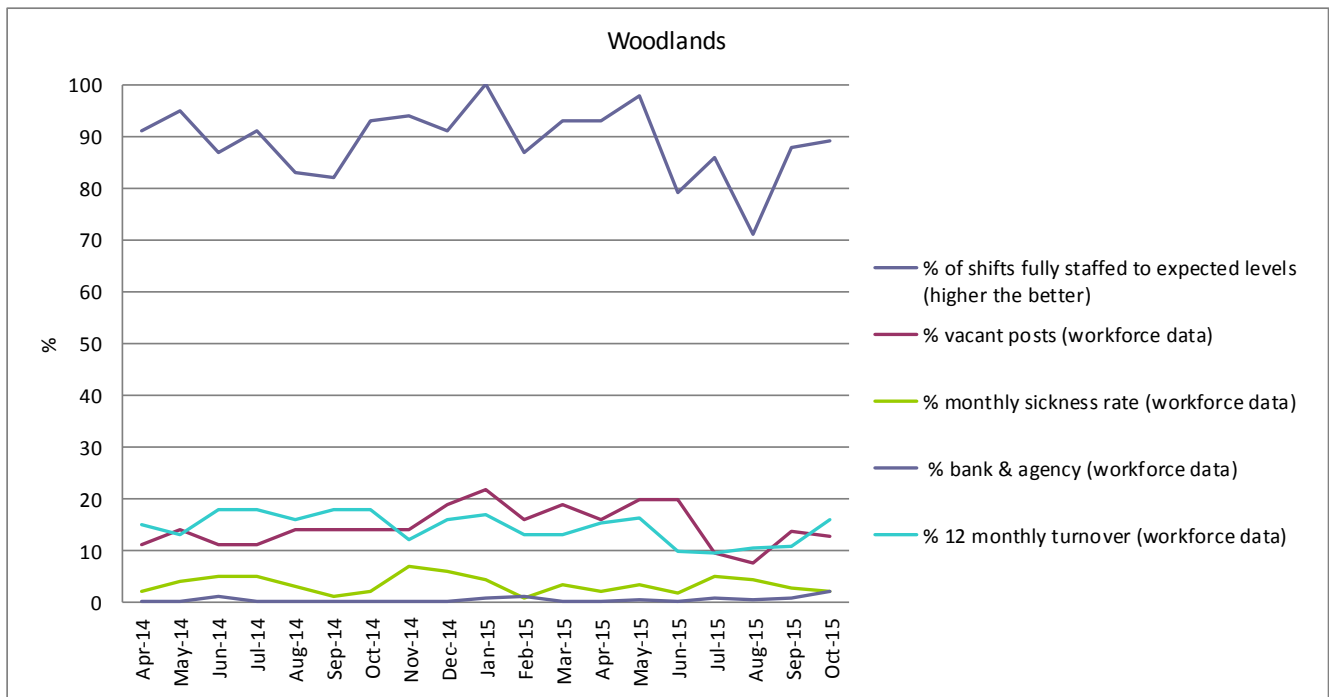
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (latest ES audit)	% Evidence of 1:1 meetings with patients (latest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	incidents reports (all risk levels covering S015-S018 to exclude attempted AWOL)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	95	4	2	0	16	no data	no data	1		0	1	
May-14	100	9	1	0	16			1		0	0	
Jun-14	97	5	3	0	16	100	100	2		0	1	
Jul-14	78	5	3	0	16			1		0	0	
Aug-14	73	10	2	0	21	100	100	2		0	0	
Sep-14	86	5	1	0	14			3		0	0	
Oct-14	85	5	4	0	14	100	100	1		0	0	
Nov-14	91	0	6	0	14			2		0	0	
Dec-14	92	0	7	0	14	100	100	1		0	1	
Jan-15	64	0	8.02	0.3	13.27			0	1	0	0	
Feb-15	51	0	6.48	0.3	13.27	100	100	2	1	0	0	
Mar-15	50	5	11.24	0	18.45			0	0	0	0	
Apr-15	81	5	7.9	0.3	14.85	100	100	0	3	0	0	
May-15	60	5	12.33	0	10.15			1	0	0	0	
Jun-15	80	0	13.44	0	9.57	60	100	0	0	0	1	79
Jul-15	61	0	10.72	0.5	9.57			0	0	0	1	
Aug-15	71	0	11.79	0	5.38			0	0	0	1	75
Sep-15	86	0	12.14	0	5.24	100	100	1	0	0	0	75
Oct-15	86	0	7.79	0	5.29	100	100	0	1	0	0	66



PUBLIC BOARD REPORT

Woodlands

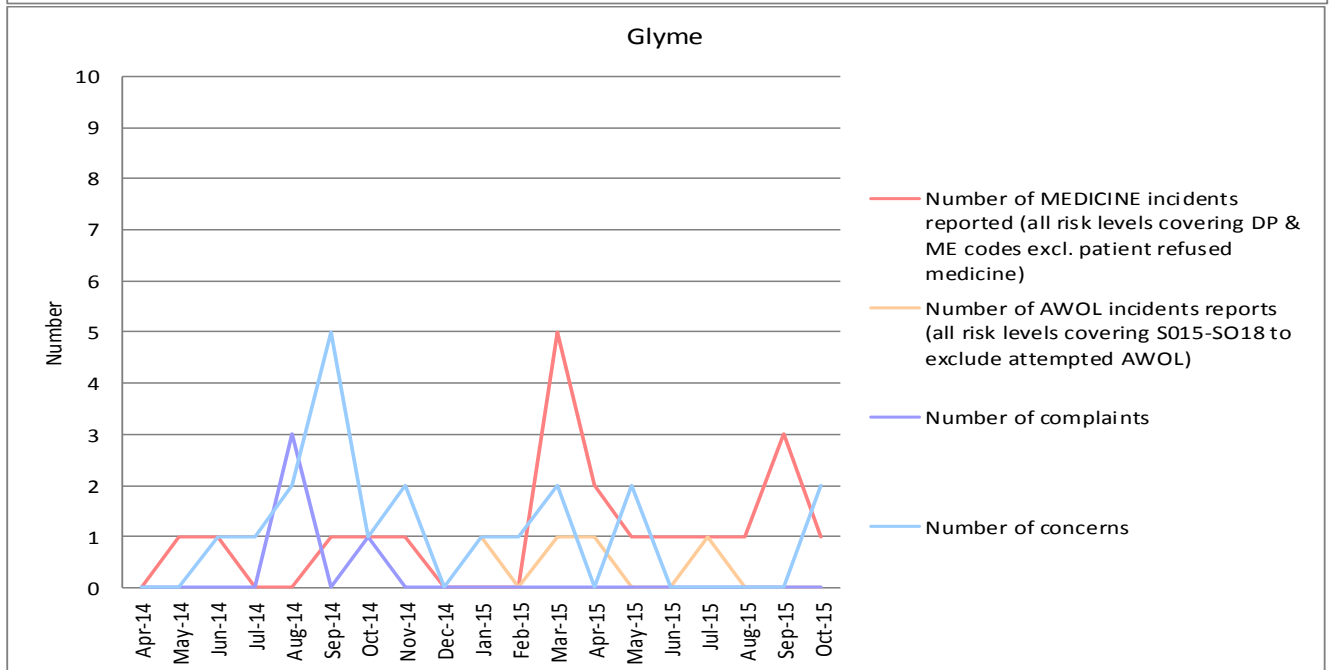
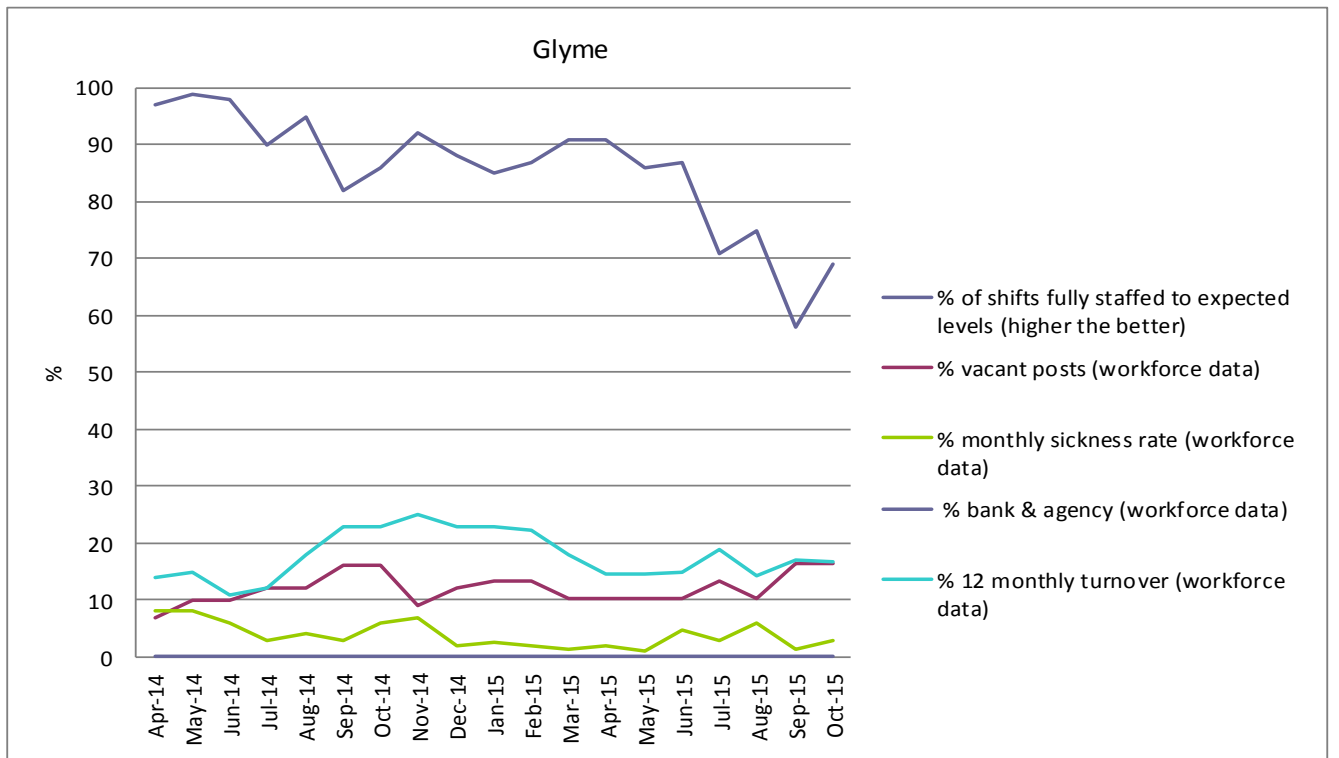
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	incidents reports (all risk levels covering S015-SO18 to exclude attempted AWOL)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	91	11	2	0	15	100	100	0	0	0	0	
May-14	95	14	4	0	13			0	0	0	0	
Jun-14	87	11	5	1	18	100	100	1	0	0	2	
Jul-14	91	11	5	0	18			0	0	0	1	
Aug-14	83	14	3	0	16	100	60	2	0	0	0	
Sep-14	82	14	1	0	18			0	0	0	1	
Oct-14	93	14	2	0	18	80	100	1	1	0	0	
Nov-14	94	14	7	0	12			0	0	0	0	
Dec-14	91	19	6	0	16	100	100	0	0	0	0	
Jan-15	100	21.9	4.29	0.9	16.77			0	0	1	1	
Feb-15	87	16	0.66	1.1	12.89	100	100	0	0	0	0	
Mar-15	93	18.7	3.39	0	13.11			0	1	0	1	
Apr-15	93	16	1.97	0	15.38	100	60	0	1	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	0	0	
Aug-15	71	7.6	4.4	0.4	10.48			0	3	0	1	85
Sep-15	88	13.7	2.7	0.8	10.78	80	100	0	0	0	0	78
Oct-15	89	12.8	2.23	2.2	15.85	100	100	0	2	0	0	86



PUBLIC BOARD REPORT

Glyme

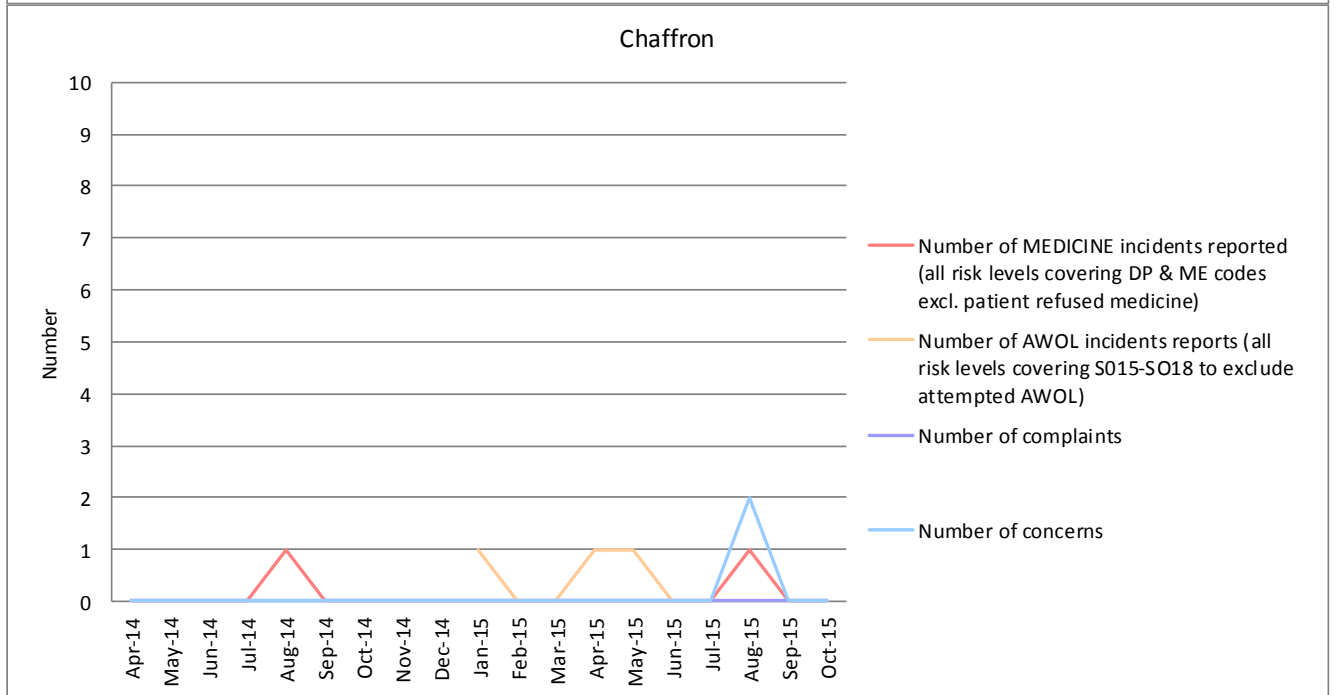
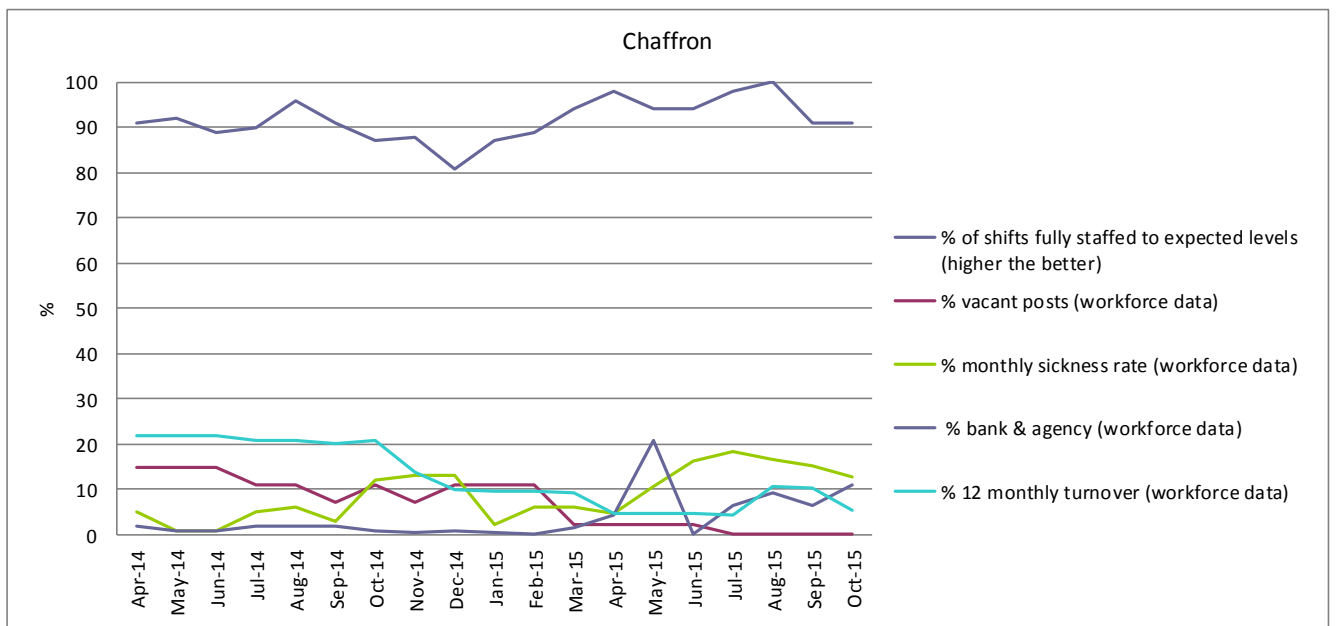
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reports (all risk levels covering S015-S018 to exclude attempted AWOL)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	97	7	8	0	14	40	80	0	0	0	0	0
May-14	99	10	8	0	15			1	0	0	0	0
Jun-14	98	10	6	0	11	100	100	1	0	0	1	1
Jul-14	90	12	3	0	12			0	0	0	1	1
Aug-14	95	12	4	0	18	100	100	0	3	3	2	2
Sep-14	82	16	3	0	23			1	0	0	5	5
Oct-14	86	16	6	0	23	100	60	1	1	1	1	1
Nov-14	92	9	7	0	25			1	0	0	2	2
Dec-14	88	12	2	0	23	100	100	0	0	0	0	0
Jan-15	85	13.4	2.54	0	22.75			0	1	0	1	1
Feb-15	87	13.5	2.06	0	22.35	100	100	0	0	0	1	1
Mar-15	91	10.2	1.38	0	17.95			5	1	0	2	2
Apr-15	91	10.2	1.98	0	14.62	100	80	2	1	0	0	0
May-15	86	10.2	1.1	0	14.62			1	0	0	2	2
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	0	0	0
Aug-15	75	10.2	5.88	0	14.2			1	0	0	0	63
Sep-15	58	16.5	1.23	0	17.17	60	100	3	0	0	0	50
Oct-15	69	16.5	2.87	0	16.84	100	100	1	0	0	2	56



PUBLIC BOARD REPORT

Chaffron

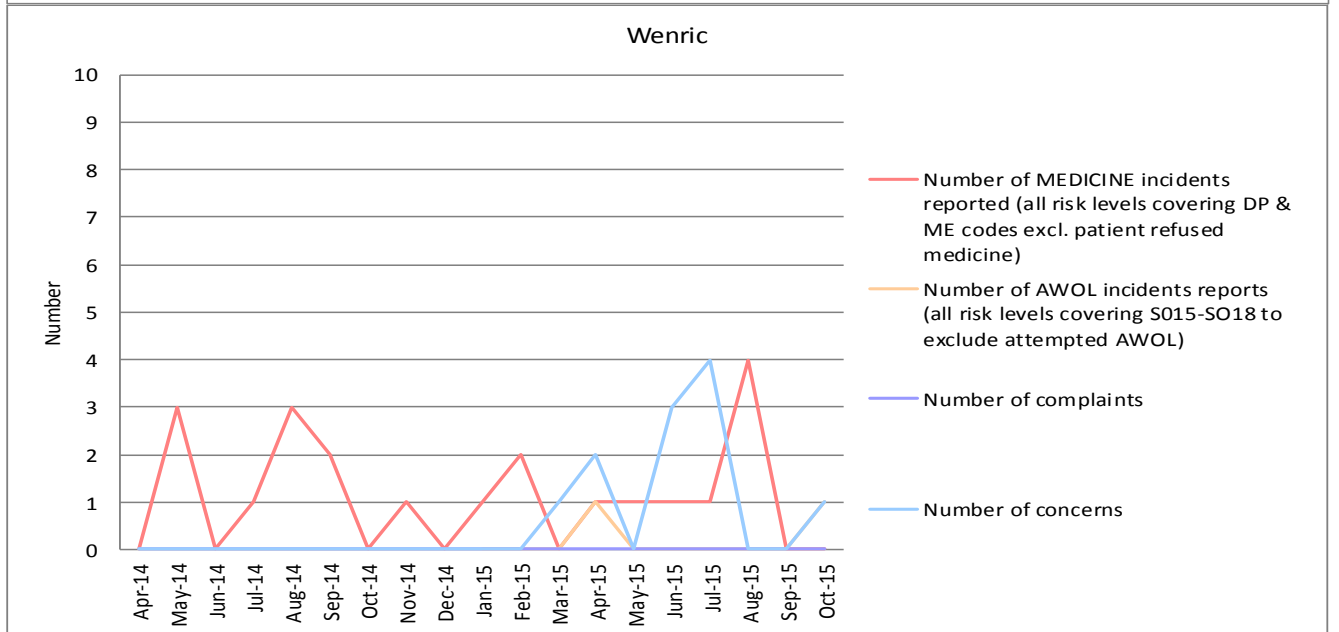
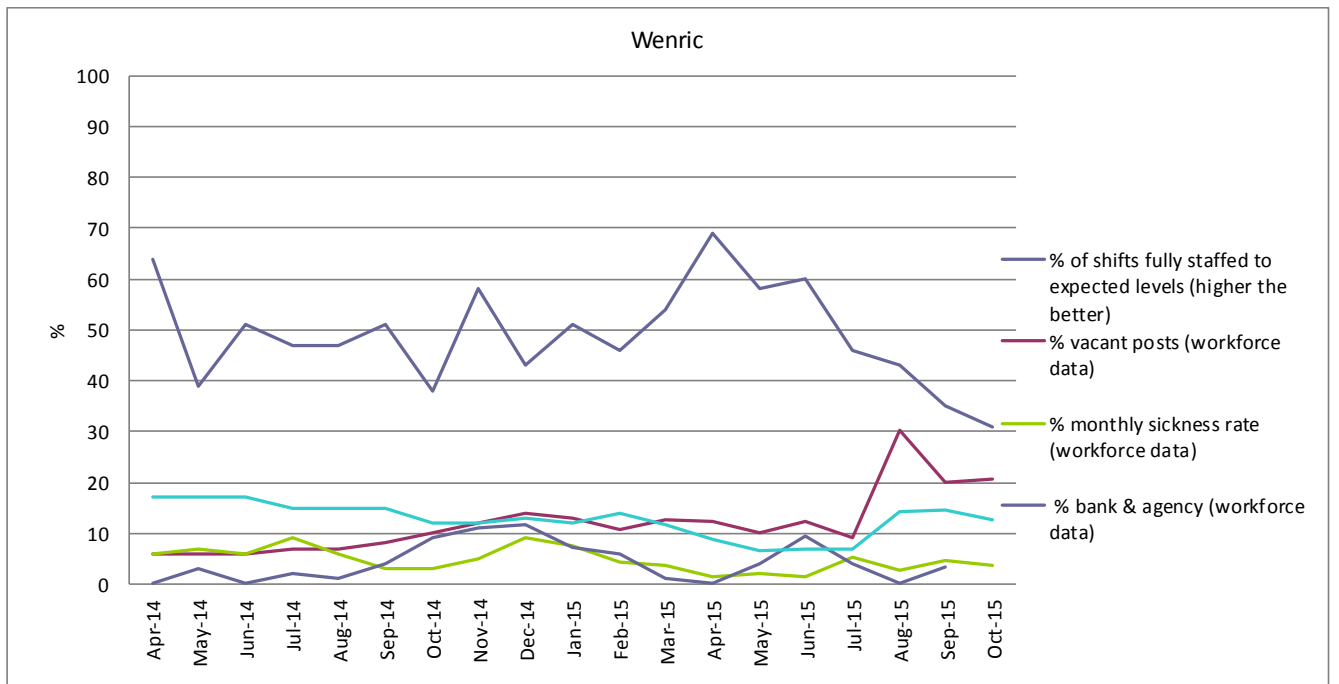
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with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



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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)	incidents reports (all risk levels covering S015-S018 to exclude attempted AWOL)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	64	6	6	1	17	100	100	0	0	0	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		
Feb-15	46	10.6	4.24	7.1	13.95	100	100	2	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	0	4	
Aug-15	43	30.4	2.71	4.1	14.29			4	0	0	0	62
Sep-15	35	20	4.55	0.1	14.7	100	100	0	0	0	0	
Oct-15	31	20.8	3.56	3.3	12.59	100	100	0	1	0	1	58

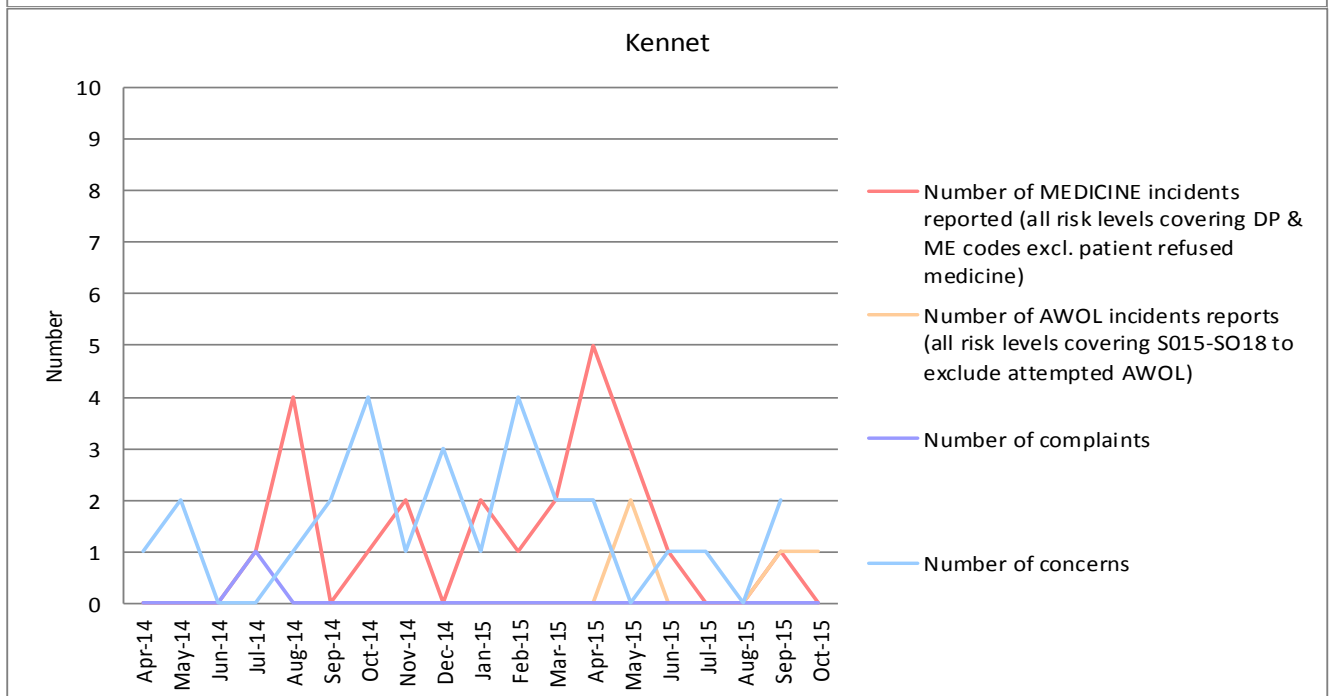
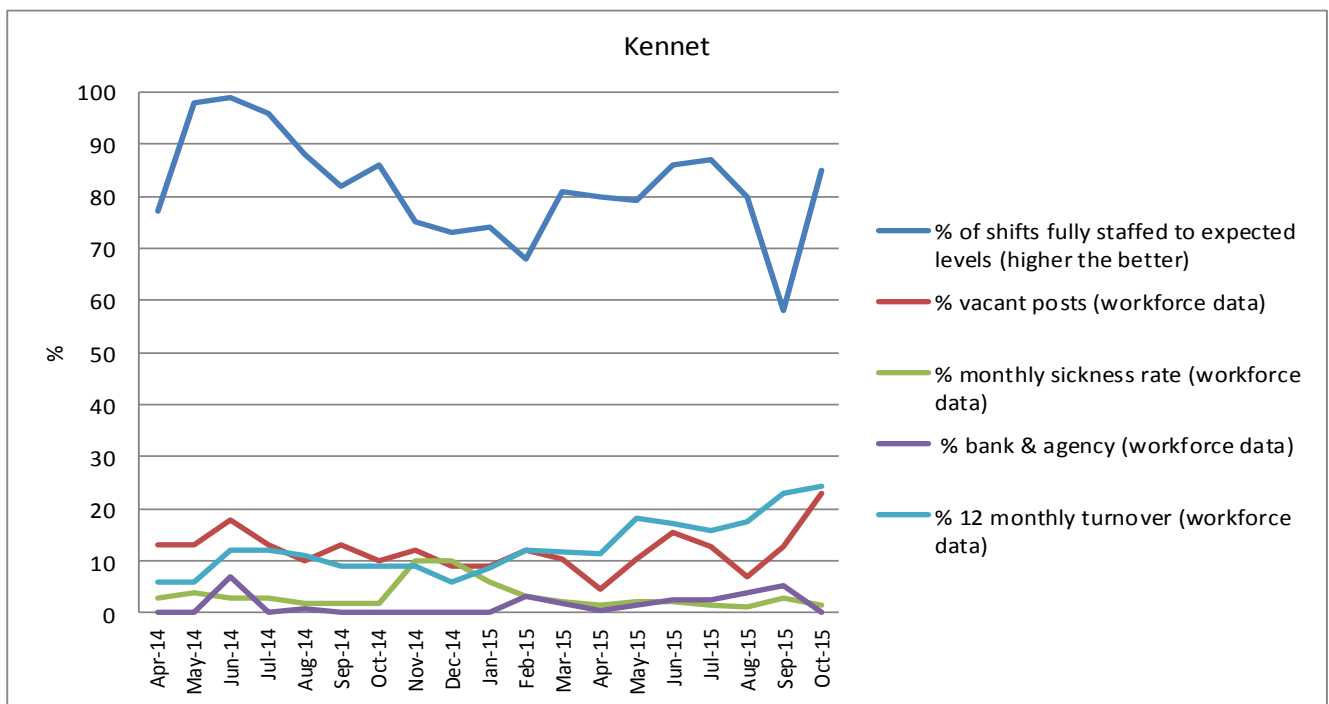


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Kennet

The ward submitted information for three of the four weeks in the month.

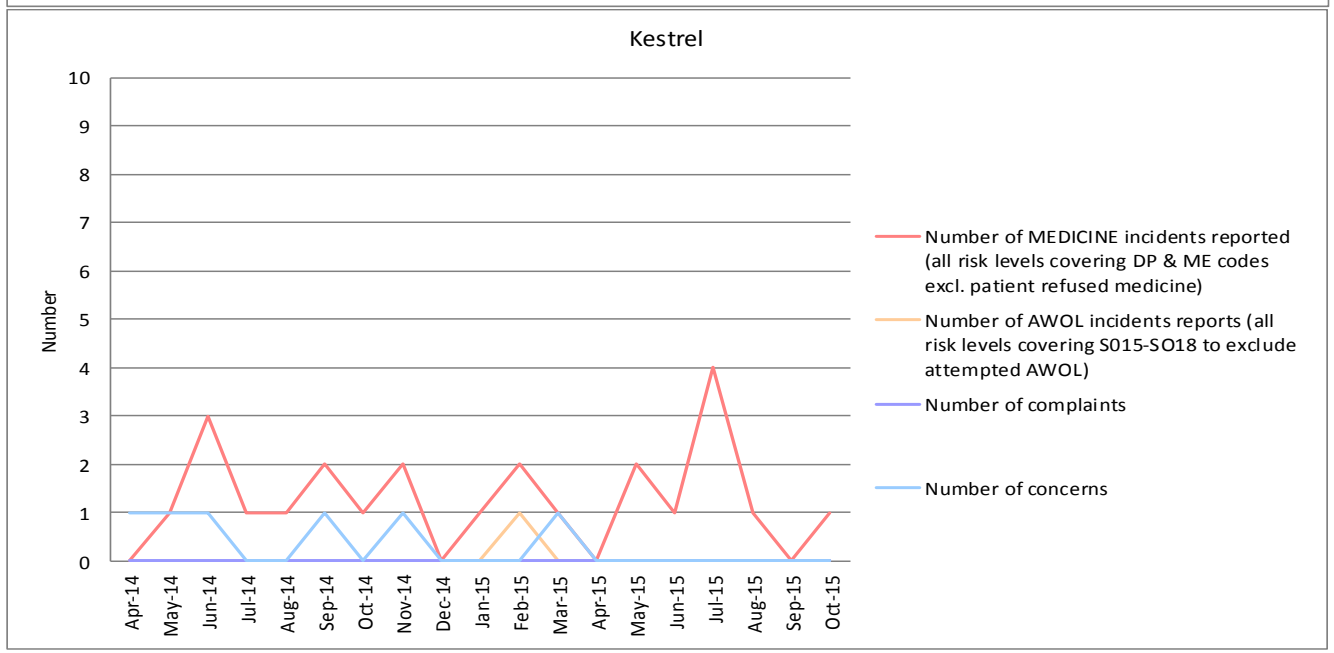
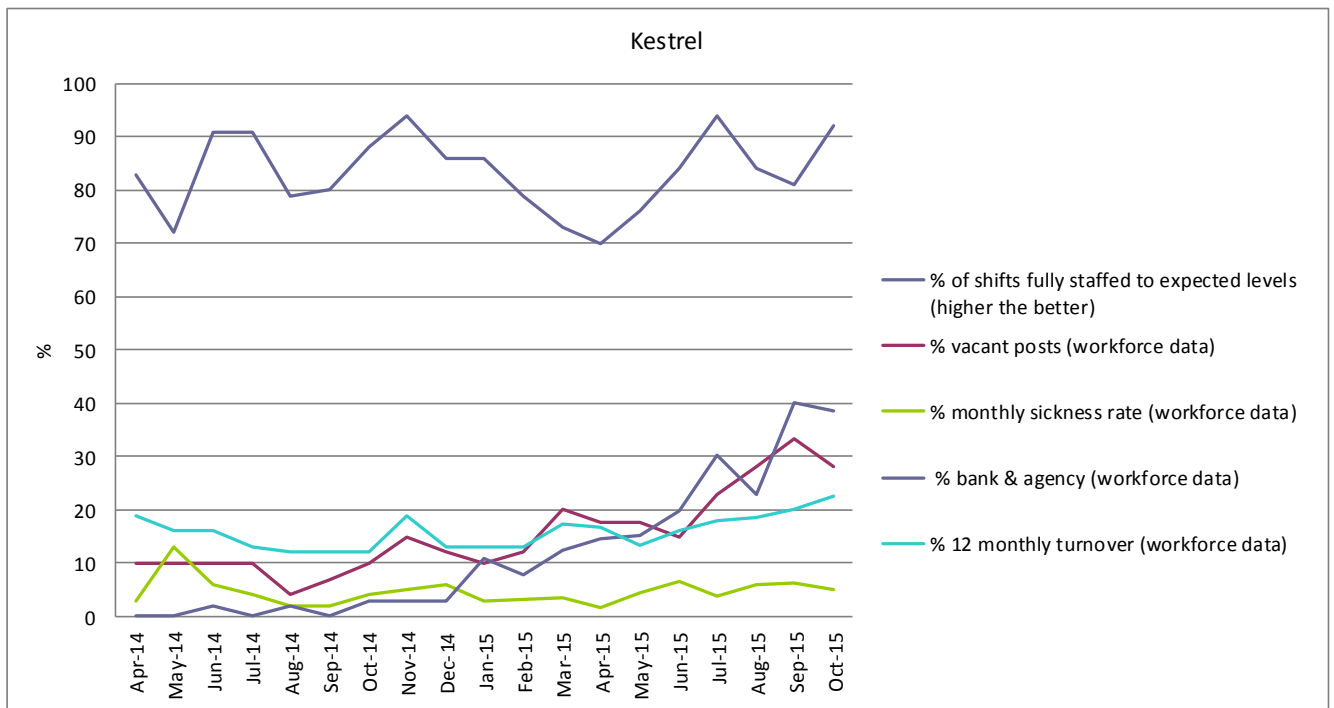
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	incidents reports (all risk levels covering S015-S018 to exclude attempted AWOL)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	77	13	3	0	6	100	100	0		0	2	
May-14	98	13	4	0	6			0		0	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	0	1	
Aug-15	80	7	1.13	3.9	17.48			0	0	0	1	58
Sep-15	58	12.7	2.87	5.4	23.09	80	100	1	1	0	0	58
Oct-15	85	23.1	1.59	0	24.29	100	100	0	1	0	2	55



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Kestrel

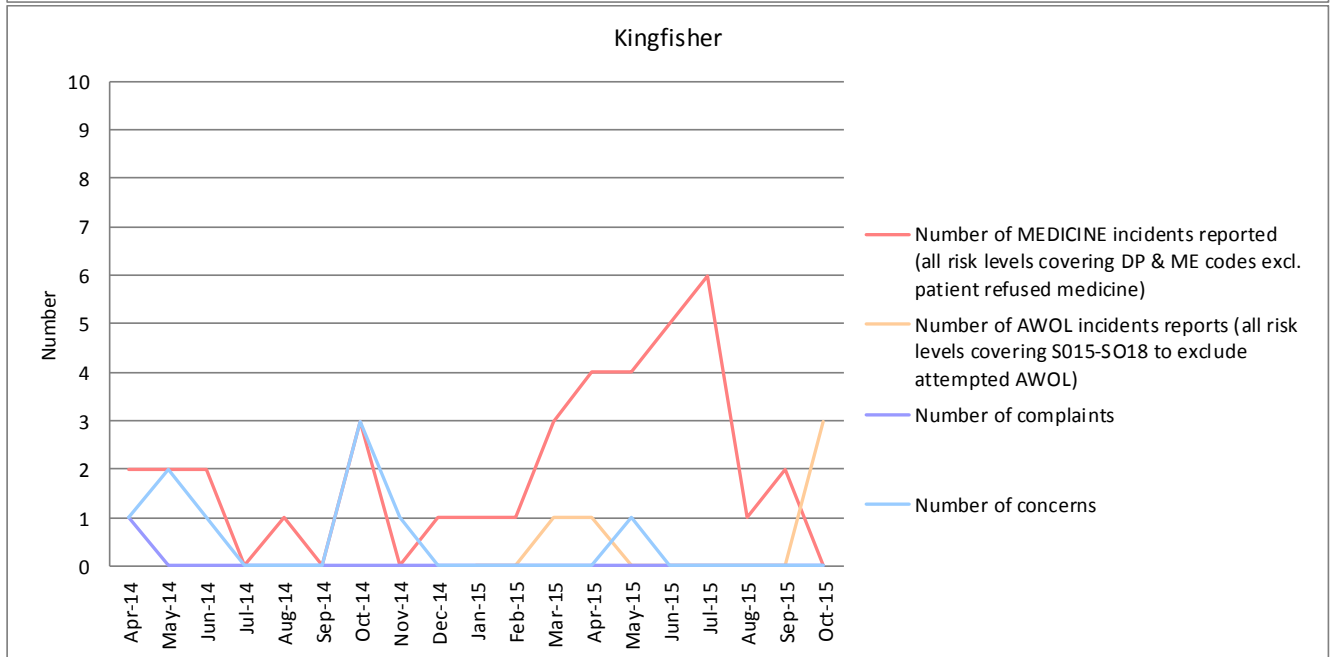
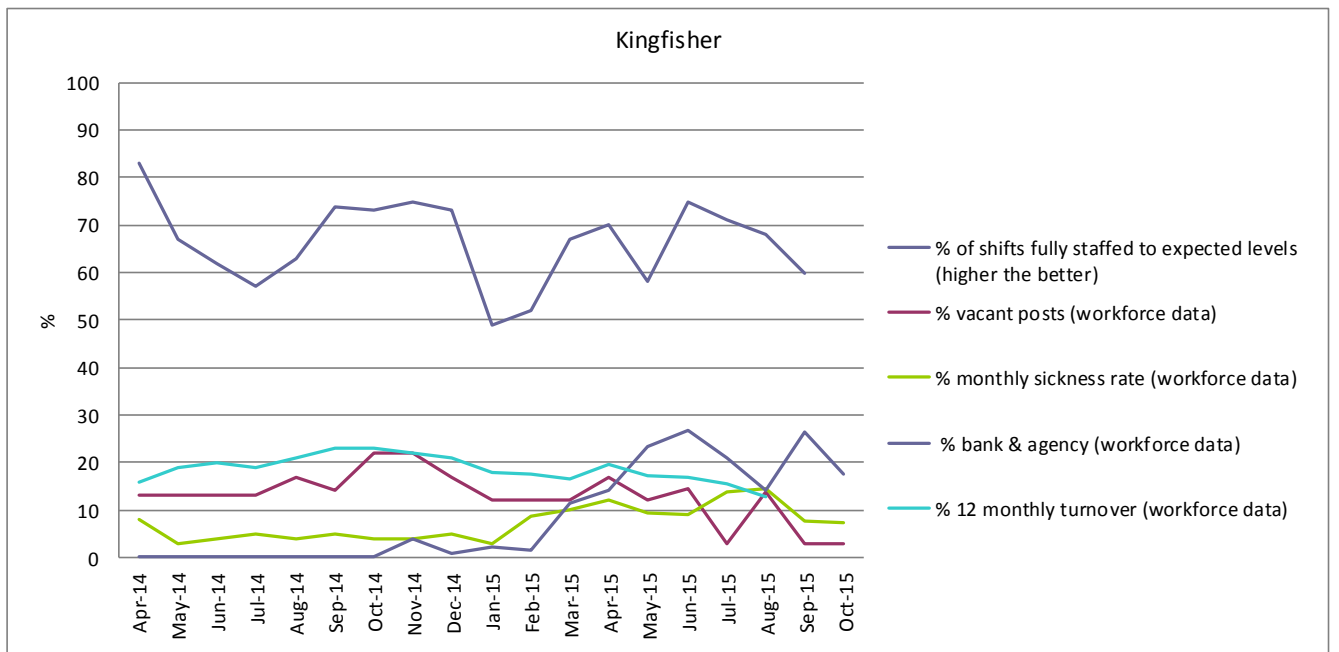
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reports (all risk levels covering S015-SO18 to exclude attempted AWOL)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	83	10	3	0	19	100	100	0		0	1	
May-14	72	10	13	0	16			1		0	1	
Jun-14	91	10	6	2	16	100	100	3		0	1	
Jul-14	91	10	4	0	13			1		0	0	
Aug-14	79	4	2	2	12	100	100	1		0	0	
Sep-14	80	7	2	0	12			2		0	1	
Oct-14	88	10	4	3	12	100	100	1		0	0	
Nov-14	94	15	5	3	19			2		0	1	
Dec-14	86	12	6	3	13	100	100	0		0	0	
Jan-15	86	10	3	11	13			1	0	0	0	
Feb-15	79	12.2	3.1	7.7	13.1	100	100	2	1	0	0	
Mar-15	73	20.2	3.4	12.5	17.24			1	0	0	1	
Apr-15	70	17.6	1.66	14.7	16.67		33	0	0	0	0	
May-15	76	17.6	4.3	15.2	13.33			2	0	0	0	
Jun-15	84	14.9	6.45	19.9	16.13		0	1	0	0	0	50
Jul-15	94	22.9	3.91	30.3	17.86			4	0	0	0	
Aug-15	84	28.2	5.97	22.9	18.52			1	0	0	0	68
Sep-15	81	33.5	6.33	40.1	20		100	0	0	0	0	62
Oct-15	92	28.2	5.03	38.7	22.64		100	1	0	0	0	60



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Kingfisher

	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reports (all risk levels covering S015-S018 to exclude attempted AWOL)	Number of complaints	Number of concerns	% compliance with Resuscitation training (PPST)
Apr-14	77	13	8	0	22	100	100	2	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	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	0	0	52
Sep-15	68	3	7.63	26.4	15.52	60	60	2	0	0	0	50
Oct-15	60	3	7.31	17.5	12.61	100	100	0	3	0	0	47



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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. Only Kennet did not submit weekly information for all four weeks in the month.

