

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

23rd October 2015

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

Introduction

This is the 15th 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.

In addition in this month's report there is information on the;

- ❖ Results of the amount of direct care contact time with patients
- ❖ Outcome of the recent inpatient nurse staffing establishment review

Highlights from the Inpatient Safe Staffing Levels Report

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 September 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 minimum safe staffing on every ward on a shift by shift basis a number of actions were taken specific to each ward these include:

- Managing capacity 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 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

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Summary position

When looking at the number of shifts which were fully staffed to expected levels, 10 out of 33 wards were identified as having the most difficulties across September 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 (August 2015) eight wards remain a concern, three wards are no longer a concern and two wards have been added for September 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, Wintle, Opal, Ruby, Peppard community hospital ward in Henley, Witney community hospital, Glyme, Wenric, Kennet and Kingfisher.

Table 2 in the body of the report summarises the staffing position by ward showing the trend over the last 18 months and the position in September 2015 based on the clinical view of the ward management team. When bringing these pieces of information together five wards are identified as needing more support and attention. The five wards are Vaughan Thomas, Wintle and Opal (adult acute and rehab mental health), Wenric and Kingfisher (forensic mental health) – these are the same as last month. More detail about the staffing on these five wards is provided in the report. A dialogue with ward staff, Heads of Nursing and Service Directors is continuing to develop plans to support safe staffing and patient care at a ward level. Wintle, Vaughan Thomas and Opal ward have recently achieved AIMS accreditation which included looking at staffing and patient experiences. All our forensic wards are externally accredited following an annual peer review cycle. The number of matrons has been increased for the forensic mental health wards from two to four and the addition of two Service managers to strengthen the senior nursing support.

The results in table 1 show the % of direct care time spent with patients, there is quite a variation across the wards, which wards have been asked to explore as part of identifying improvements. Based on this first sample there does not seem to be a pattern between the amount of direct care time being delivered and actual staffing levels on the wards.

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 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 17 months for each ward, shown in Appendix 1, so no trend or direct correlation with any of the indicators can be identified currently. We are not in a position or have evidence to show the staffing levels are having a direct impact on the above indicators. We continue to keep an eye on the performance of the indicators as they may be able to indicate a possible flag to ask more questions and to review the quality of care.

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 we have given more 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, and maternity leave in one ward. There remains a need to understand more about the reasons behind staff leaving, to support staff where services have high demands, and to ensure we are actively managing career aspirations to retain staff within the trust.

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Highlights from the Inpatient Nurse Staffing Establishment Review

Following the last report in April 2015, this is the fourth report presenting the outcome of a 6 monthly review of nurse staffing establishment. The actual staffing levels against these established (also known as expected level) are reviewed weekly and reported monthly to the Board of Directors, as above.

The recent reviews completed highlight some minor amendments to expected levels have been made since the last report in April 2015 as a result of changing bed numbers, changes in skill mix and/ or changes in patient need. As well as the review of the community hospital service (as mentioned in the last report).

Appendix 3 shows the current nursing establishment for each ward and highlights any changes to expected staffing levels since the last report in April 2015. Below is a summary of the changes to expected staffing levels since April 2015 as a result of increases or reductions in bed numbers, changes in skill mix and/ or changes in patient need:

- ❖ Amber (older people mental health) – The skill mix has been revised. Over the next 6 months the number of staff available on night shifts will be reviewed to address the increase in patient falls since moving into a new building and managing patient safety within the new environment. The ward is involved in developing the national evidence based staffing level tool for older people mental health wards.
- ❖ Ashurst (psychiatric intensive care unit) - The number of unregistered staff per shift has reduced by one as the ward moves from 13 to 10 male only beds from the end of Sept 2015.
- ❖ Highfield (CAMHS) – the skill mix has been revised and staffing levels at night have been increased.
- ❖ Marlborough House, Swindon (CAMHS) - Staffing levels have been increased by 1 registered staff member for both the early and late shifts.
- ❖ Abingdon community hospital ward 1 - A registered staff member has been moved from early to late shift to help support patient need.
- ❖ Abingdon community hospital ward 2 - Staffing levels have been increased across the early, late and night shifts as part of the increase in bed numbers (from 18 to 20, with a plan to move to 26 beds). Previous establishment: 7:5:4. This is part of the system wide service community hospital review which includes the temporary closure of 30 beds at Witney community hospital.
- ❖ City community hospital ward- Unregistered staff on early shift reduced by 1 and unregistered on night shift increased by 1, to support patient needs at night.
- ❖ Didcot community hospital ward- No changes at the moment, however when the beds increase to 14 planned in mid-November 2015 the number of unregistered staff at night will increase by 1.
- ❖ Peppard community hospital ward - Reduction in staff by 1 unregistered on early shift. Currently the model of care for community hospitals is being consulted on.
- ❖ Witney community hospital –A risk managed approach has been taken to consolidate the 30 beds and staffing from two to one wards at Witney community hospital from early Sept 2015. One ward has been closed temporarily until 31st March 2016 to improve the quality and safety of care. As a consequence of the above, the staffing on the one remaining ward has been

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increased by 1 or 2 members of staff on each shift. Previous establishment: 10:9:5. Additional beds have been and are planned to be opened at other existing community hospital wards. All staff have been redeployed.

Recommendations

The Board is asked to note:

- ❖ The processes in place to ensure safe staffing levels on all the wards in the organisation, those wards where there are concerns and the actions being taken to ensure safe staffing
- ❖ The results of the first trust wide direct care time measure by ward
- ❖ The changes in expected nursing levels since April 2015

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A risk assessment has been undertaken around the legal issues that this paper presents and there are no issues that need to be referred to the Trust Solicitors. This paper links to all of the five CQC Domains.

Inpatient Safe Staffing Levels Report for September 2015

Reported in October 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 September 2015 (from 31st August to 3rd October 2015). The agreed expected (also known as planned) levels are reviewed at least twice a year summarised in the nursing establishment review report which is presented in the second half of the report under section 10.

The staffing levels by ward are reviewed shift by shift by ward staff and immediate managers, daily by Modern Matrons and weekly by the Heads of Nursing, Director of Nursing and Chief Operating Officer to ensure there is an appropriate level and skill mix of nursing staff to match the acuity and needs of patients to provide safe and effective care. Throughout September 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.

Please note one of our wards at Witney community hospital has been temporarily closed until end of March 2016, with additional beds being opened across the community hospital wards in the county. See the nursing establishment review in section 10 for more details.

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 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 are presented below in section 3.

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

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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.

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. Direct Care Time with Patients

The productive care activity follow tool was used by every ward to measure and report on the amount of direct care time spent with patients; this involved a member of staff shadowing a colleague on a shift. For each ward this was completed twice once for a registered and once for an unregistered member of the team.

It is recognised nationally 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 to provide high quality care. The amount of direct care time will vary for different settings. For some wards this is the first time they have completed an exercise to look at the amount of direct care time, so the results are a baseline, and for other wards it is already part of an improvement cycle. The national requirement is for the direct care time to be measured on each ward at least six monthly.

The results below in table 1 show the % of direct care time spent with patients, there is quite a variation across the wards, which wards have been asked to explore as part of identifying improvements. Based on this first sample there does not seem to be a pattern between the amount of direct care time being delivered and actual staffing levels on the wards.

Each ward team has been asked to review the detail of their results to identify and make improvements i.e. reducing how many interruptions staff to staff, where equipment is placed on a ward to reduce movement time, how staff and skill mixes are used, and how to reduce the completion of paperwork away from the patient. Following the initial feedback from the CQC inspection in September 2015 there is a need to focus more on how patients are involved and how they feel involved in their care, this could be achieved through reviewing and improving direct care time with patients. The next activity follows need to be completed by 31st January 2016 and we hope to work on reducing the v. In the next results we hope to minimise the amount of variation across wards treating similar patient groups, some of this will be achieved through improved familiarity with the tool and a more consistent application of the tool.

Table 1.

	Registered staff	Unregistered staff
Cotswold House, Oxford	39%	33%
Cotswold House, Marlborough	22%	63%
Highfield	69%	80%
Marlborough House, Swindon	14%	39%
	RMN was engaged in meetings around planning patient leave and care planning	
Woodlands	23%	80%
Watling	68%	69%
Chaffron	63%	43%
Glyme	84%	66%
Kennet	40%	59%
Lambourn House	27%	47%
Wenric	77%	74%
Kestrel	51%	64%
Kingfisher	40%	72%
Allen	35%	47%
Wintle	43%	52%
Phoenix	20%	36%
Ashurst	29%	44%
Vaughan Thomas	49%	22%
Sapphire	32%	44%
Ruby	32%	55%
Opal	48%	68%
Sandford	22%	38%
Cherwell	46%	60%
Amber	21%	43%
Abingdon Ward 1	60%	58%
Abingdon Ward 2	66%	66%
Bicester	48%	78%
City	61%	70%
Didcot	55%	56%
Henley	36%	63%
Wallingford	55%	74%
Wantage	77%	75%
Witney - Wenrisc	49%	64%
Witney - Linfoot (temporarily closed in Sept 2015)	36%	64%

4. 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 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

5. Summary Position

When looking at the number of shifts which were fully staffed to expected levels, 10 out of 33 wards were identified as having the most difficulties across September 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 (August 2015) eight wards remain a concern, three wards are no longer a concern and two wards have been added for September 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, Wintle, Opal, Ruby, Peppard community hospital ward in Henley, Witney community hospital, Glyme, Wenric, Kennet and Kingfisher.

Table 2 in the body of the report summarises the staffing position by ward showing the trend over the last 18 months and the position in September 2015 based on the clinical view of the ward management team. When bringing these pieces of information together five wards are identified as needing more support and attention. The five wards are Vaughan Thomas, Wintle and Opal (adult acute and rehab mental health), Wenric and Kingfisher (forensic mental health) – these are the same as last month.

Since the beginning of 2015 senior managers have highlighted particular difficulties with the recruitment and retention of appropriate staff on Thames House (both Kestrel and Kingfisher wards) which is having an impact on being able to safely staff both wards, across the wards they currently have 13.7 WTE (18%) vacancies (a slight decrease from last month), high sickness and a high turnover of staff. Immediate actions have been put in place, such as temporary suspension of admissions, referring a complex patient elsewhere, secondment of registered nurses from three other forensic wards, continued use of external agency staff and an ongoing programme of recruitment initiatives. Longer term strategies being also being tried.

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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 5 weeks in Sept 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		
Allen	79	95	66	52	61	67	75	63	86	92	86	67	85	79	81	79	70	74	No	Yes
Vaughan Thomas	41	62	72	70	61	70	58	52	41	46	71	72	71	70	64	67	63	80	Yes	Yes
Wintle	41	67	69	74	60	68	78	64	59	67	60	68	58	58	54	58	54	55	Yes	Yes
Ashurst	92	80	78	54	62	88	72	49	88	92	87	94	88	94	85	88	78	89	No	Yes
Phoenix	49	48	46	44	51	41	66	74	72	80	86	78	75	85	79	81	76	77	No	Yes
Opal	90	78	75	73	65	82	48	36	38	60	46	44	33	46	57	45	12	38	Yes	Yes
Ruby	76	66	72	54	57	62	67	51	61	63	64	59	69	70	71	55	50	56	Yes	No
Sapphire	76	89	86	83	74	31	75	81	87	81	71	60	73	96	86	87	76	79	No	No
Cherwell	74	66	62	74	79	87	92	93	84	83	71	89	82	76	83	92	91	85	No	No
Amber	89	87	86	81	94	80	67	75	88	92	75	84	86	92	78	63	76	94	No	No
Sandford	85	85	74	62	59	57	63	73	62	73	58	59	71	81	91	79	80	84	Yes	No
Ward 1 Abingdon	82	77	85	86	88	77	84	87	81	88	88	81	96	77	59	83	92	93	No	No
Ward 2 Abingdon	63	84	83	87	86	89	87	89	86	79	86	87	95	91	97	97	98	97	No	No
Bicester	96	96	89	88	94	82	88	88	81	69	65	50	93	85	44	100	100	100	No	No
Didcot	100	100	100	90	100	100	99	100	96	99	95	99	99	100	98	95	96	98	No	No
City	83	83	78	89	92	95	97	91	98	98	100	97	96	98	97	94	99	98	No	No
Peppard ward Henley	97	100	93	92	83	71	80	75	77	75	74	71	79	67	82	73	75	75	Yes	No
St Leonards Wallingford	99	100	100	100	98	100	100	100	100	98	100	98	94	86	88	96	99	99	No	No
Wantage	99	81	97	97	97	98	98	87	98	100	100	100	100	62	70	88	100	82	No	No
Linfoot Witney	99	80	79	87	82	80	90	99	82	76	76	89	94	89	82	95	99	temporarily closed	No	temporarily closed
Witney	73	83	79	59	34	45	73	85	80	76	52	50	70	67	70	96	83	63	Yes	No
Marlborough House Swindon	100	100	99	100	100	99	100	98	92	96	93	98	97	96	92	97	97	98	No	No
Highfield	93	91	86	89	91	68	79	64	61	84	92	90	86	80	89	88	89	89	No	Yes
Cotswold House Oxford	83	59	75	83	83	73	73	77	76	79	89	93	91	88	92	83	81	92	No	No
Cotswold House Marlborough	76	71	86	60	41	45	90	73	82	75	67	81	94	86	77	75	96	92	Yes	No
Watling	87	92	95	89	97	100	95	100	95	94	91	76	96	81	94	98	80	99	No	No
Lambourne	95	100	97	78	73	86	85	91	92	64	51	50	81	60	80	61	71	86	Yes	No
Woodlands	91	95	87	91	83	82	93	94	91	100	87	93	93	98	79	86	71	88	No	No
Glyme	97	99	98	90	95	82	86	92	88	85	87	91	91	86	87	71	75	58	No	Yes
Chaffron	91	92	89	90	96	91	87	88	81	87	89	94	98	94	94	98	100	91	No	No
Wenric	64	39	52	47	47	51	38	58	43	51	46	54	69	58	60	46	43	35	Yes	Yes
Kennet	97	98	99	96	88	82	86	75	73	74	68	81	80	79	86	87	80	58	No	No
Kestral	83	72	91	91	79	80	88	94	86	86	79	73	70	76	84	94	84	81	No	Yes
Kingfisher	77	83	67	62	57	63	74	73	75	73	49	52	67	70	58	75	71	68	Yes	Yes

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6. 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 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 17 months for each ward, shown in Appendix 1, so no trend or direct correlation with any of the indicators can be identified currently. We are not in a position or have evidence to show the staffing levels are having a direct impact on the above indicators. We continue to keep an eye on the performance of the indicators as they may be able to indicate a possible flag to ask more questions and to review the quality of care.

There is evidence to show variable quality and completeness of patient records, particularly how we demonstrate patient involvement in care planning, across the inpatient wards evidenced in the recent CQC inspection in Sept 2015 and through local clinical audit results and investigations from serious incidents. Introducing the new electronic health record will support and help clinicians to more easily record the care and treatment they have agreed with each patient, however continued work is required in this important area.

7. Highlighted wards

The information in Table 2 identifies five 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), Ruby (registered and unregistered staff on day shifts), Woodlands (unregistered on night shifts), Peppard community hospital ward (registered on night shifts), Witney community hospital ward (registered and unregistered staff on day shifts), Glyme (unregistered on day shifts and registered staff on night shifts), and Kennet (registered and unregistered staff on day shifts).

For each of these wards immediate actions were taken by the ward management team for example; asking existing staff to work additional hours, staff that would normally be supernumerary e.g. ward manager, modern matron, working as part of the nursing team, requesting to use agency staff, borrowing staff from other wards often for part of a shift and temporarily not taking any further admissions. An escalation process is in place for each ward to raise difficulties with senior staff for further advice and support as required. We are taking strategic actions to reduce the number of staff vacancies, as described below under the sub heading nursing vacancies.

Vaughan Thomas (Adult Directorate – adult mental health ward): in September 2015 80% of shifts were fully staffed to expected levels; this is an improvement on the last 17 months. Sickness has been decreasing over the last 2 months. The shifts below related mostly to unregistered staff on day shifts. The ward identified staffing to be more difficult on four of the five weeks. The ward used a high number of bank staff and hardly any agency. The main reason was due to vacancies (12.7%, 4.57 WTE as of Sept 15) as the increased establishment is still being achieved, and turnover remains high (17.9% 12 month rolling). As of the 12th October 2015 2 WTE registered and 1 WTE unregistered vacancies are being recruited to, all are currently out to advert.

Wintle (Adult Directorate – adult mental health ward): in September 2015 55% of shifts were fully staffed to expected levels (similar to last month); the ward has experienced difficulty with staffing in 17 out of the last 18 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. The ward identified staffing to be more difficult on all five weeks. The main reason was due to vacancies (20.3%, 7.31 WTE as of Sept 2015) as the increased establishment is still being achieved. Sickness has fluctuated with long term sickness being high in the last two months. Although vacancies are high this has been improving

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month on month from May 2015 and turnover is reducing. As of the 12th October 2015 7.47 WTE registered and 2 WTE unregistered vacancies are being recruited to of which 4 registered posts and both unregistered posts have been offered. Wintle ward won student placement of the year recently, indicating student experiences on the ward have been consistently good.

Opal (Adult Directorate – adult rehab mental health ward): in September 2015 38% of shifts were fully staffed to expected levels; the ward has experienced difficulty with staffing in 15 out of the last 18 months and therefore have used agency (1 registered long line June-August 2015), bank and sessional staff. The shifts below related mostly to registered staff on day and night shifts. The ward identified staffing to be more difficult on two out of the five weeks. The main reason was due to vacancies (18.6%, 6.41 WTE as of Sept 2015) which are reducing, however turnover has remained high since March 2015 (11.76% 12 month rolling). As of the 12th October 2015 2 WTE registered and 2 WTE unregistered vacancies are being recruited to of which both registered posts and both the unregistered posts have been offered.

Wenric (Adult Directorate – forensic ward): in September 2015 35% of shifts were fully staffed to expected levels; the ward has struggled with staffing across 18 of the 18 months. The shifts below related to registered and unregistered staff on day shifts. The ward identified staffing as more difficult across four of the five weeks. The main reasons are due to vacancies (20%, 7.56 WTE as of Sept 15) and turnover (14.7% 12 month rolling) resulting in high use of sessional staff (hardly any use of 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 12th October 2015 4 WTE registered vacancies are being advertised of which 1 has been offered.

Kingfisher (Adult Directorate – forensic ward): in August 2015 68% of shifts were fully staffed to expected levels; the ward has struggled with staffing across 16 of the 18 months and has had to use a high amount of agency staff. The shifts below related to registered staff on day and night shifts. The ward identified staffing as more difficult across all five weeks. The main reasons are due to vacancies (3%, 1.10 WTE as of Sept 15), turnover (15.52% 12 month rolling, particularly staff aged under 30) and sickness (overall sickness 7.63% as of Sept 15). As of the 12th October 2015 12 WTE registered and 4 WTE unregistered vacancies are being advertised by both Kingfisher and Kestrel wards, of which 2 registered posts and 4 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.

8. 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
- ❖ Sickness increasing although showing signs of reducing
- ❖ Maternity leave particularly at city community hospital ward

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 – this will be assisted by the new temporary staffing management system being introduced from October 2015.
- ❖ Cost pressures due to the use of sessional, bank and agency spend

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- ❖ Variability of patient involvement in care planning and documentation (possibly due to an increase in use of temporary staff)

9. 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 August 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%
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%

10. Inpatient Nurse Staffing Establishment Review

Following the last report in April 2015, this is the fourth report presenting the outcome of a 6 monthly review of nurse staffing establishment. The actual staffing levels against these established (also known as expected level) are reviewed weekly and reported monthly to the Board of Directors, as above.

The evidence-based tools developed by Hurst (2002) were used in May 2015 to review staffing levels on all community hospital wards; however the application in mental health wards is limited. The trust is engaged in national programmes to develop evidence based staffing tools for mental health adult and older people wards as well as community adult mental health teams. The national guidance recognises there are currently limited tools available to help to determine the right nurse staffing levels on wards therefore the review of establishments below has been conducted based on clinical and professional judgement and patient need.

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The recent reviews completed highlight some minor amendments to expected levels, detailed below, have been made since the last report in April 2015 as a result of changing bed numbers, changes in skill mix and/ or changes in patient need. As well as the review of the community hospital service (as mentioned in the last report).

Appendix 3 shows the current nursing establishment for each ward and highlights any changes to expected staffing levels since the last report in April 2015. This information excludes modern matrons and ward managers who are treated as supernumerary providing a leadership role. For all wards the allowance built into the establishment for planned and unplanned leave, sickness and training is set at 23%.

Below is a summary of the changes to expected staffing levels since April 2015 as a result of increases or reductions in bed numbers, changes in skill mix and/ or changes in patient need:

- ❖ Amber (older people mental health) – The skill mix has been revised. Over the next 6 months the number of staff available on night shifts will be reviewed to address the increase in patient falls since moving into a new building and managing patient safety within the new environment. The ward is involved in developing the national evidence based staffing level tool for older people mental health wards.
- ❖ Ashurst (psychiatric intensive care unit) - The number of unregistered staff per shift has reduced by one as the ward moves from 13 to 10 male only beds from the end of Sept 2015.
- ❖ Highfield (CAMHS) – the skill mix has been revised and staffing levels at night have been increased.
- ❖ Marlborough House, Swindon (CAMHS) - Staffing levels have been increased by 1 registered staff member for both the early and late shifts.
- ❖ Abingdon community hospital ward 1 - A registered staff member has been moved from early to late shift to help support patient need.
- ❖ Abingdon community hospital ward 2 - Staffing levels have been increased across the early, late and night shifts as part of the increase in bed numbers (from 18 to 20, with a plan to move to 26 beds). Previous establishment: 7:5:4. This is part of the system wide service community hospital review which includes the temporary closure of 30 beds at Witney community hospital.
- ❖ City community hospital ward- Unregistered staff on early shift reduced by 1 and unregistered on night shift increased by 1, to support patient needs at night.
- ❖ Didcot community hospital ward- No changes at the moment, however when the beds increase to 14 planned in mid-November 2015 the number of unregistered staff at night will increase by 1.
- ❖ Peppard community hospital ward - Reduction in staff by 1 unregistered on early shift. Currently the model of care for community hospitals is being consulted on.
- ❖ Witney community hospital –A risk managed approach has been taken to consolidate the 30 beds and staffing from two to one wards at Witney community hospital from early Sept 2015. One ward has been closed temporarily until 31st March 2016 to improve the quality and safety of care. As a consequence of the above, the staffing on the one remaining ward has been increased by 1 or 2 members of staff on each shift. Previous establishment: 10:9:5. Additional

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beds have been and are planned to be opened at other existing community hospital wards. All staff have been redeployed.

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

- ❖ Cotswold House Oxford (eating disorders) - the staffing levels will be reviewed as acuity and complexity of the patient group is increasing. The ward is recognised as a specialist for gastro nasal feeding which means more acutely unwell patients are treated on the ward rather than being transferred to an acute hospital.
- ❖ Review of staffing on adult mental health wards with a S136 suite
- ❖ Review shift patterns on the forensic wards i.e. staff on permanent nights and use of long days
- ❖ Currently the model of care for community hospitals is being consulted on, the proposal based on a risk management approach is to make changes across Abingdon ward 2 (increase in beds), Peppard ward, St Leonards ward (increase in beds), Didcot (increase in beds), Wantage (increase in beds) and the second Witney ward, so that a similar service is provided but in a different model and configuration. The reason for the proposal is to improve the quality, safety and cost effectiveness of care.

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

11. 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.

As the Director of Nursing and Clinical Standards I am satisfied we have responsive escalation processes in place to manage and monitor staffing safely on a shift by shift, daily and weekly basis with senior staff giving appropriate support to ward teams. Each ward is taking a range of immediate actions on a daily basis to ensure safe staffing levels are maintained appropriate to their patients.

When looking at the number of shifts which were fully staffed to expected levels, 10 out of 33 wards were identified as having the most difficulties across September 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 (August 2015) eight wards remain a concern, three wards are no longer a concern and two wards have been added for September 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, Wintle, Opal, Ruby, Peppard community hospital ward in Henley, Witney community hospital, Glyme, Wenric, Kennet and Kingfisher.

Table 2 in the body of the report summarises the staffing position by ward showing the trend over the last 18 months and the position in September 2015 based on the clinical view of the ward management team. When bringing these pieces of information together five wards are identified as needing more support and attention. The five wards are Vaughan Thomas, Wintle and Opal (adult acute and rehab mental health), Wenric and Kingfisher (forensic mental health) – these are the same as last month. More detail about the staffing on these five wards is provided in the report. A dialogue with ward staff, Heads of Nursing and Service Directors is continuing to develop plans to support safe staffing and patient care at a ward level. Wintle, Vaughan Thomas and Opal ward have recently

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achieved AIMS accreditation which included looking at staffing and patient experiences. All our forensic wards are externally accredited following an annual peer review cycle. The number of matrons has been increased for the forensic mental health wards from two to four and the addition of two Service managers to strengthen the senior nursing support.

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 we have given more 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, and maternity leave in one ward. There remains a need to understand more about the reasons behind staff leaving, to support staff where services have high demands, and to ensure we are actively managing career aspirations to retain staff within the trust.

The report also provides information on the;

- ❖ Results of the amount of direct care contact time with patients
- ❖ Outcome of the recent inpatient nurse staffing establishment review

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Appendix 1. Quality and Workforce Indicators

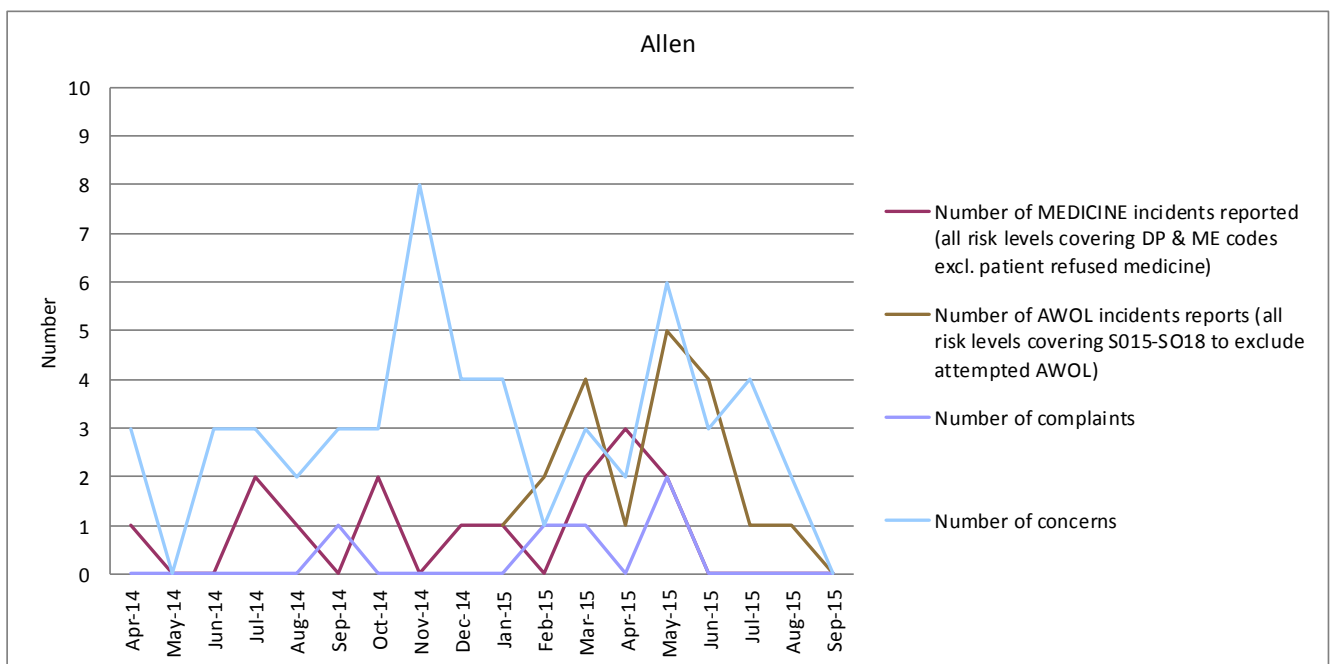
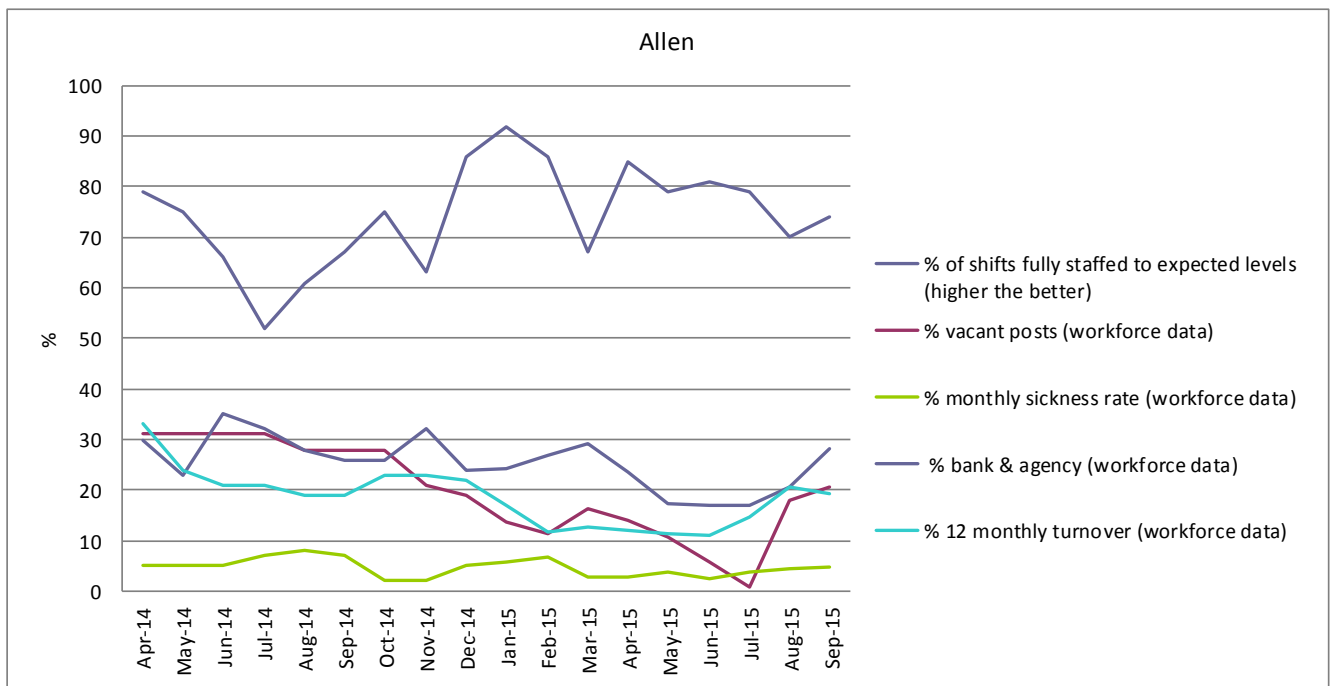
Note.

- 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.*

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Allen

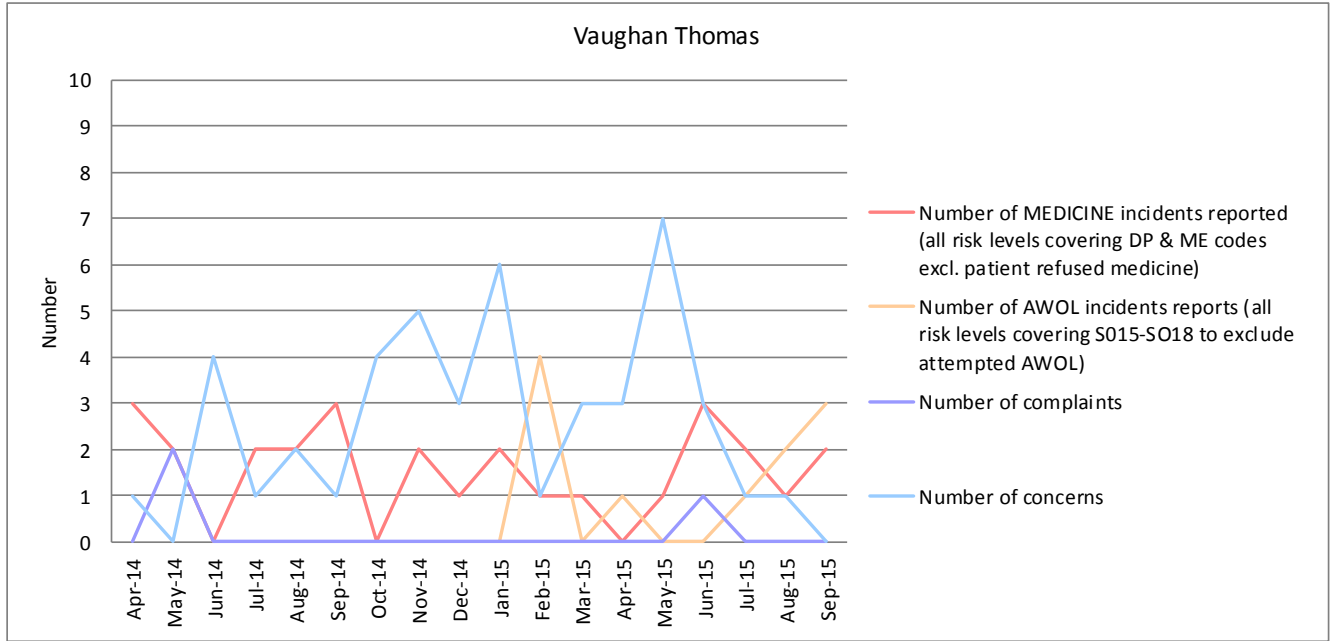
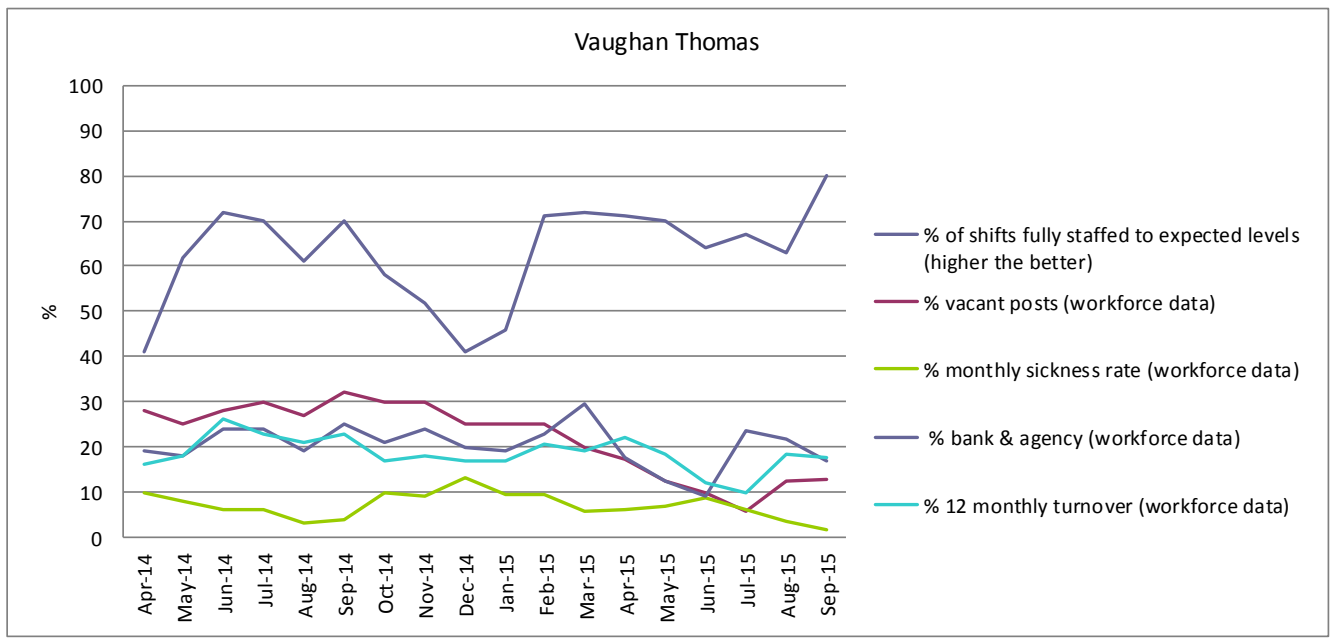
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reports (all risk levels covering S015-SO18 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	0	3	
May-14	75	31	5	23	24			0	0	0	0	
Jun-14	66	31	5	35	21	60	60	0	0	0	3	
Jul-14	52	31	7	32	21			2	0	0	3	
Aug-14	61	28	8	28	19	100	100	1	0	0	2	
Sep-14	67	28	7	26	19			0	1	1	3	
Oct-14	75	28	2	26	23	60	60	2	0	0	3	
Nov-14	63	21	2	32	23			0	0	0	8	
Dec-14	86	19	5	24	22	100	100	1	0	0	4	
Jan-15	92	13.8	5.76	24.3	17			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



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

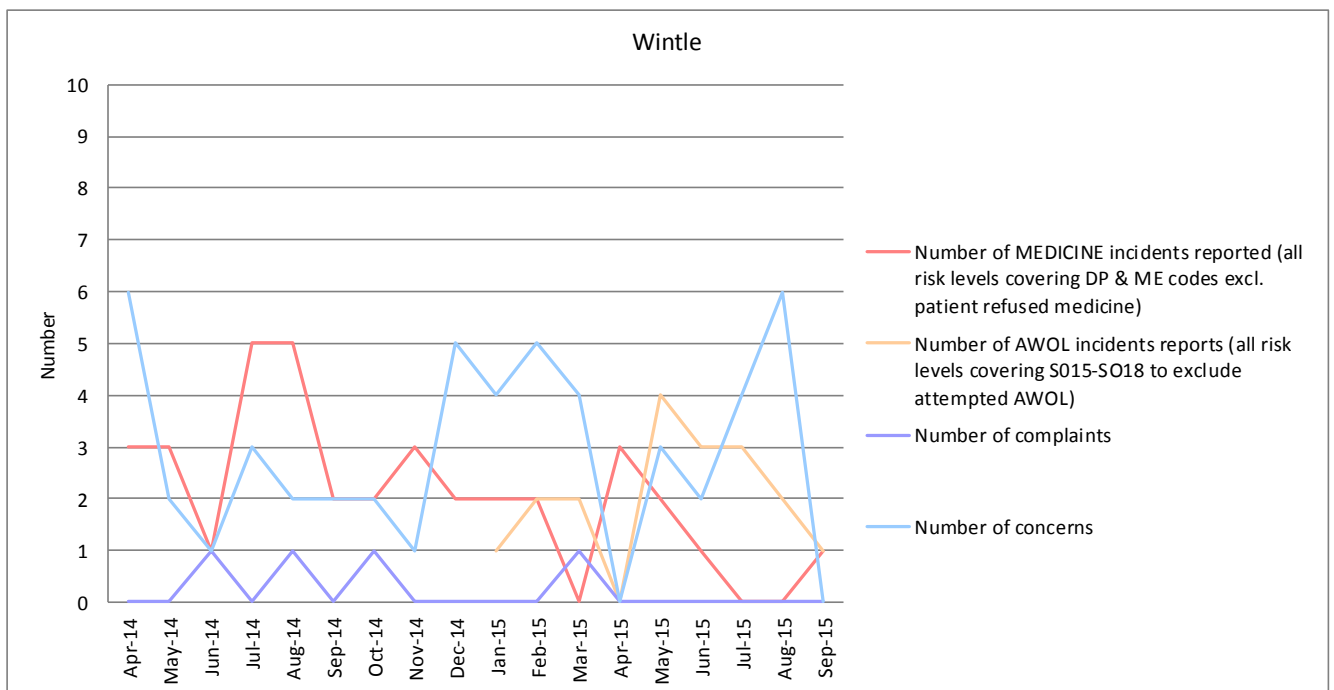
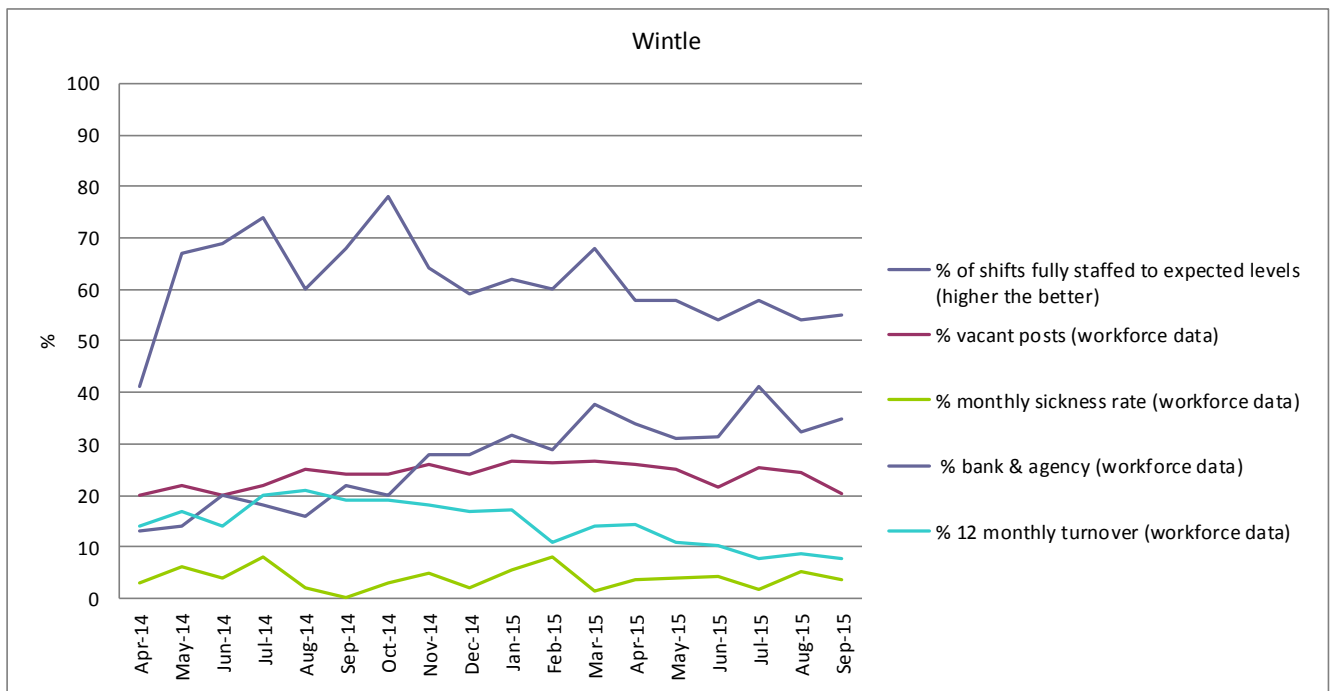
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Apr-14	41	28	10	19	16	60	80	3	0	0	1	
May-14	62	25	8	18	18			2	2	0	0	
Jun-14	72	28	6	24	26	100	100	0	0	0	4	
Jul-14	70	30	6	24	23			2	0	0	1	
Aug-14	61	27	3	19	21	100	100	2	0	0	2	
Sep-14	70	32	4	25	23			3	0	0	1	
Oct-14	58	30	10	21	17	100	100	0	0	0	4	
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



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Wintle

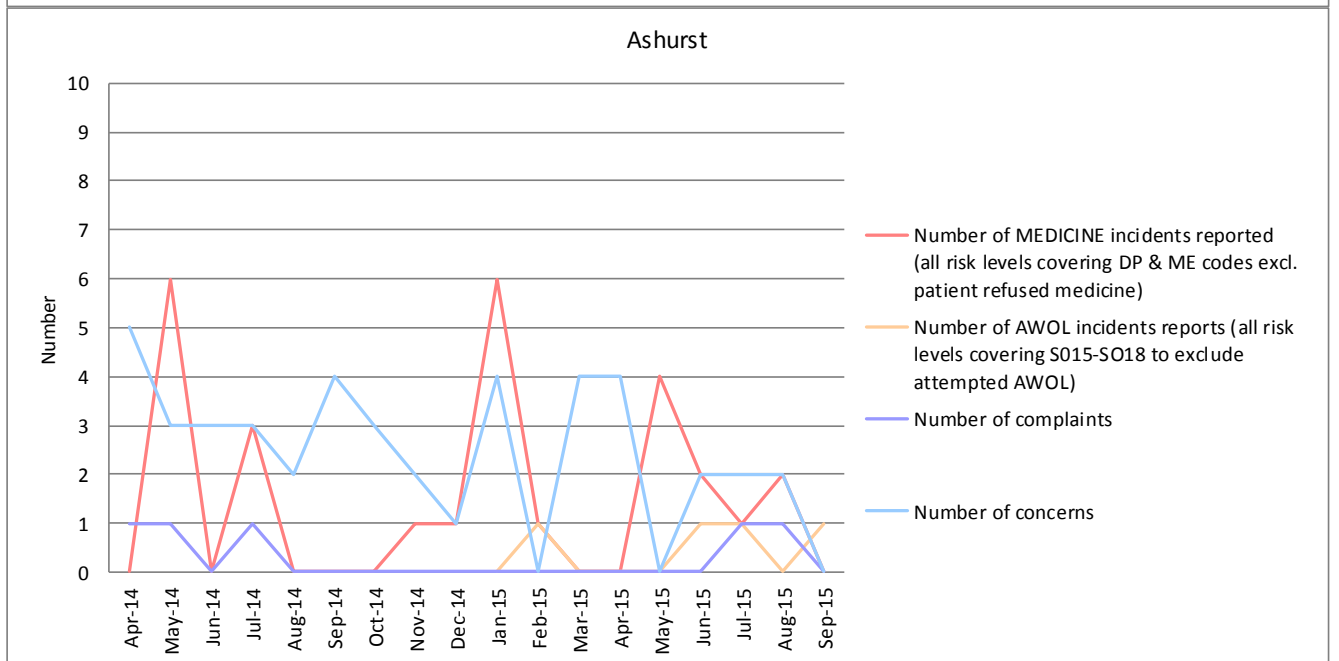
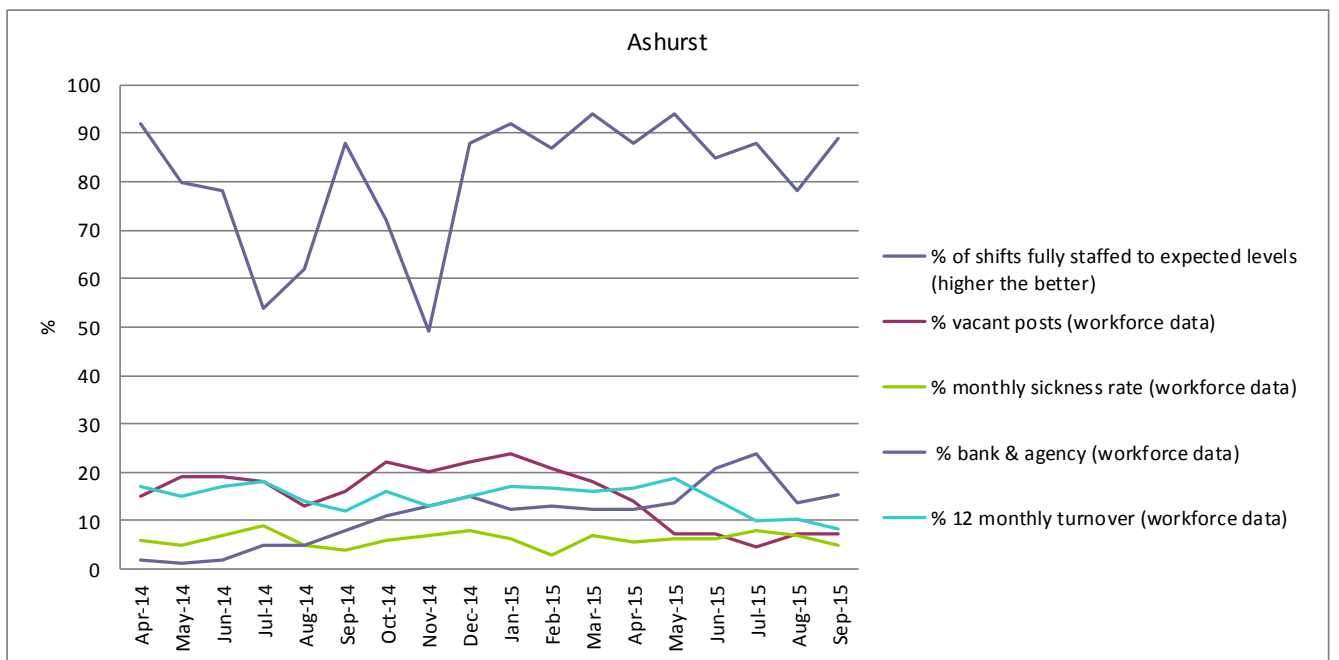
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Apr-14	41	20	3	13	14	40	100	3		0	6	
May-14	67	22	6	14	17			3		0	2	
Jun-14	69	20	4	20	14	80	100	1		1	1	
Jul-14	74	22	8	18	20			5		0	3	
Aug-14	60	25	2	16	21	80	100	5		1	2	
Sep-14	68	24	0.1	22	19			2		0	2	
Oct-14	78	24	3	20	19	100	100	2		1	2	
Nov-14	64	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



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Ashurst (also provides staff for the S136 assessment suite)

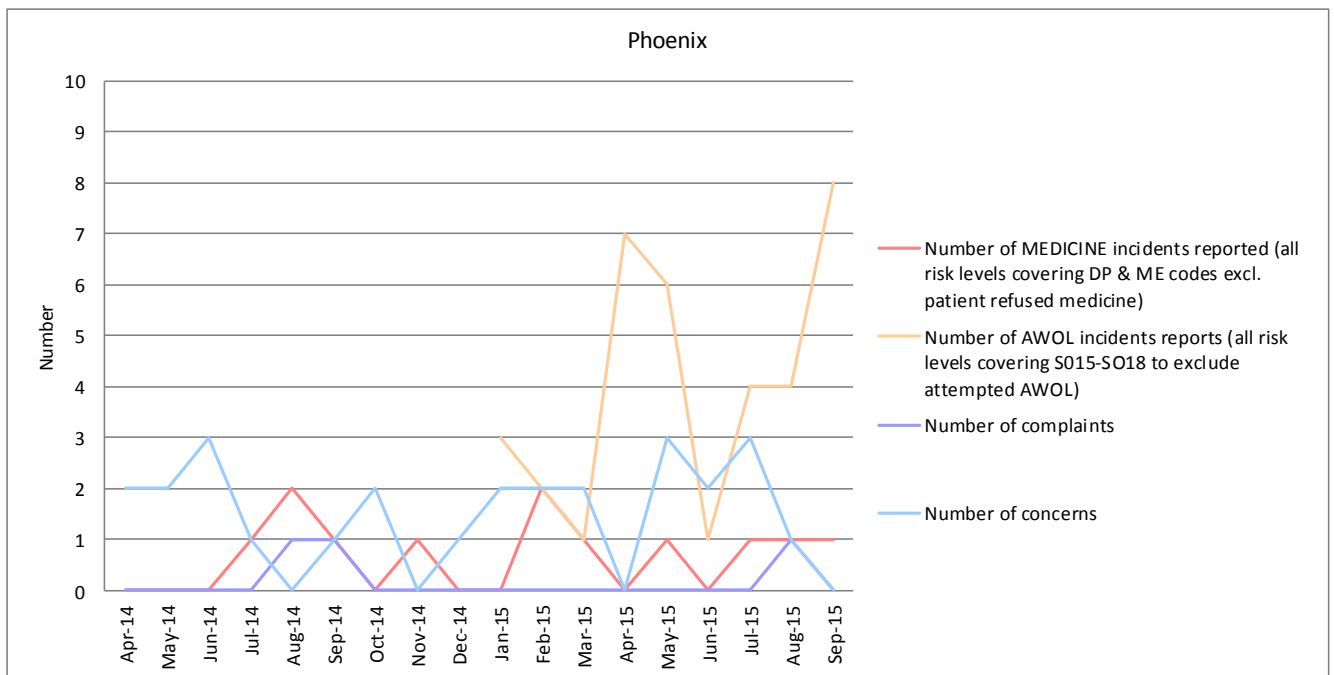
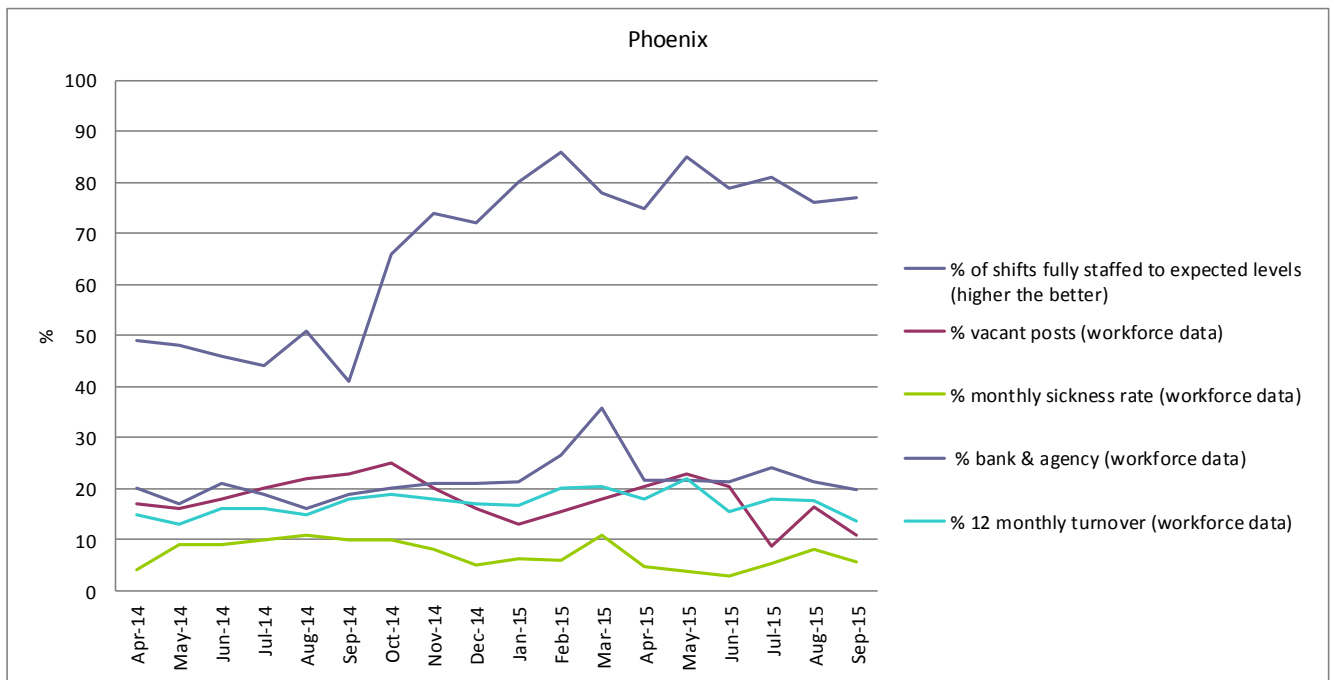
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Apr-14	92	15	6	2	17	80	100	0		1	5	
May-14	80	19	5	1	15			6		1	3	
Jun-14	78	19	7	2	17	100	20	0		0	3	
Jul-14	54	18	9	5	18			3		1	3	
Aug-14	62	13	5	5	14	no data	no data	0		0	2	
Sep-14	88	16	4	8	12			0		0	4	
Oct-14	72	22	6	11	16	100	67	0		0	3	
Nov-14	49	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	1	2	
Aug-15	78	7.1	6.83	13.5	10.36			2	0	1	2	70
Sep-15	89	7.1	4.95	15.5	8.16	100	100	0	1	0	0	68



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Phoenix

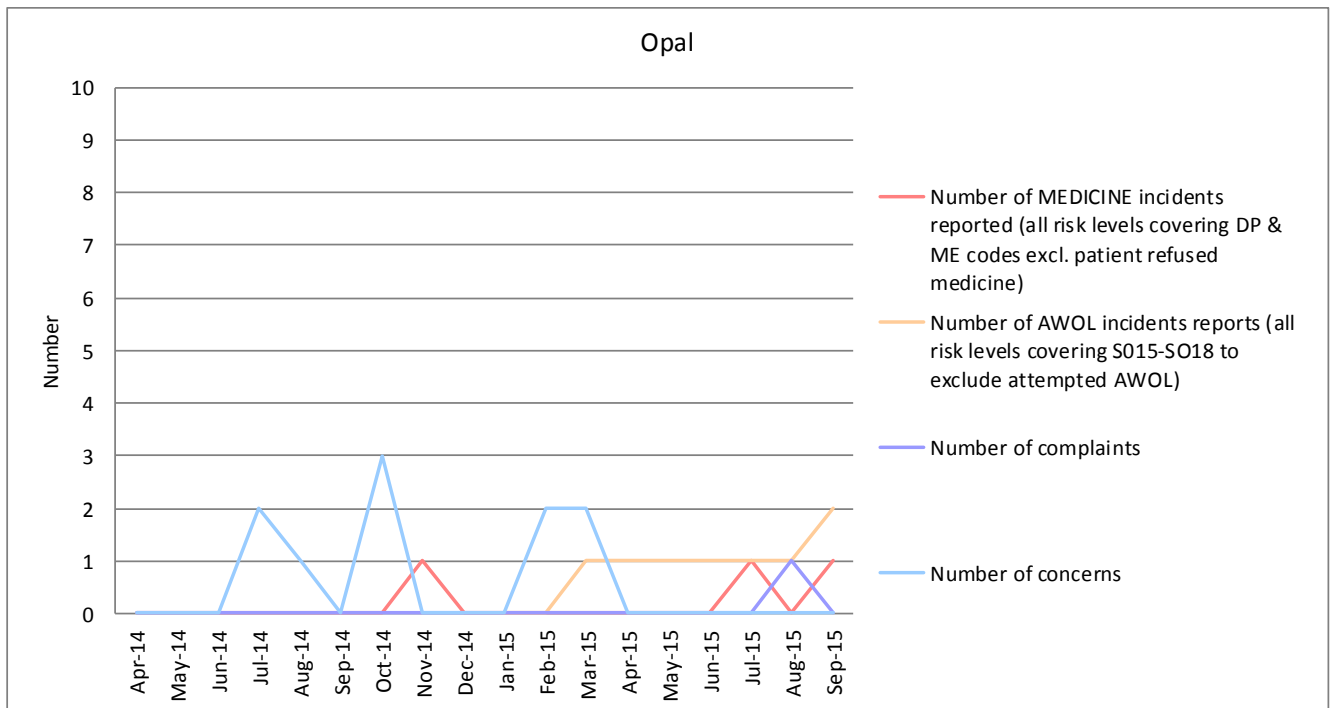
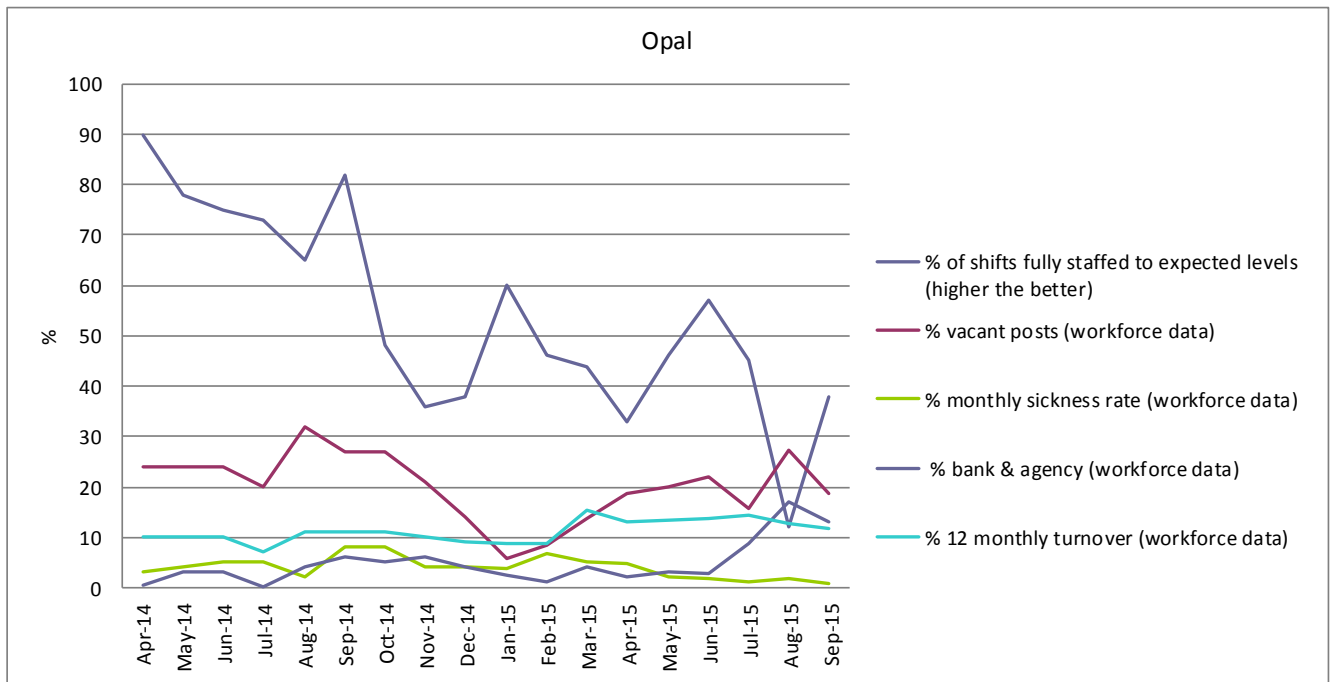
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Apr-14	49	17	4	20	15	80	100	0		0	2	
May-14	48	16	9	17	13			0		0	2	
Jun-14	46	18	9	21	16	40	80	0		0	3	
Jul-14	44	20	10	19	16			1		0	1	
Aug-14	51	22	11	16	15	40	100	2		1	0	
Sep-14	41	23	10	19	18			1		1	1	
Oct-14	66	25	10	20	19	no data	no data	0		0	2	
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



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Opal

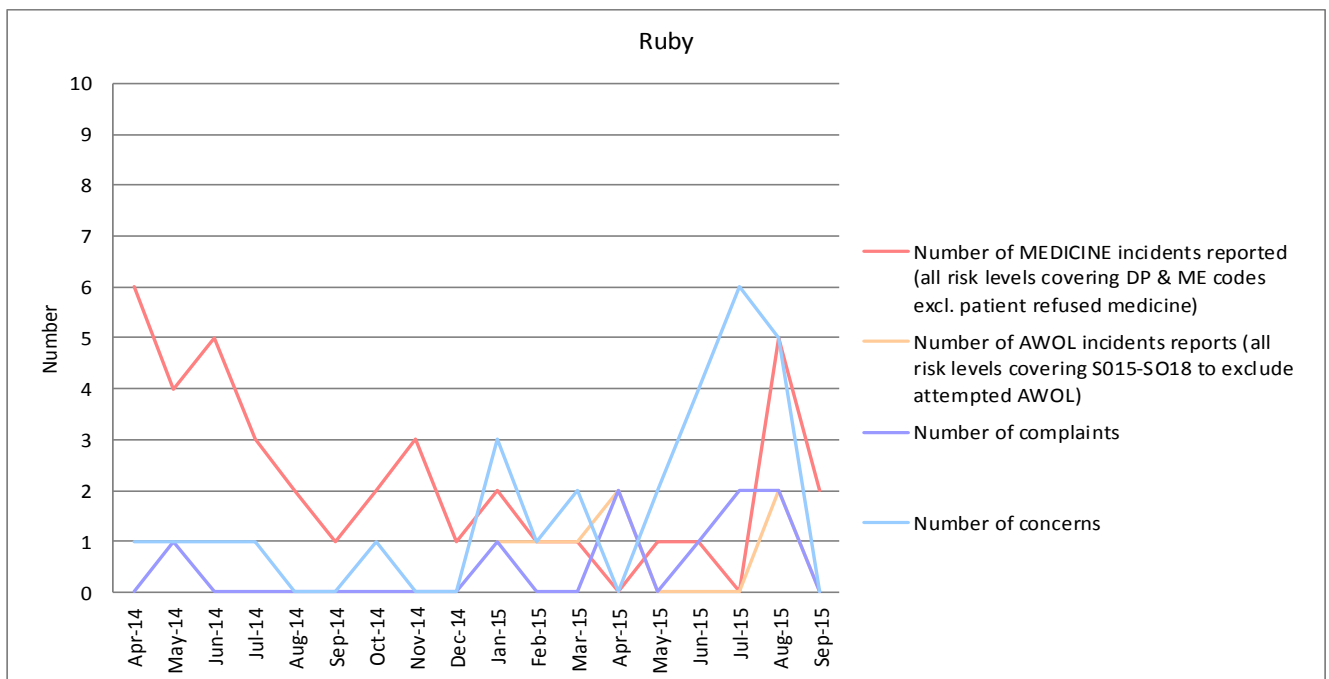
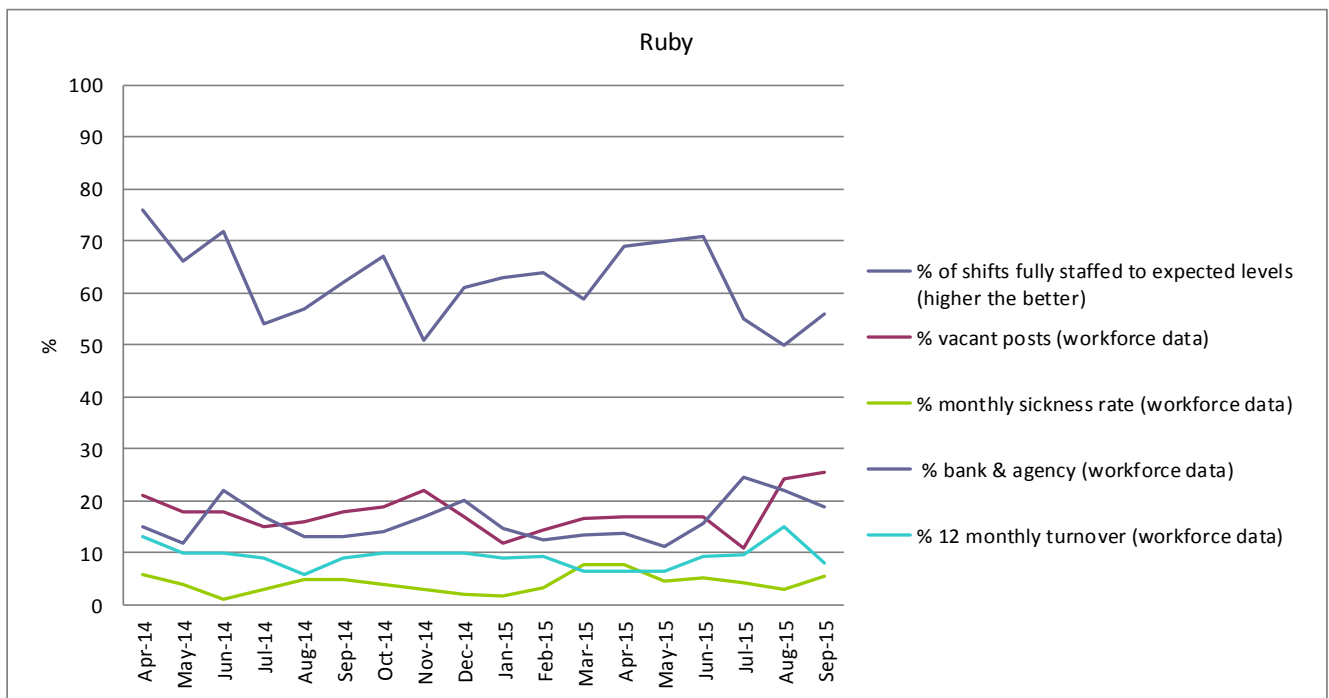
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Apr-14	90	24	3	1	10	80	100	0	0	0	0	
May-14	78	24	4	3	10			0	0	0	0	
Jun-14	75	24	5	3	10	80	80	0	0	0	0	
Jul-14	73	20	5	0	7			0	0	0	2	
Aug-14	65	32	2	4	11	20	40	0	0	0	1	
Sep-14	82	27	8	6	11			0	0	0	0	
Oct-14	48	27	8	5	11	100	100	0	0	0	3	
Nov-14	36	21	4	6	10			1	0	0	0	
Dec-14	38	14	4	4	9	60	60	0	0	0	0	
Jan-15	60	5.8	3.79	2.4	8.63			0	0	0	0	
Feb-15	46	8.4	6.74	1.3	8.88	40	80	0	0	0	2	
Mar-15	44	13.6	5.02	4	15.26			0	1	0	2	
Apr-15	33	18.6	4.84	2.2	13.22	80	100	0	1	0	0	
May-15	46	20.1	2.22	3	13.48			0	1	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	
Aug-15	12	27.3	1.68	16.9	12.77			0	1	1	0	84
Sep-15	38	18.6	0.86	12.9	11.76	60	80	1	2	0	0	80



PUBLIC BOARD REPORT

Ruby

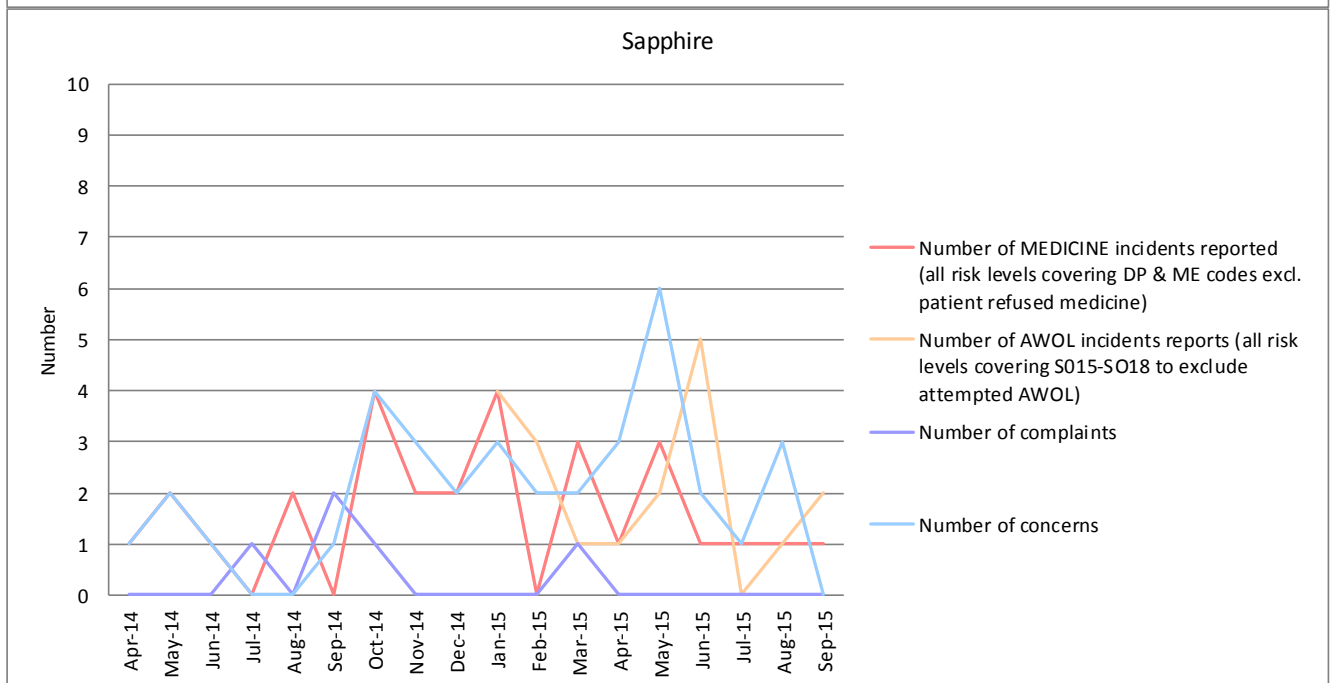
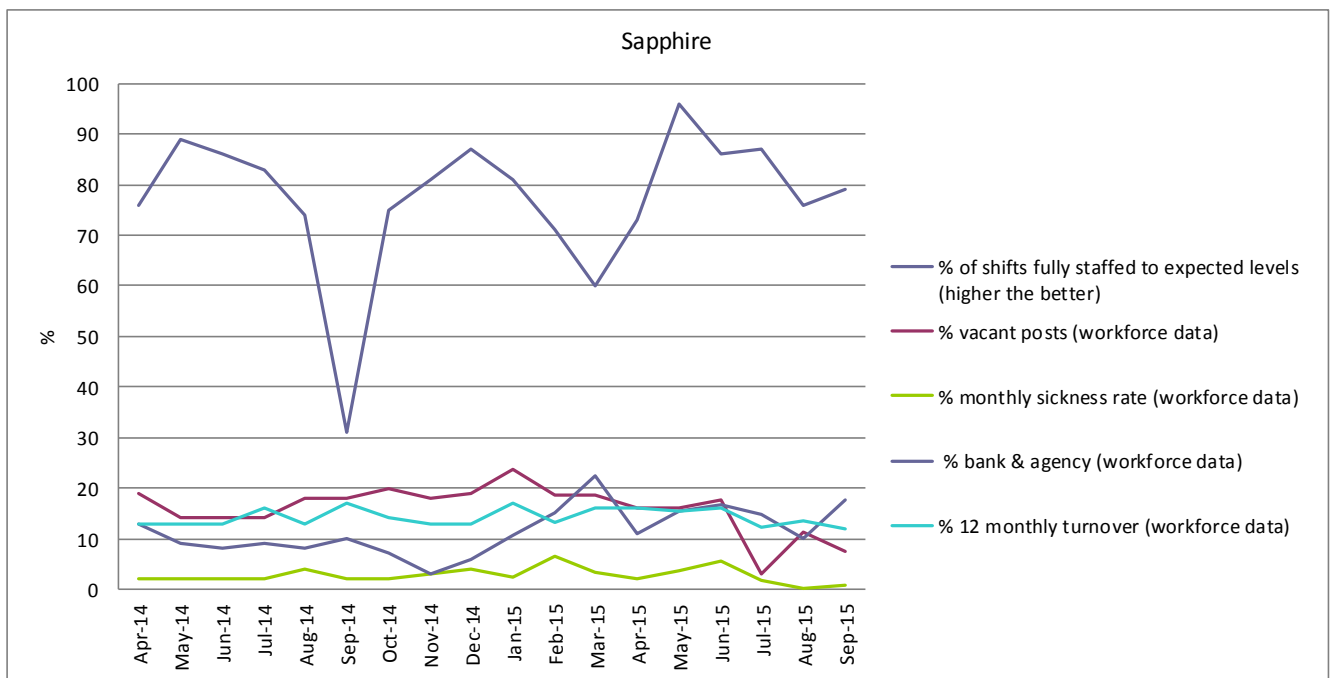
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reports (all risk levels covering S015-SO18 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



PUBLIC BOARD REPORT

Sapphire (also provides staff for the S136 assessment suite)

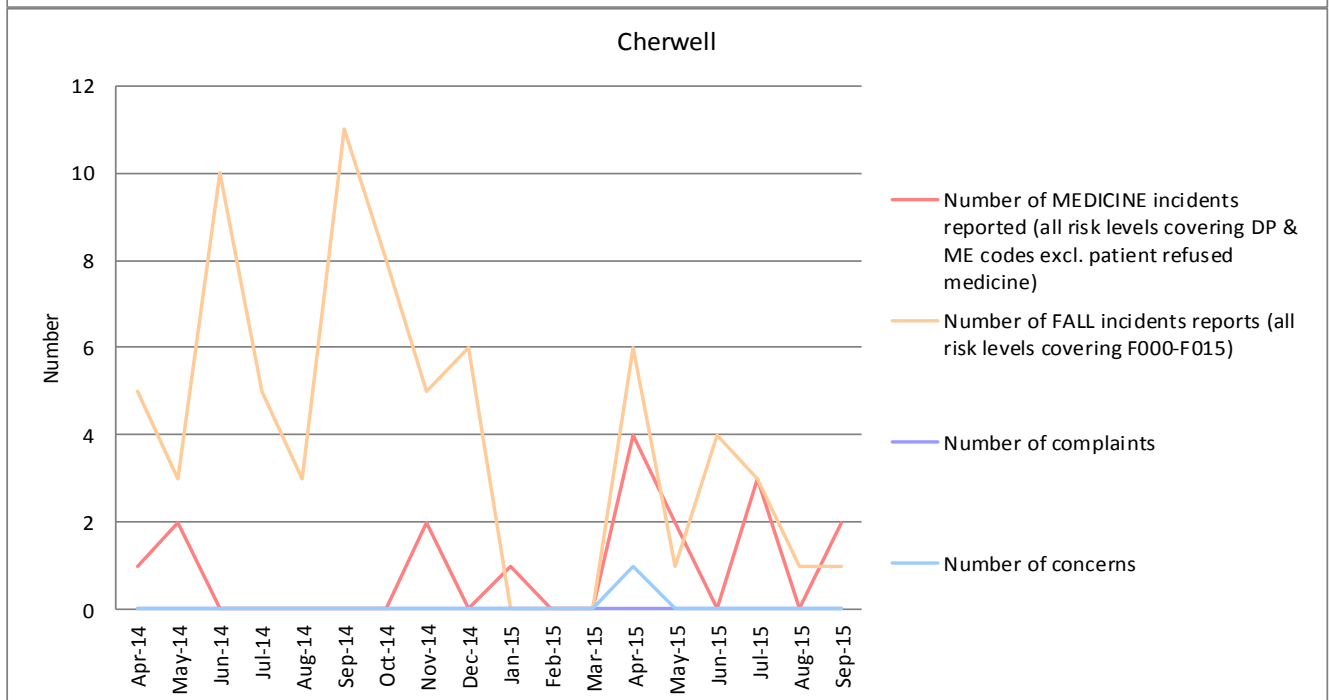
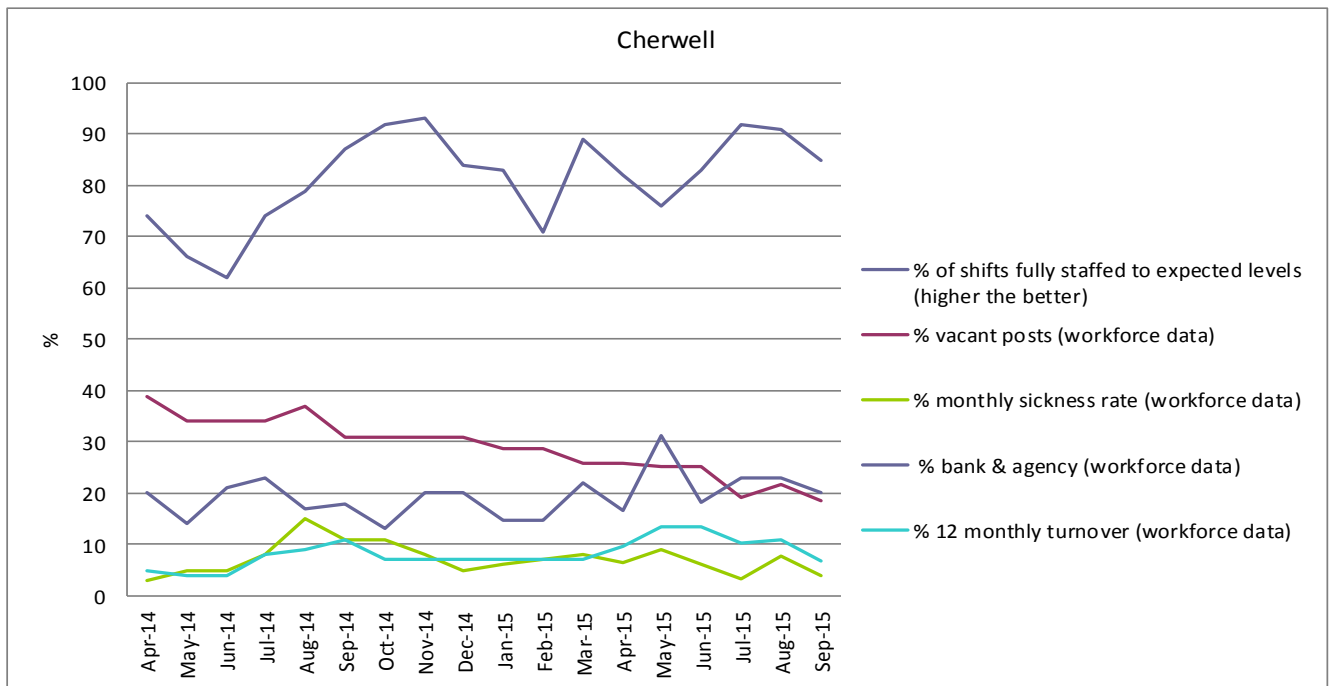
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with 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	100	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



PUBLIC BOARD REPORT

Cherwell

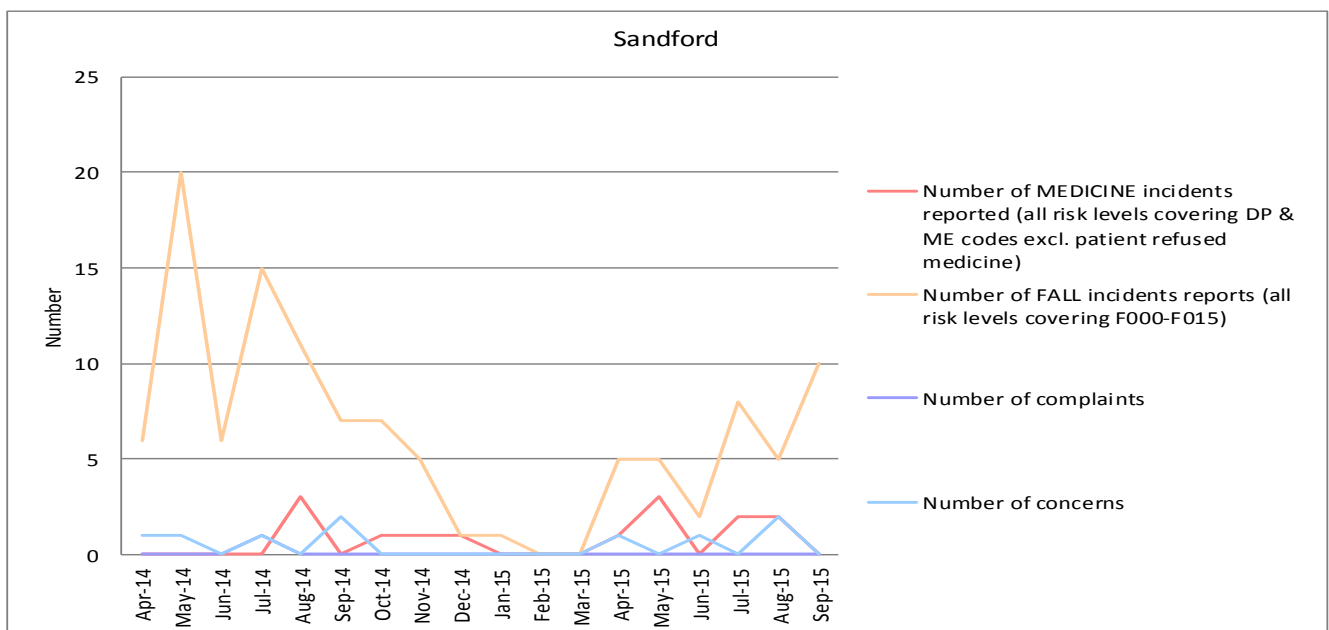
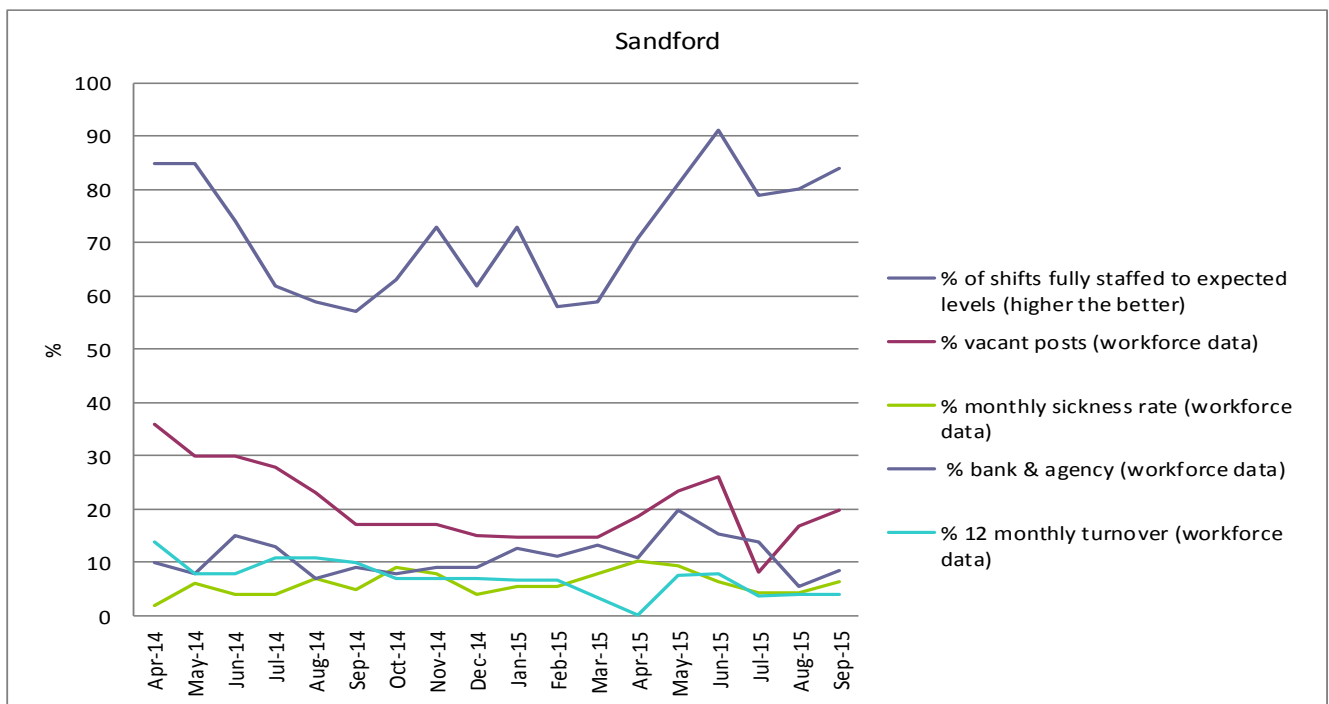
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of FALL incidents reports (all risk levels covering F000-F015)	Number of complaints	Number of concerns	% 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



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Sandford

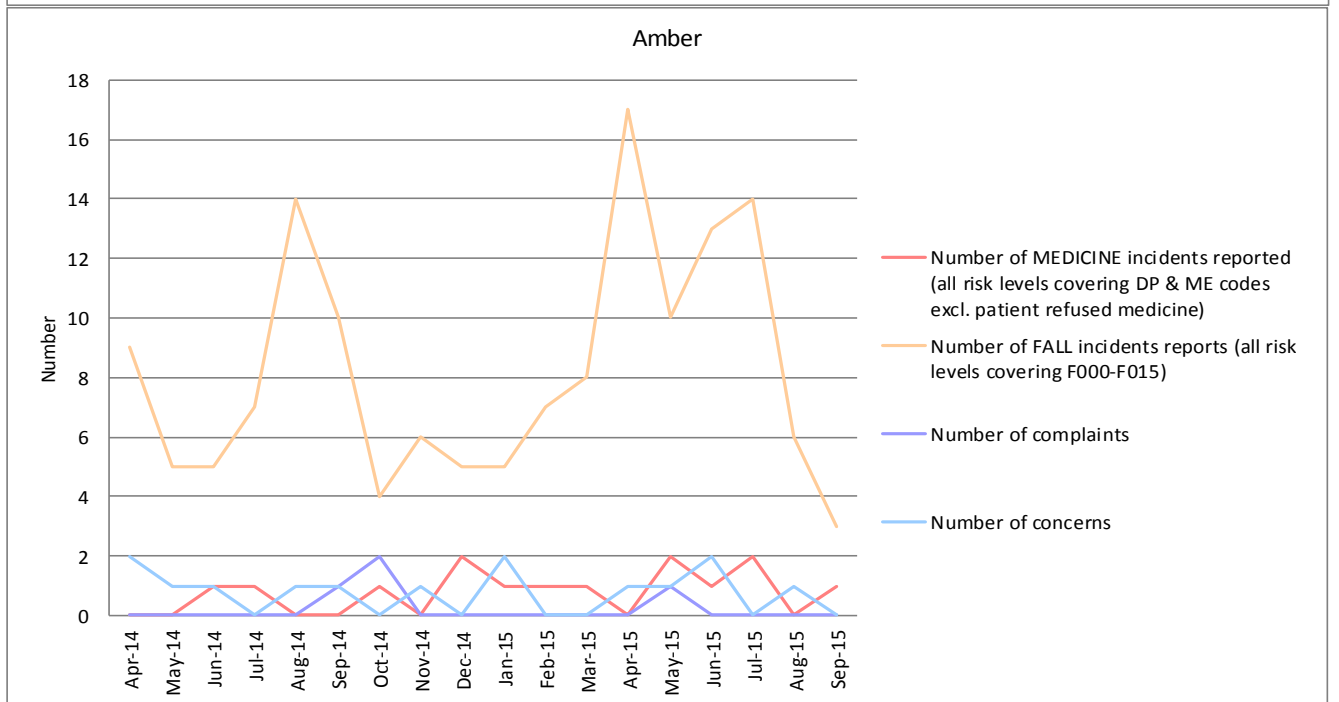
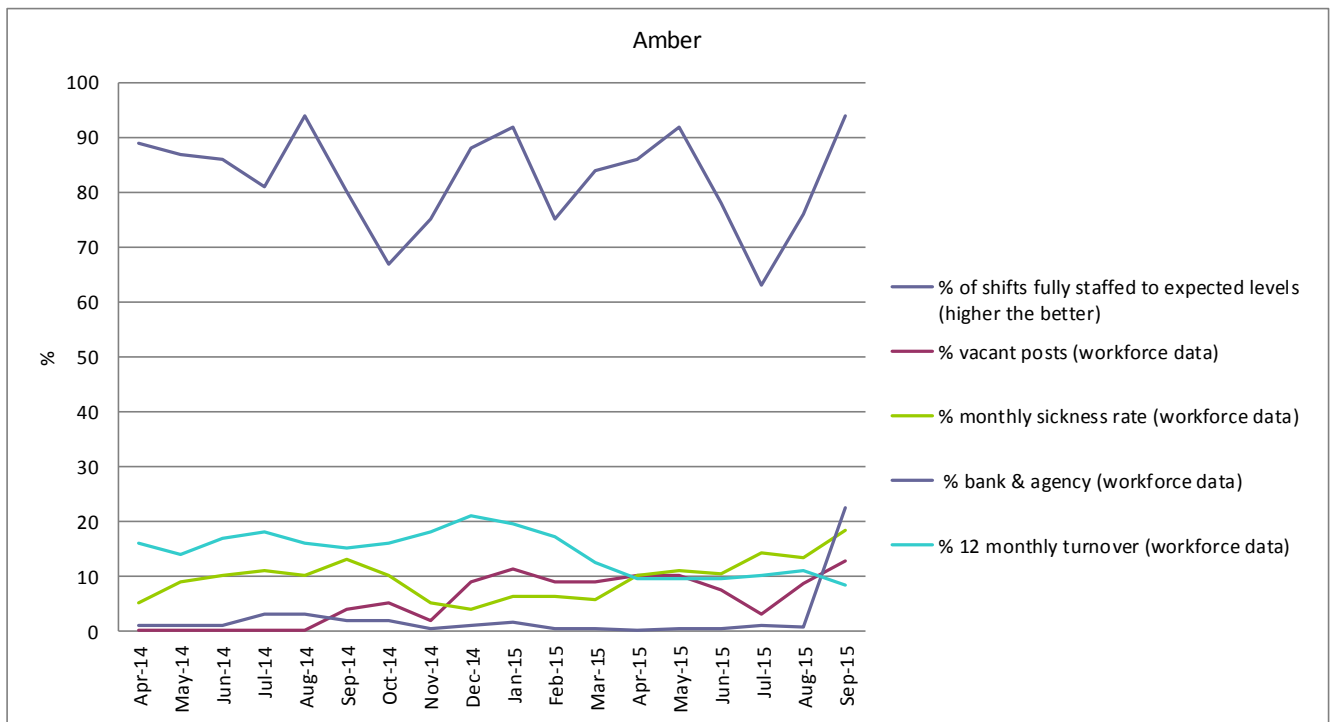
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of FALL incidents reports (all risk levels covering F000-F015)	Number of complaints	Number of concerns	% 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	84	19.9	6.55	8.4	3.98			0	10	0	0	69



PUBLIC BOARD REPORT

Amber

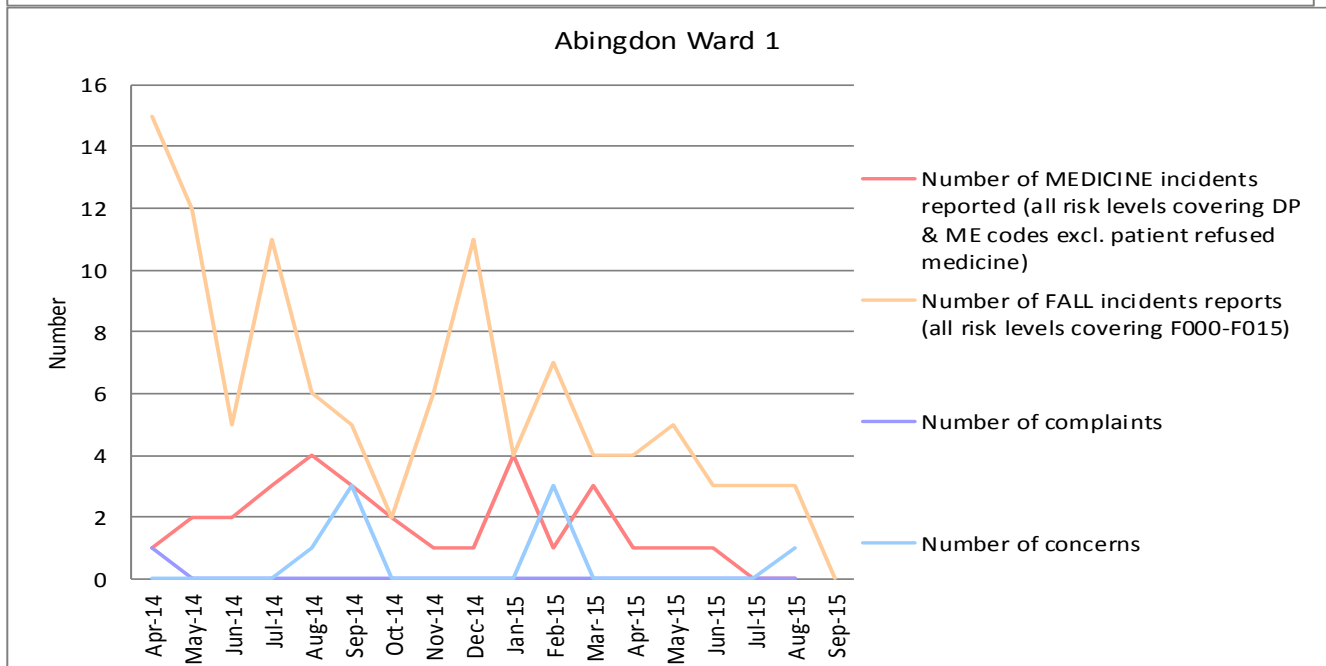
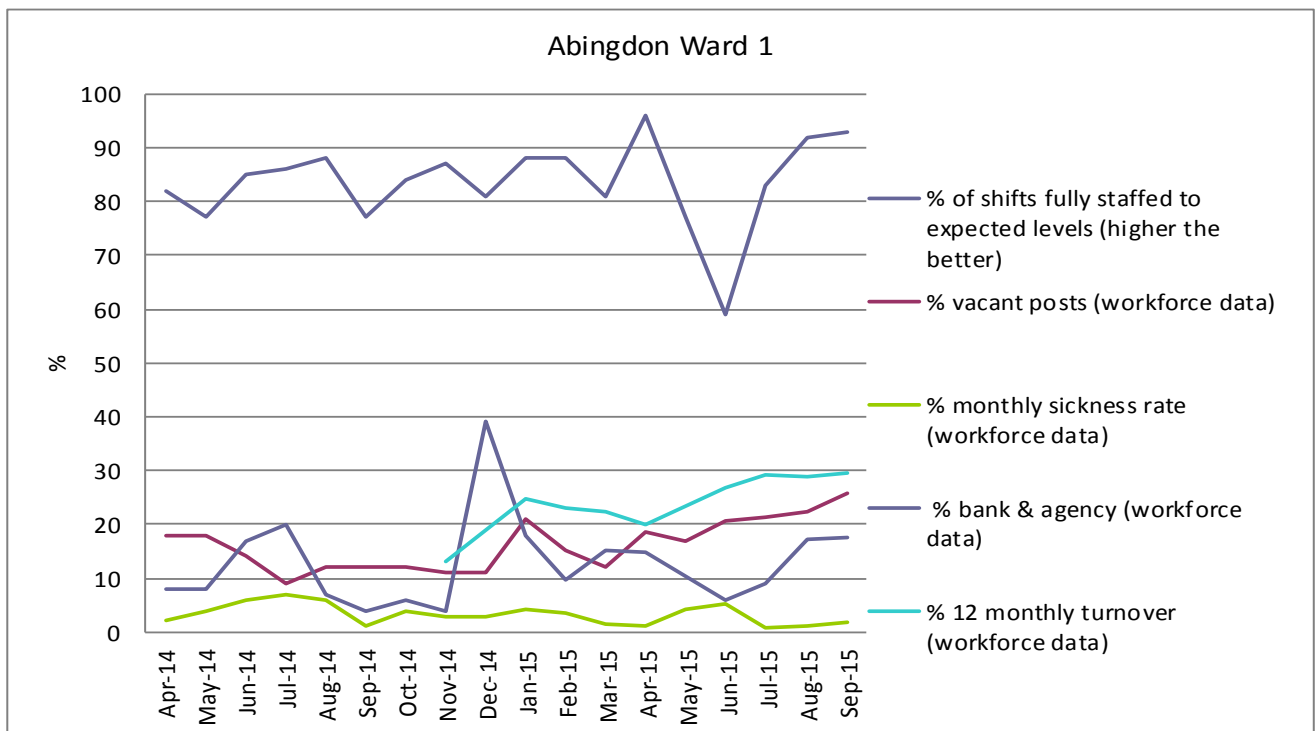
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of FALL incidents reports (all risk levels covering F000-F015)	Number of complaints	Number of concerns	% 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			1	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



PUBLIC BOARD REPORT

Abingdon ward 1

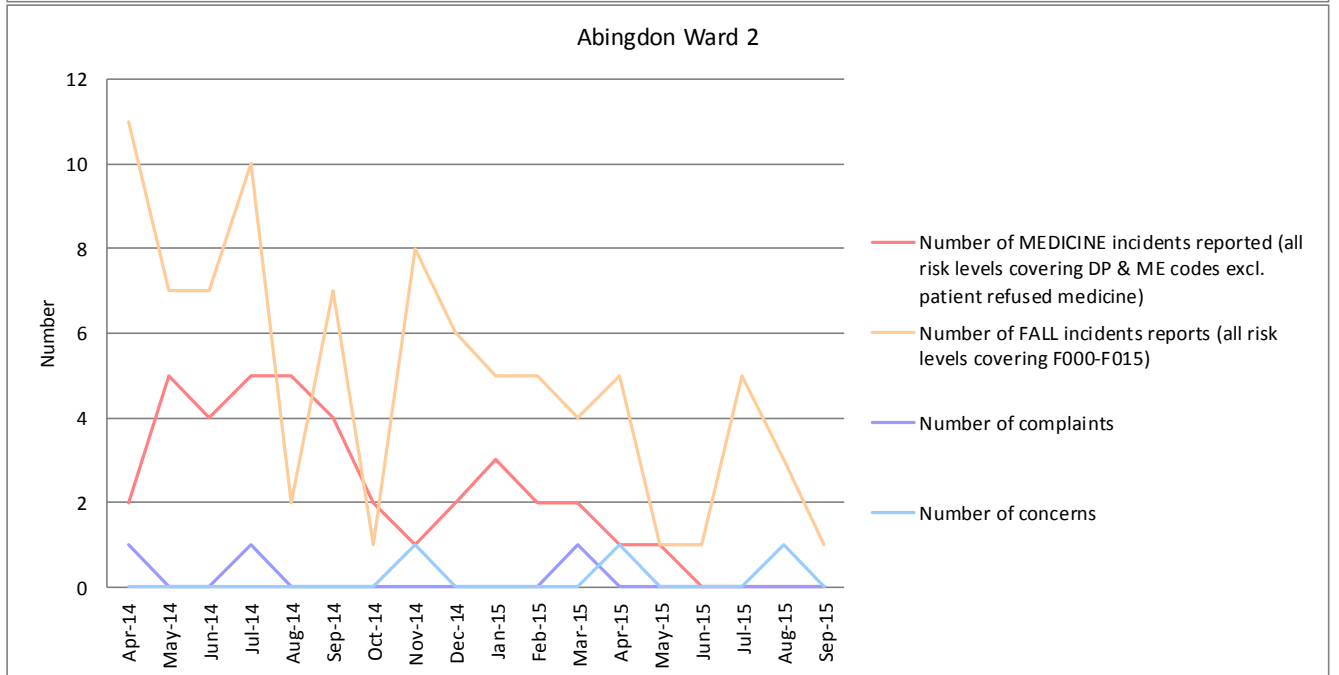
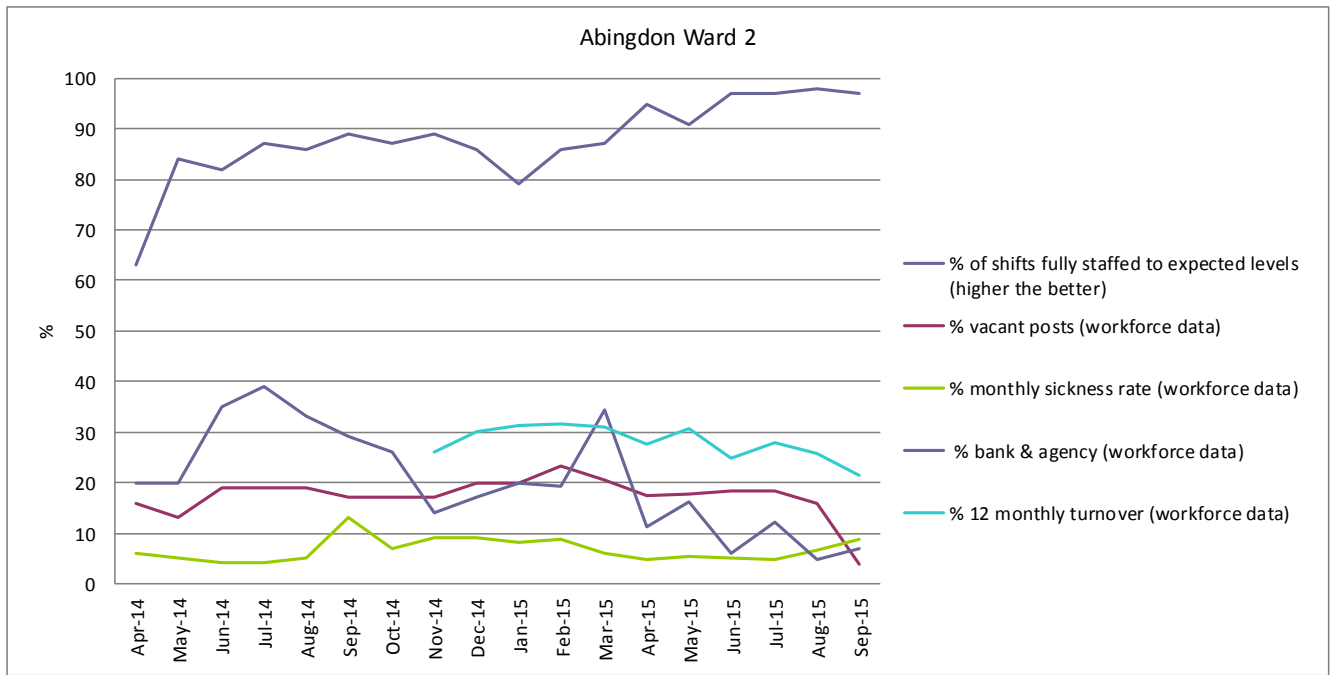
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans been reviewed weekly (lastest CHD audit)	% reported staff communicate clearly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



PUBLIC BOARD REPORT

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

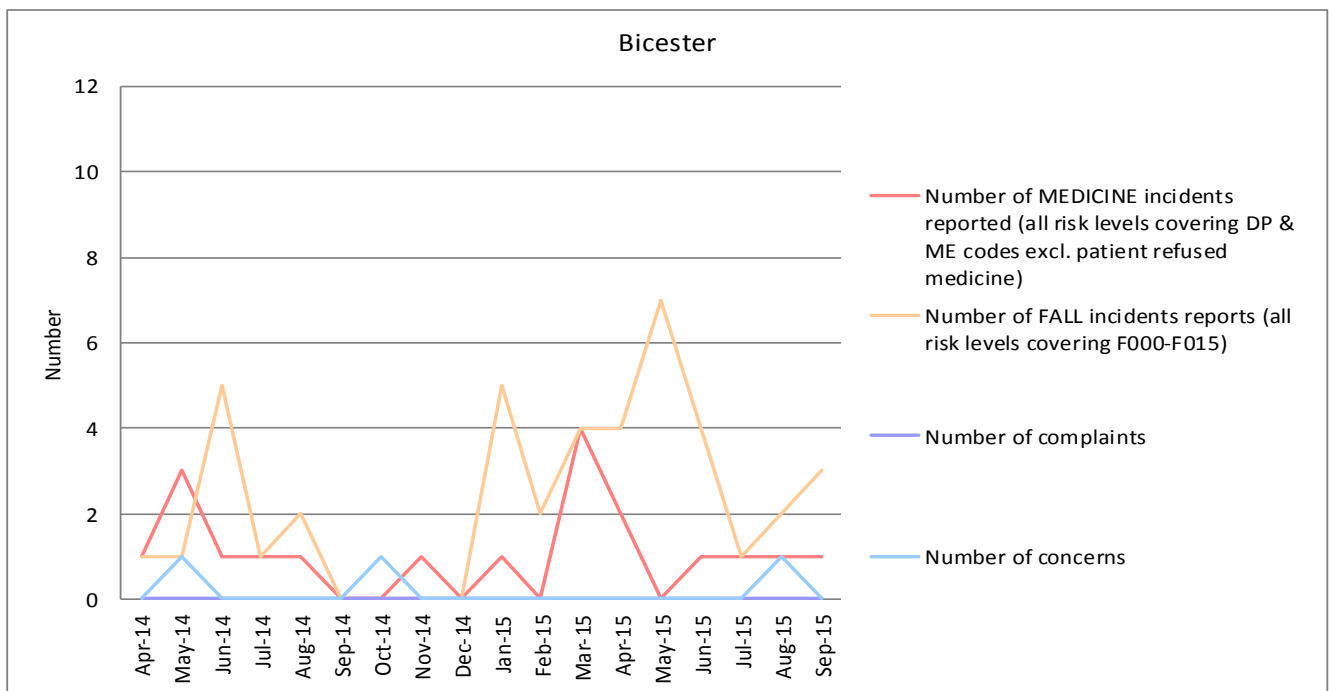
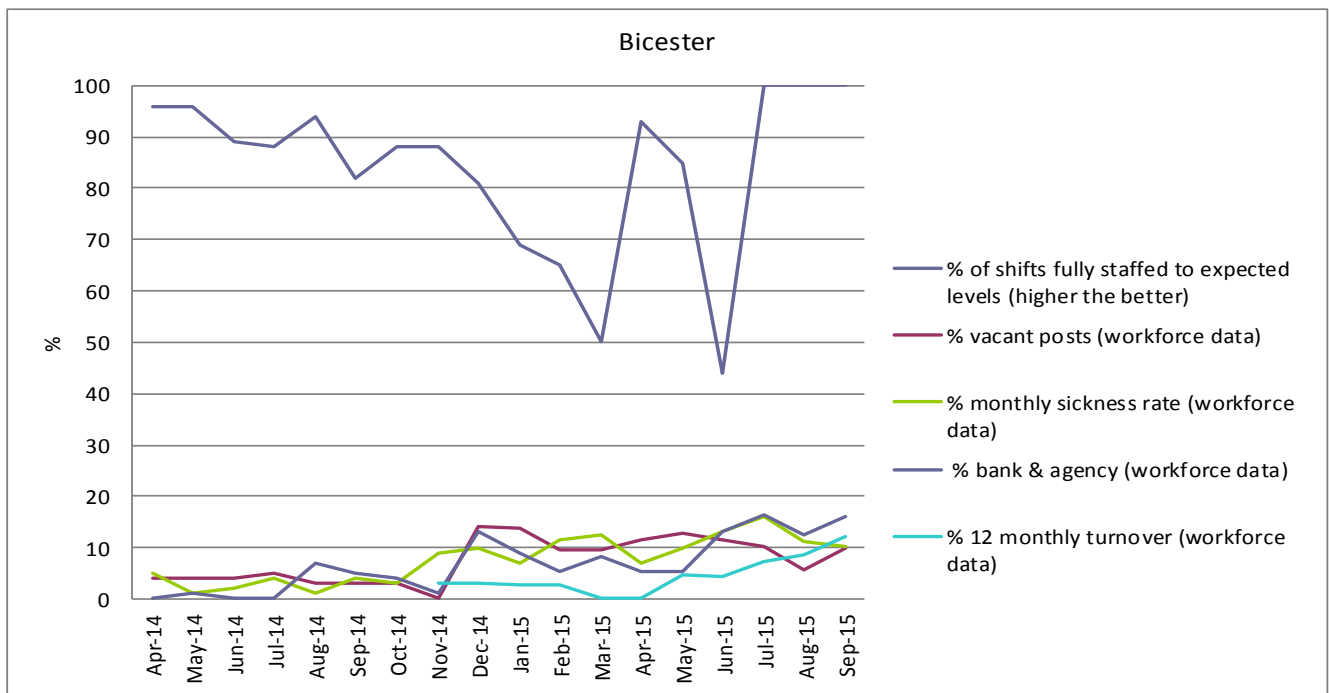
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans been reviewed weekly (latest CHD audit)	% reported staff communicate clearly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



PUBLIC BOARD REPORT

Bicester

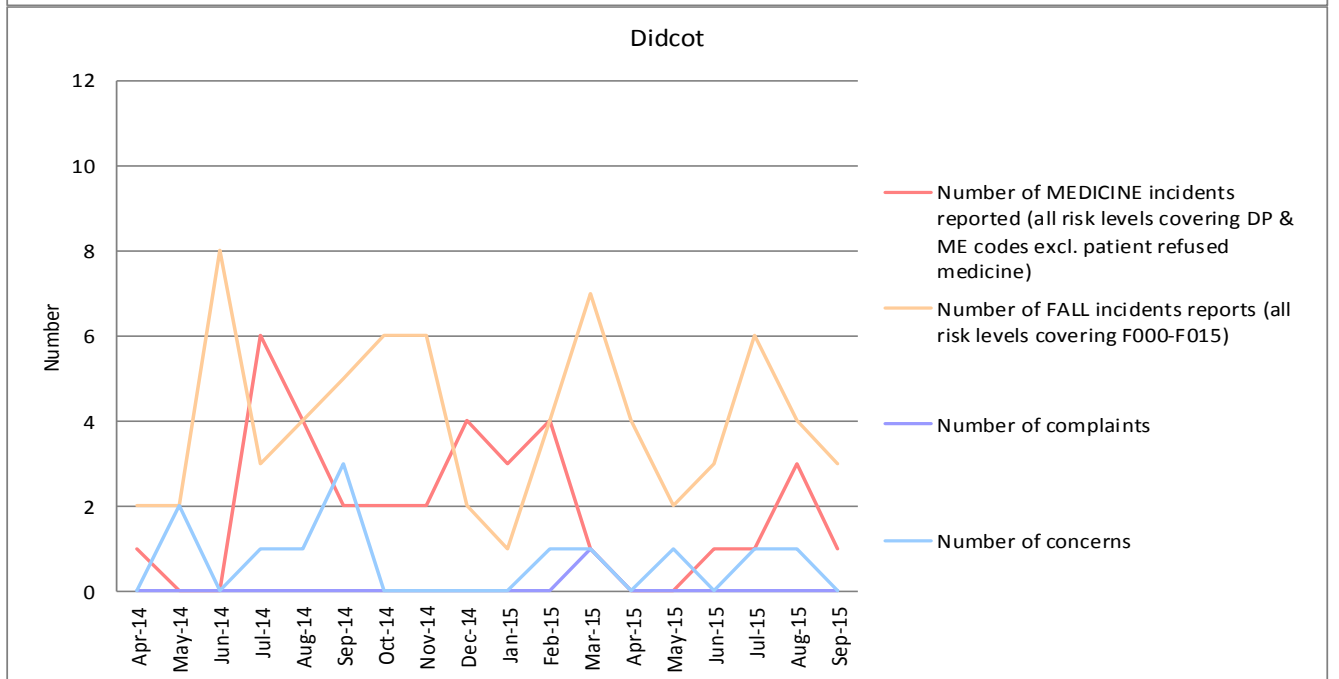
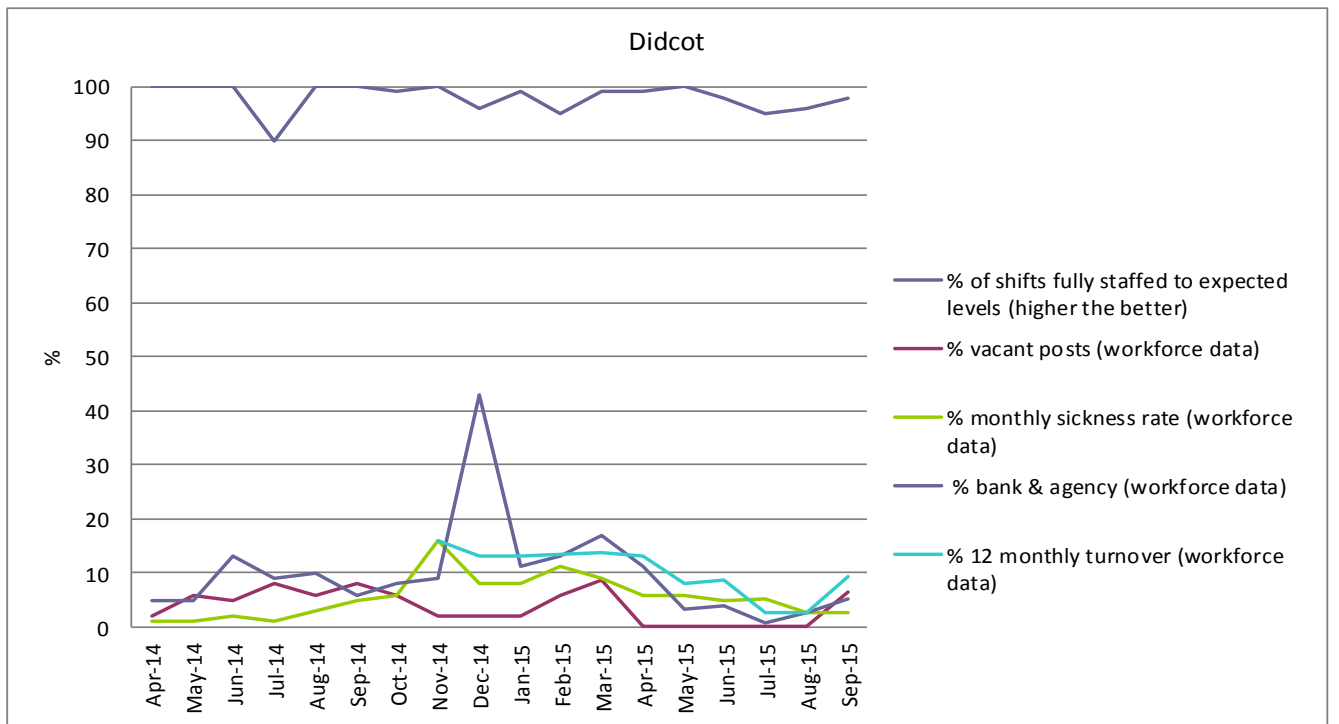
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans been reviewed weekly (lastest CHD audit)	% reported staff communicate clearly & respectfully with you (lastest CHD audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of FALL incidents reports (all risk levels covering F000-F015)	Number of complaints	Number of concerns	% 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



PUBLIC BOARD REPORT

Didcot

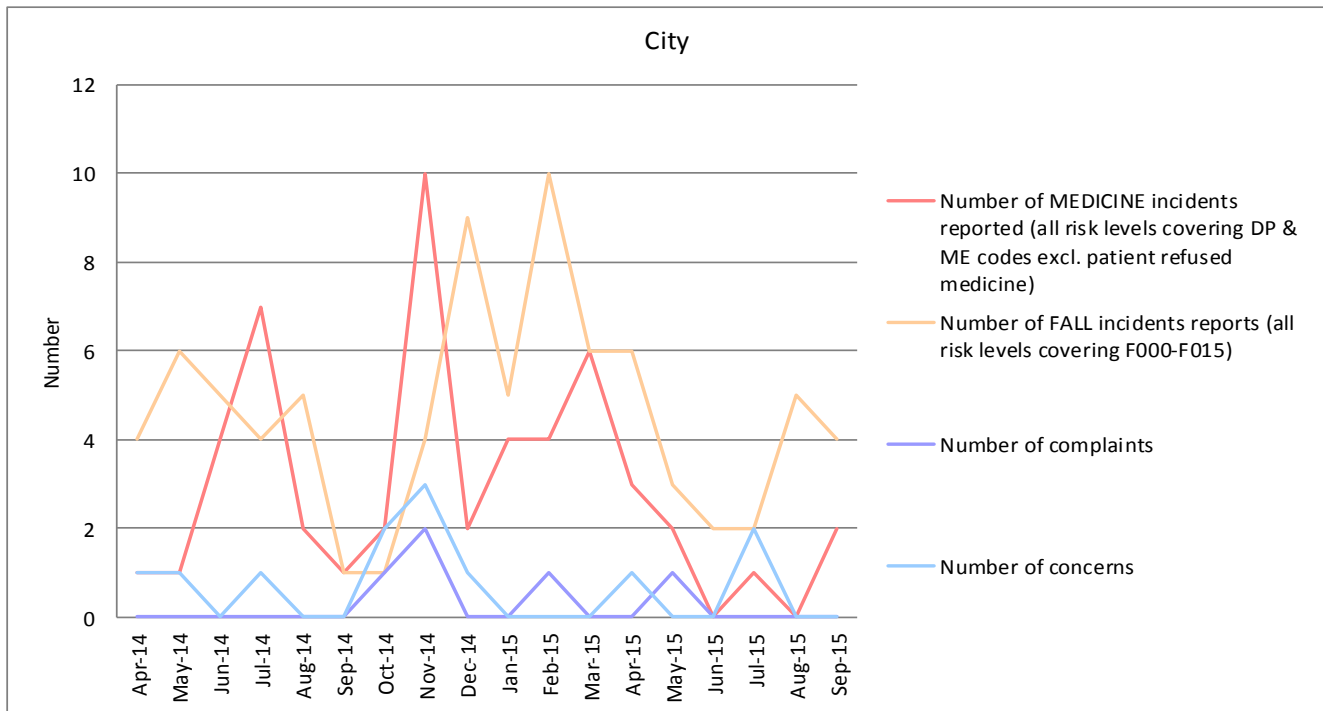
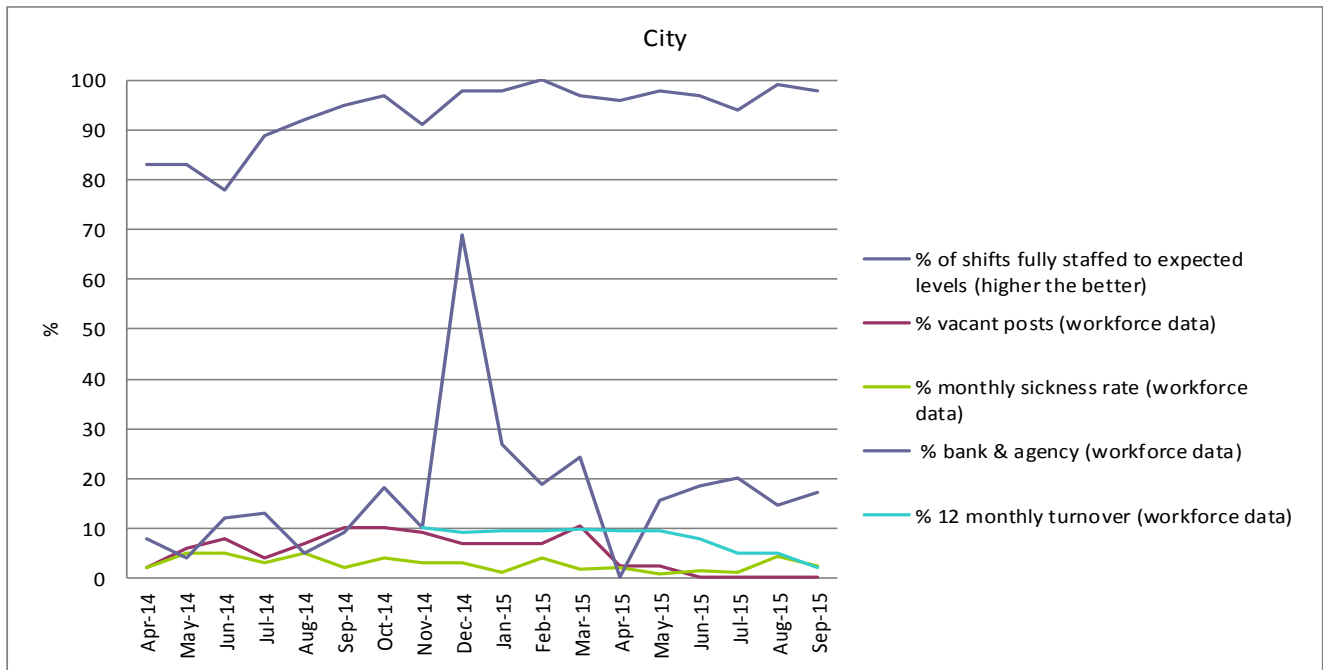
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans been reviewed weekly (latest CHD audit)	% reported staff communicate clearly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



PUBLIC BOARD REPORT

City

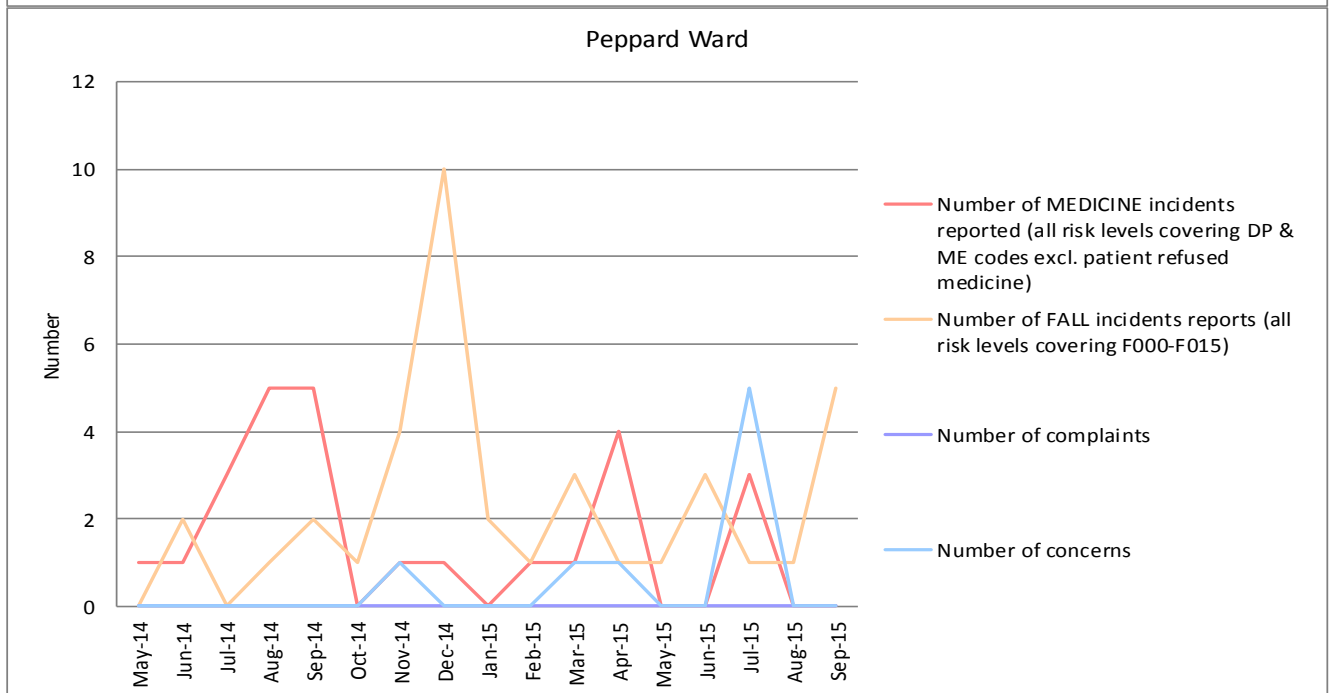
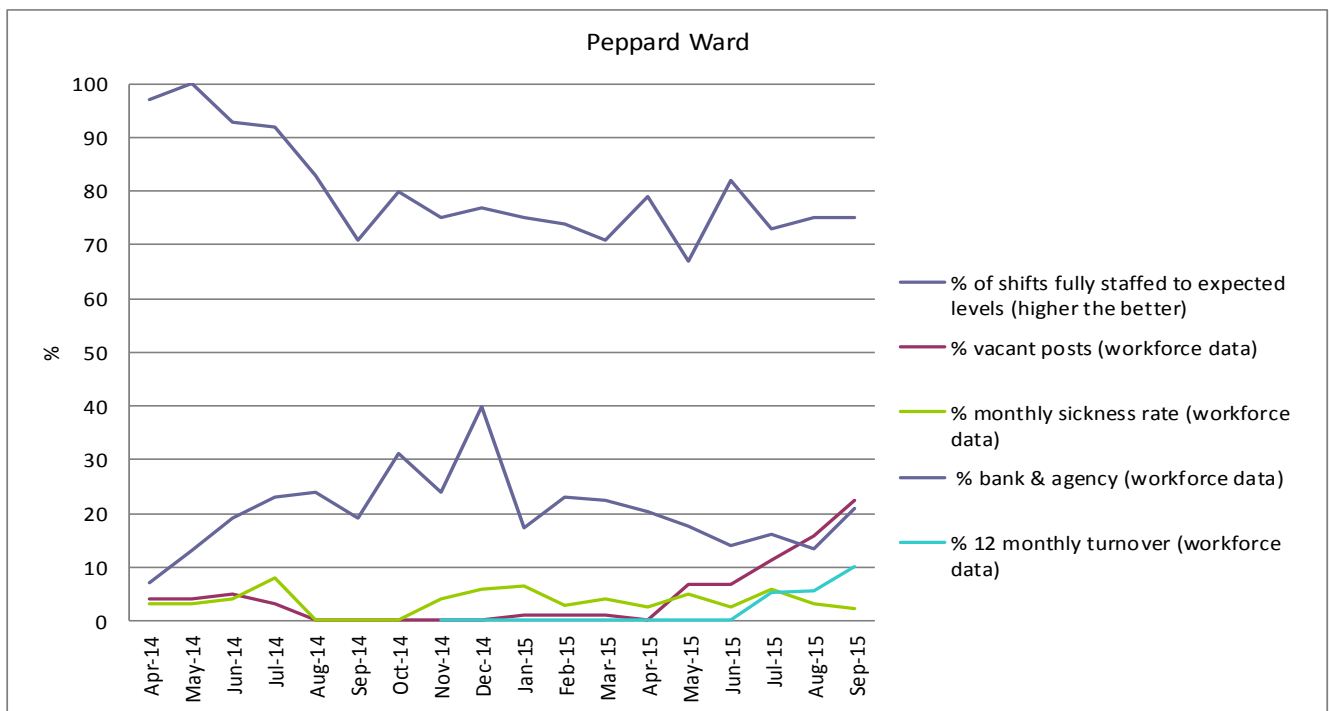
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans been reviewed weekly (lastest CHD audit)	% reported staff communicate clearly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



PUBLIC BOARD REPORT

Henley Peppard ward

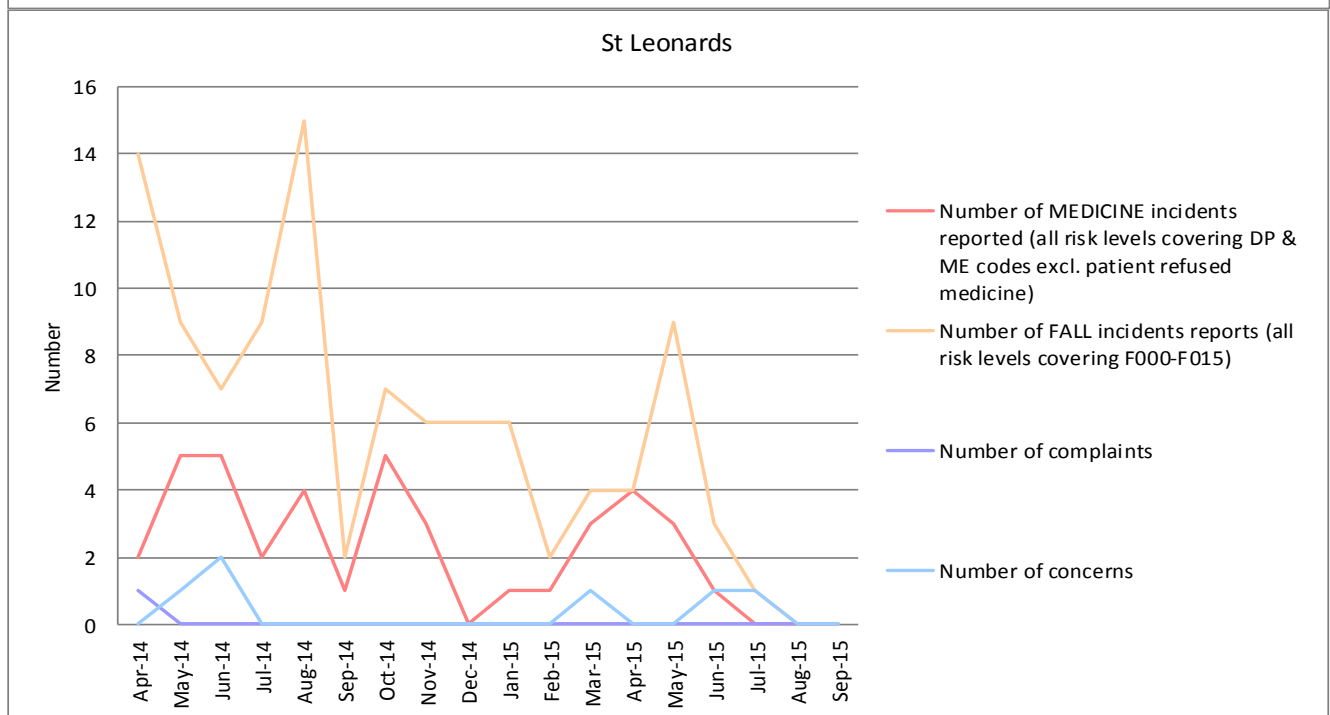
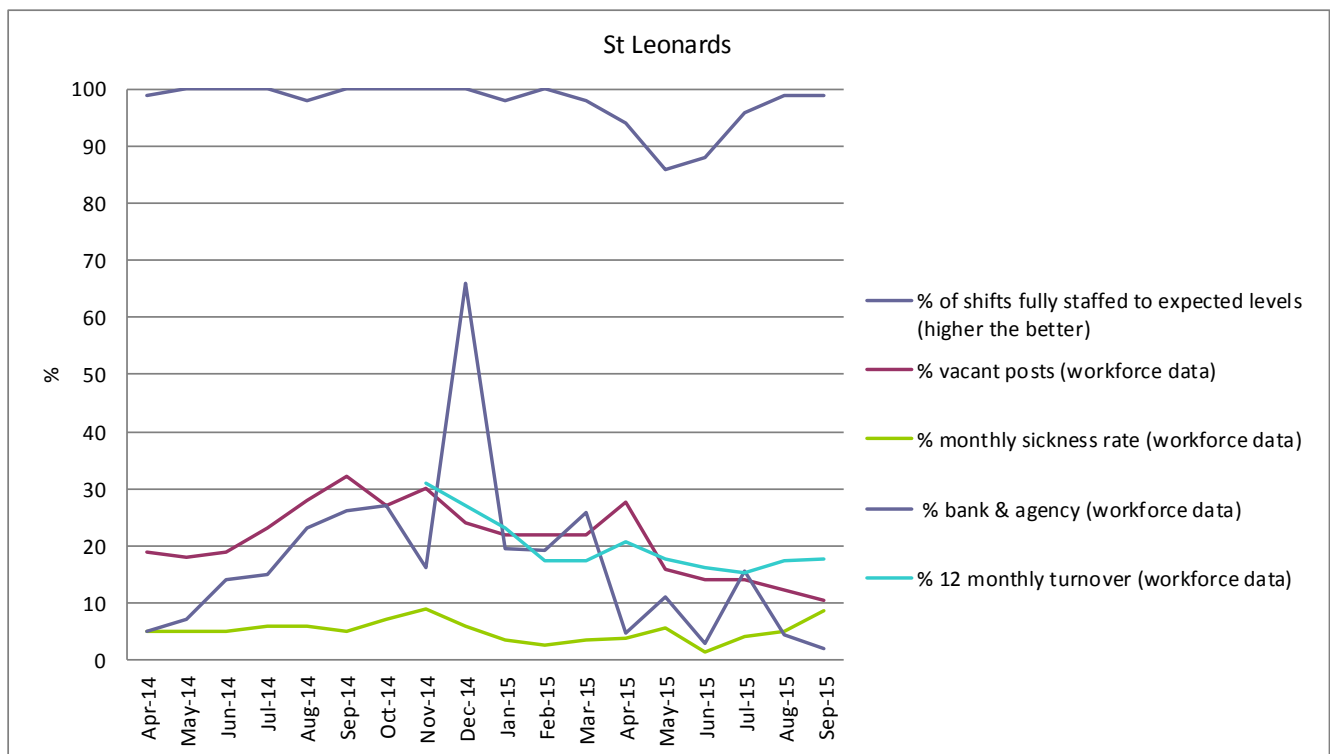
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans been reviewed weekly (lastest CHD audit)	% reported staff communicate clearly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



PUBLIC BOARD REPORT

Wallingford St Leonards ward

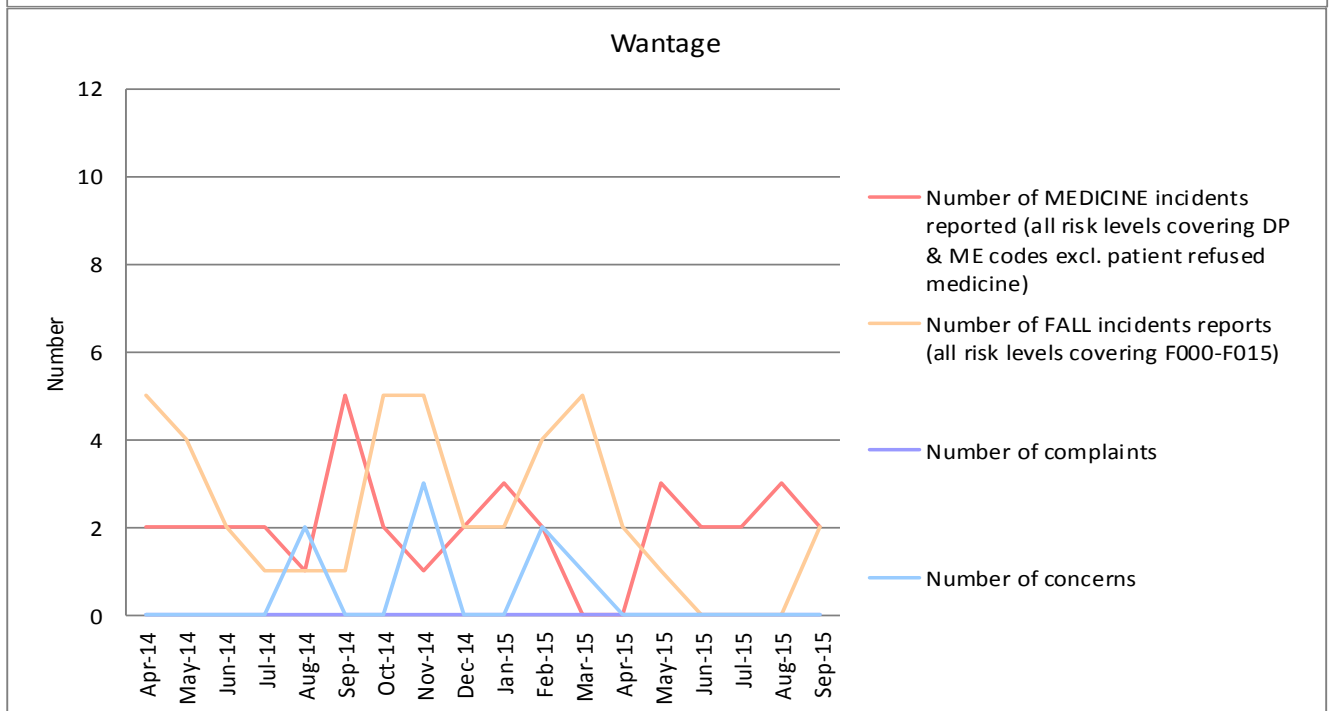
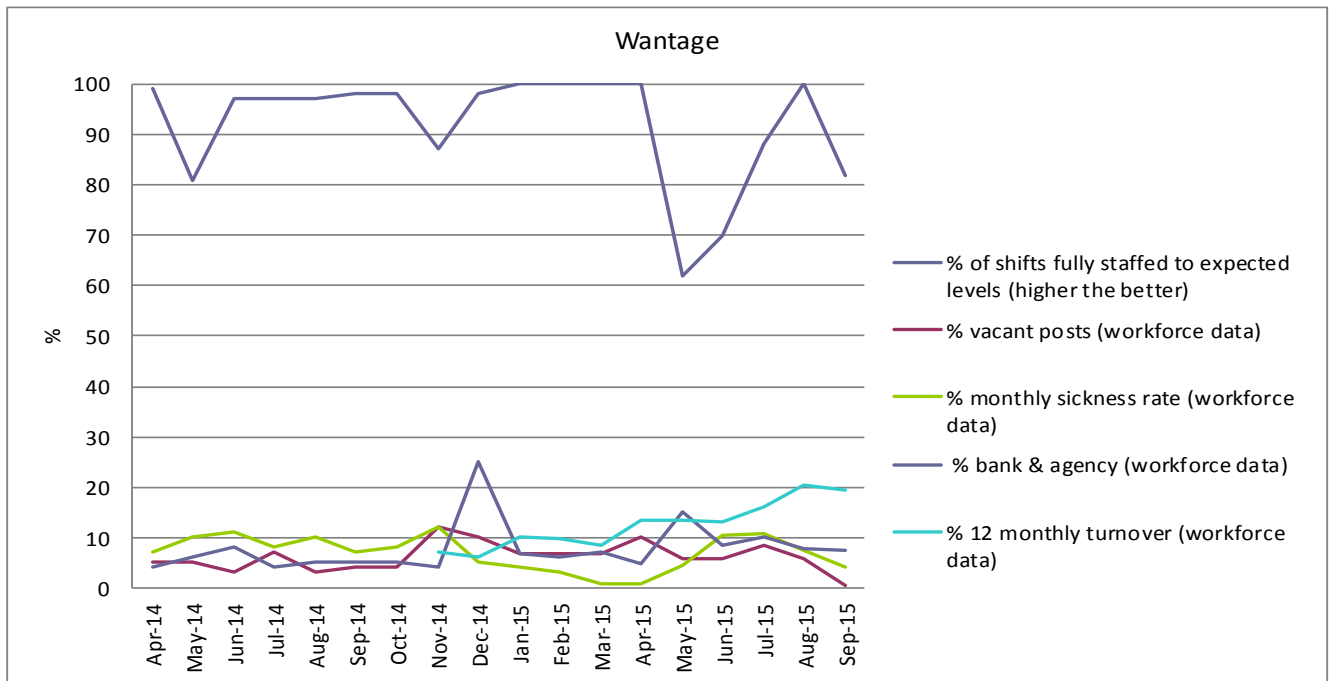
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans been reviewed weekly (latest CHD audit)	% reported staff communicate clearly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



PUBLIC BOARD REPORT

Wantage

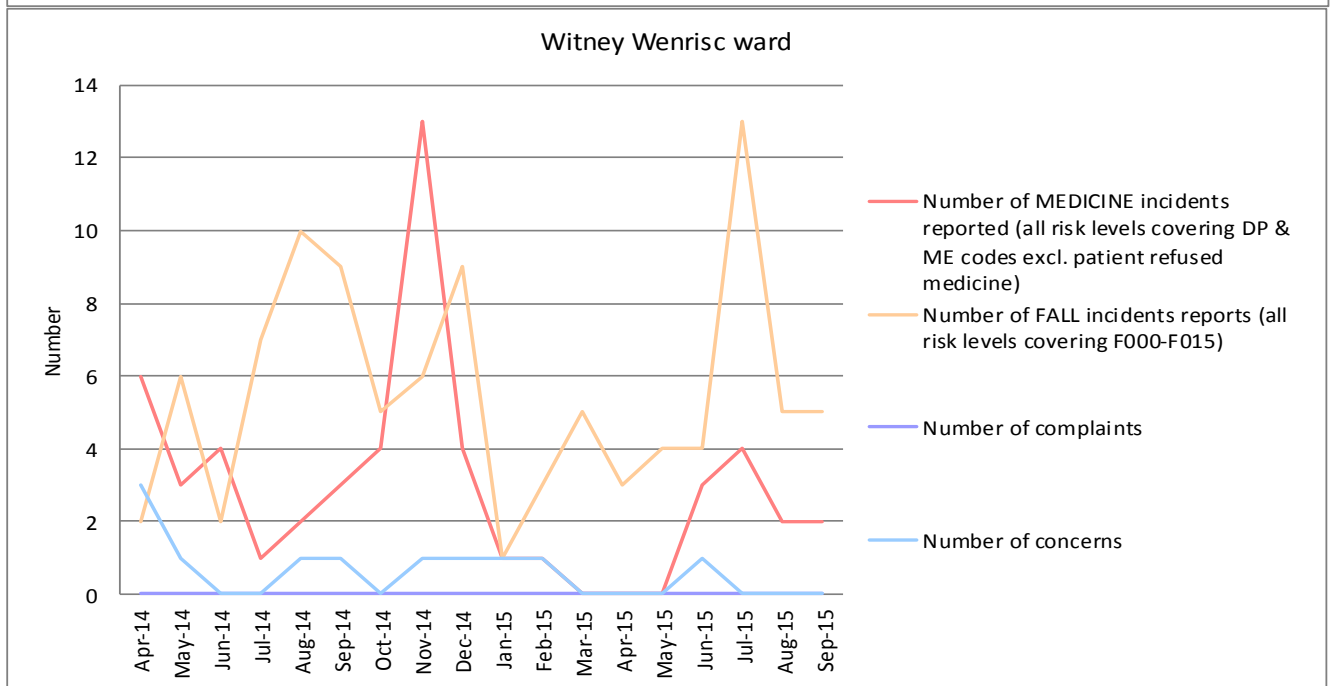
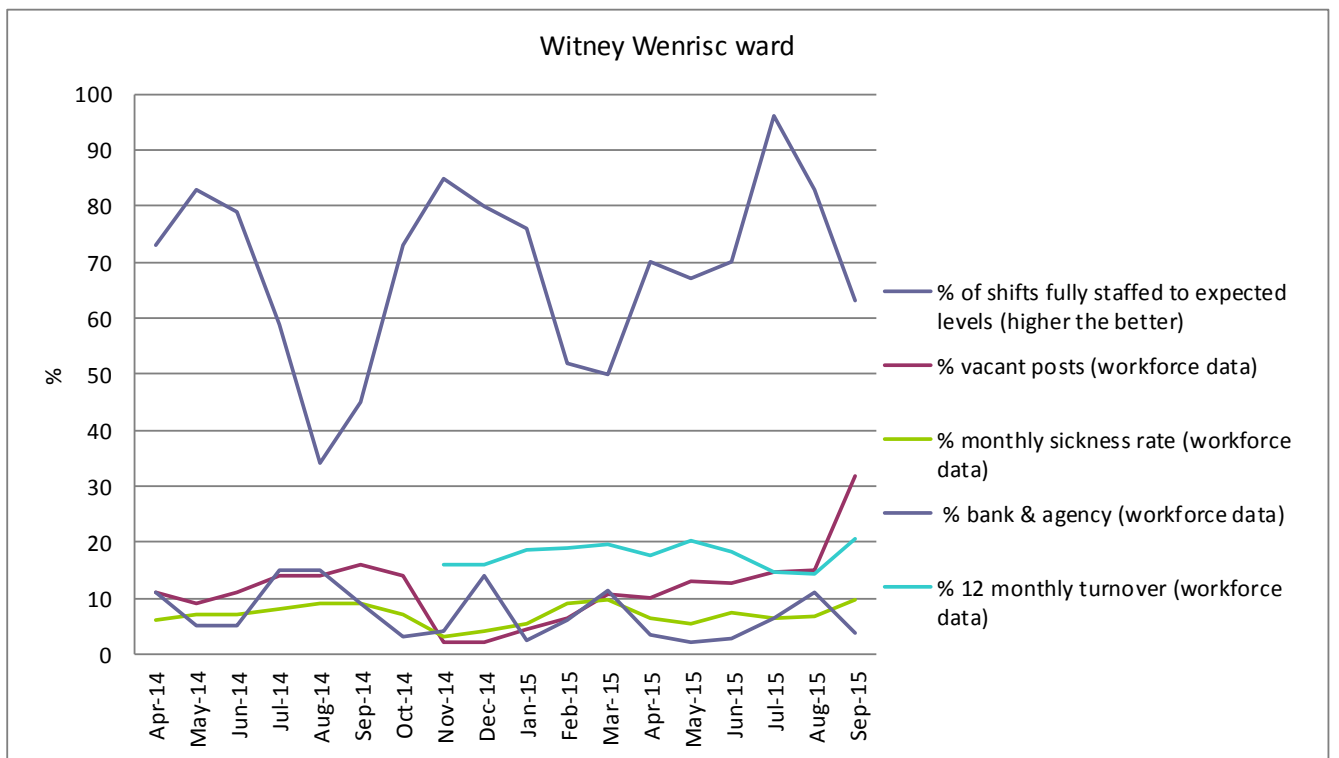
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans been reviewed weekly (lastest CHD audit)	% reported staff communicate clearly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



PUBLIC BOARD REPORT

Witney ward

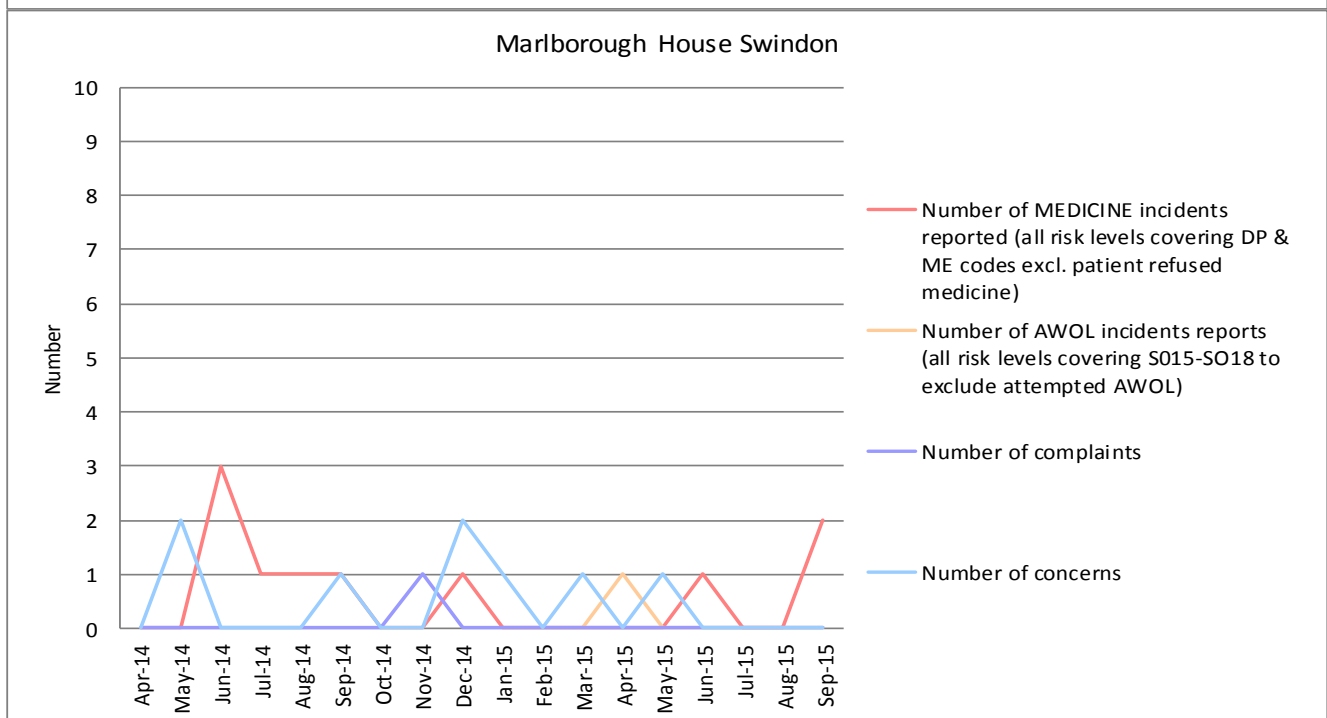
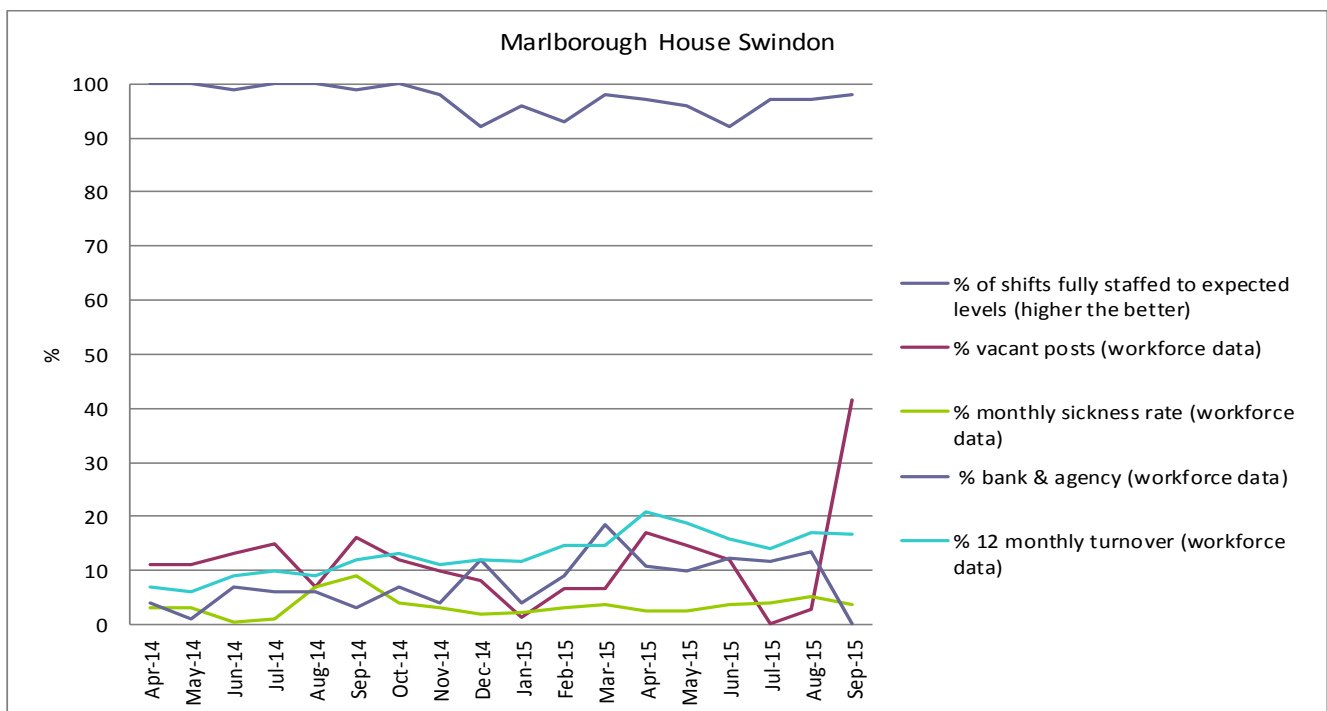
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans been reviewed weekly (lastest CHD audit)	% reported staff communicate clearly & 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	
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	
Sep-15	63	31.8	9.56	3.8	20.52			2	5	0	0	



PUBLIC BOARD REPORT

Marlborough House Swindon (CAMHS)

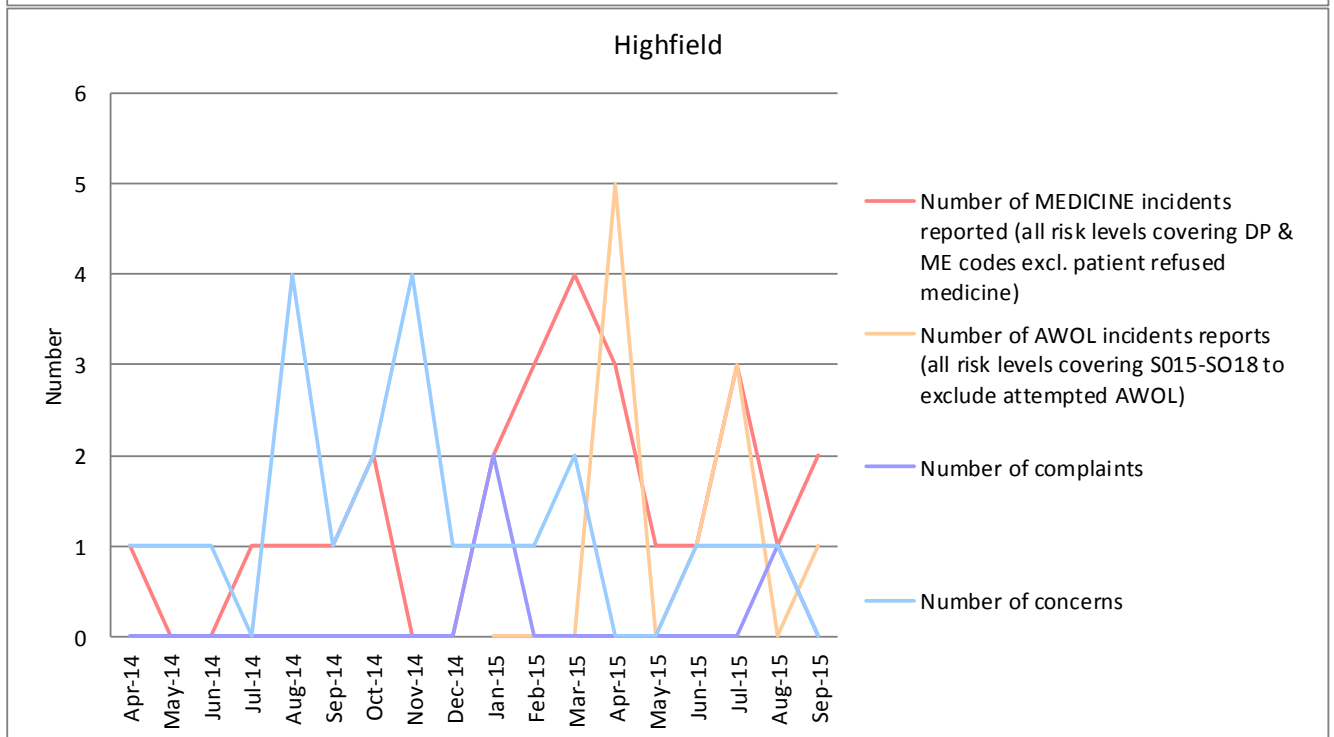
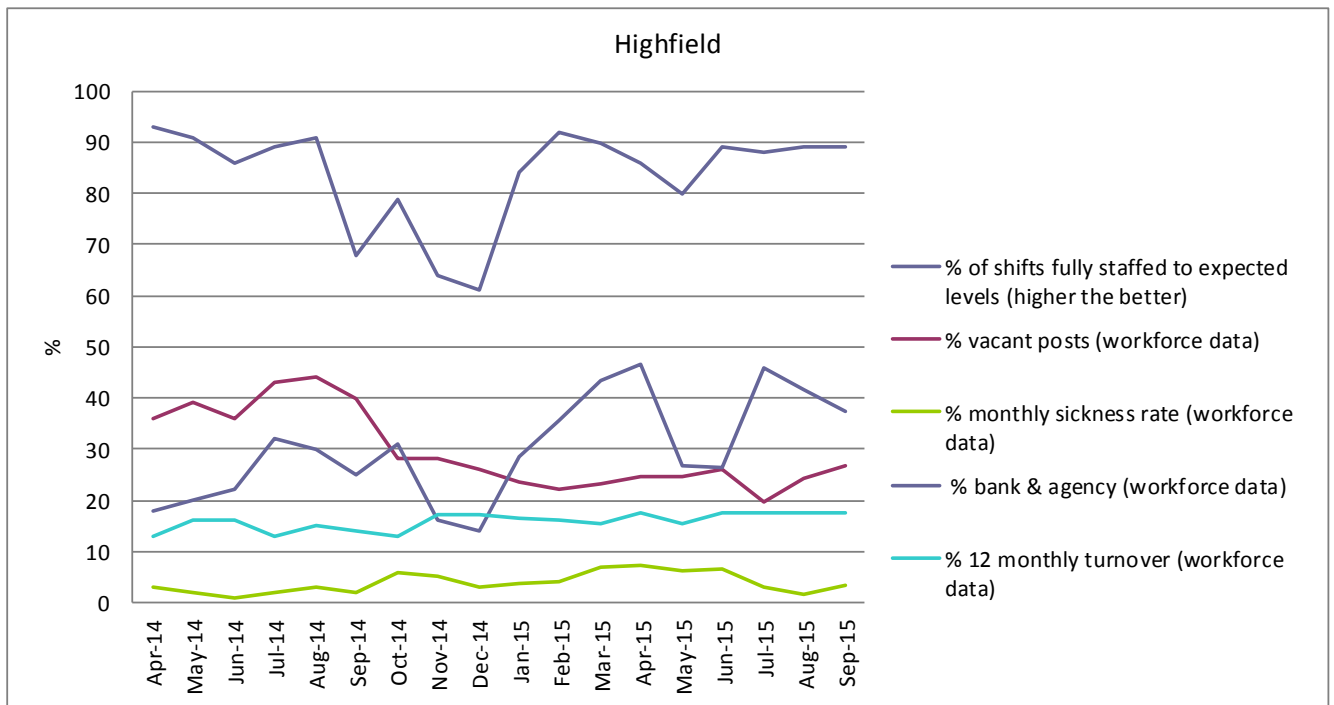
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reports (all risk levels covering S015-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	0	0	0	69



PUBLIC BOARD REPORT

Highfield (CAMHS)

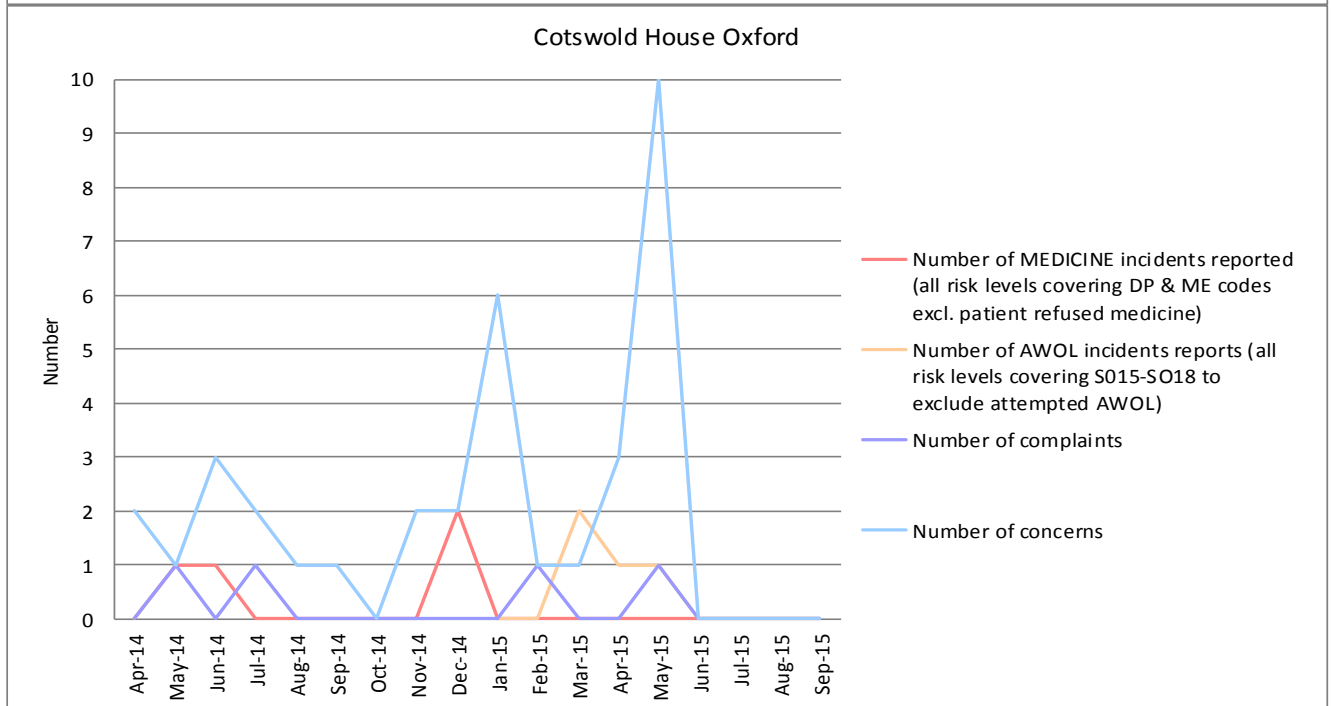
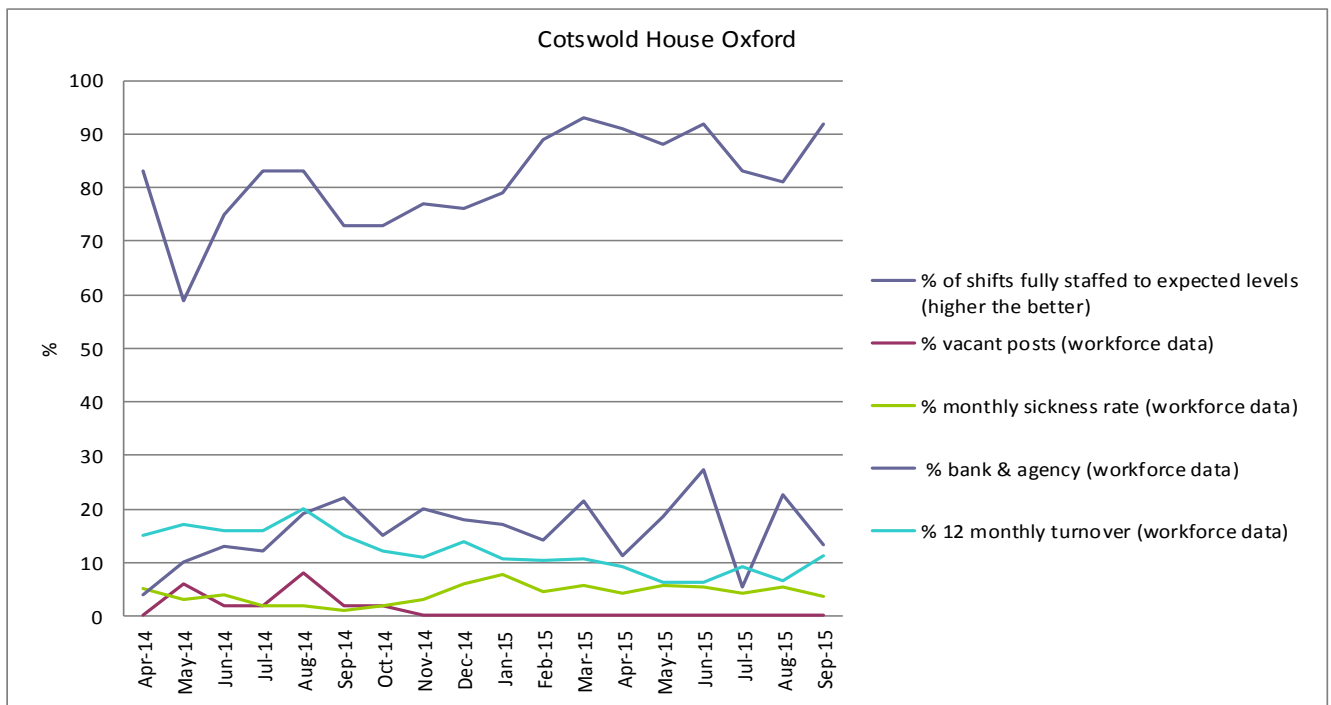
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with 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



PUBLIC BOARD REPORT

Cotswold House Oxford

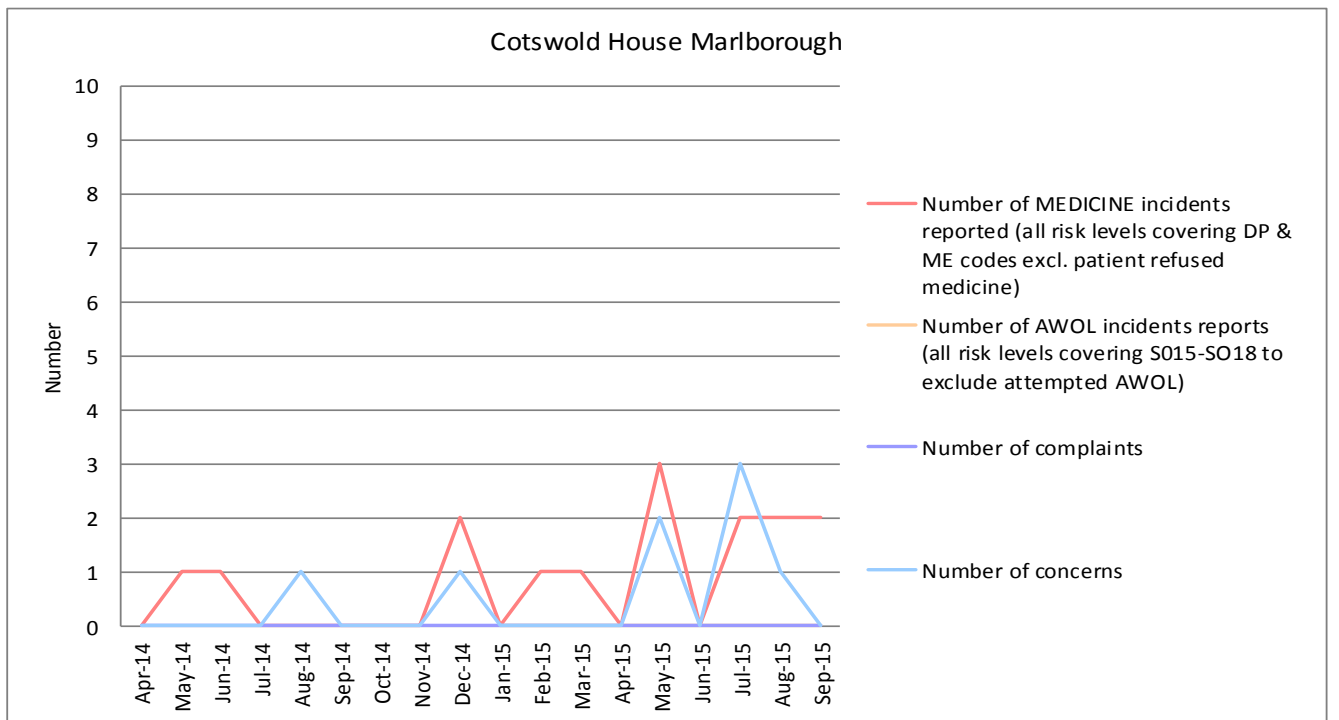
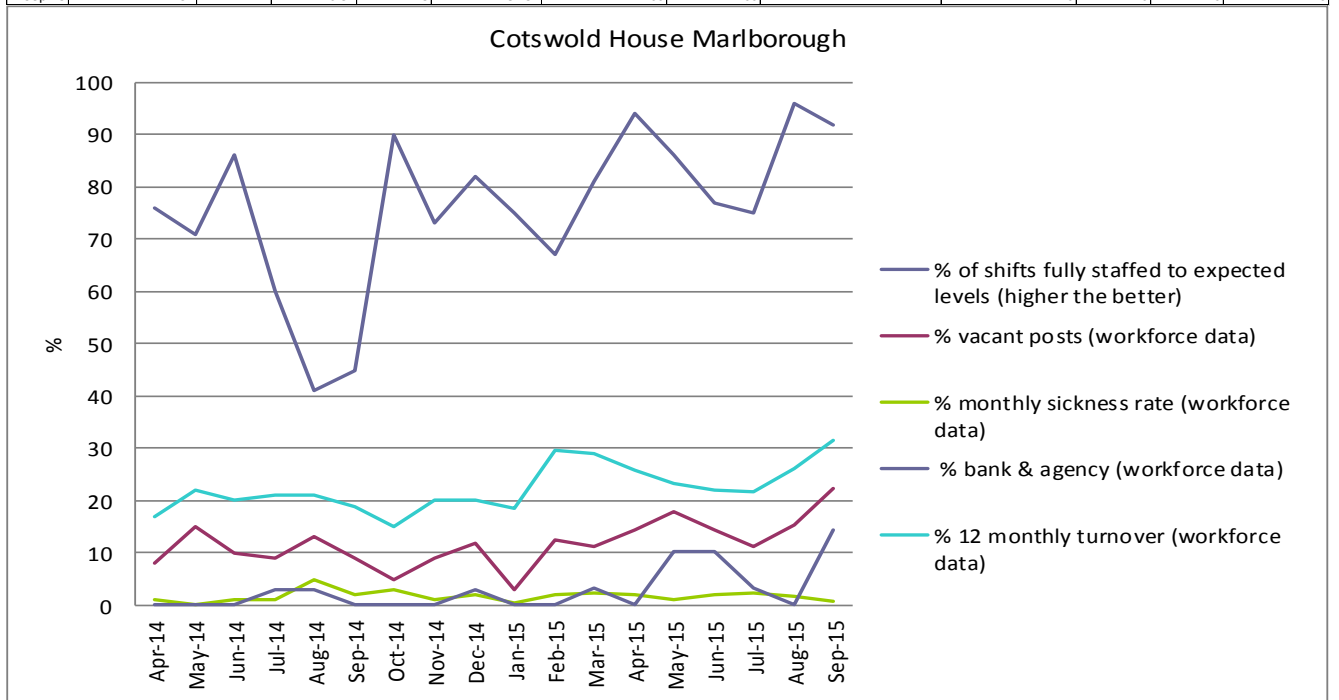
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	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	0	3	
Jul-14	83	2	2	12	16			0	1	2	2	
Aug-14	83	8	2	19	20	no data	no data	0	0	1	1	
Sep-14	73	2	1	22	15			0	0	1	1	
Oct-14	73	2	2	15	12	100	100	0	0	0	0	
Nov-14	77	0	3	20	11			0	0	2	2	
Dec-14	76	0	6	18	14	no data	no data	2	0	2	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



PUBLIC BOARD REPORT

Cotswold House Marlborough

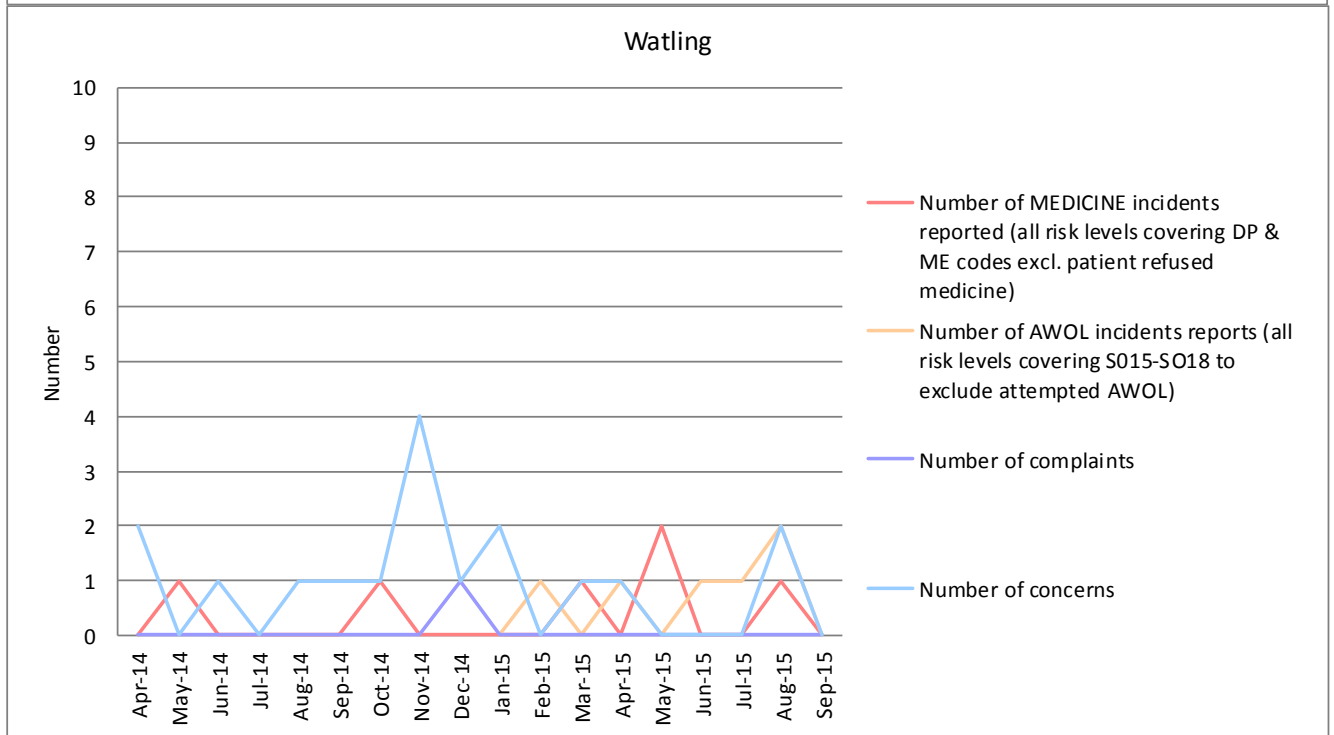
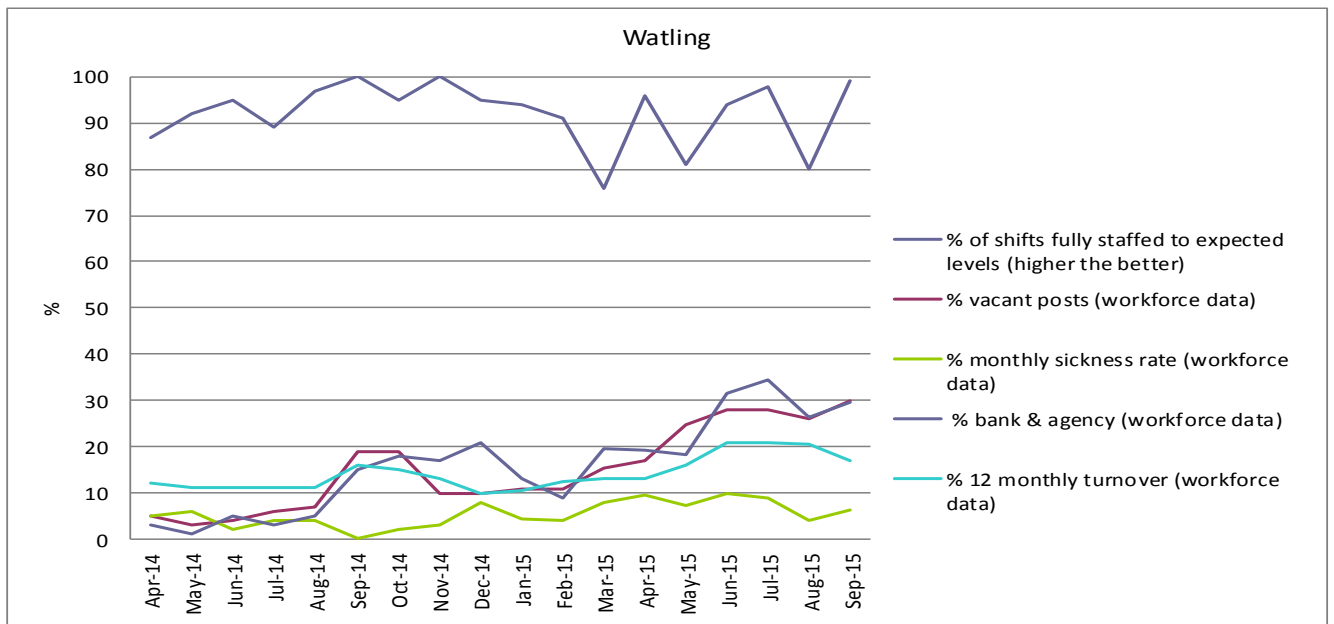
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with 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-S018 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	
May-14	71	15	0.3	0	22			1	0	0	0	
Jun-14	86	10	1	0	20	100	100	1	0	0	0	
Jul-14	60	9	1	3	21			0	0	0	0	
Aug-14	41	13	5	3	21	40	100	0	0	0	1	
Sep-14	45	9	2	0	19			0	0	0	0	
Oct-14	90	5	3	0	15	100	100	0	0	0	0	
Nov-14	73	9	1	0	20			0	0	0	0	
Dec-14	82	12	2	3	20	100	100	2	0	0	1	
Jan-15	75	3.1	0.55	0	18.66			0	0	0	0	
Feb-15	67	12.5	1.94	0	29.54	100	100	1	0	0	0	
Mar-15	81	11.2	2.43	3.3	29.1			1	0	0	0	
Apr-15	94	14.5	2.06	0	25.98	100	100	0	0	0	0	
May-15	86	17.8	1.23	10.2	23.42			3	0	0	2	
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			2	0	0	3	
Aug-15	96	15.5	1.66	0.1	26.29			2	0	0	1	77
Sep-15	92	22.2	0.82	14.3	31.54	100	100	2	0	0	0	76



PUBLIC BOARD REPORT

Watling

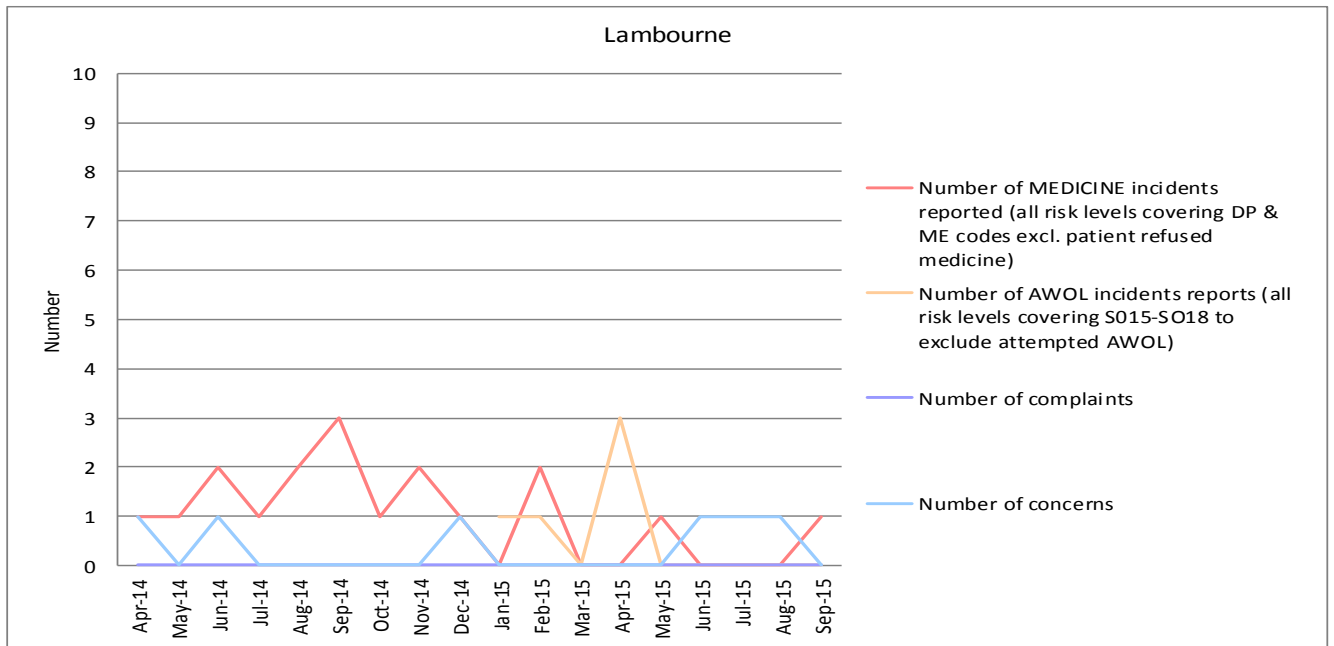
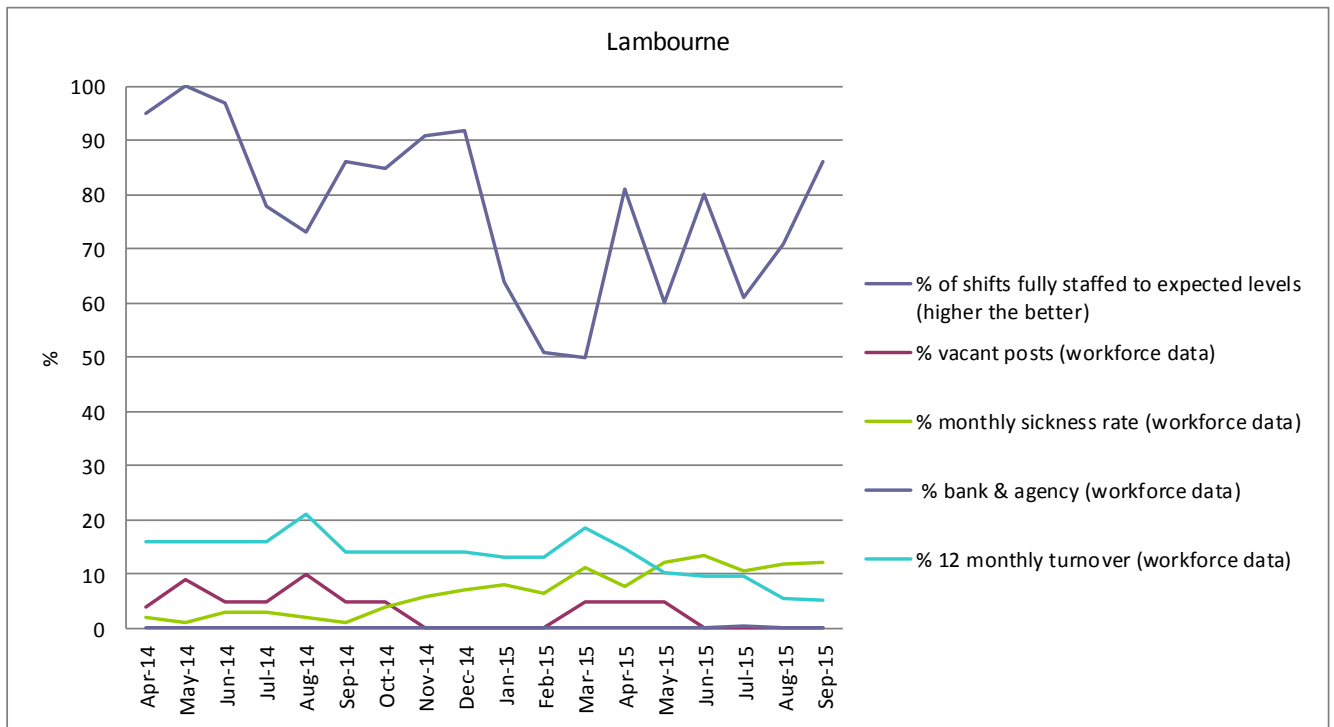
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with 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	0	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



PUBLIC BOARD REPORT

Lambourne

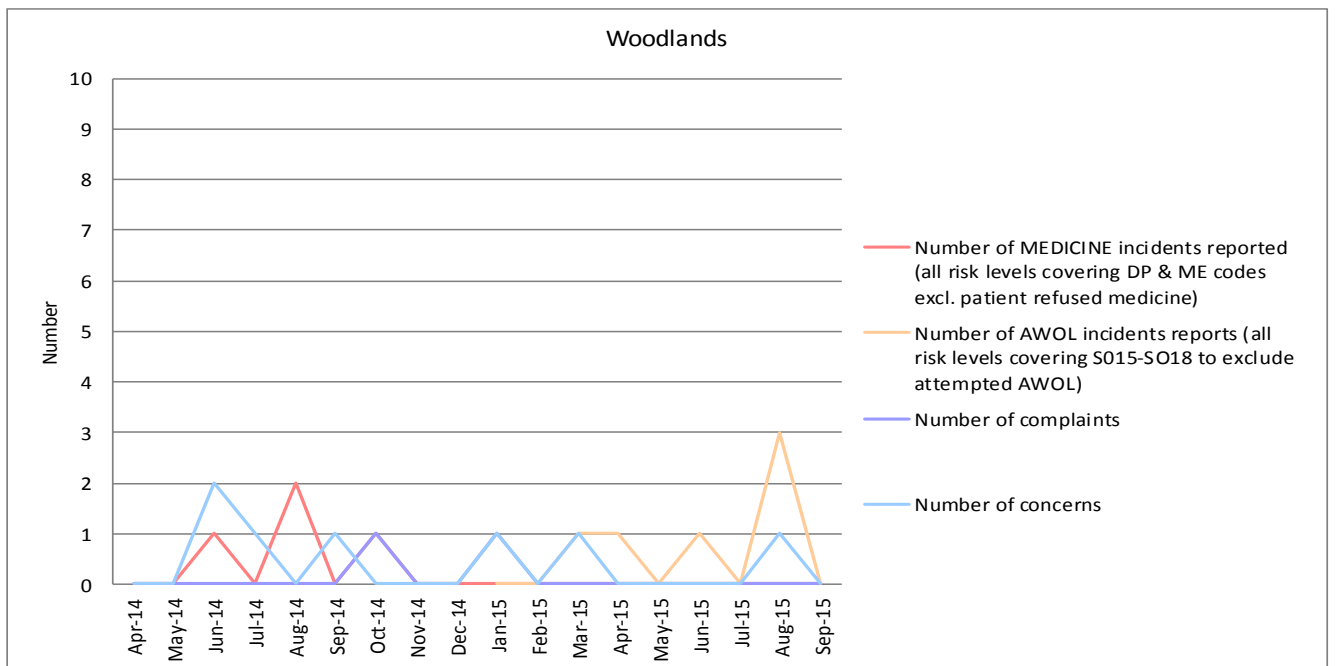
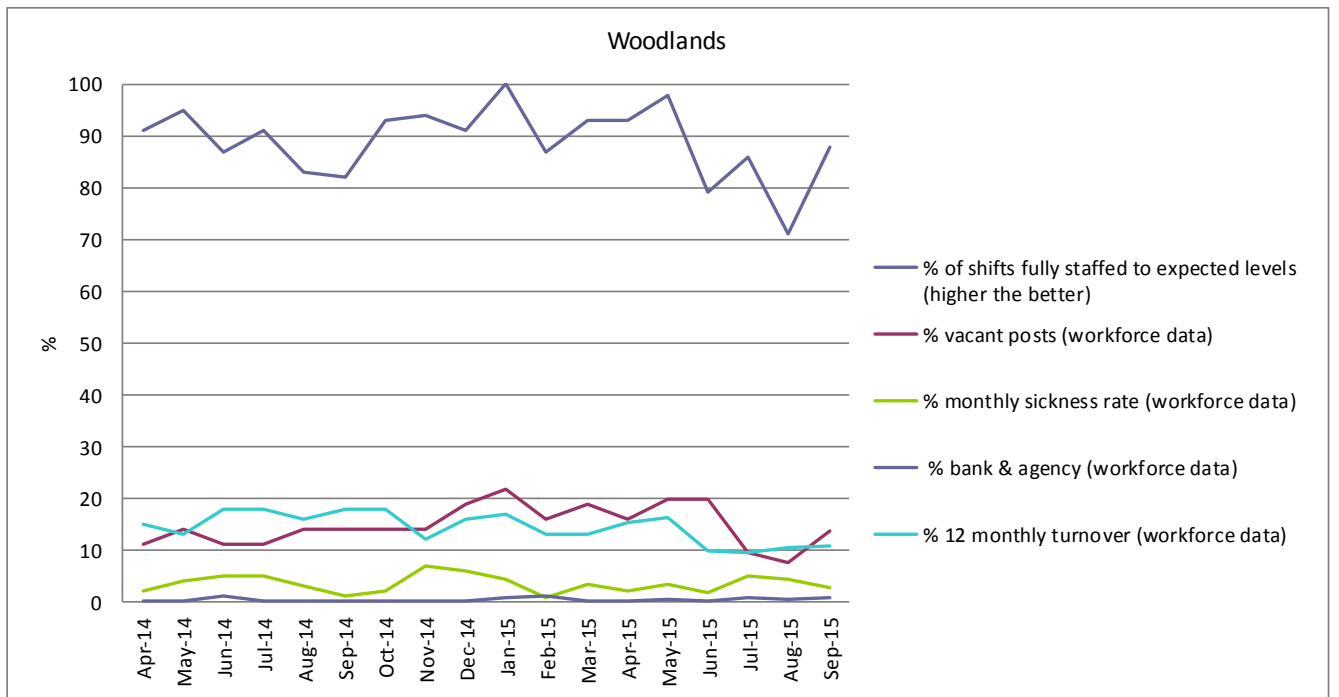
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Apr-14	95	4	2	0	16	no data	no data		1	0	1	
May-14	100	9	1	0	16				1	0	0	
Jun-14	97	5	3	0	16	100	100		2	0	1	
Jul-14	78	5	3	0	16				1	0	0	
Aug-14	73	10	2	0	21	100	100		2	0	0	
Sep-14	86	5	1	0	14				3	0	0	
Oct-14	85	5	4	0	14	100	100		1	0	0	
Nov-14	91	0	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	
Feb-15	51	0	6.48	0.3	13.27	100	100		2	1	0	
Mar-15	50	5	11.24	0	18.45				0	0	0	
Apr-15	81	5	7.9	0.3	14.85	100	100		0	3	0	
May-15	60	5	12.33	0	10.15				1	0	0	
Jun-15	80	0	13.44	0	9.57	60	100		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	1	75
Sep-15	86	0	12.14	0	5.24	100	100		1	0	0	



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Woodlands

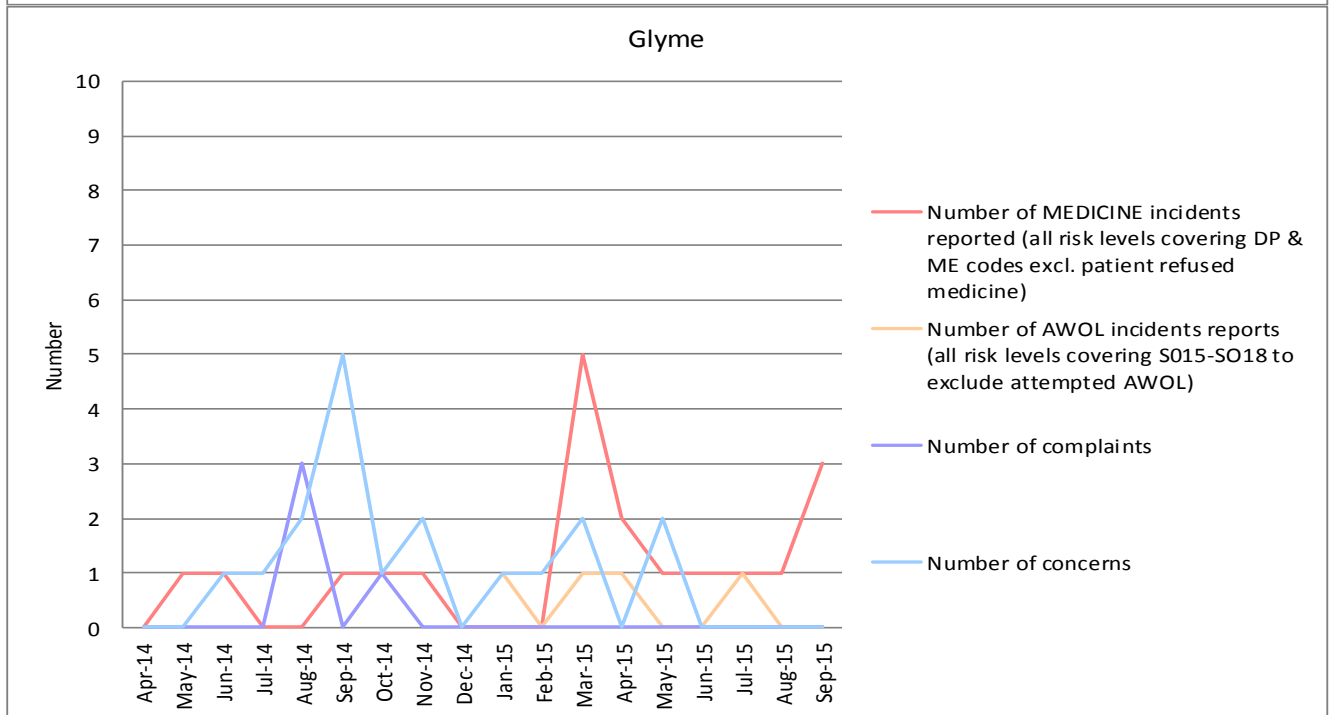
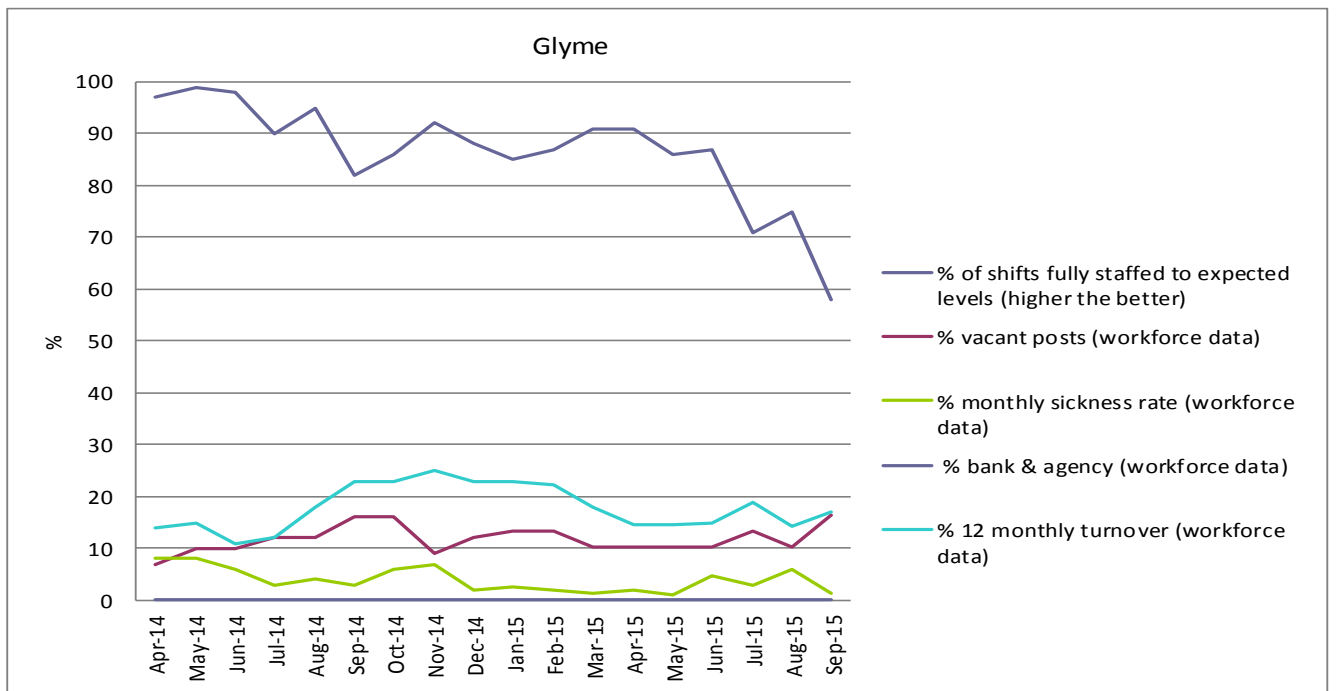
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with 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-S018 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



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Glyme

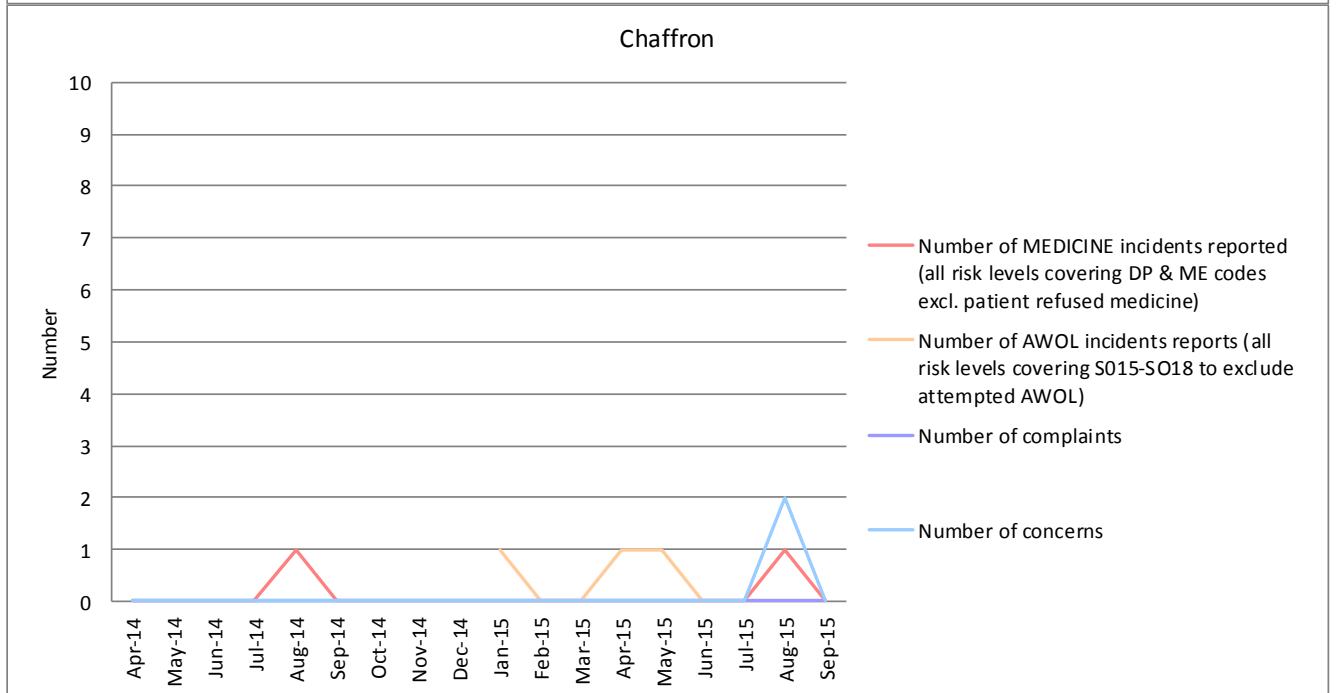
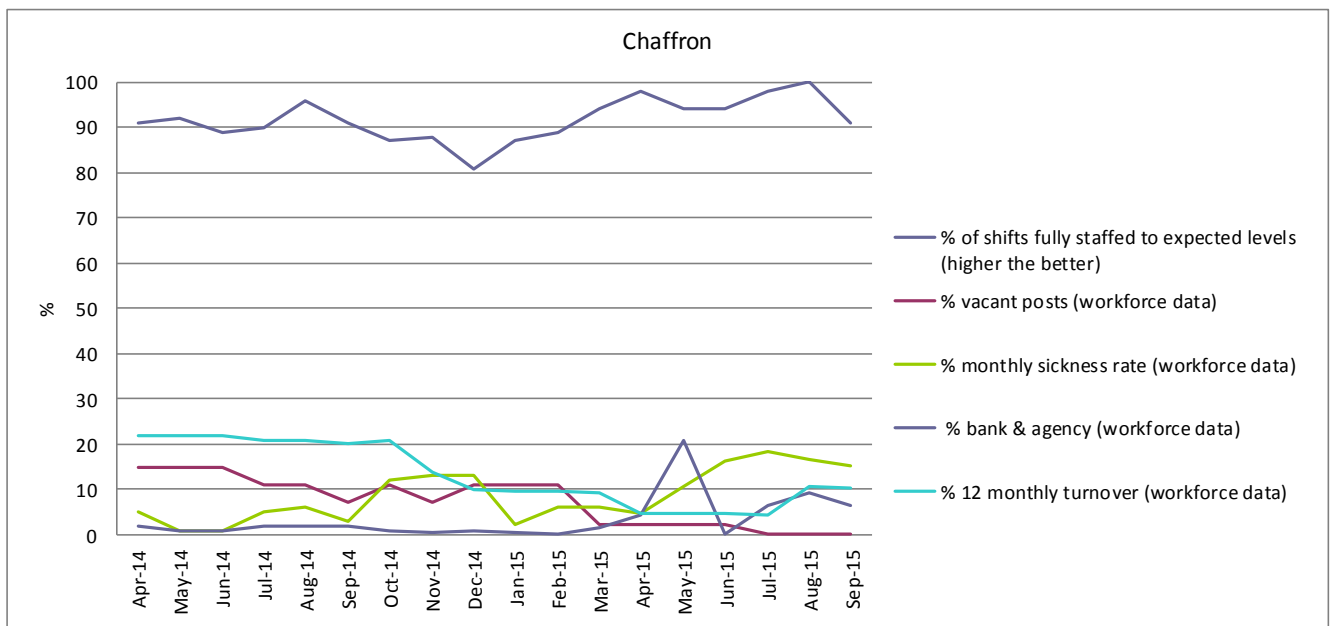
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Apr-14	97	7	8	0	14	40	80	0	0	0	0	
May-14	99	10	8	0	15			1	0	0	0	
Jun-14	98	10	6	0	11	100	100	1	0	0	1	
Jul-14	90	12	3	0	12			0	0	0	1	
Aug-14	95	12	4	0	18	100	100	0	3	2	2	
Sep-14	82	16	3	0	23			1	0	0	5	
Oct-14	86	16	6	0	23	100	60	1	1	1	1	
Nov-14	92	9	7	0	25			1	0	0	2	
Dec-14	88	12	2	0	23	100	100	0	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	0	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	
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



PUBLIC BOARD REPORT

Chaffron

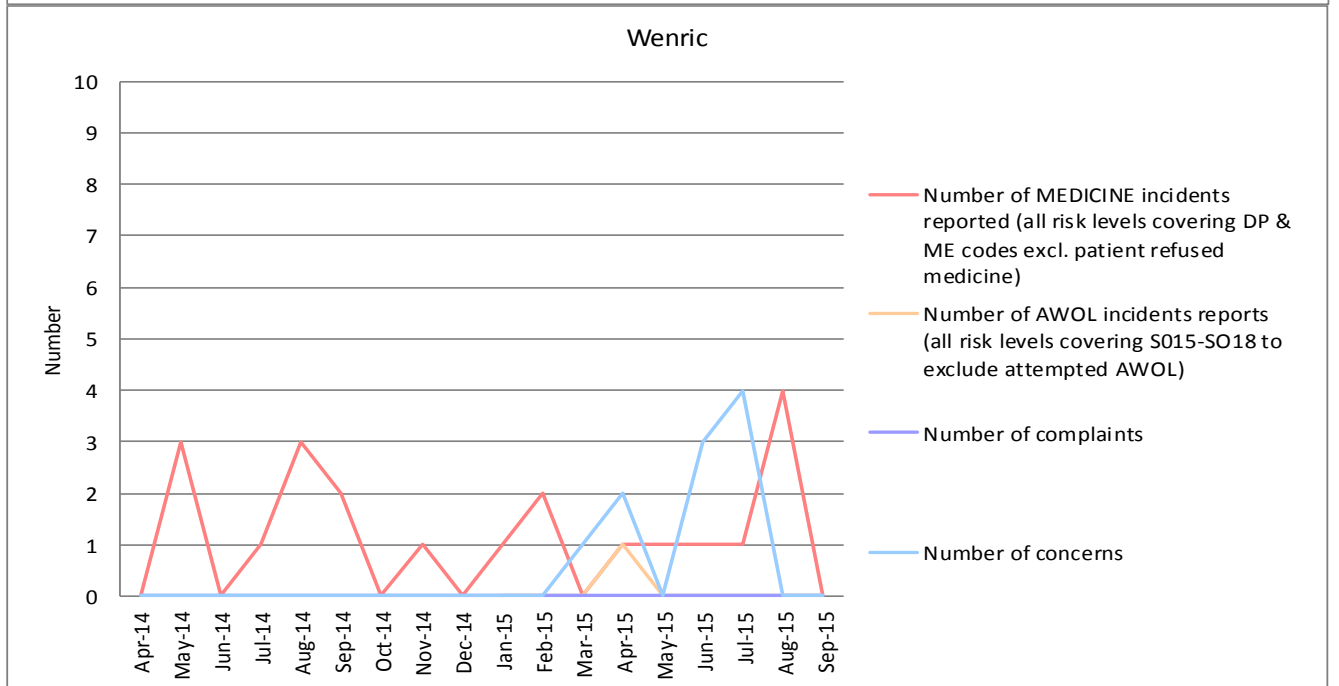
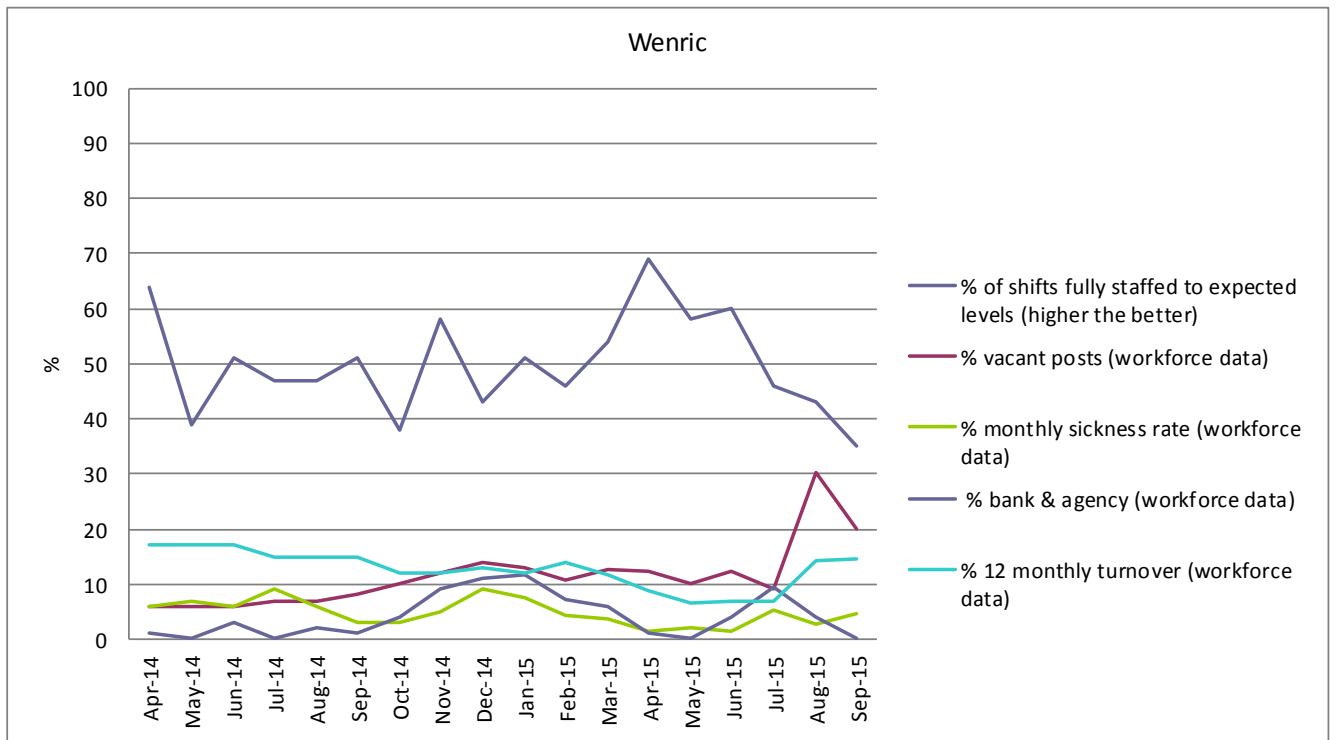
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with 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



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Wenric

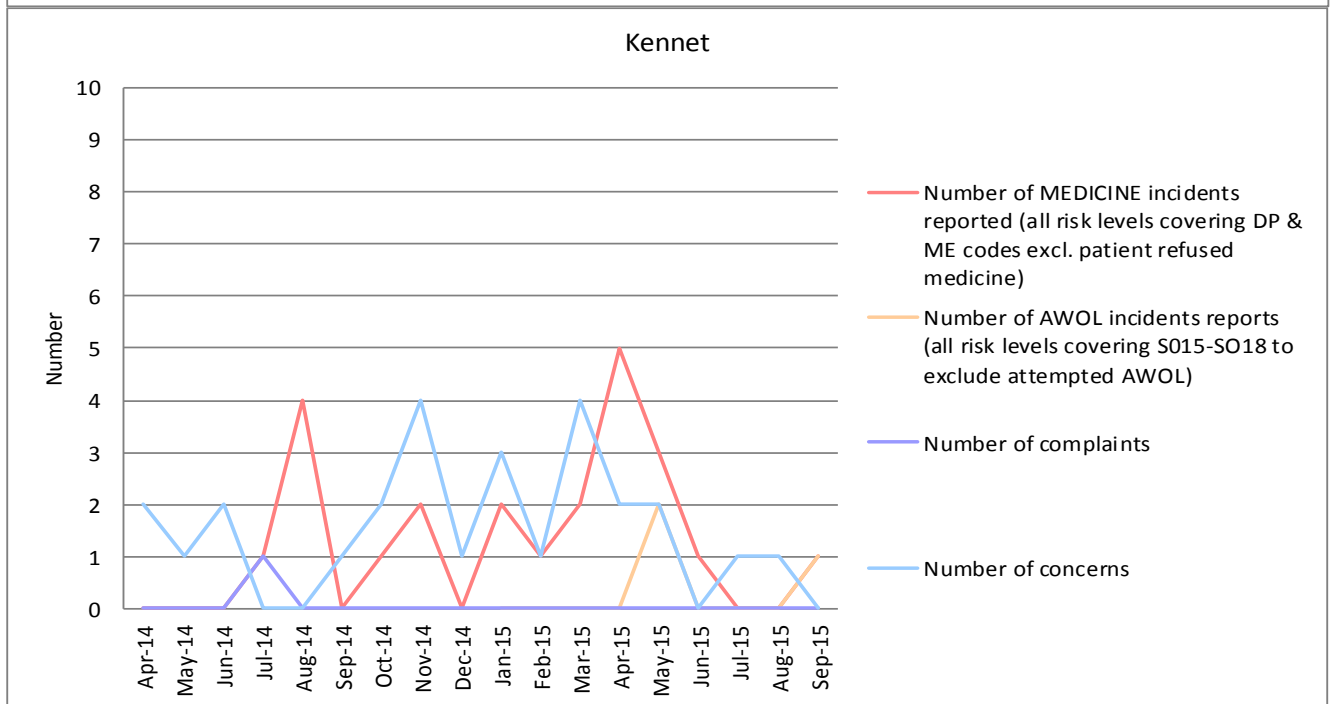
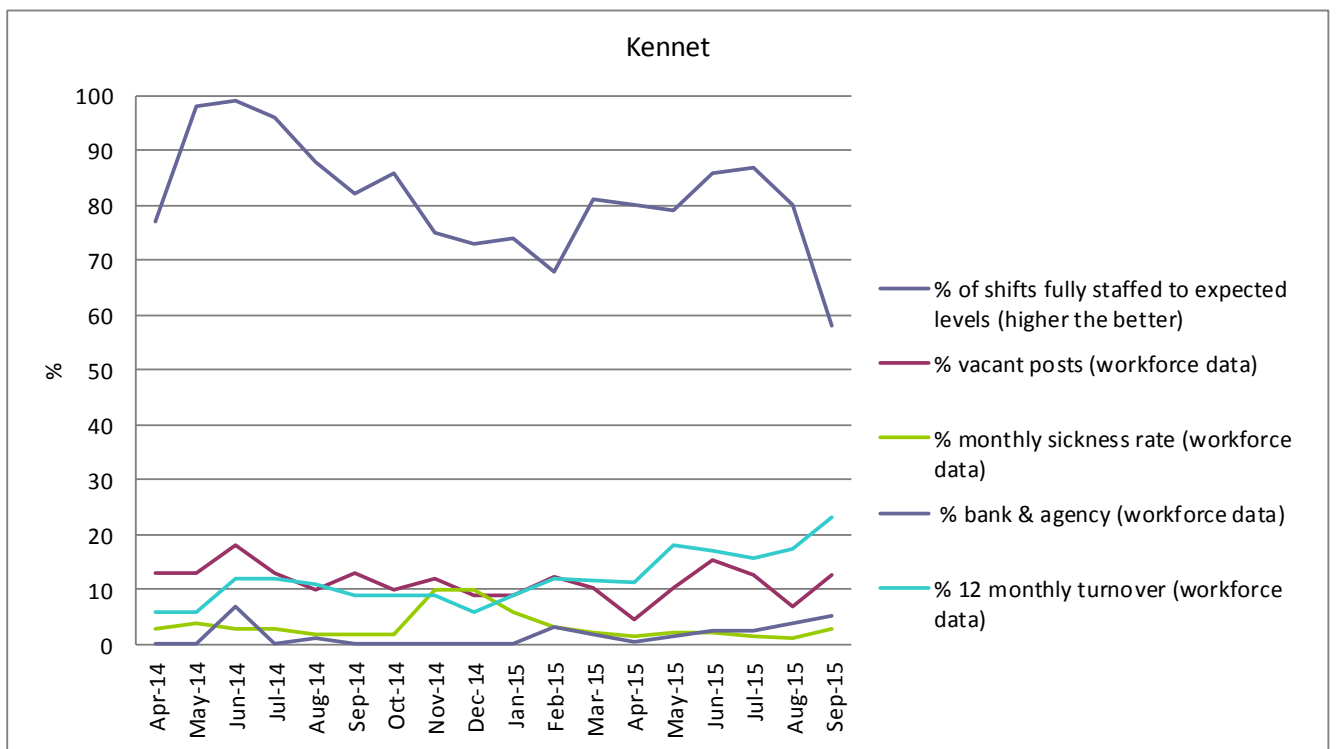
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (latest ES audit)	% Evidence of 1:1 meetings with patients (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-SO18 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	
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	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	59



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Kennet

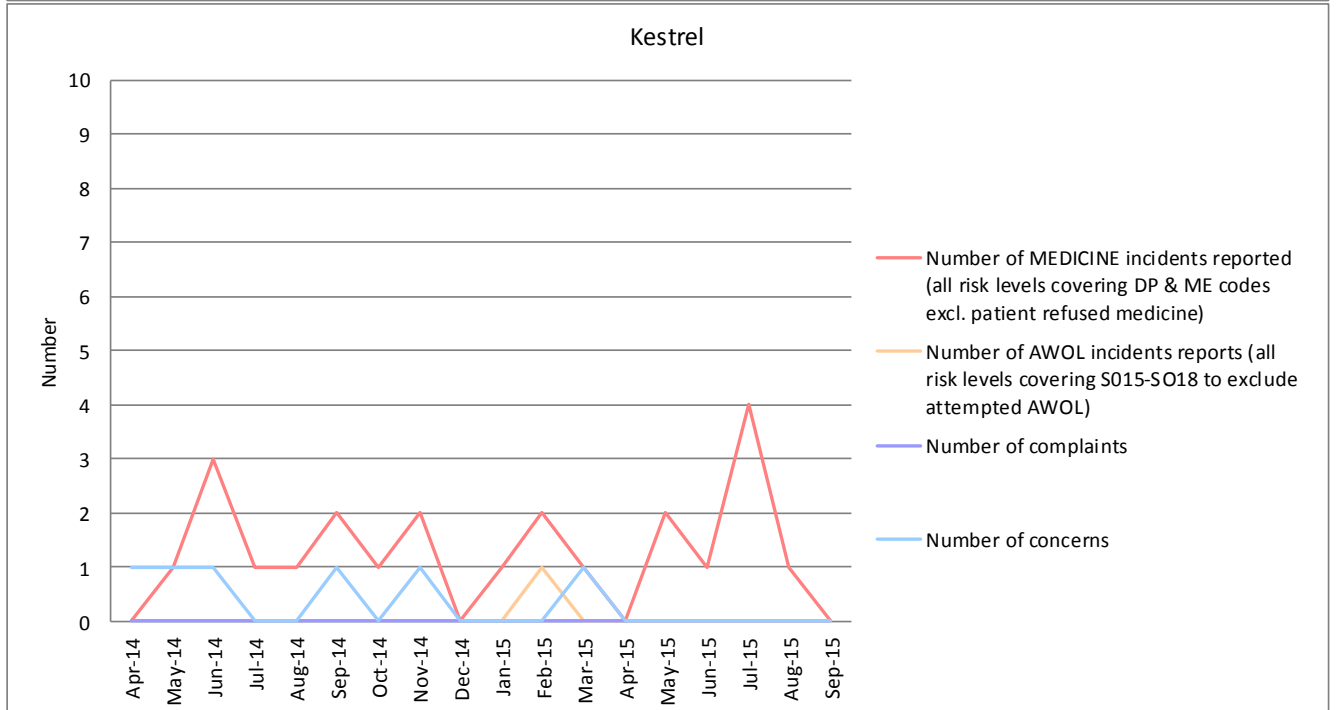
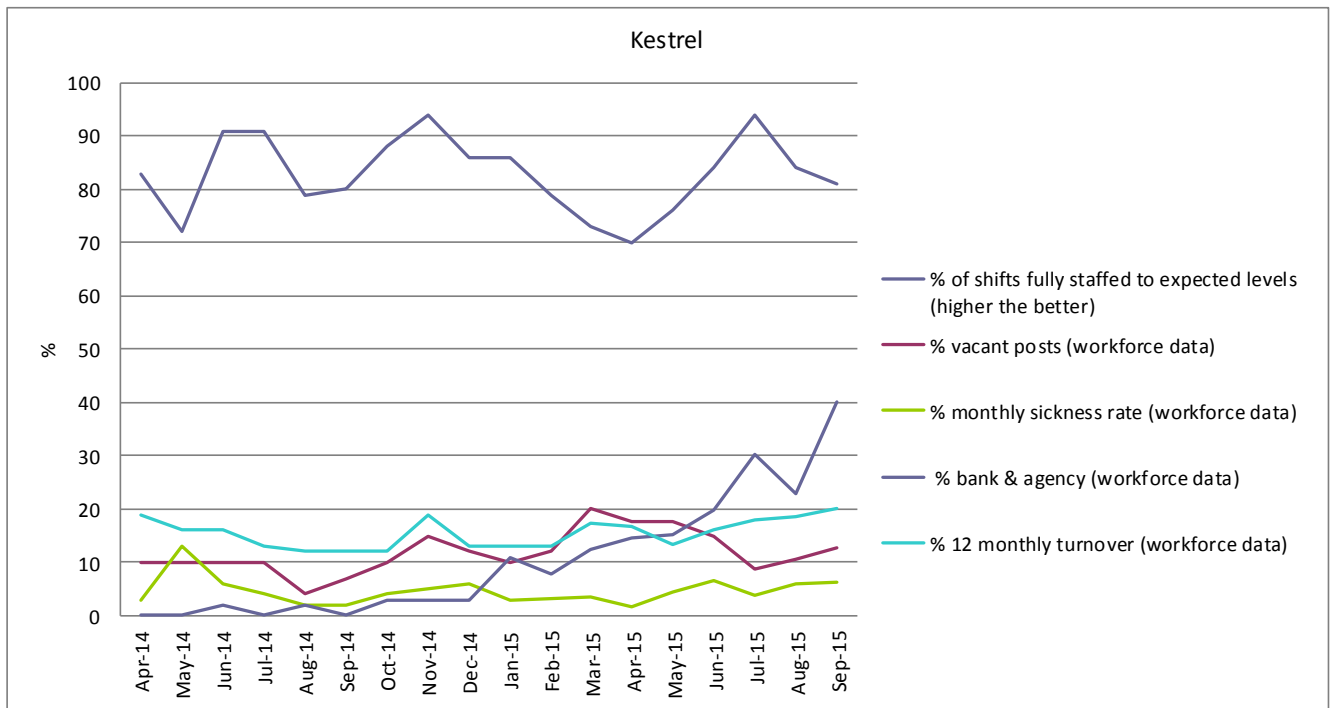
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	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



PUBLIC BOARD REPORT

Kestrel

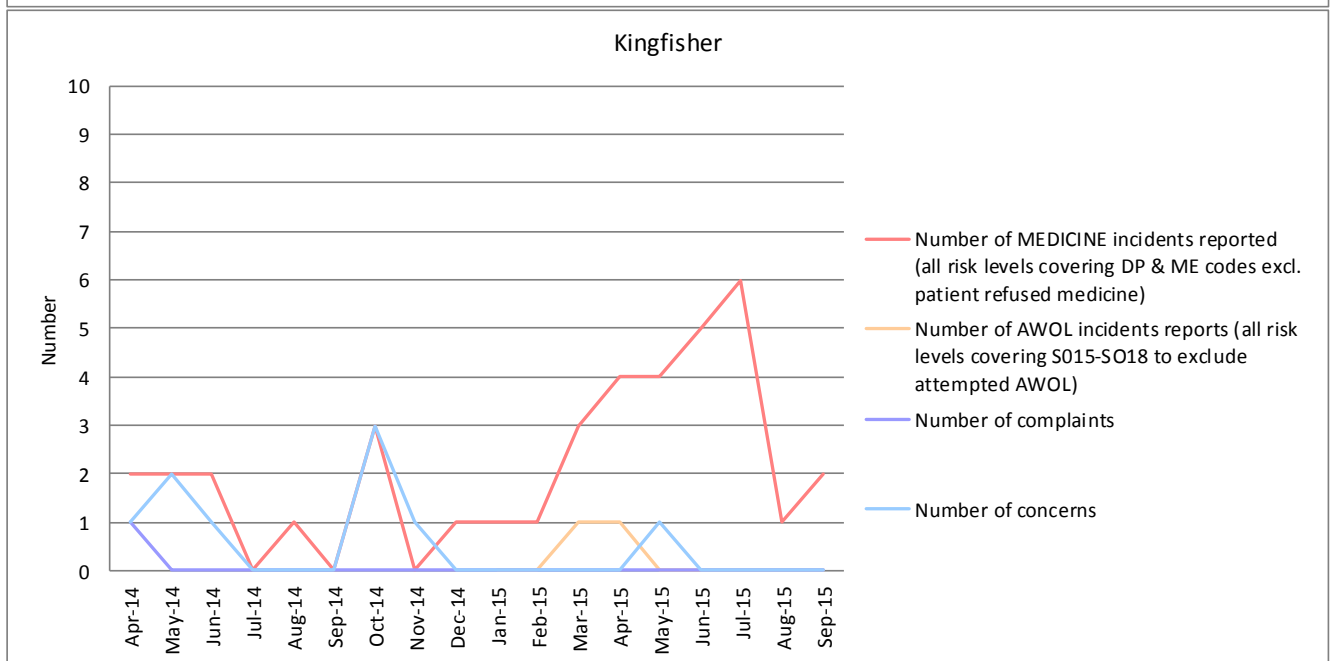
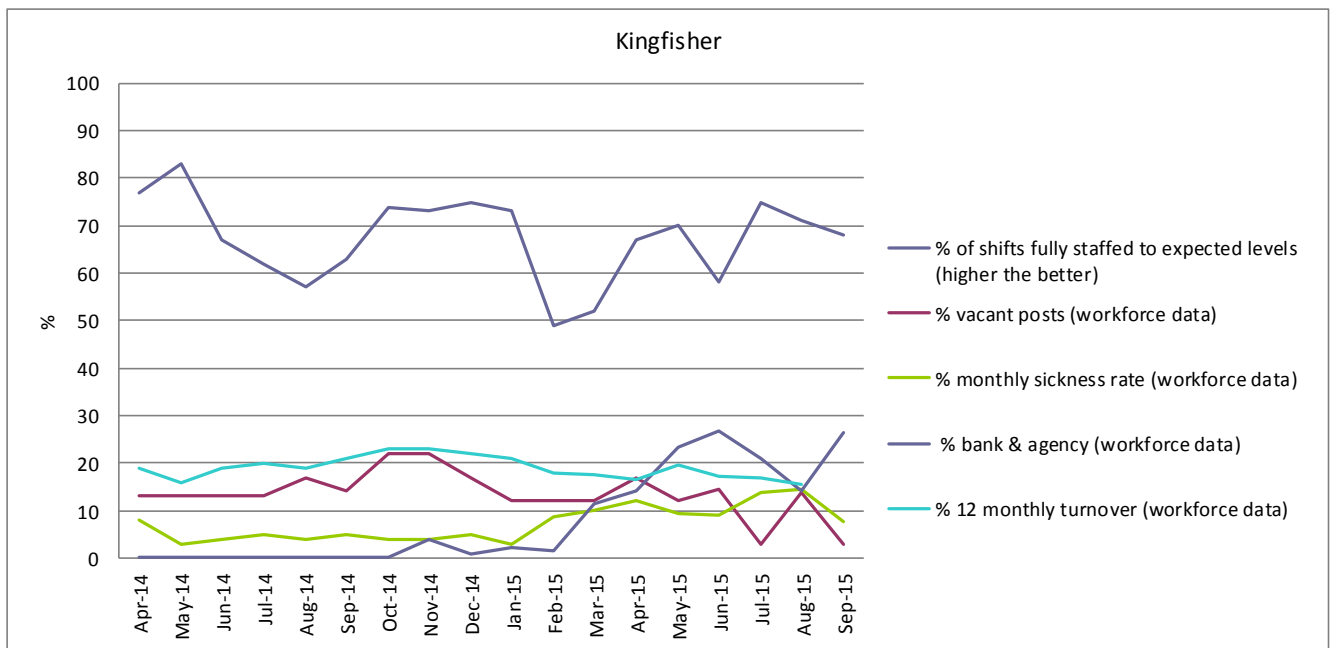
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reports (all risk levels covering S015-S018 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	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	8.6	3.91	30.3	17.86			4	0	0	0	
Aug-15	84	10.6	5.97	22.9	18.52			1	0	0	0	68
Sep-15	81	12.6	6.33	40.1	20	100	20	0	0	0	0	62



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 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

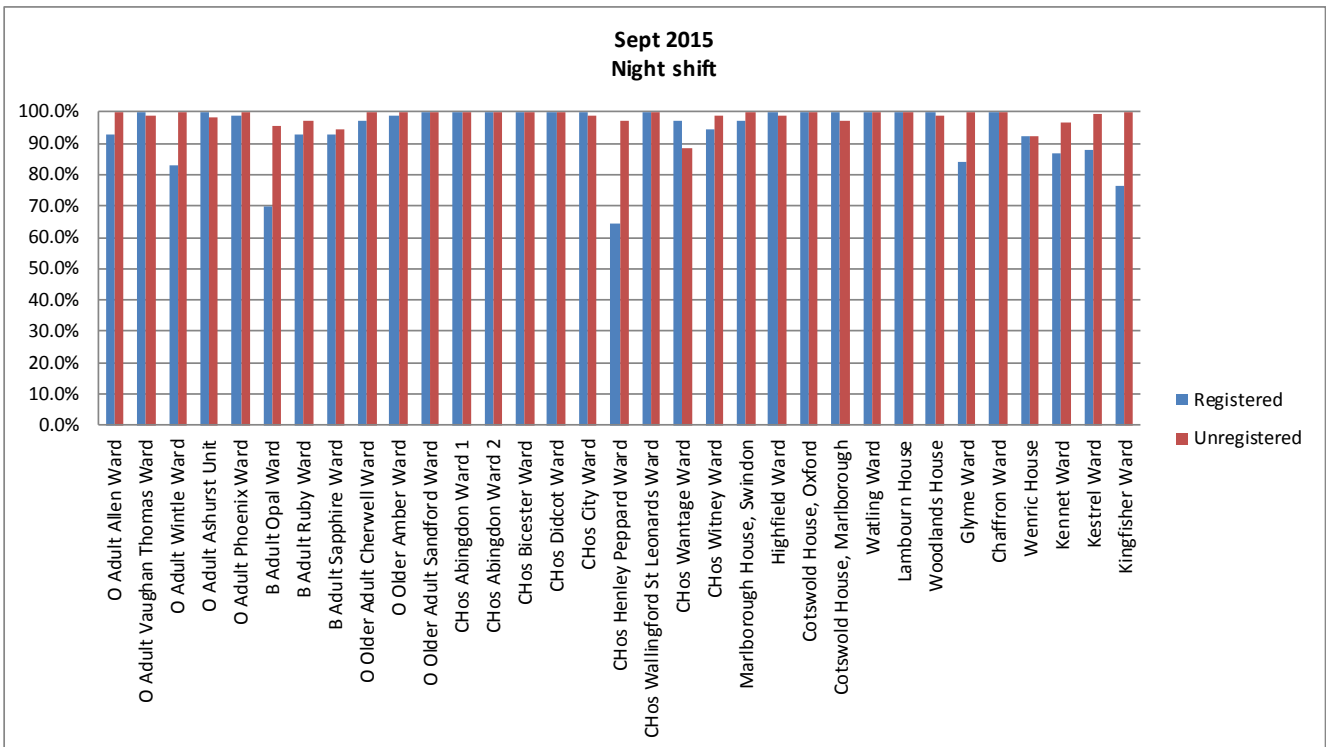
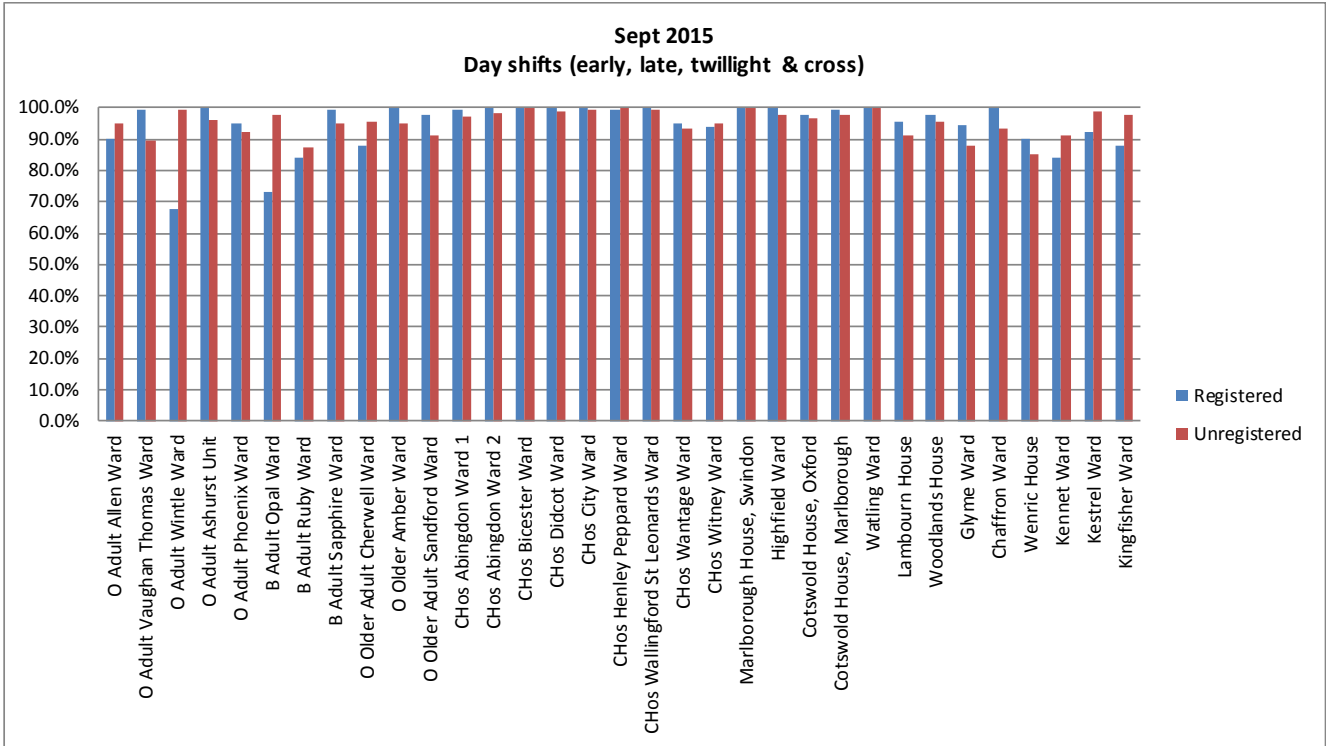


PUBLIC BOARD REPORT

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.



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Appendix 3. Staffing Establishments by ward

Ward	Setting	Number of beds	Expected Staffing by shift Oct 2015 (based on establishment in budget)			Changes from April 2015
Abingdon ward 1	Older People Community Hospital and stroke beds	12		Registered	Unregistered	A registered staff member has been moved from early to late shift to help support patient need.
			Early	4	4	
			Late	3	3	
			Night	2	1	
			Twilight	0	0	
			Cross shift	0	0	
Abingdon ward 2	Older People Community Hospital and EMU	20 (with a plan to move up to 26)		Registered	Unregistered	Staffing levels have been increased across the early, late and night shifts as part of the increase in bed numbers (from 18 to 20, with a plan to move to 26 beds). Previous establishment: 7:5:4. This is part of the system wide service community hospital review which includes the temporary closure of 30 beds at Witney community hospital.
			Early	5	5	
			Late	4	4	
			Night	3	3	
			Twilight	0	0	
			Cross shift	0	0	
Bicester	Older People Community Hospital	12		Registered	Unregistered	None
			Early	2	2	
			Late	2	2	
			Night	2	2	
			Twilight	0	0	
			Cross shift	0	0	
City	Older People Community Hospital	17		Registered	Unregistered	Unregistered staff on early shift reduced by 1 and unregistered on night shift increased by 1, to support patient needs at night.
			Early	3	3	
			Late	2	2	
			Night	2	2	
			Twilight	0	1	
			Cross shift	0	0	
Didcot	Older People Community Hospital	12-13 (with a plan to move to 14)		Registered	Unregistered	None. However when the beds increase to 14 in mid-November 2015 the number of unregistered staff at night will increase by 1.
			Early	2	2	
			Late	2	2	
			Night	2	1	
			Twilight	0	0	

PUBLIC BOARD REPORT

Ward	Setting	Number of beds	Expected Staffing by shift Oct 2015 (based on establishment in budget)			Changes from April 2015
			Cross shift	0	0	
Peppard ward (Henley)	Older People Community Hospital	12		Registered	Unregistered	Reduction in staff by 1 unregistered on early shift. Currently the model of care for community hospitals is being consulted on.
			Early	2	2	
			Late	2	2	
			Night	2	1	
			Twilight	0	0	
			Cross shift	0	0	
St Leonards (Wallingford)	Older People Community Hospital	16 (with a possible plan to move to 24)		Registered	Unregistered	Staff skill mix changes for the late shift to increase registered staff.
			Early	3	3	
			Late	3	2	
			Night	2	2	
			Twilight	0	0	
			Cross shift	0	0	
Wantage	Older People Community Hospital	12-13 (with plans for a possible increase)		Registered	Unregistered	none
			Early	2	2	
			Late	2	1	
			Night	2	1	
			Twilight	0	0	
			Cross shift	0	0	
Witney community hospital	Older People Community Hospital, stroke beds and EMU	30		Registered	Unregistered	A risk managed approach has been taken to consolidate the 30 beds and staffing from two to one wards at Witney community hospital from early Sept 2015. One ward has been closed temporarily until 31 st March 2016 to improve the quality and safety of care. As a consequence of the above, the staffing on the one remaining ward has been increased by 1 or 2 members of staff on each shift. Previous establishment: 10:9:5. Additional beds have been and are planned to be opened at other existing community hospital wards. All staff have been redeployed.
			Early	6	6	
			Late	5	5	
			Night	3	3	
			Twilight	0	0	
			Cross shift	0	0	
Amber	Older People Mental Health Acute Ward	20		Registered	Unregistered	The staffing skill mix has been revised. Over the next 6 months the number of staff available on night shifts will be reviewed to address the increase in patient falls since moving into a new building and managing patient safety within the new environment. The ward is involved in developing the national evidence based staffing level tool for older people mental health wards.
			Early	3	3	
			Late	3	3	
			Night	2	2	
			Twilight	0	0	
			Cross shift	0	0	

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Ward	Setting	Number of beds	Expected Staffing by shift Oct 2015 (based on establishment in budget)			Changes from April 2015
Cherwell	Older People Mental Health Acute Ward	17		Registered	Unregistered	none
			Early	2	3	
			Late	2	3	
			Night	2	2	
			Twilight	0	0	
			Cross shift	0	0	
Sandford	Older People Mental Health Acute Ward	17		Registered	Unregistered	none
			Early	2	3	
			Late	2	3	
			Night	2	2	
			Twilight	0	0	
			Cross shift	0	0	
Allen	Adult Mental Health Acute Ward	21		Registered	Unregistered	none
			Early	3	3	
			Late	3	3	
			Night	2	2	
			Twilight	0	0	
			Cross shift	0	0	
Ashurst	Psychiatric Intensive Care Unit and S136 suite	10		Registered	Unregistered	The number of unregistered staff per shift has reduced by one as the ward moves from 13 to 10 male only beds from the end of Sept 2015.
			Early	4	3	
			Late	4	3	
			Night	3	2	
			Twilight	0	0	
			Cross shift	0	0	
Opal	Adult Mental Health Rehabilitation Ward	20		Registered	Unregistered	none
			Early	2	3	
			Late	2	3	
			Night	2	2	
			Twilight	0	0	
			Cross shift	0	0	
Phoenix	Adult Mental Health Acute Ward	21		Registered	Unregistered	none
			Early	3	3	

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Ward	Setting	Number of beds	Expected Staffing by shift Oct 2015 (based on establishment in budget)			Changes from April 2015
			Late	3	3	
			Night	2	2	
			Twilight	0	0	
			Cross shift	0	0	
Ruby	Adult Mental Health Acute Ward	20		Registered	Unregistered	none
			Early	3	3	
			Late	3	3	
			Night	2	2	
			Twilight	0	0	
			Cross shift	0	0	
Sapphire	Adult Mental Health Acute Ward and S136 suite	20		Registered	Unregistered	none
			Early	3	3	
			Late	3	3	
			Night	2	2	
			Twilight	0	0	
			Cross shift	0	0	
Vaughan Thomas	Adult Mental Health Acute Ward and S136 suite	18		Registered	Unregistered	none
			Early	3	3	
			Late	3	3	
			Night	2	2	
			Twilight	0	0	
			Cross shift	0	0	
Wintle	Adult Mental Health Acute Ward	16		Registered	Unregistered	none
			Early	3	3	
			Late	3	3	
			Night	2	2	
			Twilight	0	0	
			Cross shift	0	0	
Watling	Forensic Mental Health Ward	20		Registered	Unregistered	none
			Early	4	4	
			Late	4	4	
			Night	3	4	

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Ward	Setting	Number of beds	Expected Staffing by shift Oct 2015 (based on establishment in budget)			Changes from April 2015
			Twilight	0	0	
			Cross shift	0	0	
Glyme	Forensic Mental Health Ward	17		Registered	Unregistered	none
			Early	2	3	
			Late	2	3	
			Night	2	1	
			Twilight	0	0	
			Cross shift	0	1 (Mon-Fri)	
Kennet	Forensic Mental Health Ward	15		Registered	Unregistered	none
			Early	2	4	
			Late	2	4 (5 on Sat & Sun)	
			Night	2	3	
			Twilight	0	0	
			Cross shift	0	1 (Mon-Fri)	
Kestrel	Forensic Mental Health Ward	10		Registered	Unregistered	none
			Early	2	5	
			Late	2	5	
			Night	2	4	
			Twilight	0	0	
			Cross shift	0	0	
Kingfisher	Forensic Mental Health Ward	16		Registered	Unregistered	none
			Early	2	5	
			Late	2	5	
			Night	2	3	
			Twilight	0	0	
			Cross shift	0	0	
Lambourne	Forensic Mental Health Ward (pre-discharge unit)	15		Registered	Unregistered	none
			Early	1	2	
			Late	1	2	
			Night	1	1	
			Twilight	0	0	

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Ward	Setting	Number of beds	Expected Staffing by shift Oct 2015 (based on establishment in budget)			Changes from April 2015
			Cross shift	Registered	Unregistered	
Chaffron	Forensic Mental Health Ward	8	Cross shift	0	0	none
			Registered			
			Early	1	2	
			Late	1	2	
			Night	1	1	
			Twilight	0	0	
Wenric	Forensic Mental Health Ward	21	Cross shift	0	0	none
			Registered			
			Early	3	4	
			Late	2	5	
			Night	2	3	
			Twilight	0	0	
Woodlands	Forensic Mental Health Ward	20	Cross shift	0	0	none
			Registered			
			Early	3	2	
			Late	2	2	
			Night	2	2	
			Twilight	0	0	
Cotswold house oxford	Eating disorder unit	14 (plus 6 day places)	Cross shift	0	0	none
			Registered			
			Early	2	3 (2 on Sat & Sun)	
			Late	2	3 (2 on Sat & Sun)	
			Night	1	2	
			Twilight	0	0	
Cotswold house Marlborough	Eating disorder unit	12	Cross shift	0	0	none
			Registered			
			Early	2	3 (2 on Sat & Sun)	
			Late	2	3 (2 on Sat & Sun)	
			Night	1	2	

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Ward	Setting	Number of beds	Expected Staffing by shift Oct 2015 (based on establishment in budget)			Changes from April 2015
			Twilight	0	0	
			Cross shift	0	0	
Highfield	Child and adolescent mental health ward	18 Plus 2 high dependency beds		Registered	Unregistered	The skill mix has been revised and staffing levels at night have been increased.
			Early	3	7	
			Late	3	7	
			Night	2	9	
			Twilight	1	0	
			Cross shift	0	0	
Marlborough house Swindon	Child and adolescent mental health ward	12		Registered	Unregistered	Staffing levels have been increased by 1 registered staff member for both the early and late shifts.
			Early	3	3	
			Late	3	3	
			Night	2	2	
			Twilight	0	1 (Fri & Sun)	
			Cross shift	0	1 (Mon & Tues)	