

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

April 2015

**Inpatient Safer Staffing for March 2015 and six monthly establishment review (Nursing)
For Information**

Summary

The National Quality Board published guidance in November 2013, *How to ensure the right people, with the right skills, are in the right place at the right time* and this was followed in March 2014 by NHS England issuing further guidance on the expectations for providers in relation to getting inpatient nursing and care staffing right, *Hard Truths Commitments Regarding the Publishing of Staffing Data*. The expectations include the monthly reporting of actual staffing levels and at least a six monthly report on recommendations following a review of expected staffing levels to the Board of Directors which are then published.

In 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 a 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 will be used across all wards at least six monthly. The first baseline assessment needs to be undertaken by the summer of 2015, the trust is working to complete this by 31st July 2015. Although there is a new national expectation to introduce and report on regular measurement of contact time this is an opportunity to support wards to learn and highlight where improvements can be made. This work is being driven and overseen by the Senior Nurse Executive.

This is the 10th monthly report to the Board of Directors presenting the actual nurse staff levels (registered and unregistered) on each ward against their agreed expected levels for March 2015 and the third report with the outcome of the review into the inpatient nurse staffing establishment (expected staffing levels).

Highlights from the Inpatient Safe Staffing Levels Report- March 2015.

The staffing levels by ward are reviewed shift by shift by ward staff and immediate managers, daily by Modern Matrons and weekly by the Heads of Nursing, Director of Nursing and 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 March 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 NHSP bank and agency.

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

- Managing capacity by reducing bed numbers in wards temporarily-
- Suspending admissions temporality
- Level of need has been taken into account when deciding which ward to admit patients
- Staff who are normally supernumerary to the nurse staffing numbers (such as, modern matrons and ward managers) have worked as part of the nursing shift numbers
- Staff were borrowed from other wards to increase the staff to patient ratio
- Staff worked flexibly, sometimes working an extra hour at the beginning or end of a shift whilst additional staff are found
- Increased use of temporary staff including establishing 'long lines of work' with agency staff to improve continuity of care and reliability of temporary staff

When looking at the number of shifts which were fully staffed to expected levels, 13 out of 34 wards were identified as having the most difficulties across March 2015 in achieving expected staffing levels on every shift (only achieving 75% or less of shifts in the month 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 (February 2015) 11 wards remain a concern, four wards are no longer a concern and three wards have been added.

Table 1 in the body of the report summarises the staffing position by ward showing the trend over the last 12 months and the position in March 2015 based on the clinical review of the ward management team. When collaborating these pieces of information seven wards are identified as needing more support and attention. The seven wards are Vaughan Thomas, Wintle, Opal, Sandford, Wenrisc Witney, Cotswold House Marlborough and Kingfisher, more detail about each is provided in the report.

We continue to develop and review quality and workforce measures alongside the staffing levels each month, shown by ward in Appendix 1. Trust wide over the last 12 months vacancy rates have continued to fall since September 2014, however there is a time lag from the appointment to a new member of staff starting their new role, spend on temporary staff has remained high and relatively the same since June 2014, sickness has been increasing since September 2014 and turnover has remained higher than average. There is evidence to show variable quality and completeness of patient records, particularly how we demonstrate patient involvement in care planning, across the inpatient wards evidenced through local clinical audit results, investigations from serious incidents requiring investigation and visits by the CQC. Introducing the new electronic health record will support and help clinicians to more easily record the care and treatment they have agreed and are working with for each patient. However additional work is required in this important area of clinical activity and safe staffing levels need to ensure there is adequate time to complete records to a satisfactory standard.

The main reason wards have been unable to fully staff every shift is due to vacancies related to recruitment difficulties in some geographical areas and some specialties which we are giving more strategic attention. The number of vacancies have also increased due to an increase in staffing establishment (and therefore expected staffing levels) on a number of wards over the last year which is taking time to recruit into. To strategically address the challenges with nursing vacancies our trust has initiated a values based recruitment project and recruitment action plan. The secondary reasons are due to a rising level of sickness which is being actively examined ward by ward with support from HR advisors so that solutions can be worked through, and high turnover of staff.

Highlights from the Inpatient Staffing Establishment Review

This report shares the outcome of our latest nursing establishment review for the wards. There are limited evidence based tools and benchmarking information to review staffing against therefore clinical judgement is predominantly used to determine expected levels. NICCE is working on evidence based guidelines for mental health wards due to be published in 2015/16. From January 2014 our

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trust reviewed and revised a number of the ward establishments as part of service remodelling, detailed in the establishment review presented in April 2014. The recent review completed in March/ April 2015 highlighted no further recommended changes to be made to the ward establishments. However some minor amendments to staffing levels have been made since the last report in October 2014 as a result of changing bed numbers and moving to two new locations, these are detailed in the body of the report (page 13). Appendix 3 shows the current nursing establishment for each ward. The establishment review information should be read alongside the monthly inpatient safe staffing report which shows the actual staffing levels against the establishment.

In the future there may be changes to the staffing establishments across the 10 community hospital wards however this is still in the early stages of appraising possible options.

The next establishment review is due to be reported to Board by October 2015.

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
- ❖ No further recommended changes to the ward establishments.
- ❖ The minor changes made to expected staffing levels due to new locations and fluctuating bed numbers since October 2014.

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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 .

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Inpatient Safe Staffing Levels Report for March 2015 and six monthly safe staffing review

April 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 March 2015 (from 2nd March to 5th April 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 also presented to the Board of Directors this month.

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 March 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 NHSP bank and agency.

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

2. National Picture

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

The 28 new fundamental standards under the law of the Health and Social Care Act Regulations 2014 and CQC Registration Regulations 2009 were 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 a 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. We have 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 will be used across all wards at least six monthly. The first baseline assessment needs to be undertaken by the summer of 2015, we will complete this by 31st July 2015. Although there is a new national expectation to introduce and report on regular measurement of contact time this is an opportunity to support wards to learn and highlight where improvements can be made. This work is being driven and overseen by the Senior Nurse Executive.

NHS England is also developing a composite indicator to give an overall safer staffing measure, the initial indicators which are to be included will be: staff sickness from electronic staff record data, mandatory training from the national staff survey, appraisal rate from the national staff survey, staff views on staffing from the national staff survey and patient views on staffing taken from the national patient survey. The new composite indicator is planned to be published shortly in spring 2015.

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3. Management of Staffing Levels

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

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

- Managing capacity by reducing bed numbers in wards temporarily
- Suspending admissions temporality
- Level of need has been taken into account when deciding which ward to admit patients
- Staff who are normally supernumerary to the nurse staffing numbers (such as, modern matrons and ward managers) have worked as part of the nursing shift numbers
- Staff were borrowed from other wards to increase the staff to patient ratio
- Staff worked flexibly, sometimes working an extra hour at the beginning or end of a shift whilst additional staff are found
- Increased use of temporary staff including establishing 'long lines of work' with agency staff to improve continuity of care and reliability of temporary staff

4. Summary Position

When looking at the number of shifts which were fully staffed to expected levels, 13 out of 34 wards were identified as having the most difficulties across March 2015 in achieving expected staffing levels on every shift (only achieving 75% or less of shifts in the month 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. Across the majority of these wards the staffing levels have varied week to week which highlights the importance of a weekly review. In comparison to last month (February 2015) 11 wards remain a concern, four wards are no longer a concern and three wards have been added.

Table 1 summarises the staffing position by ward showing the trend over the last 12 months and the position in March 2015 based on the clinical review of the ward management team. When collaborating these pieces of information seven wards are identified as needing more support and attention. The seven wards are Vaughan Thomas, Wintle, Opal, Sandford, Wenrisc Witney, Cotswold House Marlborough and Kingfisher, more detail about each is given under the sub heading on highlighted wards below.

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Table 1. Summary Position

Ward	% of shifts 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/ red) for at last 3 of the 5 weeks in March 15
	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15		
Allen	79	95	66	52	61	67	75	63	86	92	86	67	Yes	No
Vaughan Thomas	41	62	72	70	61	70	58	52	41	46	71	72	Yes	Yes
Wintle	41	67	69	74	60	68	78	64	59	67	60	68	Yes	Yes
Ashurst	92	80	78	54	62	88	72	49	88	92	87	94	No	No
Phoenix	49	48	46	44	51	41	66	74	72	80	86	78	Yes	No
Opal	90	78	75	73	65	82	48	36	38	60	46	44	Yes	Yes
Ruby	76	66	72	54	57	62	67	51	61	63	64	59	Yes	No
Sapphire	76	89	86	83	74	31	75	81	87	81	71	60	No	No
Cherwell	74	66	62	74	79	87	92	93	84	83	71	89	No	Yes
Amber	89	87	86	81	94	80	67	75	88	92	75	84	No	Yes
Sandford	85	85	74	62	59	57	63	73	62	73	58	59	Yes	Yes
Ward 1 Abingdon	82	77	85	86	88	77	84	87	81	88	88	81	No	Yes
Ward 2 Abingdon	63	84	83	87	86	89	87	89	86	79	86	87	No	No
Bicester	96	96	89	88	94	82	88	88	81	69	65	50	No	No
Didcot	100	100	100	90	100	100	99	100	96	99	95	99	No	No
City	83	83	78	89	92	95	97	91	98	98	100	97	No	Yes
Peppard ward Henley	97	100	93	92	83	71	80	75	77	75	74	71	No	Yes
St Leonards Wallingford	99	100	100	100	98	100	100	100	100	98	100	98	No	No
Wantage	99	81	97	97	97	98	98	87	98	100	100	100	No	No
Linfoot Witney	99	80	79	87	82	80	90	99	82	76	76	89	No	No
Wenrisc Witney	73	83	79	59	34	45	73	85	80	76	52	50	Yes	Yes
Marlborough House Swindon	100	100	99	100	100	99	100	98	92	96	93	98	No	Yes
Highfield	93	91	86	89	91	68	79	64	61	84	92	90	No	Yes
Cotswold House Oxford	83	59	75	83	83	73	73	77	76	79	89	93	No	No
Cotswold House Marlborough	76	71	86	60	41	45	90	73	82	75	67	81	Yes	Yes
Watling	87	92	95	89	97	100	95	100	95	94	91	76	No	Yes
Lambourne	95	100	97	78	73	86	85	91	92	64	51	50	No	Yes
Woodlands	91	95	87	91	83	82	93	94	91	100	87	93	No	No
Glyme	97	99	98	90	95	82	86	92	88	85	87	91	No	No
Chaffron	91	92	89	90	96	91	87	88	81	87	89	94	No	No
Wenric	64	39	52	47	47	51	38	58	43	51	46	54	Yes	No
Kennett	97	98	99	96	88	82	86	75	73	74	68	81	No	No
Kestral	83	72	91	91	79	80	88	94	86	86	79	73	No	Yes
Kingfisher	77	83	67	62	57	63	74	73	75	73	49	52	Yes	Yes

5. Quality and workforce indicators

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

We continue to develop the quality and workforce indicators selected to be reviewed alongside the staffing level information to identify if and when the quality of care has declined, representing those most similar to the acute nursing red flags recommended by NICE and described in the *Safer staffing: a guide to care contact time* (November 2014). We are currently working on developing how we can best report the PPST level 1 (mandatory) training figures for next month. Appendix 1 shows each wards performance against the indicators. By ward the fluctuations across the indicators do not currently show a trend, but over time this may change as more information is available. However we continue to keep an eye on the performance of the indicators as they may be able to indicate a possible flag to ask more questions and to review the quality of care.

There is evidence to show variable quality and completeness of patient records, particularly how we demonstrate patient involvement in care planning, across the inpatient wards evidenced through local clinical audit results, investigations from serious incidents requiring investigation and visits by the CQC. Introducing the new electronic health record will support and help clinicians to more easily record the care and treatment they have agreed and are working with for each patient. However additional work is required in this important area of clinical activity and safe staffing levels need to ensure there is adequate time to complete records.

In the last 6 months (October 2014-March 2015) there have been three serious incidents across all 34 wards between Nov-Jan, these have related to a patient who went AWOL whilst on escorted community leave, a delay in organising physical healthcare for a patient and a violent physical incident by a patient against trust property which then resulted in the patient going AWOL from the ward. On investigation one of these incidents, the delay in organising physical healthcare, was in part related to staffing levels.

6. Highlighted wards

The seven wards identified as having the most difficulty in achieving expected staffing levels over the month are listed below with more detail. 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. The trust is taking strategic actions to reduce the number of staff vacancies, as described below under the sub heading nursing vacancies; however the wards may not feel the impact of new staff starting until May 2015.

Vaughan Thomas (Adult Directorate – adult mental health ward): in March 2015 72% of shifts were fully staffed to expected levels; the ward has experienced difficulty with staffing every month over the last 12 months and therefore has used a high amount of bank and agency staff. The shifts below related mostly to unregistered staff on day shifts. The ward identified staffing to be more difficult on three of the five weeks. The main reason was due to vacancies (19.9%, 7.96 WTE) as the increased establishment is achieved, and medium/ long term sickness (overall sickness 5.57%). Both the number of vacancies and % sickness has reduced in March 15. As of the 20th April 2015 7 WTE registered and 6 WTE unregistered vacancies are being recruited to of which 4 registered posts and all 6 unregistered posts have been offered.

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Wintle (Adult Directorate – adult mental health ward): in March 2015 68% of shifts were fully staffed to expected levels; the ward has experienced difficulty with staffing in 11 out of the last 12 months and therefore has used a high amount of bank staff. The shifts below related mostly to registered staff on day shifts. The ward identified staffing to be more difficult on four of the five weeks. The main reason was due to vacancies (26.5%, 10.58 WTE) as the increased establishment is achieved, and sickness (overall sickness 1.27%). The % sickness has reduced in March 15. As of the 20th April 2015 4 WTE registered and 6 WTE unregistered vacancies are being recruited to of which 1 registered posts and all 6 unregistered posts have been offered.

Opal (Adult Directorate – adult mental health ward): in March 2015 44% of shifts were fully staffed to expected levels; the ward has experienced difficulty with staffing in nine of the last 12 months. The ward provides rehabilitation for patients to help people recover between an acute mental health episode and returning to live back in the community. The shifts below related to registered staff on day and night shifts. The ward identified staffing was more difficult on three of the four weeks information was reported. The main reasons were due to vacancies (13.6%, 5.23 WTE) as the increased establishment is achieved and lending staff to work on other acute mental health wards where the patient need can be more immediate. As of the 20th April 2015 4 WTE registered and 1 WTE unregistered vacancies are being recruited to, of which 3 registered posts have been offered.

Sandford (Older People Directorate – older people mental health ward): in March 2015 59% of shifts were fully staffed to expected levels; the ward has experienced difficulty with staffing in 10 of the last 12 months. The shifts below related to unregistered staff on day shifts. The ward identified staffing was more difficult across all five weeks. The main reasons were due to medium/ long term sickness (overall sickness 7.76%) and vacancies (14.8%, 5.49 WTE). As of the 20th April 2015 5 WTE unregistered vacancies are being recruited to of which 2 have been offered.

Witney Wenrisc (Older People Directorate – older people mental health ward): in March 2015 50% of shifts were fully staffed to expected levels; the ward has experienced difficulty with staffing in seven of the last 12 months and therefore has used a high amount of agency staff through establishing long lines. The shifts below related to registered and unregistered staff on day shifts. The ward identified staffing was more difficult across all five weeks. The main reasons were due to short/ medium and long term sickness (overall sickness 9.57%), maternity leave (2.6 WTE) and vacancies (10.8%, 5.42 WTE) As of the 20th April 2015 5 WTE registered and 5 WTE unregistered vacancies are being recruited to of which 2 registered and 5 unregistered have been offered. The ward temporarily reduced the number of beds available and therefore patients admitted to be able to meet increased care needs and to keep staffing safe.

Cotswold House Marlborough (Children and Young People Directorate – eating disorder ward): in March 2015 81% of shifts were fully staffed to expected levels; the ward has struggled with staffing across seven of the 12 months and therefore has used a high amount of agency. The shifts below relate to registered staff on day shifts. The ward identified staffing as more difficult across four of the five weeks. The main reason was due to vacancies (11.2%, 3.29 WTE). As of the 20th April 2015 4 WTE registered vacancies are being recruited to of which 3 have been offered.

Kingfisher (Adult Directorate – forensic ward): in March 2015 52% of shifts were fully staffed to expected levels; the ward has struggled with staffing across 10 of the 12 months. 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 (12.1%, 5.10 WTE) and sickness (overall sickness 10.09%). Arrangements have been made for staff from Glyme and Kennet wards to move for 4 months to support staffing levels on Kingfisher and Kestrel whilst vacancies are high. As of the 20th April 2015

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3 WTE registered and 8 WTE unregistered vacancies are being advertised by both Kingfisher and Kestrel wards, of which 2 registered posts and 5 unregistered posts have been offered.

Notes:

1. A day shift includes two main shifts an early and late, plus some wards use additional shifts called a twilight shift and/ or a cross shift.
2. A night shift includes one shift.
3. Allen and Opal did not submit data for one week; Allen 2nd-8th March 15 and Opal 30th-5th April 15.

7. Why are there challenges?

Across the wards staffing challenges are due to:

- ❖ Large number of vacancies and time lag for new appointed staff to start
- ❖ Sickness increasing although showing signs of reducing this month
- ❖ Turnover remaining high

The above factors are having an impact on:

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

7.1 Vacancies

Nursing vacancies are the main reason the wards have challenges with staffing shifts, related to recruitment difficulties in some geographical areas e.g. Oxford City, Abingdon and Henley and some specialties which are also reflected nationally e.g. registered mental health nurses for adult acute and forensic and other specialty wards. The number and type of vacancies e.g. registered or unregistered, day or night shifts varies from ward to ward. The number of vacancies has also increased due to an increase in staffing establishment (and therefore expected staffing levels) on a number of wards over the last year which is taking time to recruit into. Vacancies are being monitored and managed on a weekly and monthly basis with the Executive Team. Following a campaign of recruitment our trust wide vacancy rates have been falling for the last four months, however a large number of staff are still currently going through pre-employment checks therefore have not started in their new roles yet, the wards should start to feel an improvement in staffing numbers from May 2015 so long as turnover does not increase. To strategically address the challenges with nursing vacancies we have initiated a values based recruitment project and recruitment action plan, further details below. We are also currently establishing an internal bank to start within the next 6 months and hoping to increase the number of agencies listed on our local recruitment framework to improve the quality and consistency of temporary staff used on the wards.

Values Based Recruitment

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

Recruitment Action Plan

A Recruitment Action Group has been established with the main focus on candidate attraction strategies. The following actions are identified/ being taken:

- ❖ External recruitment fairs attended

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- ❖ Internal open days on hospital sites, where people can be interviewed and appointed on the same day. These have proved very successful especially in the adult directorate.
- ❖ Further work to promote return to nurse training
- ❖ Improve links with the Universities
- ❖ Provision and promotion of temporary accommodation for new staff and to retain existing staff for 3-6 months
- ❖ Review wording in job adverts to market organisation
- ❖ Improve information on external website to market organisation
- ❖ International recruitment has been considered and is currently not being progressed.

7.2 Short term sickness

In addition to our focus on improving recruitment, short term sickness levels have been rising since January 2014 for a number of wards especially for unregistered staff and Band 5 staff with the main reason being stress and anxiety, plus musculoskeletal issues for unregistered staff. The issues are being examined on a ward by ward basis, supported by HR as this could be an early warning sign.

7.3 Turnover

Retaining staff is critical otherwise successful recruitment of new staff has a limited impact. The turnover rate remains high for a number of wards especially for unregistered staff and Band 5 staff. Currently there is a lack of exit interview information, with only about 10% of staff completing the questionnaire. Locally areas have more intelligence around why staff are leaving which needs to be utilised more to identify retaining strategies.

Staff Retention Plan

Ensuring we capture exit interviews from all staff leaving their roles to understand their reasons for leaving must be prioritised.

8. Monthly Unify Data Return

In May 2014 NHS England introduced a requirement to complete a monthly data submission via unify on the number of expected hours staff should work versus the number of actual hours worked split by day and night shifts. Our submission across all wards up to March 2015 is summarised in table 2 below. The information is shared here because it is published on the NHS Choices website alongside national indicators around quality of care e.g. staff Friends and Family Test and CQC inspection results. Appendix 2 gives a breakdown of the results by ward and day/night shifts. This measure is less sensitive as it looks at the number of hours worked over an entire month rather than number of times a shift could not be fully staffed.

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

	Day time Shifts (Early, Late, Twilight and cross shifts)		Night time Shift	
	Registered nurses	Unregistered staff	Registered nurses	Unregistered staff
May 2014	96.20%	94.50%	99.50%	99.80%
June 2014	96.9%	97.3%	95.6%	97.7%
July 2014	98.7%	96.3%	92.5%	98.6%
August 2014	95.1%	93.4%	94.9%	97.5%
September 2014	95.6%	93.9%	95.5%	96.4%
October 2014	96.1%	95.1%	96%	96.3%
November 2014	95.5%	94%	94.8%	98.1%

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

9. Conclusion

The national requirements on providers around monitoring and reporting staffing levels is continuing to increase, showing the importance NHS England and CQC place on ensuring sufficient staffing levels are in place to deliver safe, effective and high quality care.

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

When looking at the number of shifts which were fully staffed to expected levels, 13 out of 34 wards were identified as having the most difficulties across March 2015 in achieving expected staffing levels on every shift (only achieving 75% or less of shifts in the month 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 (February 2015) 11 wards remain a concern, four wards are no longer a concern and three wards have been added.

Table 1 summarises the staffing position by ward showing the trend over the last 12 months and the position in March 2015 based on the clinical review of the ward management team. When collaborating these pieces of information seven wards are identified as needing more support and attention. The seven wards are Vaughan Thomas, Wintle, Opal, Sandford, Wenrisc Witney, Cotswold House Marlborough and Kingfisher, more detail about each is provided above. A dialogue with ward staff Heads of Nursing and Service Directors is continuing developing plans to support safe staffing and patient care at a ward level.

We continue to develop and review quality and workforce measures alongside the staffing levels each month. There is evidence to show variable quality and completeness of patient records, particularly how we demonstrate patient involvement in care planning, across the inpatient wards. Introducing the new electronic health record will support and help clinicians to more easily record the care and treatment they have agreed and are working with for each patient. However additional work is required in this important area of clinical activity and safe staffing levels need to ensure there is adequate time to complete records.

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

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3rd Inpatient Staffing Establishment Review

April 2015. For Information

1. Introduction

Following the last report in October 2014, this is the third report presenting the outcome of a review of nurse staffing establishment. The information should be read alongside the monthly inpatient safe staffing report which shows the actual staffing levels against the nurse establishments (also known as expected levels). In addition appendix 1 provides information by ward on the number of budget vacancies and use of temporary staff.

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

2. National Picture

The national guidance recognises that there are limited tools available to help to determine the right nurse staffing levels on wards. In response NICE has been asked by the Department of Health and NHS England to produce guidelines for a variety of different settings, including mental health inpatient settings which is due to be published during 2015/16.

Whilst the evidence-based tools developed by Hurst (2002) and Shelford (2013) have been considered to assess staffing needs in our community hospitals its application in mental health wards is limited so this review of establishments across all 34 wards has been conducted based on clinical judgement, patient need and the historical financial precedents.

3. How do we Compare?

The 2014 mental health benchmarking club data for 2013/14 provides information on PICU, low secure and medium secure registered nurse staffing levels (66 mental health trusts participated). In comparison the trust seems to be represented as having staffing levels above the mean for PICU (17.7 WTE per 10 beds compared to mean of 14.5 WTE) and about the same for medium secure (10.4 WTE per 10 beds compared to mean of 9.5 WTE) and low secure (9.6 WTE per 10 beds compared to mean of 9.1 WTE).

Oxford Health FT also commissioned Deloitte to carry out an audit in March 2015 to look at current expected staffing levels internally between wards and also to compare with other trusts where the information is available. The results showed for low secure and medium secure wards the staffing levels were slightly higher than the national average however in context the bed occupancy is higher so more staff are required to meet the number of patient needs. For the adult acute mental health wards the expected staffing levels, since the increase in Jan 2014, seem to be about the same as the national average. There is no available comparison data for older people mental health wards, community hospitals, eating disorder wards or CAMHS wards. However all these ward have been subject to external peer reviews and achieved high levels of compliance.

4. Outcome of Latest Establishment Review

From January 2014 we reviewed and revised a number of the ward establishments (CAMHS, adult and older people mental health wards) as part of service remodelling, detailed in the report presented in April 2014. The recent review completed in March/ April 2015 highlights no further recommended changes to be made to the ward establishments. However some minor amendments to expected levels, detailed below, have been made since the last report in October 2014 as a result of changing bed numbers and two community hospitals moving into new locations.

Appendix 3 shows the current nursing establishment for each ward and highlights any changes to expected staffing levels since the last report in October 2014. The information should be read

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alongside the inpatient safe staffing report presented to Board each month which shows the position on meeting expected staffing levels alongside quality and workforce indicators.

For all wards the allowance built into the establishment for planned and unplanned leave is standard set at 23%. Each ward has staff who are supernumerary for example the ward manager and modern matron, to the regular nursing levels; these staff have a supervisory and clinical leadership role.

Below is a summary of the changes to expected staffing levels since October 2014 as a result of increases or reductions in bed numbers and moving into new locations:

- ❖ Ward 2 Abingdon has reduced 1 registered staff on early shift, moving to 7:6:4 (previously 8:6:4) bed numbers are adjusted to reflect safe staffing
- ❖ St Leonards Wallingford has increased 1 unregistered staff and moved the unregistered member of staff working a twilight shift to a night shift, the ward now has 6:5:4 (previously 6:4:3 and 1 twilight shift)
- ❖ Bicester has increased 1 unregistered staff on both the late and night shifts, moving to 4:4:4 (previously 4:3:3) Moved to new Community Hospital in Bicester.
- ❖ Wenrisc staffing for registered and unregistered staff has been increased, moving to 10:9:5 (previously 8:7:4 and 1 twilight shift) Based on patient and staff outcomes over the past six months.
- ❖ City has reduced 1 unregistered staff on early shift and moved the unregistered member of staff working a twilight shift to a night shift, moving to 6:4:4 (previously 7:4:3 and 1 twilight shift) Required to move to the new Community Hospital on the Churchill Hospital site.

During April 2015 the following increases are proposed to meet fire evaluation requirements at night:

- ❖ Ward 1 Abingdon has increased 1 unregistered staff on night shift, moving to 9:5:4 (previously 9:5:3)
- ❖ Peppard ward Henley has increased 1 unregistered staff on night shift, moving to 5:4:4 (previously 5:4:3).

In addition the service model and capacity in the 10 community hospital wards is currently being reviewed as a result of an increase in patient acuity (clinical need), dependency (help with activities of daily living) and a change in profile of patients being admitted. The service is introducing admission criteria to ensure only appropriate patients are being admitted. To enable continued safe staffing either the financial resource needs to be increased to fund the current cost pressure for staff or the number of beds and patients treated will have to reduce. The older people directorate is in early discussions with the commissioner about the possible options available. Once the possible options are outlined, further modelling work will be undertaken and it will be clearer if there will be any impact on staffing establishments within the six month period.

5. Conclusion

This report shares the outcome of our latest nursing establishment review for the wards; reported and published twice a year to Board. There are limited evidence based tools and benchmarking information to review staffing against therefore clinical judgement is predominantly used to determine expected levels. From January 2014 we have reviewed and revised a number of the ward establishments as part of service remodelling, detailed in the establishment review presented in April 2014. The recent review completed in March/ April 2015 highlighted no major recommended changes to be made to the ward establishments. However some minor amendments to levels have been made since the last report in October 2014 as a result of changing bed numbers, new locations and fire safety advice.

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In the future there may be changes to the staffing establishments across the 10 community hospital wards however this is still in the early stages of appraising possible options.

Appendix 3 shows the current nursing establishment for each ward. The establishment review information should be read alongside the monthly inpatient safe staffing report which shows the actual staffing levels against the establishment.

The next establishment review is due to be reported to Board by October 2015.

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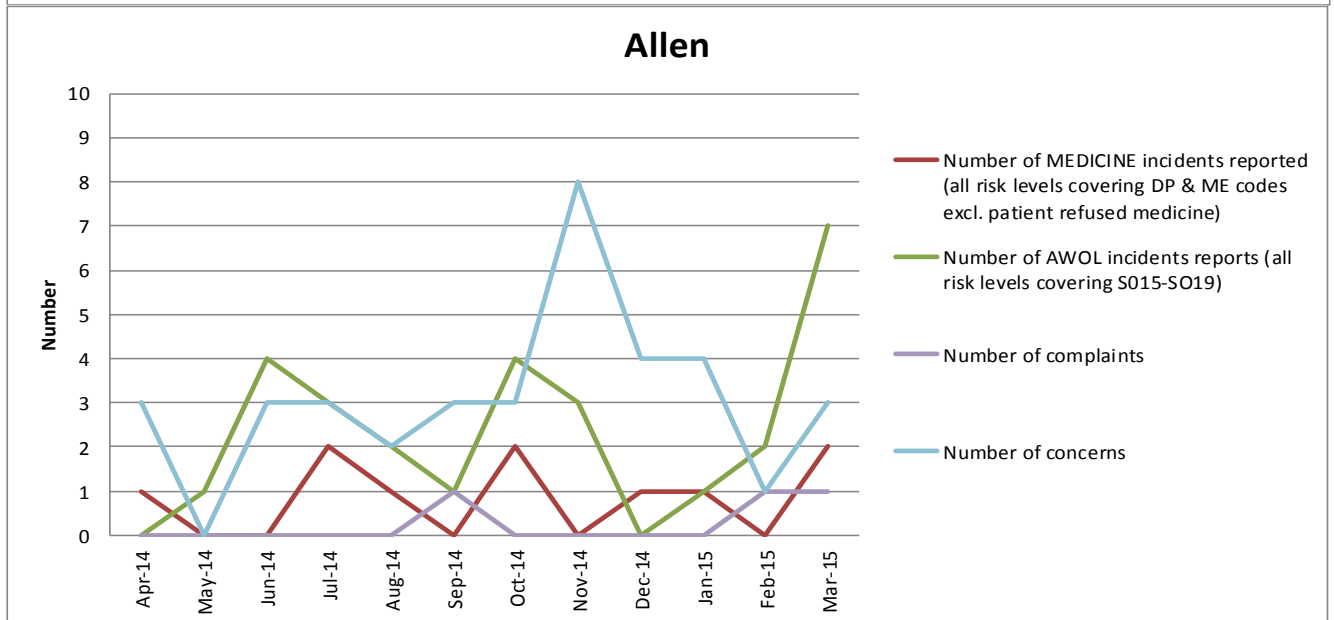
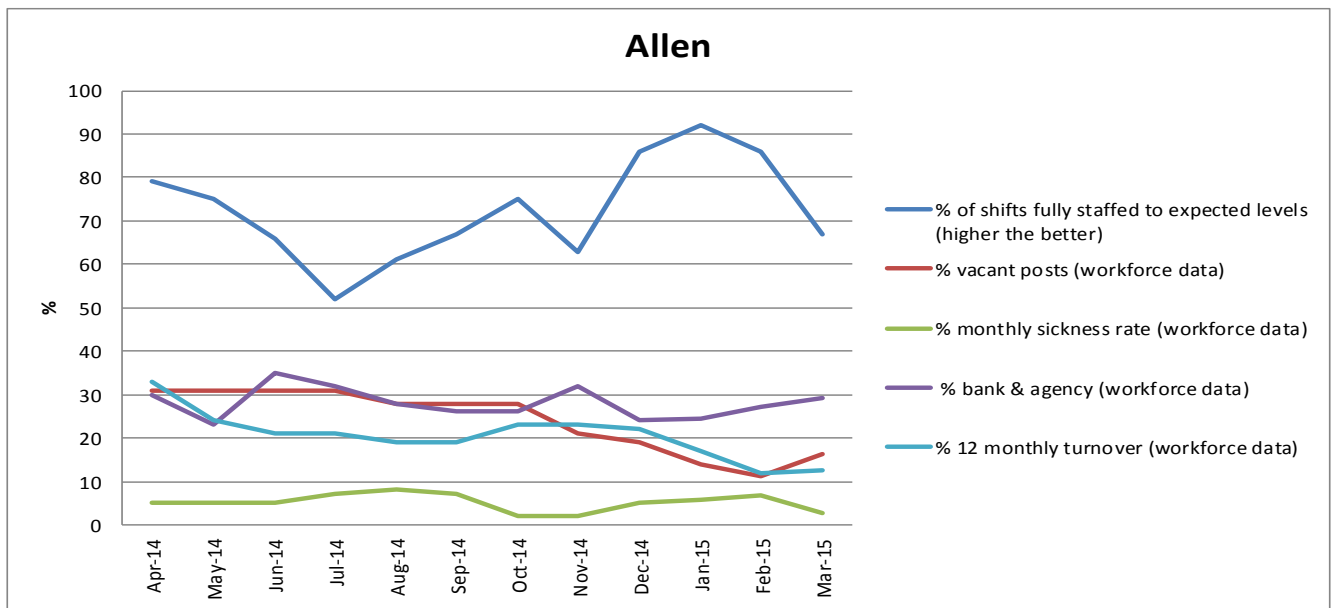
Appendix 1. Quality and Workforce Indicators

Note.

1. The current weekly tool is not sensitive enough to report on when individual shifts are staffed over expected levels to meet patient acuity.
2. Modern matron and ward managers are excluded from the data unless they are working as part of the nursing team to meet safe staffing levels.
3. Allen and Opal did not submit data for one week; Allen 2nd-8th March 15 and Opal 30th-5th April 15.

Allen

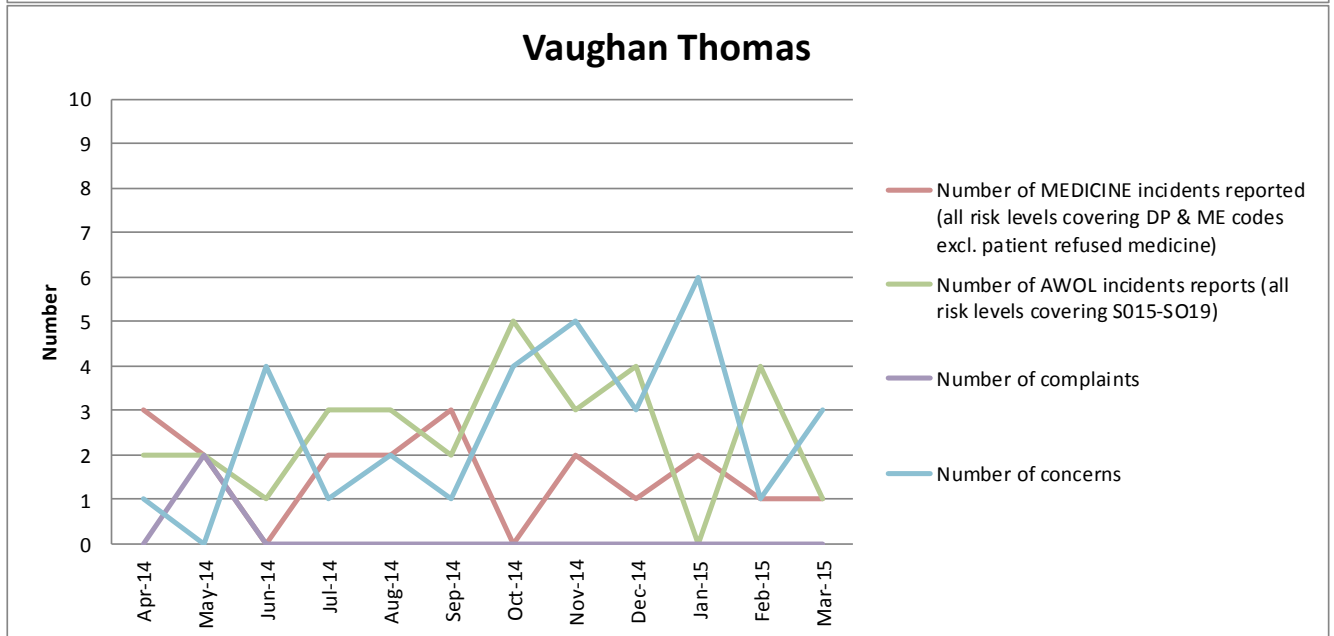
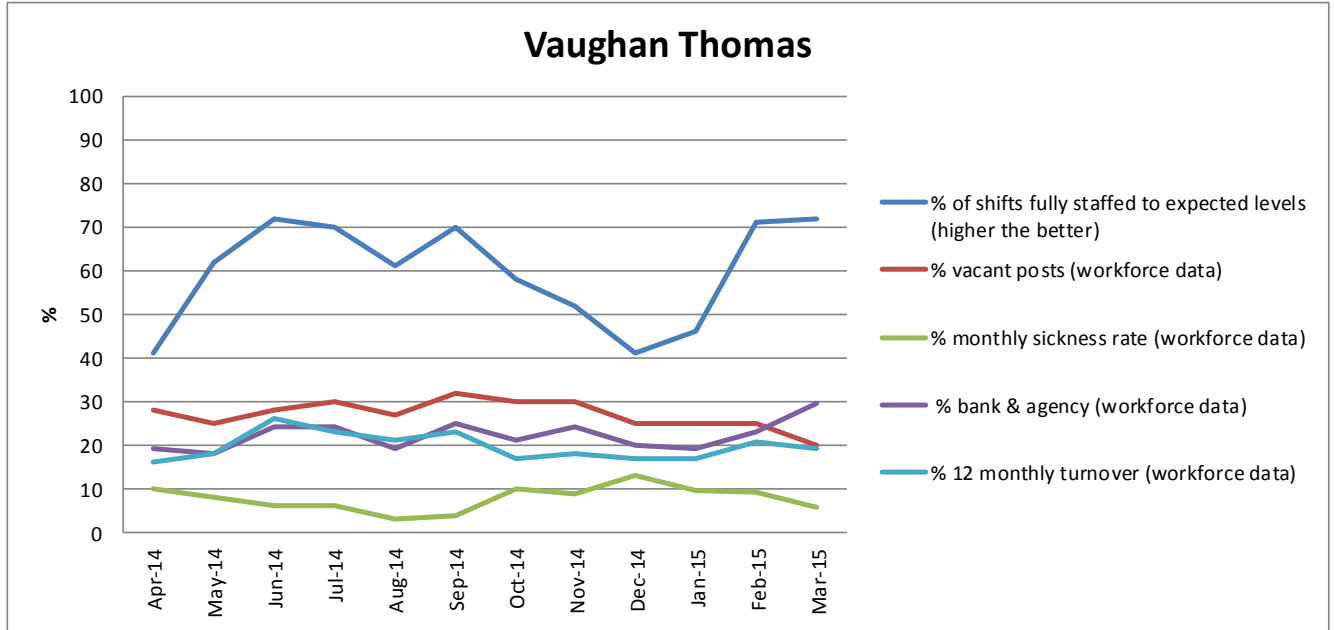
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with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



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

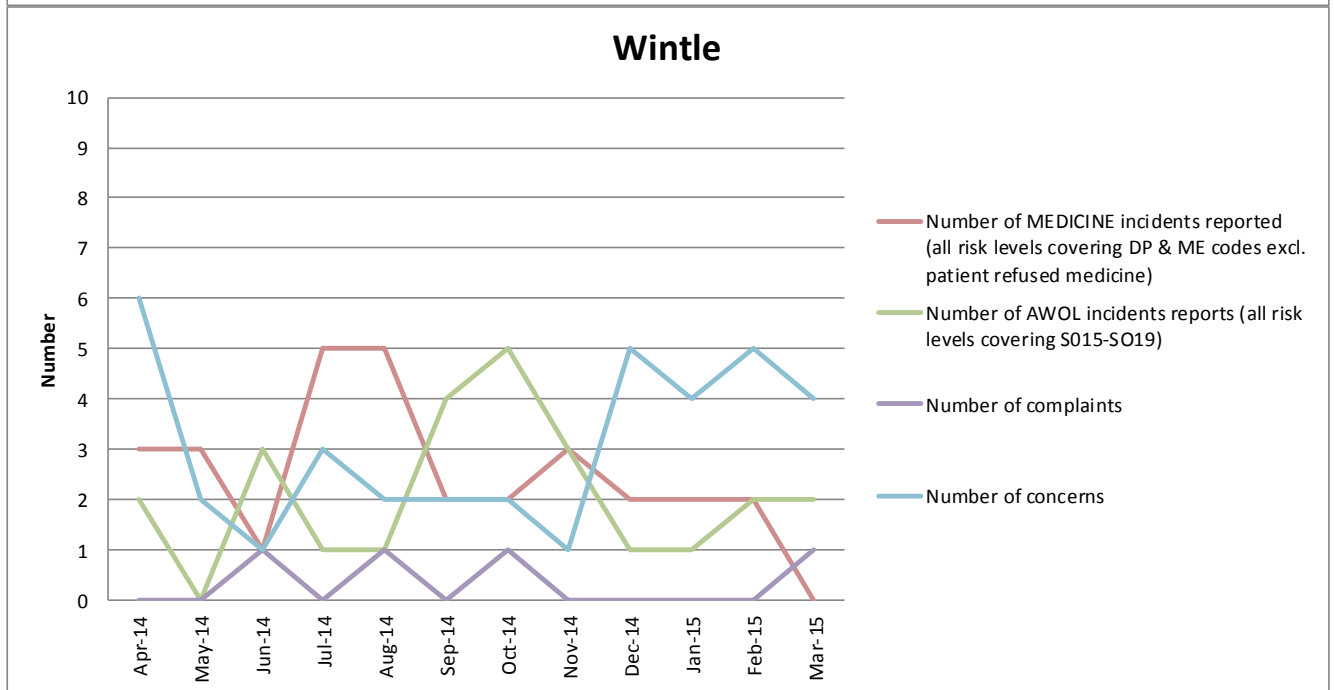
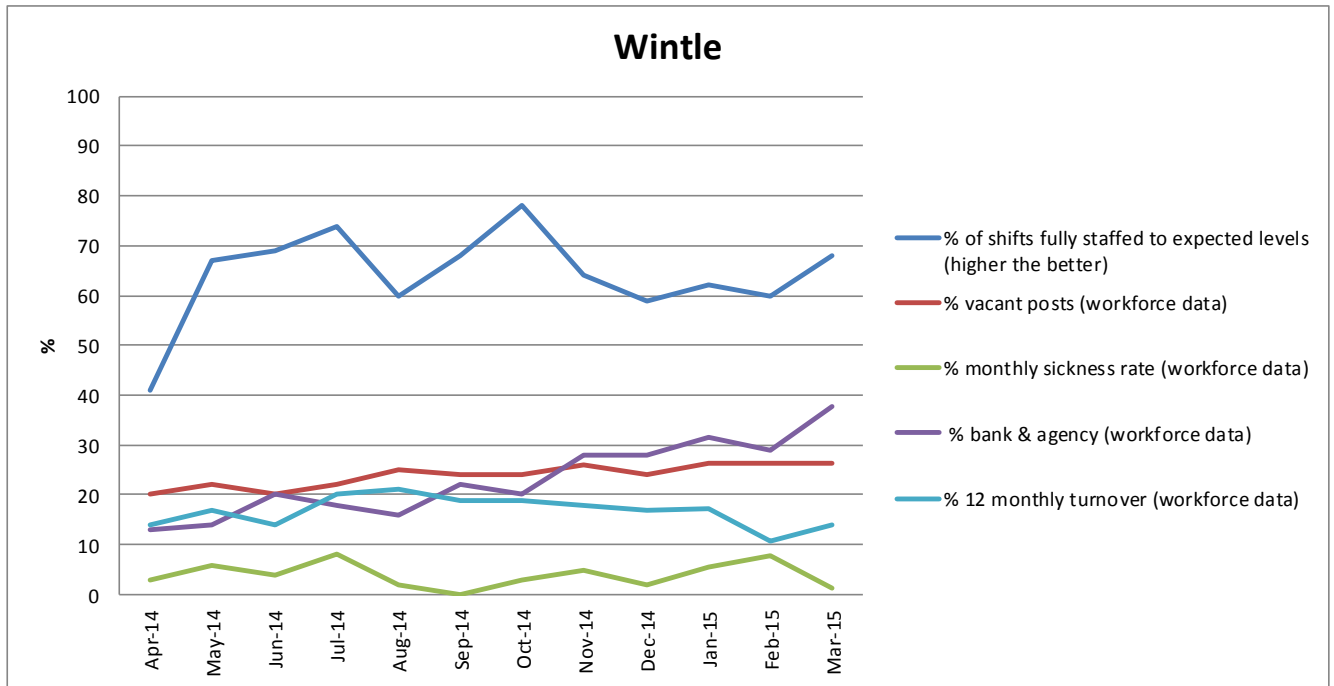
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reports (all risk levels covering S015-SO19)	Number of complaints	Number of concerns
Apr-14	41	28	10	19	16	60	80	3	2	0	1
May-14	62	25	8	18	18			2	2	2	0
Jun-14	72	28	6	24	26	100	100	0	1	0	4
Jul-14	70	30	6	24	23			2	3	0	1
Aug-14	61	27	3	19	21	100	100	2	3	0	2
Sep-14	70	32	4	25	23			3	2	0	1
Oct-14	58	30	10	21	17	100	100	0	5	0	4
Nov-14	52	30	9	24	18			2	3	0	5
Dec-14	41	25	13	20	17	100	100	1	4	0	3
Jan-15	46	24.9	9.41	19.1	17.01			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	1	0	3



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Wintle

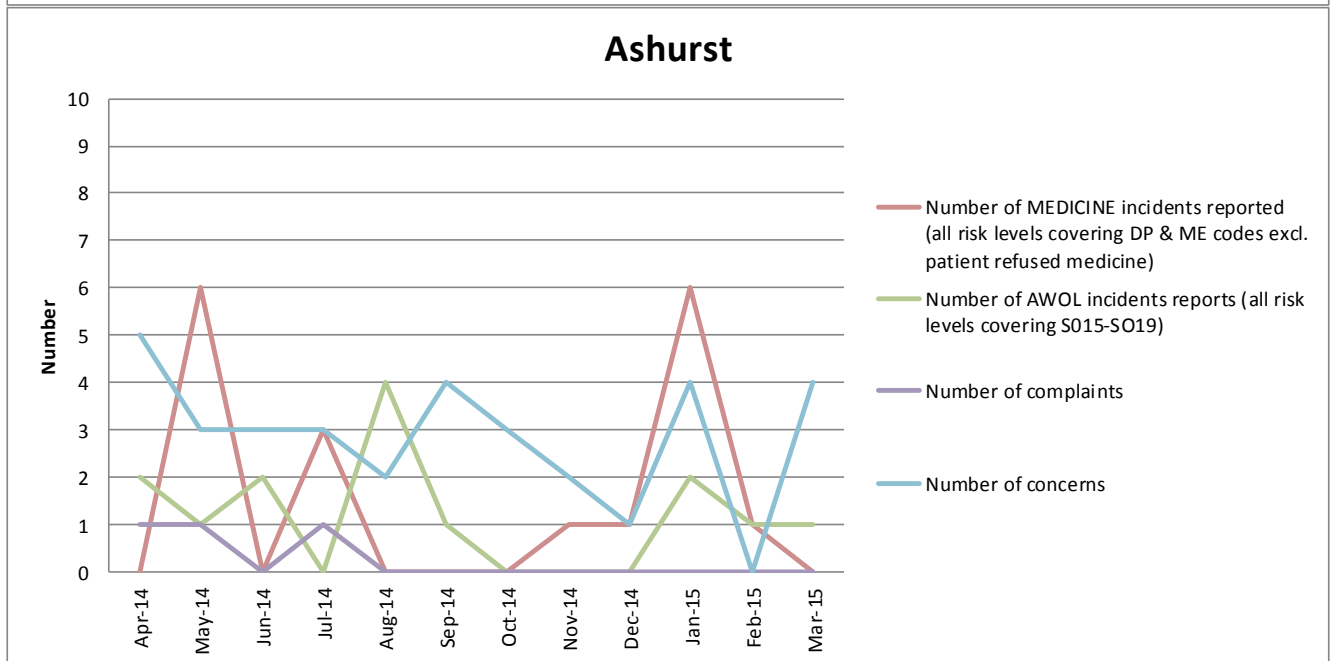
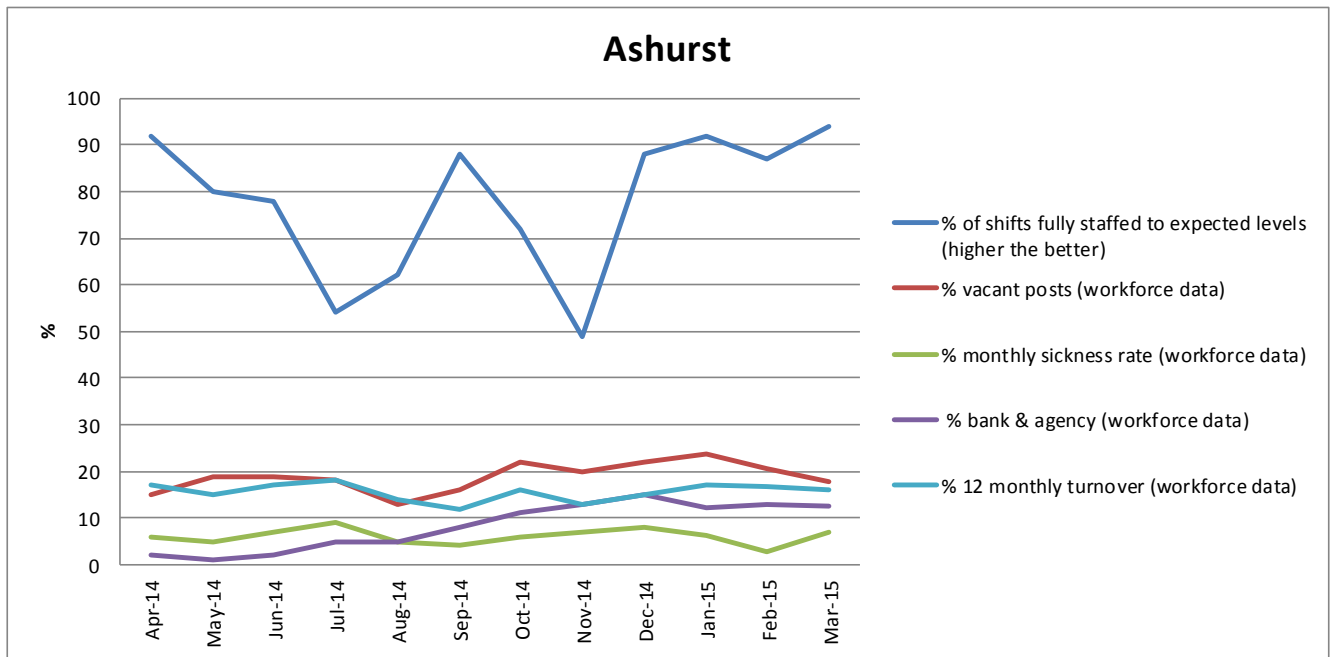
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reports (all risk levels covering S015-S019)	Number of complaints	Number of concerns
Apr-14	41	20	3	13	14	40	100	3	2	0	6
May-14	67	22	6	14	17			3	0	0	2
Jun-14	69	20	4	20	14	80	100	1	3	1	1
Jul-14	74	22	8	18	20			5	1	0	3
Aug-14	60	25	2	16	21	80	100	5	1	1	2
Sep-14	68	24	0.1	22	19			2	4	0	2
Oct-14	78	24	3	20	19	100	100	2	5	1	2
Nov-14	64	26	5	28	18			3	3	0	1
Dec-14	59	24	2	28	17	100	60	2	1	0	5
Jan-15	62	26.5	5.58	31.6	17.29			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



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Ashurst (also provides staff for the S136 assessment suite)

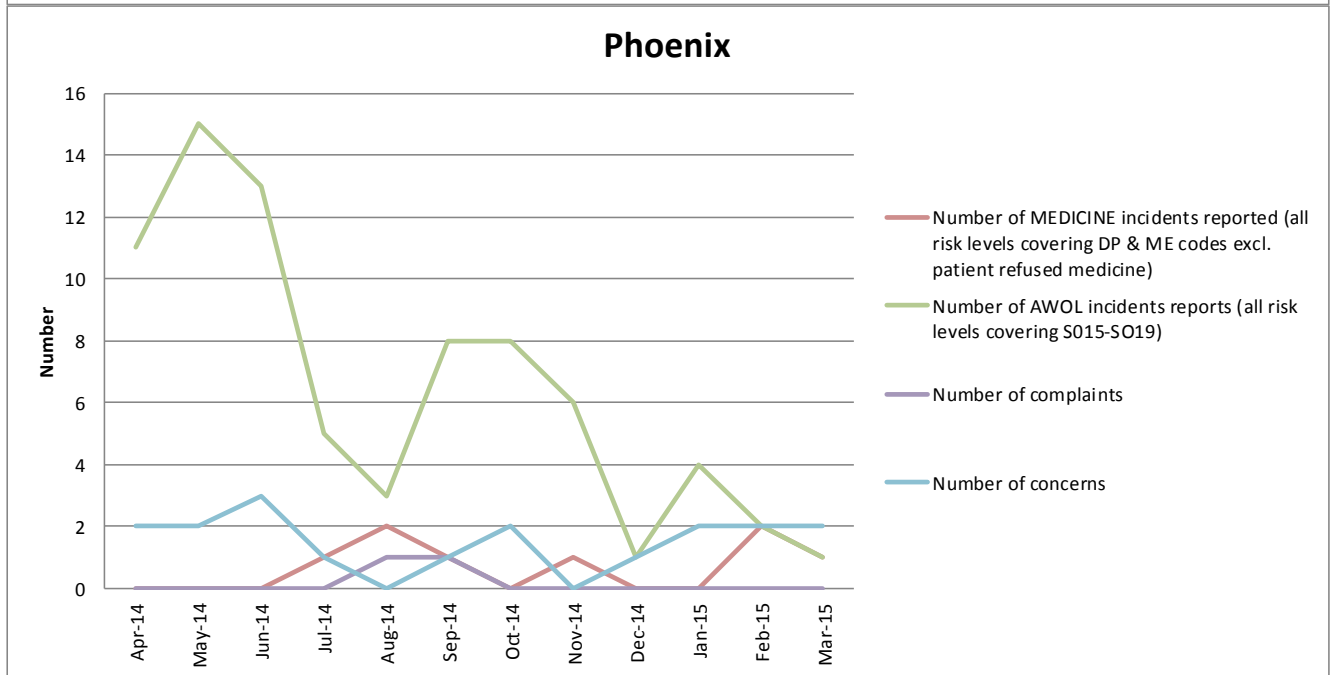
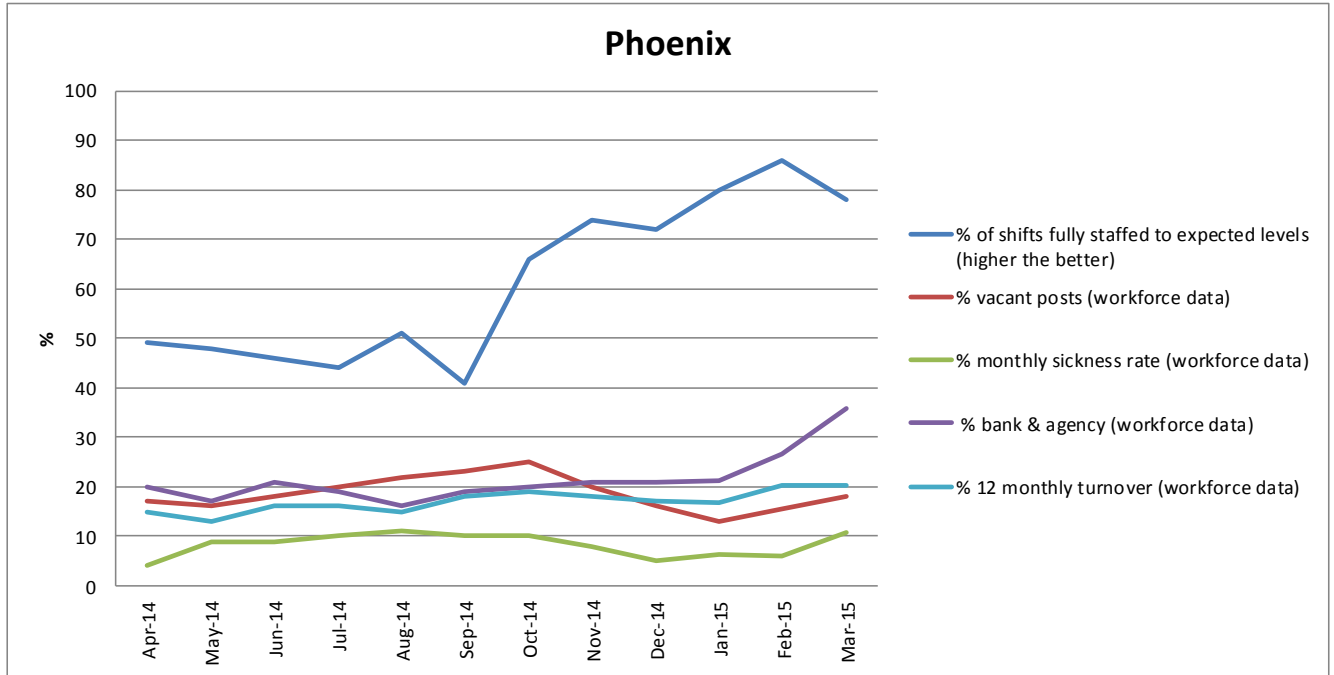
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reports (all risk levels covering S015-S019)	Number of complaints	Number of concerns
Apr-14	92	15	6	2	17	80	100	0	2	2	5
May-14	80	19	5	1	15			6	1	1	3
Jun-14	78	19	7	2	17	100	20	0	2	0	3
Jul-14	54	18	9	5	18			3	0	1	3
Aug-14	62	13	5	5	14	no data	no data	0	4	0	2
Sep-14	88	16	4	8	12			0	1	0	4
Oct-14	72	22	6	11	16	100	67	0	0	0	3
Nov-14	49	20	7	13	13			1	0	0	2
Dec-14	88	22	8	15	15	100	100	1	0	0	1
Jan-15	92	23.8	6.38	12.2	17.11			6	2	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	1	0	4



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Phoenix

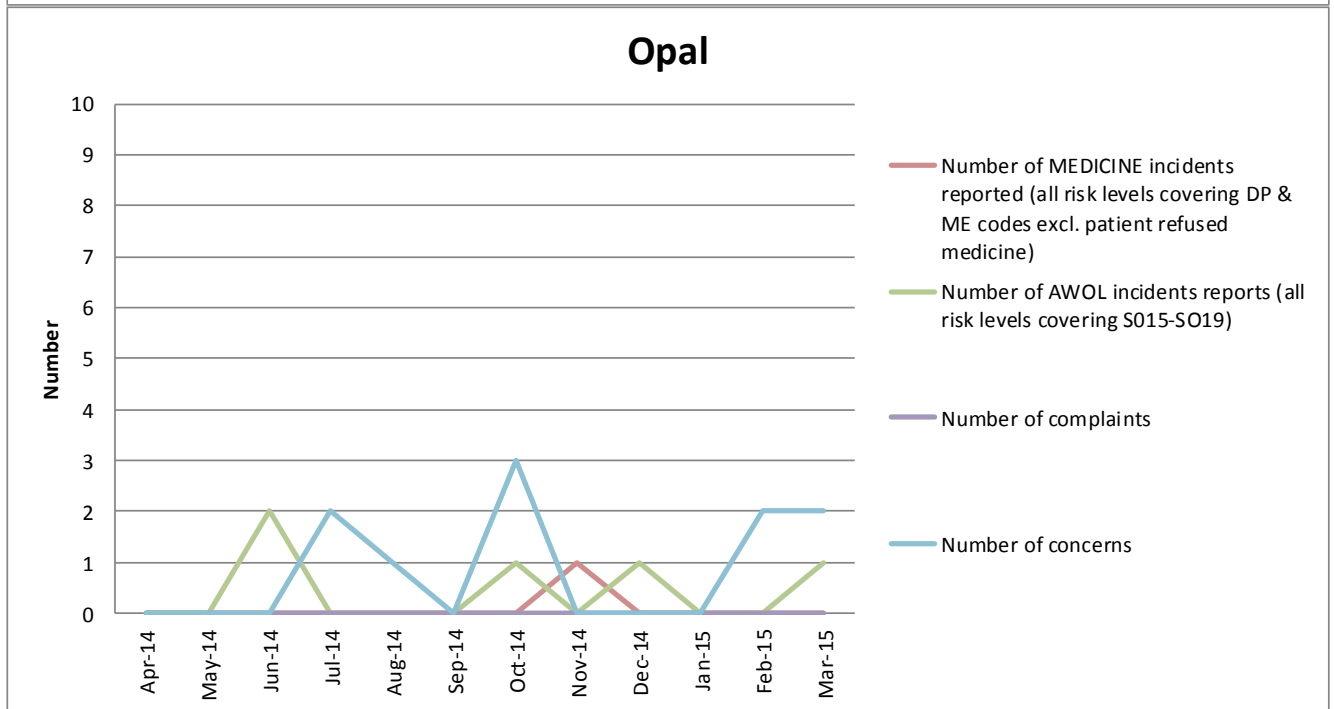
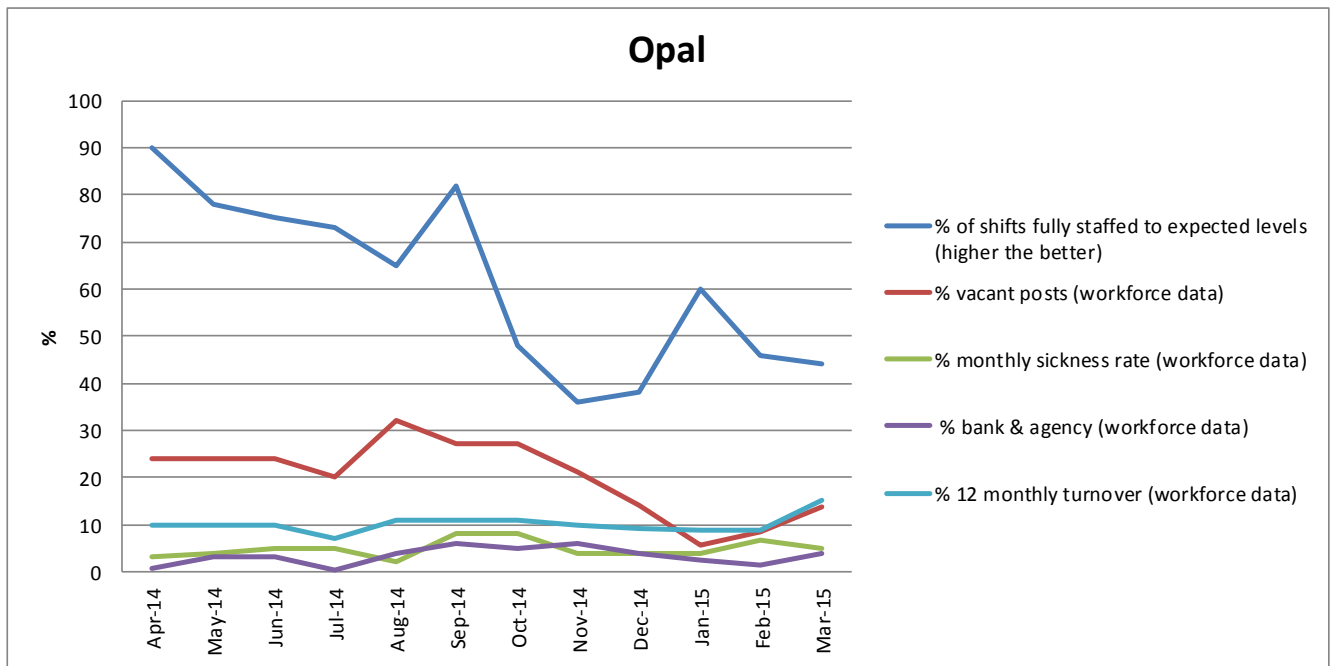
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with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



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Opal

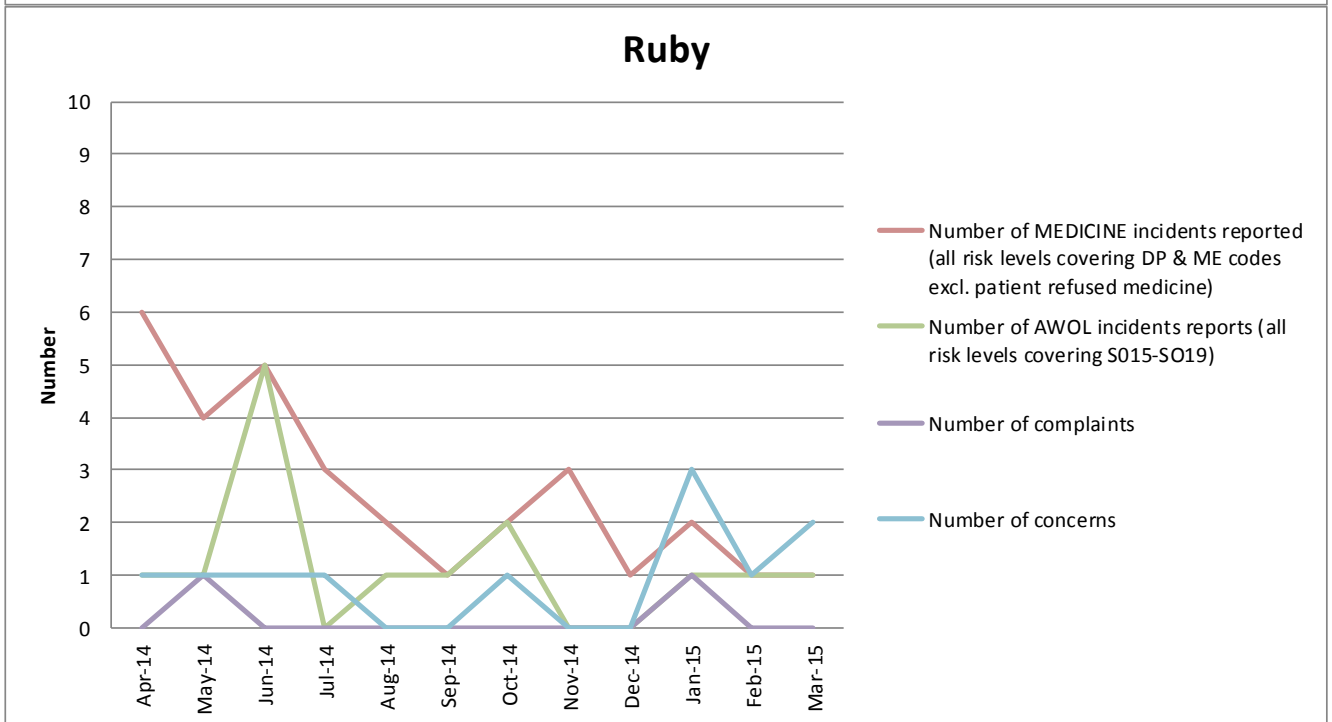
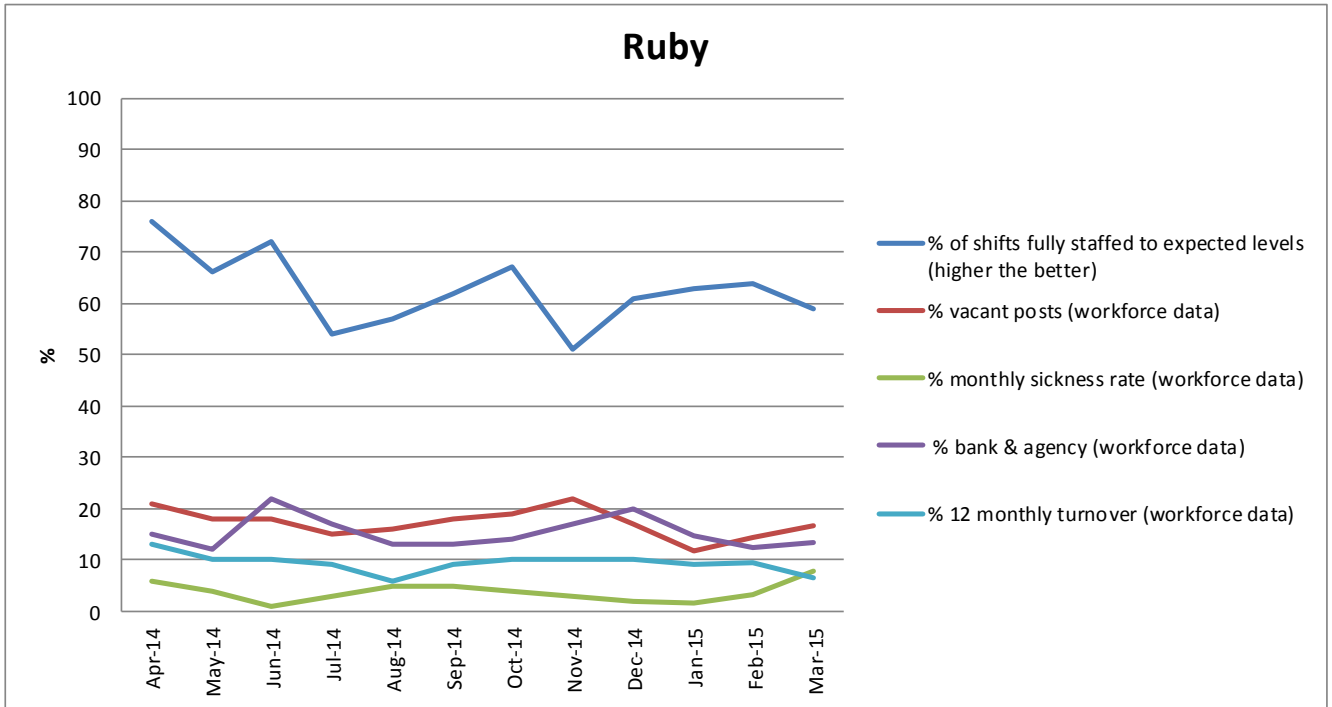
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reports (all risk levels covering S015-SO19)	Number of complaints	Number of concerns
Apr-14	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	2	0	0
Jul-14	73	20	5	0	7			0	0	0	2
Aug-14	65	32	2	4	11	20	40	0	0	0	1
Sep-14	82	27	8	6	11			0	0	0	0
Oct-14	48	27	8	5	11	100	100	0	1	0	3
Nov-14	36	21	4	6	10			1	0	0	0
Dec-14	38	14	4	4	9	60	60	0	1	0	0
Jan-15	60	5.8	3.79	2.4	8.63			0	0	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



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Ruby

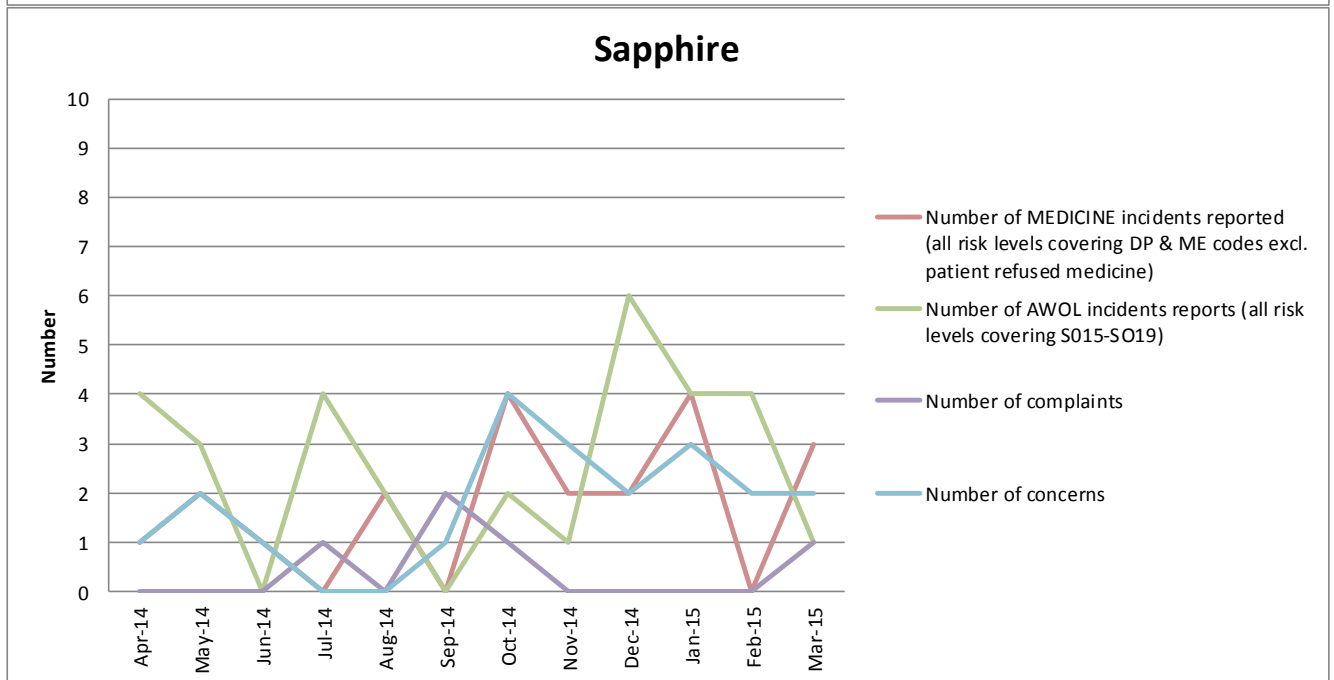
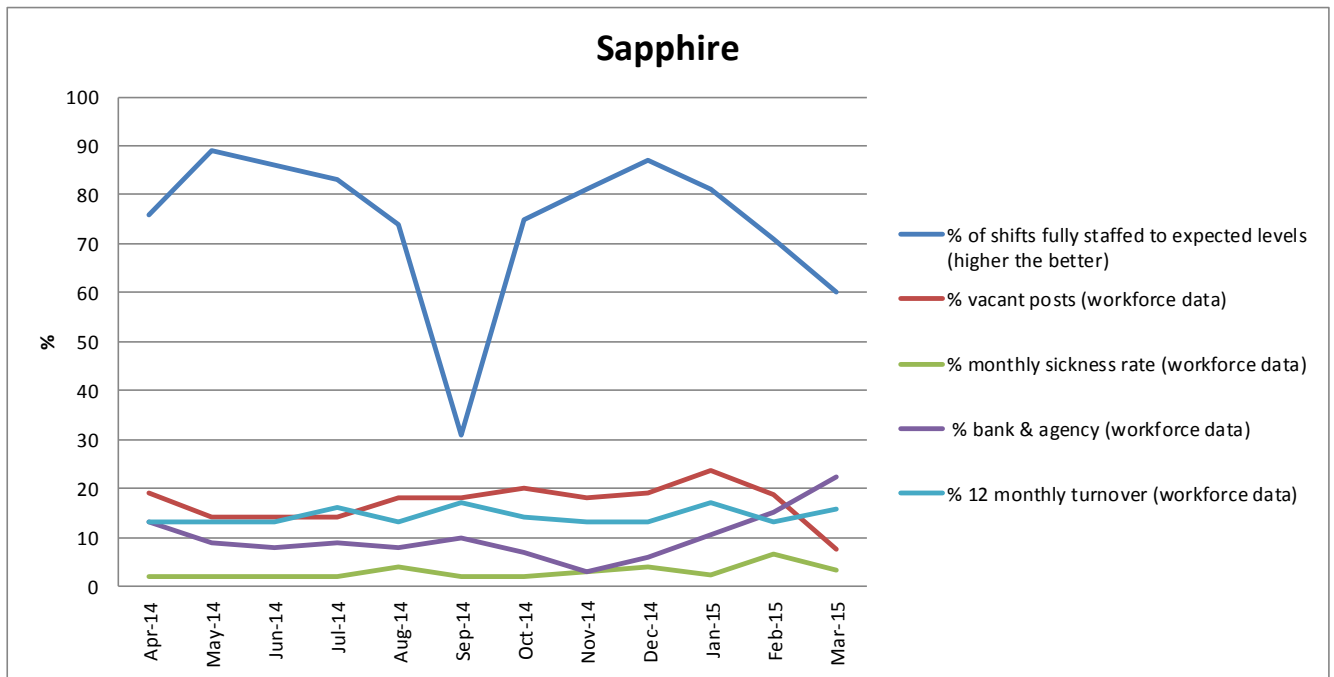
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with 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-S019)	Number of complaints	Number of concerns
Apr-14	76	21	6	15	13	40	80	6	1	0	1
May-14	66	18	4	12	10			4	1	1	1
Jun-14	72	18	1	22	10	80	100	5	5	0	1
Jul-14	54	15	3	17	9			3	0	0	1
Aug-14	57	16	5	13	6	40	60	2	1	0	0
Sep-14	62	18	5	13	9			1	1	0	0
Oct-14	67	19	4	14	10	100	100	2	2	0	1
Nov-14	51	22	3	17	10			3	0	0	0
Dec-14	61	17	2	20	10	60	100	1	0	0	0
Jan-15	63	11.9	1.67	14.6	9.16			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



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Sapphire (also provides staff for the S136 assessment suite)

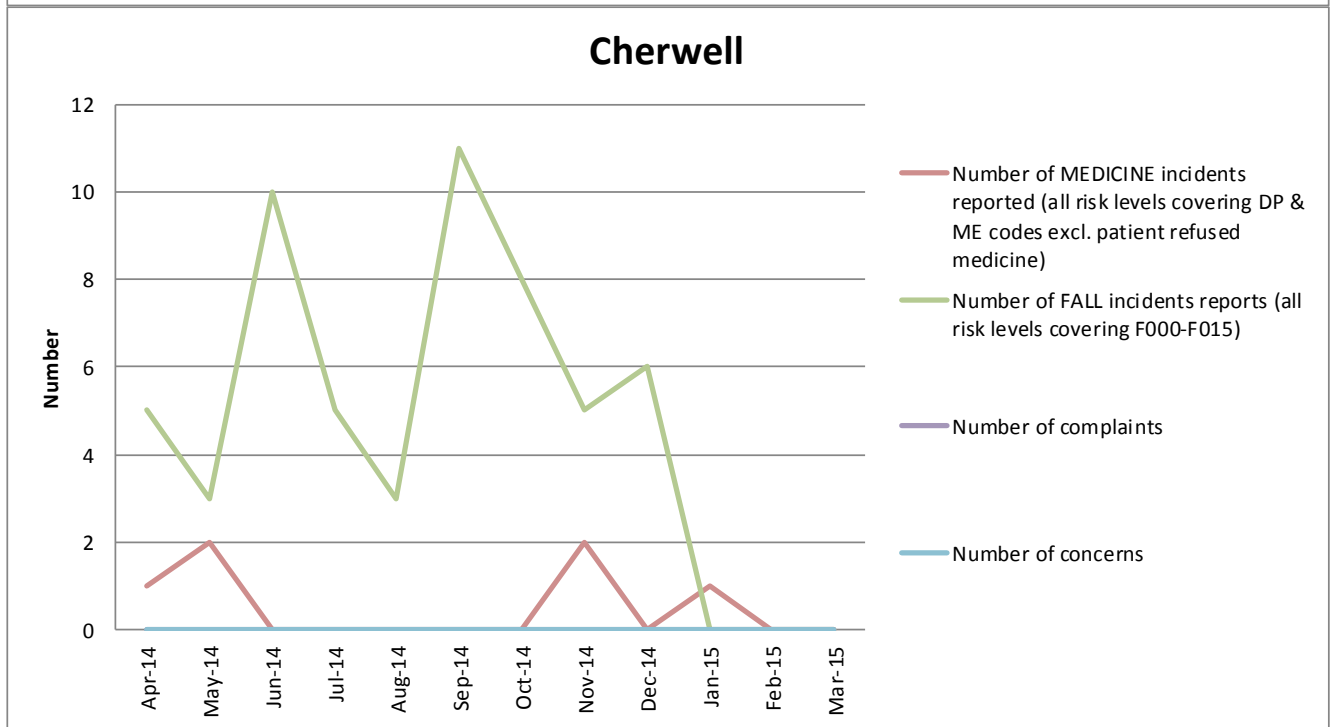
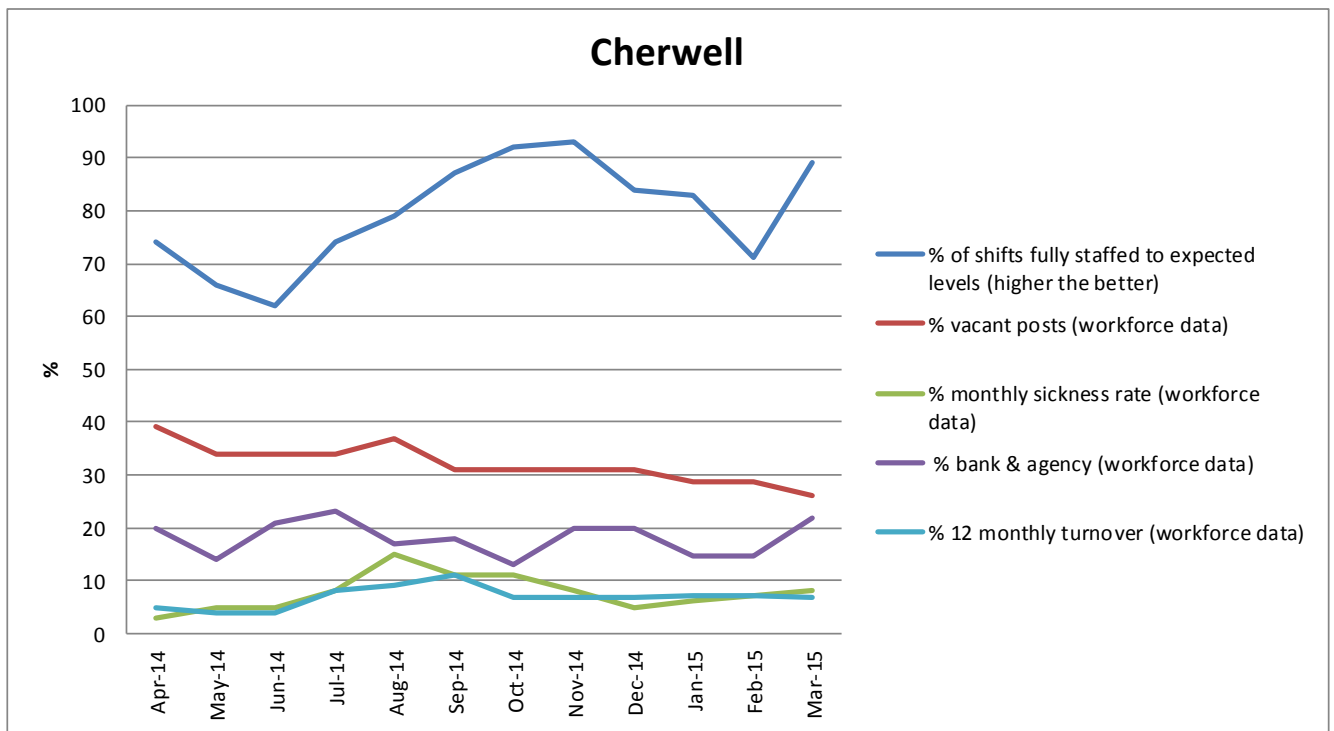
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with 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-S019)	Number of complaints	Number of concerns
Apr-14	76	19	2	13	13	80	100	1	4	0	1
May-14	89	14	2	9	13			2	3	0	2
Jun-14	86	14	2	8	13	60	80	1	0	0	1
Jul-14	83	14	2	9	16			0	4	1	0
Aug-14	74	18	4	8	13	80	80	2	2	0	0
Sep-14	31	18	2	10	17			0	0	2	1
Oct-14	75	20	2	7	14	40	60	4	2	1	4
Nov-14	81	18	3	3	13			2	1	0	3
Dec-14	87	19	4	6	13	100	80	2	6	0	2
Jan-15	81	23.6	2.26	10.6	16.99			4	4	0	3
Feb-15	71	18.7	6.42	15.1	13.14	20	60	0	4	0	2
Mar-15	60	7.57	3.25	22.4	15.91			3	1	1	2



PUBLIC BOARD REPORT

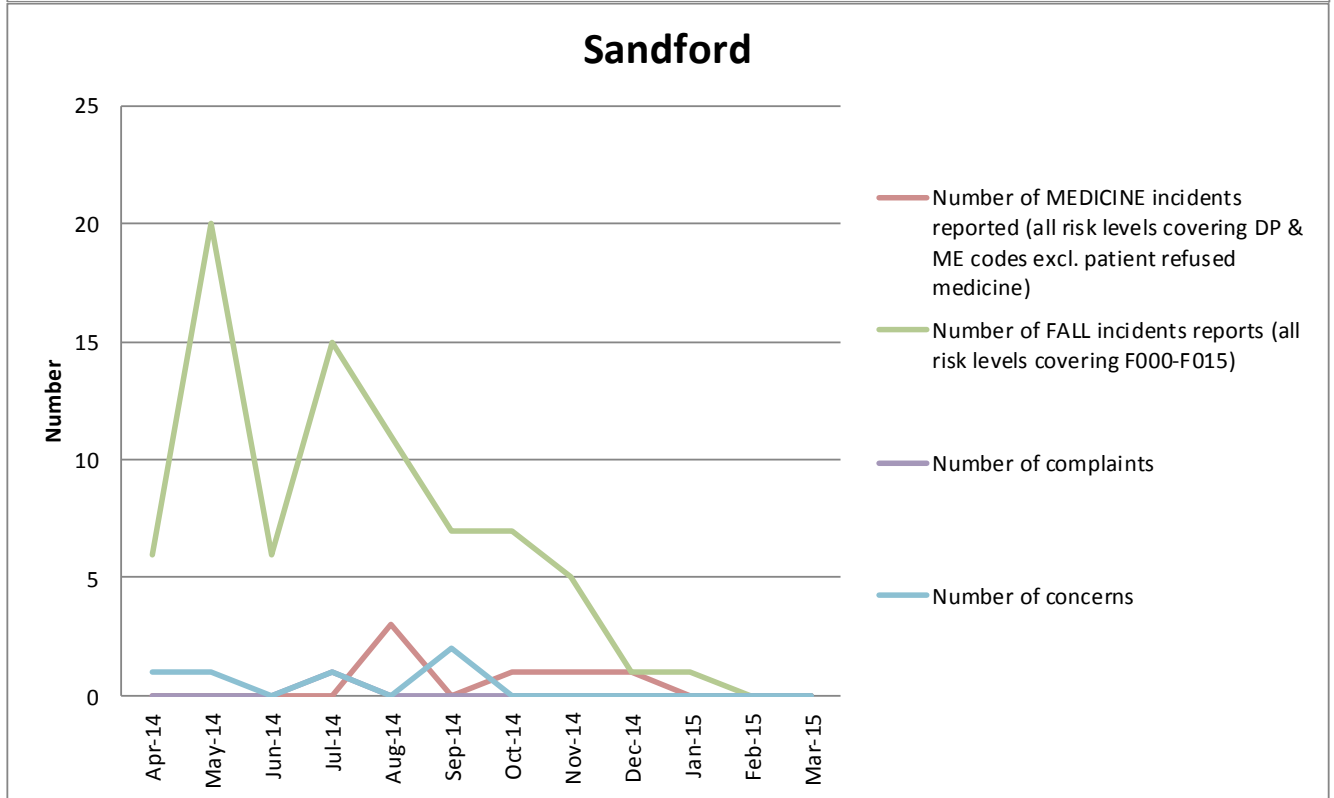
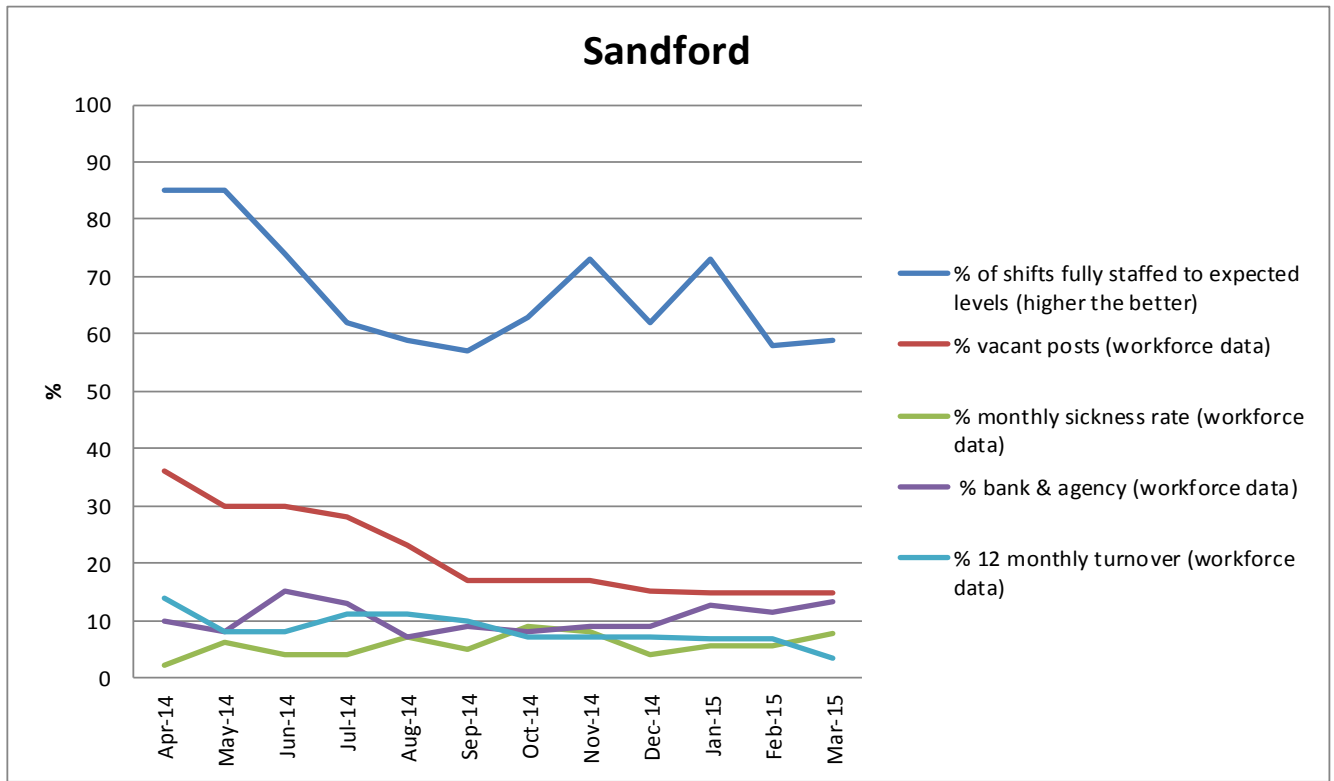
Cherwell

	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of FALL incidents reports (all risk levels covering F000-F015)	Number of complaints	Number of concerns
Apr-14	74	39	3	20	5	60	100	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



PUBLIC BOARD REPORT
Sandford

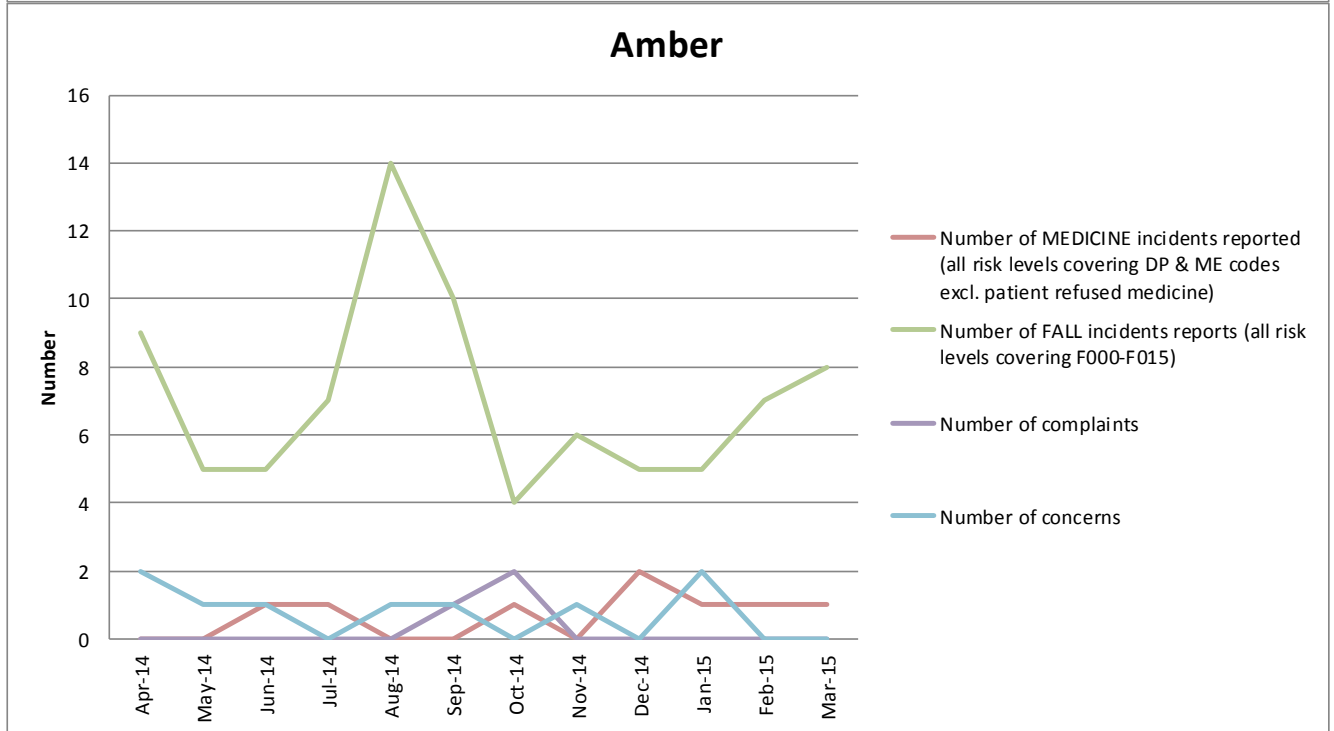
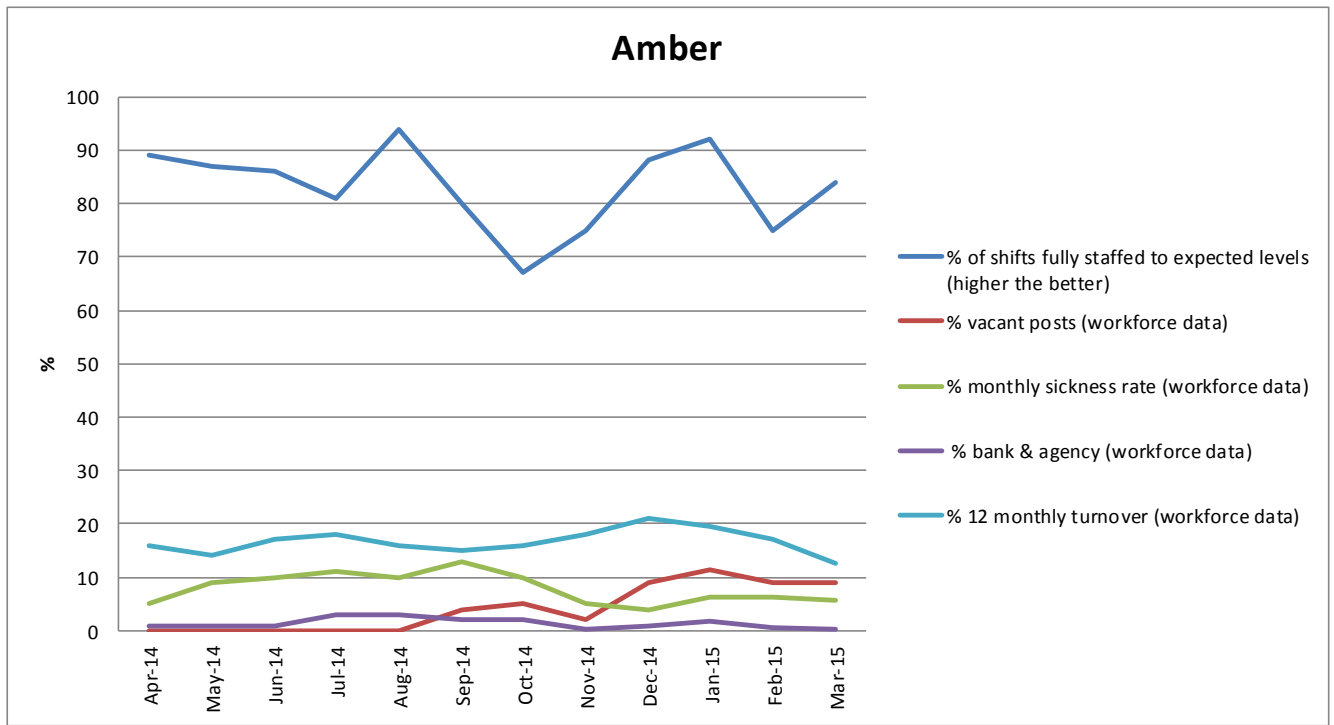
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of FALL incidents reports (all risk levels covering F000-F015)	Number of complaints	Number of concerns
Apr-14	85	36	2	10	14	80	100	0	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



PUBLIC BOARD REPORT

Amber

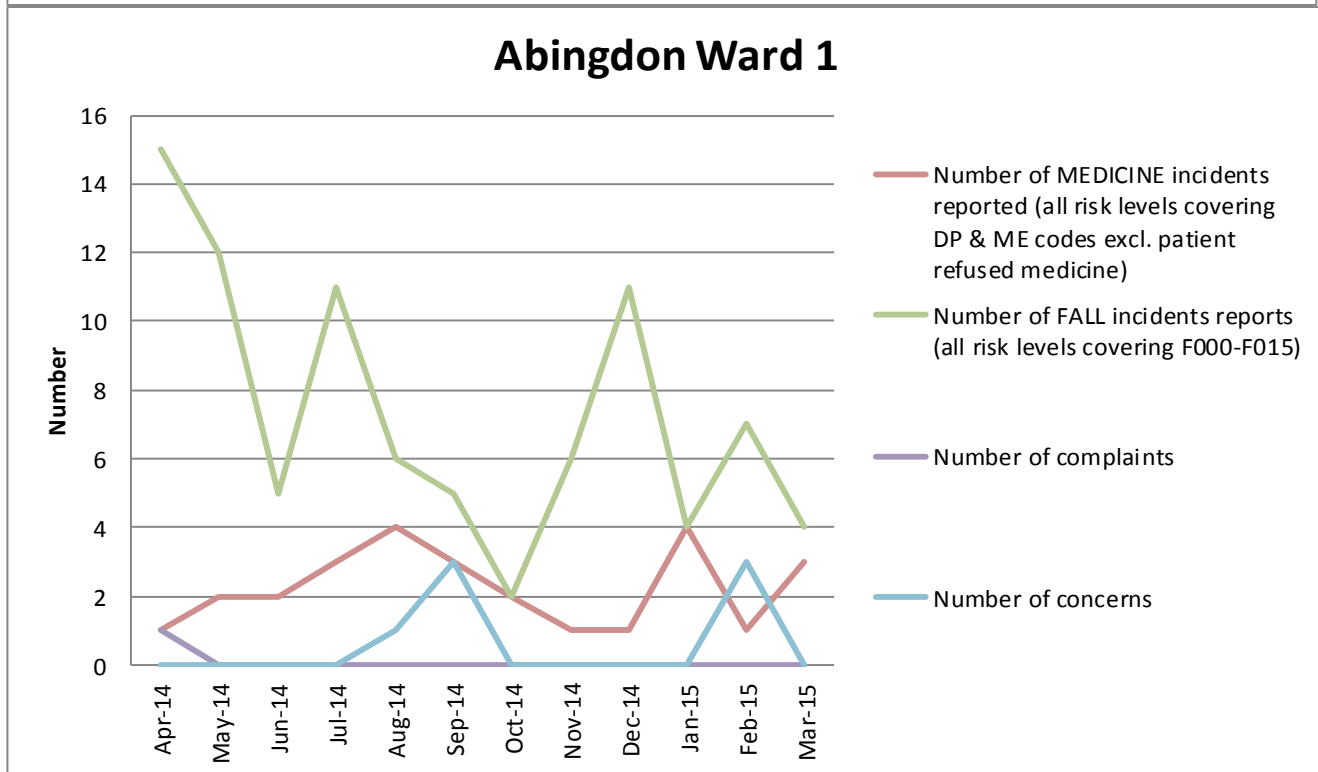
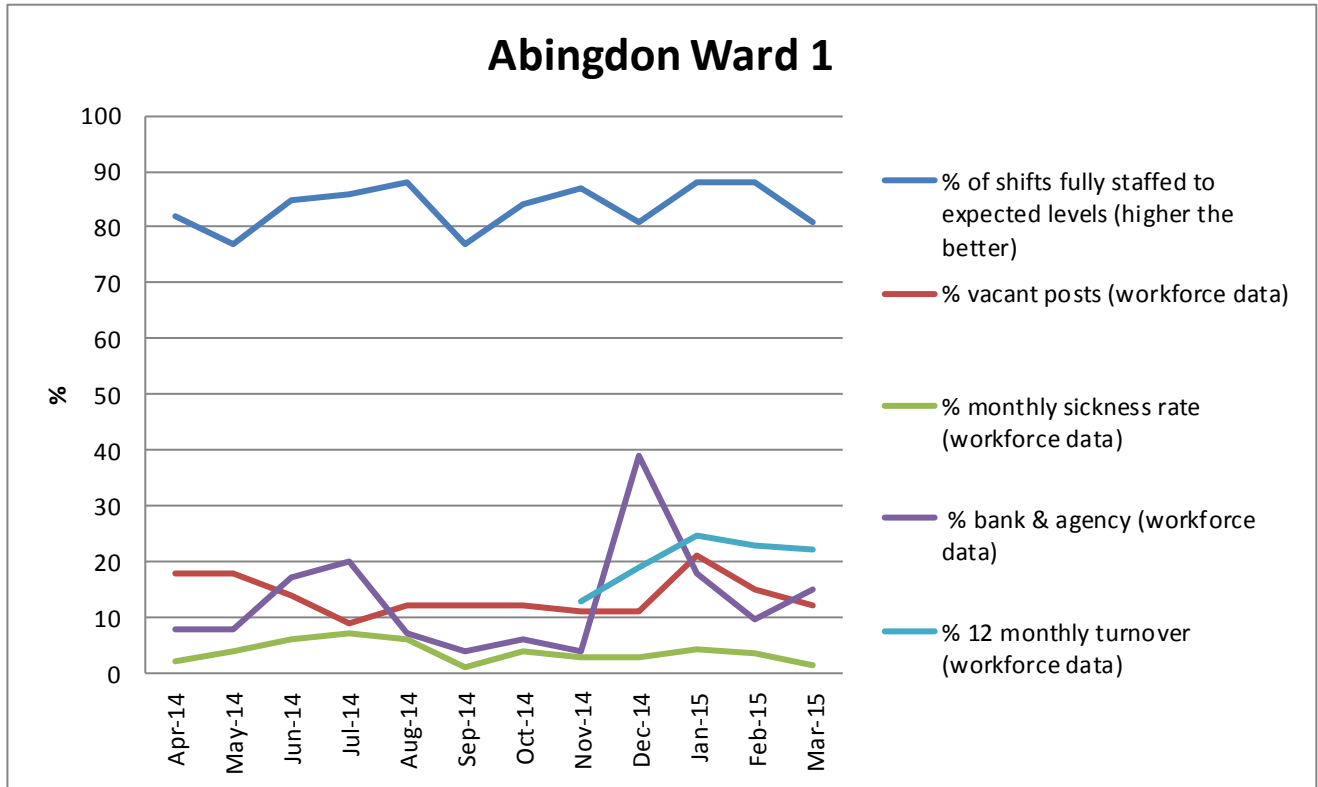
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of FALL incidents reports (all risk levels covering F000-F015)	Number of complaints	Number of concerns
Apr-14	89	0	5	1	16	80	100	0	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



PUBLIC BOARD REPORT

Abingdon ward 1

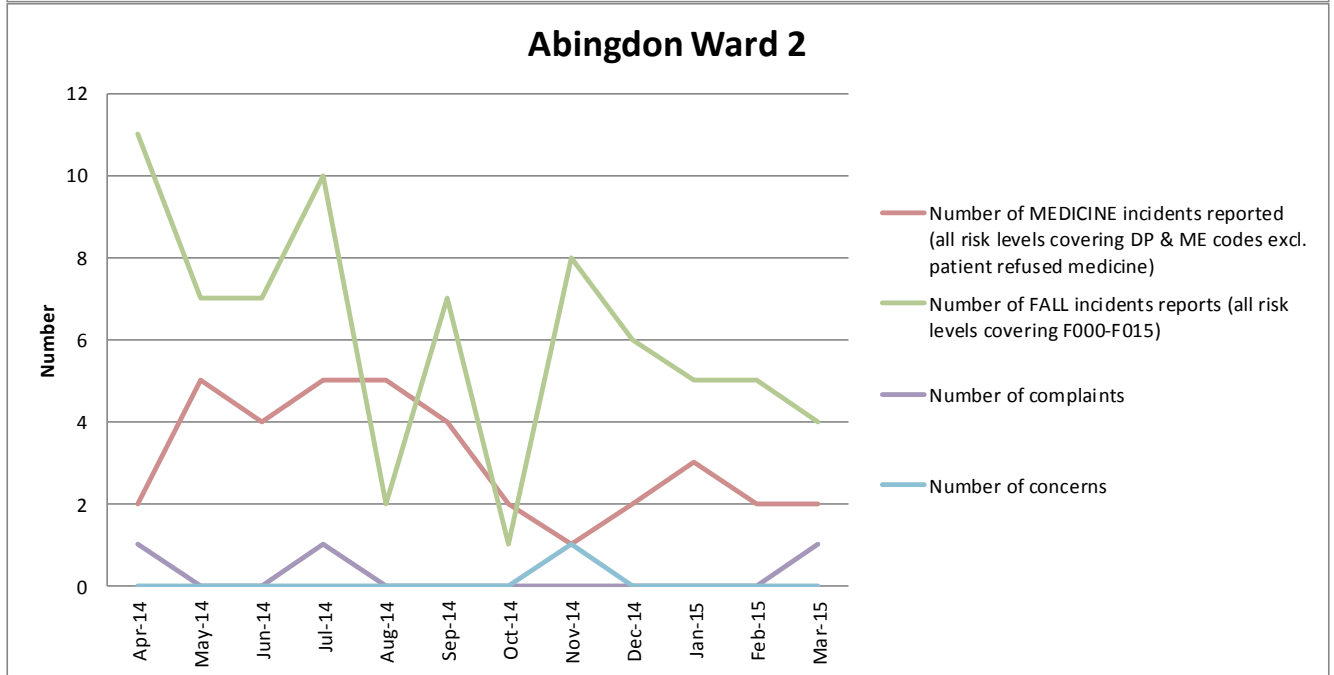
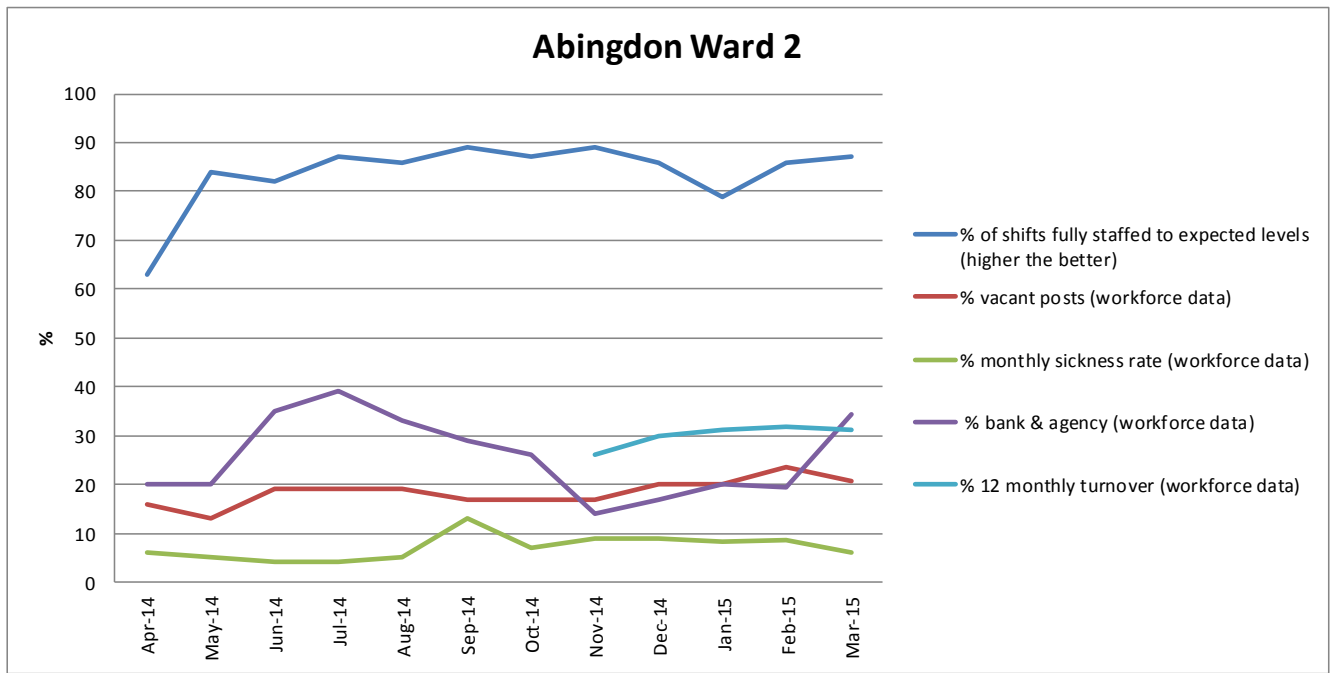
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans been reviewed weekly (lastest CHD audit)	% reported staff communicate clearly & respectfully with you (lastest CHD audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of FALL incidents reports (all risk levels covering F000-F015)	Number of complaints	Number of concerns
Apr-14	82	18	2	8				1	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



PUBLIC BOARD REPORT

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

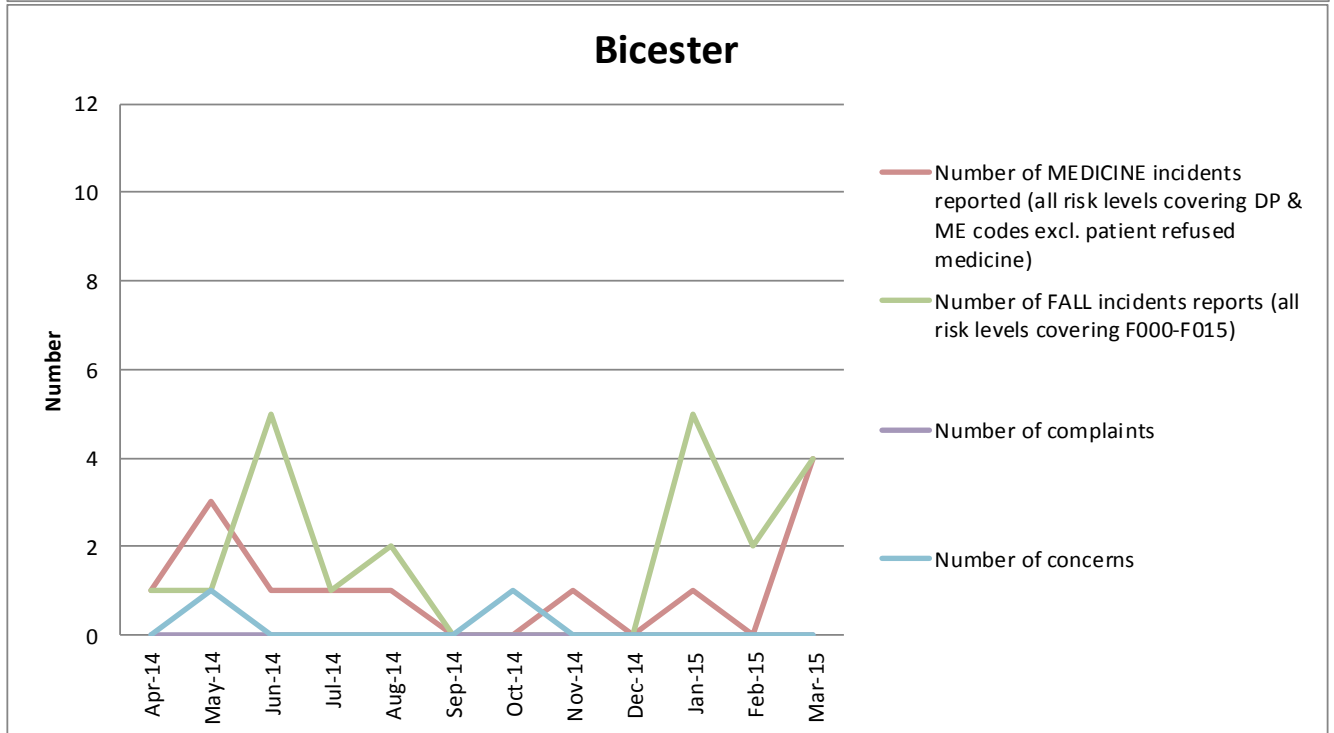
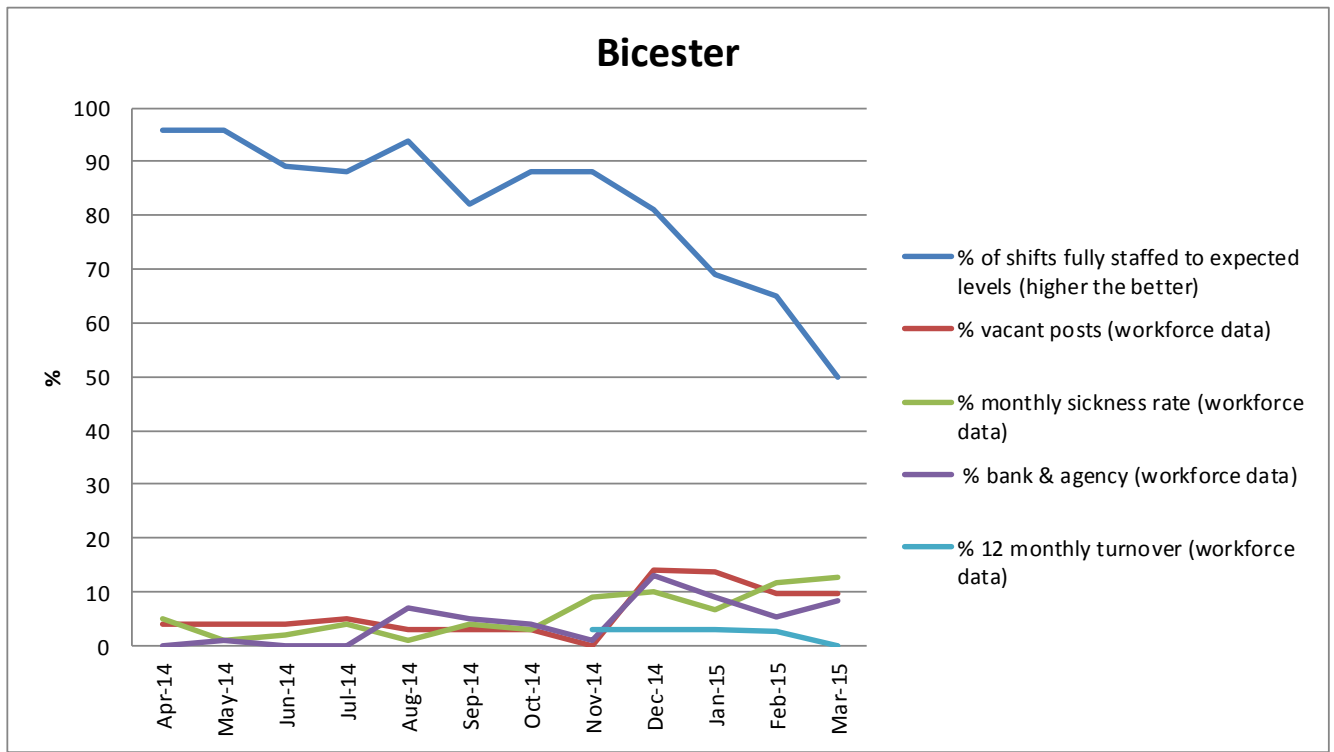
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans been reviewed weekly (latest CHD audit)	% reported staff communicate clearly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



PUBLIC BOARD REPORT

Bicester

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

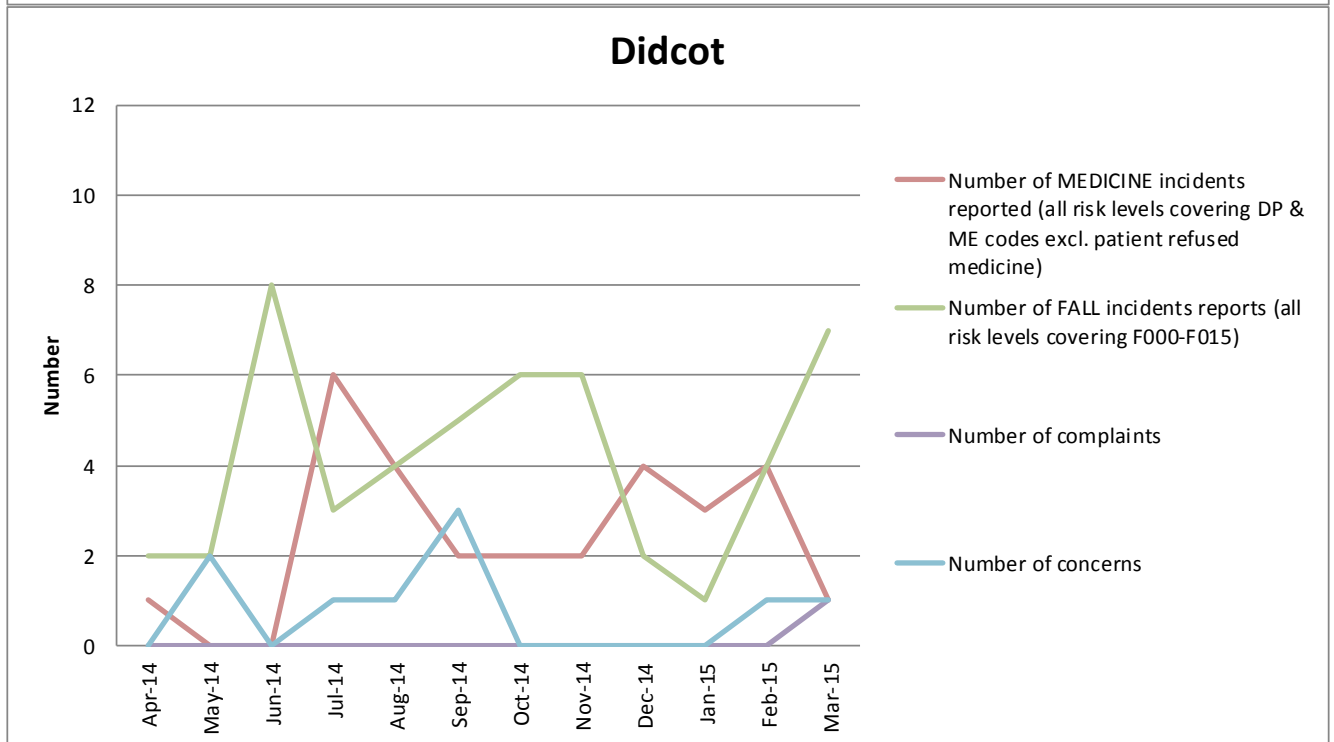
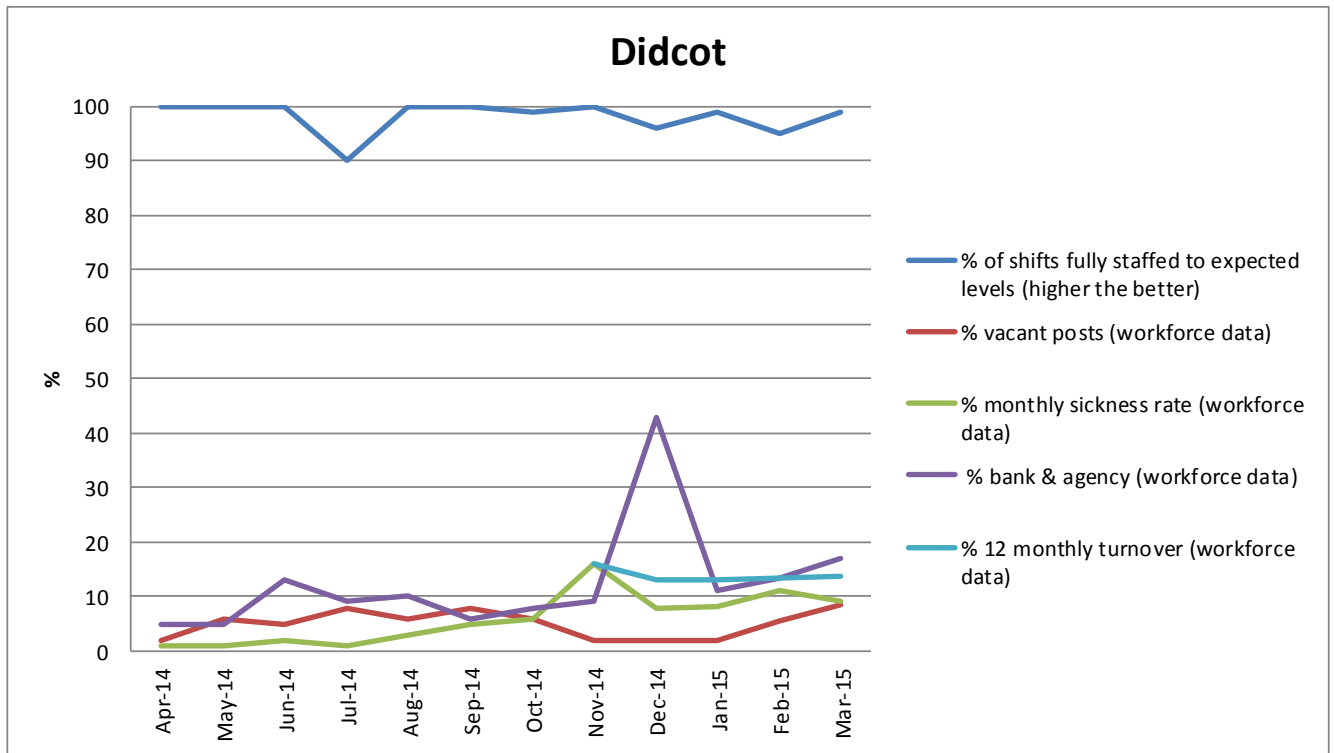


PUBLIC BOARD REPORT

Didcot

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

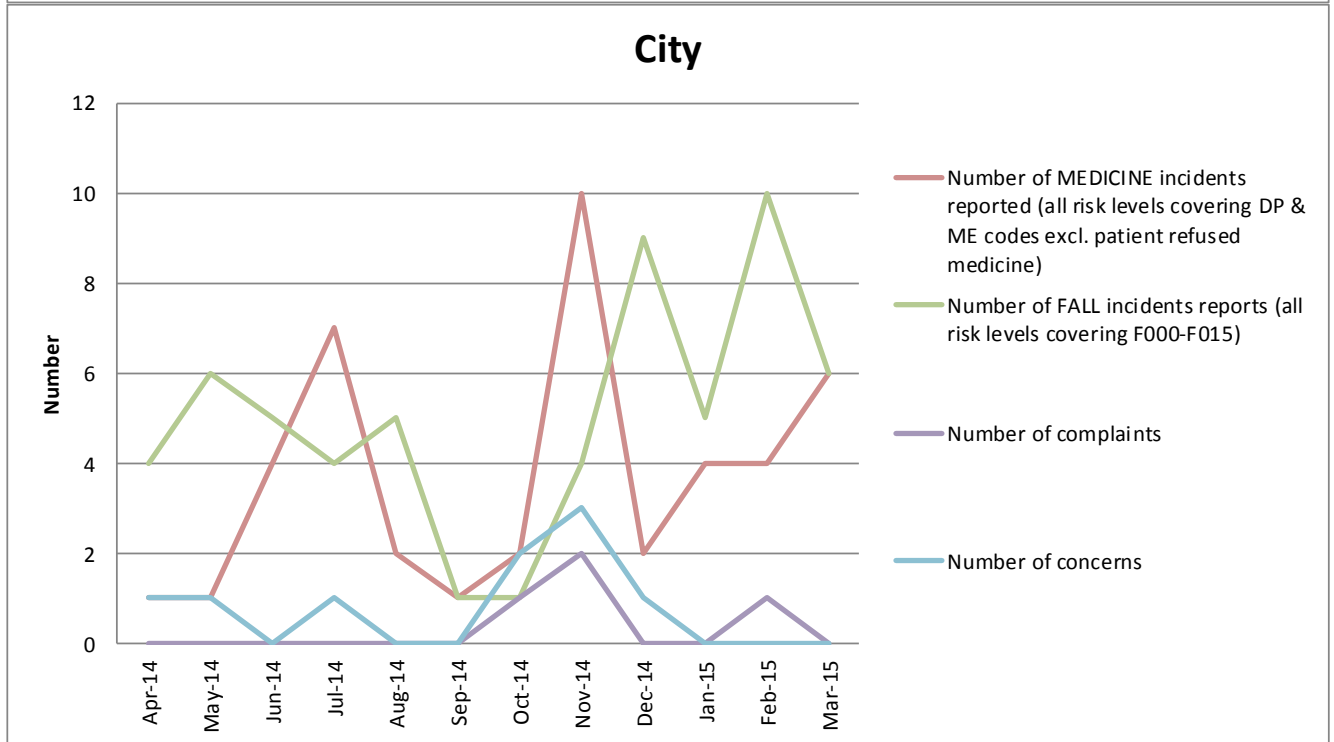
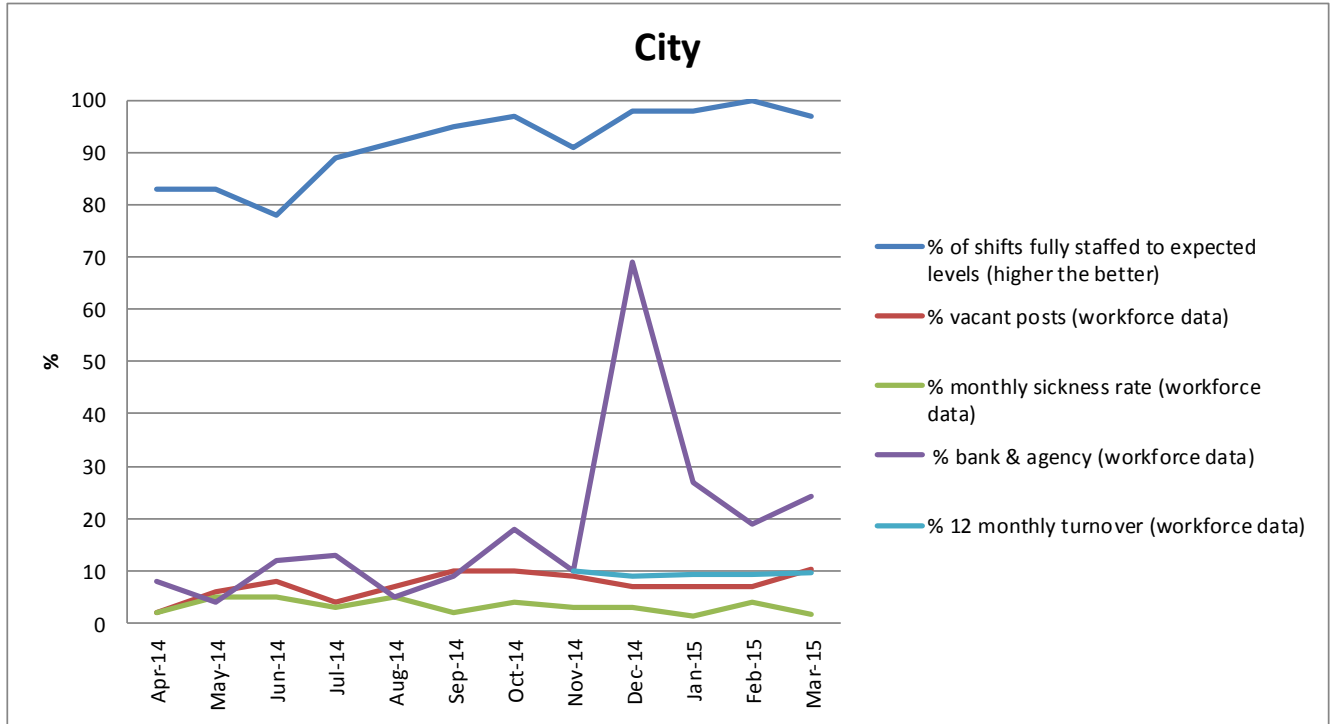
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans been reviewed weekly (lastest CHD audit)	% reported staff communicate clearly & respectfully with you (lastest CHD audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of FALL incidents reports (all risk levels covering F000-F015)	Number of complaints	Number of concerns
Apr-14	100	2	1	5				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



PUBLIC BOARD REPORT

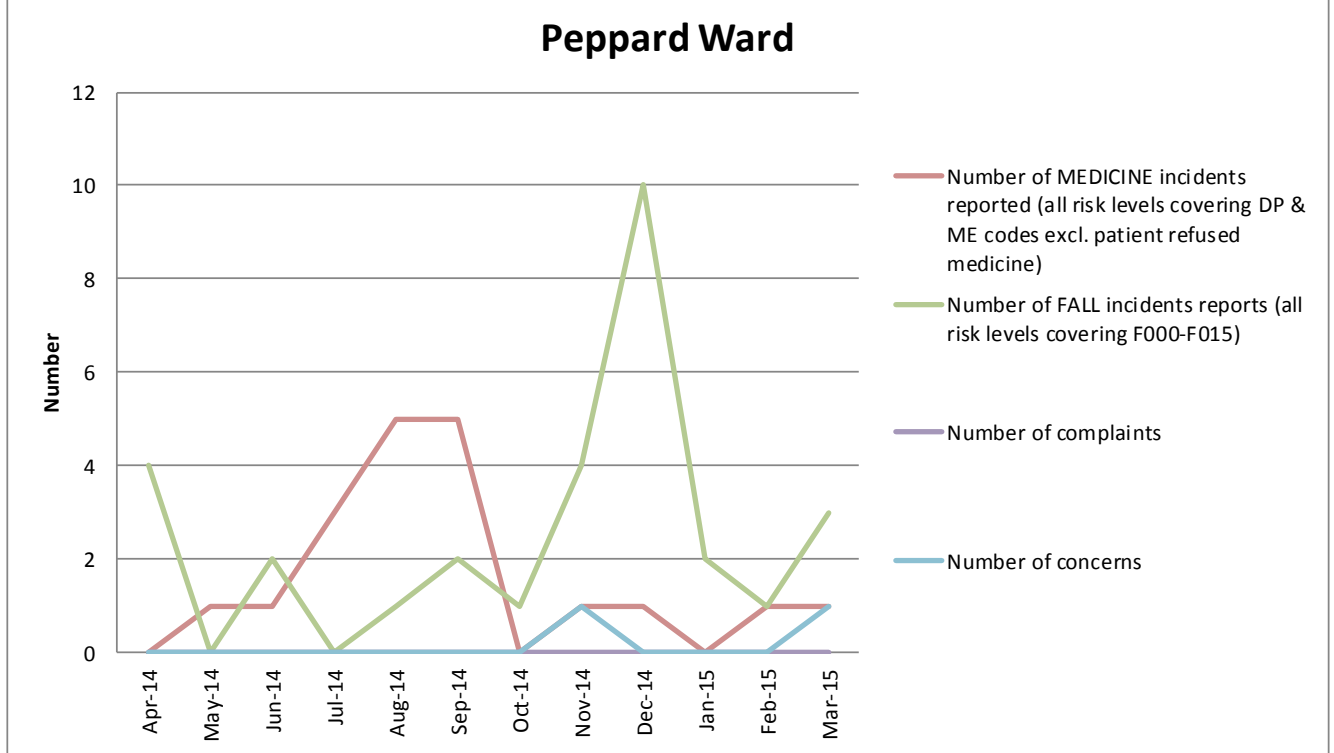
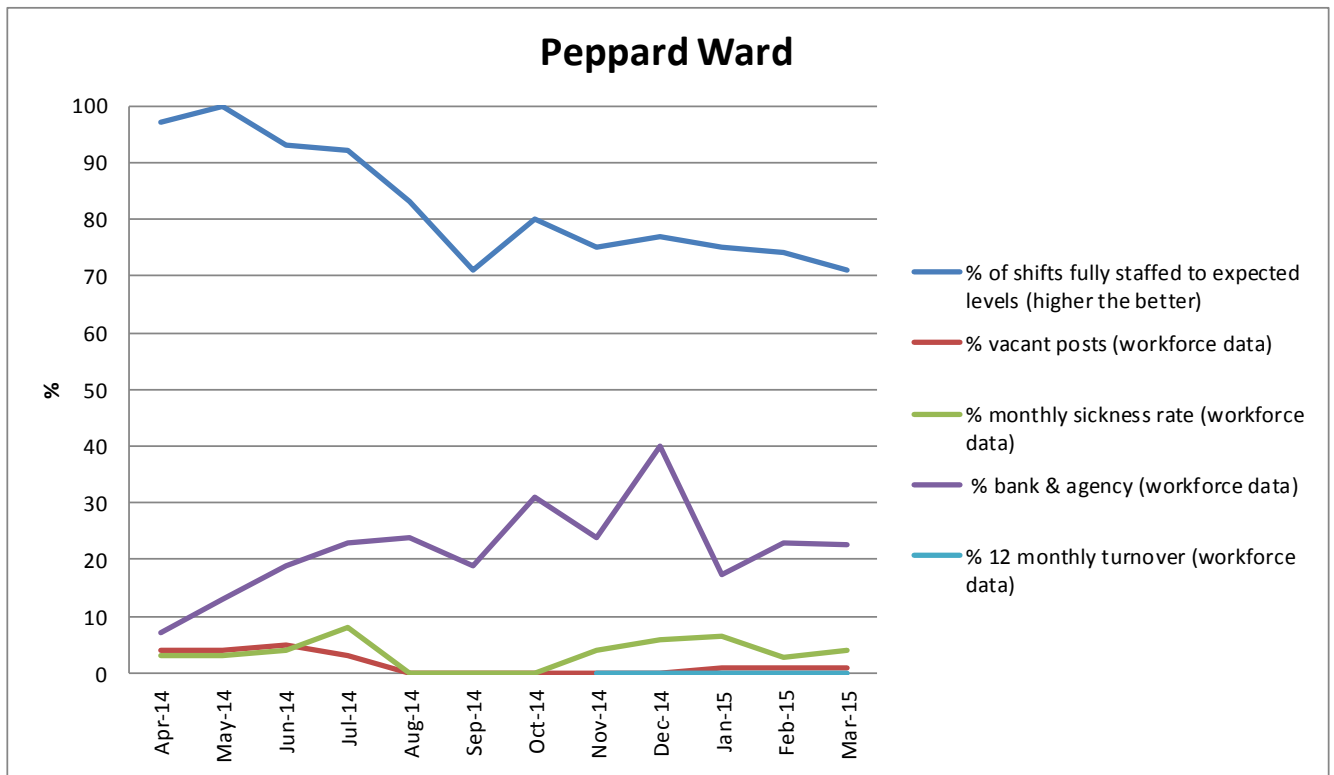
City

	% 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
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



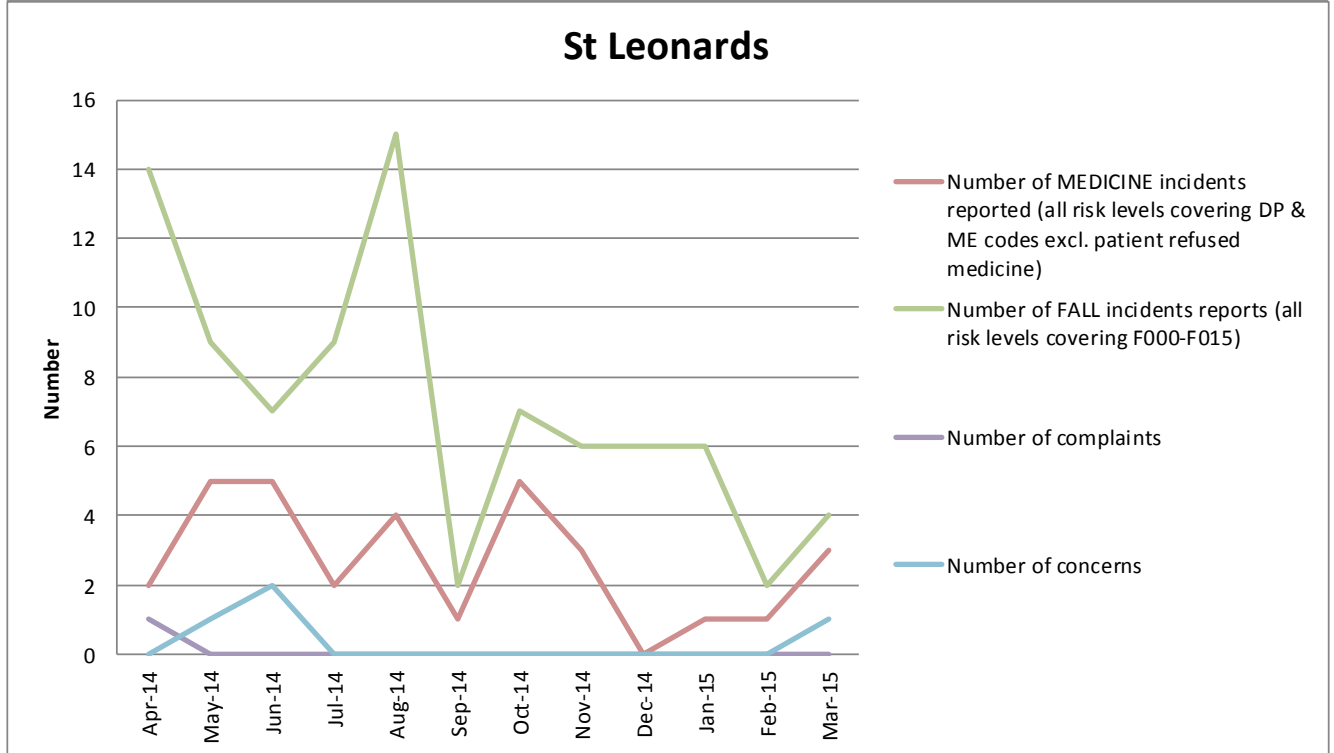
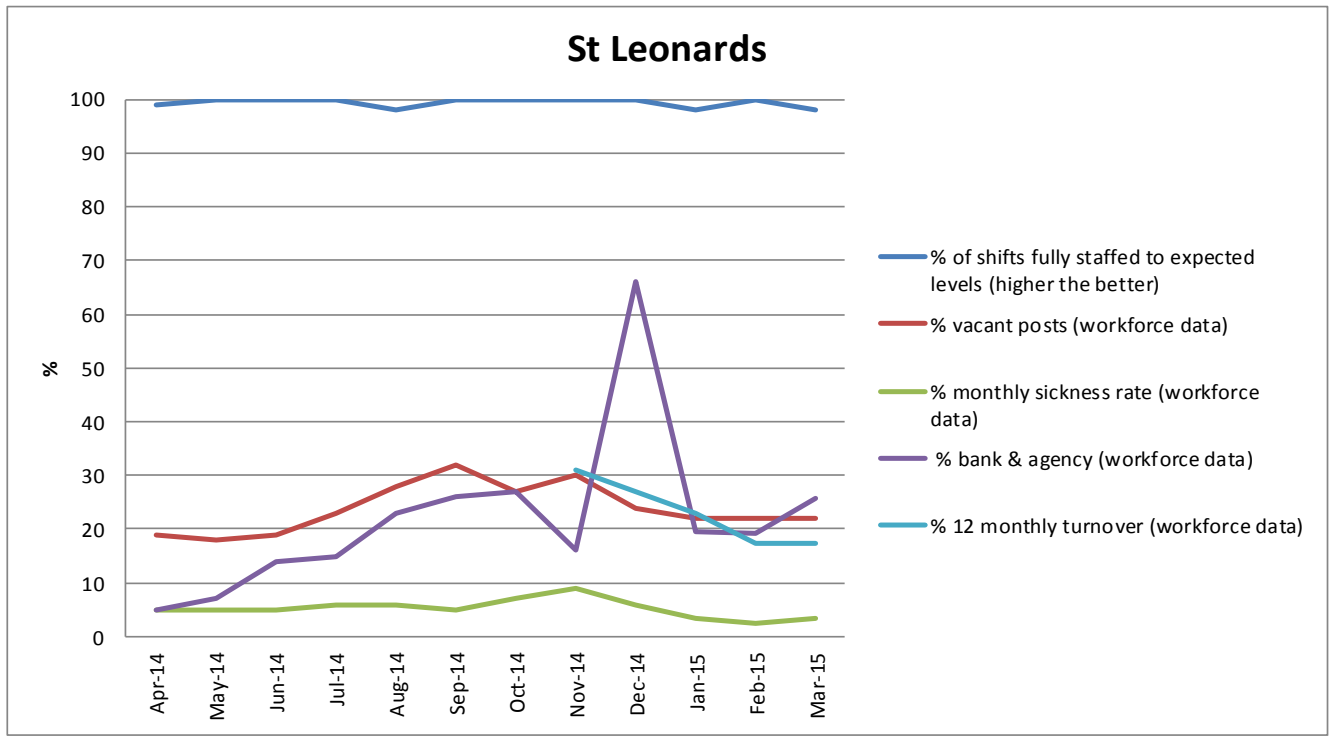
PUBLIC BOARD REPORT
Henley Peppard ward

	% 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
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	1	3	0	1



PUBLIC BOARD REPORT
Wallingford St Leonards ward

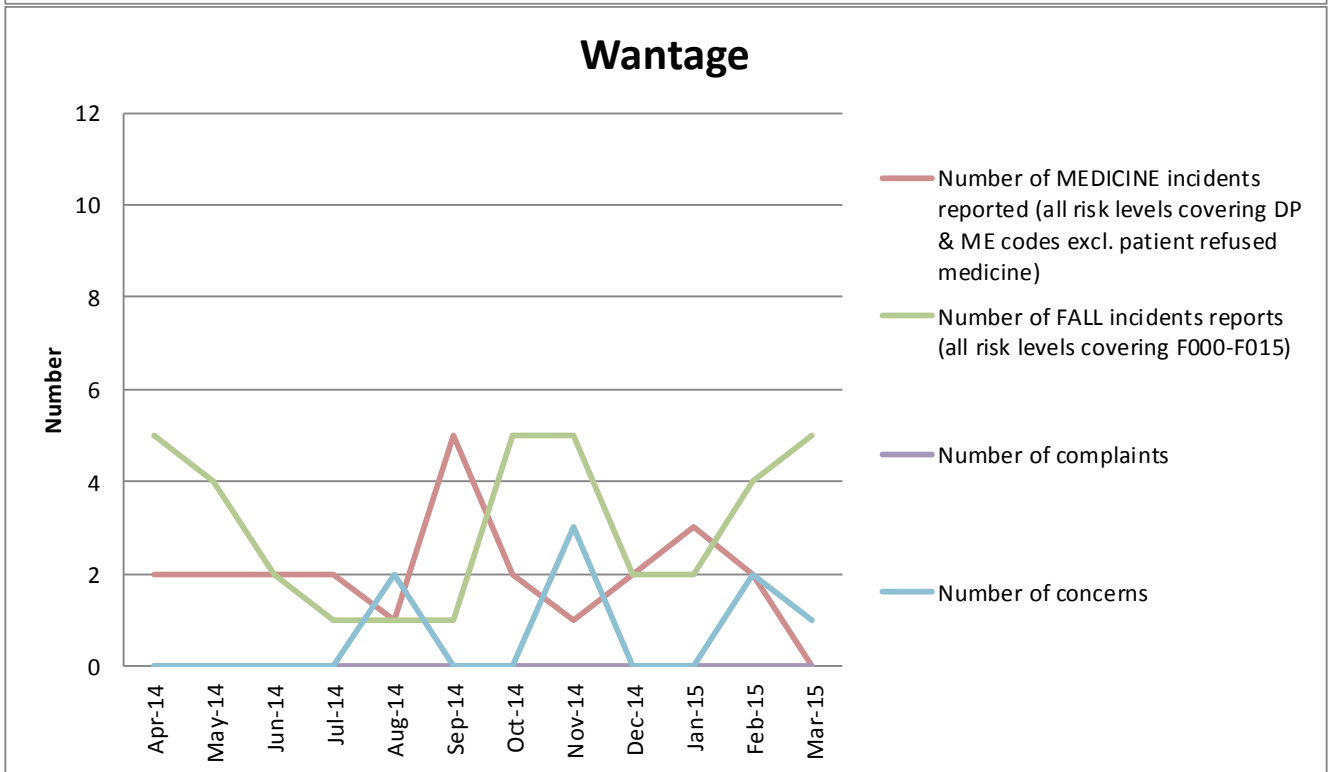
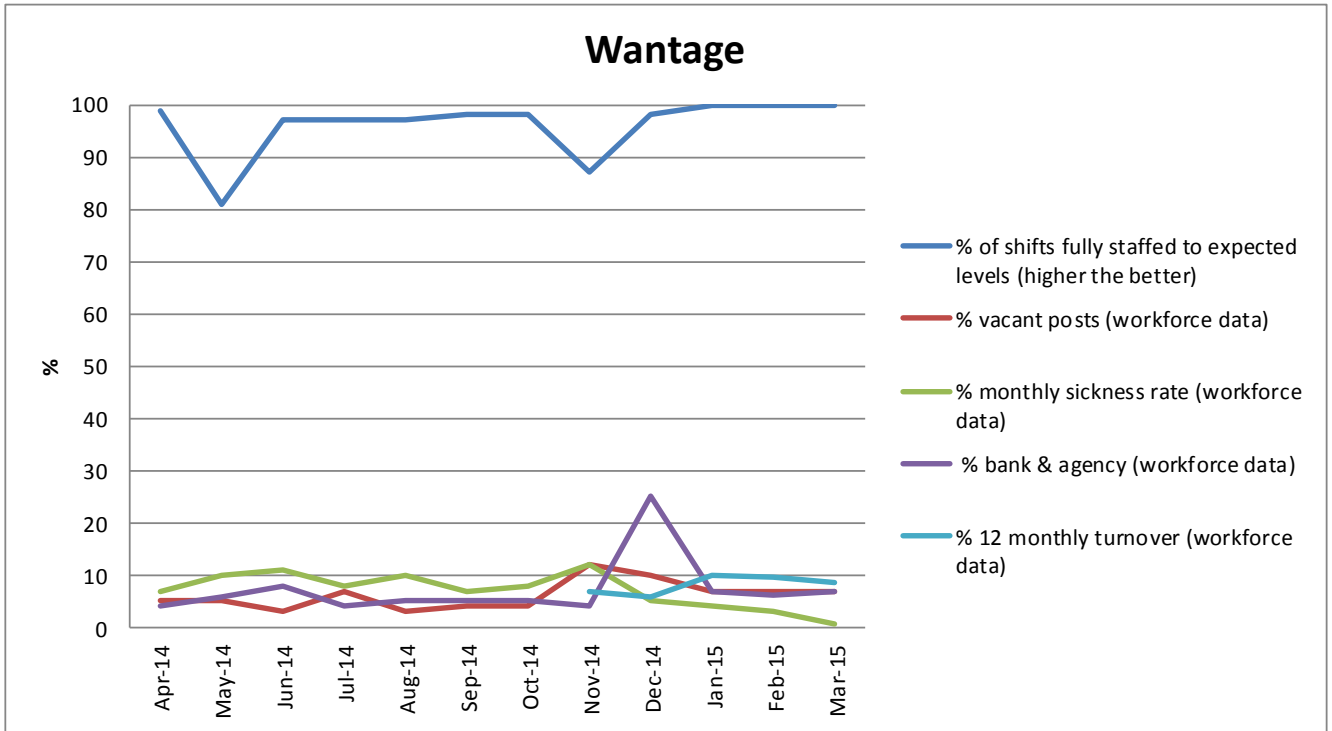
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans been reviewed weekly (lastest CHD audit)	% reported staff communicate clearly & respectfully with you (lastest CHD audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of FALL incidents reports (all risk levels covering F000-F015)	Number of complaints	Number of concerns
Apr-14	99	19	5	5				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



PUBLIC BOARD REPORT

Wantage

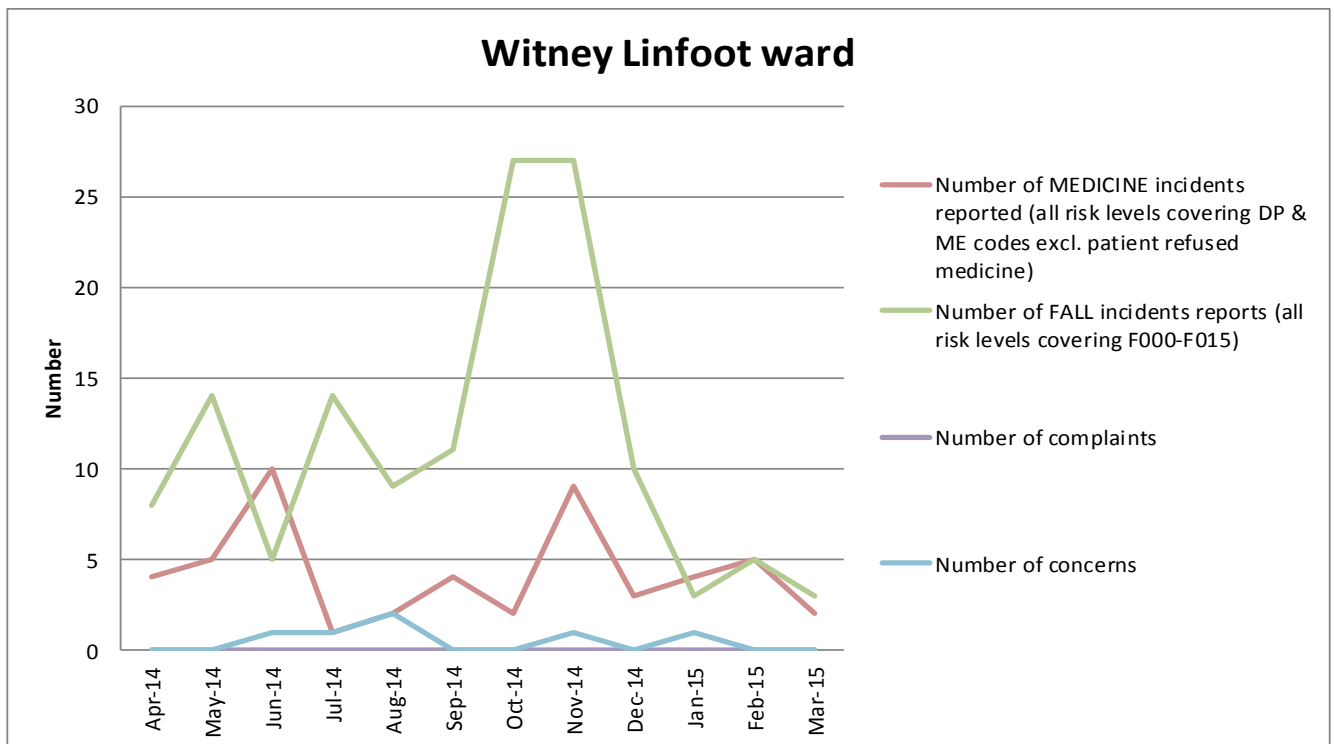
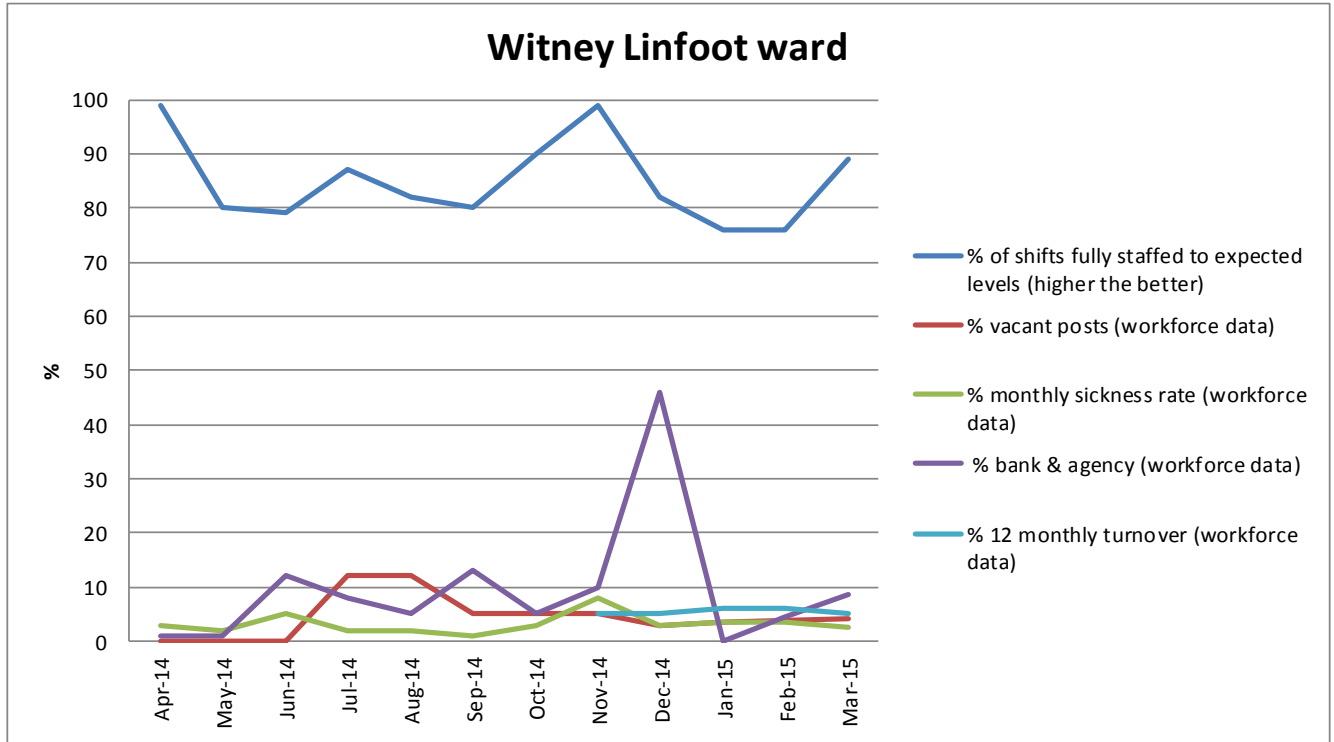
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans been reviewed weekly (lastest CHD audit)	% reported staff communicate clearly & respectfully with you (lastest CHD audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of FALL incidents reports (all risk levels covering F000-F015)	Number of complaints	Number of concerns
Apr-14	99	5	7	4				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



PUBLIC BOARD REPORT

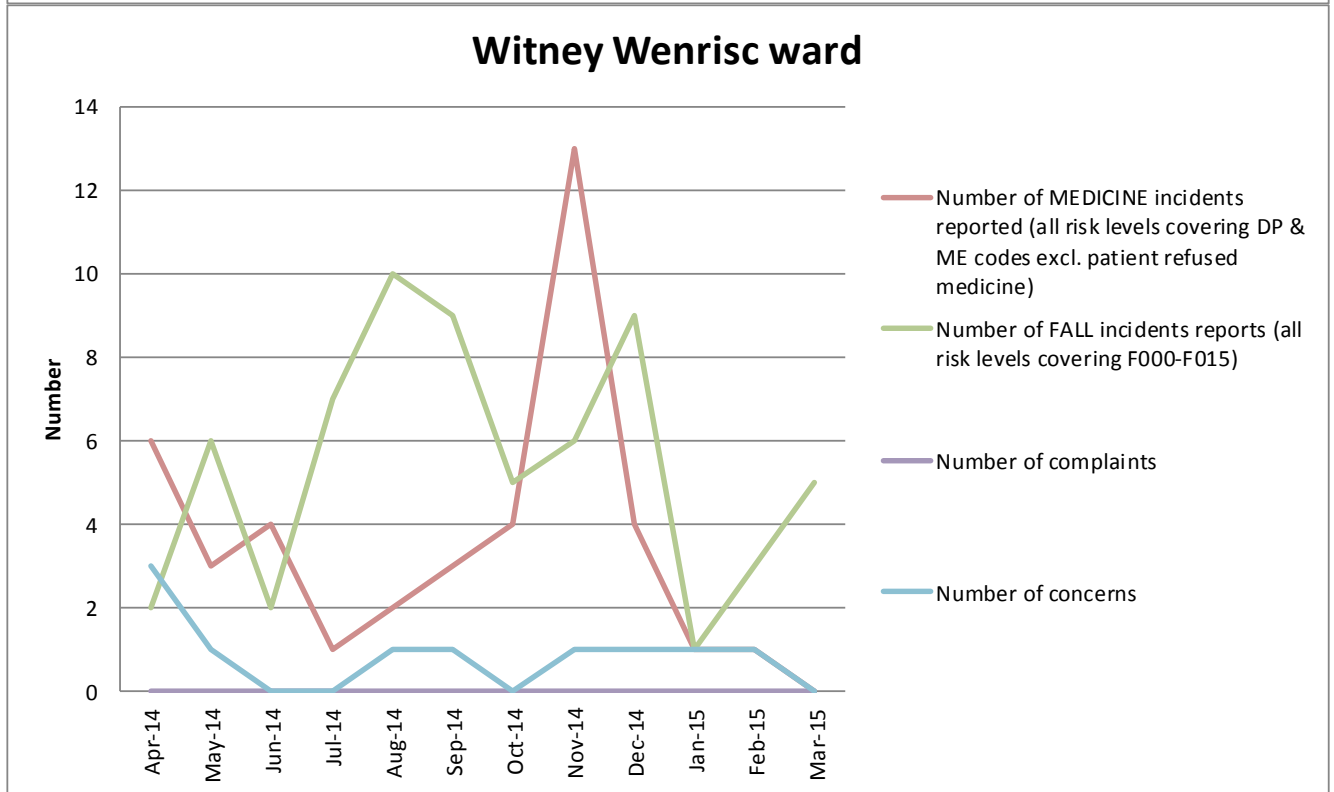
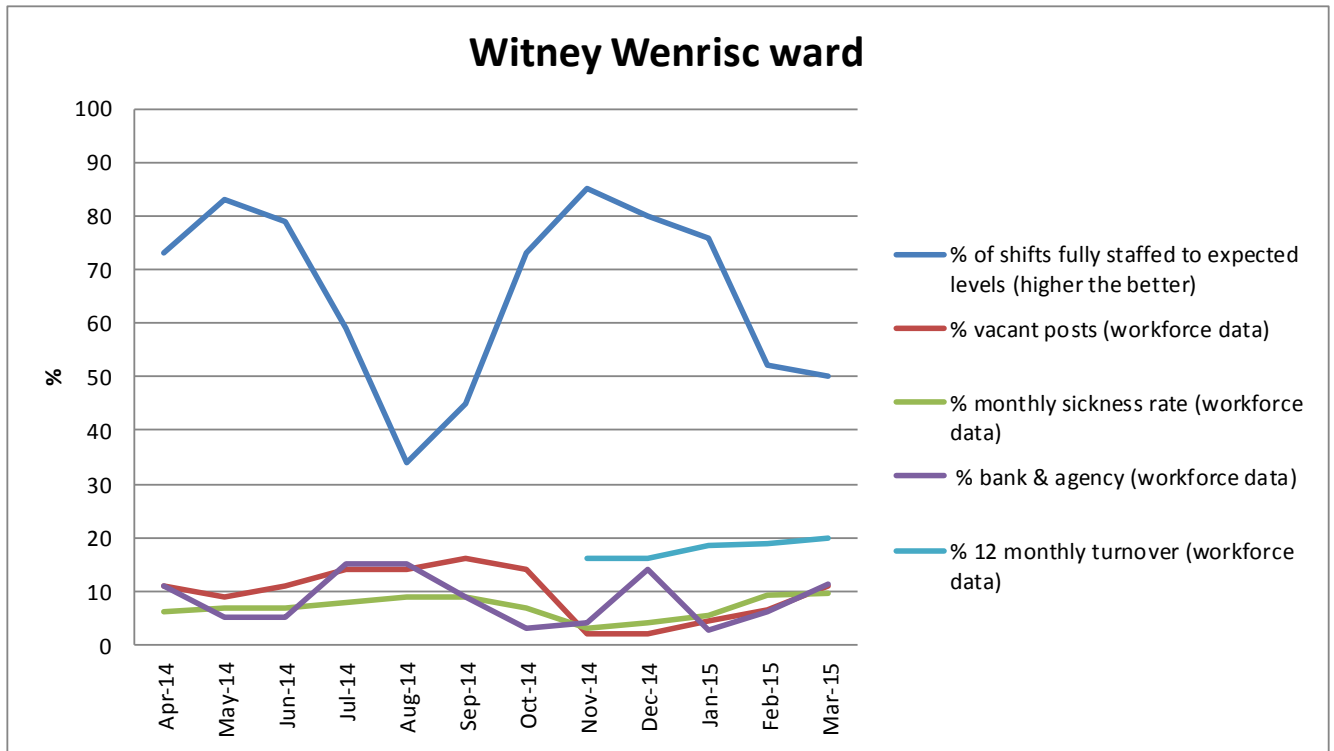
Witney Linfoot ward (staff also support Emergency Multidisciplinary Unit as required)

	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans been reviewed weekly (lastest CHD audit)	% reported staff communicate clearly & respectfully with you (lastest CHD audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of FALL incidents reports (all risk levels covering F000-F015)	Number of complaints	Number of concerns
Apr-14	99	0	3	1				4	8	0	0
May-14	80	0	2	1				5	14	0	0
Jun-14	79	0	5	12		100	100	10	5	0	1
Jul-14	87	12	2	8				1	14	0	1
Aug-14	82	12	2	5				2	9	0	2
Sep-14	80	5	1	13		56	100	4	11	0	0
Oct-14	90	5	3	5				2	27	0	0
Nov-14	99	5	8	10	5			9	27	0	1
Dec-14	82	3	3	46	5	33	100	3	10	0	0
Jan-15	76	3.4	3.41	0	5.97			4	3	0	1
Feb-15	76	3.9	3.5	4.4	6.03			5	5	0	0
Mar-15	89	4.2	2.38	8.6	5.12	100	100	2	3	0	0



PUBLIC BOARD REPORT
Witney Wenrisc ward

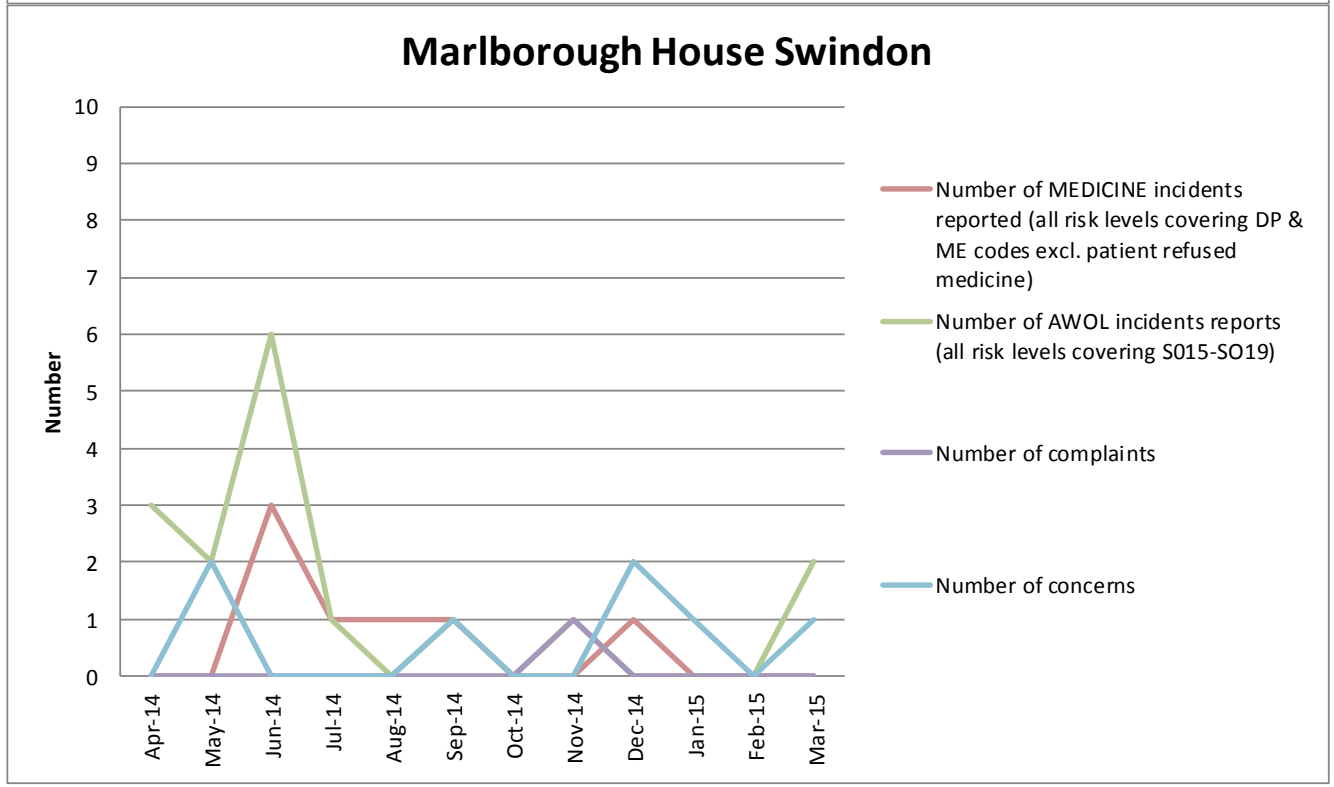
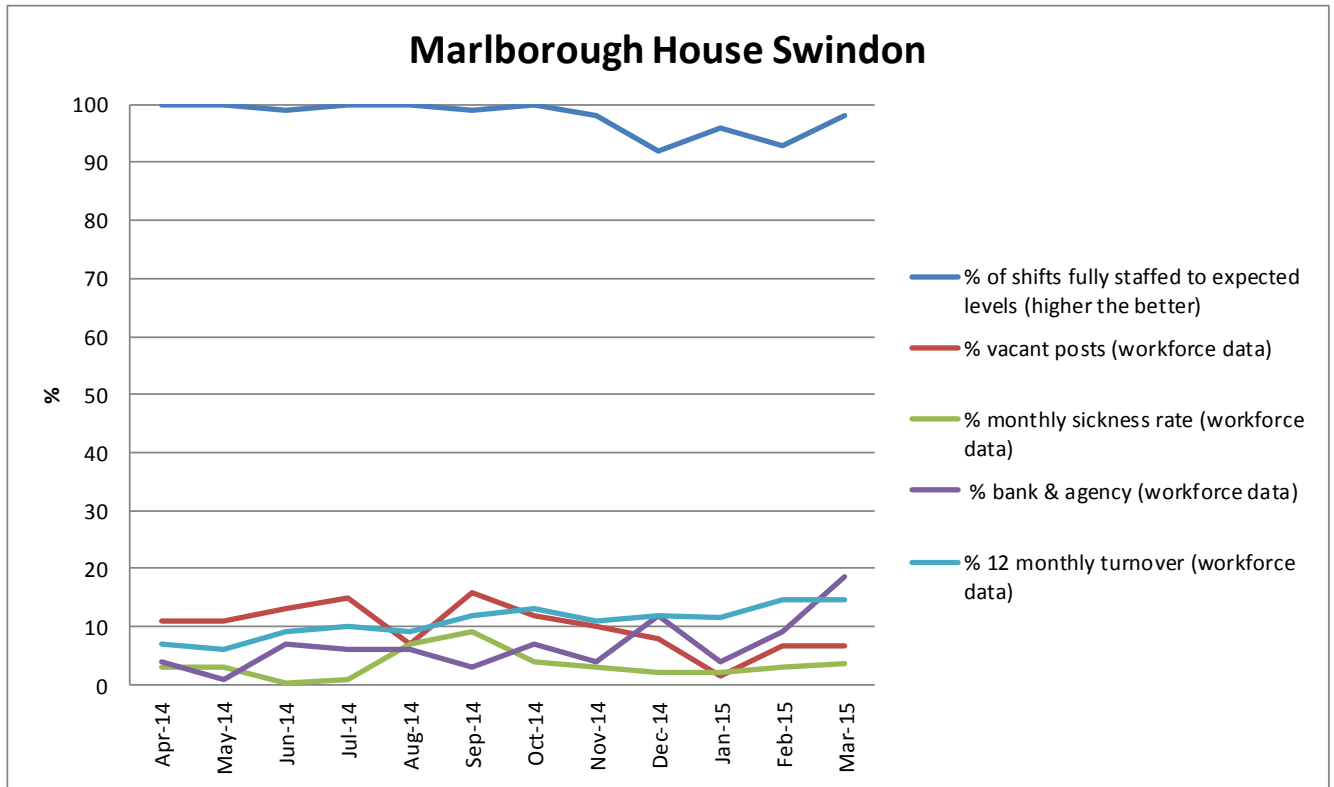
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans been reviewed weekly (lastest CHD audit)	% reported staff communicate clearly & respectfully with you (lastest CHD audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of FALL incidents reports (all risk levels covering F000-F015)	Number of complaints	Number of concerns
Apr-14	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



PUBLIC BOARD REPORT

Marlborough House Swindon (CAMHS)

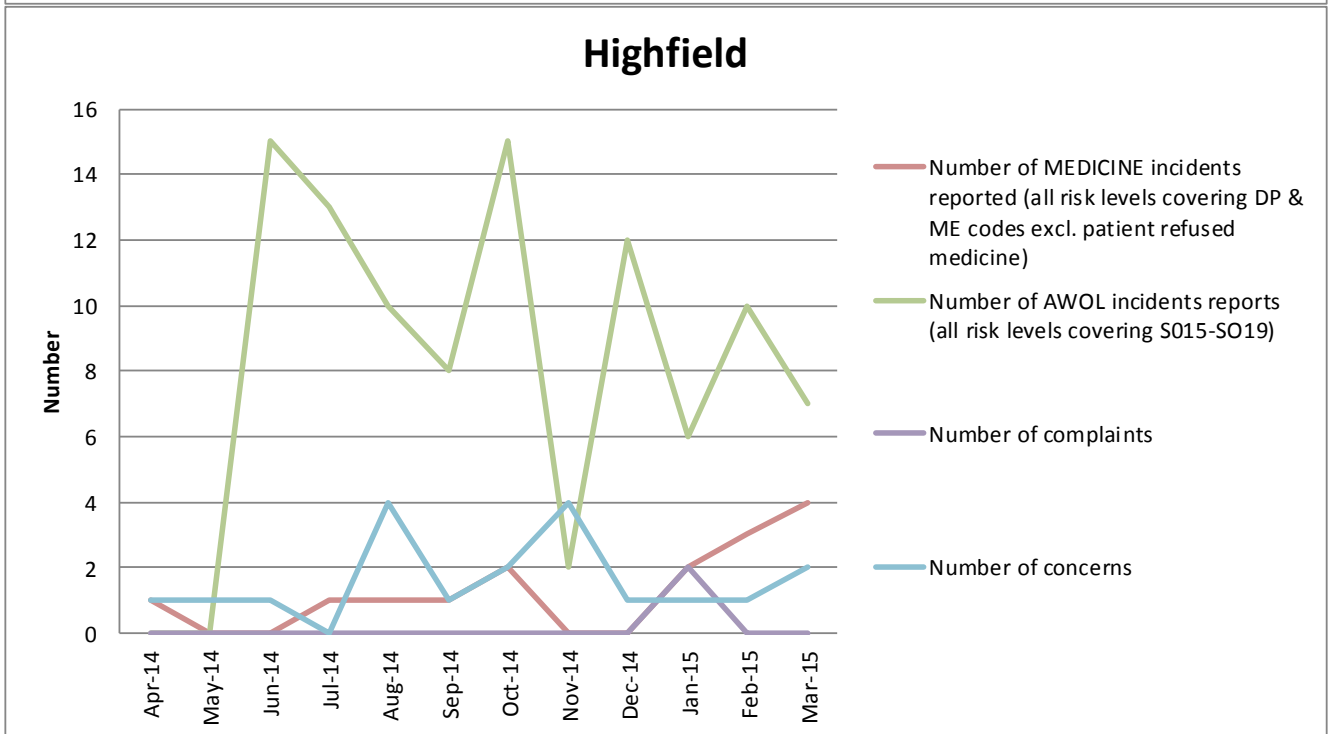
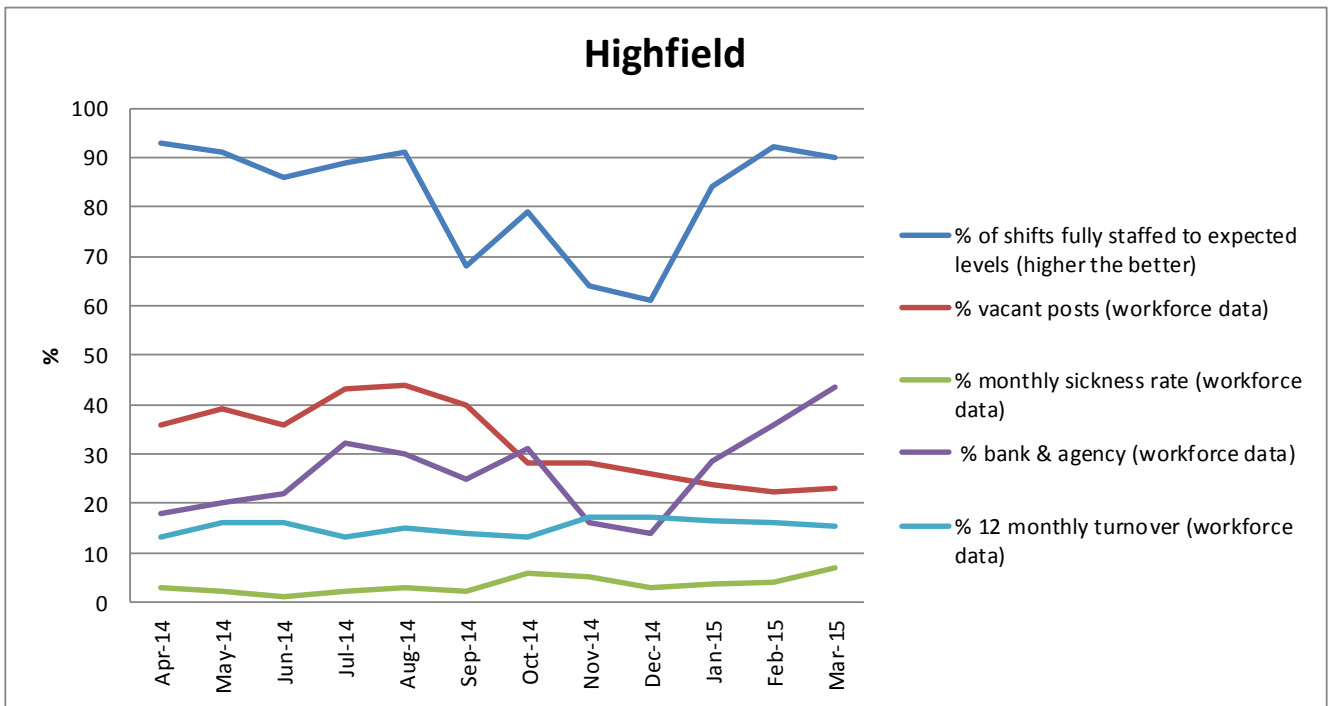
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reports (all risk levels covering S015-SO19)	Number of complaints	Number of concerns
Apr-14	100	11	3	4	7	no data	no data	0	3	0	0
May-14	100	11	3	1	6			0	2	0	2
Jun-14	99	13	0.3	7	9	100	100	3	6	0	0
Jul-14	100	15	1	6	10			1	1	0	0
Aug-14	100	7	7	6	9	100	100	1	0	0	0
Sep-14	99	16	9	3	12			1	1	0	1
Oct-14	100	12	4	7	13	no data	no data	0	0	0	0
Nov-14	98	10	3	4	11			0	1	1	0
Dec-14	92	8	2	12	12	100	100	1	0	0	2
Jan-15	96	1.4	2.15	4	11.71			0	0	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	2	0	1



PUBLIC BOARD REPORT

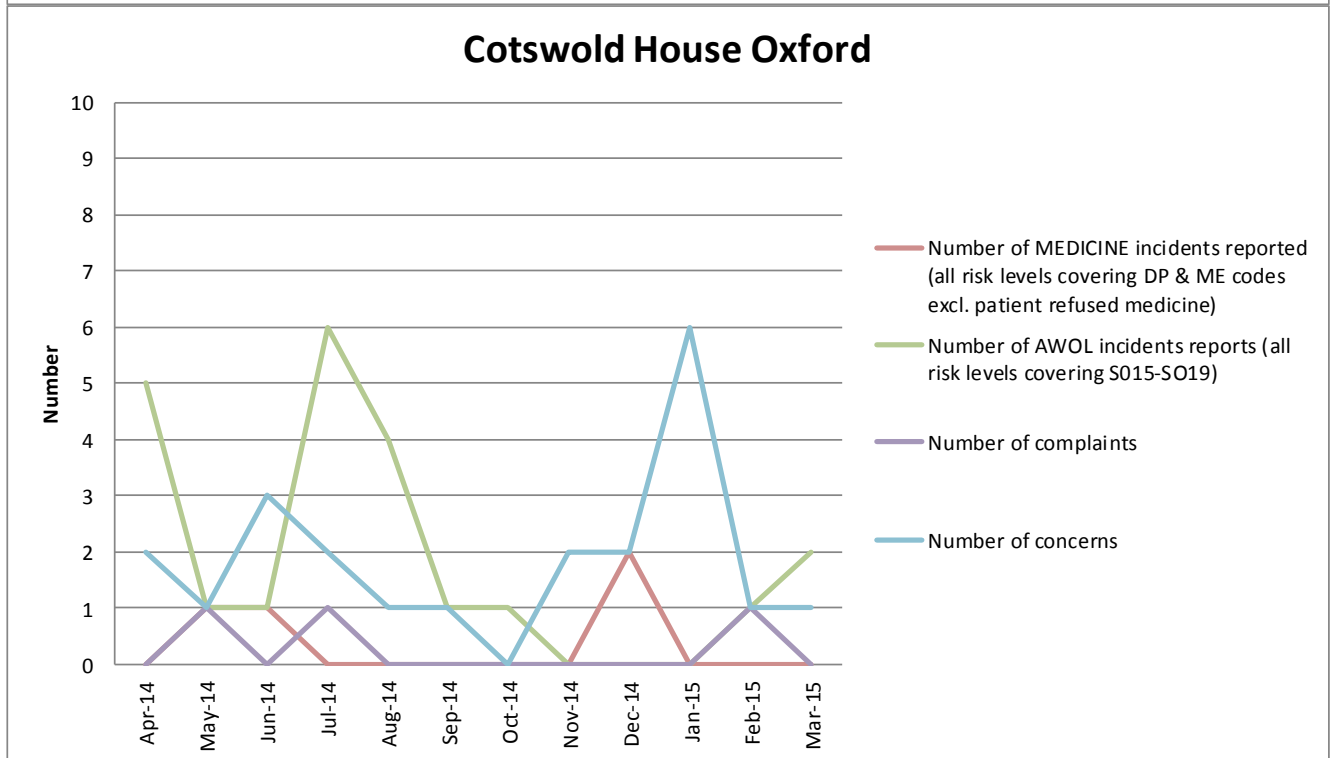
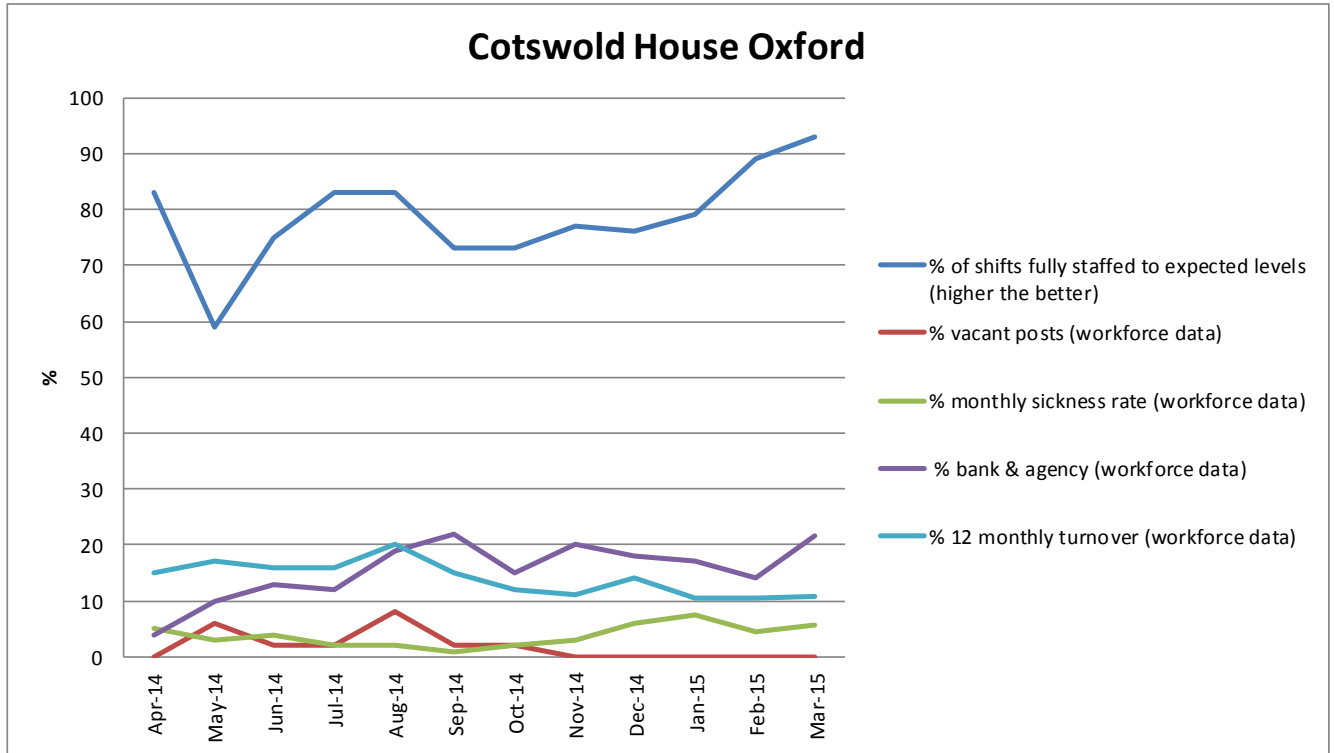
Highfield (CAMHS)

	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reports (all risk levels covering S015-SO19)	Number of complaints	Number of concerns
Apr-14	93	36	3	18	13	no data	no data	1	0	0	1
May-14	91	39	2	20	16			0	0	0	1
Jun-14	86	36	1	22	16	no data	no data	0	15	0	1
Jul-14	89	43	2	32	13			1	13	0	0
Aug-14	91	44	3	30	15	100	100	1	10	0	4
Sep-14	68	40	2	25	14			1	8	0	1
Oct-14	79	28	6	31	13	100	80	2	15	0	2
Nov-14	64	28	5	16	17			0	2	0	4
Dec-14	61	26	3	14	17	100	80	0	12	0	1
Jan-15	84	23.6	3.6	28.5	16.3			2	6	2	1
Feb-15	92	22.2	4.02	35.7	15.99	100	no data	3	10	0	1
Mar-15	90	23.1	7.07	43.4	15.45			4	7	0	2



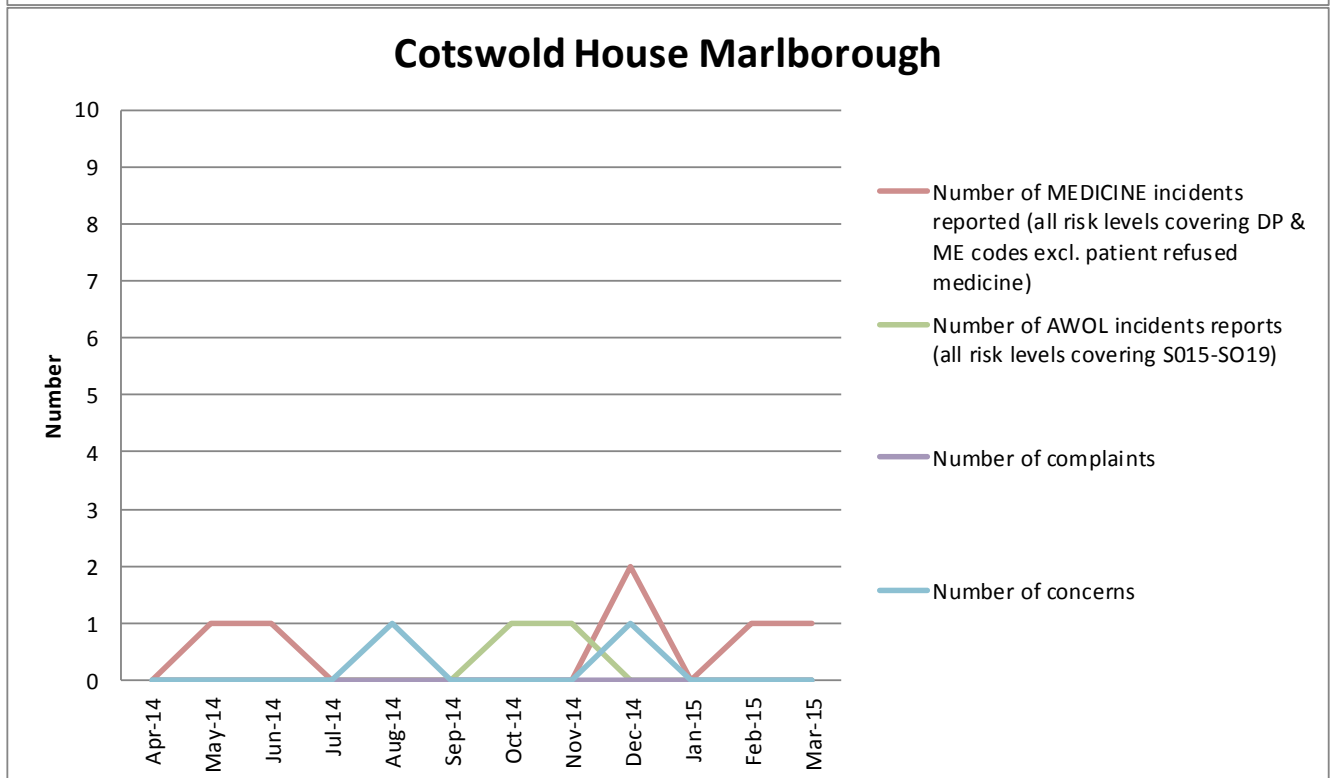
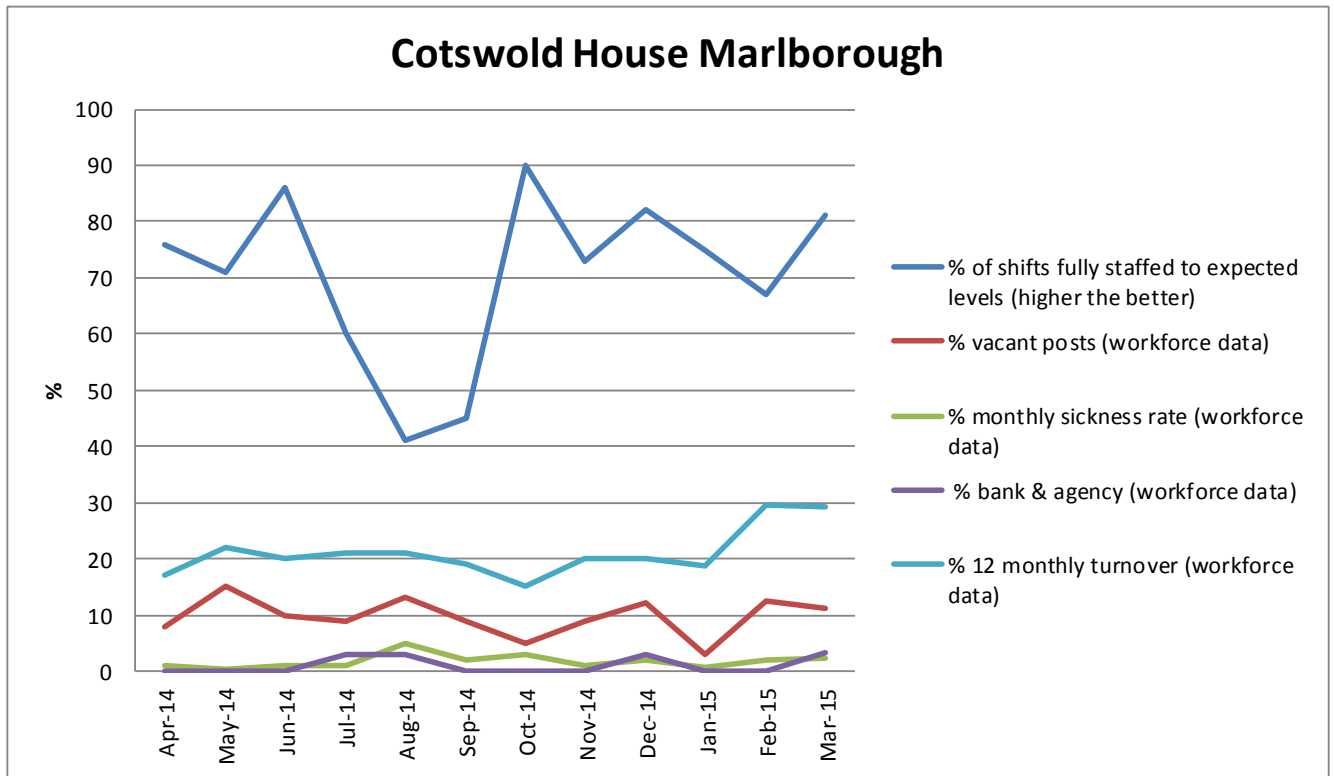
PUBLIC BOARD REPORT
Cotswold House Oxford

	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reports (all risk levels covering S015-SO19)	Number of complaints	Number of concerns
Apr-14	83	0	5	4	15	100	100	0	5	0	2
May-14	59	6	3	10	17			1	1	1	1
Jun-14	75	2	4	13	16	100	100	1	1	0	3
Jul-14	83	2	2	12	16			0	6	1	2
Aug-14	83	8	2	19	20	no data	no data	0	4	0	1
Sep-14	73	2	1	22	15			0	1	0	1
Oct-14	73	2	2	15	12	100	100	0	1	0	0
Nov-14	77	0	3	20	11			0	0	0	2
Dec-14	76	0	6	18	14	no data	no data	2	0	0	2
Jan-15	79	0	7.61	17.2	10.54			0	0	0	6
Feb-15	89	0	4.45	14.2	10.48	100	0	0	1	1	1
Mar-15	93	0	5.65	21.5	10.7			0	2	0	1



PUBLIC BOARD REPORT
Cotswold House Marlborough

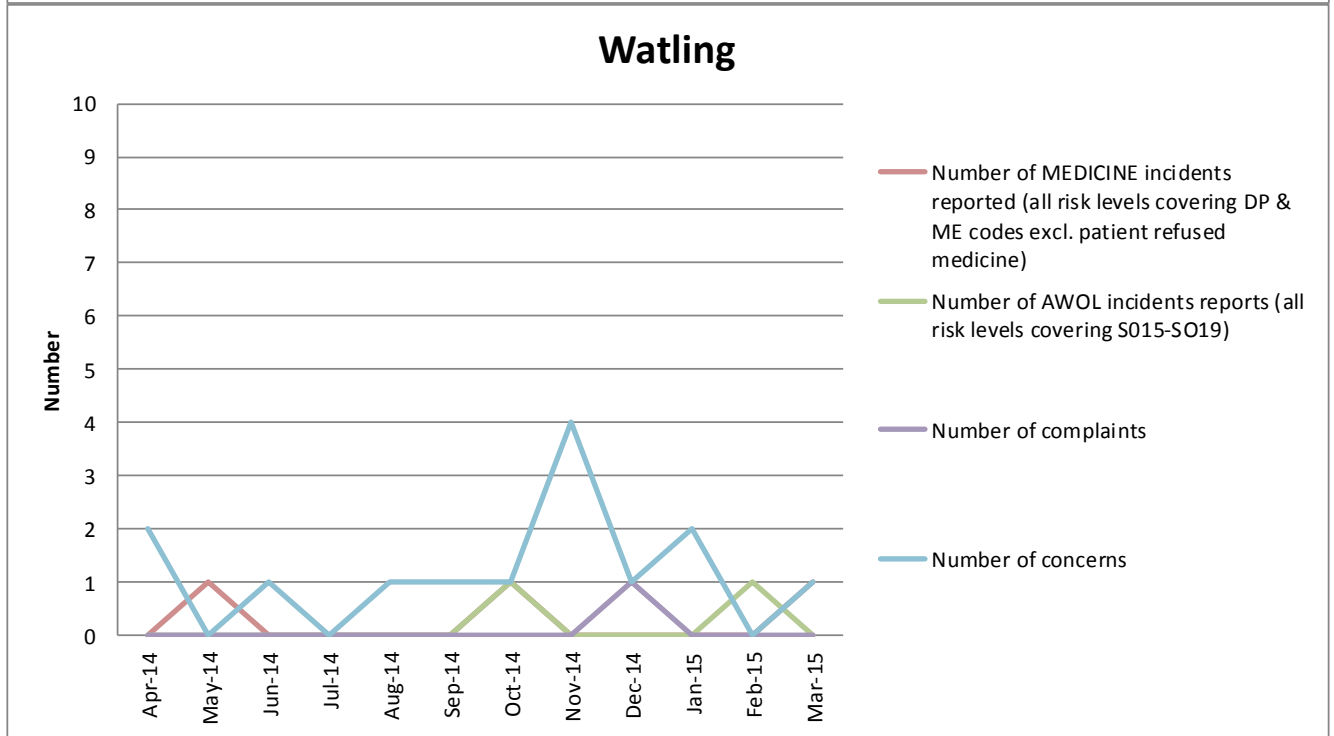
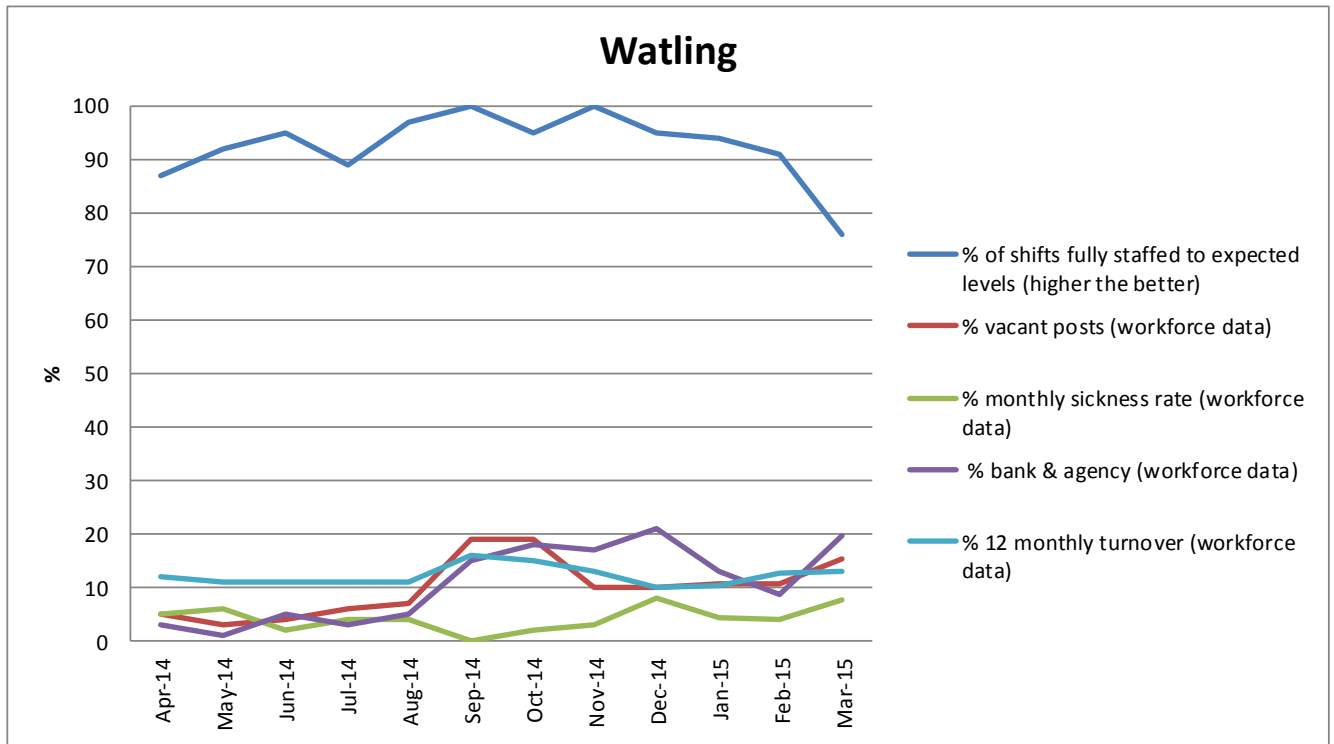
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reports (all risk levels covering S015-SO19)	Number of complaints	Number of concerns
Apr-14	76	8	1	0	17	100	100	0	0	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	1	0	0
Nov-14	73	9	1	0	20			0	1	0	0
Dec-14	82	12	2	3	20	100	100	2	0	0	1
Jan-15	75	3.1	0.55	0	18.66			0	0	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



PUBLIC BOARD REPORT

Watling

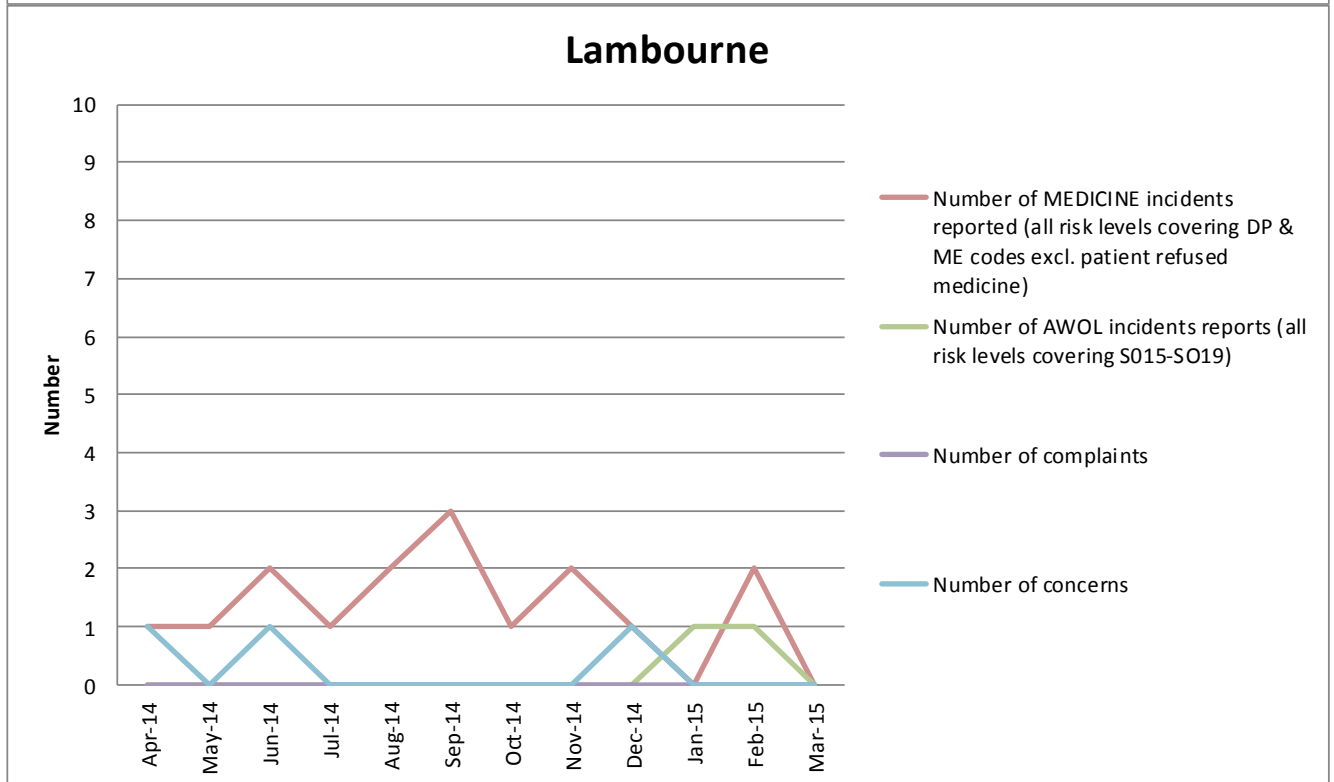
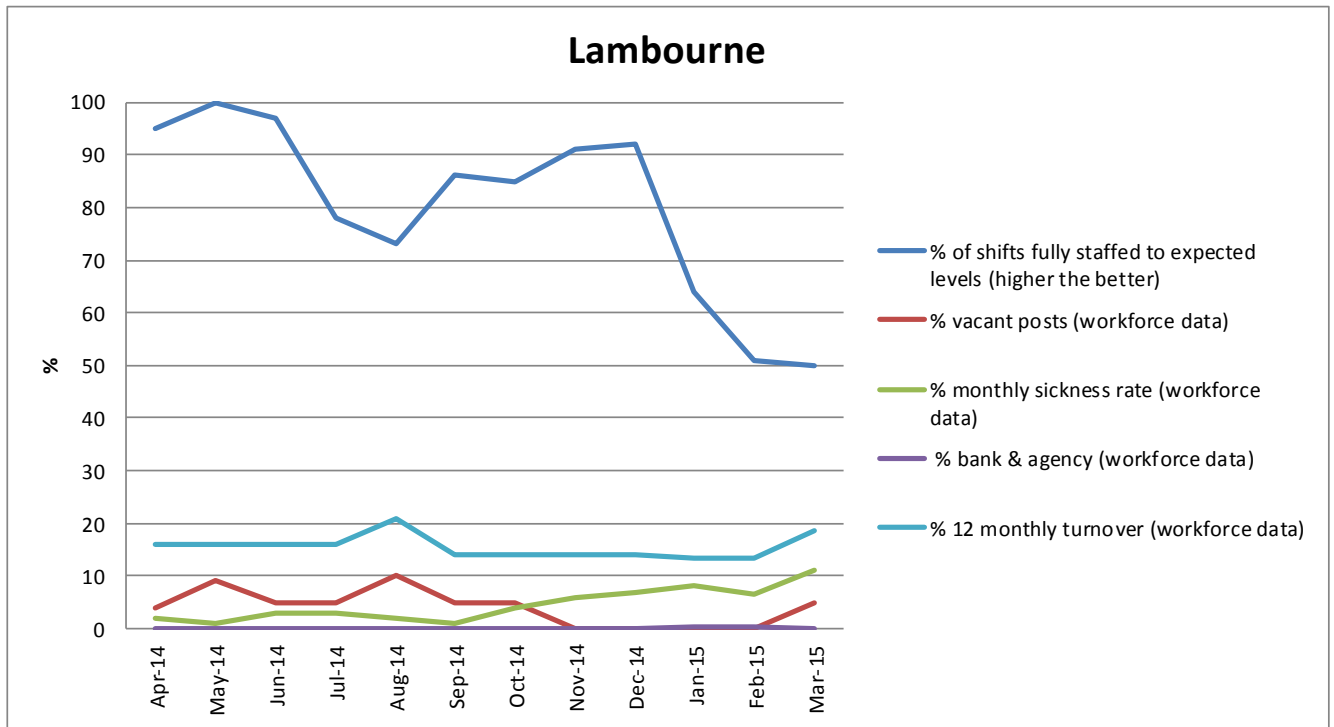
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with 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-S019)	Number of complaints	Number of concerns
Apr-14	87	5	5	3	12	100	100	0	0	0	2
May-14	92	3	6	1	11			1	0	0	0
Jun-14	95	4	2	5	11	100	100	0	0	0	1
Jul-14	89	6	4	3	11			0	0	0	0
Aug-14	97	7	4	5	11	100	100	0	0	0	1
Sep-14	100	19	0	15	16			0	0	0	1
Oct-14	95	19	2	18	15	100	100	1	1	0	1
Nov-14	100	10	3	17	13			0	0	0	4
Dec-14	95	10	8	21	10	100	100	0	0	1	1
Jan-15	94	10.8	4.25	13.1	10.34			0	0	0	2
Feb-15	91	10.8	3.88	8.8	12.59	100	100	0	1	0	0
Mar-15	76	15.2	7.78	19.6	13.09			1	0	0	1



PUBLIC BOARD REPORT

Lambourne

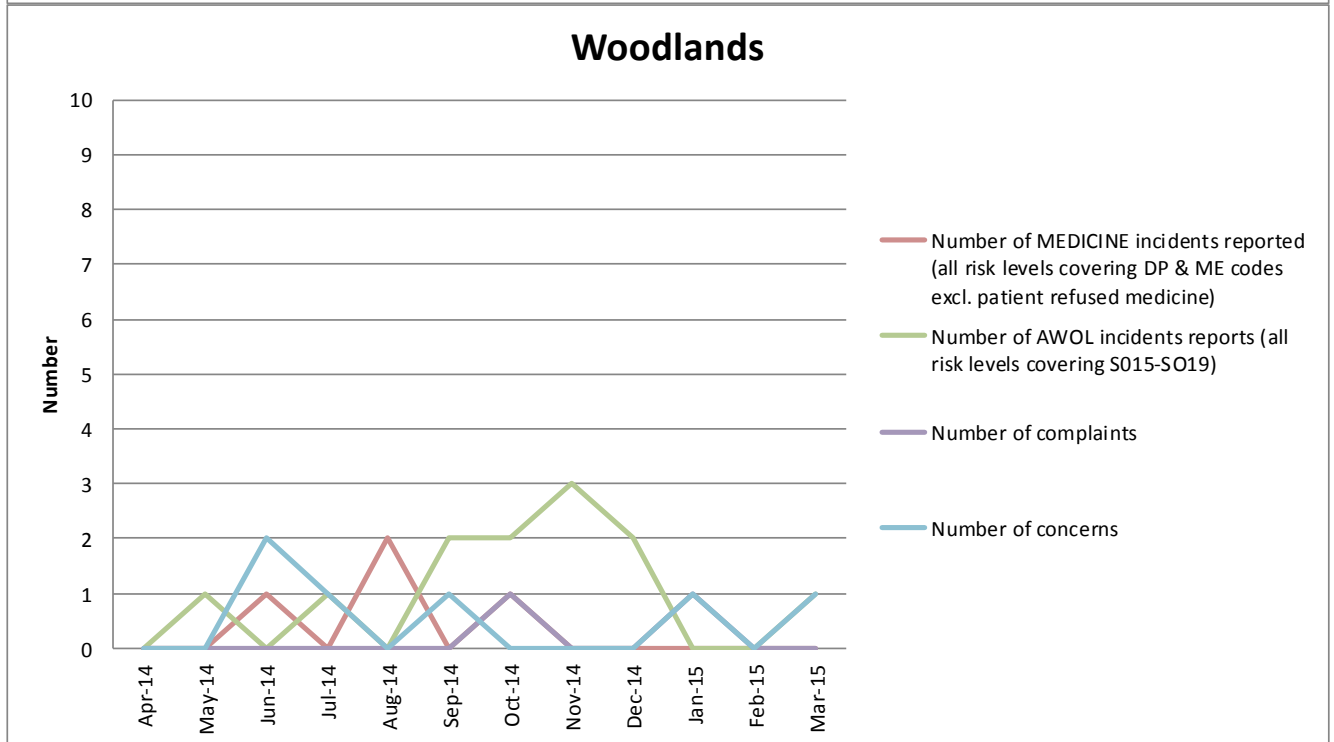
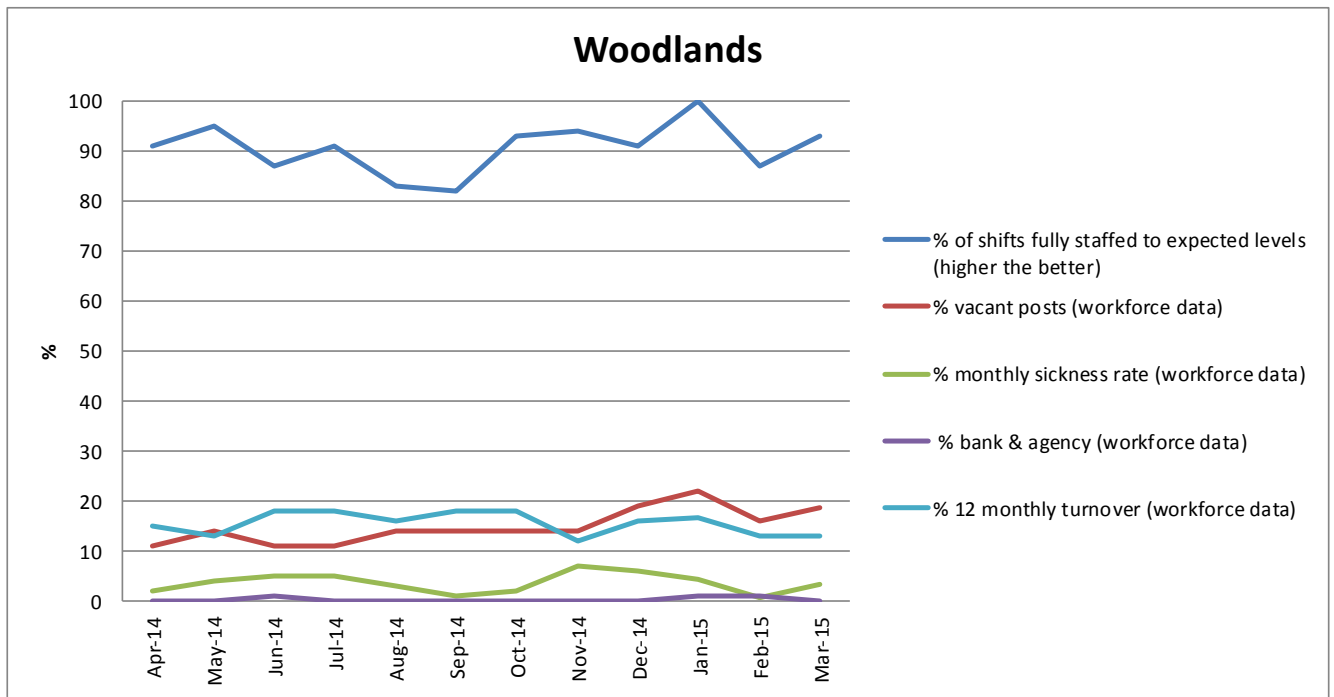
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reports (all risk levels covering S015-SO19)	Number of complaints	Number of concerns
Apr-14	95	4	2	0	16	no data	no data	1	0	0	1
May-14	100	9	1	0	16			1	0	0	0
Jun-14	97	5	3	0	16	100	100	2	0	0	1
Jul-14	78	5	3	0	16			1	0	0	0
Aug-14	73	10	2	0	21	100	100	2	0	0	0
Sep-14	86	5	1	0	14			3	0	0	0
Oct-14	85	5	4	0	14	100	100	1	0	0	0
Nov-14	91	0	6	0	14			2	0	0	0
Dec-14	92	0	7	0	14	100	100	1	0	0	1
Jan-15	64	0	8.02	0.3	13.27			0	1	0	0
Feb-15	51	0	6.48	0.3	13.27	100	100	2	1	0	0
Mar-15	50	5	11.24	0	18.45			0	0	0	0



PUBLIC BOARD REPORT

Woodlands

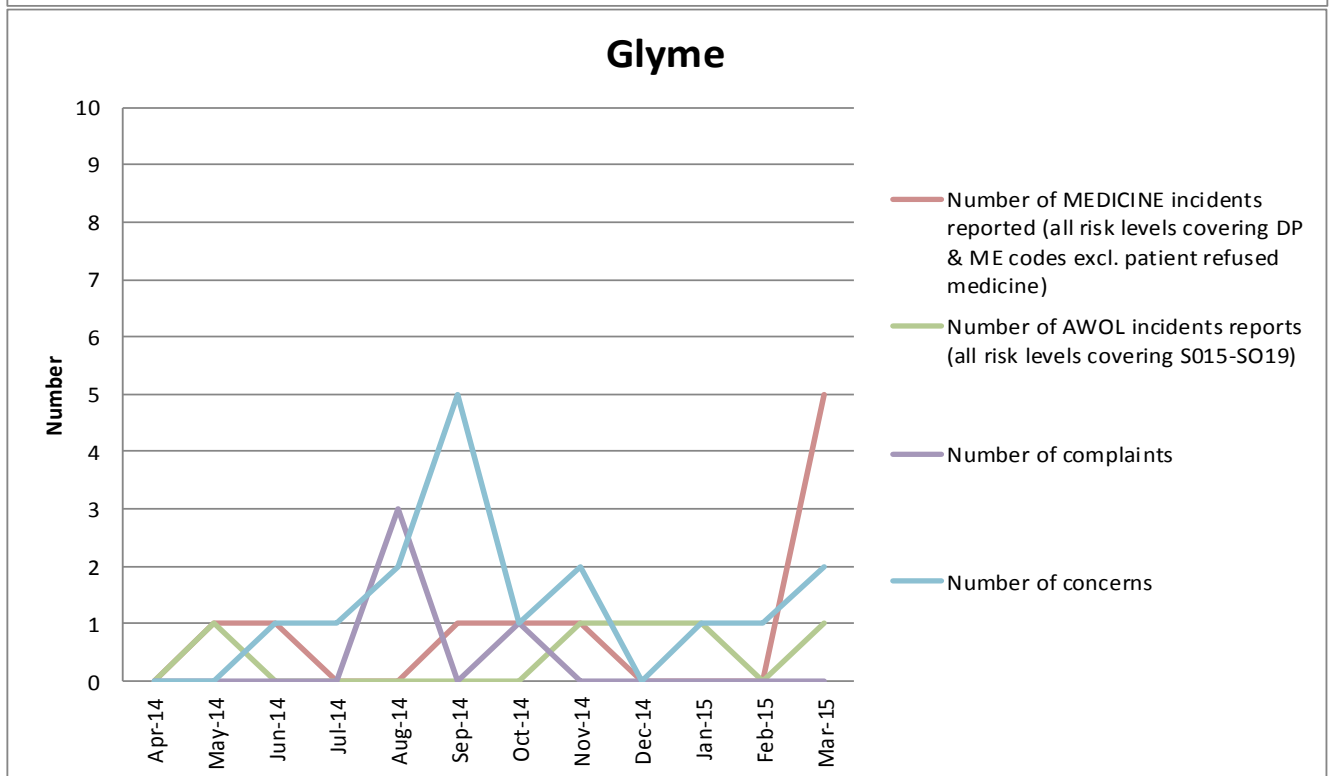
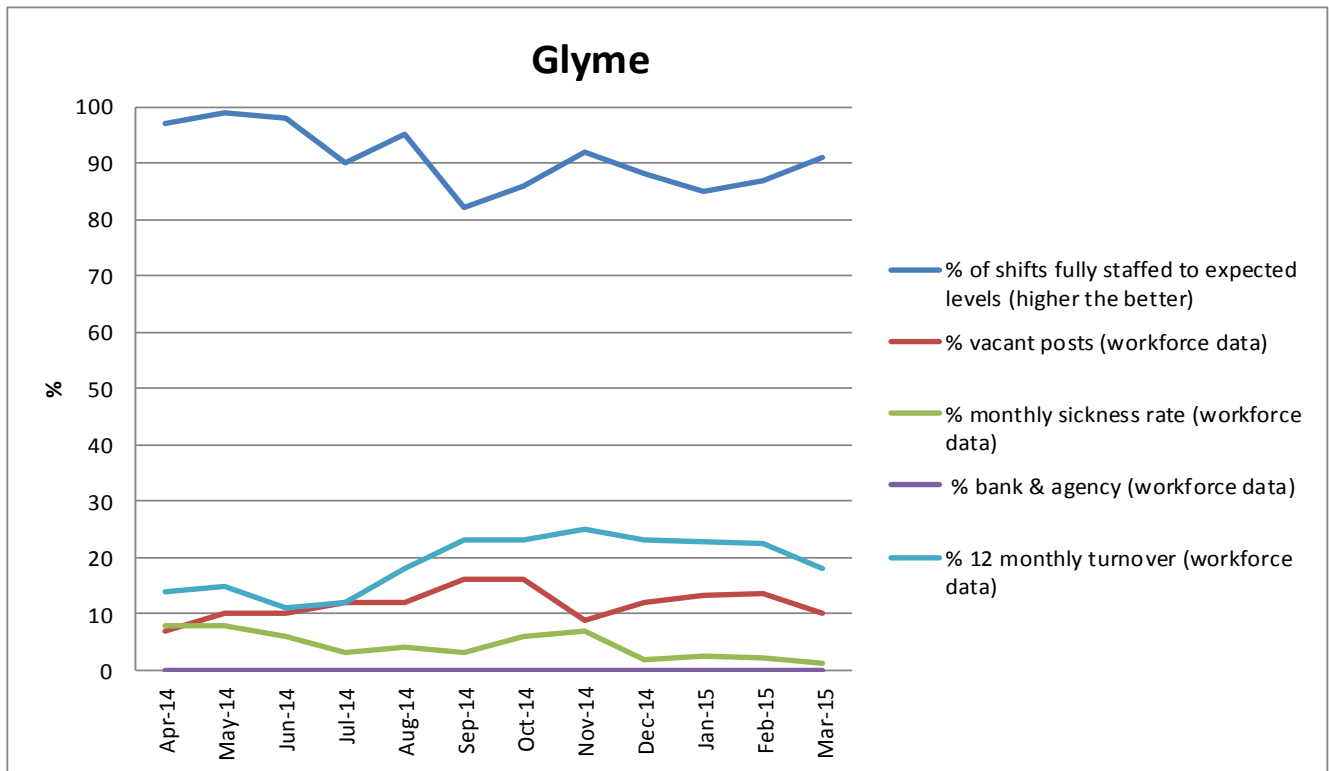
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reports (all risk levels covering S015-S019)	Number of complaints	Number of concerns
Apr-14	91	11	2	0	15	100	100	0	0	0	0
May-14	95	14	4	0	13			0	1	0	0
Jun-14	87	11	5	1	18	100	100	1	0	0	2
Jul-14	91	11	5	0	18			0	1	0	1
Aug-14	83	14	3	0	16	100	60	2	0	0	0
Sep-14	82	14	1	0	18			0	2	0	1
Oct-14	93	14	2	0	18	80	100	1	2	1	0
Nov-14	94	14	7	0	12			0	3	0	0
Dec-14	91	19	6	0	16	100	100	0	2	0	0
Jan-15	100	21.9	4.29	0.9	16.77			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



PUBLIC BOARD REPORT

Glyme

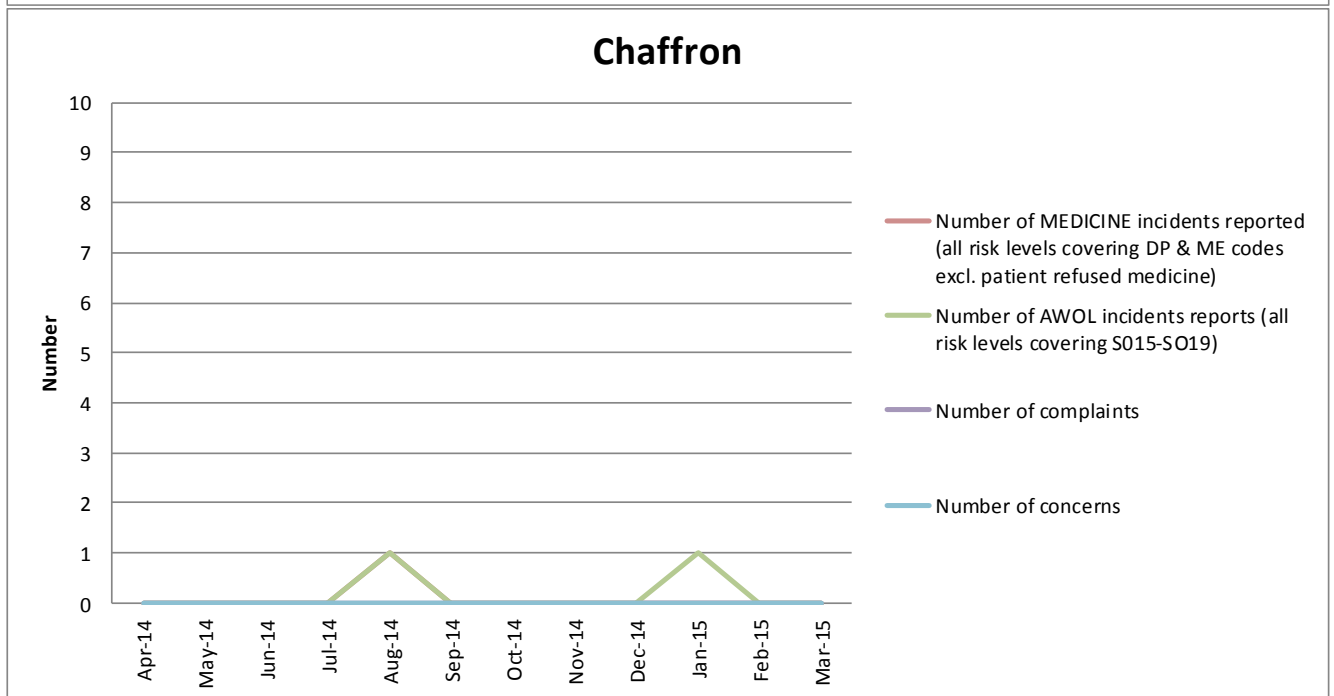
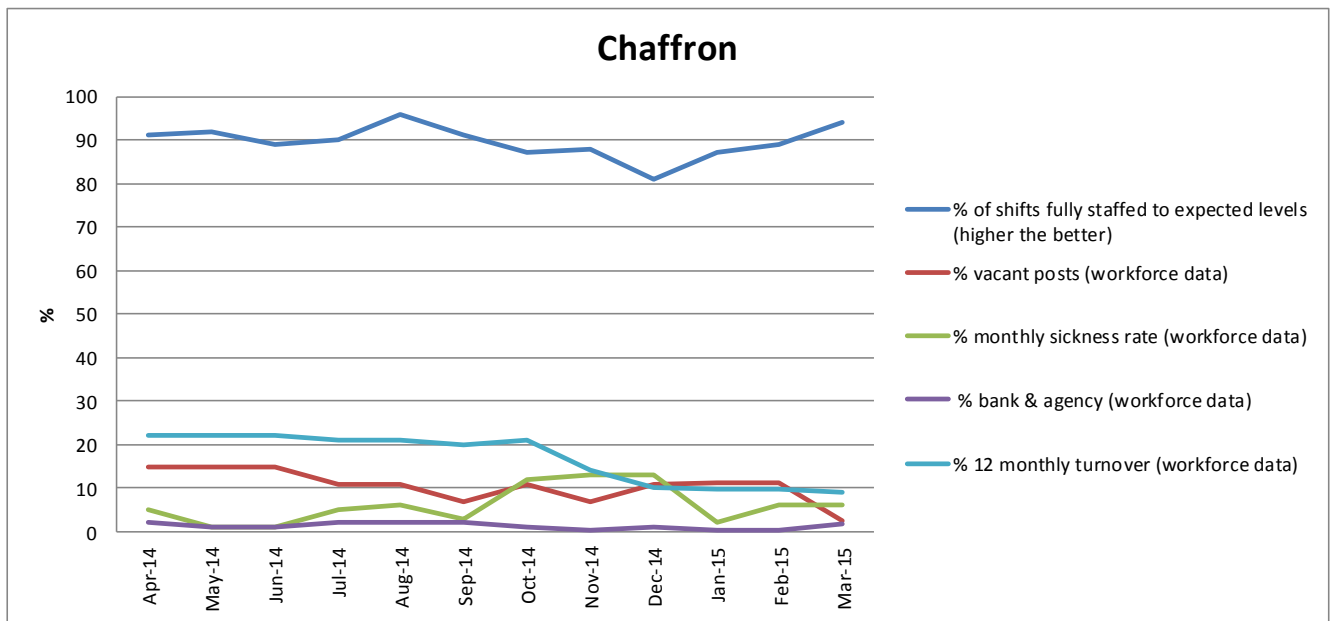
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plans up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reports (all risk levels covering S015-SO19)	Number of complaints	Number of concerns
Apr-14	97	7	8	0	14	40	80	0	0	0	0
May-14	99	10	8	0	15			1	1	0	0
Jun-14	98	10	6	0	11	100	100	1	0	0	1
Jul-14	90	12	3	0	12			0	0	0	1
Aug-14	95	12	4	0	18	100	100	0	0	3	2
Sep-14	82	16	3	0	23			1	0	0	5
Oct-14	86	16	6	0	23	100	60	1	0	1	1
Nov-14	92	9	7	0	25			1	1	0	2
Dec-14	88	12	2	0	23	100	100	0	1	0	0
Jan-15	85	13.4	2.54	0	22.75			0	1	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



PUBLIC BOARD REPORT

Chaffron

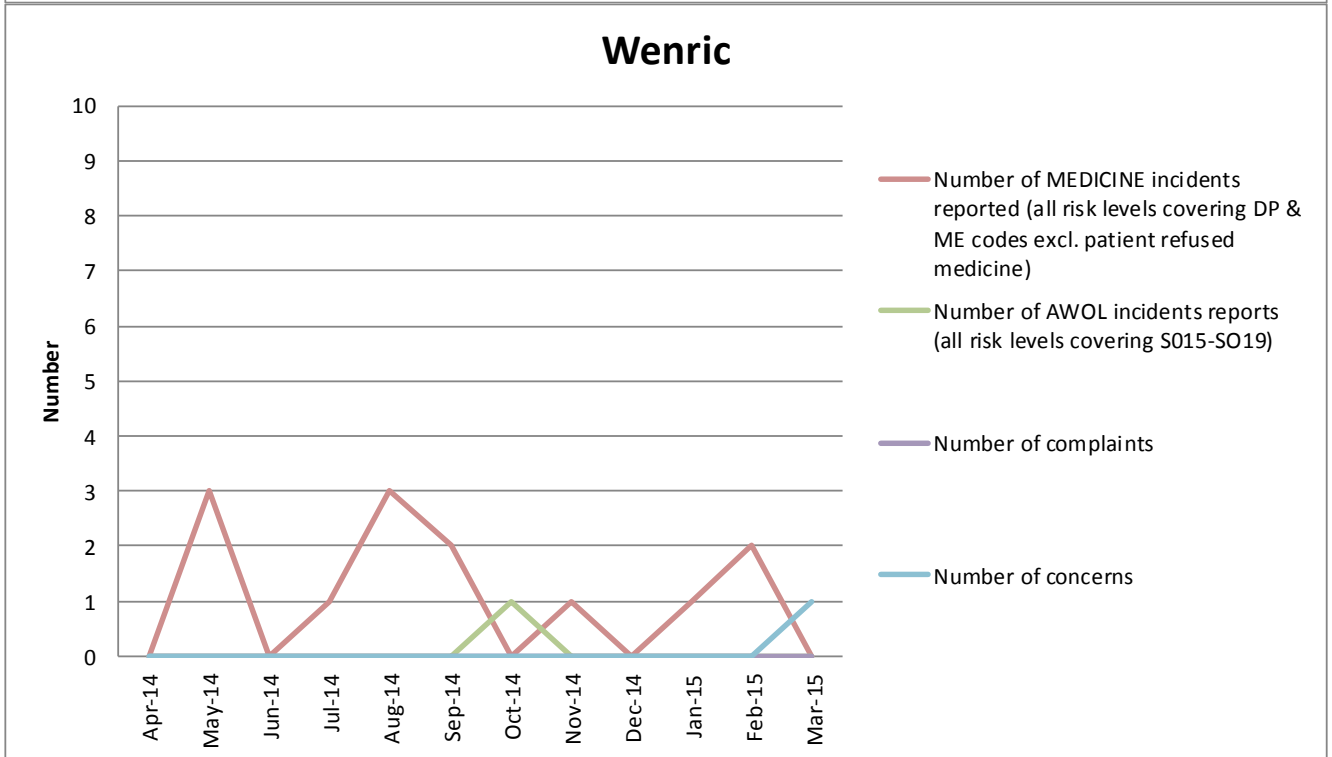
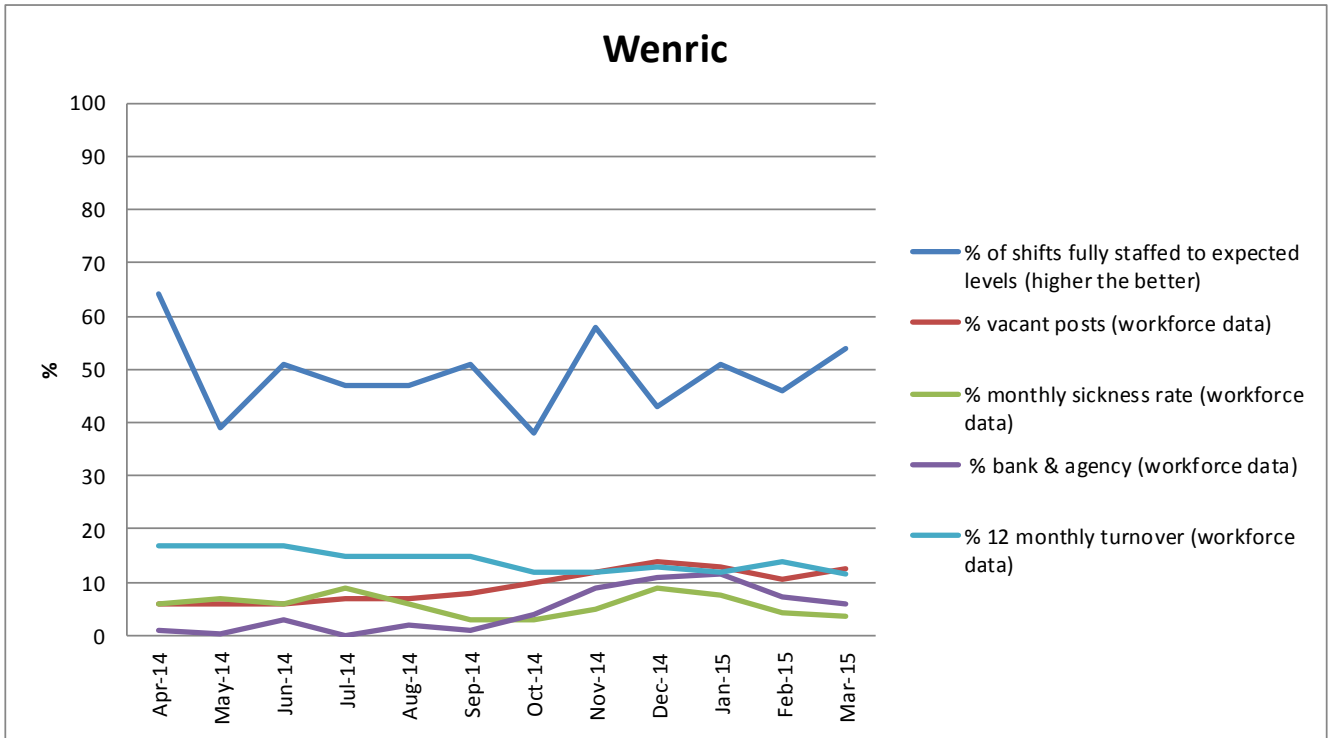
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with 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-SO19)	Number of complaints	Number of concerns
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	1	0	0
Sep-14	91	7	3	2	20			0	0	0	0
Oct-14	87	11	12	1	21	100	100	0	0	0	0
Nov-14	88	7	13	0	14			0	0	0	0
Dec-14	81	11	13	1	10	100	100	0	0	0	0
Jan-15	87	11.1	2.21	0.5	9.78			0	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



PUBLIC BOARD REPORT

Wenric

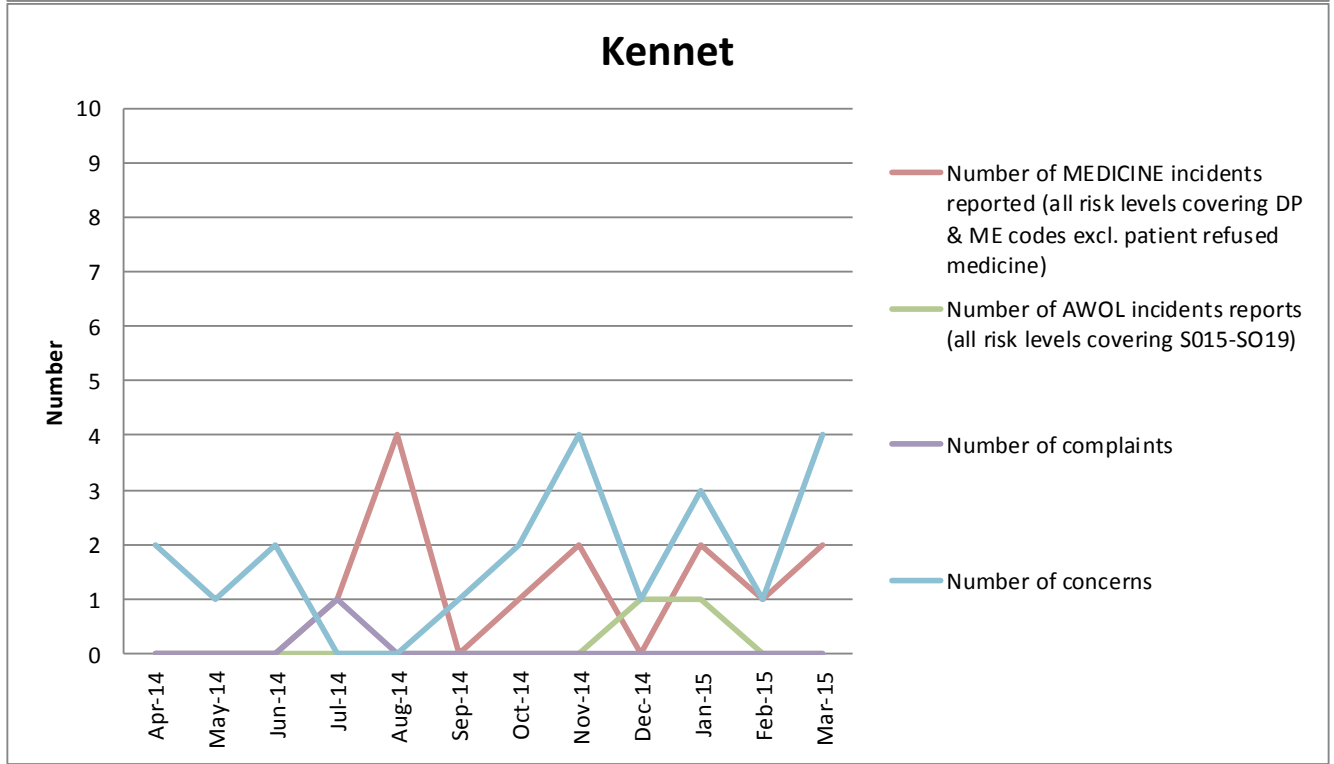
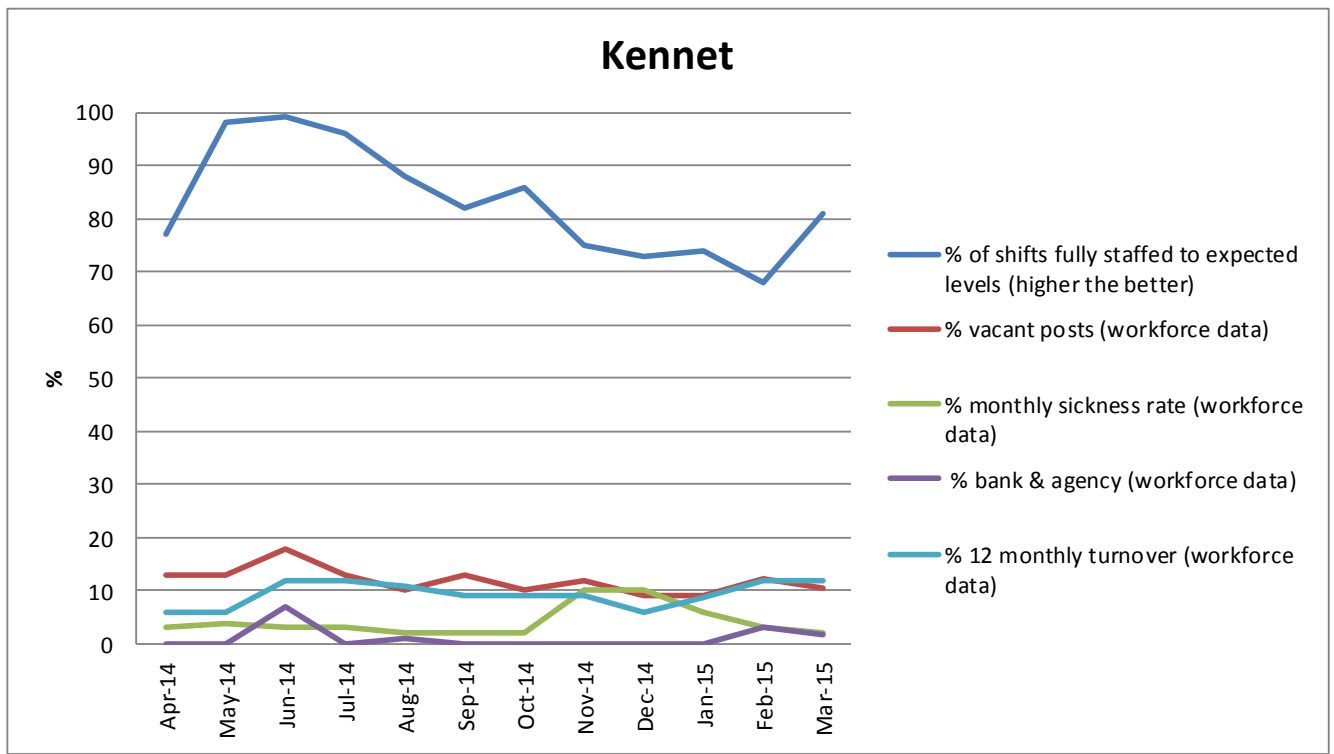
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reports (all risk levels covering S015-SO19)	Number of complaints	Number of concerns
Apr-14	64	6	6	1	17	100	100	0	0	0	0
May-14	39	6	7	0	17			3	0	0	0
Jun-14	51	6	6	3	17	100	100	0	0	0	0
Jul-14	47	7	9	0	15			1	0	0	0
Aug-14	47	7	6	2	15	100	100	3	0	0	0
Sep-14	51	8	3	1	15			2	0	0	0
Oct-14	38	10	3	4	12	100	100	0	1	0	0
Nov-14	58	12	5	9	12			1	0	0	0
Dec-14	43	14	9	11	13	100	100	0	0	0	0
Jan-15	51	12.9	7.62	11.7	12			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



PUBLIC BOARD REPORT

Kennet

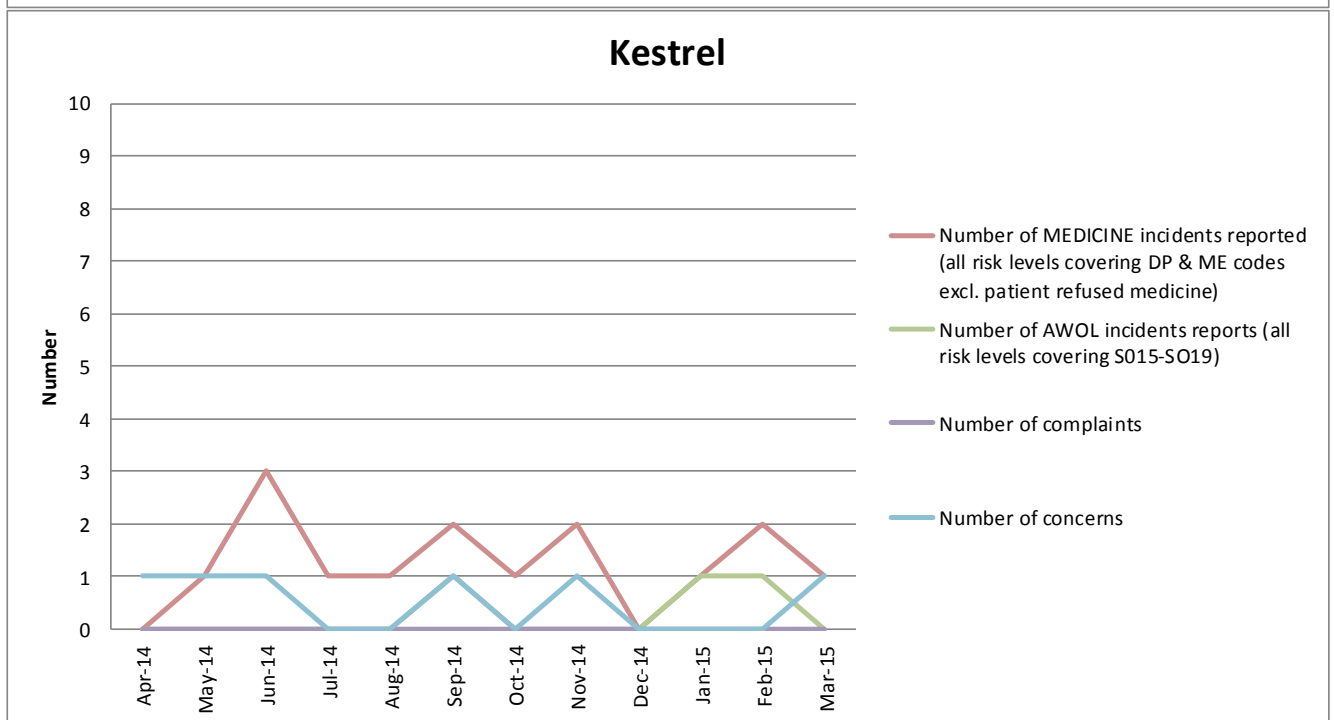
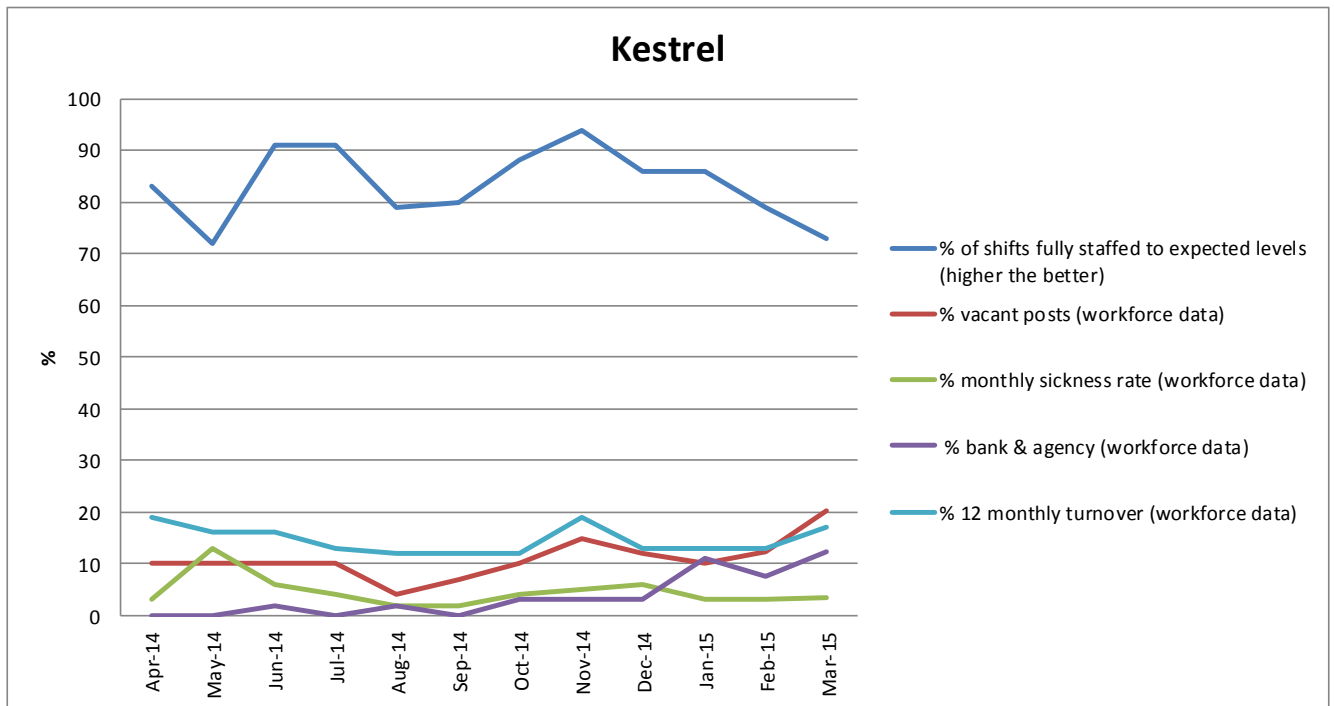
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reports (all risk levels covering S015-S019)	Number of complaints	Number of concerns
Apr-14	77	13	3	0	6	100	100	0	0	0	2
May-14	98	13	4	0	6			0	0	0	1
Jun-14	99	18	3	7	12	100	100	0	0	0	2
Jul-14	96	13	3	0	12			1	0	1	0
Aug-14	88	10	2	1	11	40	100	4	0	0	0
Sep-14	82	13	2	0	9			0	0	0	1
Oct-14	86	10	2	0	9	80	100	1	0	0	2
Nov-14	75	12	10	0	9			2	0	0	4
Dec-14	73	9	10	0	6	80	100	0	1	0	1
Jan-15	74	9	6	0	8.8			2	1	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



PUBLIC BOARD REPORT

Kestrel

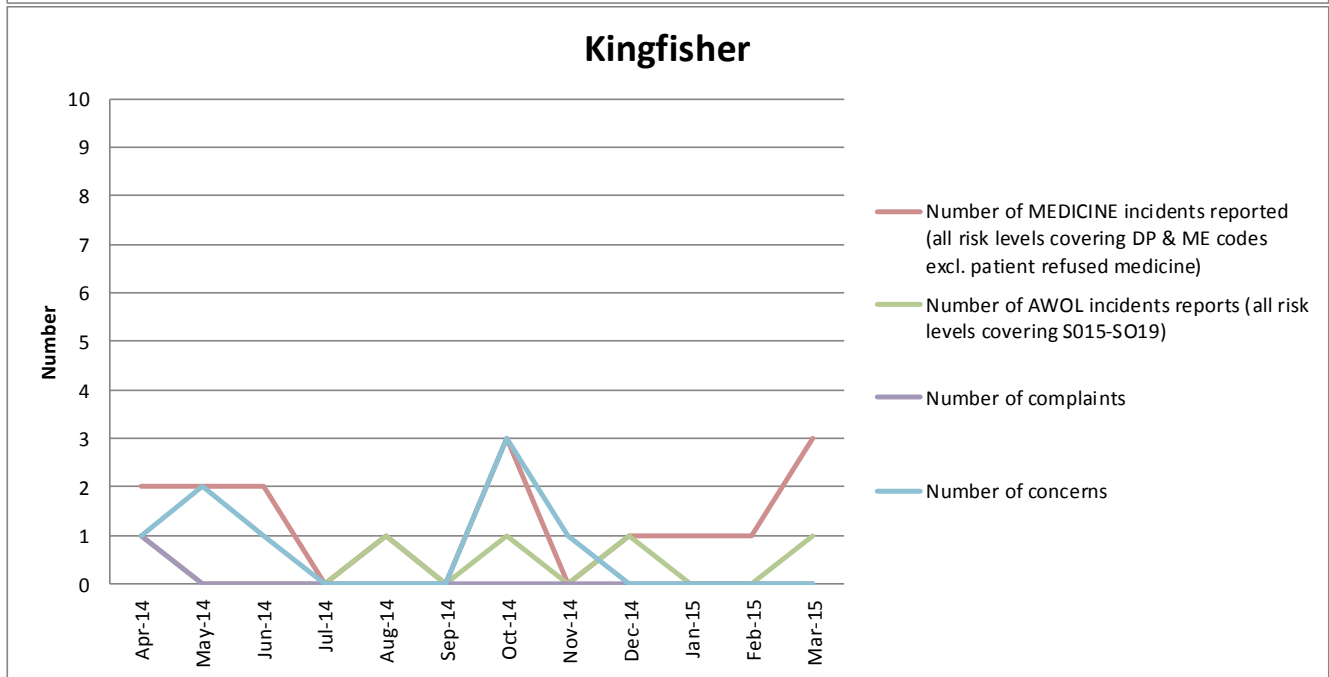
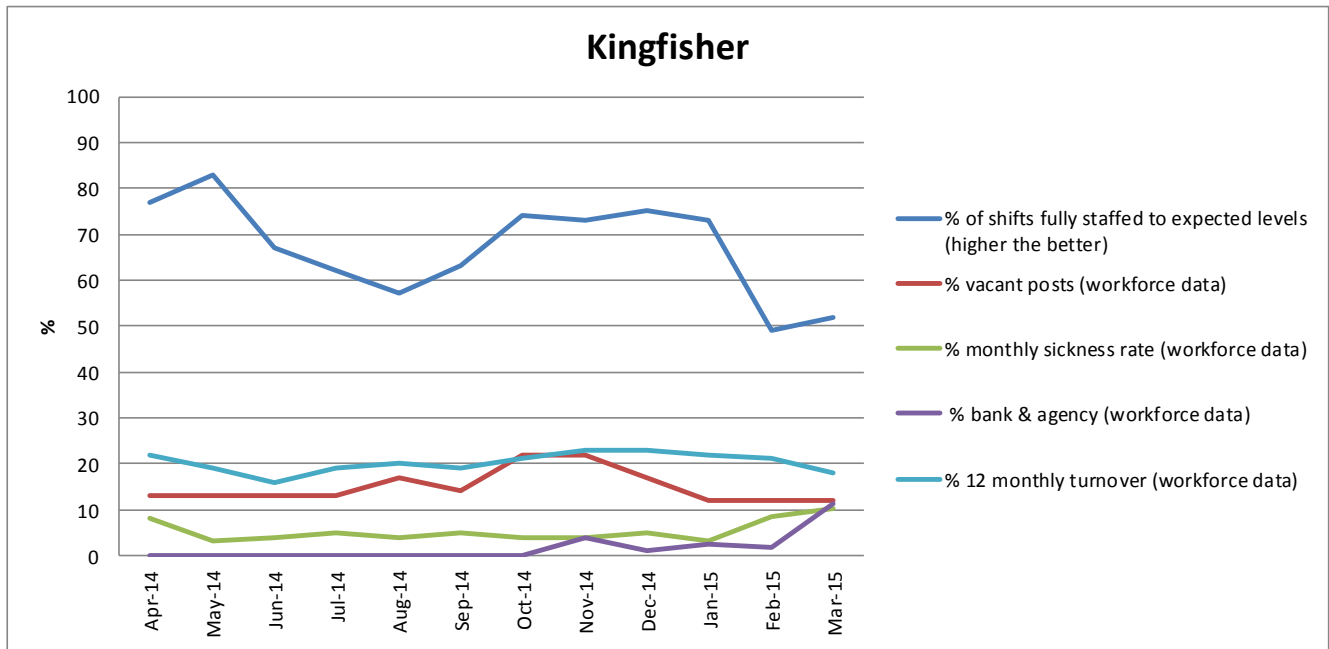
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with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



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

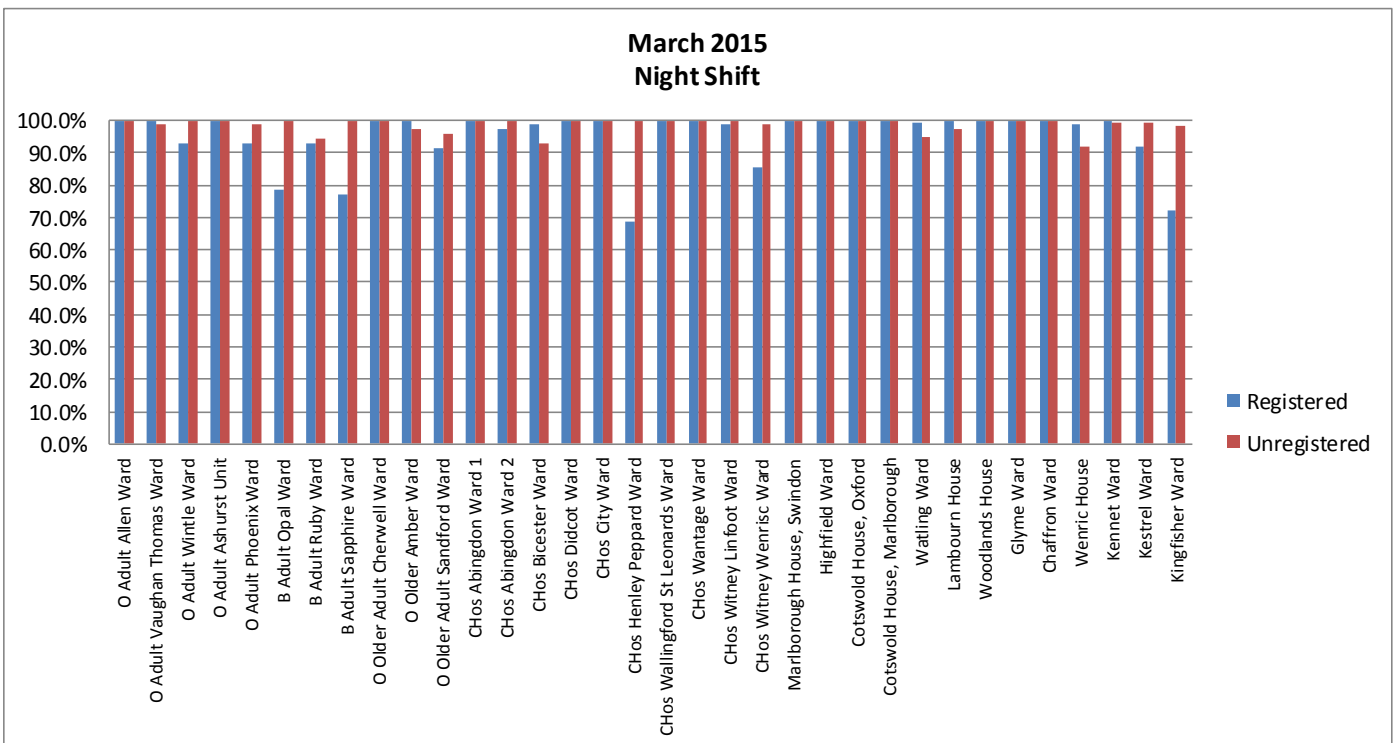
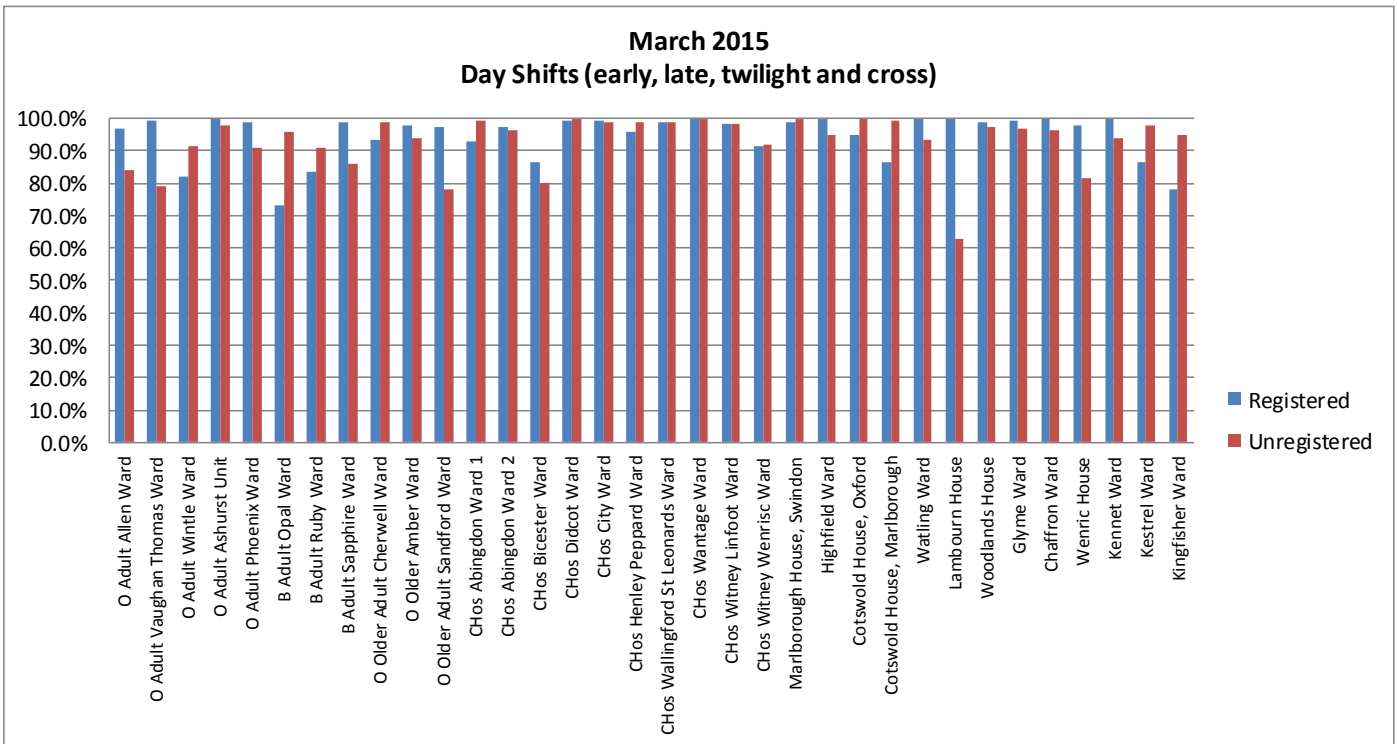


PUBLIC BOARD REPORT

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.
4. Allen and Opal did not submit data for one week; Allen 2nd-8th March 15 and Opal 30th-5th April 15.



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Appendix 3. Staffing Establishments by ward

Ward	Setting	Number of beds	Expected Staffing by shift (based on establishment in budget)			Changes from October 2014
Abingdon ward 1	Older People Community Hospital and stroke beds	18		Registered	Unregistered	During April 15 plan is to increase by a further 1 unregistered staff on night shift moving to 5:4:5
			Early	5	4	
			Late	2	3	
			Night	2	1	
			Twilight	0	0	
			Cross shift	0	0	
Abingdon ward 2	Older People Community Hospital and EMU	22 (fluctuates between 20 to 26 beds)		Registered	Unregistered	Reduced 1 registered staff on early shift, moving to 7:6:4 (previously 8:6:4)
			Early	3	4	
			Late	3	3	
			Night	2	2	
			Twilight	0	0	
			Cross shift	0	0	
Bicester	Older People Community Hospital	11		Registered	Unregistered	Increased 1 unregistered staff on both the late and night shifts, moving to 4:4:4 (previously 4:3:3)
			Early	2	2	
			Late	2	2	
			Night	2	2	
			Twilight	0	0	
			Cross shift	0	0	
City	Older People Community Hospital	20		Registered	Unregistered	Reduced 1 unregistered staff on early shift and moved the unregistered member of staff working a twilight shift to a night shift, moving to 6:4:4 (previously 7:4:3 and 1 twilight shift)
			Early	3	4	
			Late	2	2	
			Night	2	1	
			Twilight	0	1	
			Cross shift	0	0	
Didcot	Older People Community Hospital	12 (fluctuates between 12-18)		Registered	Unregistered	none
			Early	2	2	
			Late	2	2	
			Night	2	1	
			Twilight	0	0	

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Ward	Setting	Number of beds	Expected Staffing by shift (based on establishment in budget)			Changes from October 2014
			Cross shift	0	0	
Peppard ward (Henley)	Older People Community Hospital	14		Registered	Unregistered	Increased 1 unregistered staff on early shift, moving to 5:4:3 (previously 4:4:3) During April 15 plan is to increase by a further 1 unregistered staff on night shift moving to 5:4:5 When the ward moves to the new ward planned in 2015 the bed numbers will increase from 14 to 18 beds and so will the staffing establishment.
			Early	2	3	
			Late	2	2	
			Night	2	1	
			Twilight	0	0	
			Cross shift	0	0	
St Leonards (Wallingford)	Older People Community Hospital	22 (fluctuates between 22- 30)		Registered	Unregistered	Increased 1 unregistered staff and moved the unregistered member of staff working a twilight shift to a night shift, the ward now has 6:5:4 (previously 6:4:3 and 1 twilight shift)
			Early	3	3	
			Late	2	3	
			Night	2	2	
			Twilight	0	0	
			Cross shift	0	0	
Wantage	Older People Community Hospital	12		Registered	Unregistered	none
			Early	2	2	
			Late	2	1	
			Night	2	1	
			Twilight	0	0	
			Cross shift	0	0	
Linfoot (Witney)	Older People Community Hospital	30		Registered	Unregistered	none
			Early	5	5	
			Late	4	4	
			Night	2	3	
			Twilight	0	0	
			Cross shift	0	0	
Wenrisc (Witney)	Older People Community Hospital, stroke beds and EMU	30 (fluctuates between 18- 30)		Registered	Unregistered	Registered and unregistered staff has been increased, moving to 10:9:5 (previously 8:7:4 and 1 twilight shift)
			Early	5	5	
			Late	4	5	
			Night	3	2	
			Twilight	0	0	

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Ward	Setting	Number of beds	Expected Staffing by shift (based on establishment in budget)			Changes from October 2014
			Cross shift	0	0	
Amber	Older People Mental Health Acute Ward	20		Registered	Unregistered	none
			Early	2	4	
			Late	2	4	
			Night	2	2	
			Twilight	0	0	
			Cross shift	0	0	
Cherwell	Older People Mental Health Acute Ward	17		Registered	Unregistered	none
			Early	2	3	
			Late	2	3	
			Night	2	2	
			Twilight	0	0	
			Cross shift	0	0	
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	13		Registered	Unregistered	none
			Early	4	4	
			Late	4	4	
			Night	3	3	
			Twilight	0	0	
			Cross shift	0	0	
Opal	Adult Mental	20		Registered	Unregistered	none

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Ward	Setting	Number of beds	Expected Staffing by shift (based on establishment in budget)			Changes from October 2014
	Health Rehabilitation Ward		Early	2	3	
			Late	2	3	
			Night	2	2	
			Twilight	0	0	
			Cross shift	0	0	
Phoenix	Adult Mental Health Acute Ward	21		Registered	Unregistered	none
			Early	3	3	
			Late	3	3	
			Night	2	2	
			Twilight	0	0	
			Cross shift	0	0	
Ruby	Adult Mental Health Acute Ward	20		Registered	Unregistered	none
			Early	3	3	
			Late	3	3	
			Night	2	2	
			Twilight	0	0	
			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	

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Ward	Setting	Number of beds	Expected Staffing by shift (based on establishment in budget)			Changes from October 2014
			Night	2	2	
			Twilight	0	0	
			Cross shift	0	0	
Watling	Forensic Mental Health Ward	20		Registered	Unregistered	none
			Early	4	4	
			Late	4	4	
			Night	3	4	
			Twilight	0	0	
			Cross shift	0	0	
Glyme	Forensic Mental Health Ward	17		Registered	Unregistered	none
			Early	2	3	
			Late	2	3	
			Night	2	1	
			Twilight	0	0	
			Cross shift	0	1 (Mon-Fri)	
Kennet	Forensic Mental Health Ward	15		Registered	Unregistered	none
			Early	2	4	
			Late	2	4 (5 on Sat & Sun)	
			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	

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Ward	Setting	Number of beds	Expected Staffing by shift (based on establishment in budget)			Changes from October 2014
			Twilight	0	0	
			Cross shift	0	0	
Lambourne	Forensic Mental Health Ward (pre-discharge unit)	15		Registered	Unregistered	none
			Early	1	2	
			Late	1	2	
			Night	1	1	
			Twilight	0	0	
			Cross shift	0	0	
Chaffron	Forensic Mental Health Ward	8		Registered	Unregistered	none
			Early	1	2	
			Late	1	2	
			Night	1	1	
			Twilight	0	0	
			Cross shift	0	0	
Wenric	Forensic Mental Health Ward	21		Registered	Unregistered	none
			Early	3	4	
			Late	2	5	
			Night	2	3	
			Twilight	0	0	
			Cross shift	0	0	
Woodlands	Forensic Mental Health Ward	20		Registered	Unregistered	none
			Early	3	2	
			Late	2	2	
			Night	2	2	
			Twilight	0	0	
			Cross shift	0	1	
Cotswold house oxford	Eating disorder unit	14 (plus 6 day places)		Registered	Unregistered	none
			Early	2	3 (2 on Sat & Sun)	
			Late	2	3 (2 on Sat & Sun)	
			Night	1	2	
			Twilight	0	0	

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Ward	Setting	Number of beds	Expected Staffing by shift (based on establishment in budget)			Changes from October 2014
			Cross shift	0	0	
Cotswold house marlborough	Eating disorder unit	12		Registered	Unregistered	none
			Early	2	3 (2 on Sat & Sun)	
			Late	2	3 (2 on Sat & Sun)	
			Night	1	2	
			Twilight	0	0	
			Cross shift	0	0	
Highfield	Child and adolescent mental health ward	18 Plus 2 high dependency beds		Registered	Unregistered	none
			Early	5	5	
			Late	5	5	
			Night	2	7	
			Twilight	1	0	
			Cross shift	0	0	
Marlborough house swindon	Child and adolescent mental health ward	12		Registered	Unregistered	none
			Early	2	3	
			Late	2	3	
			Night	2	2	
			Twilight	0	1 (Fri & Sun)	
			Cross shift	0	1 (Mon & Tues)	