Oxford Health NHS
NHS Foundation Trust

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

January 2015

Inpatient Safer Staffing (Nursing)
For Information

Summary

The National Quality Board published guidance in November 2013, *How to ensure the right people, with the right skills, are in the right place at the right time* set and this was followed in March 2014 by NHS England issuing further guidance on the expectations for providers in relation to getting inpatient nursing and care staffing right, *Hard Truths Commitments Regarding the Publishing of Staffing Data*. The expectations include the monthly reporting of actual staffing levels and at least a six monthly report on recommendations following a review of expected staffing levels to the Board of Directors which are then published. In November 2014 further guidance was published by NHS England which we are preparing to implement from April 2016. This guidance is additionally requiring wards to report on the percentage of direct care provided by nursing teams using a recognised methodology. NICE is also developing evidence based safe staffing guidance for mental health services during 2015/6.

This is the 8th 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 December 2014.

The staffing levels by ward are reviewed shift by shift by ward staff and immediate managers, daily by 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 December 2014 all wards were staffed safely, this was achieved in some wards through use of our staff working extra paid shifts and external temporary staff. All our wards show high levels of meeting planned verses actual levels based on the national reporting criteria submitted to Unify, in excess of 90%. However our more detailed analysis demonstrates some of the underlying pressure which continue to be a strategic priority to address.

Based on the staffing levels in December 2014, 11 out of 34 wards were identified as having the most difficulties across the month in achieving expected staffing levels on every shift (with 75% or less of shifts fully staffed). 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 (November 2014) 11 wards remain a concern, five wards are no longer identified as a potential concern and no wards have been added.

Nursing vacancies are the main reason for under staffing on the shifts for many wards, related to recruitment difficulties in some geographical areas and some specialties which are also reflected nationally. The number of vacancies has also increased due to an increase in staffing establishment (and therefore expected staffing levels) on a number of wards which is taking time to recruit into. Vacancies are being monitored and managed on a weekly and monthly basis with the Executive Team. In addition a trust wide values based recruitment project and recruitment action group have been established. It is taking longer than anticipated to recruit into the newly established mental health posts and it continues to be difficult to fill posts in community hospitals. International recruitment

used by many acute trusts is not an option for mental health and many countries have as well developed community services so adult nurses have limited or no experience of our care settings.

Sickness rates in some of the 11 wards identified particularly mental health and forensic wards are also experiencing increases approaching 10% in some wards, this is very unusual and the underlying reasons are being explored.

Ensuring adequate time to involve patients in care planning is also variable particularly in community hospitals and in one mental health ward. This is an important area of clinical activity and safe staffing levels need to ensure there is adequate time to complete care records.

Recommendations

The Board is asked to note:

- The processes in place to monitor safe staffing levels on the wards, those wards where there are difficulties and the actions being taken to ensure safe staffing on all 34 wards.

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

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

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

Inpatient Safe Staffing

January 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 December 2014 (from 1st December 2014 to 4th January 2015). The agreed expected (also known as planned) levels are reviewed at least twice a year summarised in the nursing establishment review report which was last presented to the Board of Directors in October 2014.

In November 2014 further guidance was published by NHS England which we are preparing to implement from April 2016. This guidance is additionally requiring wards to report on the percentage of direct care provided by nursing teams using a recognised methodology. NICE is also developing evidence based safe staffing guidance for mental health services during 2015/6.

The staffing levels by ward are reviewed shift by shift by ward staff and immediate managers, daily by 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 December 2014 all wards were staffed to achieve safe staffing levels in excess of 90%, based on the national reporting criteria submitted to Unify. However this has been achieved in some wards through the use of additional shifts worked by our staff and the use of external temporary staff.

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

2. 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 for December 2014 is summarised in table 1 below. The information will be 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.

Table 1. Unify Return based on number of hours filled across staff team

	Day time Shifts (Early, Late and Twilight shifts)		**Night time Shift**	
	Registered nurses	**Unregistered staff**	**Registered nurses**	**Unregistered staff**
May 2014	96.20%	94.50%	99.50%	99.80%
June 2014	96.9%	97.3%	95.6%	97.7%
July 2014	98.7%	96.3%	92.5%	98.6%
August 2014	95.1%	93.4%	94.9%	97.5%
September 2014	95.6%	93.9%	95.5%	96.4%
October 2014	96.1%	95.1%	96%	96.3%
November 2014	95.5%	94%	94.8%	98.1%
December 2014	95.1%	94.1%	95.1%	97.3%

The data return via unify is in addition to the national expectations set out by the national quality board in February 2014 that:

- The board of directors should receive and publish information monthly to monitor staffing position. The report should include detail of which wards frequently fall short, the reasons, impact and action being taken.
- The Board of Directors should review staffing levels alongside bank and agency use and other workforce information.
- It is important to review and present the staffing position alongside patient outcomes and patient experience information.

It is currently hard to show comparative data to other trusts due to the level of detail published which is at ward or site level only, rather than specialty.

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 based on the variances between expected and actual staffing levels, the use of temporary staff and includes the impact this had on patient care. The tool is not currently sensitive enough to report on when individual shifts are staffed over expected levels to meet patient acuity.

When looking at the number of shifts which were fully staffed to expected levels, the following 11 out of 34 wards were identified as having the most difficulties across the month in achieving expected staffing levels on every shift (with 75% or less of shifts fully staffed to expected levels). However all wards did maintain minimum staffing levels to remain safe to deliver patient care. Across the majority of these wards the staffing levels have varied week to week which highlights the importance of a weekly review. In comparison to last month (November 2014) 11 wards remain a concern, five wards are no longer identified as a potential concern and no wards have been added.

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

- Managing capacity by reducing bed numbers in wards temporarily
- 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
- 'long lines of work' were established with agency staff to improve continuity of care and reliability of temporary staff

4. Quality and workforce indicators

The wards have had no serious incidents or causes for concern to the safety of patients in the last six months. We continue to develop the quality and workforce indicators selected to be reviewed alongside the staffing level information to identify when the quality of care has declined. Appendix 1 shows a range of indicators by ward, representing those most similar to the nursing red flags recommended by NICE and described in the *Safer staffing: a guide to care contact time* (November 2014).

It is too early to find a significant correlation and evidence if staffing levels have impacted on the quality of care. Any conclusions will need to consider the staff culture on the ward as a higher number

of lower/ no harm incidents reported or informal concerns reported may show a positive culture of reporting and wanting to learn rather than a poorer quality of care. However sickness rates in some of the 11 wards identified are unusually high so the underlying reasons are being explored on a ward by ward basis with ward managers. We have also identified some possible variable performance in staff spending adequate time to involve patients in care planning and documenting this in the patients care record which is being followed up and monitored.

5. Highlighted wards

The 11 wards having the most difficulty in achieving expected staffing levels on every shift are shown below.

Notes:
1. A ward is described as having a difficult week staffing if more than 10 shifts across the week were not fully staffed to expected levels or if more than 7 day or night shifts were not fully staffed across the week.
2. A day shift includes two shifts an early and late, plus an additional third shift on some wards called a twilight shift.
3. A night shift includes one shift.

Vaughan Thomas (Adult Directorate): 41% of shifts were fully staffed to expected levels (the position has been declining since September 2014). The shifts below related to unregistered staff on day shifts and registered staff on night shifts. Staffing was more difficult across two weeks. The main reason was due to vacancies (9.97 WTE) as the increased establishment is achieved, and sickness. As of the beginning of January 2015 five registered and five unregistered vacancies are being recruited to of which one post has been offered and accepted. An open recruitment day is being held on 24th January 2015 to attract more staff.

Phoenix (Adult Directorate): 72% of shifts were fully staffed to expected levels (this is similar to last month at 74% but has been improving from September 2014). The shifts below related to unregistered staff on day shifts. Staffing was more difficult across one week. The main reasons were due to vacancies (6.18 WTE) as the increased establishment is achieved. As of the beginning of January 2015 six registered and two unregistered vacancies are being recruited to of which one post has been offered and accepted. An open recruitment day is being held on 24th January 2015 to attract more staff.

Opal (Adult Directorate): 38% of shifts were fully staffed to expected levels (the position has been declining since September 2014). The shifts below related to registered staff on day and night shifts. Staffing was more difficult across all five weeks. The main reasons were due to vacancies (5.24 WTE) as the increased establishment is achieve, sickness and lending staff to work on other wards. As of the beginning of January 2015 the one registered vacancy being advertised has been recruited into and the ward is waiting for the person to start.

Ruby (Adult Directorate): 61% of shifts were fully staffed to expected levels (the position has been declining since July 2014). The shifts below related to registered staff on day shifts. Staffing was more difficult across three of the weeks. The main reason was due to vacancies (6.74 WTE) as the increased establishment is achieved. As of the beginning of January 2015 two registered and one unregistered vacancies are being recruited to of which two posts have been offered and accepted.

Wintle (Adult Directorate): 59% of shifts were fully staffed to expected levels (the position has been declining since October 2014). The shifts below related to unregistered staff on day shifts. Staffing was more difficult across four of the weeks. The main reason was due to vacancies (9.59 WTE) as the increased establishment is achieved. As of the beginning of January 2015 nine registered and four unregistered vacancies are being recruited to. An open recruitment day is being held on 24th January 2015 to attract more staff.

Sandford (Older People Directorate): 62% of shifts were fully staffed to expected levels (this is quite similar to last month following a decline from May to July 2014). The shifts below related to unregistered staff at night and on day shifts. Staffing was more difficult across one of the weeks. The main reasons were due to sickness and vacancies (5.51 WTE). As of the beginning of January 2015 the one registered vacancy being advertised has been recruited into and the ward is waiting for the person to start.

Peppard ward Henley (Older People Directorate): 77% of shifts were fully staffed to expected levels (this is similar to last month following a decline from July 2014). The shifts below relate to registered on night shifts. Staffing was not particularly difficult on any one week. The main reasons are due to vacancies and sickness. As of the beginning of January 2015 eight registered vacancies are being advertised.

Highfield (Children and Young People Directorate): 61% of shifts were fully staffed to expected levels (this is similar to last month although there has been a decline since August 2014). The shifts below relate to unregistered staff on day and night shifts. Staffing was more difficult across three of the weeks. The main reason was due to vacancies (17.72 WTE) as the increased establishment is achieved. As of the beginning of January 2015 five registered and eight unregistered vacancies are being advertised of which two posts have been offered and accepted. An open recruitment day is being held in February 2015 to attract more staff.

Wenric (Adult Directorate): 43% of shifts were fully staffed to expected levels (this is a decline from last month and staffing has been difficult since May 2014). The shifts below related to unregistered staff on day and night shifts. Staffing was more difficult across four weeks. The main reasons were due to sickness, staff supervising workmen and a member of staff suspended. The ward currently has 6.14 WTE vacancies. As of the beginning of January 2015 four registered and two unregistered vacancies are being advertised of which one post has been offered and accepted.

Kingfisher (Adult Directorate): 75% of shifts were fully staffed to expected levels (the position has been improving since August 2014). The shifts below related to unregistered staff on day shifts. Staffing was more difficult across one week. The main reasons are due to vacancies (7.10 WTE) and sickness. As of the beginning of January 2015 Kingfisher and Kestrel wards were advertising three registered and four unregistered posts of which two posts have been offered and accepted. An open recruitment day is being held on 24th January 2015 to attract more staff.

Kennet (Adult Directorate): 73% of shifts were fully staffed to expected levels (the position is similar to last month but has been declining since May 2014). The shifts below related to unregistered on day shifts. Staffing was more difficult across one week. The main reasons are due to vacancies (3.32 WTE) and sickness. As of the beginning of January 2015 two registered and three unregistered vacancies are being advertised of which one post has been offered and accepted.

6. Nursing Vacancies

Nursing vacancies are the main reason for under staffing on the shifts for many wards, related to recruitment difficulties in some geographical areas e.g. Oxford City, Abingdon and Henley and some specialties which are also reflected nationally e.g. registered mental health nurses for adult acute and forensic wards. The number of vacancies has also increased due to an increase in staffing establishment (and therefore expected staffing levels) on a number of wards over the last year which is taking time to recruit into. Vacancies are being monitored and managed on a weekly and monthly basis with the Executive Team. To strategically address the challenges with nursing vacancies the trust has initiated a values based recruitment project and recruitment action plan, further details below.

Values Based Recruitment

A draft Values Based Behavioural Framework was developed following staff interviews conducted last summer (2014) and this is currently being consulted on with the hope to finalise in January 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 before the financial year end.

Recruitment Action Plan

The Recruitment Action Group has met twice between October-December 2014. The main focus of the group has been discussing candidate attraction strategies. Further detailed work has commenced on identifying temporary accommodation for new staff, developing closer links with Universities, taking part in external recruitment fairs, holding internal open days on the ward, career progression for unregistered staff plus equity in banding, and considering how to more fully utilise social media.

In addition sickness levels on the wards seem to be rising for a number of wards, the issues are being examined on a ward by ward basis, supported by HR, as this could be an early warning sign.

7. 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. A draft scope for the development of a new guideline for mental health inpatient settings was consulted on in December 2014.

The CQC has also consulted on 11 new fundamental standards to replace the current essential quality and safety standards from 1st April 2015, and one of the standards is for each provider to ensure there are sufficient numbers of suitably qualified, skilled and experienced staff to be able to deliver high quality care. 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.

8. Conclusion

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 basis with senior staff giving appropriate support to ward teams. This report identifies discrepancies between expected and actual staffing levels on some wards in December 2014; 11 out of 34 wards were identified as having the most difficulties across the month. 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 (November 2014) 11 wards remain a concern, five wards are no longer identified as a potential concern and no wards have been added. Our oversight and review processes ensure any possible risks to care are managed and we use a range of immediate actions, as highlighted above, to ensure safe staffing and high quality patient care. We continue to develop and review quality and workforce measures alongside the staffing levels each month. The main reason wards have been unable to fully staff every shift is due to vacancies related to recruitment difficulties in some geographical areas and some specialties which we are giving more strategic attention. The number of vacancies has also been increased due to an increase in staffing establishment (and therefore expected staffing levels) on a number of wards which is taking time to recruit into these posts. The length of time taken to improve the recruitment position and increase the number of substantive staff to share the burden of care carried by the teams needs to be re-examined and in other options including reducing capacity may need to be explored for the 11 wards.

Ensuring adequate time to involve patients in care planning is also variable particularly in community hospitals and in one mental health ward. This is an important area of clinical activity and safe staffing levels need to ensure there is adequate time to complete care records.

The new concern is a rising level of sickness which given the season will have a number of contributory causes but never the less is being actively examined and solutions put in place. At this time of year the need to sustain, and in our community hospitals increase capacity is always a pressure. Carefully balancing the available nursing resource to ensure patients receive safe and effective care with a positive experience is carried out on a shift by shift basis.

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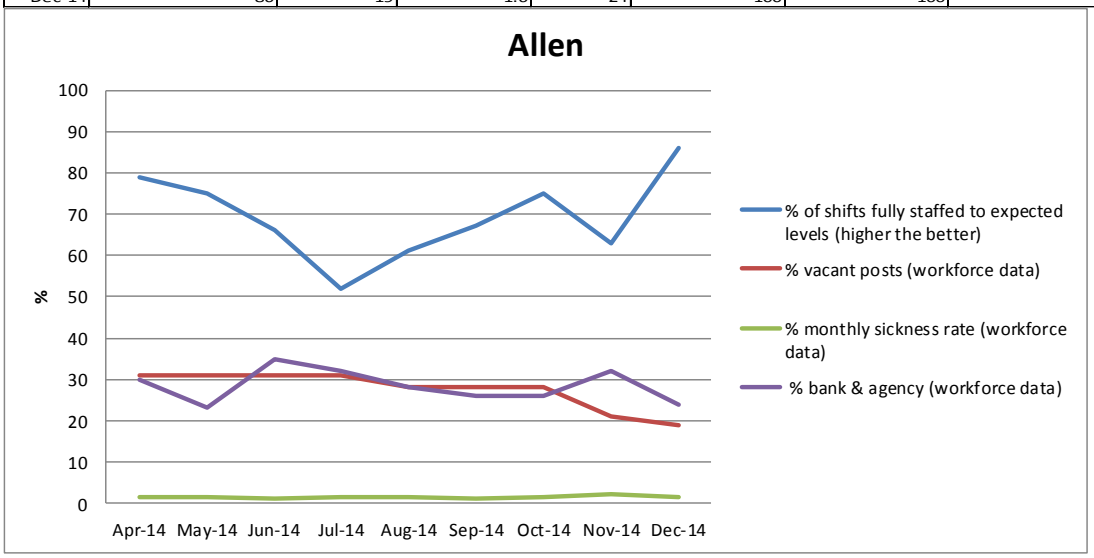
Appendix 1. Quality and Workforce Indicators

A selection of indicators are included in each table, only those relating to staffing levels and basic workforce information are represented in the graphs.

Note.
**Vaughan Thomas and Allen ward did not submit data for two weeks; 22nd-28th Dec 2014 and 29th Dec-4th Jan 2015.*

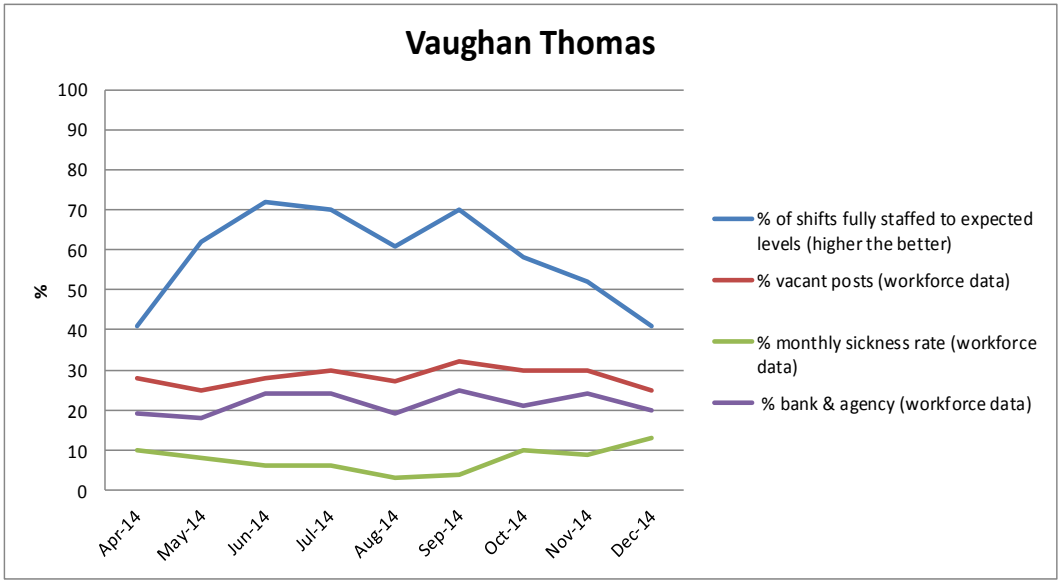
Allen

	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 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 complaints	Number of concerns
Apr-14	79	31	1.4	30	100	40			
May-14	75	31	1.6	23					
Jun-14	66	31	1.2	35	60	60			
Jul-14	52	31	1.5	32			2	0	3
Aug-14	61	28	1.4	28	100	100	1	0	2
Sep-14	67	28	1	26			0	1	3
Oct-14	75	28	1.3	26	60	60	2	0	3
Nov-14	63	21	2.1	32			0	0	8
Dec-14	86	19	1.6	24	100	100	1	0	4



VT

	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (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 complaints	Number of concerns
Apr-14	41	28	10	19	60	80			
May-14	62	25	8	18					
Jun-14	72	28	6	24	100	100	0		
Jul-14	70	30	6	24			2	0	1
Aug-14	61	27	3	19	100	100	2	0	2
Sep-14	70	32	4	25			3	0	1
Oct-14	58	30	10	21	100	100	0	0	4
Nov-14	52	30	9	24			2	0	5
Dec-14	41	25	13	20	100	100	1	0	3


Vaughan Thomas
100
90
80
70
60
50
40
30
20
10
0
%
Apr-14
May-14
Jun-14
Jul-14
Aug-14
Sep-14
Oct-14
Nov-14
Dec-14
% of shifts fully staffed to expected levels (higher the better)
% vacant posts (workforce data)
% monthly sickness rate (workforce data)
% bank & agency (workforce data)

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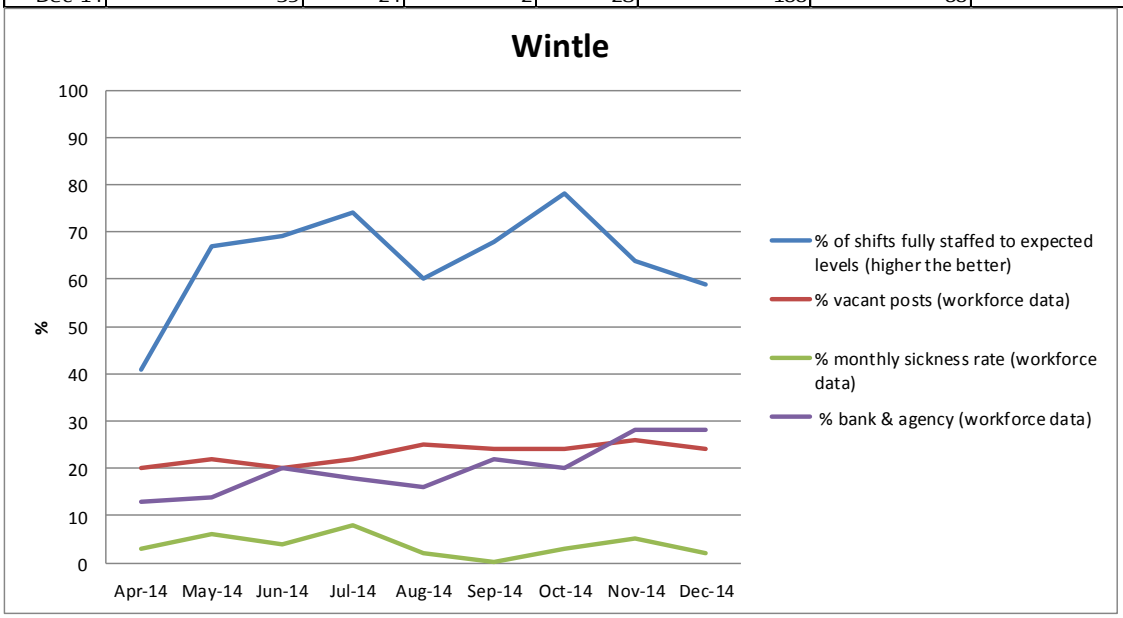
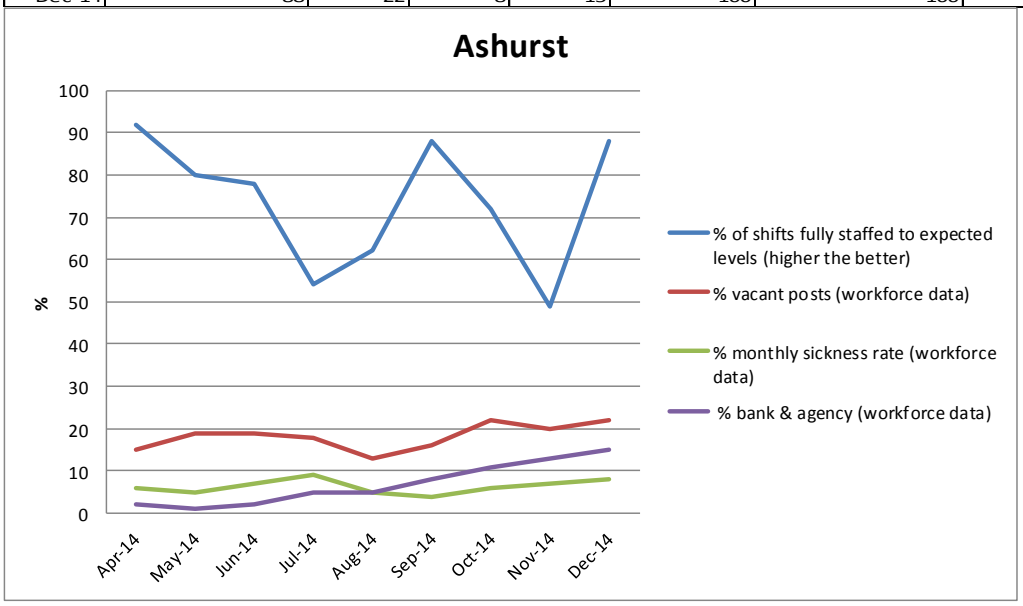
Wintle

	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 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 complaints	Number of concerns
Apr-14	41	20	3	13	40	100			
May-14	67	22	6	14					
Jun-14	69	20	4	20	80	100	1		
Jul-14	74	22	8	18			5	0	3
Aug-14	60	25	2	16	80	100	5	1	2
Sep-14	68	24	0.1	22			2	0	2
Oct-14	78	24	3	20	100	100	2	1	2
Nov-14	64	26	5	28			3	0	1
Dec-14	59	24	2	28	100	60	2	0	5



Ashurst

	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (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 complaints	Number of concerns
Apr-14	92	15	6	2	80	100			
May-14	80	19	5	1					
Jun-14	78	19	7	2	100	20	0		
Jul-14	54	18	9	5			3	1	3
Aug-14	62	13	5	5	no data	no data	0	0	2
Sep-14	88	16	4	8			0	0	4
Oct-14	72	22	6	11	100	67	0	0	3
Nov-14	49	20	7	13			1	0	1
Dec-14	88	22	8	15	100	100	1	0	1



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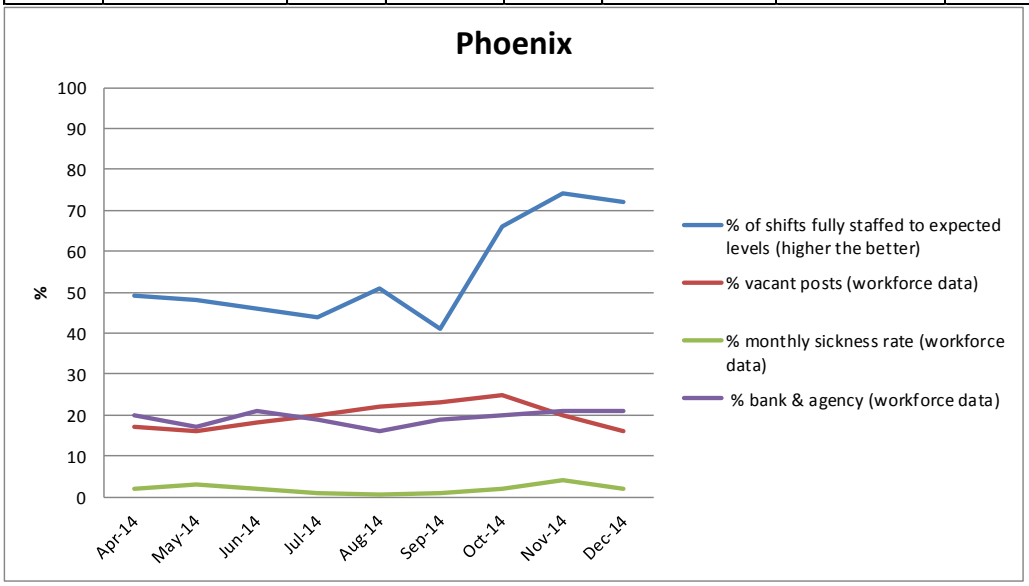
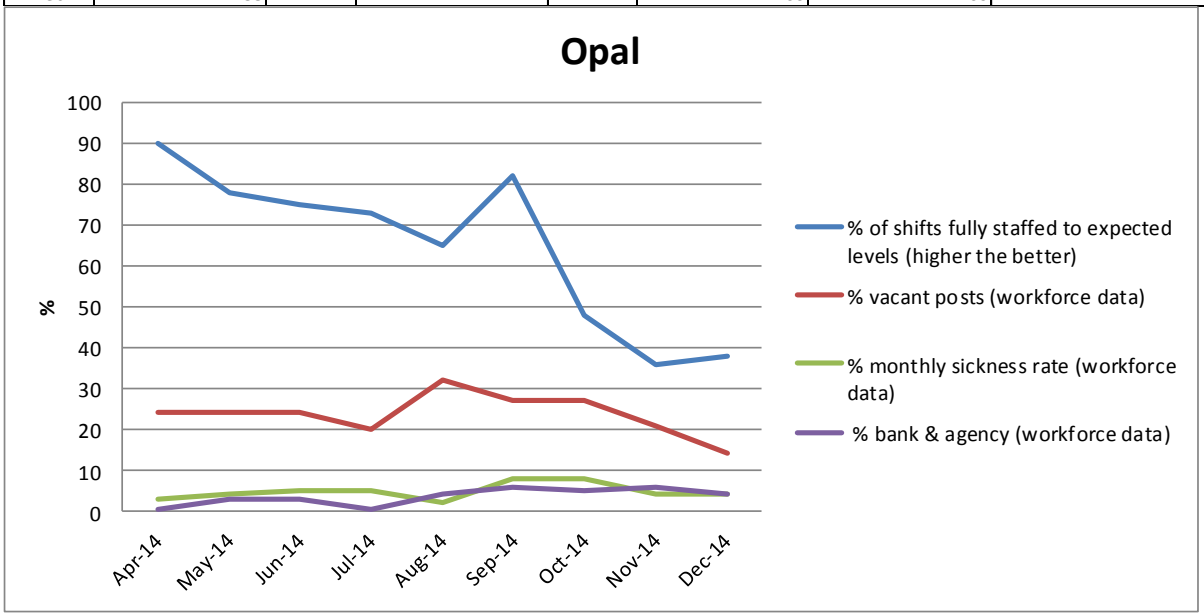
Phoenix

	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 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 complaints	Number of concerns
Apr-14	49	17	2	20	80	100			
May-14	48	16	3	17					
Jun-14	46	18	2	21	40	80	0		
Jul-14	44	20	1	19			1	0	0
Aug-14	51	22	0.4	16	40	100	2	0	0
Sep-14	41	23	1	19			1	0	0
Oct-14	66	25	2	20	no data	no data	0	0	1
Nov-14	74	20	4	21			1	0	0
Dec-14	72	16	2	21	60	100	0	0	0



Opal

	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (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 complaints	Number of concerns
Apr-14	90	24	3	1	80	100			
May-14	78	24	4	3					
Jun-14	75	24	5	3	80	80	0		
Jul-14	73	20	5	0			0	0	2
Aug-14	65	32	2	4	20	40	0	0	1
Sep-14	82	27	8	6			0	0	0
Oct-14	48	27	8	5	100	100	0	0	3
Nov-14	36	21	4	6			1	0	0
Dec-14	38	14	4	4	60	60	0	0	0



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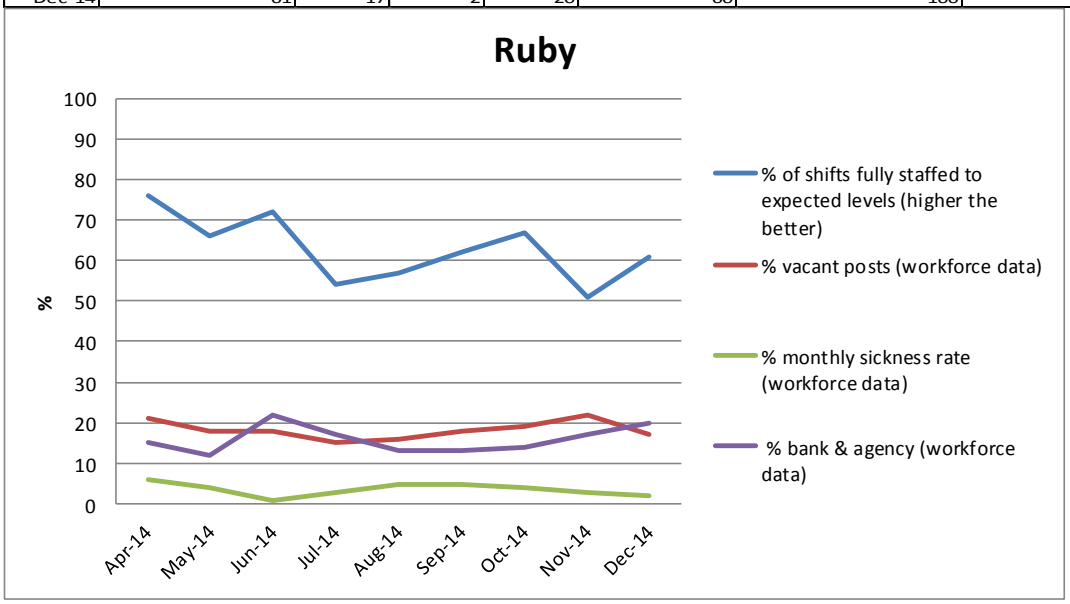
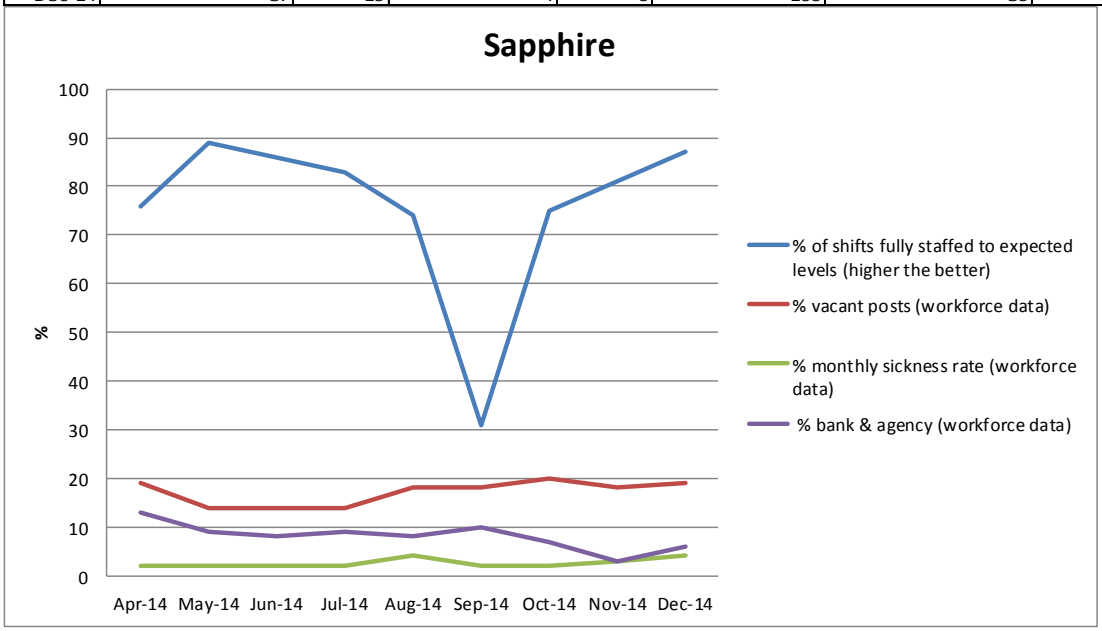
Ruby

	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 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 complaints	Number of concerns
Apr-14	76	21	6	15	40	80			
May-14	66	18	4	12					
Jun-14	72	18	1	22	80	100	5		
Jul-14	54	15	3	17			3	0	1
Aug-14	57	16	5	13	40	60	2	0	0
Sep-14	62	18	5	13			1	0	0
Oct-14	67	19	4	14	100	100	2	0	1
Nov-14	51	22	3	17			3	0	0
Dec-14	61	17	2	20	60	100	1	0	0



Sapphire

	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (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 complaints	Number of concerns
Apr-14	76	19	2	13	80	100			
May-14	89	14	2	9					
Jun-14	86	14	2	8	60	80	1		
Jul-14	83	14	2	9			0	1	0
Aug-14	74	18	4	8	80	80	2	0	0
Sep-14	31	18	2	10			0	2	1
Oct-14	75	20	2	7	40	60	4	1	4
Nov-14	81	18	3	3			2	0	3
Dec-14	87	19	4	6	100	80	2	0	2



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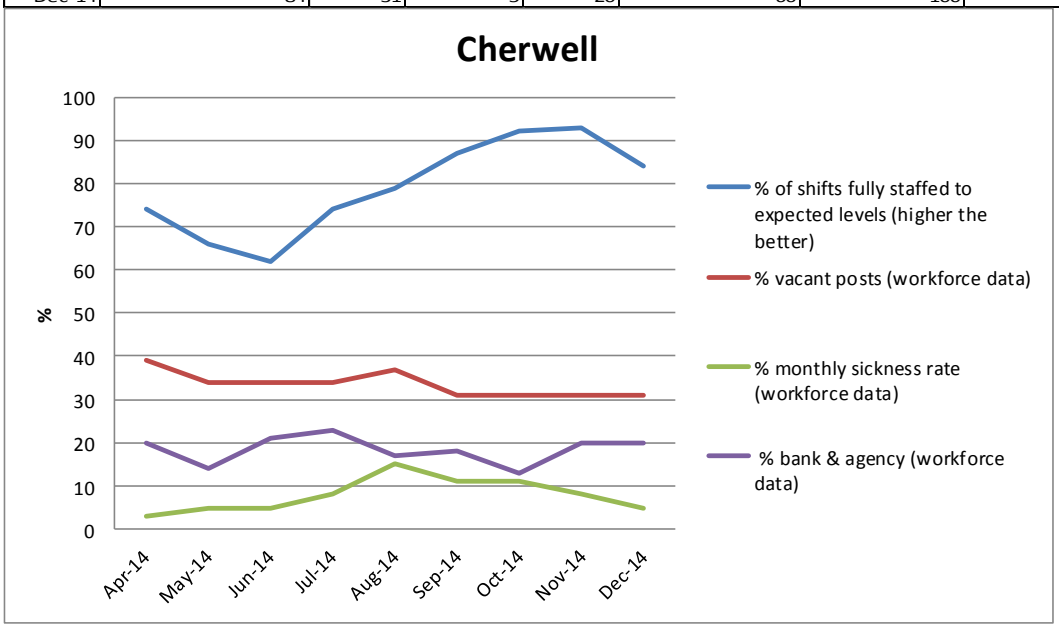
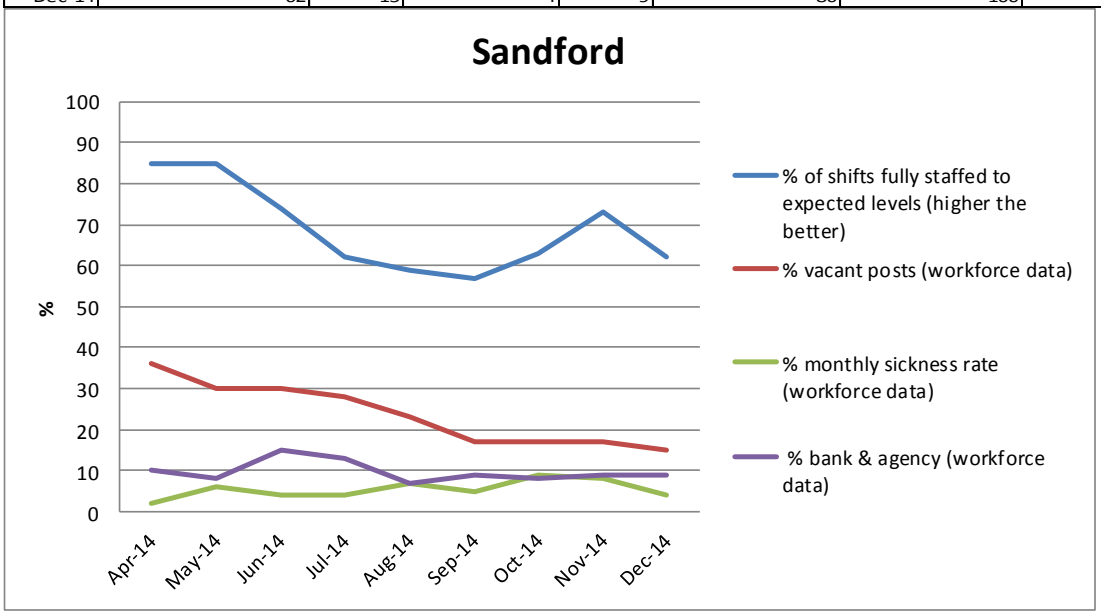
Cherwell

	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 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 complaints	Number of concerns
Apr-14	74	39	3	20	60	100			
May-14	66	34	5	14					
Jun-14	62	34	5	21	80	100	0		
Jul-14	74	34	8	23			0	0	0
Aug-14	79	37	15	17	50	60	0	0	0
Sep-14	87	31	11	18			0	0	0
Oct-14	92	31	11	13	80	100	0	0	0
Nov-14	93	31	8	20			2	0	0
Dec-14	84	31	5	20	60	100	0	0	0



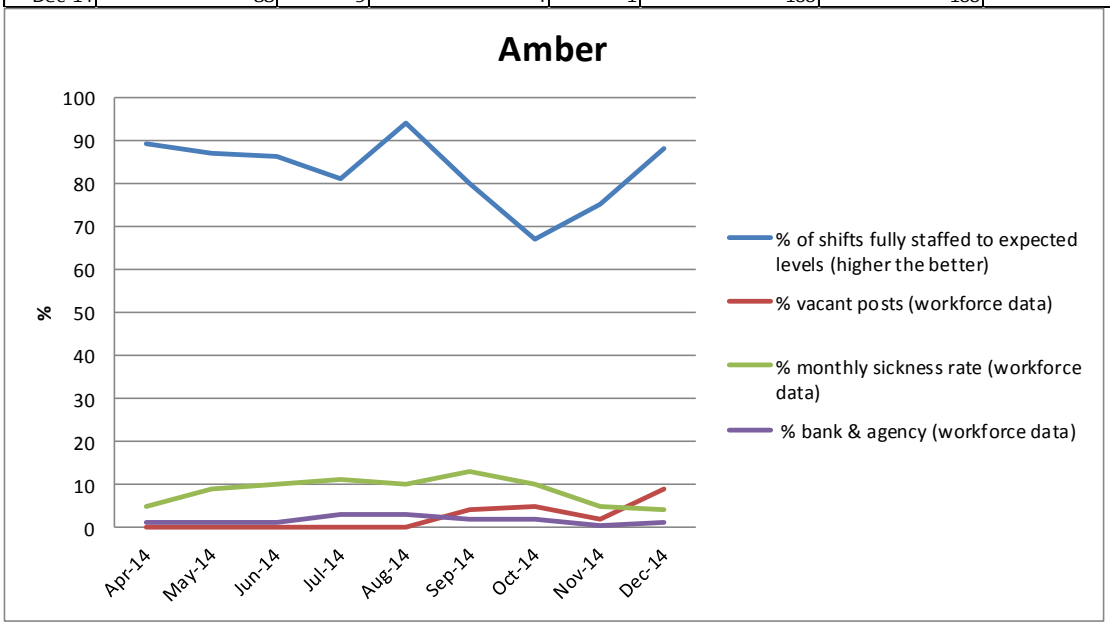
Sandford

	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (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 complaints	Number of concerns
Apr-14	85	36	2	10	80	100			
May-14	85	30	6	8					
Jun-14	74	30	4	15	100	100	0		
Jul-14	62	28	4	13			0	1	1
Aug-14	59	23	7	7	60	100	3	0	0
Sep-14	57	17	5	9			0	0	2
Oct-14	63	17	9	8	80	100	1	0	0
Nov-14	73	17	8	9			1	0	0
Dec-14	62	15	4	9	80	100	1	0	0



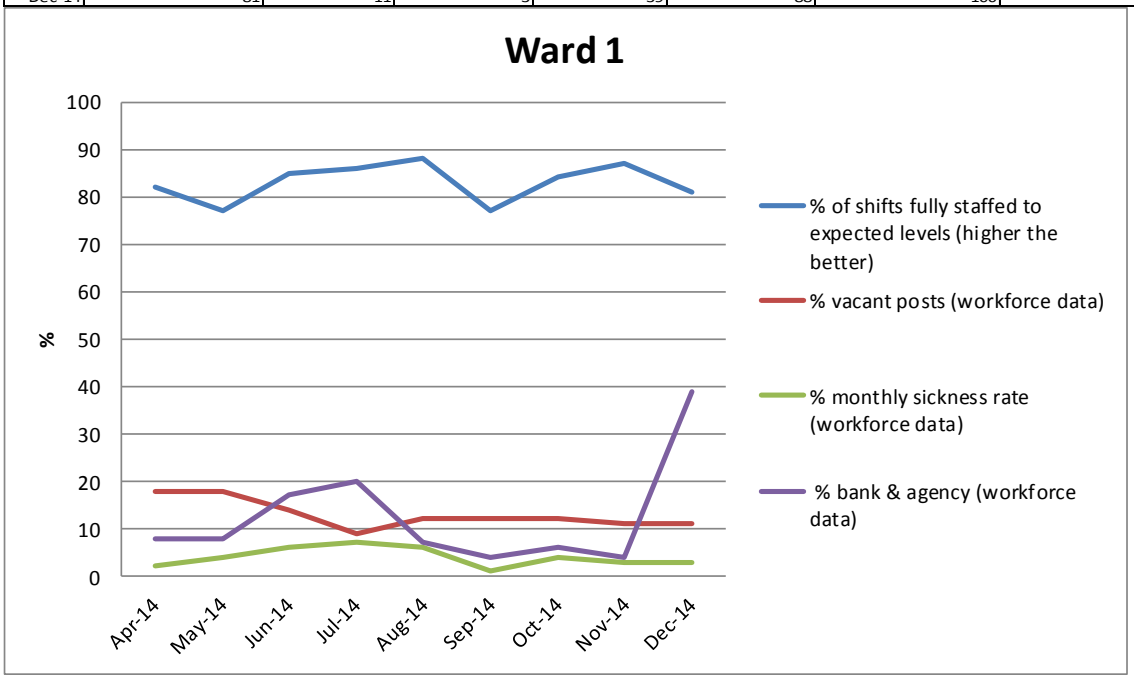
Amber

	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (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 complaints	Number of concerns
Apr-14	89	0	5	1	80	100			
May-14	87	0	9	1					
Jun-14	86	0	10	1	100	100	1		
Jul-14	81	0	11	3			1	0	0
Aug-14	94	0	10	3	100	100	0	0	1
Sep-14	80	4	13	2			0	1	1
Oct-14	67	5	10	2	80	100	1	1	0
Nov-14	75	2	5	0			0	0	1
Dec-14	88	9	4	1	100	100	2	0	0



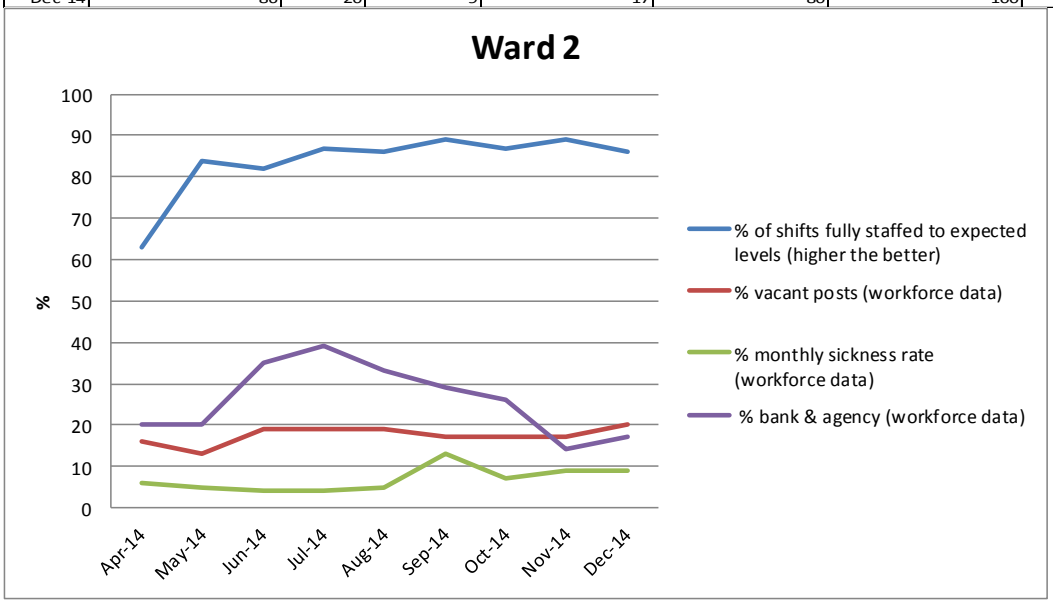
Abingdon ward 1

	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 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 complaints	Number of concerns
Apr-14	82	18	2	8					
May-14	77	18	4	8					
Jun-14	85	14	6	17	13	100	2		
Jul-14	86	9	7	20			3	0	0
Aug-14	88	12	6	7			4	0	1
Sep-14	77	12	1	4	100	100	3	0	3
Oct-14	84	12	4	6			2	0	0
Nov-14	87	11	3	4			1	0	0
Dec-14	81	11	3	39	88	100	1	0	0



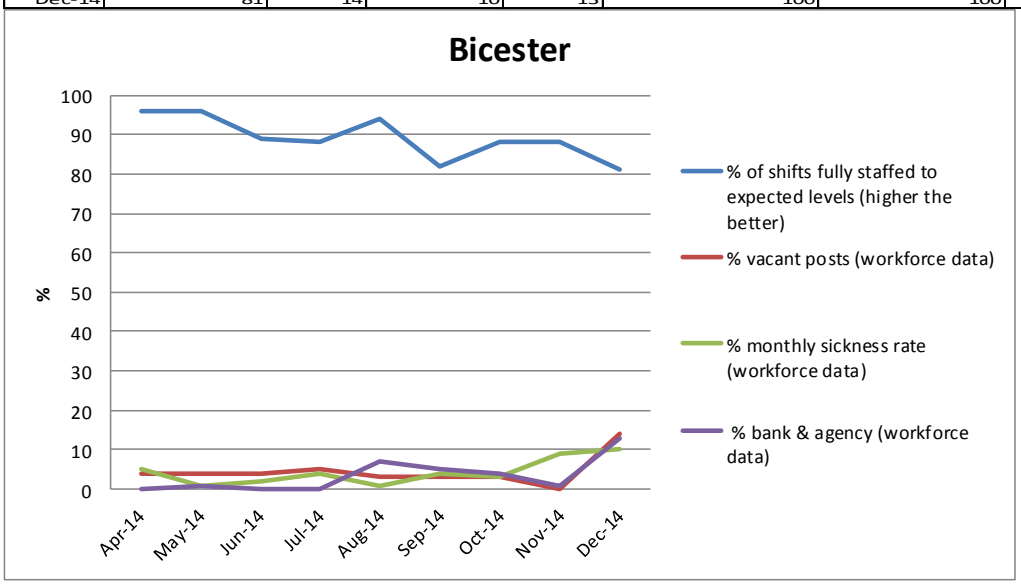
Abingdon ward 2

	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (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 complaints	Number of concerns
Apr-14	63	16	6	20					
May-14	84	13	5	20					
Jun-14	82	19	4	35	100	100	4		
Jul-14	87	19	4	39			5	1	0
Aug-14	86	19	5	33			5	0	0
Sep-14	89	17	13	29	11	100	4	0	0
Oct-14	87	17	7	26			3	0	0
Nov-14	89	17	9	14			1	0	1
Dec-14	86	20	9	17	80	100	2	0	0



Bicester

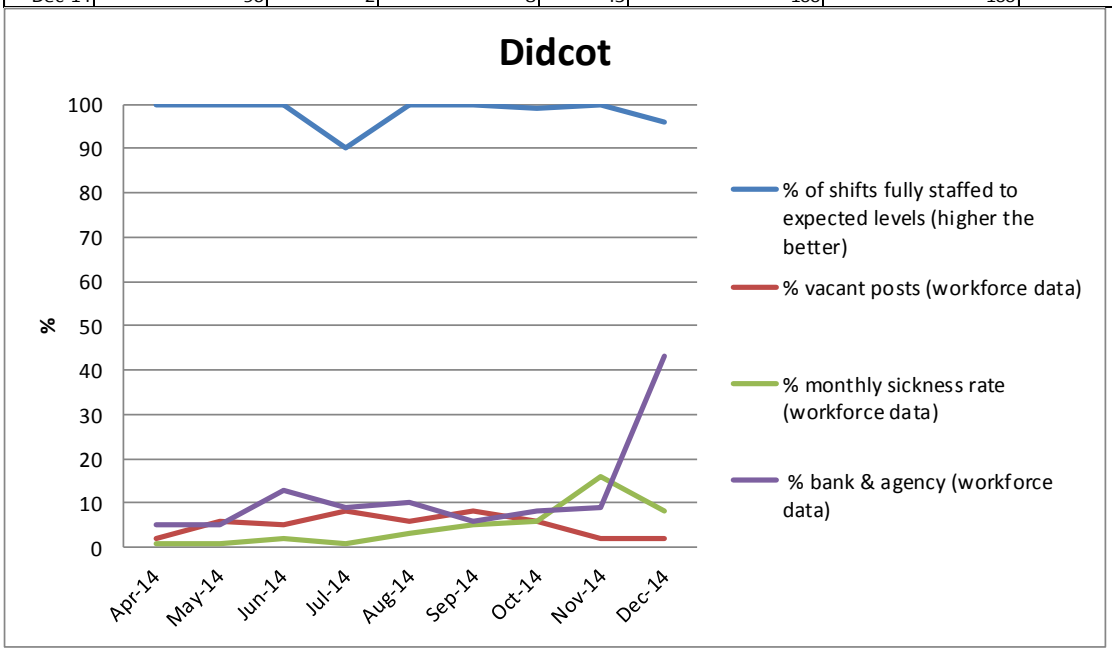
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% of care plans been reviewed weekly (lastest CHD audit)	% reported staff communicate clearly & respectfully with you (lastest CHD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



PUBLIC BOARD REPORT

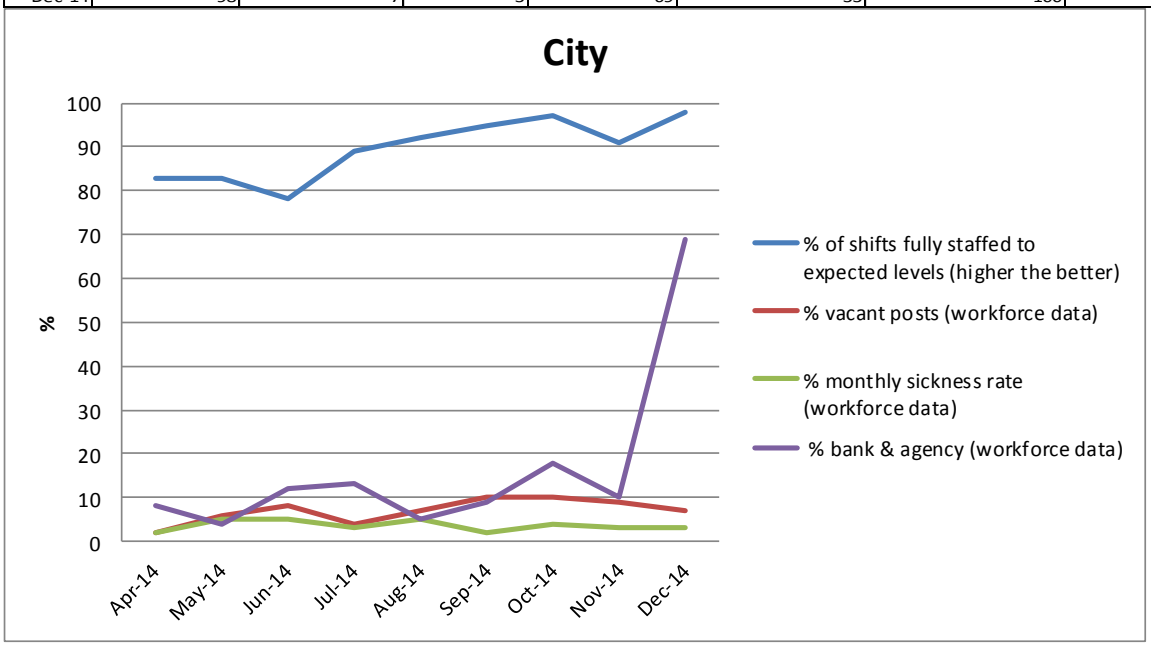
Didcot

	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 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 complaints	Number of concerns
Apr-14	100	2	1	5					
May-14	100	6	1	5					
Jun-14	100	5	2	13	50	100	0		
Jul-14	90	8	1	9			6	0	1
Aug-14	100	6	3	10			4	0	1
Sep-14	100	8	5	6	100	90	2	0	3
Oct-14	99	6	6	8			2	0	0
Nov-14	100	2	16	9			2	0	0
Dec-14	96	2	8	43	100	100	4	0	0



City

	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (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 complaints	Number of concerns
Apr-14	83	2	2	8					
May-14	83	6	5	4					
Jun-14	78	8	5	12	50	100	4		
Jul-14	89	4	3	13			7	0	1
Aug-14	92	7	5	5			2	0	0
Sep-14	95	10	2	9	50	100	1	0	0
Oct-14	97	10	4	18			2	1	2
Nov-14	91	9	3	10			10	2	3
Dec-14	98	7	3	69	33	100	2	0	1



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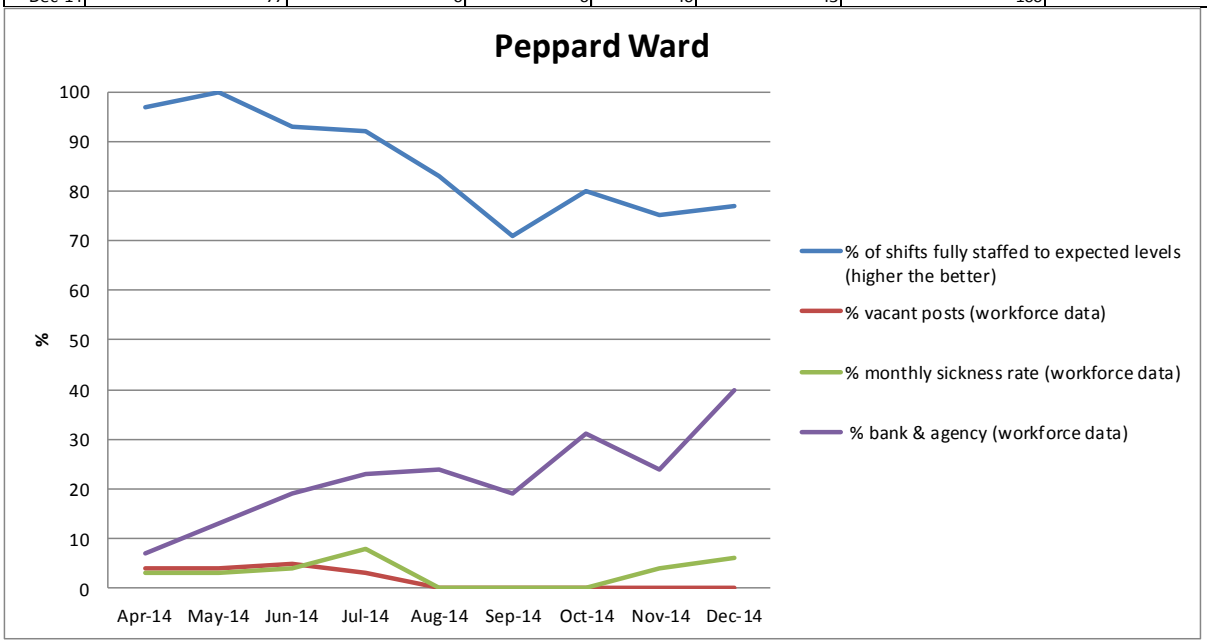
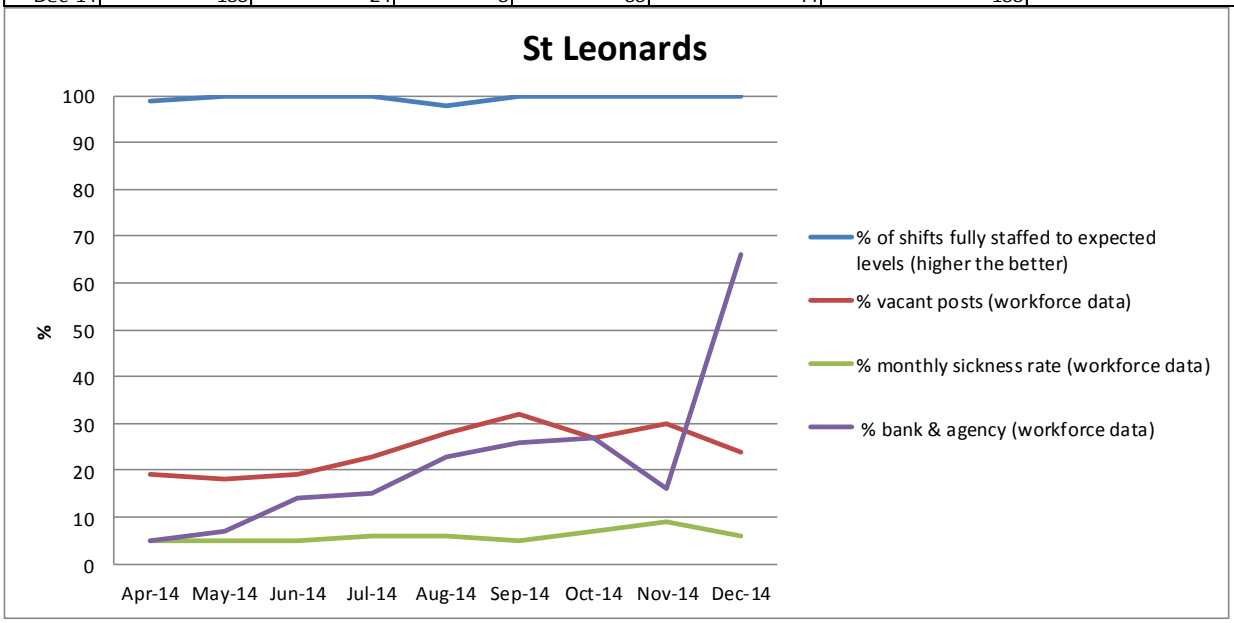
Henley Peppard ward

	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 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 complaints	Number of concerns
Apr-14	97	4	3	7					
May-14	100	4	3	13					
Jun-14	93	5	4	19	100	100	1		
Jul-14	92	3	8	23			3	0	0
Aug-14	83	0	0	24			5	0	0
Sep-14	71	0	0	19	100	100	5	0	0
Oct-14	80	0	0	31			0	0	0
Nov-14	75	0	4	24			1	0	1
Dec-14	77	0	6	40	43	100	1	0	0



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)	% 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 complaints	Number of concerns
Apr-14	99	19	5	5					
May-14	100	18	5	7					
Jun-14	100	19	5	14	50	100	5		
Jul-14	100	23	6	15			2	0	0
Aug-14	98	28	6	23			4	0	0
Sep-14	100	32	5	26	71	90	1	0	0
Oct-14	100	27	7	27			5	0	0
Nov-14	100	30	9	16			3	0	0
Dec-14	100	24	6	66	44	100	0	0	0



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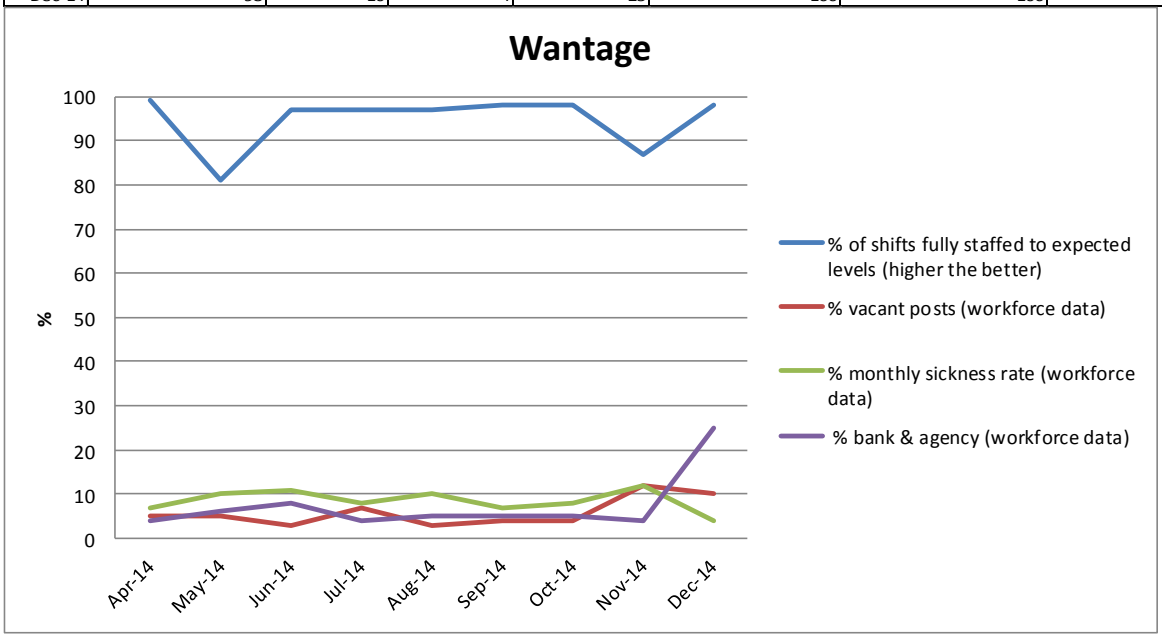
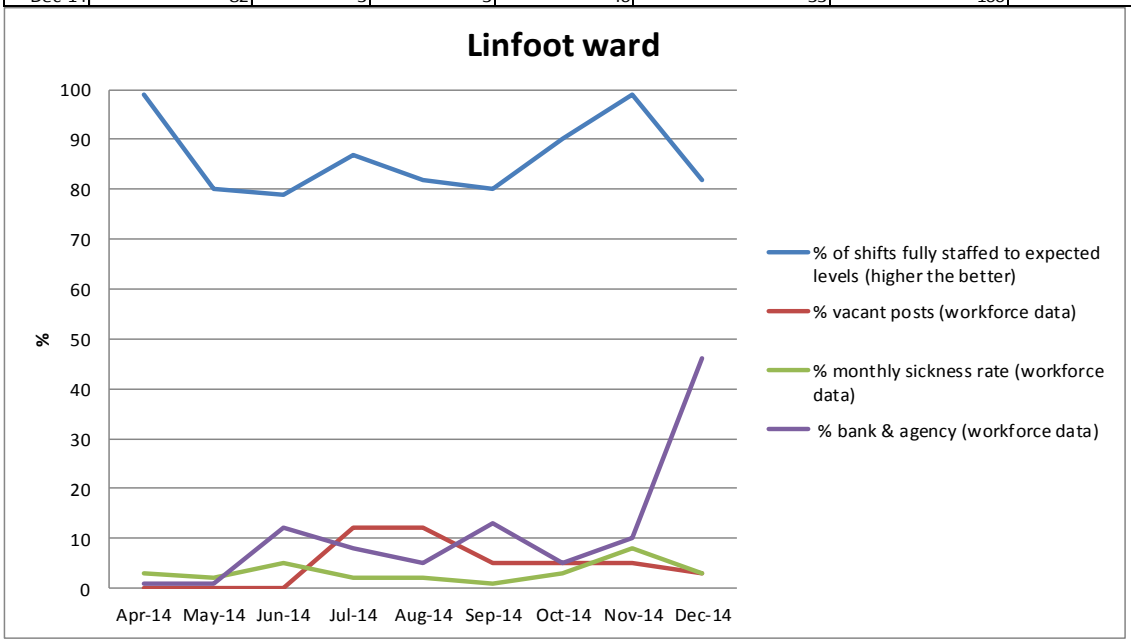
Wantage

	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (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 complaints	Number of concerns
Apr-14	99	5	7	4					
May-14	81	5	10	6					
Jun-14	97	3	11	8	86	100	2		
Jul-14	97	7	8	4			2	0	0
Aug-14	97	3	10	5			1	0	2
Sep-14	98	4	7	5	100	100	5	0	0
Oct-14	98	4	8	5			2	0	0
Nov-14	87	12	12	4			1	0	3
Dec-14	98	10	4	25	100	100	2	0	0



Witney Linfoot ward

	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (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 complaints	Number of concerns
Apr-14	99	0	3	1					
May-14	80	0	2	1					
Jun-14	79	0	5	12	100	100	10		
Jul-14	87	12	2	8			1	0	1
Aug-14	82	12	2	5			2	0	2
Sep-14	80	5	1	13	56	100	4	0	0
Oct-14	90	5	3	5			2	0	0
Nov-14	99	5	8	10			9	0	1
Dec-14	82	3	3	46	33	100	1	0	0



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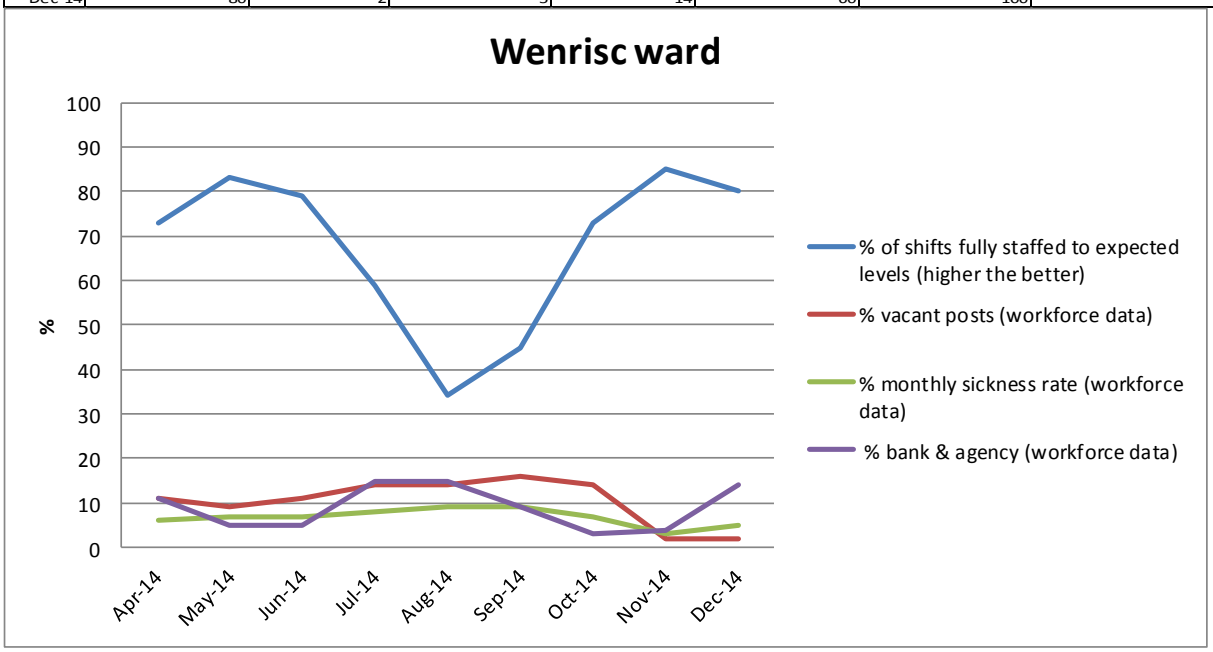
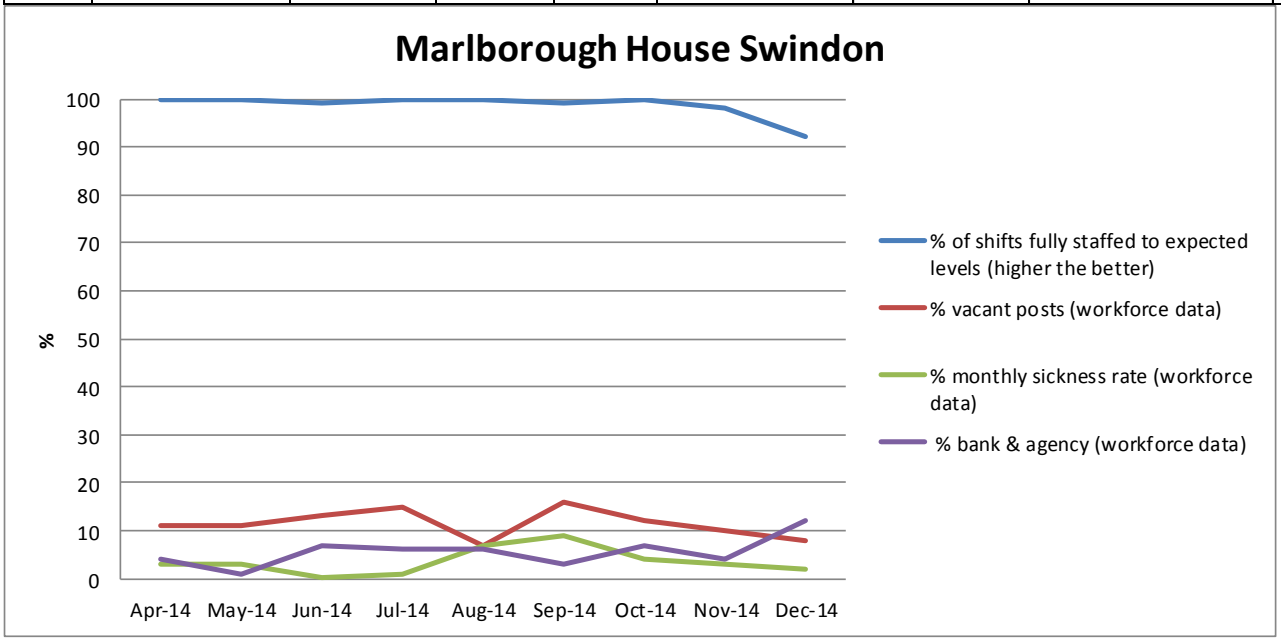
Witney Wenrisc ward

	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 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 complaints	Number of concerns
Apr-14	73	11	6	11					
May-14	83	9	7	5					
Jun-14	79	11	7	5	100	100	4		
Jul-14	59	14	8	15			1	0	0
Aug-14	34	14	9	15			2	0	1
Sep-14	45	16	9	9	25	100	3	0	1
Oct-14	73	14	7	3			4	0	0
Nov-14	85	2	3	4			13	0	1
Dec-14	80	2	5	14	60	100	4	0	1



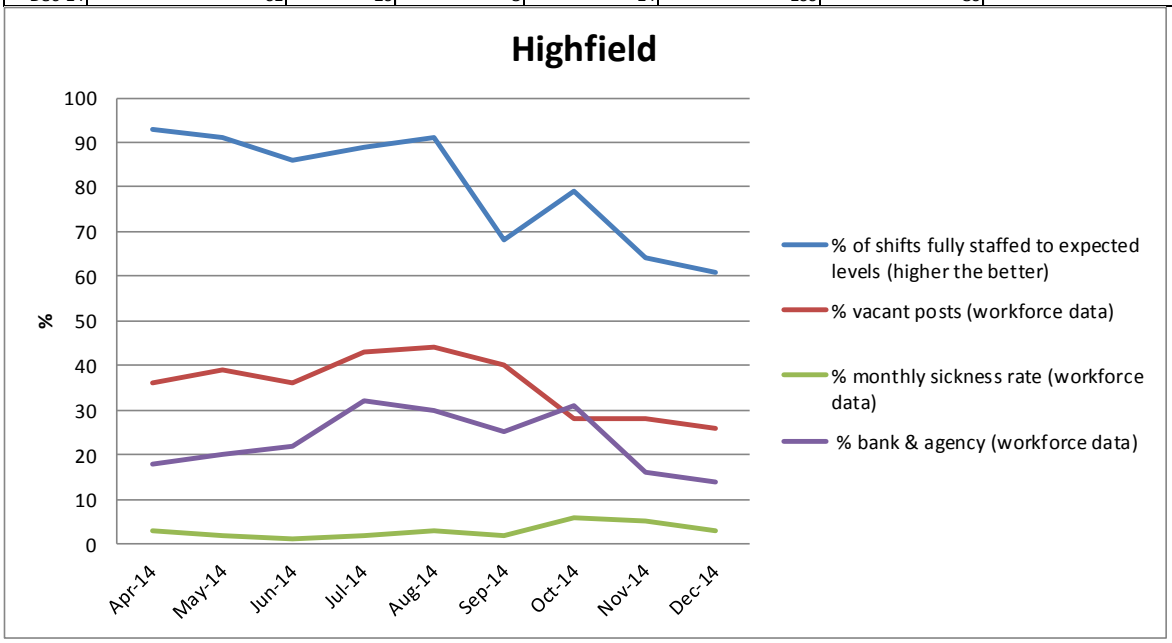
Marlborough House Swindon (CAMHS)

	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 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 complaints	Number of concerns
Apr-14	100	11	3	4	no data	no data			
May-14	100	11	3	1					
Jun-14	99	13	0.3	7	100	100	3		
Jul-14	100	15	1	6			1	0	0
Aug-14	100	7	7	6	100	100	1	0	0
Sep-14	99	16	9	3			1	0	1
Oct-14	100	12	4	7	no data	no data	0	0	0
Nov-14	98	10	3	4			0	1	0
Dec-14	92	8	2	12	100	100	1	0	2



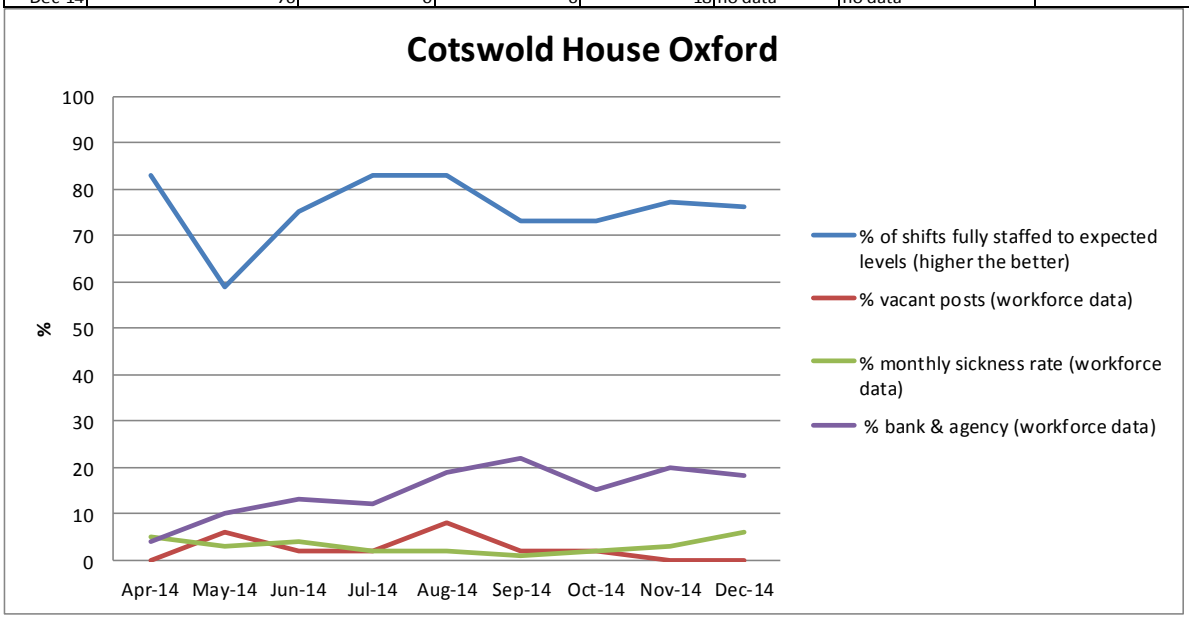
Highfield (CAMHS)

	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 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 complaints	Number of concerns
Apr-14	93	36	3	18	no data	no data			
May-14	91	39	2	20					
Jun-14	86	36	1	22	no data	no data	0		
Jul-14	89	43	2	32			1	0	0
Aug-14	91	44	3	30	100	100	1	0	4
Sep-14	68	40	2	25			0	0	1
Oct-14	79	28	6	31	100	80	2	0	2
Nov-14	64	28	5	16			0	0	4
Dec-14	61	26	3	14	100	80	0	0	1



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)	% 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 complaints	Number of concerns
Apr-14	83	0	5	4	100	100			
May-14	59	6	3	10					
Jun-14	75	2	4	13	100	100	1		
Jul-14	83	2	2	12			1	1	2
Aug-14	83	8	2	19	no data	no data	0	0	1
Sep-14	73	2	1	22			1	0	1
Oct-14	73	2	2	15	100	100	0	0	0
Nov-14	77	0	3	20			0	0	2
Dec-14	76	0	6	18	no data	no data	0	0	2



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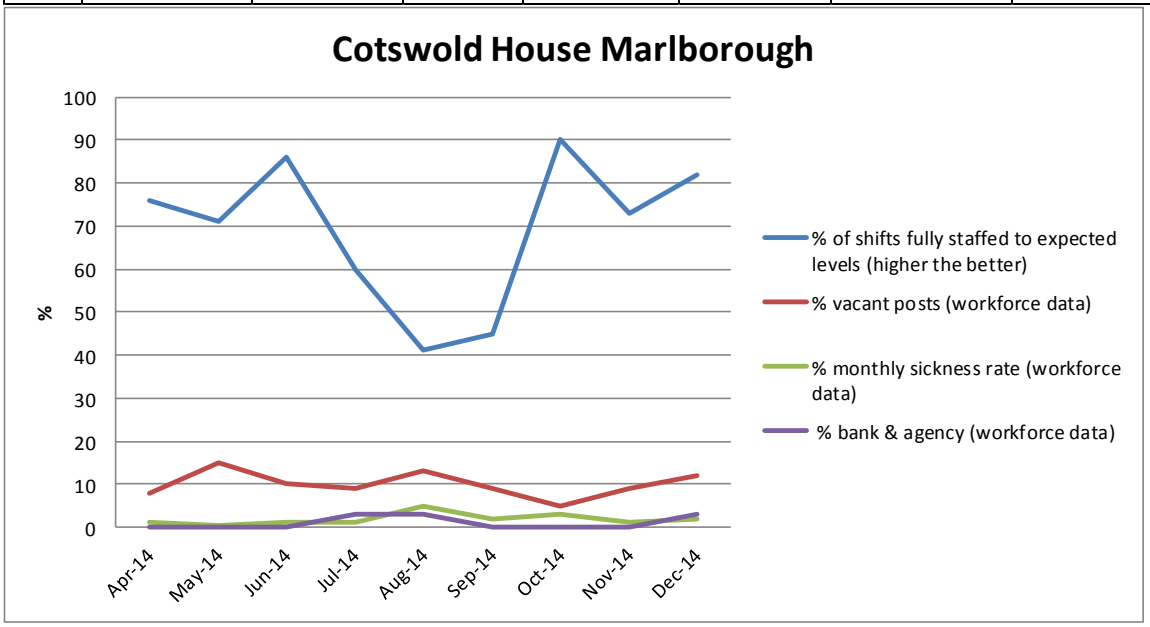
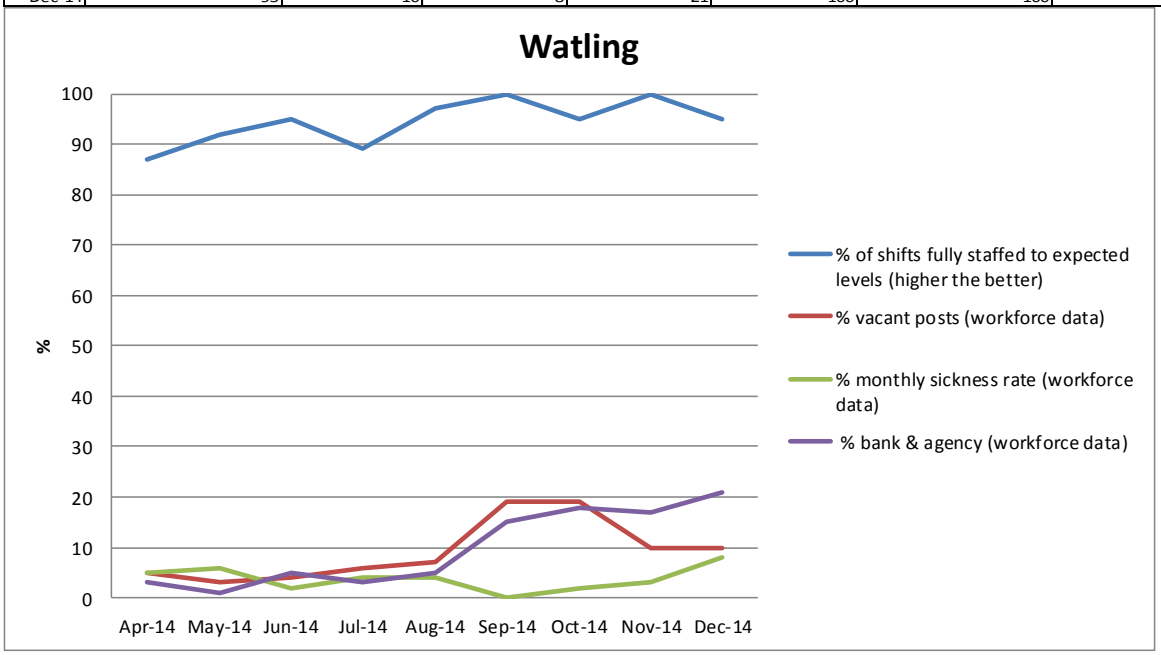
Cotswold House Marlborough

	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 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 complaints	Number of concerns
Apr-14	76	8	1	0	100	100			
May-14	71	15	0.3	0					
Jun-14	86	10	1	0	100	100	1		
Jul-14	60	9	1	3			0	0	0
Aug-14	41	13	5	3	40	100	0	0	1
Sep-14	45	9	2	0			0	0	0
Oct-14	90	5	3	0	100	100	0	0	0
Nov-14	73	9	1	0			0	0	0
Dec-14	82	12	2	3	100	100	2	0	1



Watling

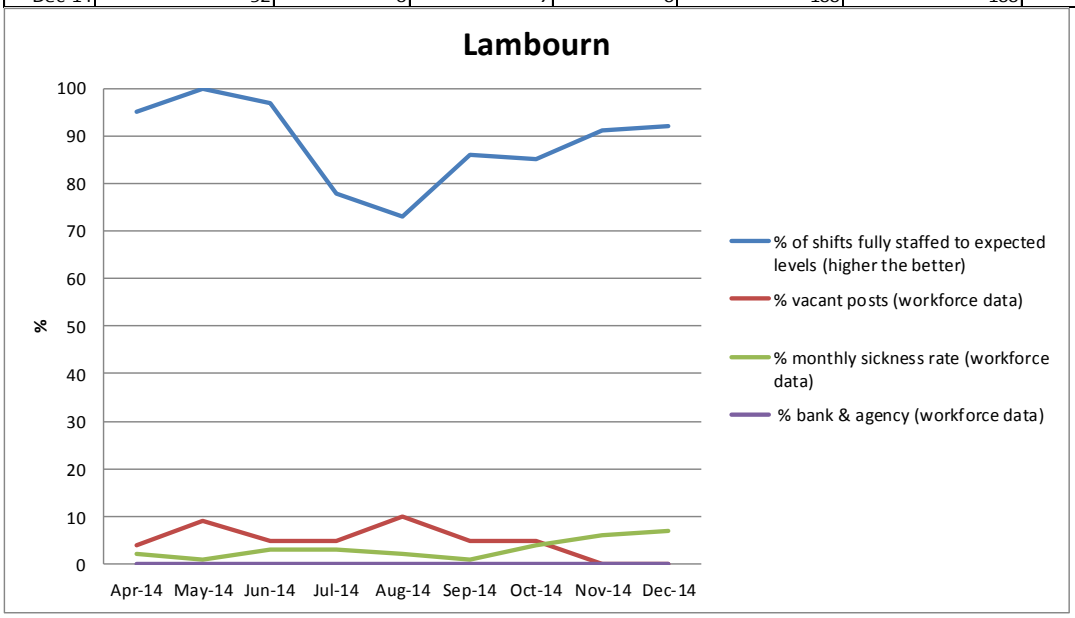
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of complaints	Number of concerns
Apr-14	87	5	5	3	100	100			
May-14	92	3	6	1					
Jun-14	95	4	2	5	100	100	0		
Jul-14	89	6	4	3			0	0	0
Aug-14	97	7	4	5	100	100	0	0	1
Sep-14	100	19	0	15			0	0	1
Oct-14	95	19	2	18	100	100	1	0	1
Nov-14	100	10	3	17			0	0	4
Dec-14	95	10	8	21	100	100	0	1	1



PUBLIC BOARD REPORT

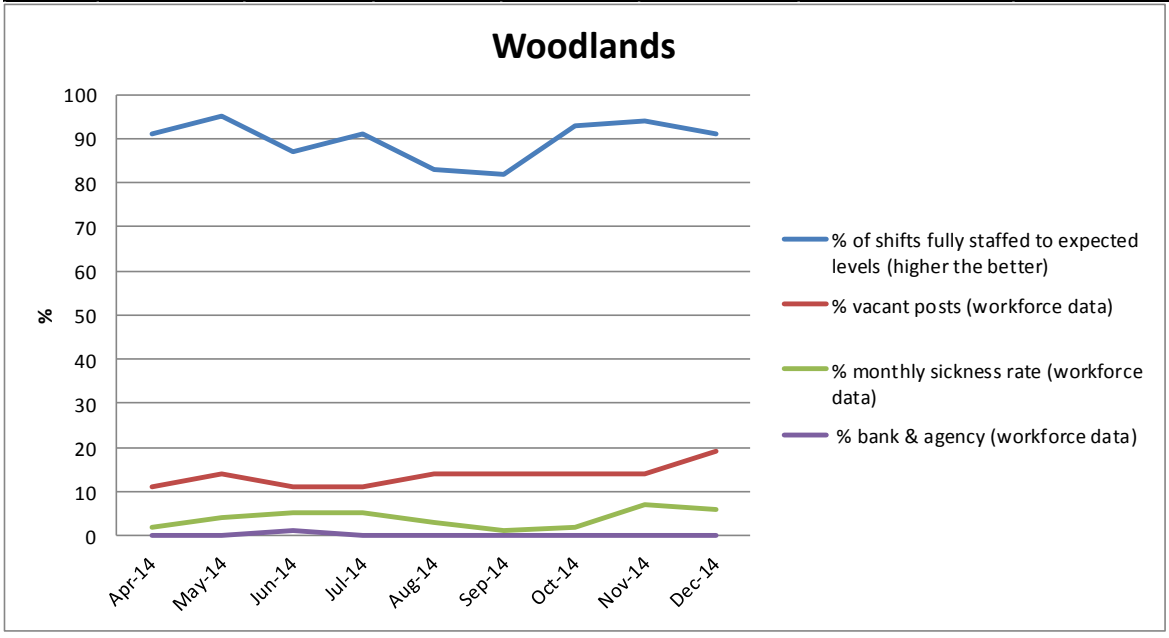
Lambourn

	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (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 complaints	Number of concerns
Apr-14	95	4	2	0	no data	no data			
May-14	100	9	1	0					
Jun-14	97	5	3	0	100	100	2		
Jul-14	78	5	3	0			1	0	0
Aug-14	73	10	2	0	100	100	2	0	0
Sep-14	86	5	1	0			3	0	0
Oct-14	85	5	4	0	100	100	1	0	0
Nov-14	91	0	6	0			2	0	0
Dec-14	92	0	7	0	100	100	1	0	1



Woodlands

	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (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 complaints	Number of concerns
Apr-14	91	11	2	0	100	100			
May-14	95	14	4	0					
Jun-14	87	11	5	1	100	100	1		
Jul-14	91	11	5	0			0	0	1
Aug-14	83	14	3	0	100	60	2	0	0
Sep-14	82	14	1	0			0	0	1
Oct-14	93	14	2	0	80	100	1	1	0
Nov-14	94	14	7	0			0	0	0
Dec-14	91	19	6	0	100	100	0	0	0



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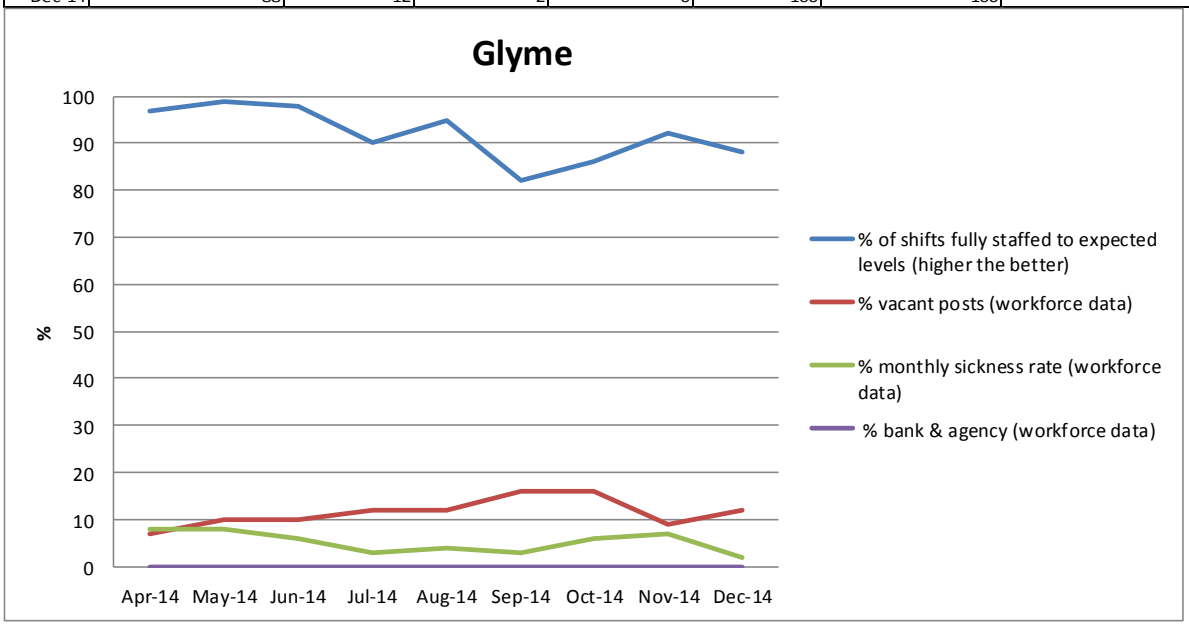
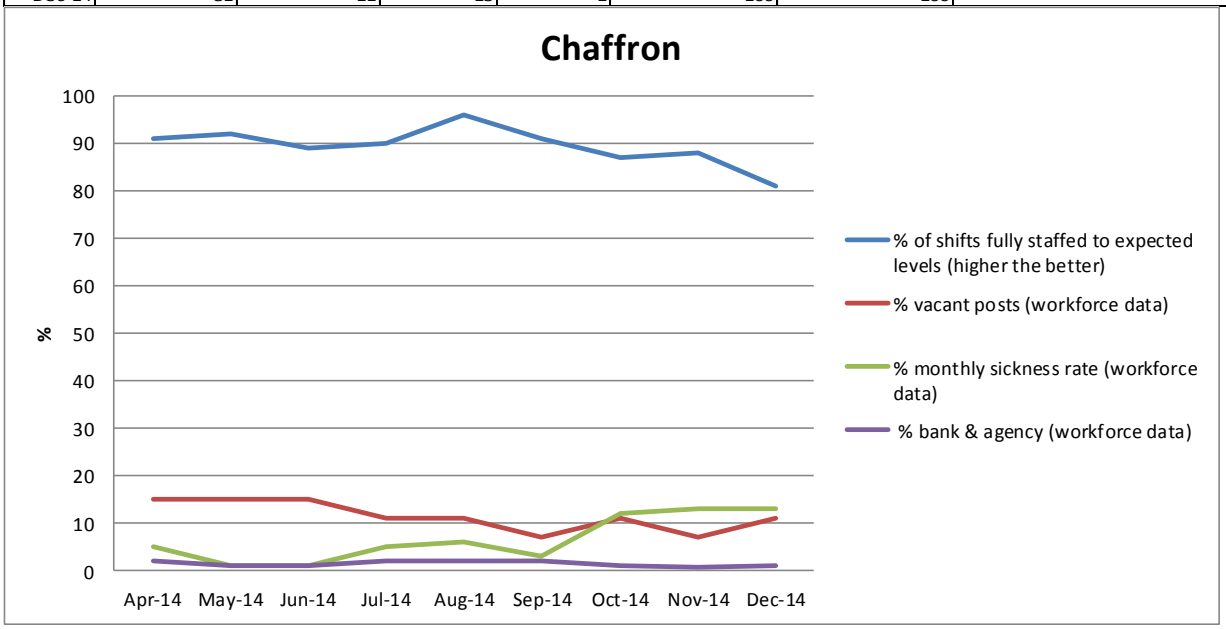
Glyme

	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 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 complaints	Number of concerns
Apr-14	97	7	8	0	40	80			
May-14	99	10	8	0					
Jun-14	98	10	6	0	100	100	1		
Jul-14	90	12	3	0			0	0	1
Aug-14	95	12	4	0	100	100	0	3	2
Sep-14	82	16	3	0			1	0	5
Oct-14	86	16	6	0	100	60	1	1	1
Nov-14	92	9	7	0			1	0	2
Dec-14	88	12	2	0	100	100	0	0	0



Chaffron

	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (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 complaints	Number of concerns
Apr-14	91	15	5	2	100	100			
May-14	92	15	1	1					
Jun-14	89	15	1	1	100	100	0		
Jul-14	90	11	5	2			0	0	0
Aug-14	96	11	6	2	100	100	1	0	0
Sep-14	91	7	3	2			0	0	0
Oct-14	87	11	12	1	100	100	0	0	0
Nov-14	88	7	13	0			0	0	0
Dec-14	81	11	13	1	100	100	0	0	0



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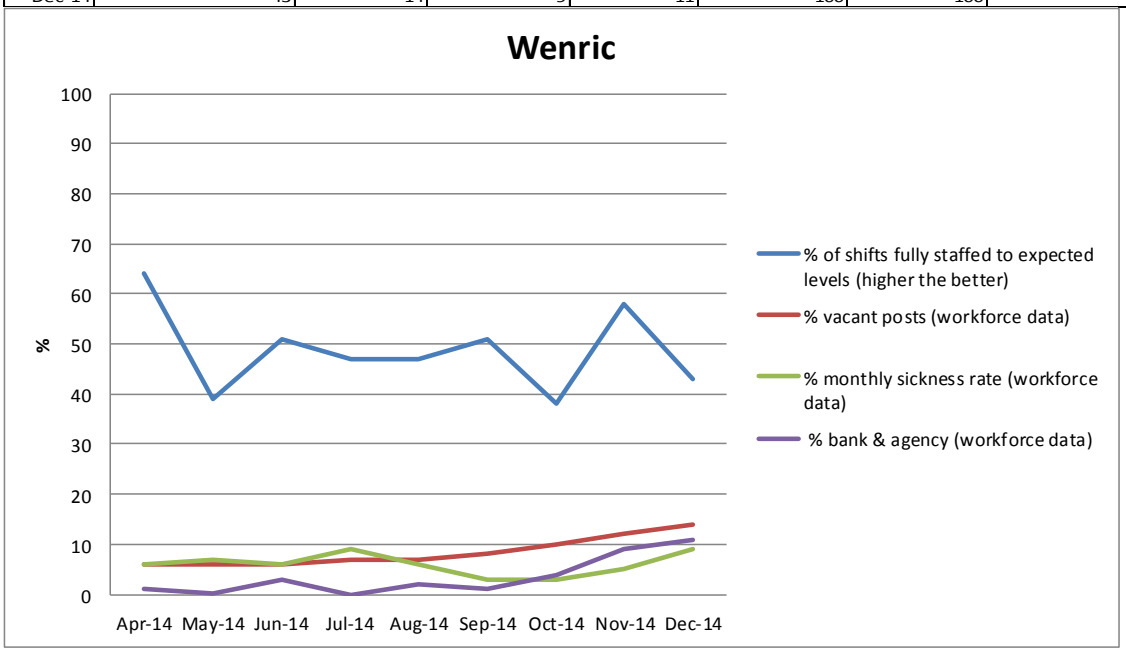
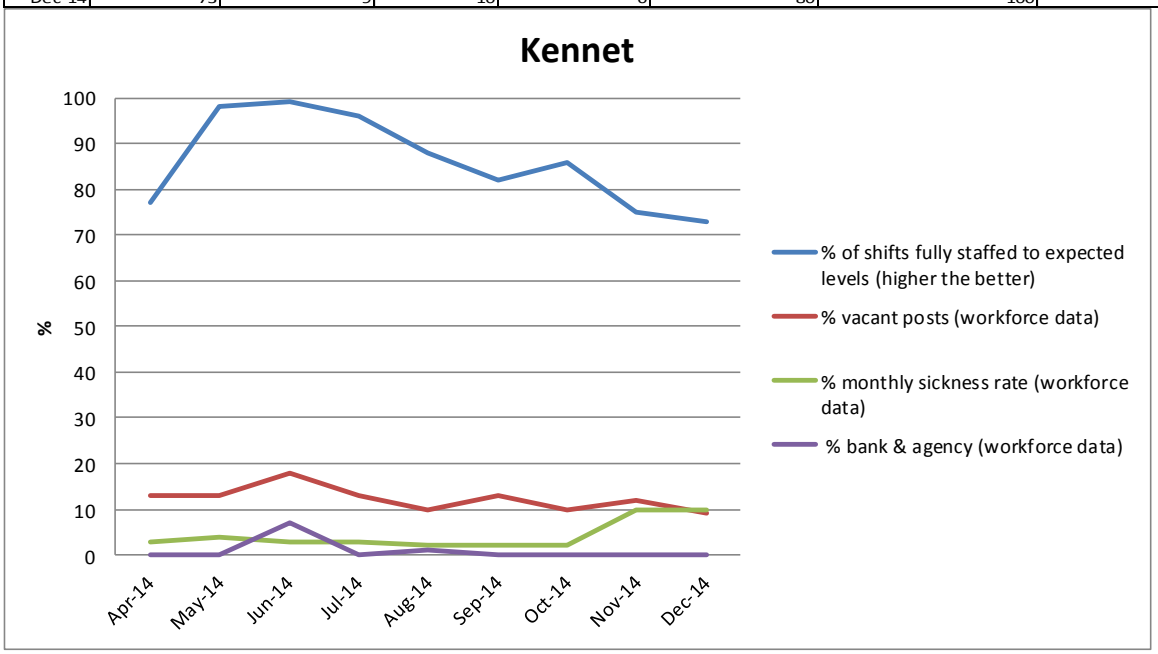
Wenric

	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 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 complaints	Number of concerns
Apr-14	64	6	6	1	100	100			
May-14	39	6	7	0					
Jun-14	51	6	6	3	100	100	0		
Jul-14	47	7	9	0			1	0	0
Aug-14	47	7	6	2	100	100	3	0	0
Sep-14	51	8	3	1			2	0	0
Oct-14	38	10	3	4	100	100	0	0	0
Nov-14	58	12	5	9			1	0	0
Dec-14	43	14	9	11	100	100	0	0	0



Kennet

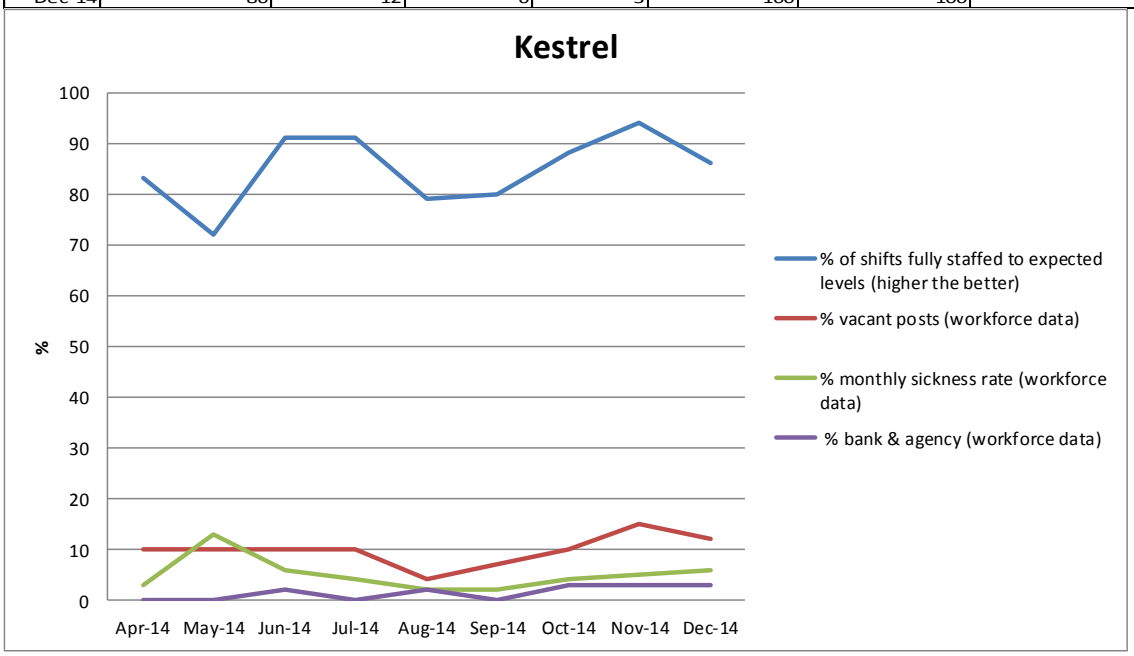
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE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



PUBLIC BOARD REPORT

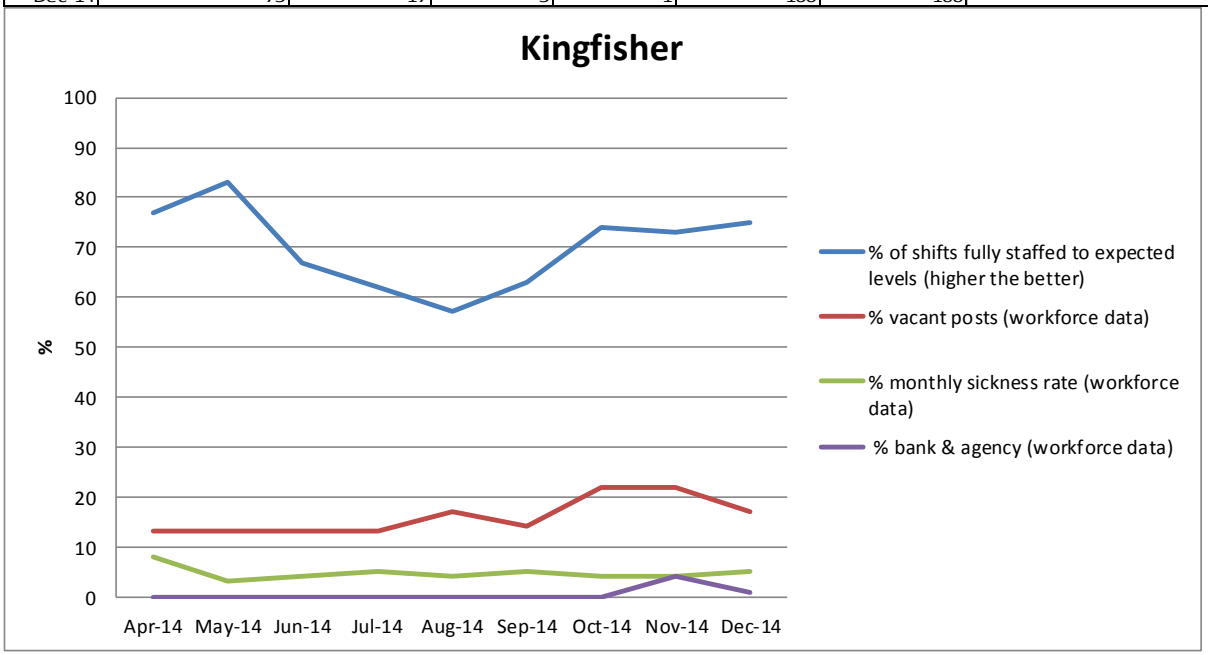
Kestrel

	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 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 complaints	Number of concerns
Apr-14	83	10	3	0	100	100			
May-14	72	10	13	0					
Jun-14	91	10	6	2	100	100	3		
Jul-14	91	10	4	0			1	0	0
Aug-14	79	4	2	2	100	100	1	0	0
Sep-14	80	7	2	0			2	0	1
Oct-14	88	10	4	3	100	100	1	0	0
Nov-14	94	15	5	3			2	0	1
Dec-14	86	12	6	3	100	100	0	0	0



Kingfisher

	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (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 complaints	Number of concerns
Apr-14	77	13	8	0	100	100			
May-14	83	13	3	0					
Jun-14	67	13	4	0	100	100	2		
Jul-14	62	13	5	0			0	0	0
Aug-14	57	17	4	0	100	100	1	0	0
Sep-14	63	14	5	0			0	0	0
Oct-14	74	22	4	0	100	100	3	0	3
Nov-14	73	22	4	4			0	0	1
Dec-14	75	17	5	1	100	100	1	0	0



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. Ward Managers and Modern Matrons are excluded from the information.