Oxford Health NHS

NHS Foundation Trust

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

May 2015

Inpatient Safer Staffing for April 2015
For Information

Introduction

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. The last six monthly report on expected staffing levels was presented in April 2015.

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 to report the findings in September 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 11th 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 April 2015.

Management of staffing levels

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

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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
- ➢ Increased use of temporary staff including establishing 'long lines of work' with agency staff to improve continuity of care and reliability of temporary staff

Summary position

When looking at the number of shifts which were fully staffed to expected levels, 11 out of 34 wards were identified as having the most difficulties across April 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 (March 2015) 10 wards remain a concern, four wards are no longer a concern and one ward has been added (Phoenix).

Table 1 in the body of the report summarises the staffing position by ward showing the trend over the last 13 months and the position in April 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, Phoenix (new this month), Opal, Sandford, Wenrisc Witney and Kingfisher, more detail about each is provided in the report.

Since the beginning of 2015 senior managers have highlighted particular difficulties with the recruitment and retention of appropriate staff on Thames House (both Kestrel and Kingfisher) which is having an impact on being able to safely staff both wards, across the wards they currently have 13.7 WTE (17.1%) vacancies and a turnover in the last 12 months of over 16% of staff. Kingfisher ward has had high vacancies in the last 12 months the impact on this is shown in staffing levels achieved since June 2014, shown in table 1. Immediate actions have been put in place, such as temporary suspension of admissions, referring a complex patient elsewhere, secondment of registered nurses from other forensic wards, continued use of external agency staff and ongoing programme of recruitment initiatives. Longer term strategies being considered include: financial incentives for people at recruitment, retention premiums for staff after 18 months, paying overtime at an overtime rate, offering to pay agencies higher rates and secondment of staff from other areas outside forensic wards.

Quality and workforce indicators

We continue to develop and review quality and workforce indicators 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.

Why are there challenges

The main reason wards have been unable to fully staff every shift is due to vacancies related to recruitment difficulties in some geographical areas and some specialties which 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.

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

Author and Title: Jane Kershaw, Lead for Registration and Quality
Lead Executive Director: Ros Alstead, Director of Nursing and Clinical Standards

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

Inpatient Safe Staffing Levels Report for April 2015
May 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 April 2015 (from 6th April – 3rd May 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 April 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 April 2015 all wards were staffed to achieve safe staffing levels; however this has been achieved in some wards by our staff working additional hours and shifts and the high use of temporary staff both from NHSP bank and external agencies.

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. 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 to report the findings in September 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.

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 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
➢ 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, 11 out of 34 wards were identified as having the most difficulties across April 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 (March 2015) 10 wards remain a concern, four wards are no longer a concern and one ward has been added (Phoenix).

Table 1 in the body of the report summarises the staffing position by ward showing the trend over the last 13 months and the position in April 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, Phoenix (new this month), Opal, Sandford, Wenrisc Witney and Kingfisher, more detail about each is provided in the report.

Since the beginning of 2015 senior managers have highlighted particular difficulties with the recruitment and retention of appropriate staff on Thames House (both Kestrel and Kingfisher) which is having an impact on being able to safely staff both wards, across the wards they currently have 13.7 WTE (17.1%) vacancies and a turnover in the last 12 months of over 16% of staff. Kingfisher ward has had high vacancies in the last 12 months the impact on this is shown in staffing levels achieved since June 2014, shown in table 1. Immediate actions have been put in place, such as temporary suspension of admissions, referring a complex patient elsewhere, secondment of registered nurses from other forensic wards, continued use of external agency staff and ongoing programme of recruitment initiatives. Longer term strategies being considered are: financial incentives for people at recruitment, retention premiums for staff after 18 months, paying overtime at an overtime rate, offering to pay agencies higher rates and secondment of staff from other areas outside forensic wards.

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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 4 weeks in April 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	Apr-15		
Allen	79	95	66	52	61	67	75	63	86	92	86	67	85	Yes	No
Vaughan Thomas	41	62	72	70	61	70	58	52	41	46	71	72	71	Yes	Yes*
Wintle	41	67	69	74	60	68	78	64	59	67	60	68	58	Yes	Yes
Ashurst	92	80	78	54	62	88	72	49	88	92	87	94	88	No	No
Phoenix	49	48	46	44	51	41	66	74	72	80	86	78	75	Yes	Yes
Opal	90	78	75	73	65	82	48	36	38	60	46	44	33	Yes	Yes
Ruby	76	66	72	54	57	62	67	51	61	63	64	59	69	Yes	No
Sapphire	76	89	86	83	74	31	75	81	87	81	71	60	73	No	No
Cherwell	74	66	62	74	79	87	92	93	84	83	71	89	82	No	Yes
Amber	89	87	86	81	94	80	67	75	88	92	75	84	86	No	No
Sandford	85	85	74	62	59	57	63	73	62	73	58	59	71	Yes	Yes
Ward 1 Abingdon	82	77	85	86	88	77	84	87	81	88	88	81	96	No	Yes
Ward 2 Abingdon	63	84	83	87	86	89	87	89	86	79	86	87	95	No	Yes
Bicester	96	96	89	88	94	82	88	88	81	69	65	50	93	No	No
Didcot	100	100	100	90	100	100	99	100	96	99	95	99	99	No	No
City	83	83	78	89	92	95	97	91	98	98	100	97	96	No	Yes
Peppard ward Henley	97	100	93	92	83	71	80	75	77	75	74	71	79	No	Yes
St Leonards Wallingford	99	100	100	100	98	100	100	100	100	98	100	98	94	No	No
Wantage	99	81	97	97	97	98	98	87	98	100	100	100	100	No	No
Linfoot Witney	99	80	79	87	82	80	90	99	82	76	76	89	94	No	Yes
Wenrisc Witney	73	83	79	59	34	45	73	85	80	76	52	50	70	Yes	Yes
Marlborough House Swindon	100	100	99	100	100	99	100	98	92	96	93	98	97	No	No
Highfield	93	91	86	89	91	68	79	64	61	84	92	90	86	No	Yes
Cotswold House Oxford	83	59	75	83	83	73	73	77	76	79	89	93	91	No	No
Cotswold House Marlborough	76	71	86	60	41	45	90	73	82	75	67	81	94	Yes	No
Watling	87	92	95	89	97	100	95	100	95	94	91	76	96	No	No
Lambourne	95	100	97	78	73	86	85	91	92	64	51	50	81	No	No
Woodlands	91	95	87	91	83	82	93	94	91	100	87	93	93	No	No
Glyme	97	99	98	90	95	82	86	92	88	85	87	91	91	No	No
Chaffron	91	92	89	90	96	91	87	88	81	87	89	94	98	No	No
Wenric**	64	39	52	47	47	51	38	58	43	51	46	54	69	Yes	No
Kennett	97	98	99	96	88	82	86	75	73	74	68	81	80	No	No
Kestral	83	72	91	91	79	80	88	94	86	86	79	73	70	No	Yes
Kingfisher	77	83	67	62	57	63	74	73	75	73	49	52	67	Yes	Yes

* VT submitted data for 3 weeks only and in 2/3 weeks rated staffing as difficult.

** Wenric, Ward Manager has not been completing weekly information incorrectly e.g. sessional staff used to fill shifts have been excluded. From May 2015 data will be accurate.

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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 by ward. 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 (November 2014-April 2015) there have been five serious incidents across all 34 wards, these have related to two falls (one on Amber ward and one on Didcot ward), a patient who went AWOL whilst on escorted community leave (Glyme), a delay in organising physical healthcare for a patient (Ruby ward) and a violent physical incident by a patient in the 136 suite on Ruby ward 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 information in Table 1 identifies seven wards as having the most difficulty in achieving expected staffing levels over the month, further detail is given below. In addition the board of directors should note two additional wards seem to be facing challenges these are Ruby ward for registered staff on day shifts and Peppard ward in Henley for registered staff on night shifts,

For each of these wards immediate actions were taken by the ward management team for example; asking existing staff to work additional hours, staff that would normally be supernumerary e.g. ward manager, modern matron, working as part of the nursing team, requesting to use agency staff, borrowing staff from other wards often for part of a shift and temporarily not taking any further admissions. An escalation process is in place for each ward to raise difficulties with senior staff for further advice and support as required. 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 April 2015 71% of shifts were fully staffed to expected levels; the ward has experienced difficulty with staffing every month over the last 13 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 two of the three weeks (data was not submitted for one week). The main reason was due to vacancies (17.4%, 6.96 WTE) as the increased establishment is achieved, and medium/ long term sickness

(overall sickness 6.16%). Both the number of vacancies and % sickness has reduced in April 15. As of the 5th May 2015 7 WTE registered and 2 WTE unregistered vacancies are being recruited to of which 3 registered posts and both of unregistered posts have been offered.

Wintle (Adult Directorate – adult mental health ward): in April 2015 58% of shifts were fully staffed to expected levels; the ward has experienced difficulty with staffing in 12 out of the last 13 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 three of the four weeks. The main reason was due to vacancies (26%, 10.38 WTE) as the increased establishment is achieved, and sickness (overall sickness 3.52%). As of the 5th May 2015 4 WTE registered and 4 WTE unregistered vacancies are being recruited to of which 3 registered posts and all 4 unregistered posts have been offered.

Phoenix (Adult Directorate – adult mental health ward): in April 2015 75% of shifts were fully staffed to expected levels; the ward has experienced difficulty with staffing in 10 out of the last 13 months and therefore has used a high amount of bank staff. The shifts below related mostly to unregistered staff on day shifts. The ward identified staffing to be more difficult on three of the four weeks. The main reason was due to vacancies (20.5%, 8.18 WTE) as the increased establishment is achieved, maternity leave and long term sickness (overall sickness 4.84%). As of the 5th May 2015 8 WTE registered and 5 WTE unregistered vacancies are being recruited to of which 4 registered posts and all 5 unregistered posts have been offered.

Opal (Adult Directorate – adult mental health ward): in April 2015 33% of shifts were fully staffed to expected levels; the ward has experienced difficulty with staffing in 10 of the last 13 months. The ward provides different treatment to the other adult mental health wards with a focus on longer term 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 to be more difficult on three out of the three weeks (data was not submitted for one week). The main reasons were due to vacancies (18.6%, 7.14 WTE) as the increased establishment is achieved and lending staff to work on acute mental health wards where the patient need can be more immediate. As of the 5th May 2015 3 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 April 2015 71% of shifts were fully staffed to expected levels; the ward has experienced difficulty with staffing in 11 of the last 13 months therefore has used a high amount of bank/ sessional staff. The shifts below related to unregistered staff on day shifts. The ward identified staffing was more difficult across three of the four weeks. The main reasons were due to medium/ long term sickness (overall sickness 10.14%) and vacancies (18.6%, 6.89 WTE). As of the 5th May 2015 5 WTE unregistered vacancies are being recruited to of which 2 have been offered.

Witney Wenrisc (Older People Directorate – community hospital ward): in April 2015 70% of shifts were fully staffed to expected levels; the ward has experienced difficulty with staffing in eight of the last 13 months. The shifts below related to registered and unregistered staff on day shifts and registered staff on night shifts. The ward identified staffing was more difficult across all four weeks. The main reasons were due to short/ medium and long term sickness (overall sickness 6.94%), maternity leave (5.67 WTE) and vacancies (10.2%, 5.08 WTE) As of the 5th May 2015 5 WTE registered and 5 WTE unregistered vacancies are being recruited to of which 4 registered and 5 unregistered have been offered.

Kingfisher (Adult Directorate – forensic ward): in April 2015 67% of shifts were fully staffed to expected levels; the ward has struggled with staffing across 11 of the 13 months therefore has used a high amount of agency and sessional staff. The shifts below related to registered staff on day and

night shifts. The ward identified staffing as more difficult across all four weeks. The main reasons are due to vacancies (16.8%, 7.10 WTE), turnover as a result of managing a complex patient group and sickness (overall sickness 11.95%). As of the 5th May 2015 3 WTE registered and 8 WTE unregistered vacancies are being advertised by both Kingfisher and Kestrel wards, of which 4 registered posts and 5 unregistered posts have been offered.

Thames House (Kingfisher and Kestrel): for the last few months senior managers have highlighted particular difficulties with the recruitment and retention of appropriate staff on Thames House (both Kestrel and Kingfisher) which is having an impact on being able to safely staff both wards, across the wards they currently have 13.7 WTE (17.1%) vacancies and a turnover in the last 12 months of over 16% of staff. Immediate actions have been put in place, such as temporary suspension of admissions, referring a complex patient elsewhere, secondment of registered nurses from other forensic wards, continued use of external agency staff and ongoing programme of recruitment initiatives. Longer term strategies being considered include: financial incentives for people at recruitment, retention premiums for staff after 18 months, paying overtime at an overtime rate, offering to pay agencies higher rates and secondment of staff from other areas outside forensic wards.

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. VT and Opal did not submit data for one week; 6th-12th April 2015.

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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 developed a values based framework for recruitment which is being introduced and established a recruitment action group with a focus on improving candidate attraction and staff retention, further details below. We are also currently establishing an internal bank to start within the next 6 months (October 2015)

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.

Recruitment Action Plan
1. Reviewing the content of NHS Job header and footer information in adverts plus additional documentation available to candidates. An initial review has taken place with recommended amendments. Actions to be completed by end of June 2015.
2. Reviewing the content of the trusts internet site in relation to 'Working for Us'. Actions to be completed by July 2015.
3. A sub group has been set up to look at improving a cohesive strategy for targeting students at local Universities – the group is due to meet in early June 2015.
4. An Accommodation Policy has been agreed regarding key worker accommodation.
5. 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.
6. See above specific immediate and longer term actions in respect of Thames House (Kingfisher and Kestrel wards).

7.2 Short term sickness
In addition to our focus on improving recruitment, short term sickness levels have been rising since January 2015 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.

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 April 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%

	Day time Shifts (Early, Late, Twilight and cross shifts)		Night time Shift	
	Registered nurses	Unregistered staff	Registered nurses	Unregistered staff
November 2014	95.5%	94%	94.8%	98.1%
December 2014	95.1%	94.1%	95.1%	97.3%
January 2015	95.2%	94.7%	96%	97.8%
February 2015	94.7%	93.2%	95.2%	97.9%
March 2015	94.7%	92.9%	95.2%	98.7%
April 2015	96.1%	96.2%	94.7%	98.6%

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, 11 out of 34 wards were identified as having the most difficulties across April 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 (March 2015) 10 wards remain a concern, four wards are no longer a concern and one ward has been added (Phoenix).

Table 1 summarises the staffing position by ward showing the trend over the last 13 months and the position in April 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, Phoenix (new this month), Opal, Sandford, Wenrisc Witney and Kingfisher, more detail about each is provided in the report. A dialogue with ward staff, Heads of Nursing and Service Directors is continuing to develop plans to support safe staffing and patient care at a ward level.

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 better understand in more detail the reasons why staff are leaving.
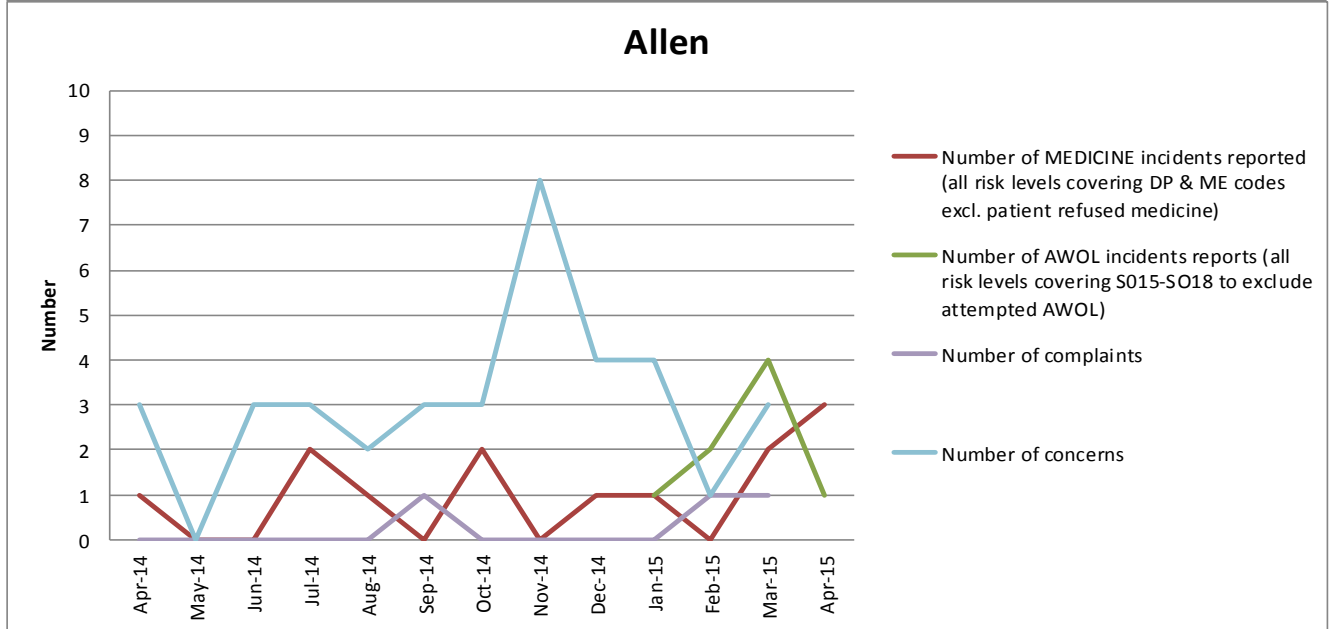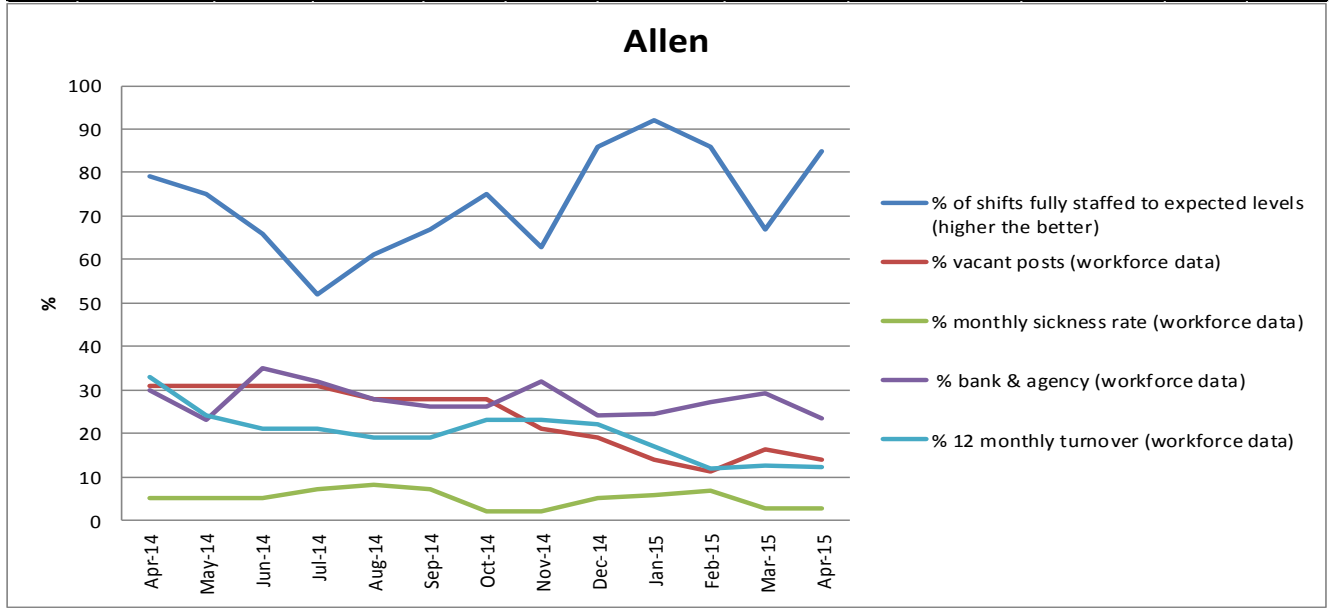
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Appendix 1. Quality and Workforce Indicators

Note.
1. The current weekly tool is not sensitive enough to report on when individual shifts are staffed over expected levels to meet patient acuity.
2. Modern matron and ward managers are excluded from the data unless they are working as part of the nursing team to meet safe staffing levels.
3. VT and Opal did not submit data for one week; 6th-12th April 2015.
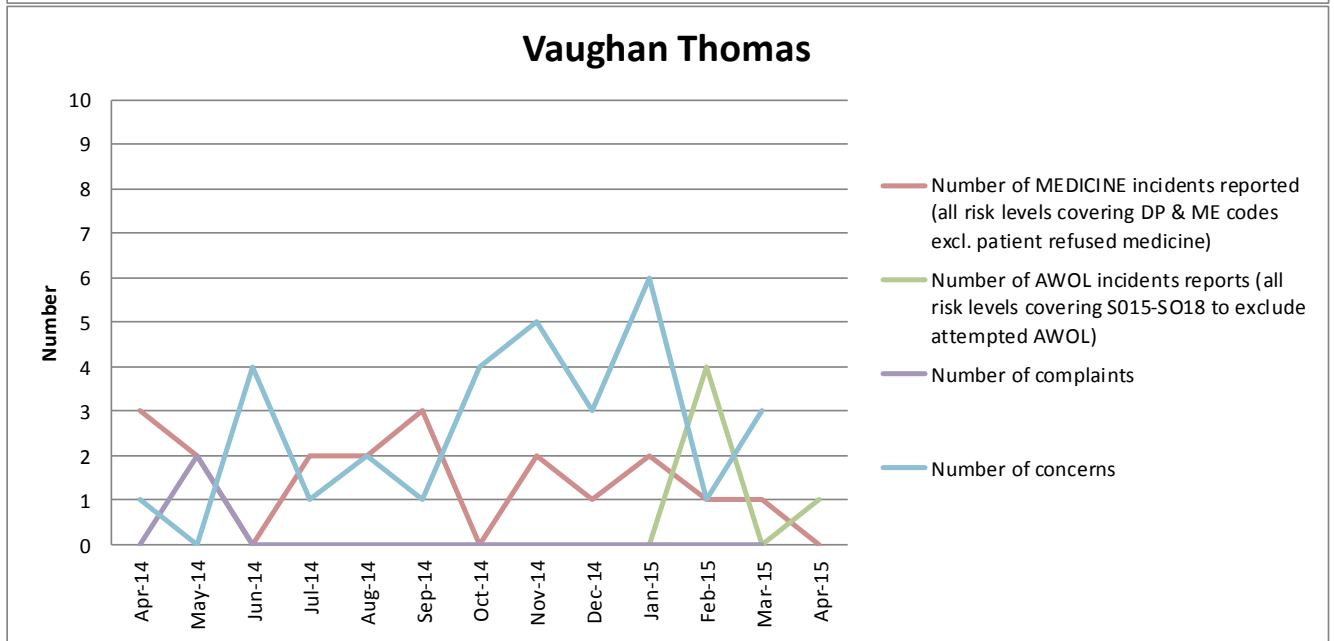
Allen

	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reports (all risk levels covering S015-SO18 to exclude attempted AWOL)	Number of complaints	Number of concerns
Apr-14	79	31	5	30	33	100	40	1		0	3
May-14	75	31	5	23	24			0		0	0
Jun-14	66	31	5	35	21	60	60	0		0	3
Jul-14	52	31	7	32	21			2		0	3
Aug-14	61	28	8	28	19	100	100	1		0	2
Sep-14	67	28	7	26	19			0		1	3
Oct-14	75	28	2	26	23	60	60	2		0	3
Nov-14	63	21	2	32	23			0		0	8
Dec-14	86	19	5	24	22	100	100	1		0	4
Jan-15	92	13.8	5.76	24.3	17			1	1	0	4
Feb-15	86	11.3	6.64	27	11.77	40	100	0	2	1	1
Mar-15	67	16.3	2.65	29.3	12.54			2	4	1	3
Apr-15	85	13.9	2.73	23.5	12.14	40	100	3	1		

Allen

Allen

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Vaughan Thomas (also provides staff for the S136 assessment suite)
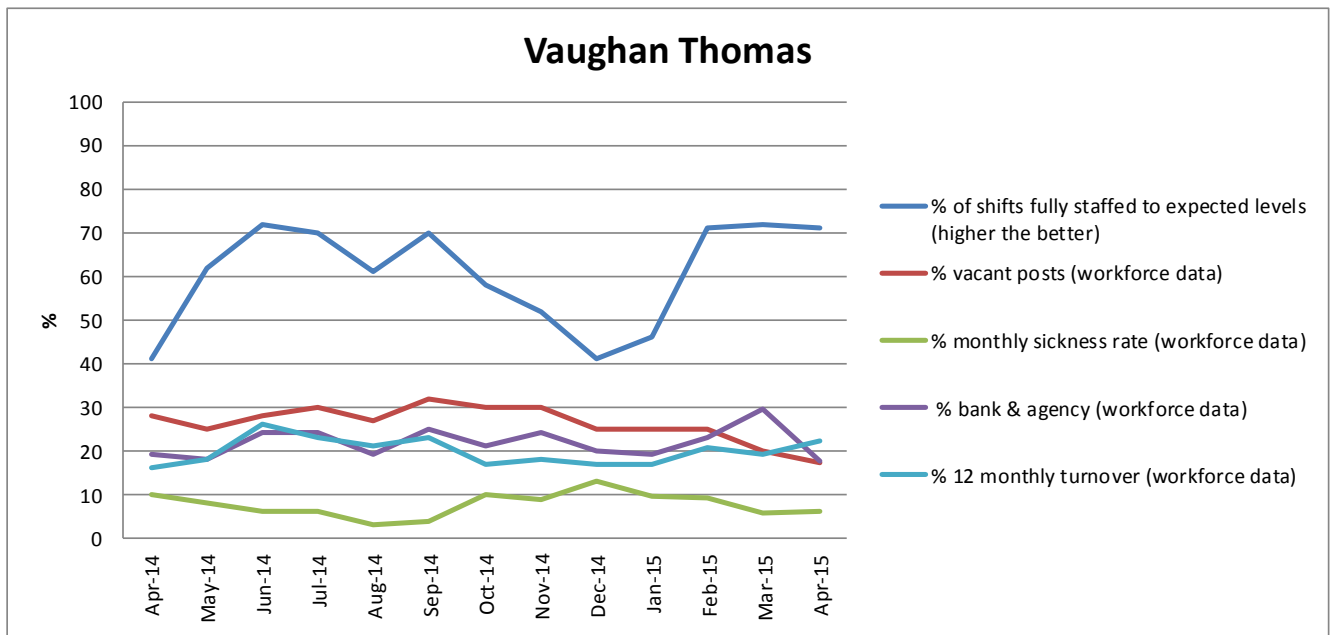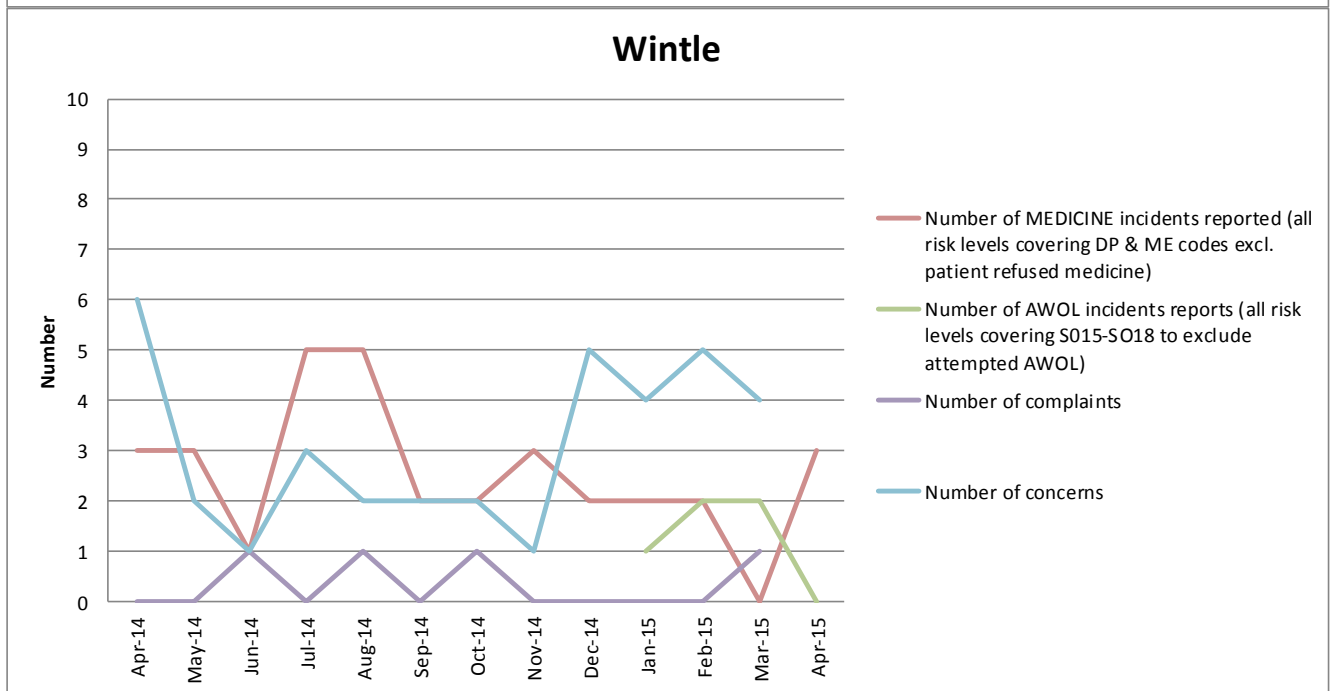
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reports (all risk levels covering S015-SO18 to exclude attempted AWOL)	Number of complaints	Number of concerns
Apr-14	41	28	10	19	16	60	80	3		0	1
May-14	62	25	8	18	18			2		2	0
Jun-14	72	28	6	24	26	100	100	0		0	4
Jul-14	70	30	6	24	23			2		0	1
Aug-14	61	27	3	19	21	100	100	2		0	2
Sep-14	70	32	4	25	23			3		0	1
Oct-14	58	30	10	21	17	100	100	0		0	4
Nov-14	52	30	9	24	18			2		0	5
Dec-14	41	25	13	20	17	100	100	1		0	3
Jan-15	46	24.9	9.41	19.1	17.01			2	0	0	6
Feb-15	71	24.9	9.3	22.9	20.59	100	100	1	4	0	1
Mar-15	72	19.9	5.57	29.5	19.21			1	0	0	3
Apr-15	71	17.4	6.16	17.5	22.18	100	100	0	1		

Vaughan Thomas

Vaughan Thomas

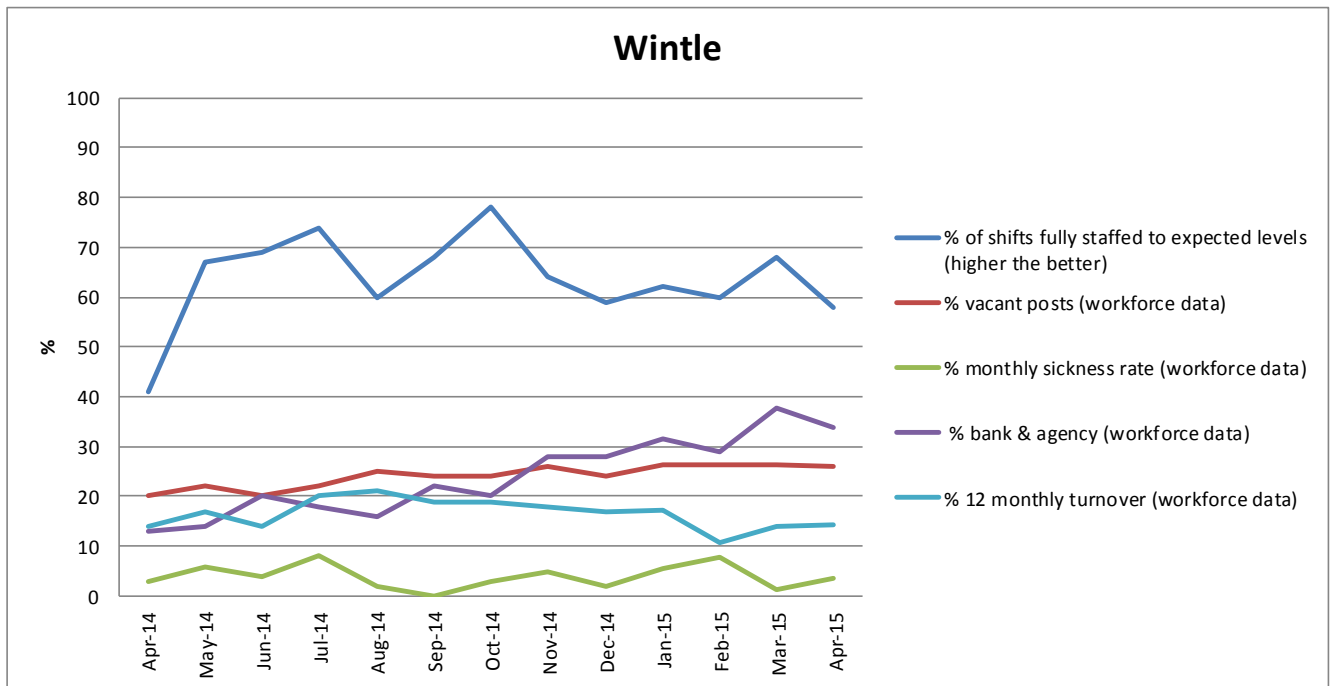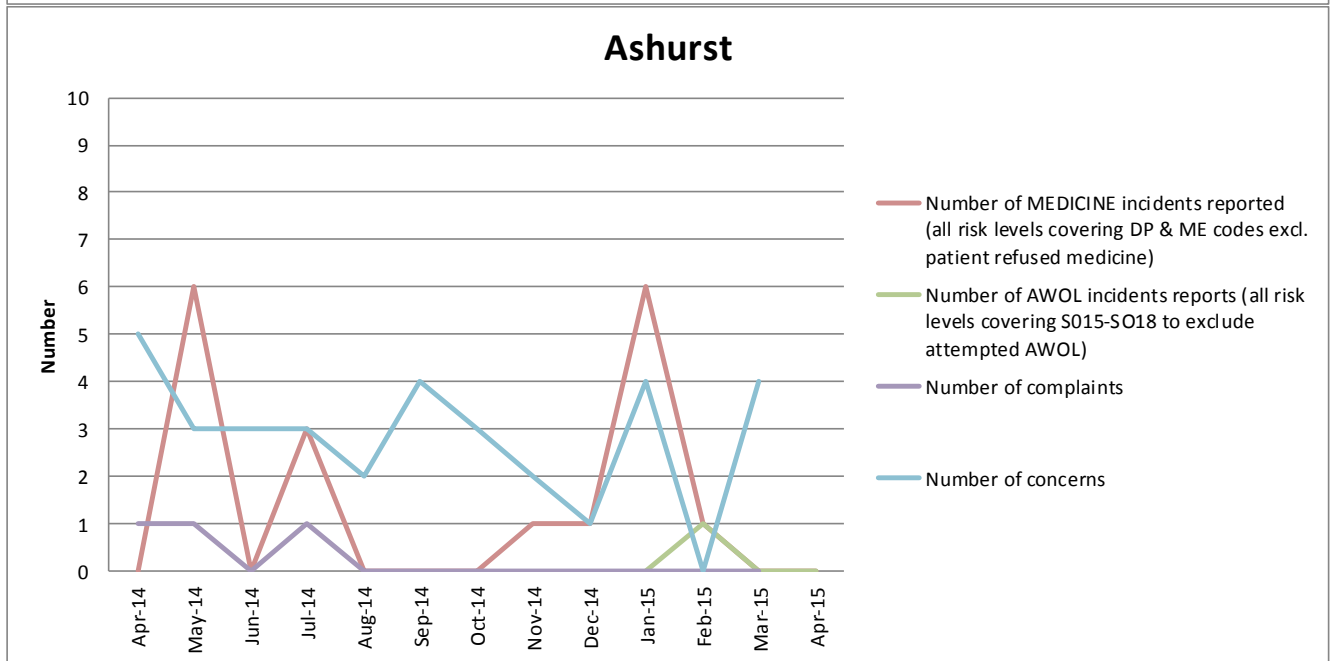# PUBLIC BOARD REPORT

Wintle

	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reports (all risk levels covering S015-SO18 to exclude attempted AWOL)	Number of complaints	Number of concerns
Apr-14	41	20	3	13	14	40	100	3		0	6
May-14	67	22	6	14	17			3		0	2
Jun-14	69	20	4	20	14	80	100	1		1	1
Jul-14	74	22	8	18	20			5		0	3
Aug-14	60	25	2	16	21	80	100	5		1	2
Sep-14	68	24	0.1	22	19			2		0	2
Oct-14	78	24	3	20	19	100	100	2		1	2
Nov-14	64	26	5	28	18			3		0	1
Dec-14	59	24	2	28	17	100	60	2		0	5
Jan-15	62	26.5	5.58	31.6	17.29			2	1	0	4
Feb-15	60	26.4	7.91	28.8	10.75	100	100	2	2	0	5
Mar-15	68	26.5	1.27	37.6	14.08			0	2	1	4
Apr-15	58	26	3.52	33.9	14.23	100	60	3	0		

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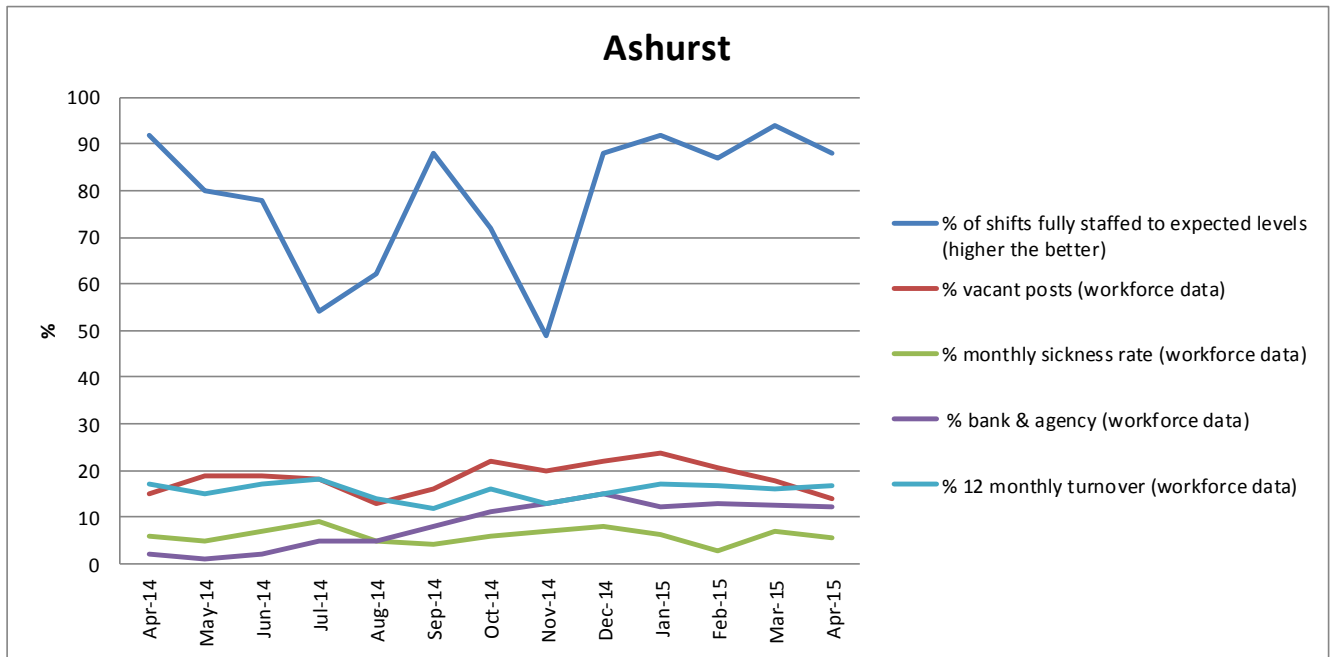## Ashurst (also provides staff for the S136 assessment suite)

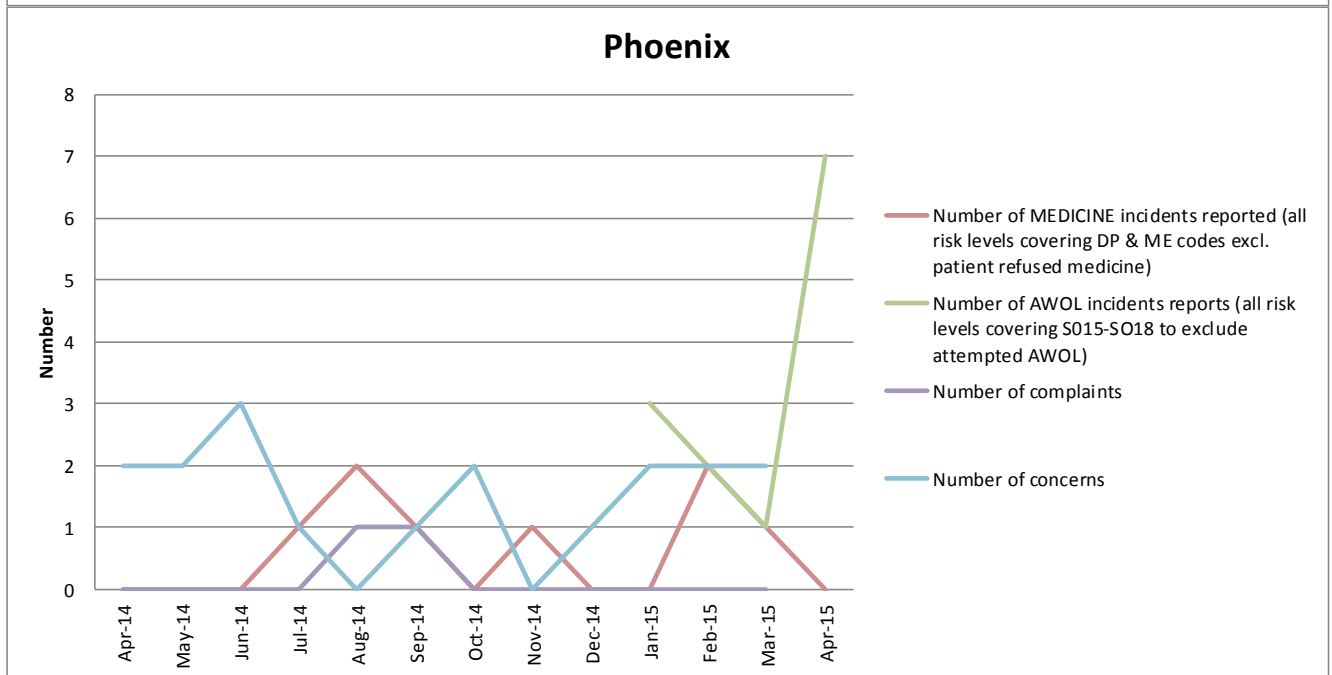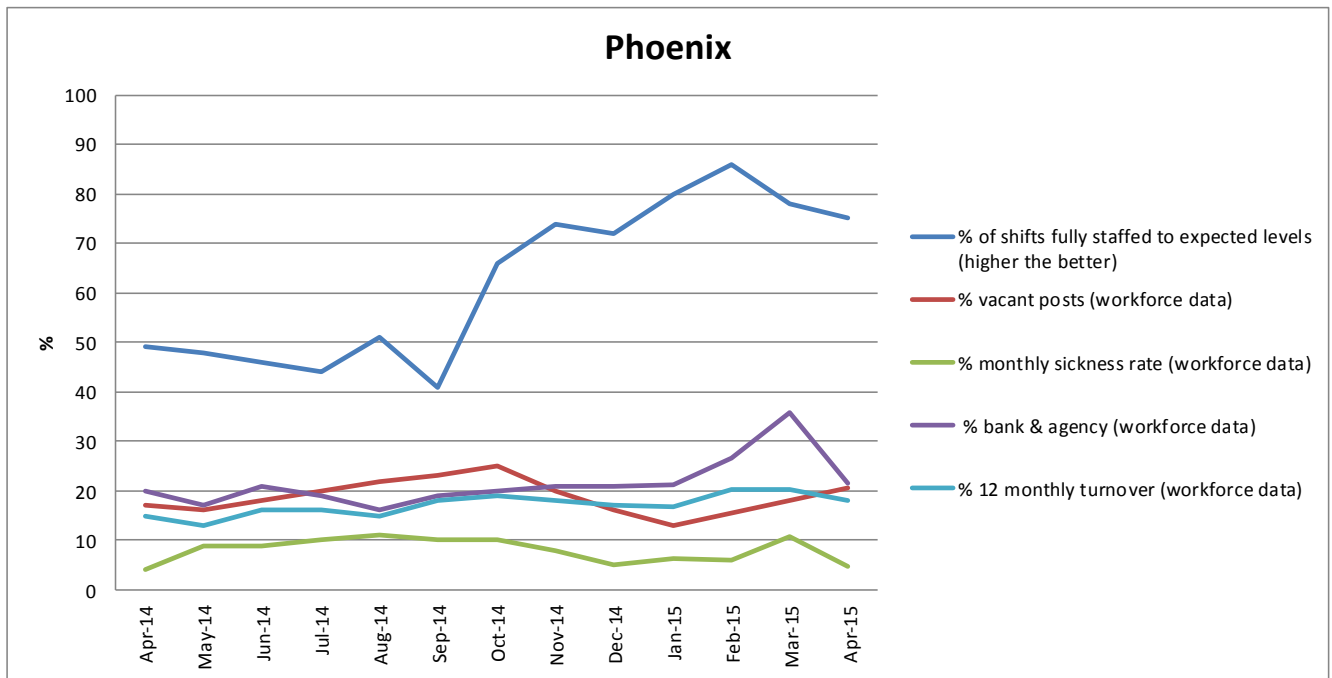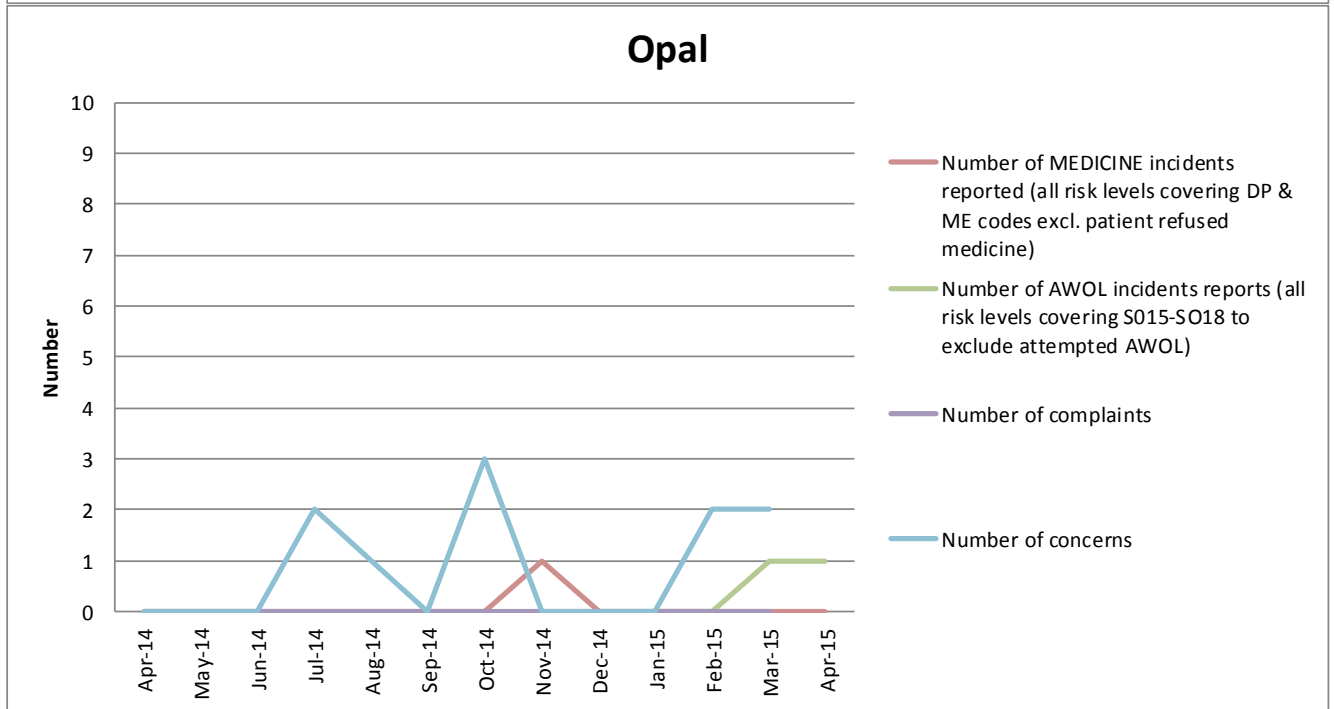|	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with 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-SO18 to exclude attempted AWOL)	Number of complaints	Number of concerns
Apr-14	92	15	6	2	17	80	100	0		1	5
May-14	80	19	5	1	15			6		1	3
Jun-14	78	19	7	2	17	100	20	0		0	3
Jul-14	54	18	9	5	18			3		1	3
Aug-14	62	13	5	5	14	no data	no data	0		0	2
Sep-14	88	16	4	8	12			0		0	4
Oct-14	72	22	6	11	16	100	67	0		0	3
Nov-14	49	20	7	13	13			1		0	2
Dec-14	88	22	8	15	15	100	100	1		0	1
Jan-15	92	23.8	6.38	12.2	17.11			6	0	0	4
Feb-15	87	20.7	2.79	12.9	16.63	100	20	1	1	0	0
Mar-15	94	17.9	7.02	12.4	16.06			0	0	0	4
Apr-15	88	14	5.61	12.3	16.6	80	80	0	0		

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Phoenix

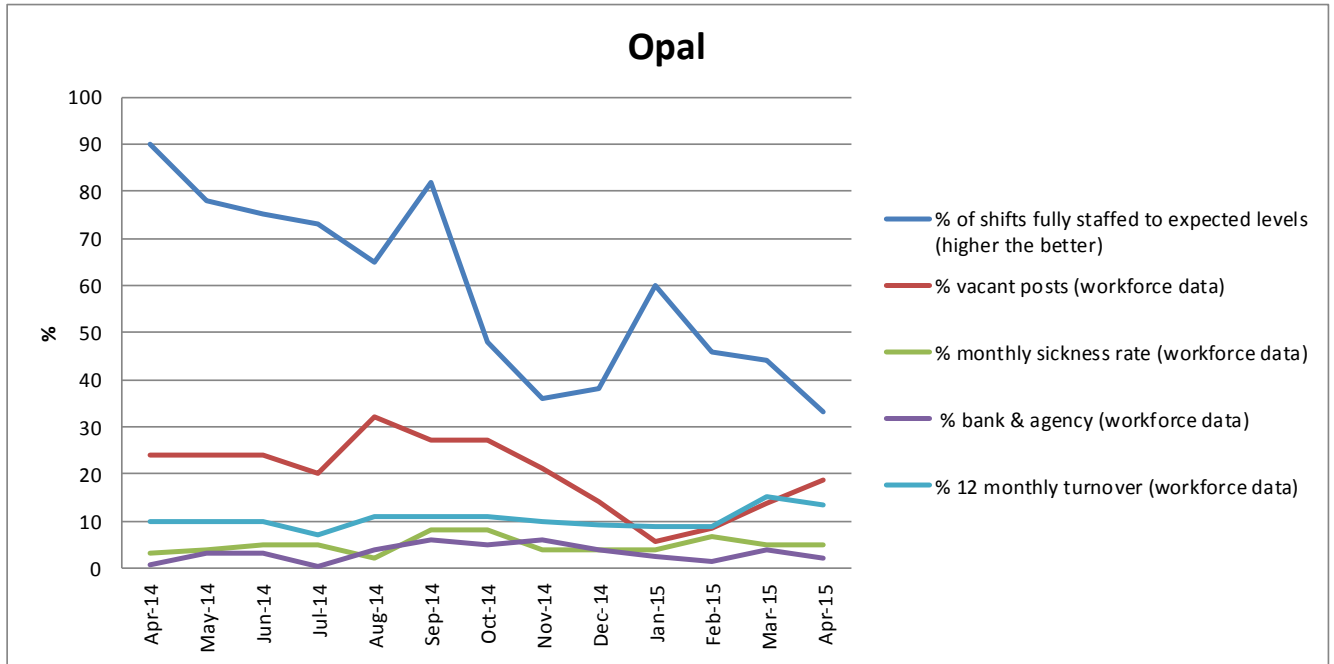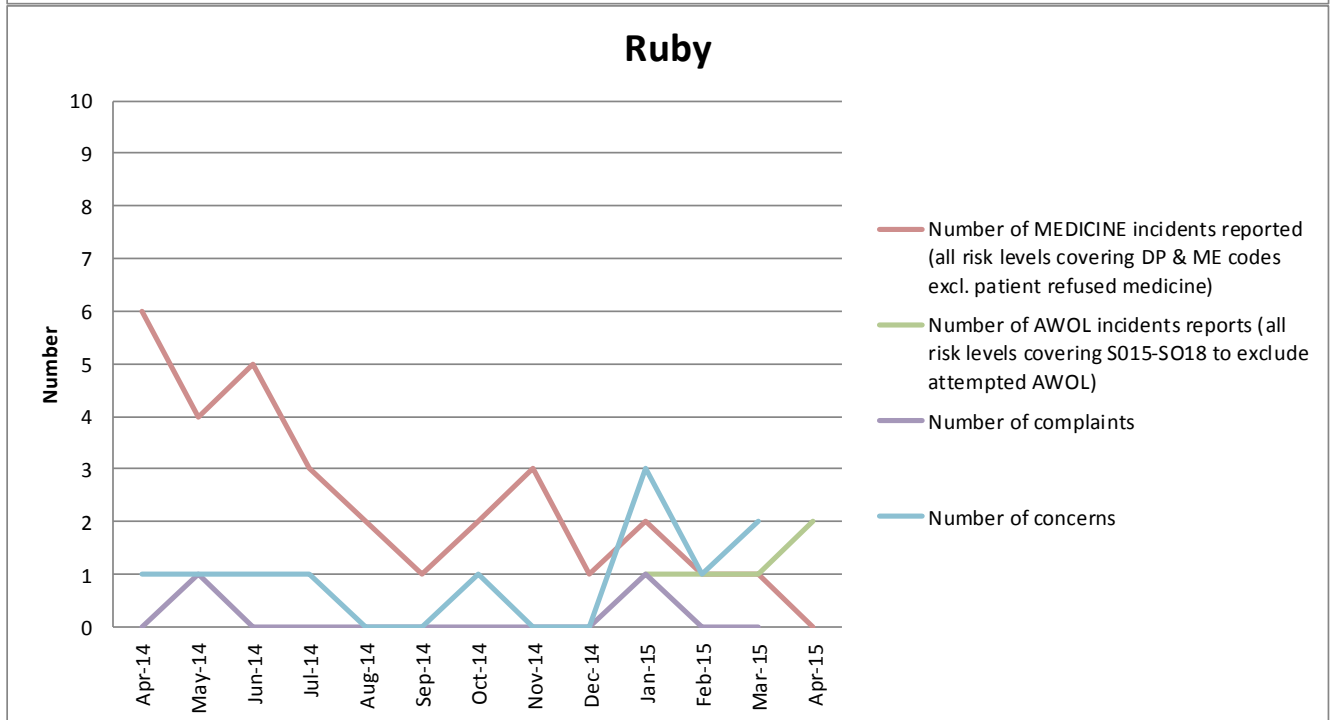|	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with 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-SO18 to exclude attempted AWOL)	Number of complaints	Number of concerns
Apr-14	49	17	4	20	15	80	100	0		0	2
May-14	48	16	9	17	13			0		0	2
Jun-14	46	18	9	21	16	40	80	0		0	3
Jul-14	44	20	10	19	16			1		0	1
Aug-14	51	22	11	16	15	40	100	2		1	0
Sep-14	41	23	10	19	18			1		1	1
Oct-14	66	25	10	20	19	no data	no data	0		0	2
Nov-14	74	20	8	21	18			1		0	0
Dec-14	72	16	5	21	17	60	100	0		0	1
Jan-15	80	13	6.39	21.3	16.88			0	3	0	2
Feb-15	86	15.4	6.02	26.7	20.13	60	100	2	2	0	2
Mar-15	78	18	10.77	35.8	20.43			1	1	0	2
Apr-15	75	20.5	4.84	21.7	17.99	80	60	0	7		

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Opal

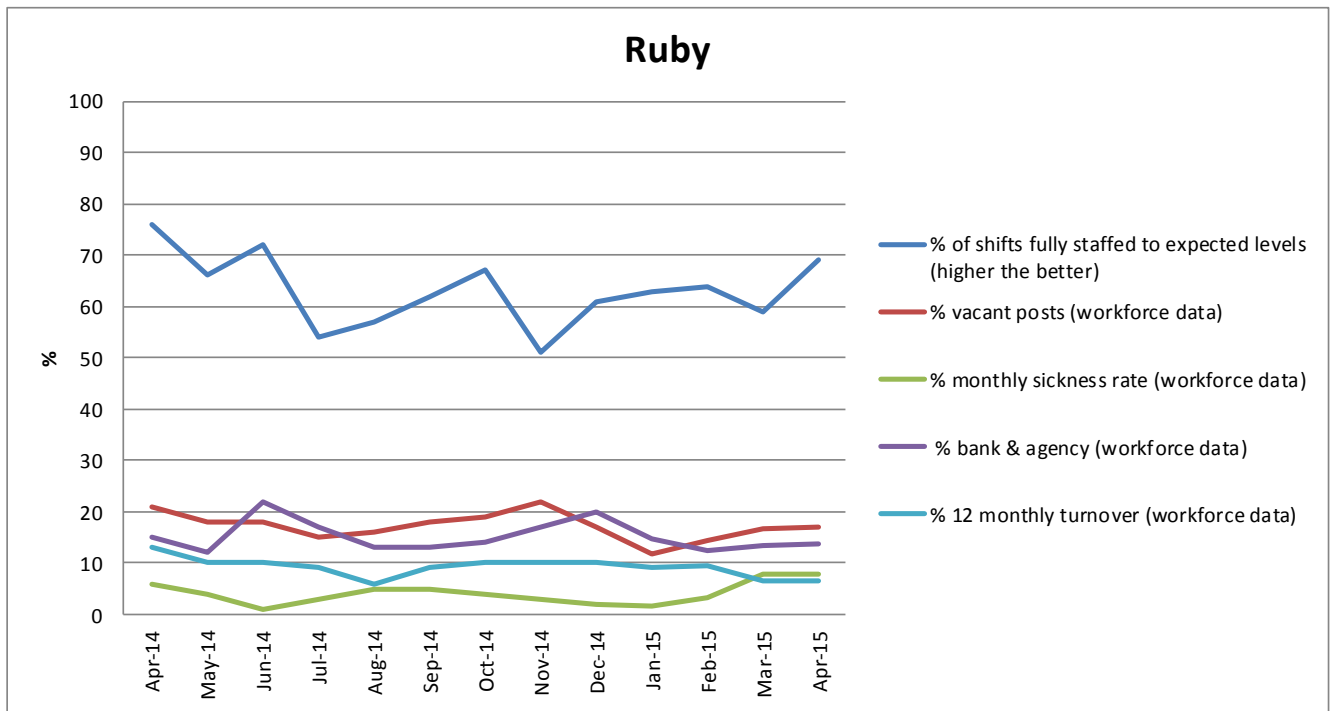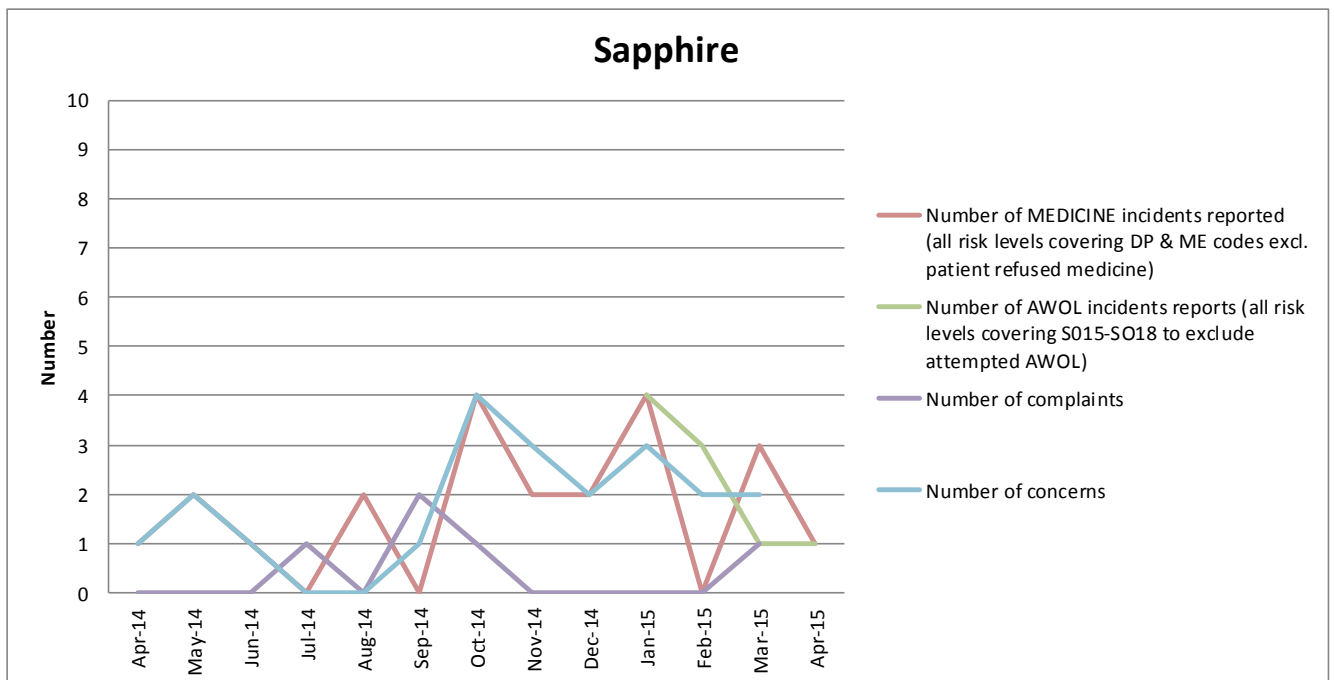|	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with 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-SO18 to exclude attempted AWOL)	Number of complaints	Number of concerns
Apr-14	90	24	3	1	10	80	100	0		0	0
May-14	78	24	4	3	10			0		0	0
Jun-14	75	24	5	3	10	80	80	0		0	0
Jul-14	73	20	5	0	7			0		0	2
Aug-14	65	32	2	4	11	20	40	0		0	1
Sep-14	82	27	8	6	11			0		0	0
Oct-14	48	27	8	5	11	100	100	0		0	3
Nov-14	36	21	4	6	10			1		0	0
Dec-14	38	14	4	4	9	60	60	0		0	0
Jan-15	60	5.8	3.79	2.4	8.63			0	0	0	0
Feb-15	46	8.4	6.74	1.3	8.88	40	80	0	0	0	2
Mar-15	44	13.6	5.02	4	15.26			0	1	0	2
Apr-15	33	18.6	4.84	2.2	13.22	80	100	0	1		

Opal

Opal

Ruby

	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reports (all risk levels covering S015-SO18 to exclude attempted AWOL)	Number of complaints	Number of concerns
Apr-14	76	21	6	15	13	40	80	6		0	1
May-14	66	18	4	12	10			4		1	1
Jun-14	72	18	1	22	10	80	100	5		0	1
Jul-14	54	15	3	17	9			3		0	1
Aug-14	57	16	5	13	6	40	60	2		0	0
Sep-14	62	18	5	13	9			1		0	0
Oct-14	67	19	4	14	10	100	100	2		0	1
Nov-14	51	22	3	17	10			3		0	0
Dec-14	61	17	2	20	10	60	100	1		0	0
Jan-15	63	11.9	1.67	14.6	9.16			2	1	1	3
Feb-15	64	14.4	3.39	12.5	9.45	100	80	1	1	0	1
Mar-15	59	16.8	7.69	13.4	6.5			1	1	0	2
Apr-15	69	16.9	7.76	13.7	6.5	100	40	0	2		

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Sapphire (also provides staff for the S136 assessment suite)
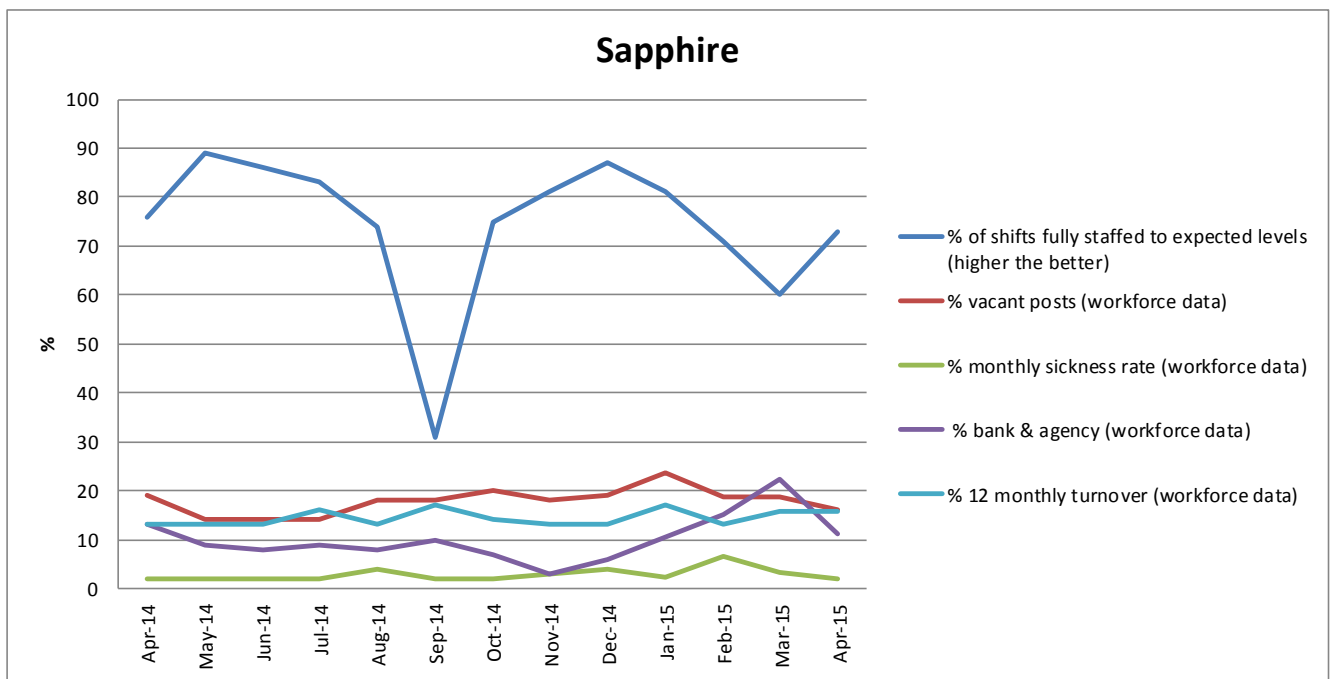
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with 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-SO18 to exclude attempted AWOL)	Number of complaints	Number of concerns
Apr-14	76	19	2	13	13	80	100	1		0	1
May-14	89	14	2	9	13			2		0	2
Jun-14	86	14	2	8	13	60	80	1		0	1
Jul-14	83	14	2	9	16			0		1	0
Aug-14	74	18	4	8	13	80	80	2		0	0
Sep-14	31	18	2	10	17			0		2	1
Oct-14	75	20	2	7	14	40	60	4		1	4
Nov-14	81	18	3	3	13			2		0	3
Dec-14	87	19	4	6	13	100	80	2		0	2
Jan-15	81	23.6	2.26	10.6	16.99			4	4	0	3
Feb-15	71	18.7	6.42	15.1	13.14	20	60	0	3	0	2
Mar-15	60	18.7	3.25	22.4	15.91			3	1	1	2
Apr-15	73	16.2	2.02	11.1	15.91	60	80	1	1		

Sapphire
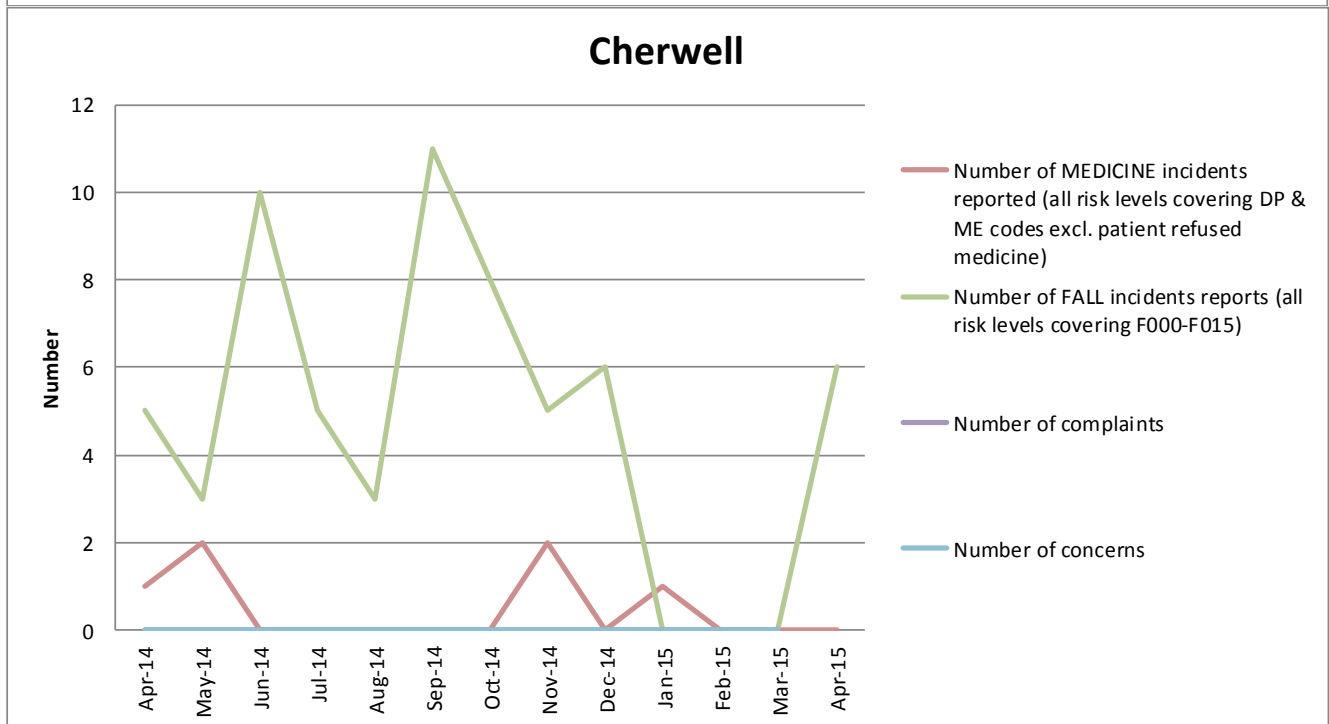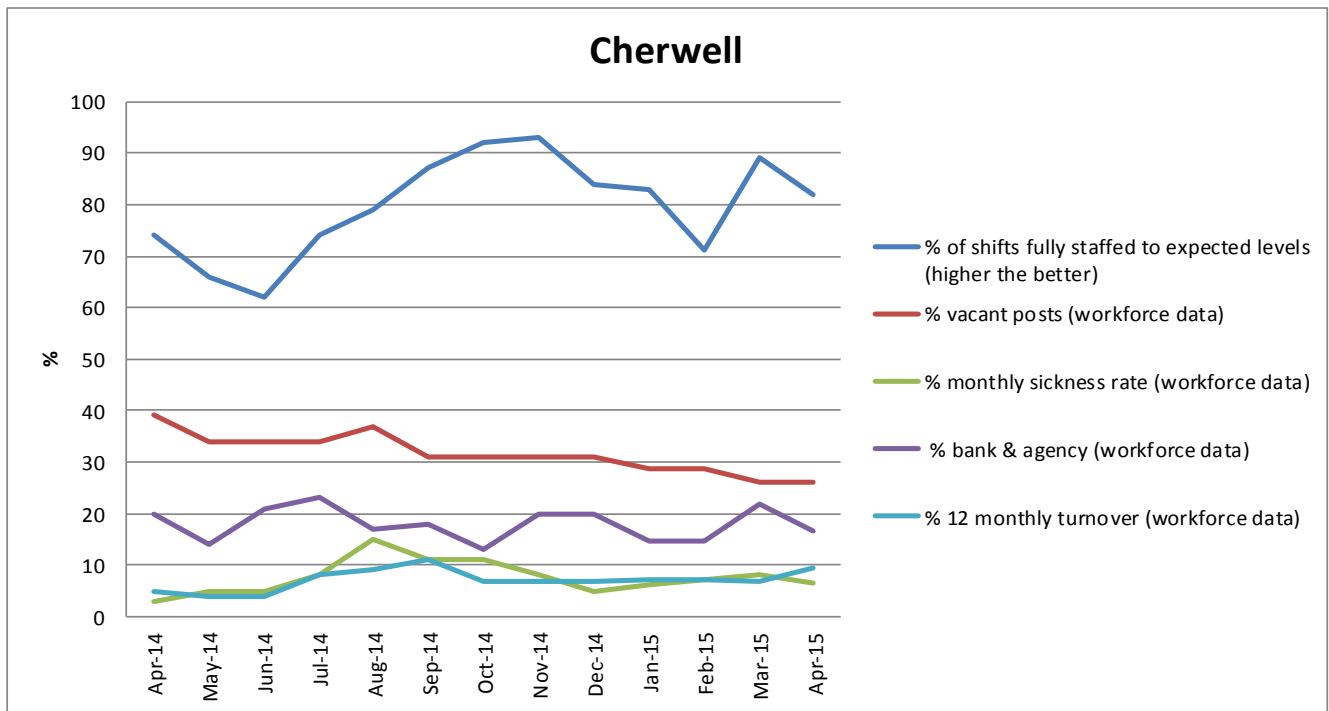

Sapphire

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
Apr-15	82	26	6.52	16.6	9.57	100	100	0	6		

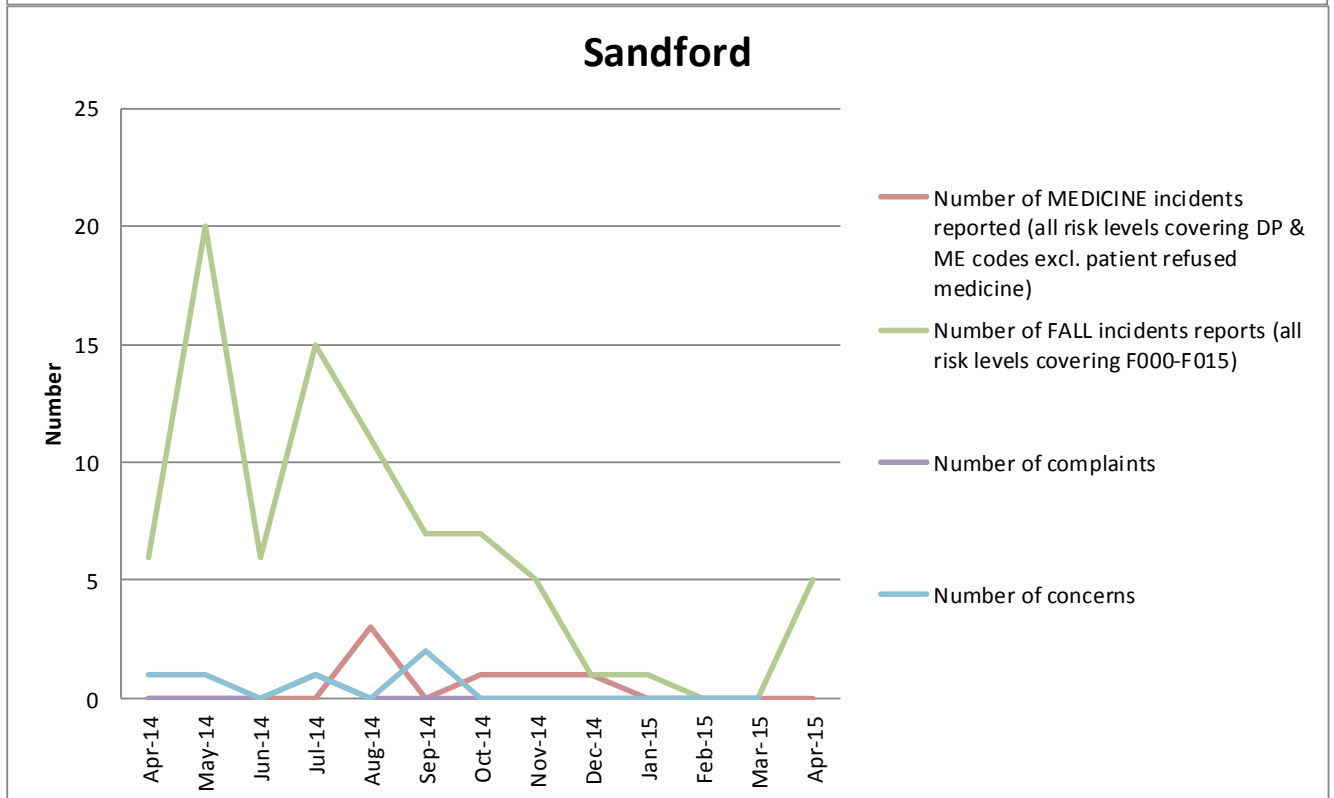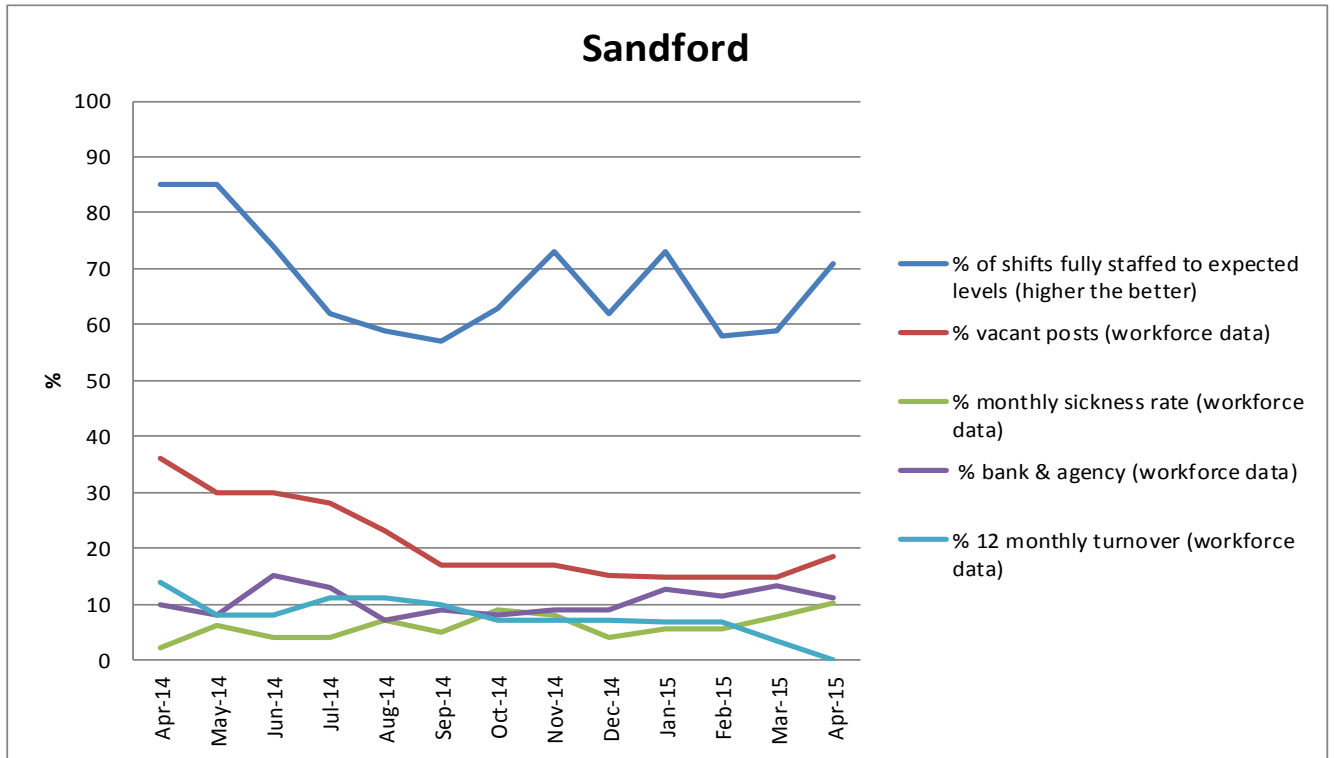# PUBLIC BOARD REPORT

Sandford

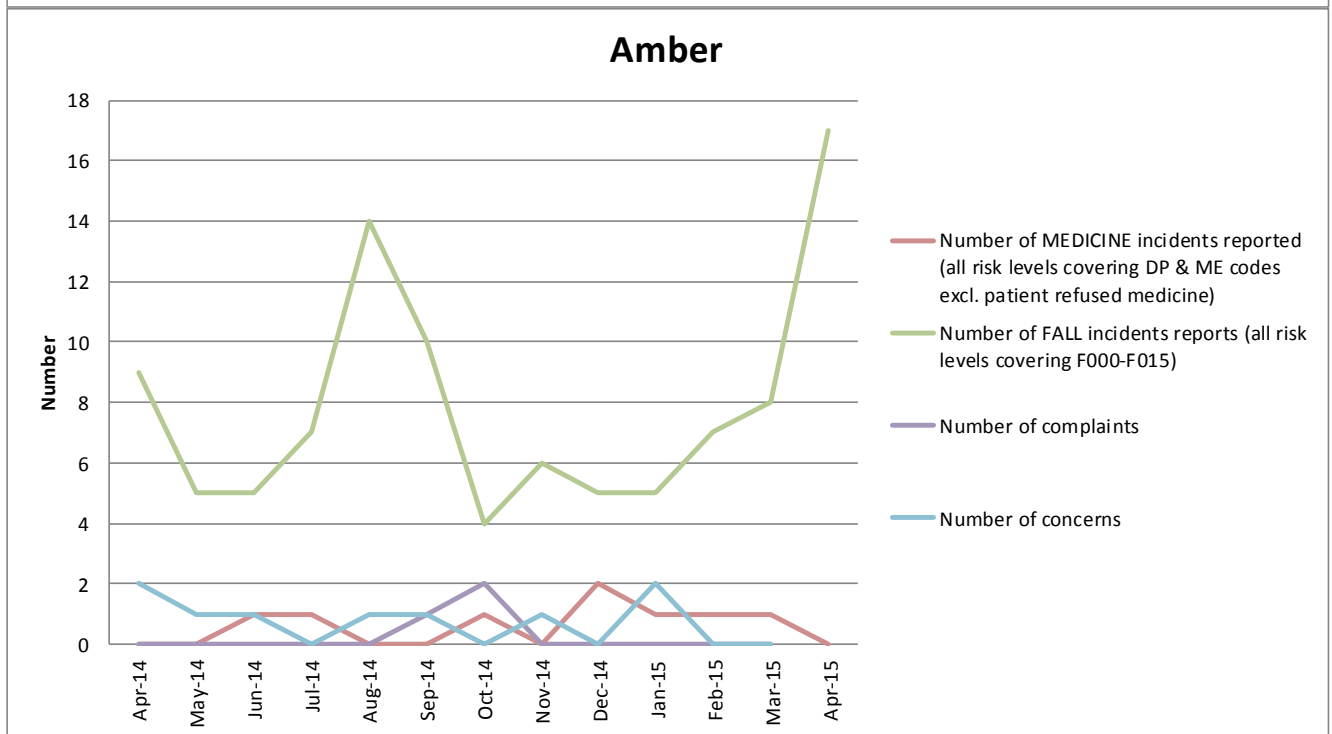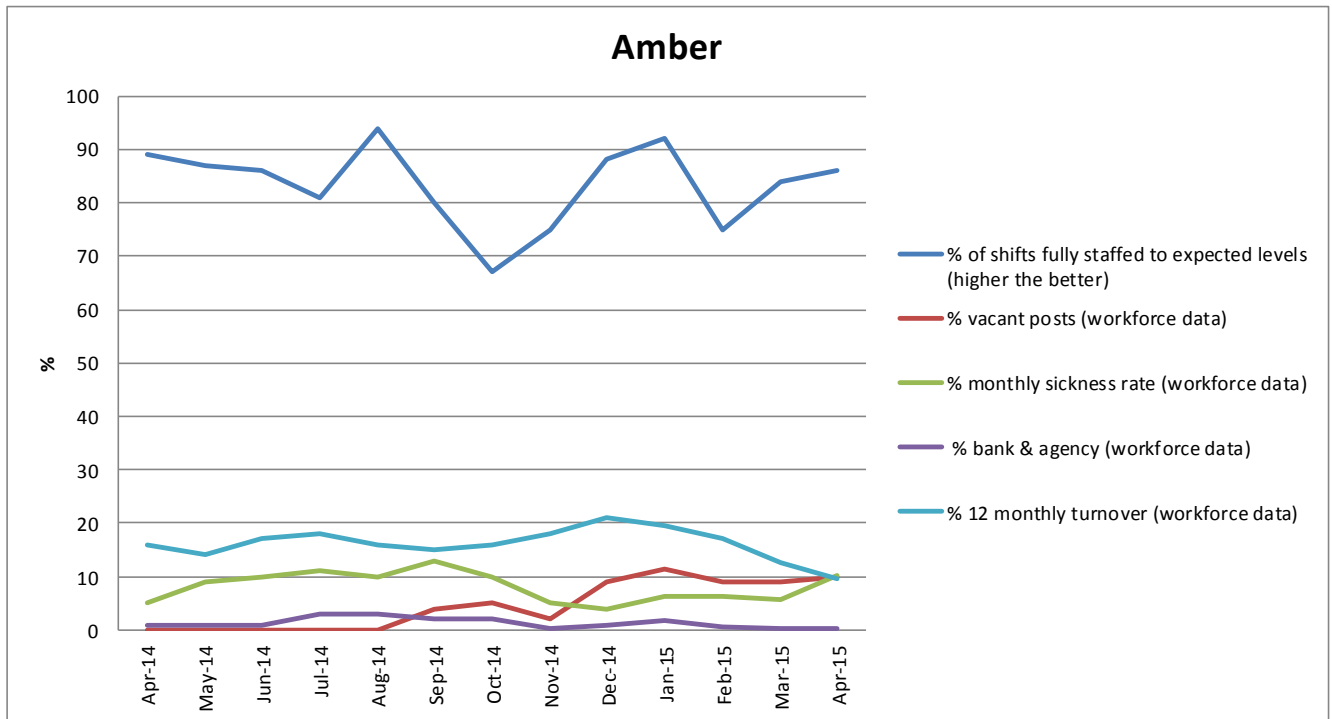|	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with 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
Apr-15	71	18.6	10.14	11	0	100	100	0	5	0	0

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Amber

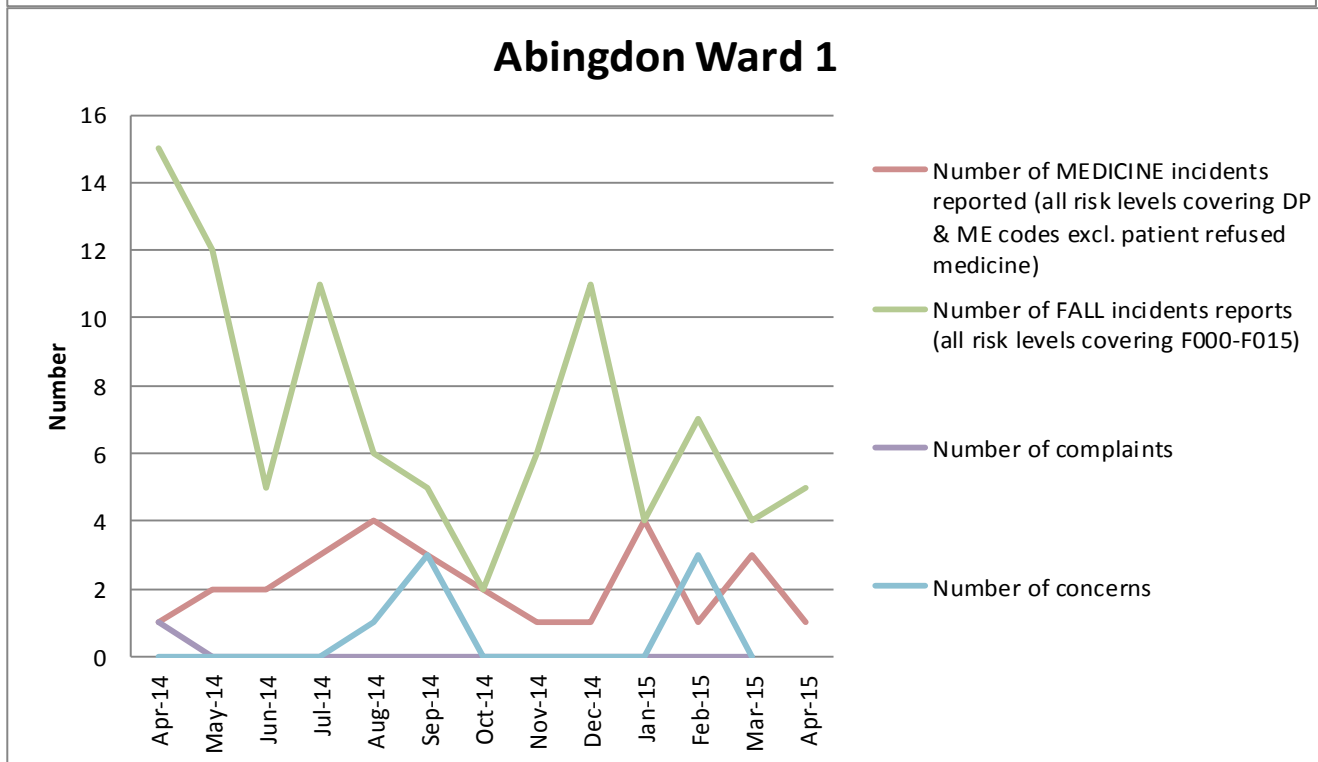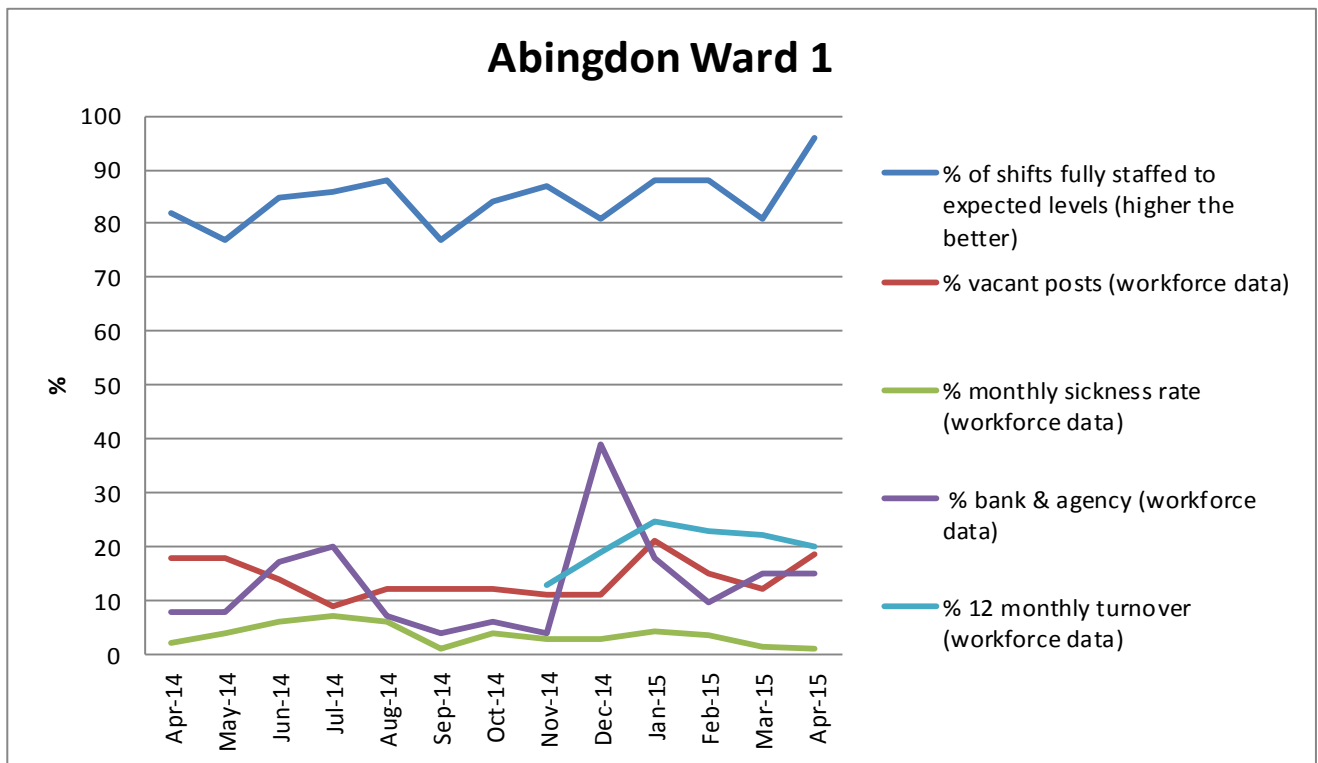|	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with 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
Apr-15	86	10	10.16	0.2	9.66	100	100	0	17		

Amber

Amber

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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
Apr-15	96	18.5	1.21	14.9	19.99			1	5		

Abingdon Ward 1

Abingdon Ward 1
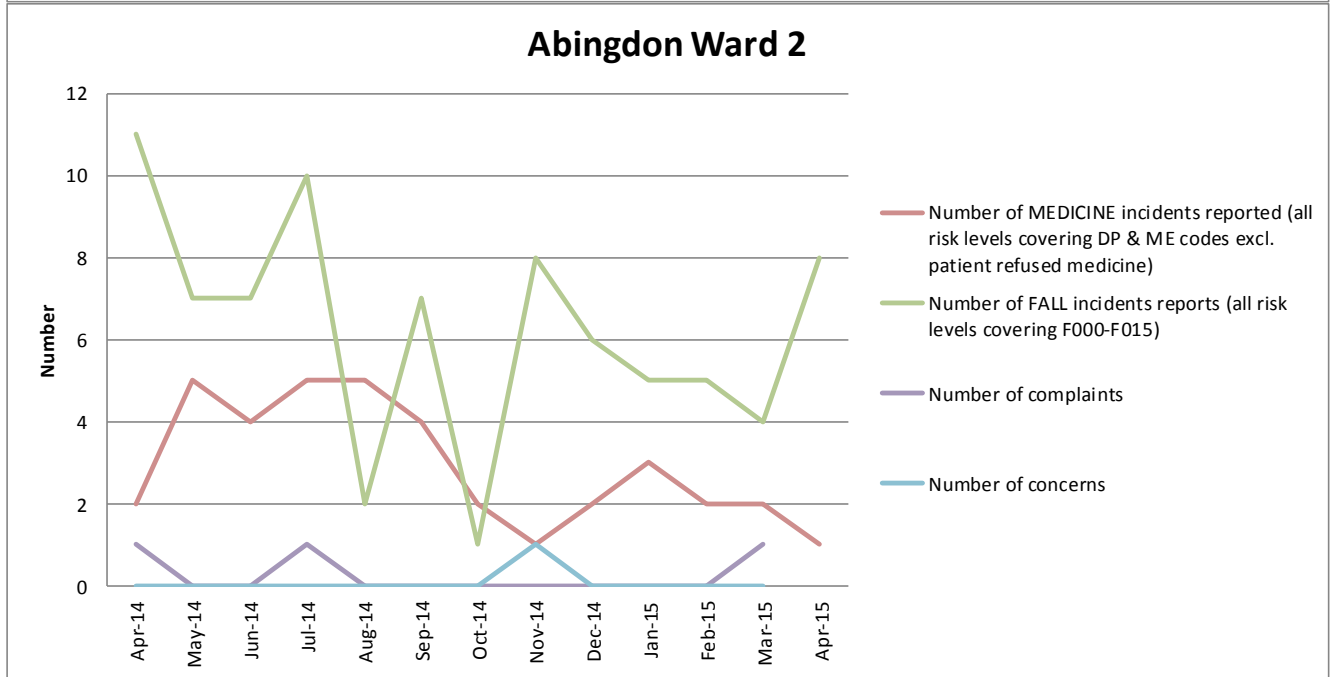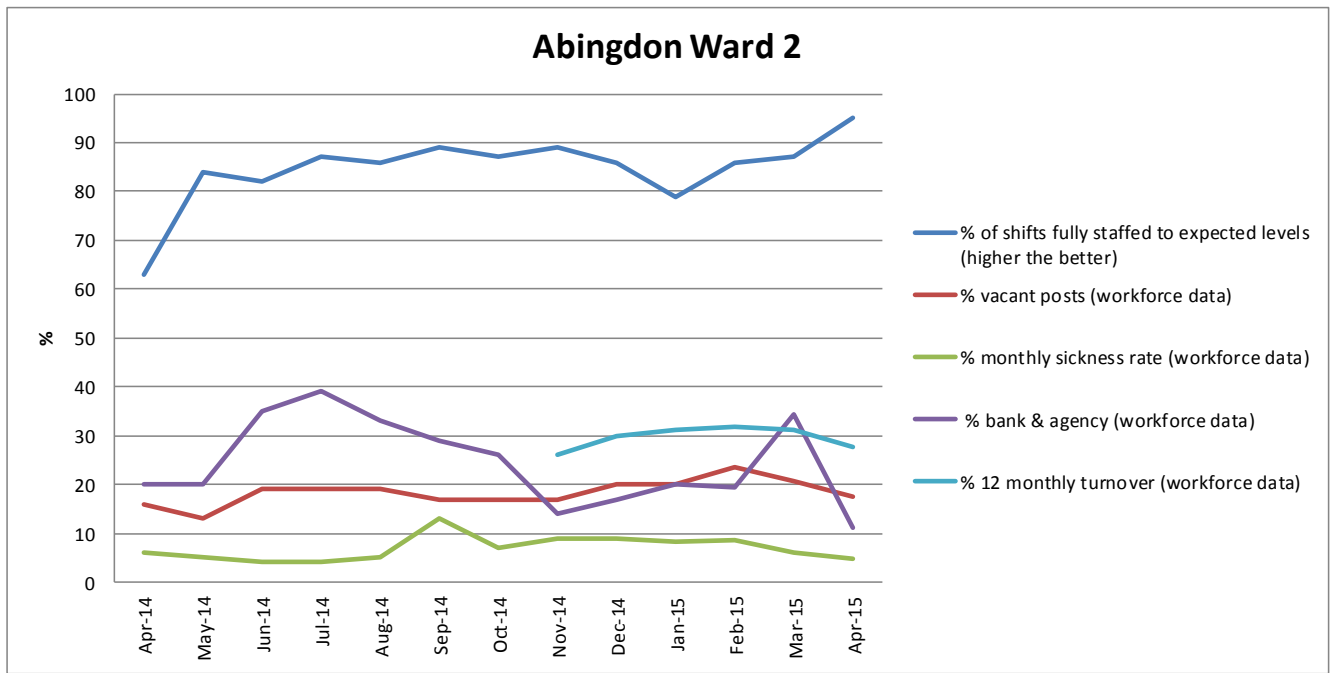
Abingdon ward 2 (staff also support Emergency Multidisciplinary Unit as required)

	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans been reviewed weekly (lastest CHD audit)	% reported staff communicate clearly & respectfully with you (lastest CHD audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of FALL incidents reports (all risk levels covering F000-F015)	Number of complaints	Number of concerns
Apr-14	63	16	6	20				2	11	1	0
May-14	84	13	5	20				5	7	0	0
Jun-14	82	19	4	35		100	100	4	7	0	0
Jul-14	87	19	4	39				5	10	1	0
Aug-14	86	19	5	33				5	2	0	0
Sep-14	89	17	13	29		11	100	4	7	0	0
Oct-14	87	17	7	26				2	1	0	0
Nov-14	89	17	9	14	26			1	8	0	1
Dec-14	86	20	9	17	30	80	100	2	6	0	0
Jan-15	79	20	8.23	20	31.3			3	5	0	0
Feb-15	86	23.4	8.67	19.3	31.65			2	5	0	0
Mar-15	87	20.6	6.15	34.3	31.08	67	100	2	4	1	0
Apr-15	95	17.5	4.77	11.2	27.64			1	8		

Abingdon Ward 2

Abingdon Ward 2
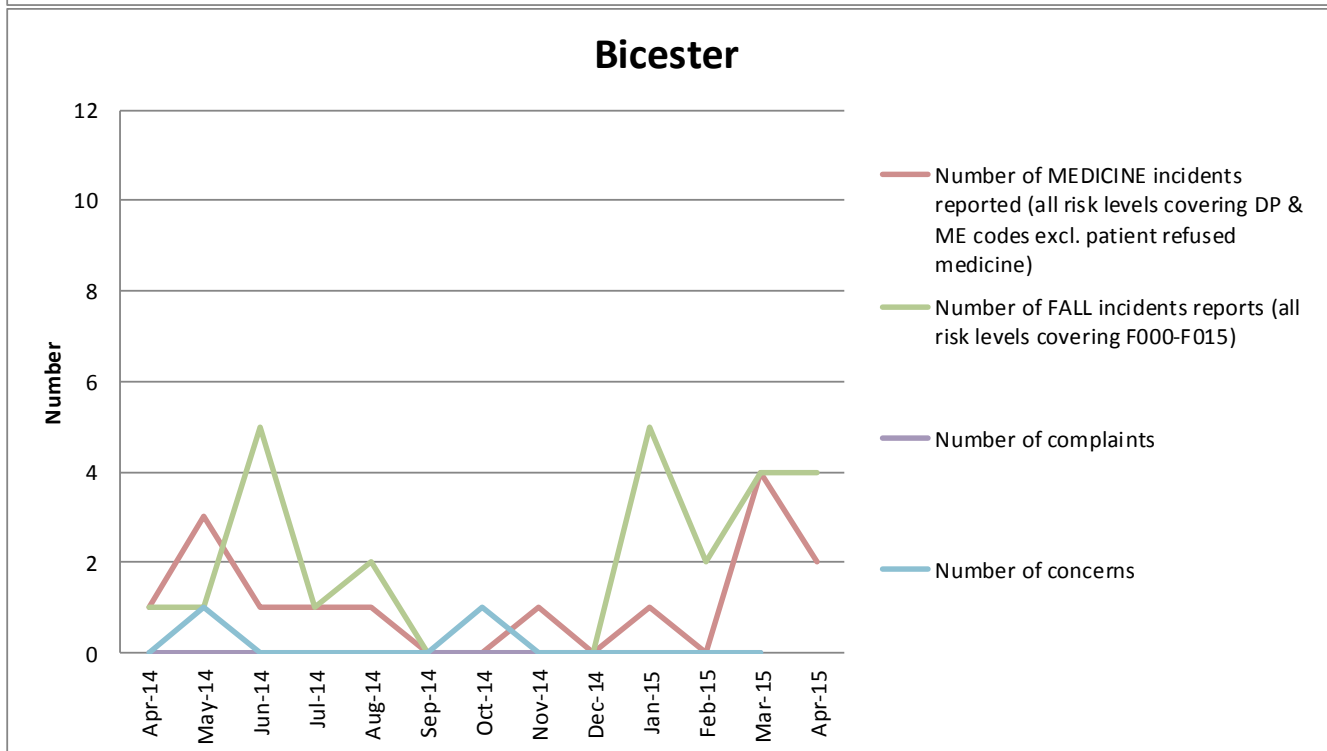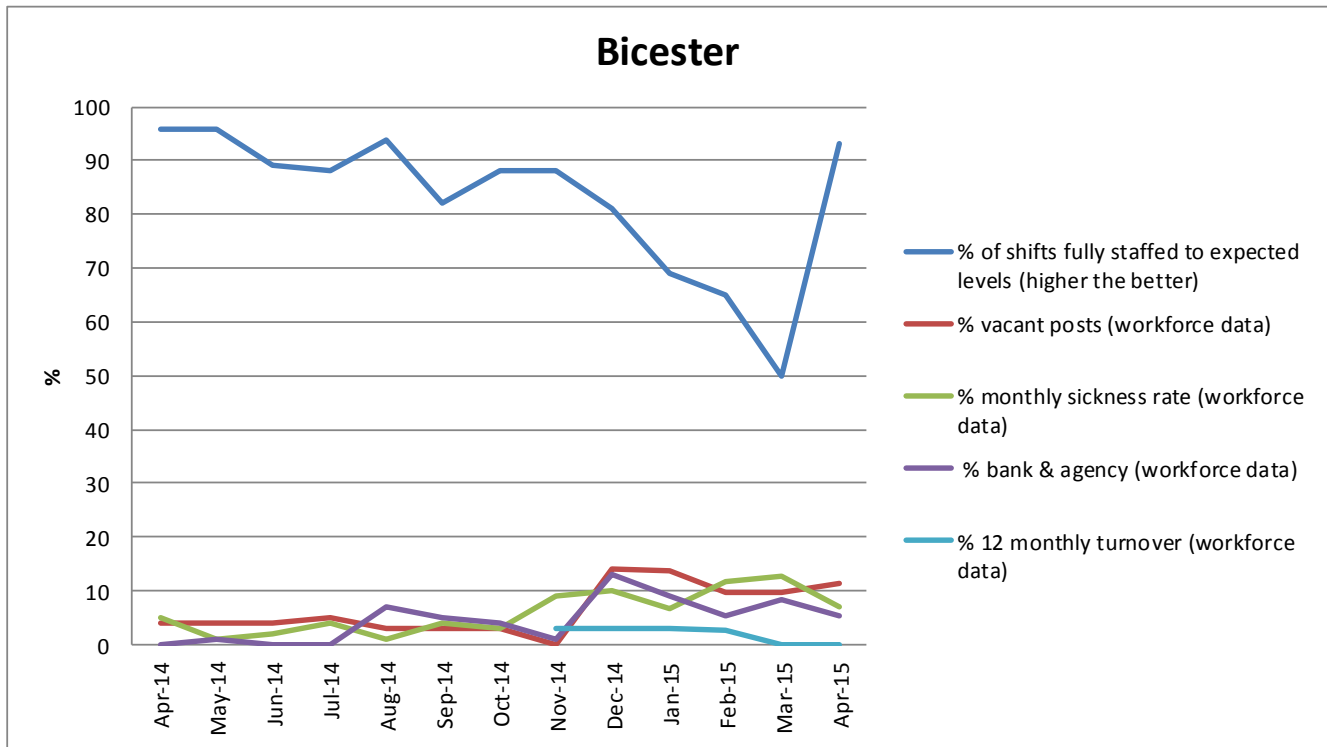
PUBLIC BOARD REPORT

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 (workfor ce 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	96	4	5	0				1	1	0	0
May-14	96	4	1	1				3	1	0	1
Jun-14	89	4	2	0		80	100	1	5	0	0
Jul-14	88	5	4	0				1	1	0	0
Aug-14	94	3	1	7				1	2	0	0
Sep-14	82	3	4	5		80	100	0	0	0	0
Oct-14	88	3	3	4				0	0	0	1
Nov-14	88	0	9	1	3			1	0	0	0
Dec-14	81	14	10	13	3	100	100	0	0	0	0
Jan-15	69	13.8	6.84	9	2.85			1	5	0	0
Feb-15	65	9.7	11.65	5.4	2.72			0	2	0	0
Mar-15	50	9.7	12.58	8.4	0	100	100	4	4	0	0
Apr-15	93	11.5	6.86	5.2	0			2	4		

Bicester

Bicester
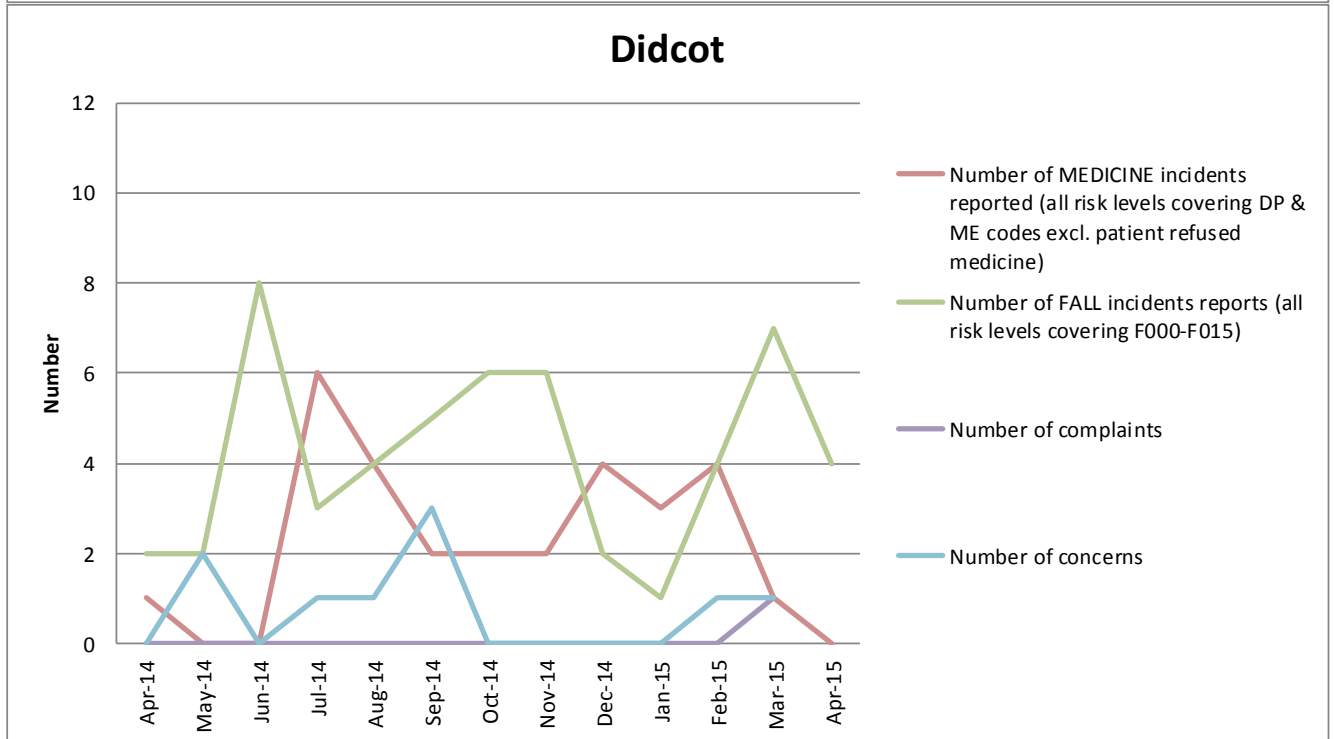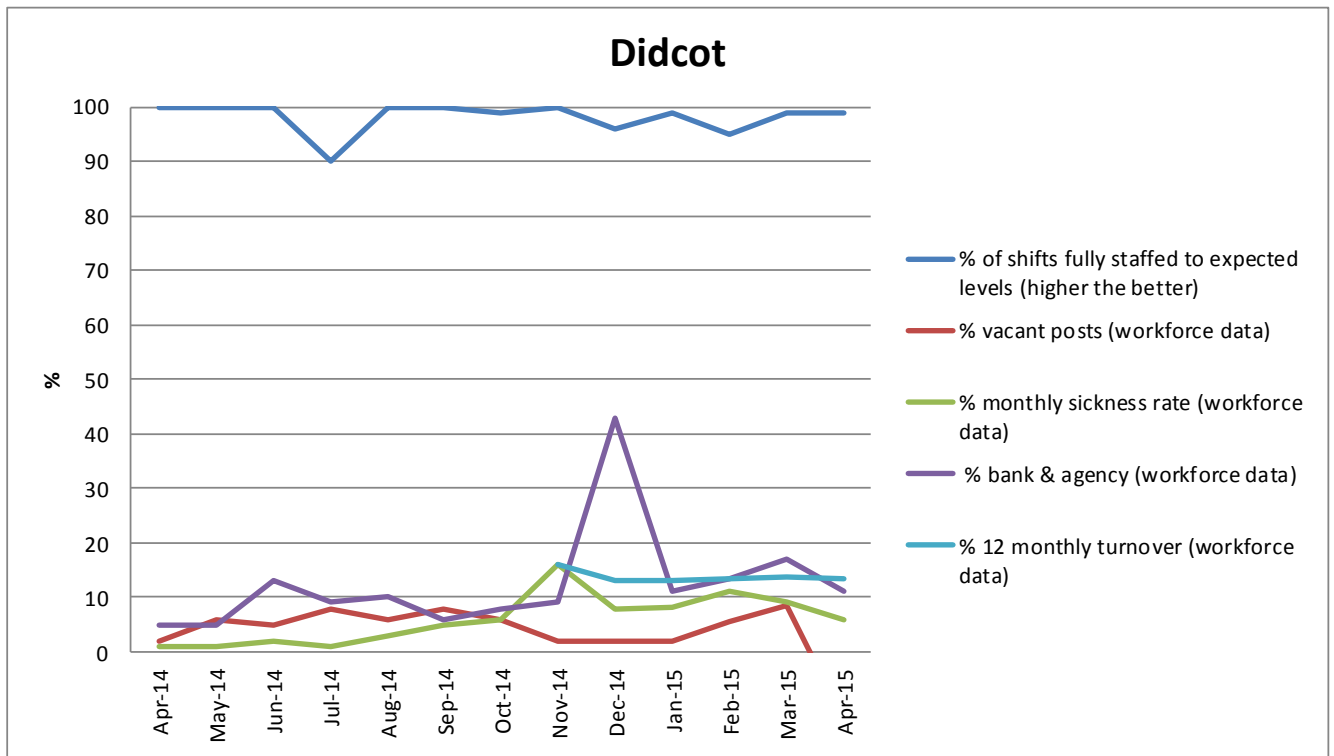
PUBLIC BOARD REPORT

Didcot

	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans been reviewed weekly (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
Apr-15	99	-12.5	5.73	11.2	13.28			0	4		

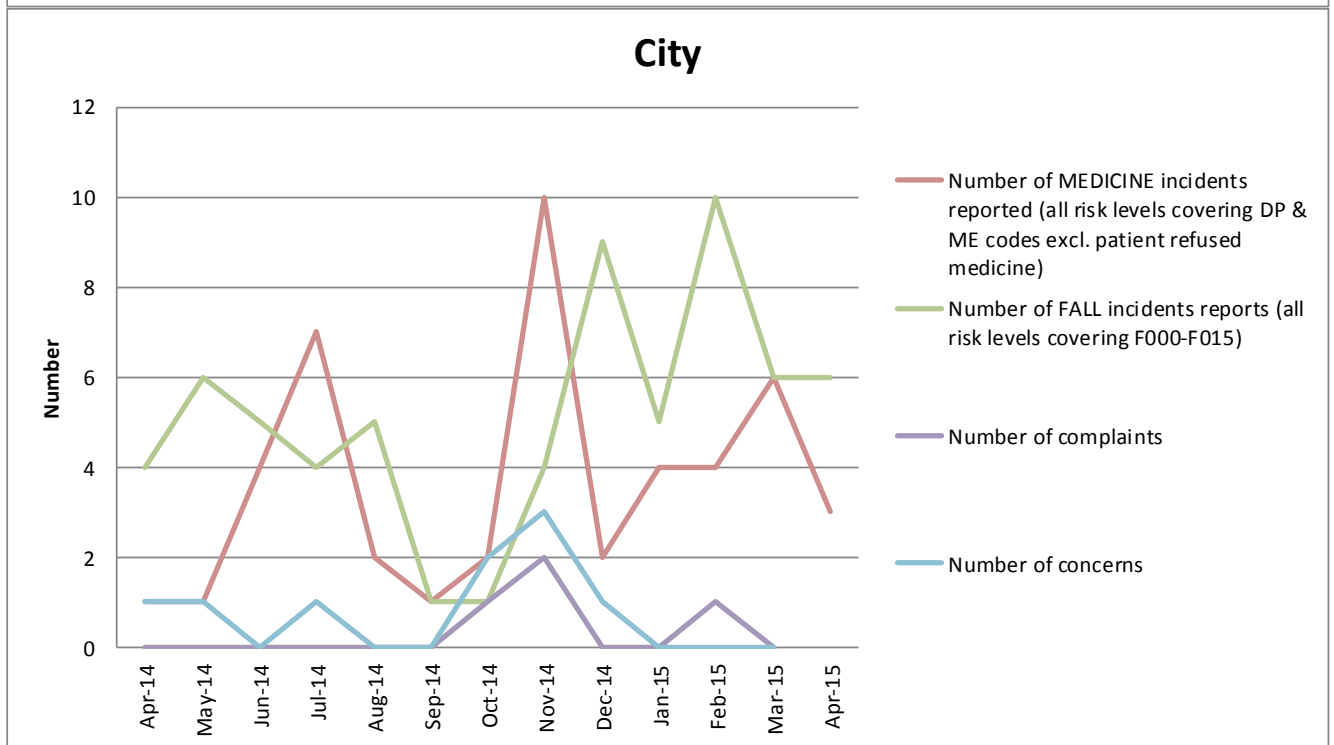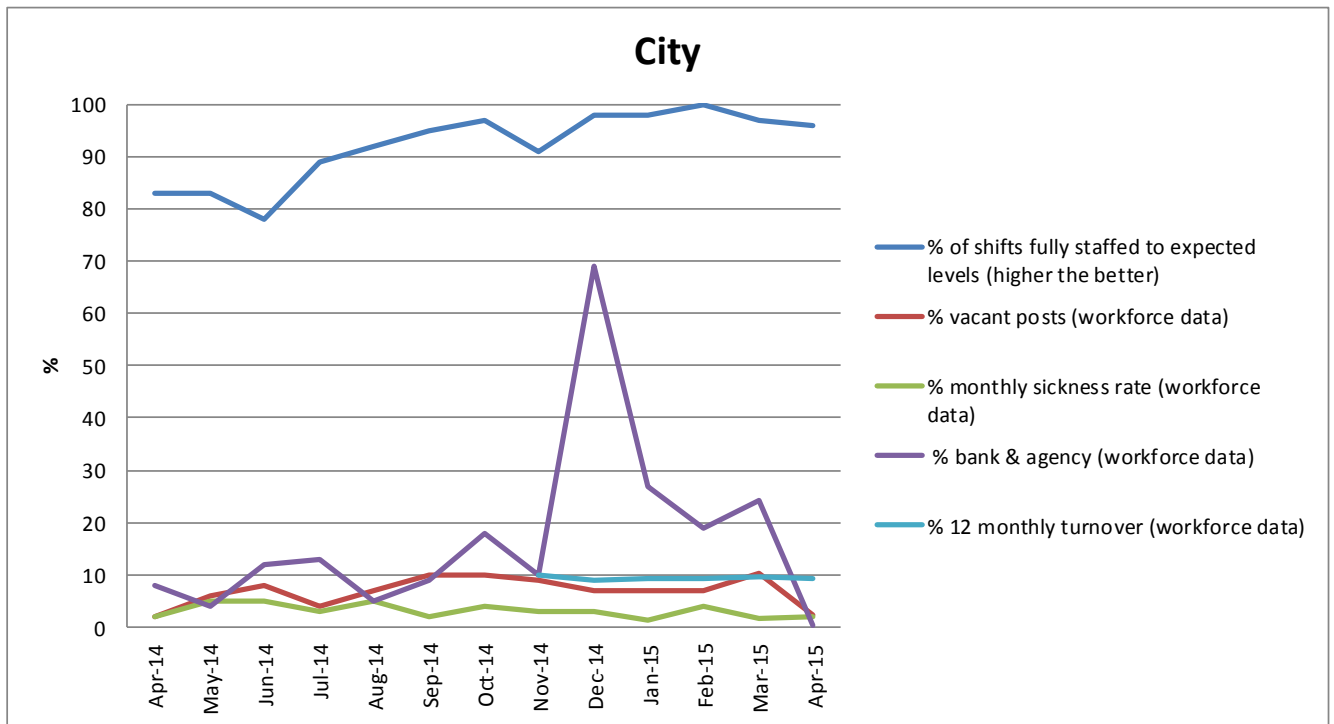Didcot

Didcot

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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
Apr-15	96	2.4	2.01	0.3	9.44			3	6		

City

City
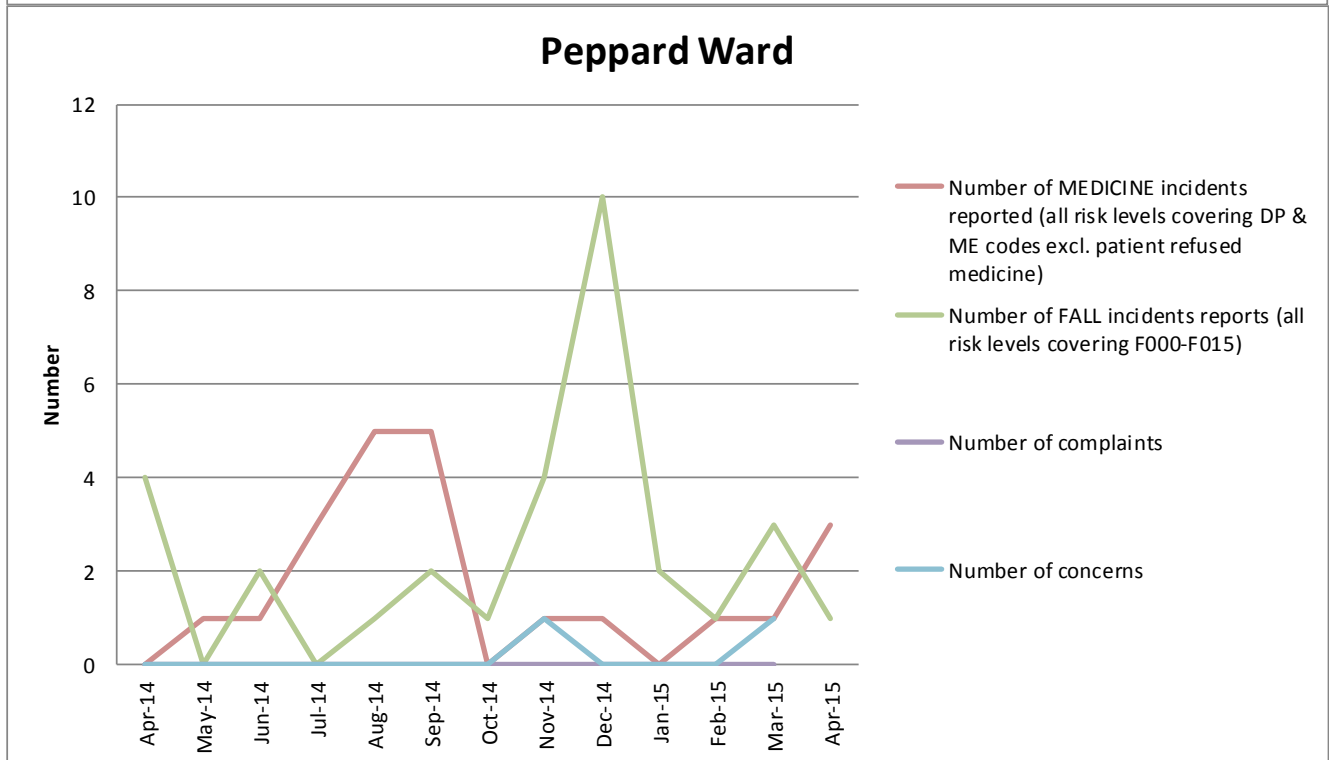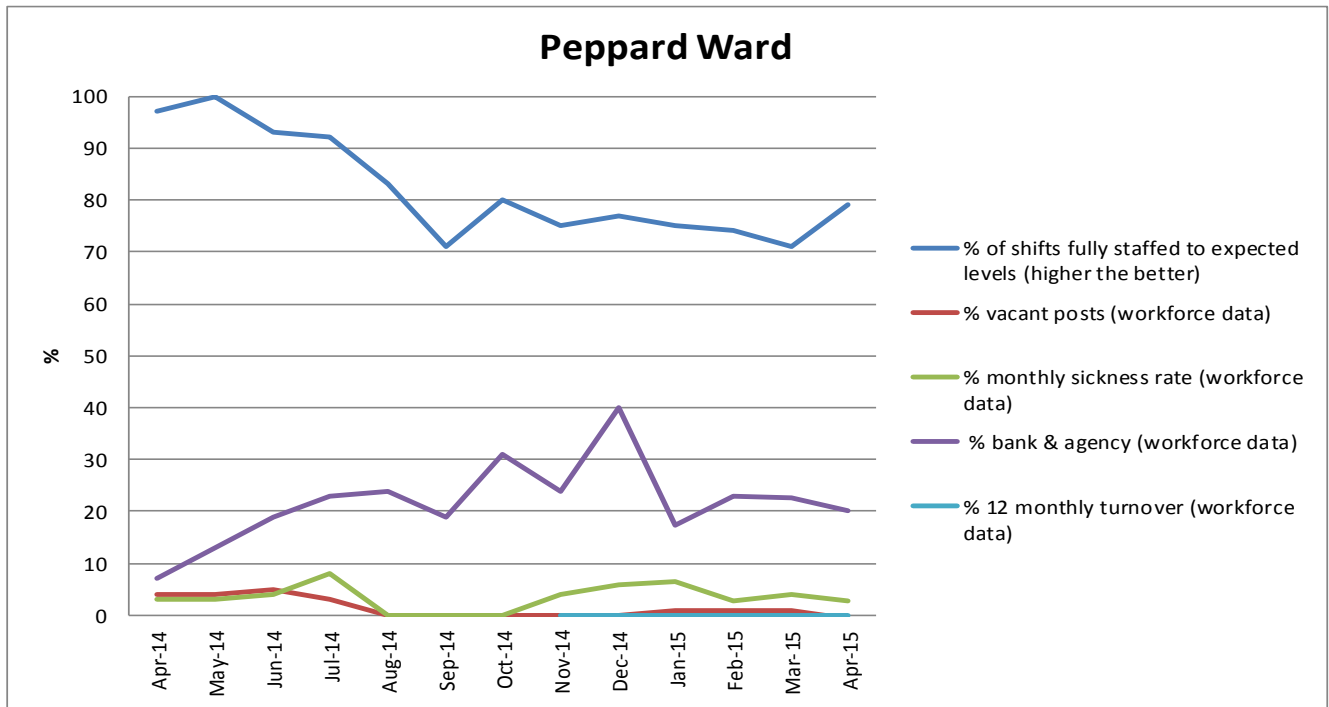
PUBLIC BOARD REPORT

Henley Peppard ward

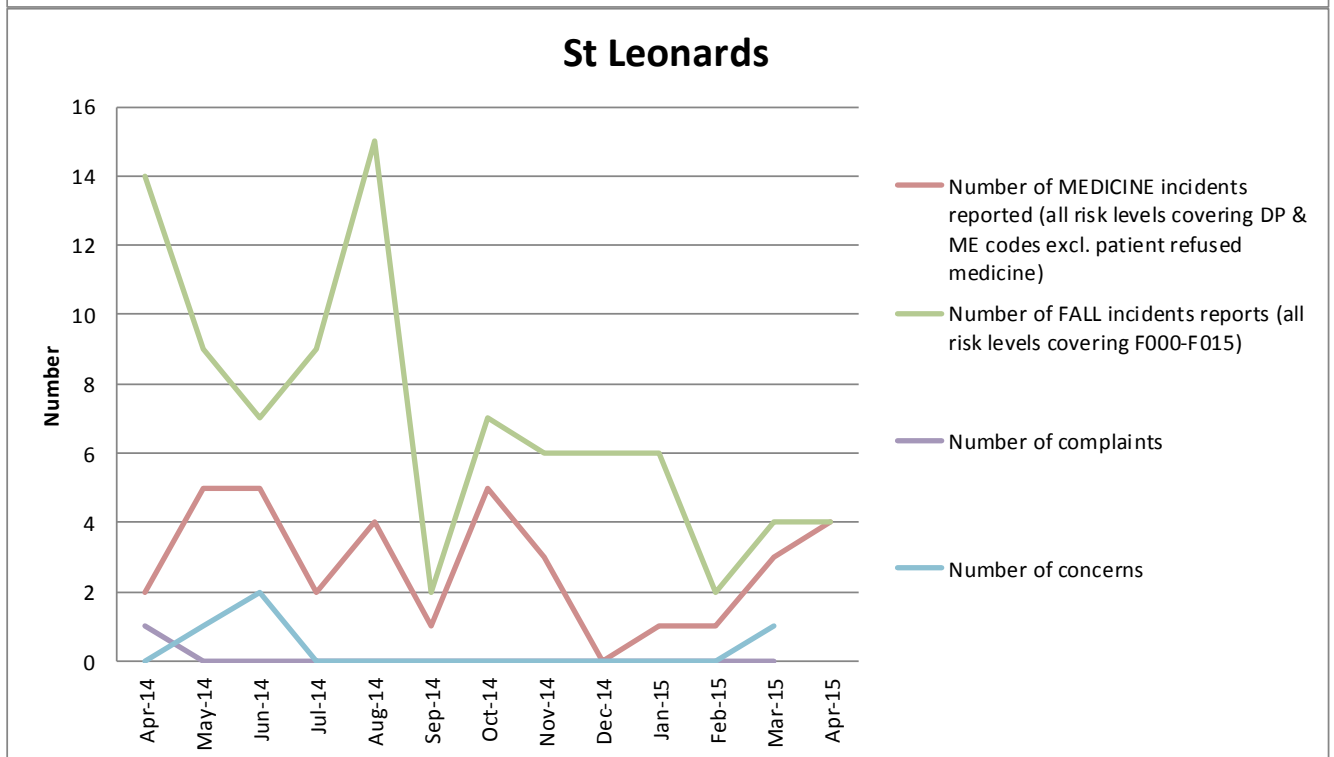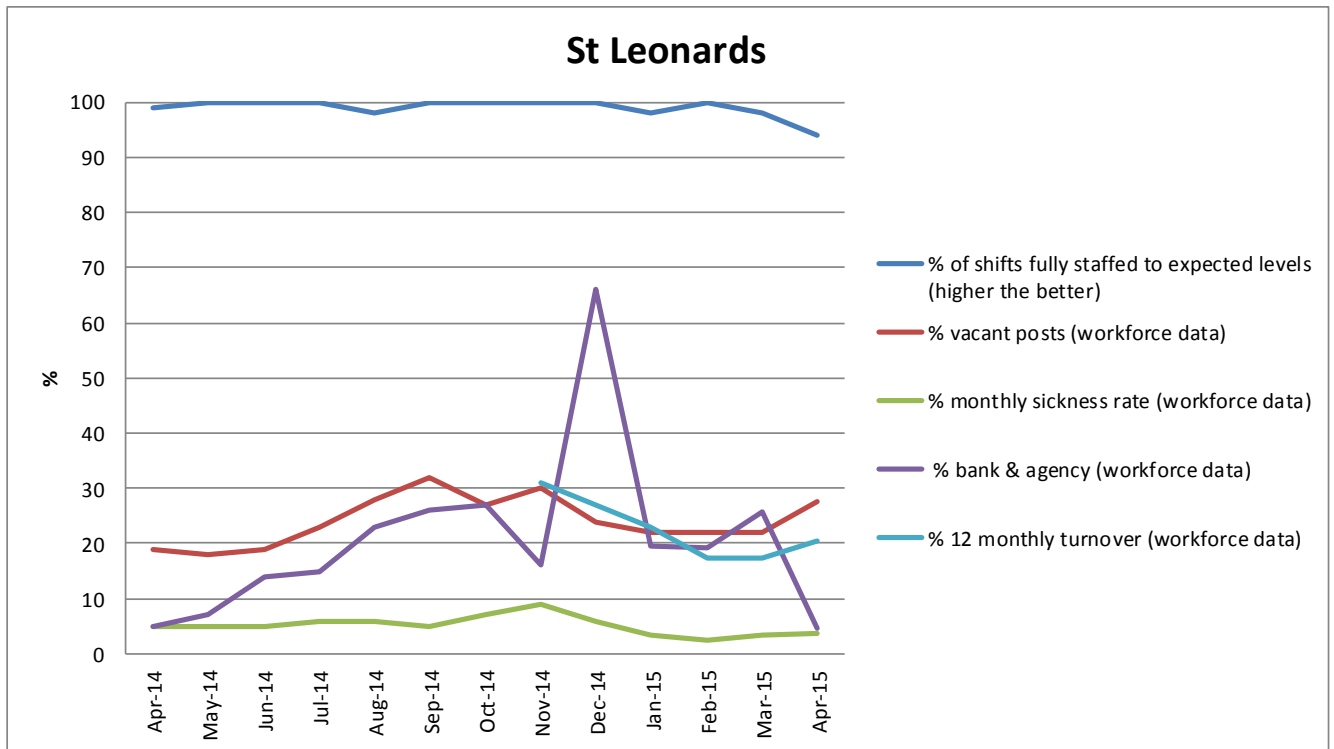|	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans been reviewed weekly (lastest CHD audit)	% reported staff communicate clearly & 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	100	1	3	0	1
Apr-15	79	-0.5	2.68	20.2	0			3	1		

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
Apr-15	94	27.5	3.62	4.7	20.54			4	4		

St Leonards

St Leonards
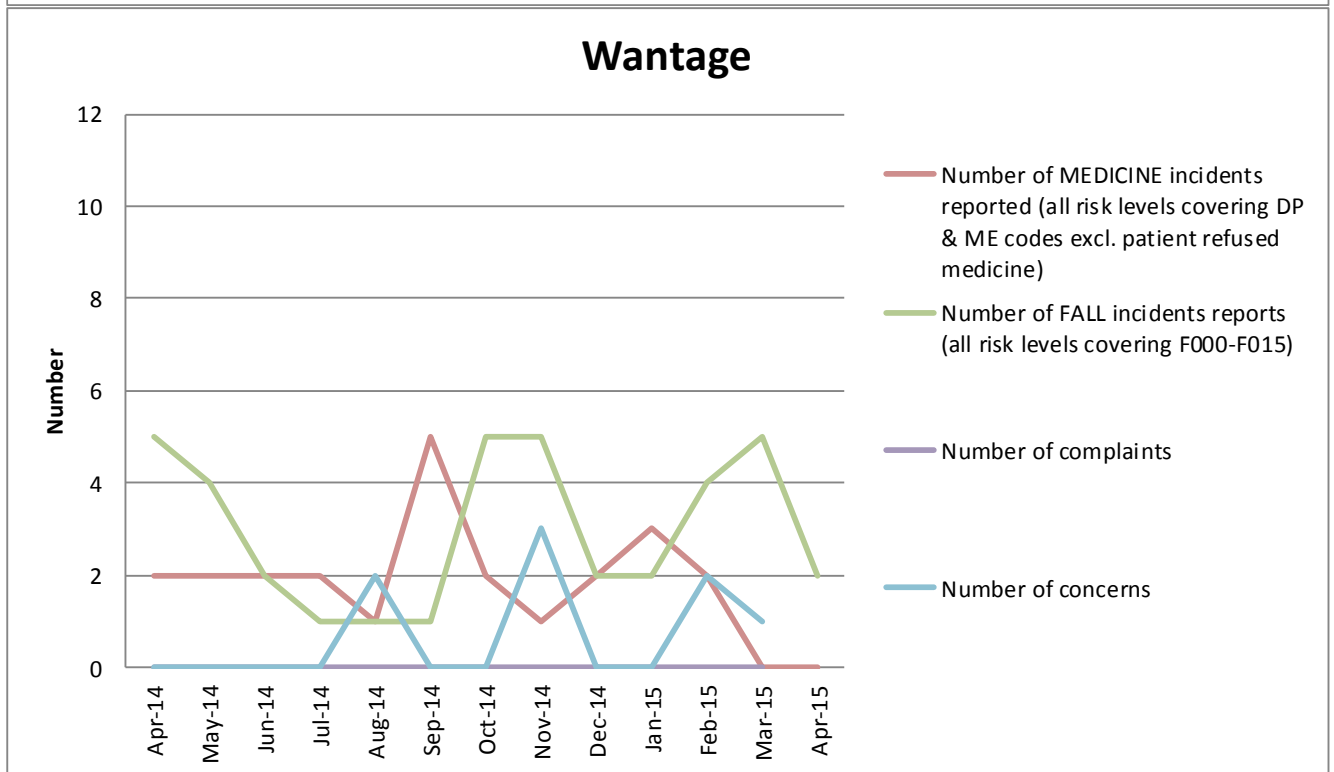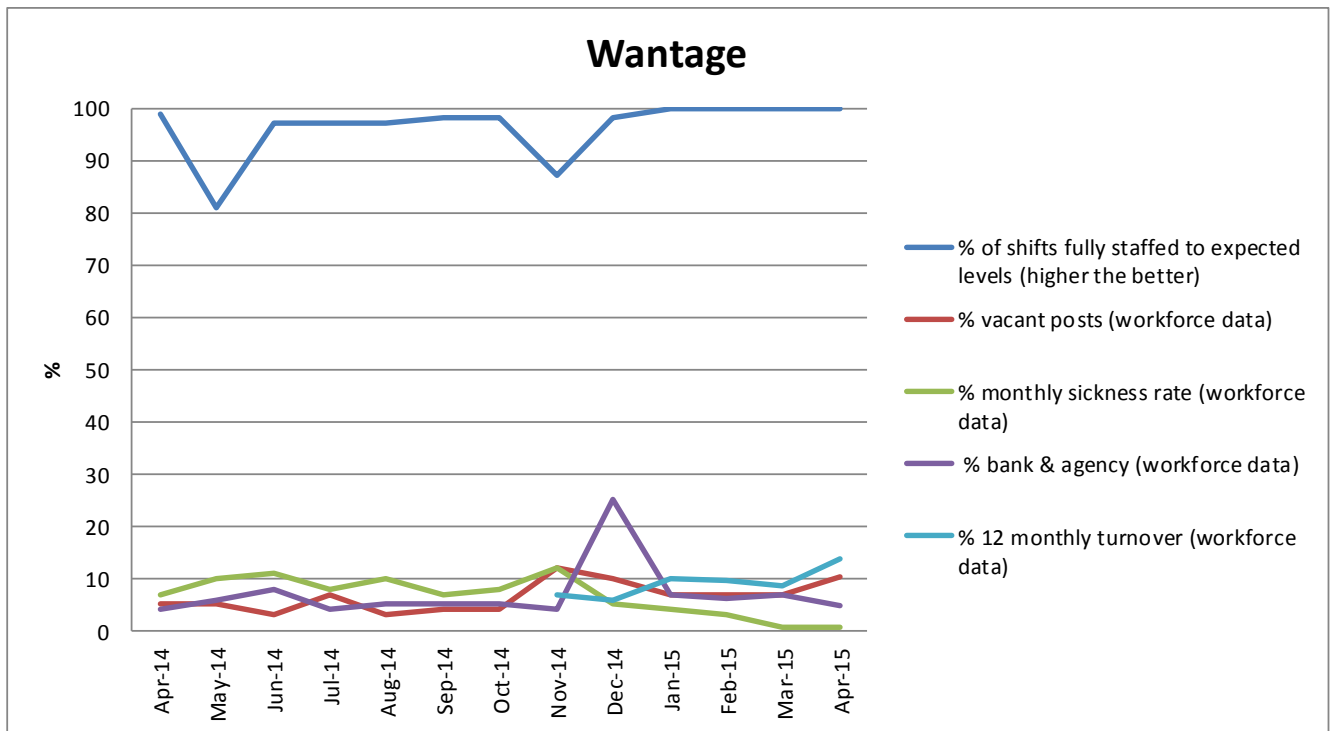
PUBLIC BOARD REPORT

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
Apr-15	100	10.2	0.74	4.7	13.59			0	2		

PUBLIC BOARD REPORT

Witney Linfoot ward (staff also support Emergency Multidisciplinary Unit as required)
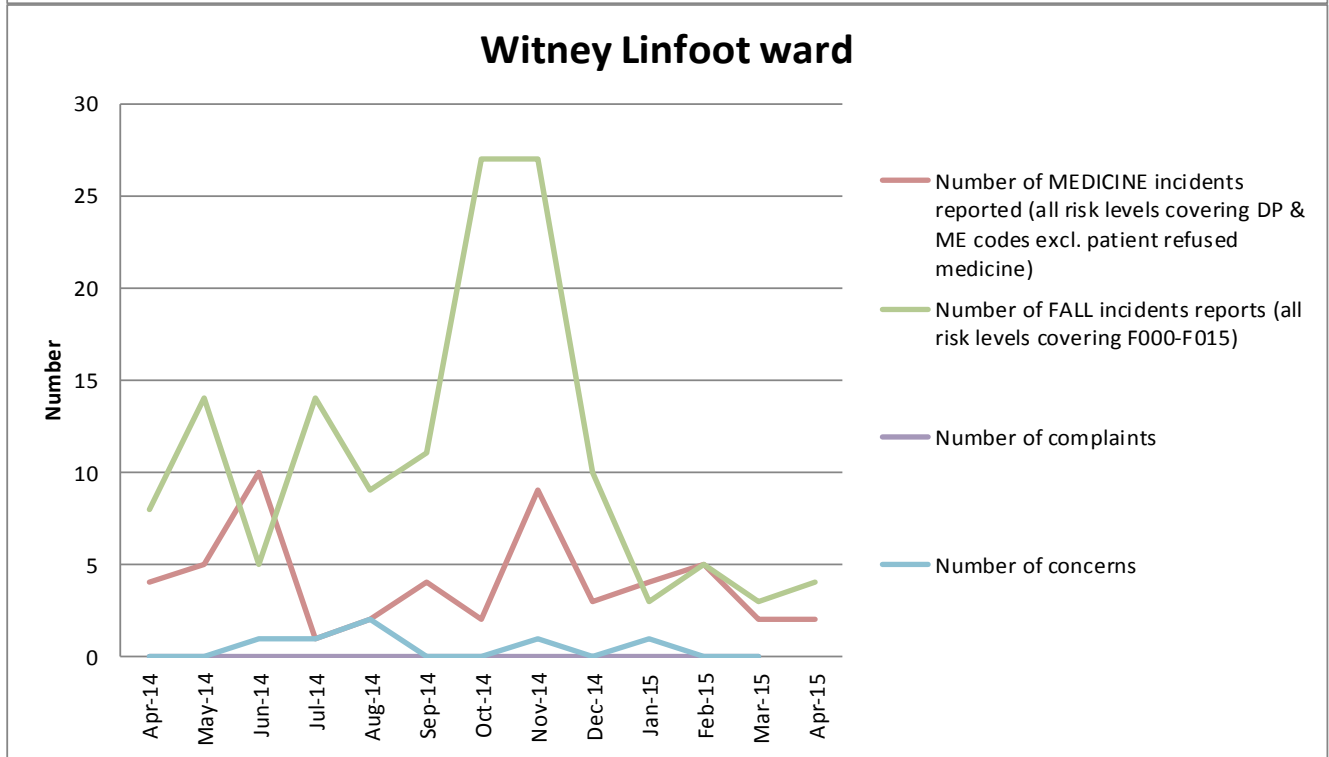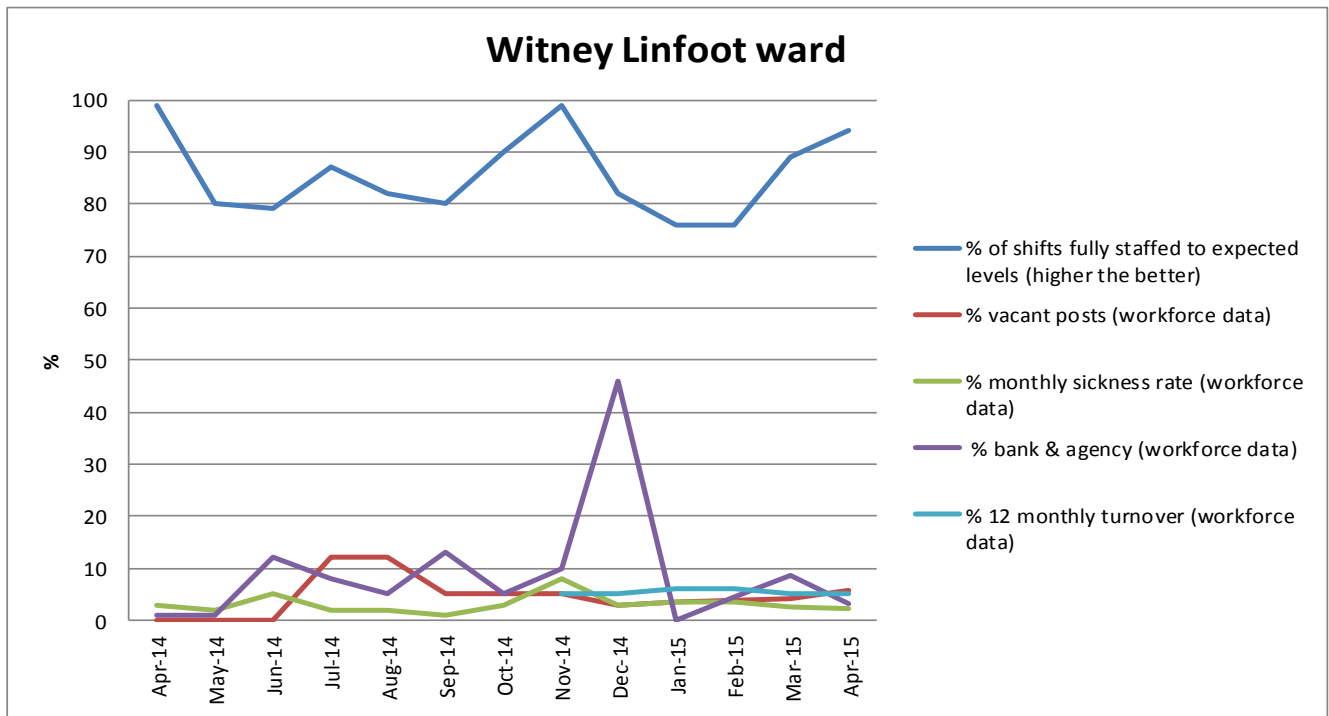
	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans been reviewed weekly (lastest CHD audit)	% reported staff communicate clearly & 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
Apr-15	94	5.7	2.28	3.2	5.21			2	4		

Witney Linfoot ward

Witney Linfoot ward

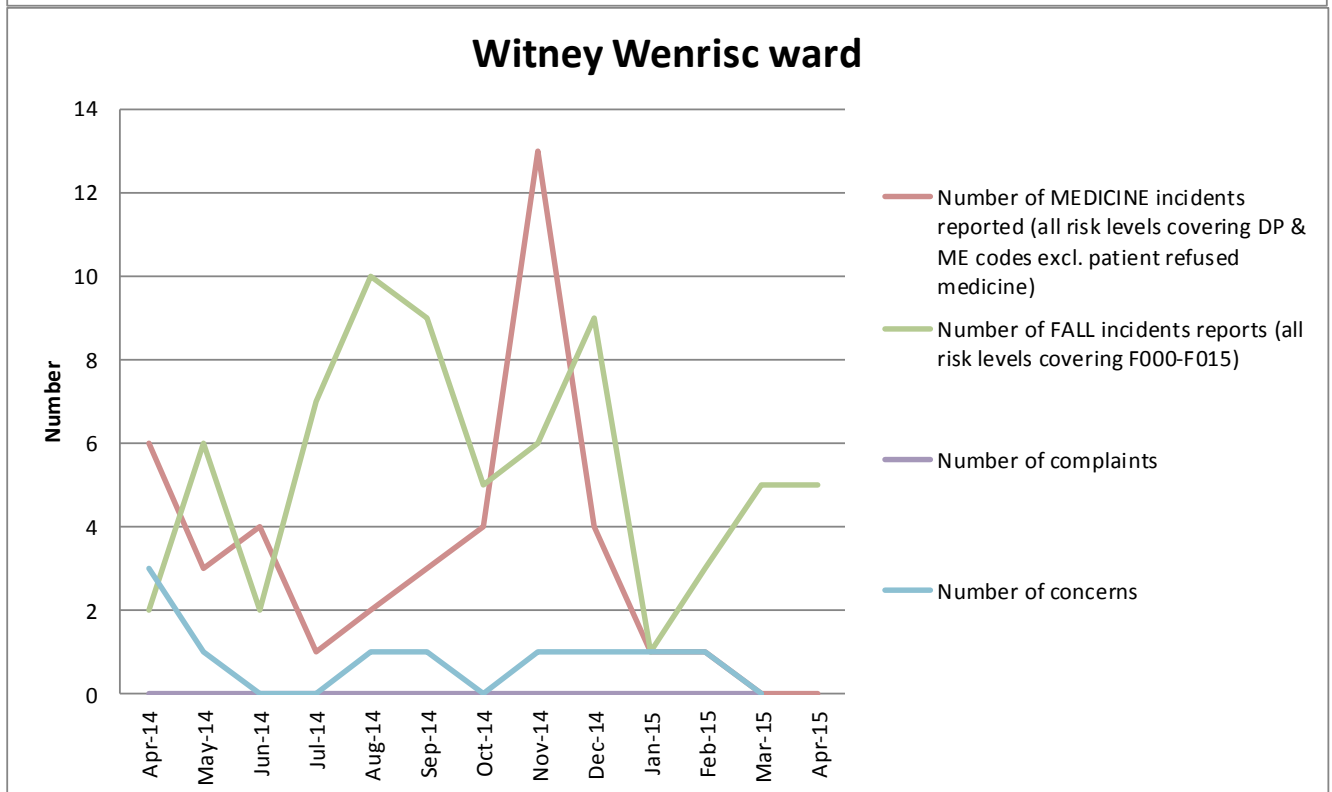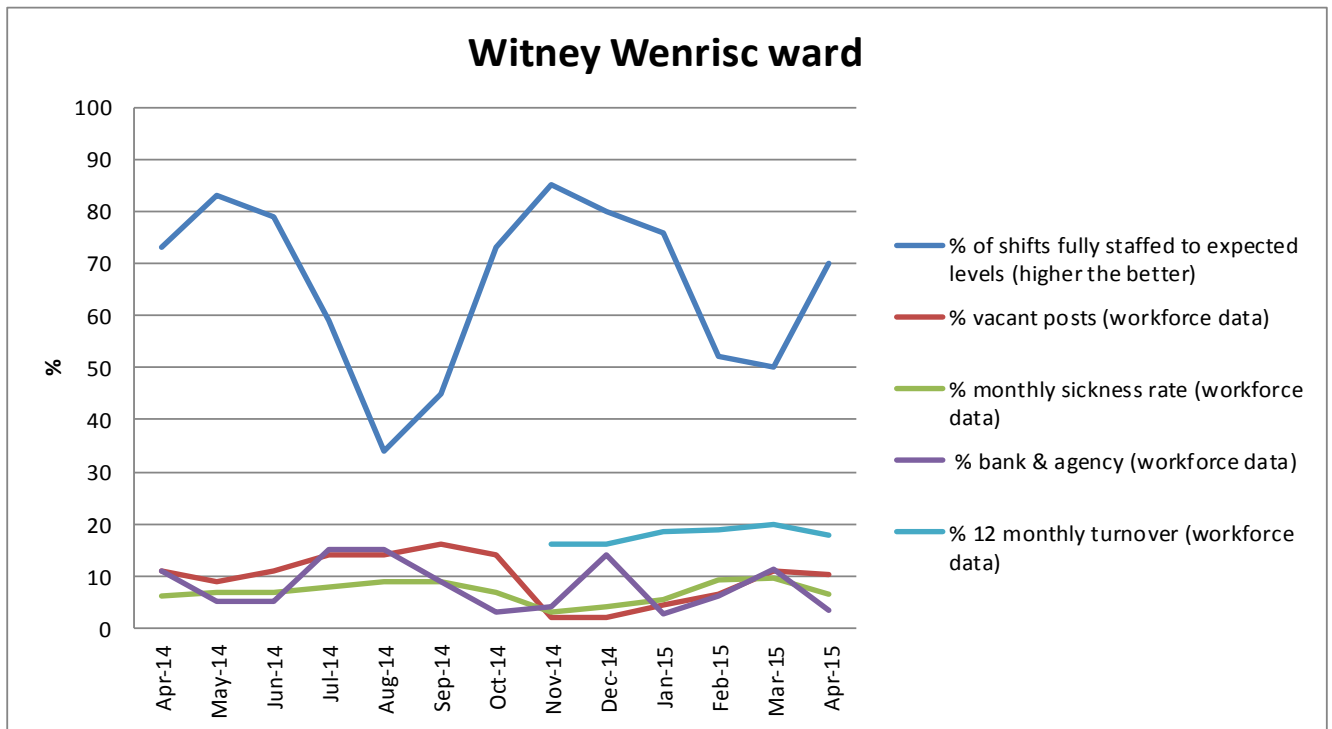# PUBLIC BOARD REPORT
Witney Wenrisc ward

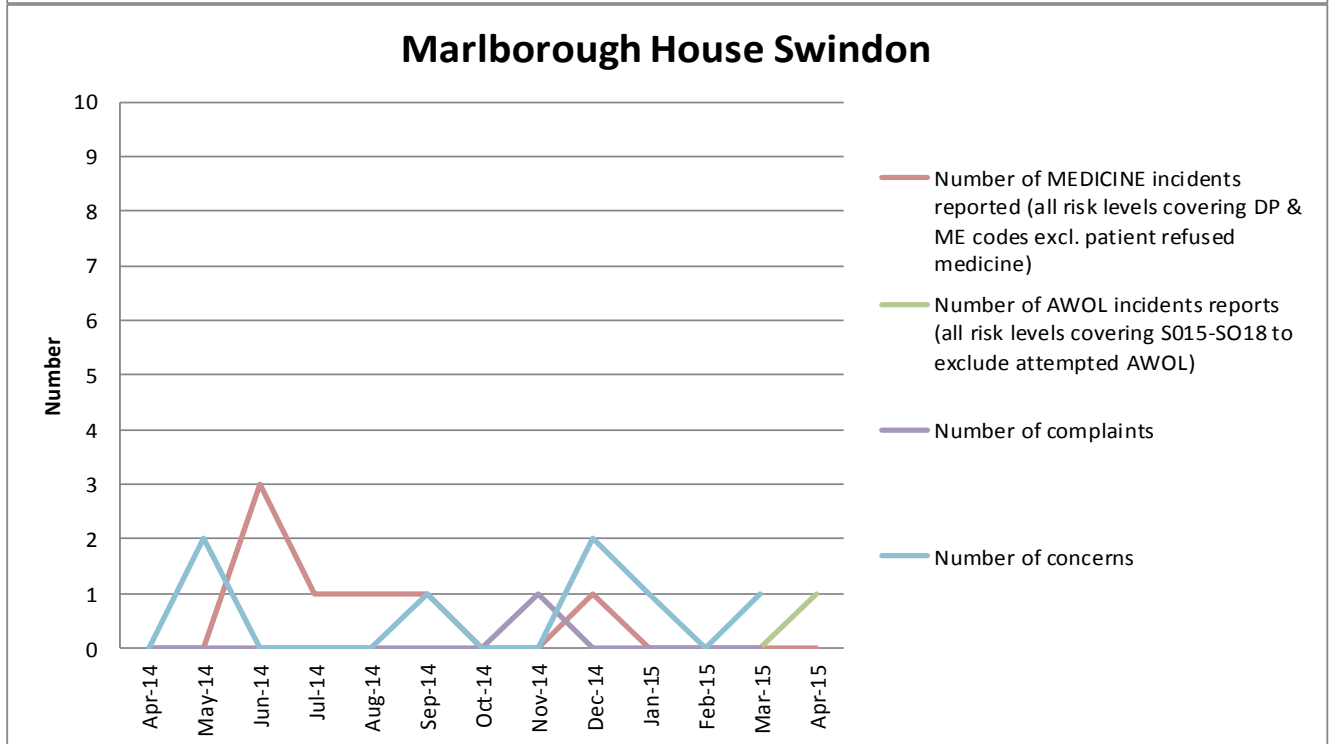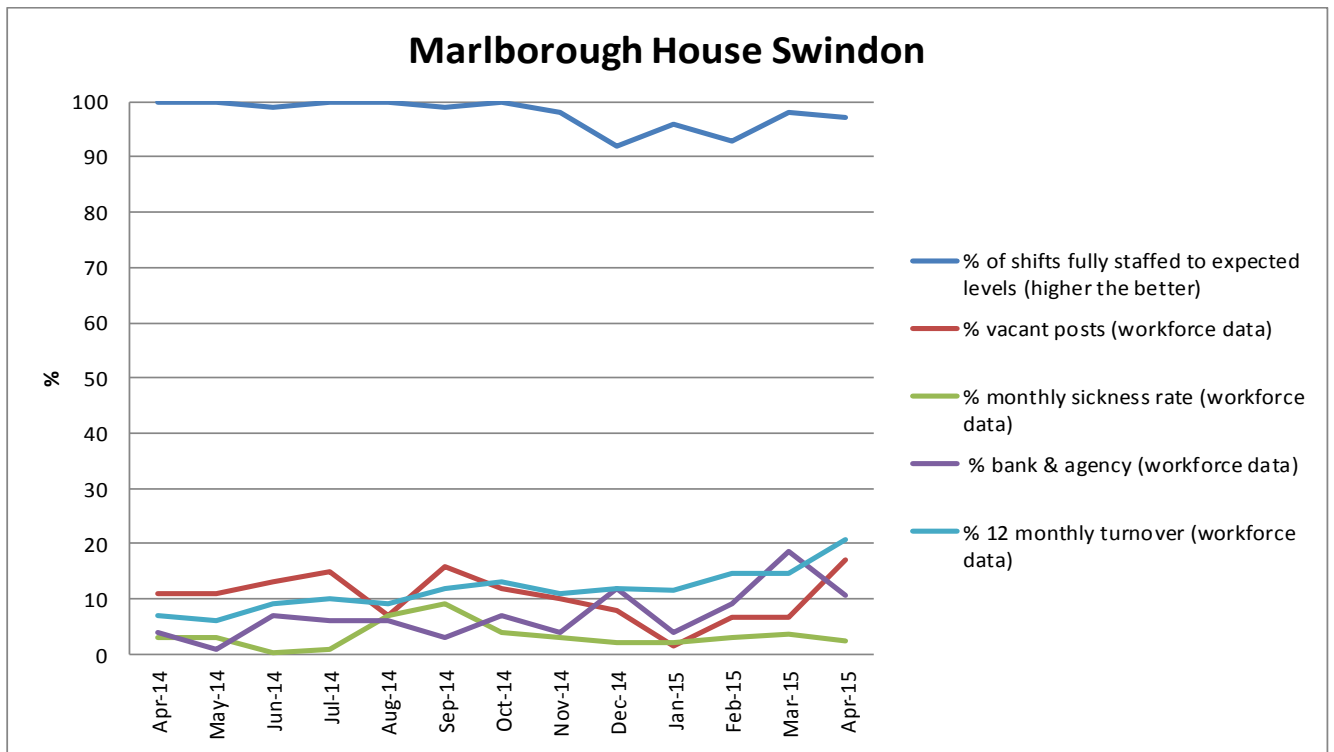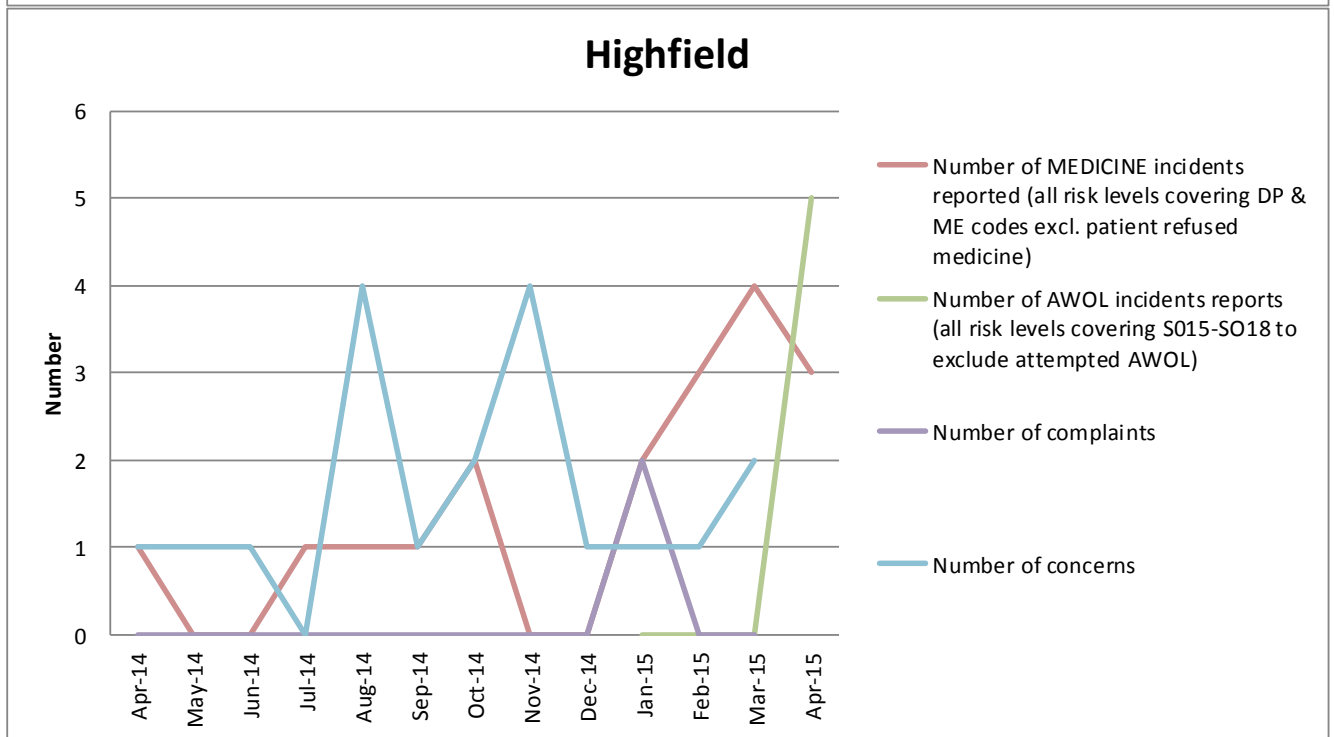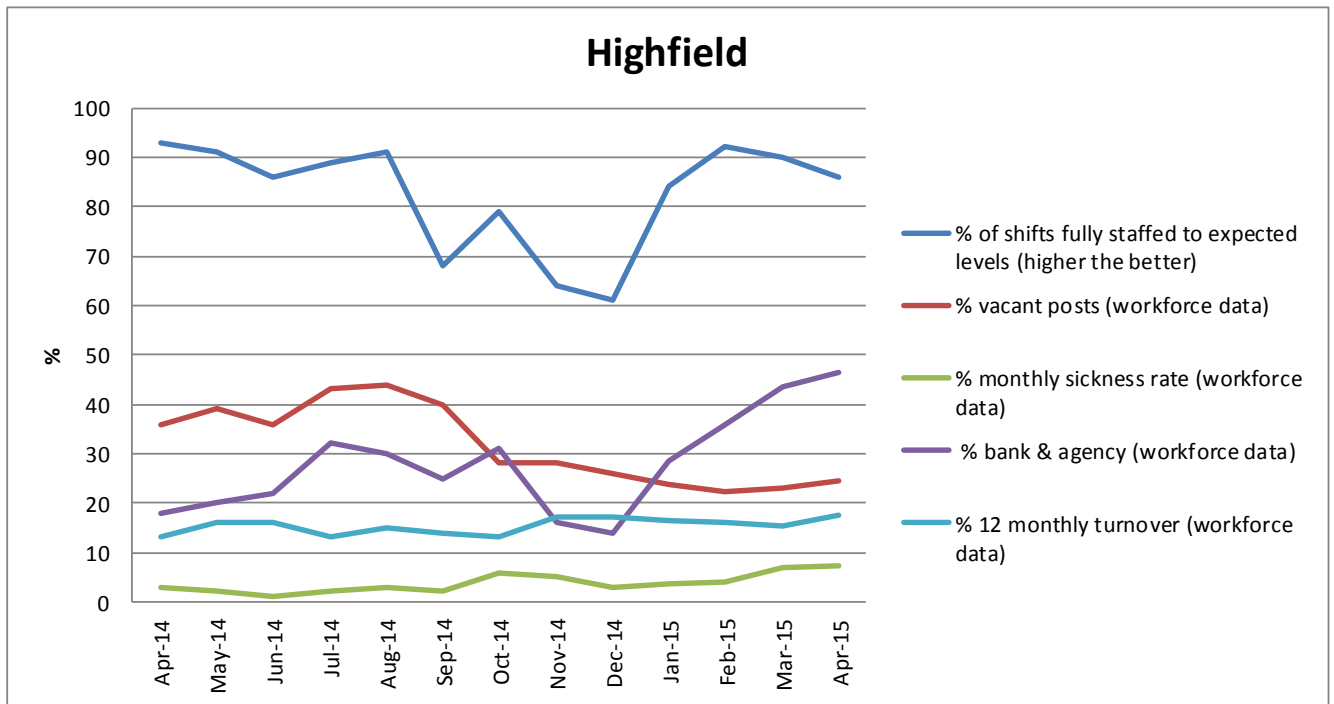|	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of care plans been reviewed weekly (lastest CHD audit)	% reported staff communicate clearly & 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
Apr-15	70	10.2	6.54	3.3	17.67			0	5		

Marlborough House Swindon (CAMHS)

	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reports (all risk levels covering S015-SO18 to exclude attempted AWOL)	Number of complaints	Number of concerns
Apr-14	100	11	3	4	7	no data	no data	0		0	0
May-14	100	11	3	1	6			0		0	2
Jun-14	99	13	0.3	7	9	100	100	3		0	0
Jul-14	100	15	1	6	10			1		0	0
Aug-14	100	7	7	6	9	100	100	1		0	0
Sep-14	99	16	9	3	12			1		0	1
Oct-14	100	12	4	7	13	no data	no data	0		0	0
Nov-14	98	10	3	4	11			0		1	0
Dec-14	92	8	2	12	12	100	100	1		0	2
Jan-15	96	1.4	2.15	4	11.71			0	0	0	1
Feb-15	93	6.7	2.95	9	14.67	100	100	0	0	0	0
Mar-15	98	6.7	3.54	18.5	14.67			0	0	0	1
Apr-15	97	17.1	2.48	10.8	20.88	100	100	0	1	0	

Marlborough House Swindon

Marlborough House Swindon

PUBLIC BOARD REPORT
Highfield (CAMHS)

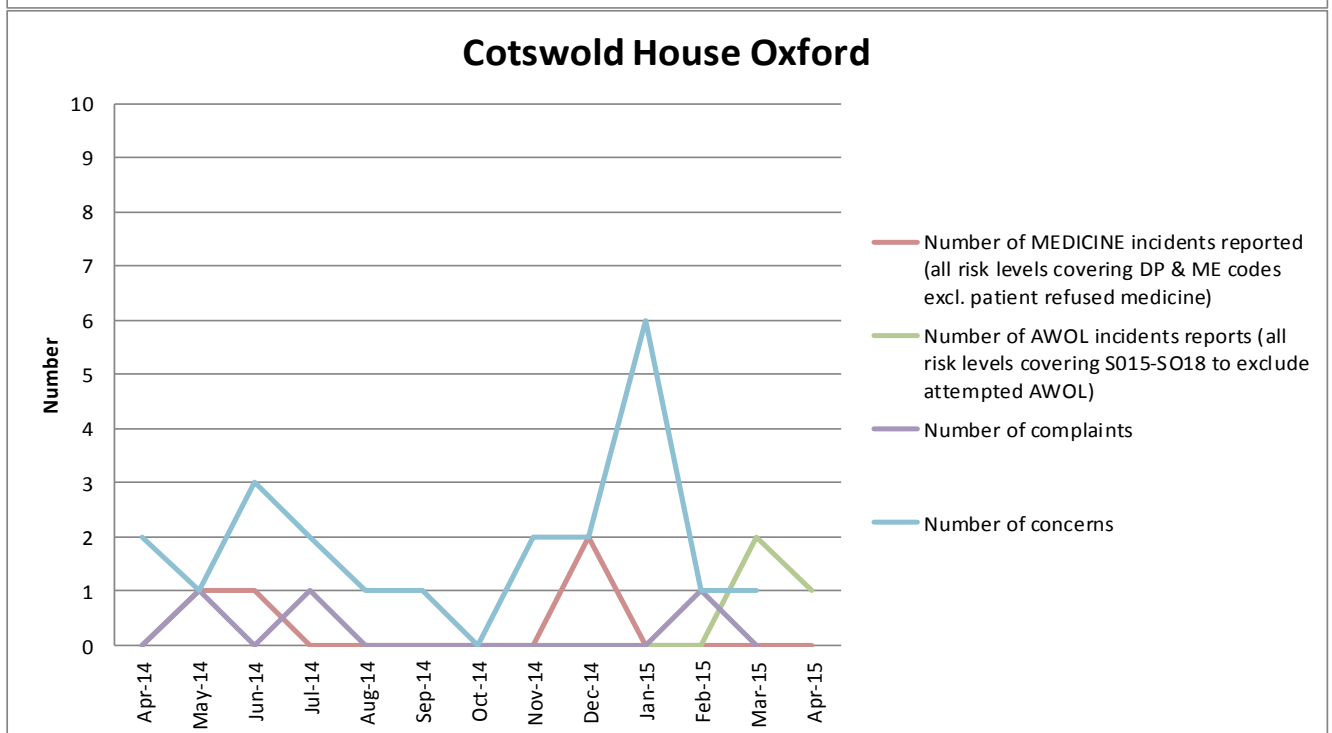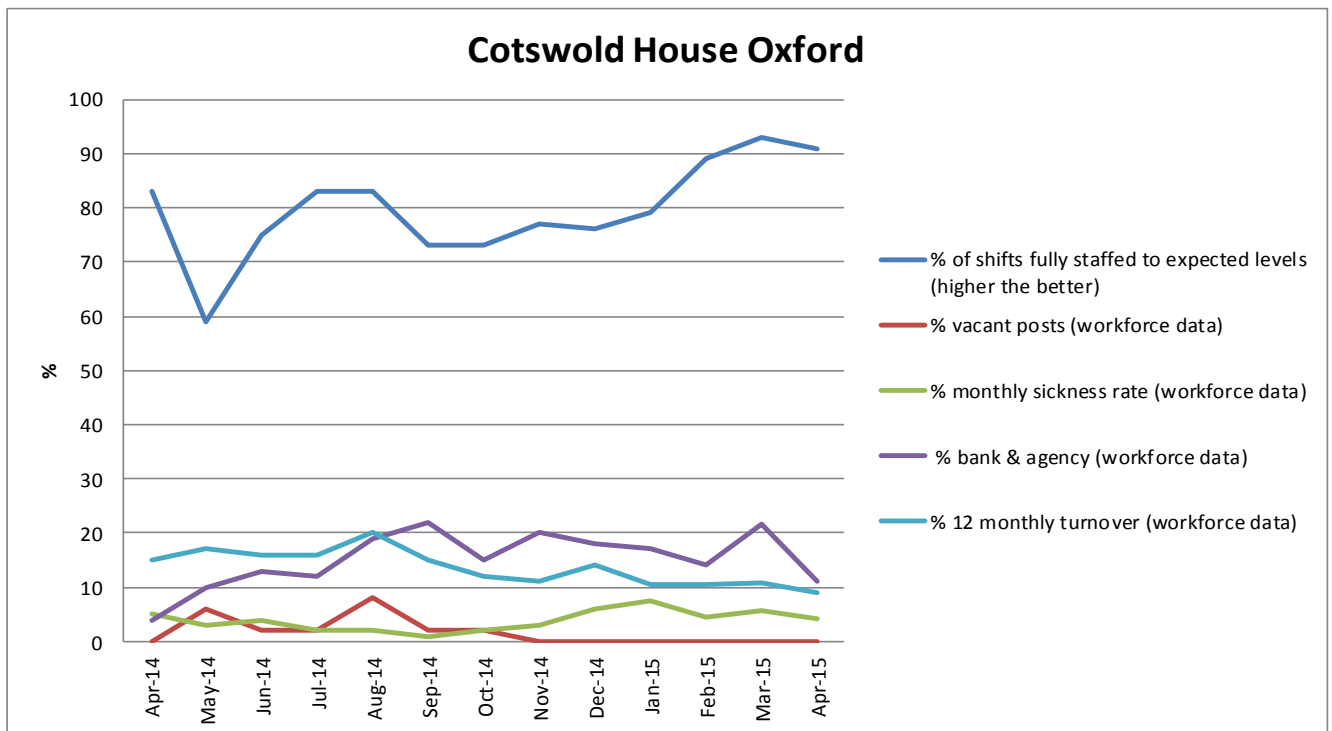|	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with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

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-SO18 to exclude attempted AWOL)	Number of complaints	Number of concerns
Apr-14	83	0	5	4	15	100	100	0		0	2
May-14	59	6	3	10	17			1		1	1
Jun-14	75	2	4	13	16	100	100	1		0	3
Jul-14	83	2	2	12	16			0		1	2
Aug-14	83	8	2	19	20	no data	no data	0		0	1
Sep-14	73	2	1	22	15			0		0	1
Oct-14	73	2	2	15	12	100	100	0		0	0
Nov-14	77	0	3	20	11			0		0	2
Dec-14	76	0	6	18	14	no data	no data	2		0	2
Jan-15	79	0	7.61	17.2	10.54			0	0	0	6
Feb-15	89	0	4.45	14.2	10.48	100	0	0	0	1	1
Mar-15	93	0	5.65	21.5	10.7			0	2	0	1
Apr-15	91	0	4.24	11.1	9.09	100	100	0	1		

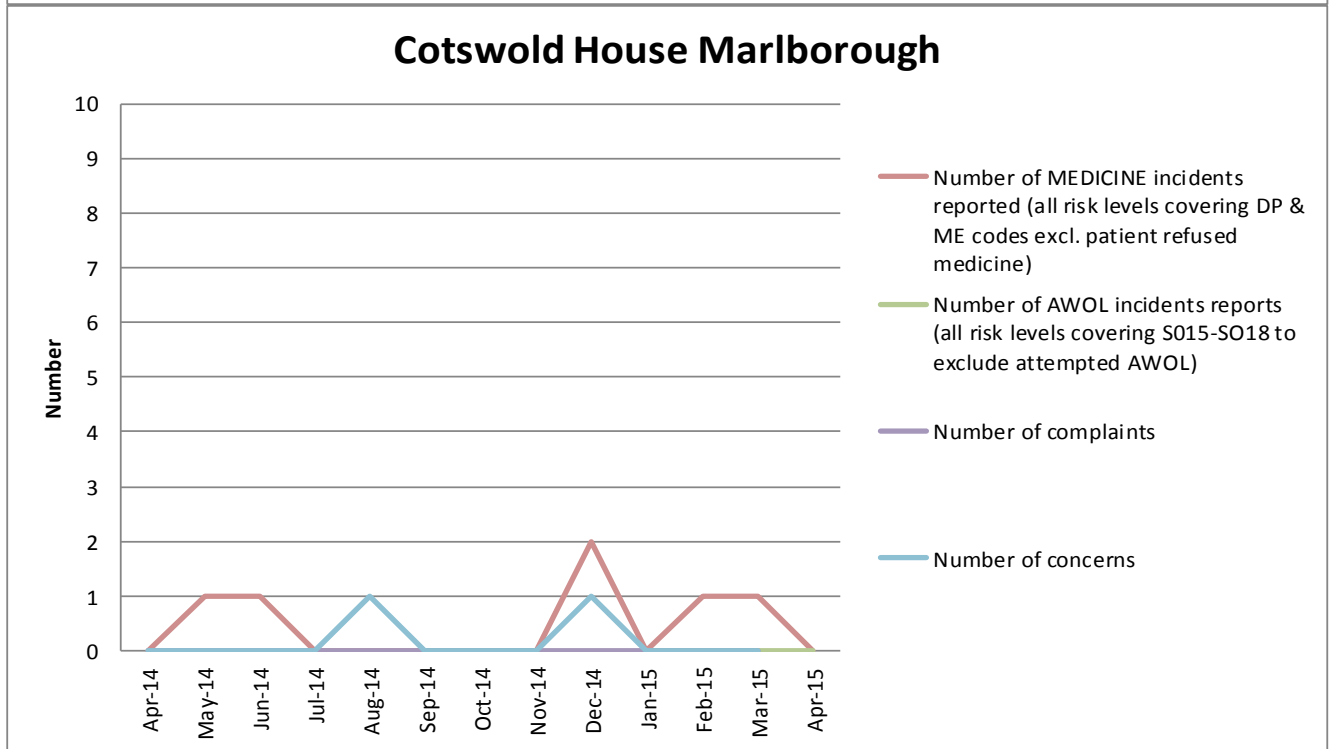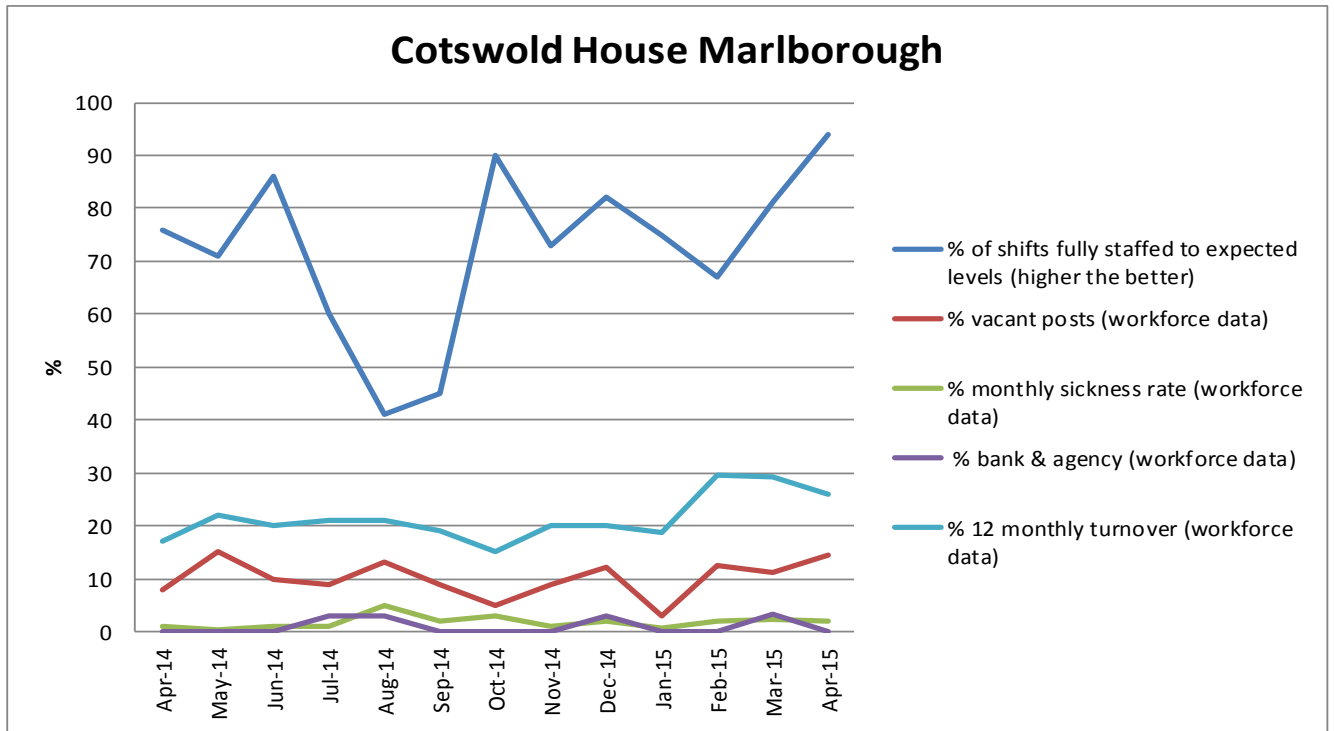**PUBLIC BOARD REPORT**

Cotswold House Marlborough

	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reports (all risk levels covering S015-SO18 to exclude attempted AWOL)	Number of complaints	Number of concerns
Apr-14	76	8	1	0	17	100	100	0		0	0
May-14	71	15	0.3	0	22			1		0	0
Jun-14	86	10	1	0	20	100	100	1		0	0
Jul-14	60	9	1	3	21			0		0	0
Aug-14	41	13	5	3	21	40	100	0		0	1
Sep-14	45	9	2	0	19			0		0	0
Oct-14	90	5	3	0	15	100	100	0		0	0
Nov-14	73	9	1	0	20			0		0	0
Dec-14	82	12	2	3	20	100	100	2		0	1
Jan-15	75	3.1	0.55	0	18.66			0	0	0	0
Feb-15	67	12.5	1.94	0	29.54	100	100	1	0	0	0
Mar-15	81	11.2	2.43	3.3	29.1			1	0	0	0
Apr-15	94	14.5	2.06	0	25.98	100	100	0	0	0	0

Cotswold House Marlborough

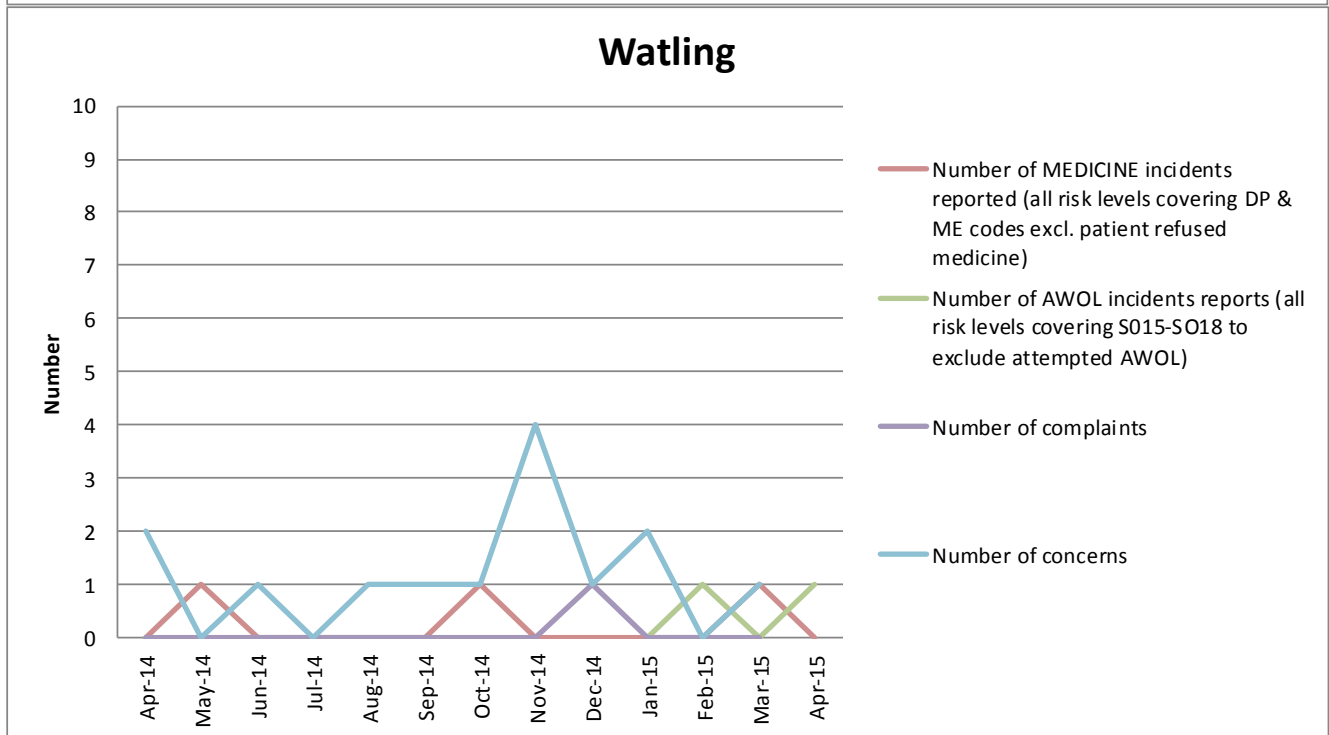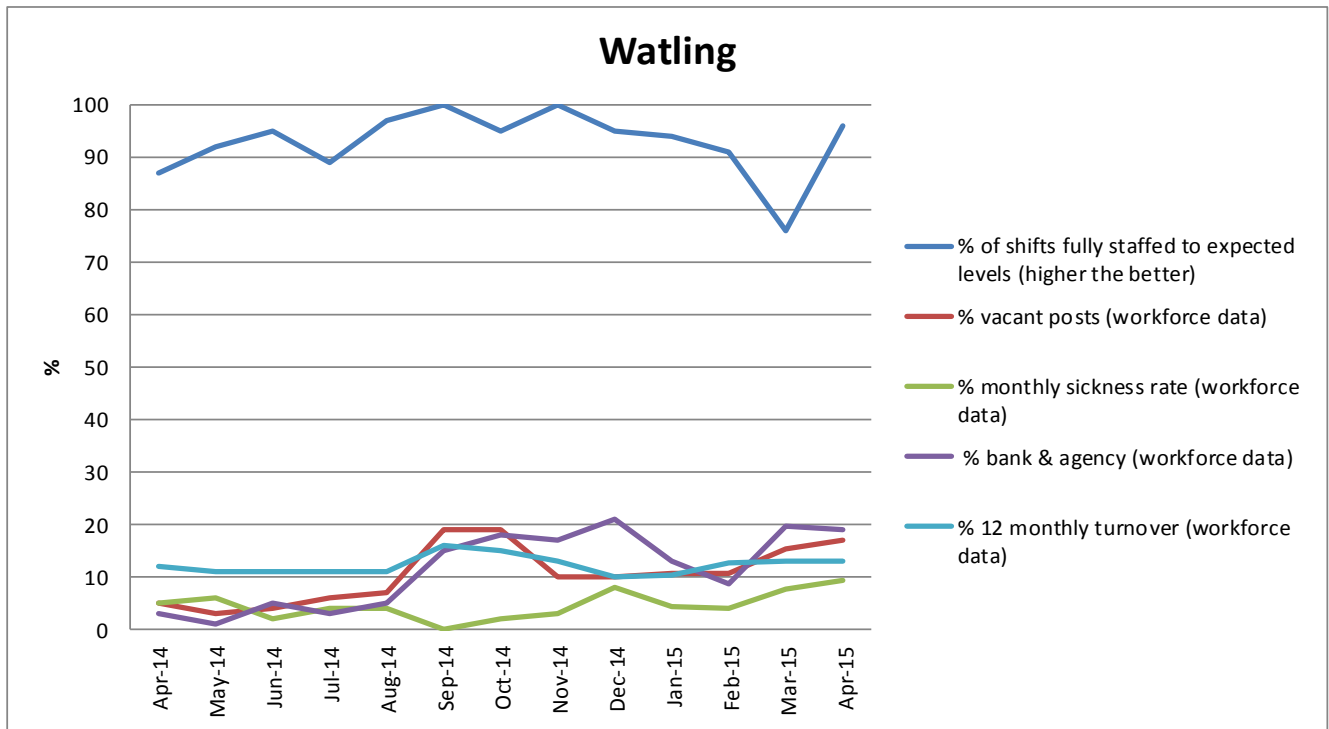Cotswold House Marlborough

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-SO18 to exclude attempted AWOL)	Number of complaints	Number of concerns
Apr-14	87	5	5	3	12	100	100	0		0	2
May-14	92	3	6	1	11			1		0	0
Jun-14	95	4	2	5	11	100	100	0		0	1
Jul-14	89	6	4	3	11			0		0	0
Aug-14	97	7	4	5	11	100	100	0		0	1
Sep-14	100	19	0	15	16			0		0	1
Oct-14	95	19	2	18	15	100	100	1		0	1
Nov-14	100	10	3	17	13			0		0	4
Dec-14	95	10	8	21	10	100	100	0		1	1
Jan-15	94	10.8	4.25	13.1	10.34			0	0	0	2
Feb-15	91	10.8	3.88	8.8	12.59	100	100	0	1	0	0
Mar-15	76	15.2	7.78	19.6	13.09			1	0	0	1
Apr-15	96	17	9.42	19.1	13.09	100	100	0	1	0	0

Watling

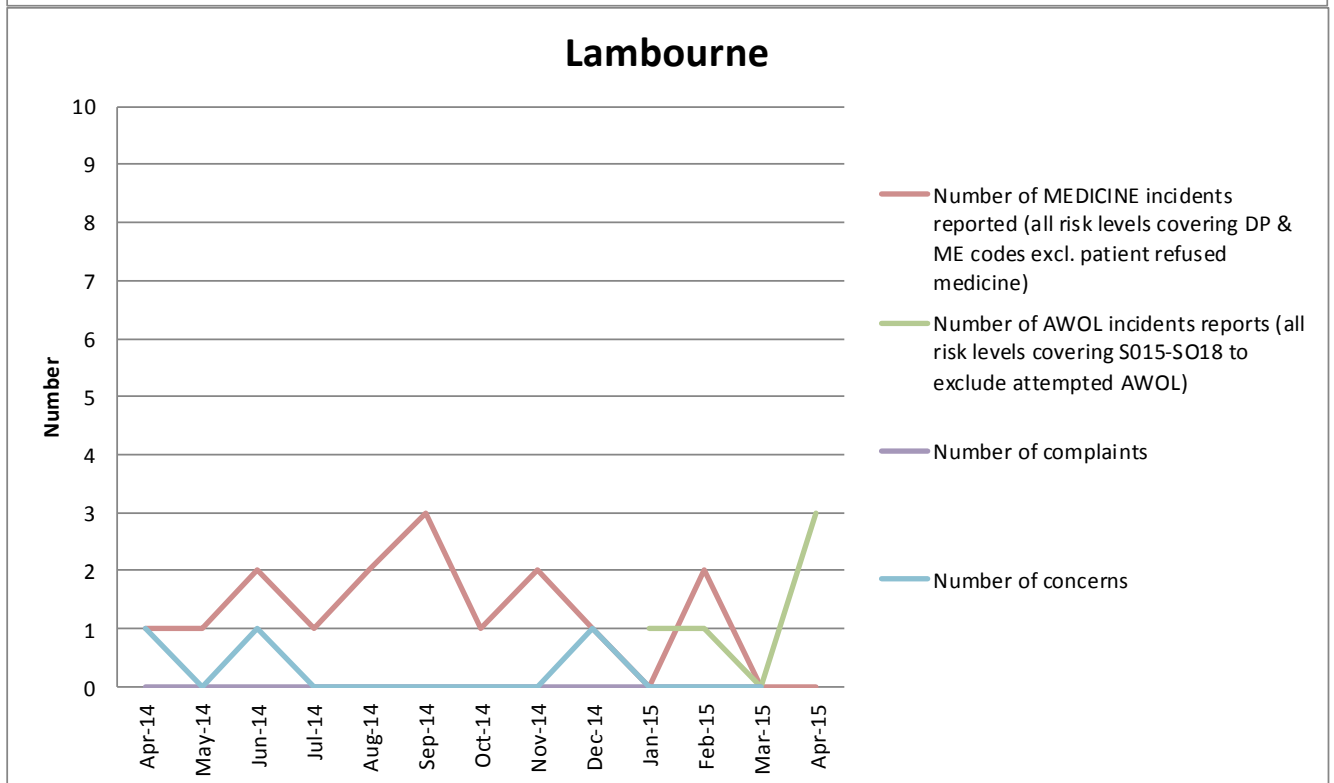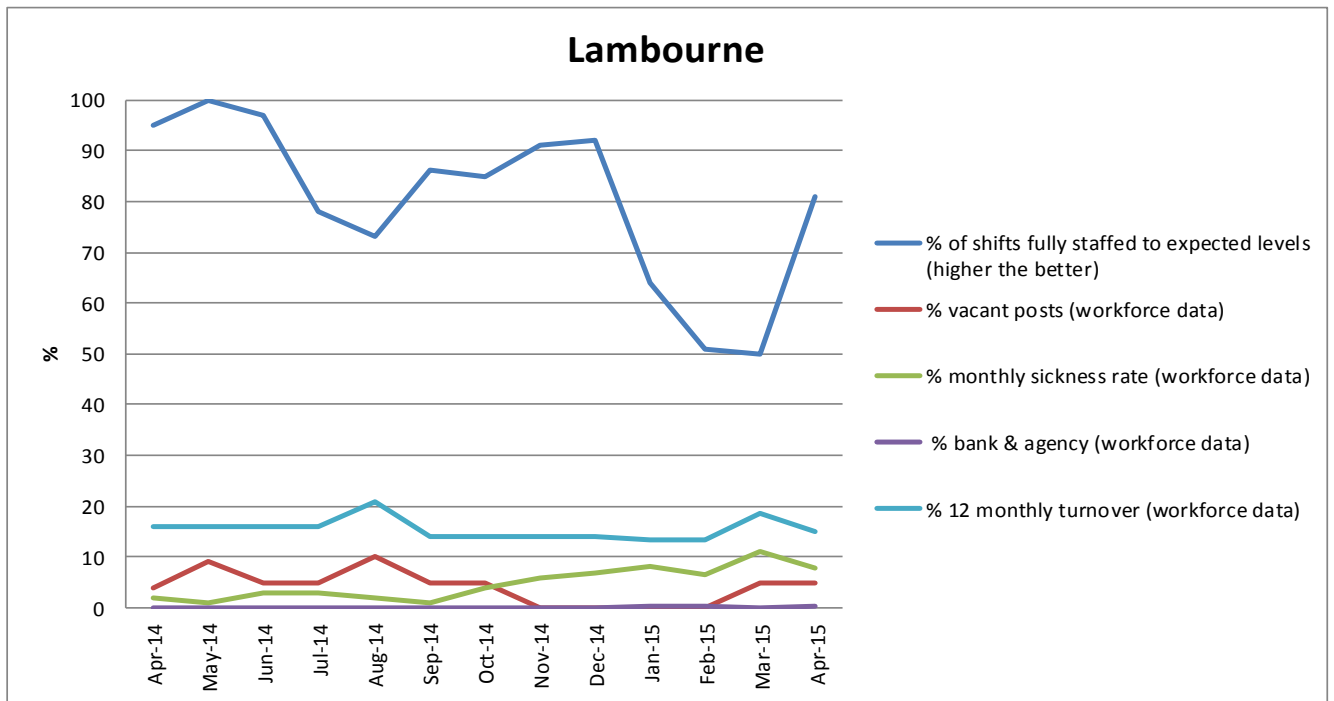Watling

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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-SO18 to exclude attempted AWOL)	Number of complaints	Number of concerns
Apr-14	95	4	2	0	16	no data	no data	1		0	1
May-14	100	9	1	0	16			1		0	0
Jun-14	97	5	3	0	16	100	100	2		0	1
Jul-14	78	5	3	0	16			1		0	0
Aug-14	73	10	2	0	21	100	100	2		0	0
Sep-14	86	5	1	0	14			3		0	0
Oct-14	85	5	4	0	14	100	100	1		0	0
Nov-14	91	0	6	0	14			2		0	0
Dec-14	92	0	7	0	14	100	100	1		0	1
Jan-15	64	0	8.02	0.3	13.27			0	1	0	0
Feb-15	51	0	6.48	0.3	13.27	100	100	2	1	0	0
Mar-15	50	5	11.24	0	18.45			0	0	0	0
Apr-15	81	5	7.9	0.3	14.85	100	100	0	3	0	0

Lambourne

Lambourne

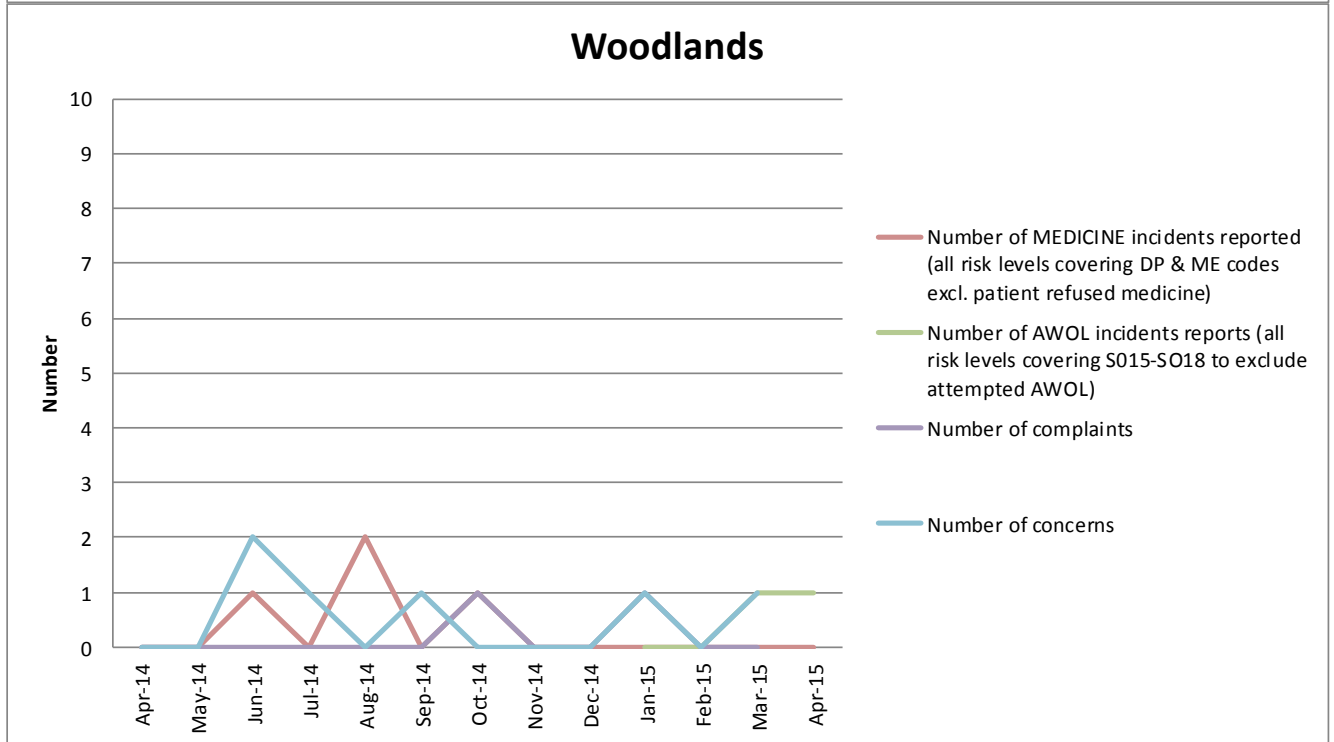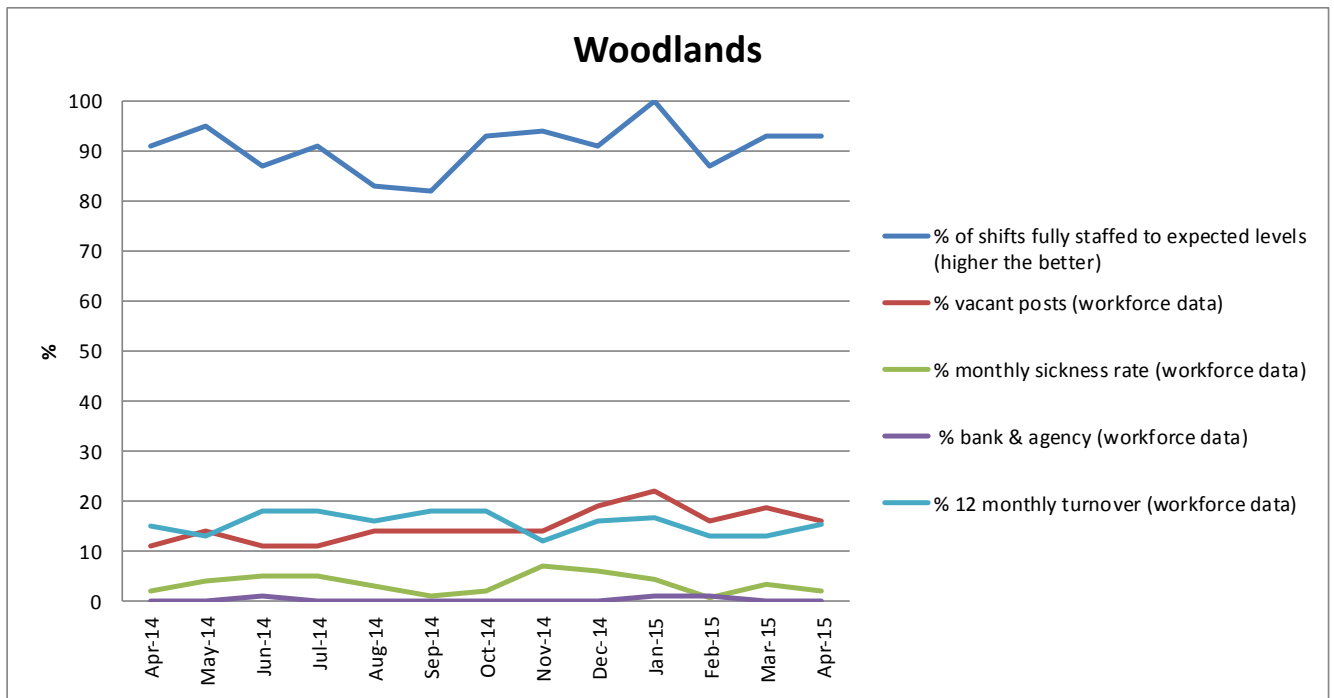# PUBLIC BOARD REPORT

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-SO18 to exclude attempted AWOL)	Number of complaints	Number of concerns
Apr-14	91	11	2	0	15	100	100	0		0	0
May-14	95	14	4	0	13			0		0	0
Jun-14	87	11	5	1	18	100	100	1		0	2
Jul-14	91	11	5	0	18			0		0	1
Aug-14	83	14	3	0	16	100	60	2		0	0
Sep-14	82	14	1	0	18			0		0	1
Oct-14	93	14	2	0	18	80	100	1		1	0
Nov-14	94	14	7	0	12			0		0	0
Dec-14	91	19	6	0	16	100	100	0		0	0
Jan-15	100	21.9	4.29	0.9	16.77			0	0	1	1
Feb-15	87	16	0.66	1.1	12.89	100	100	0	0	0	0
Mar-15	93	18.7	3.39	0	13.11			0	1	0	1
Apr-15	93	16	1.97	0	15.38	100	60	0	1		

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)

Woodlands

- Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)
- Number of AWOL incidents reports (all risk levels covering S015-SO18 to exclude attempted AWOL)
- Number of complaints
- Number of concerns
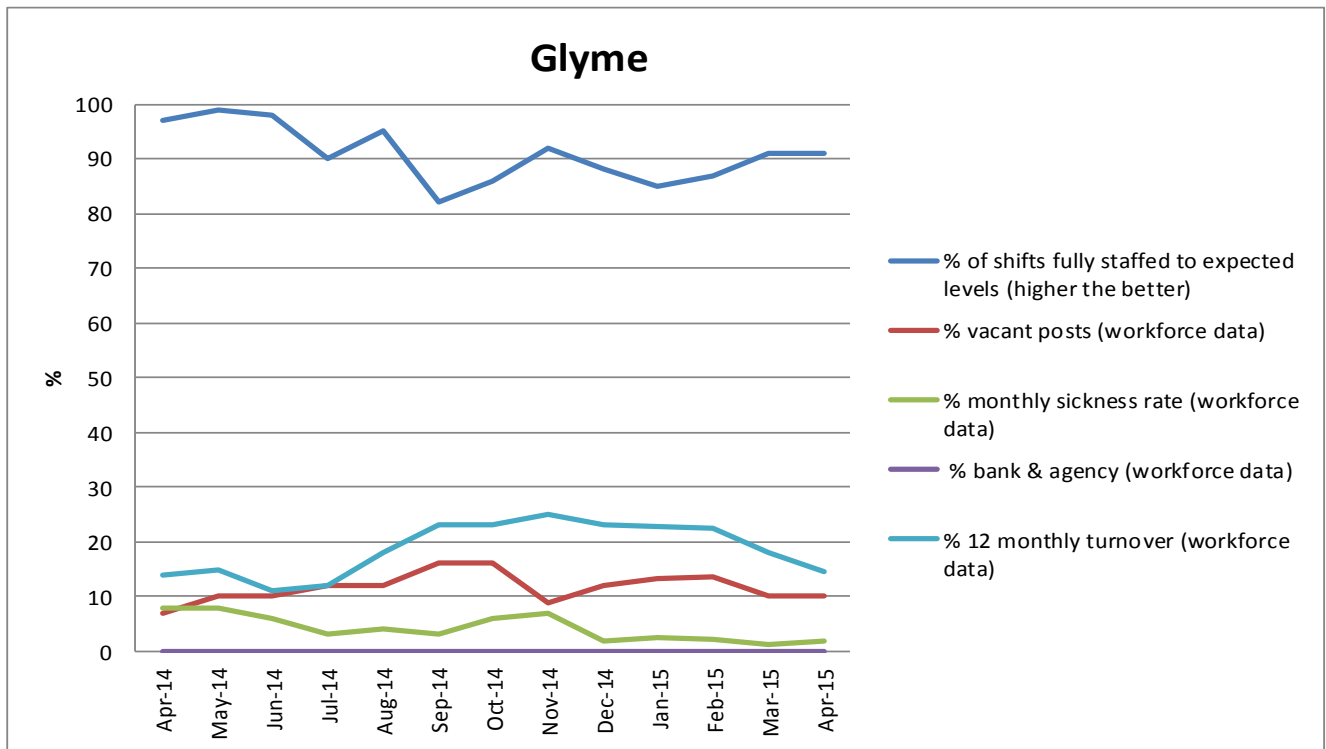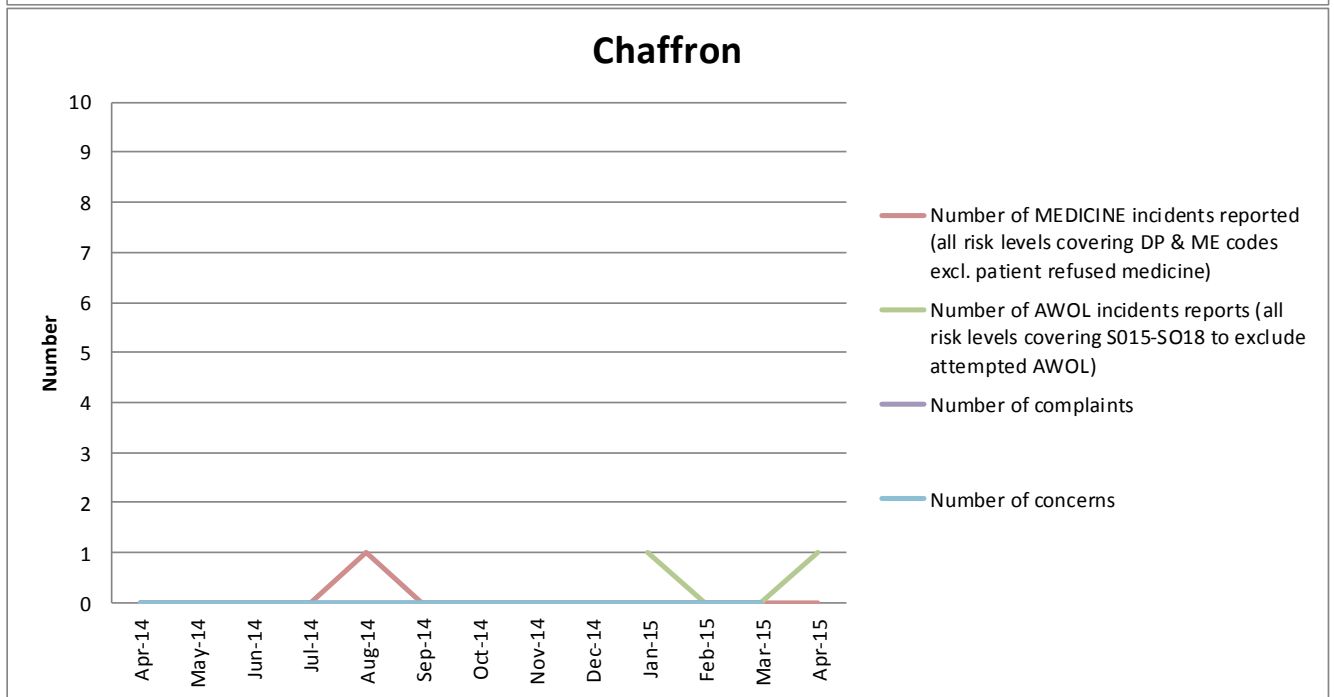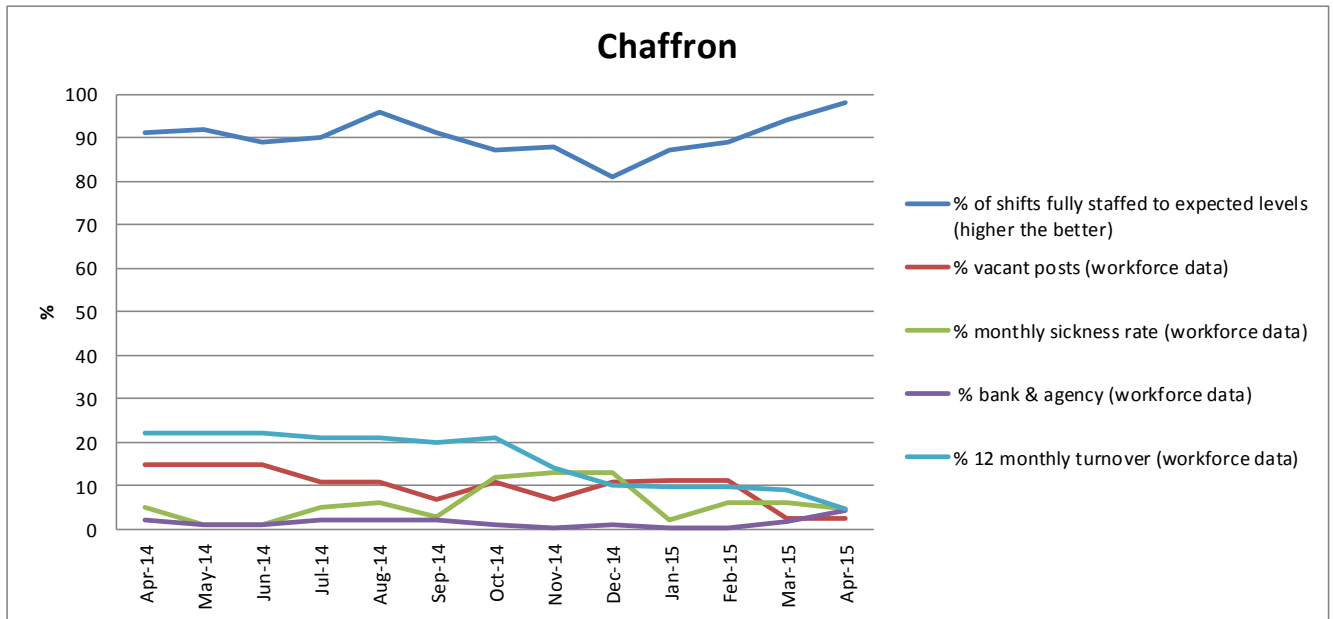
Glyme

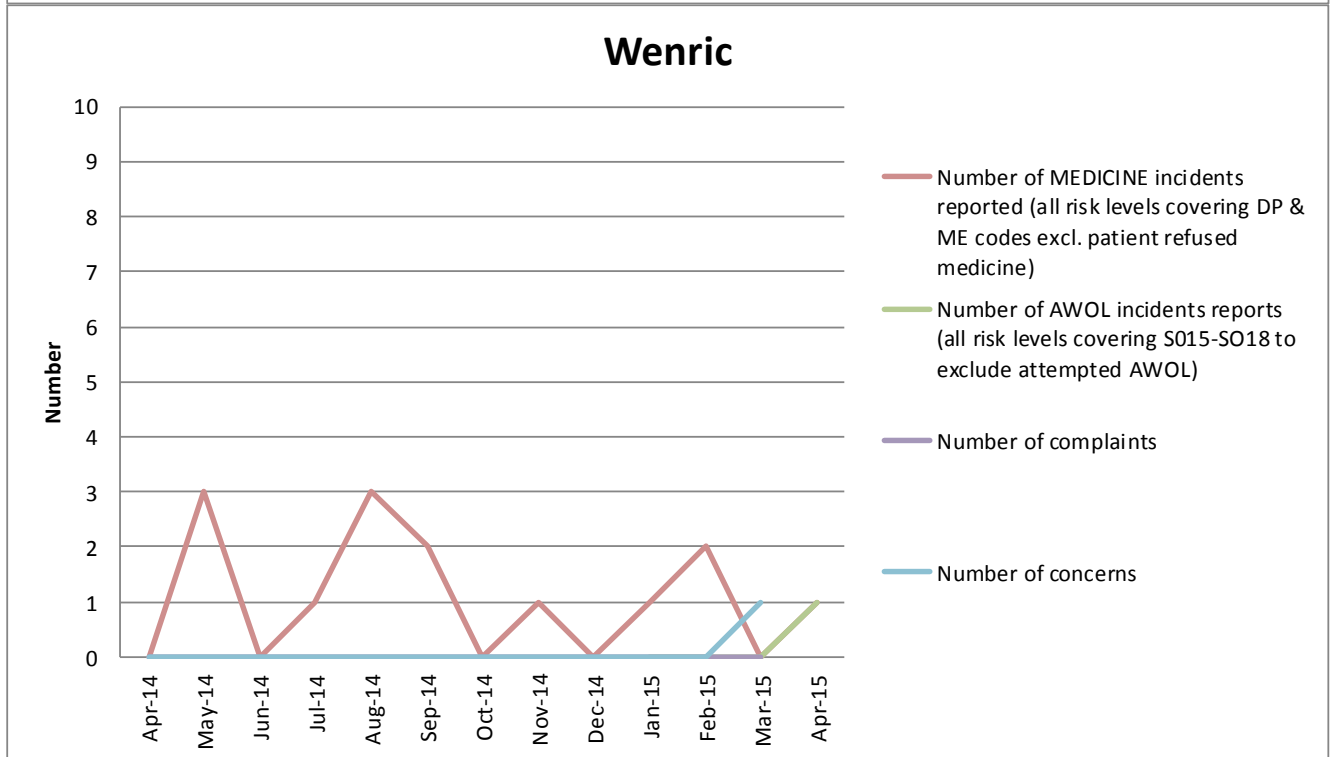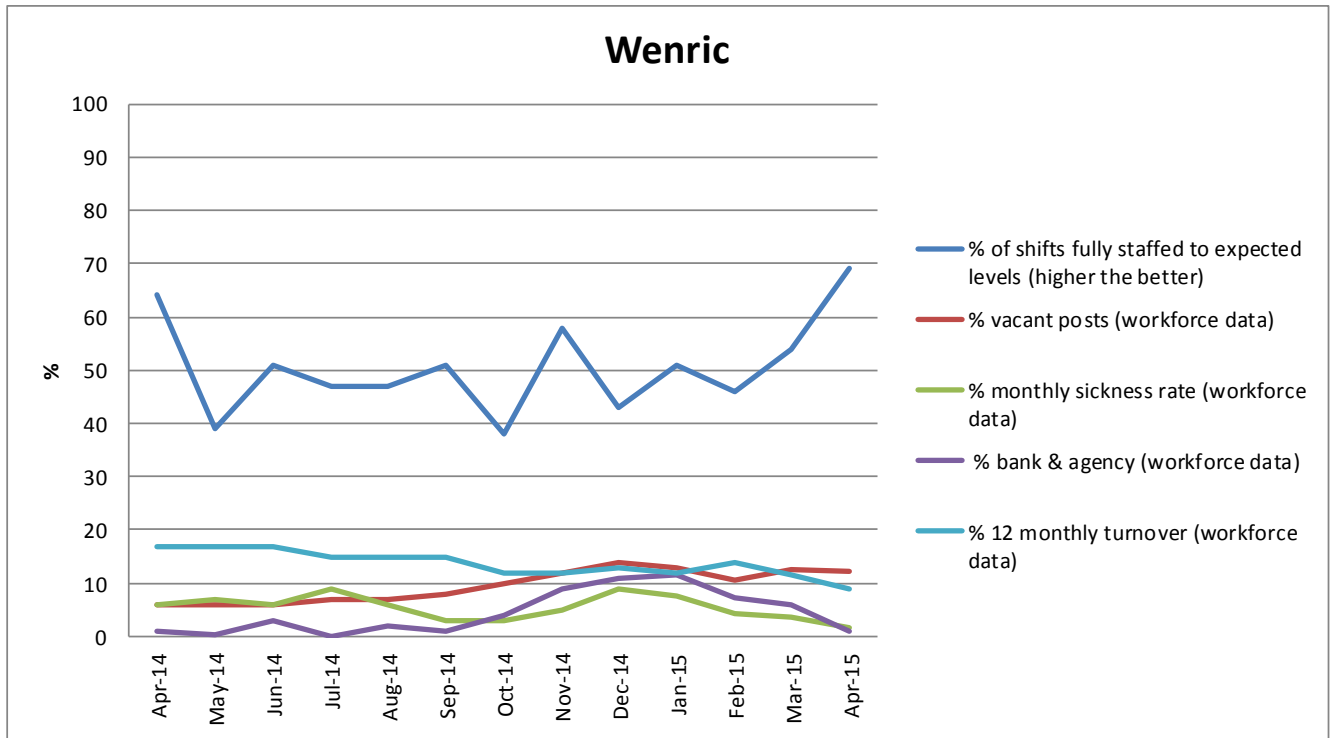|	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reports (all risk levels covering S015-SO18 to exclude attempted AWOL)	Number of complaints	Number of concerns
Apr-14	97	7	8	0	14	40	80	0		0	0
May-14	99	10	8	0	15			1		0	0
Jun-14	98	10	6	0	11	100	100	1		0	1
Jul-14	90	12	3	0	12			0		0	1
Aug-14	95	12	4	0	18	100	100	0		3	2
Sep-14	82	16	3	0	23			1		0	5
Oct-14	86	16	6	0	23	100	60	1		1	1
Nov-14	92	9	7	0	25			1		0	2
Dec-14	88	12	2	0	23	100	100	0		0	0
Jan-15	85	13.4	2.54	0	22.75			0	1	0	1
Feb-15	87	13.5	2.06	0	22.35	100	100	0	0	0	1
Mar-15	91	10.2	1.38	0	17.95			5	1	0	2
Apr-15	91	10.2	1.98	0	14.62	100	80	2	0		
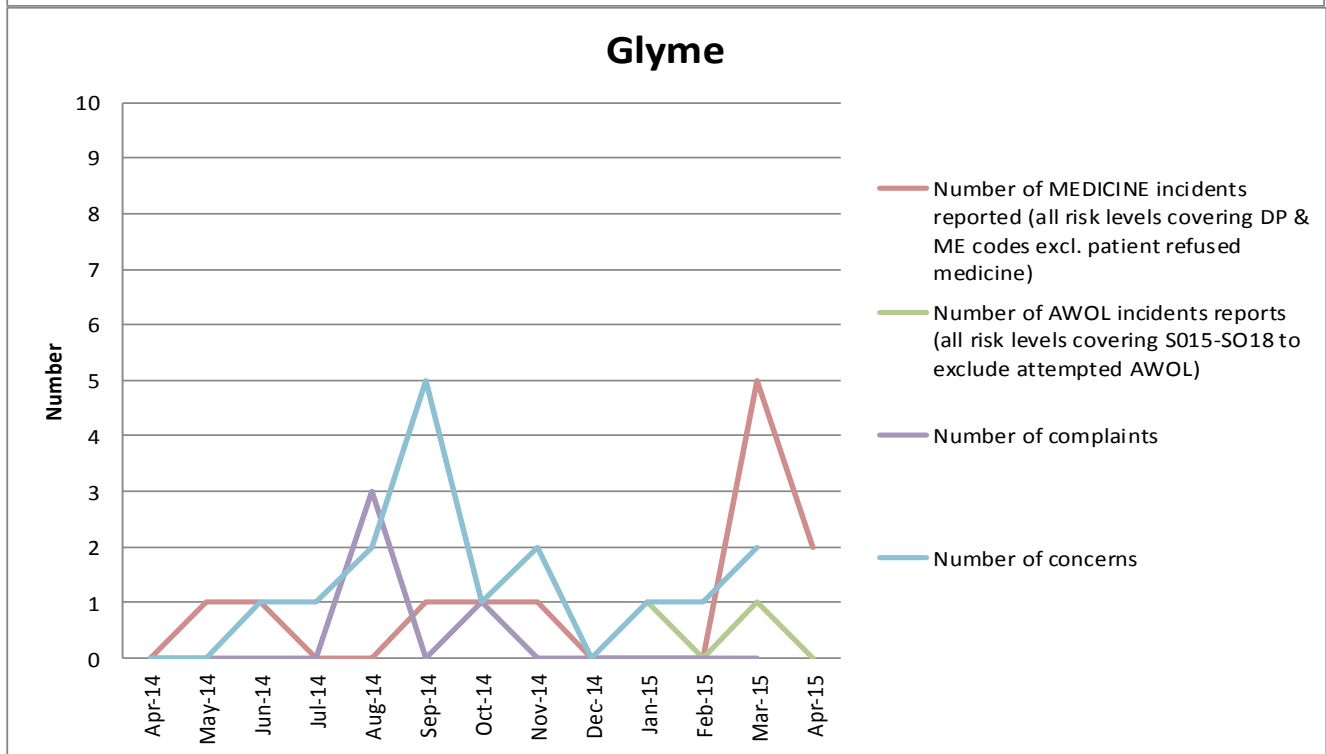
Chaffron

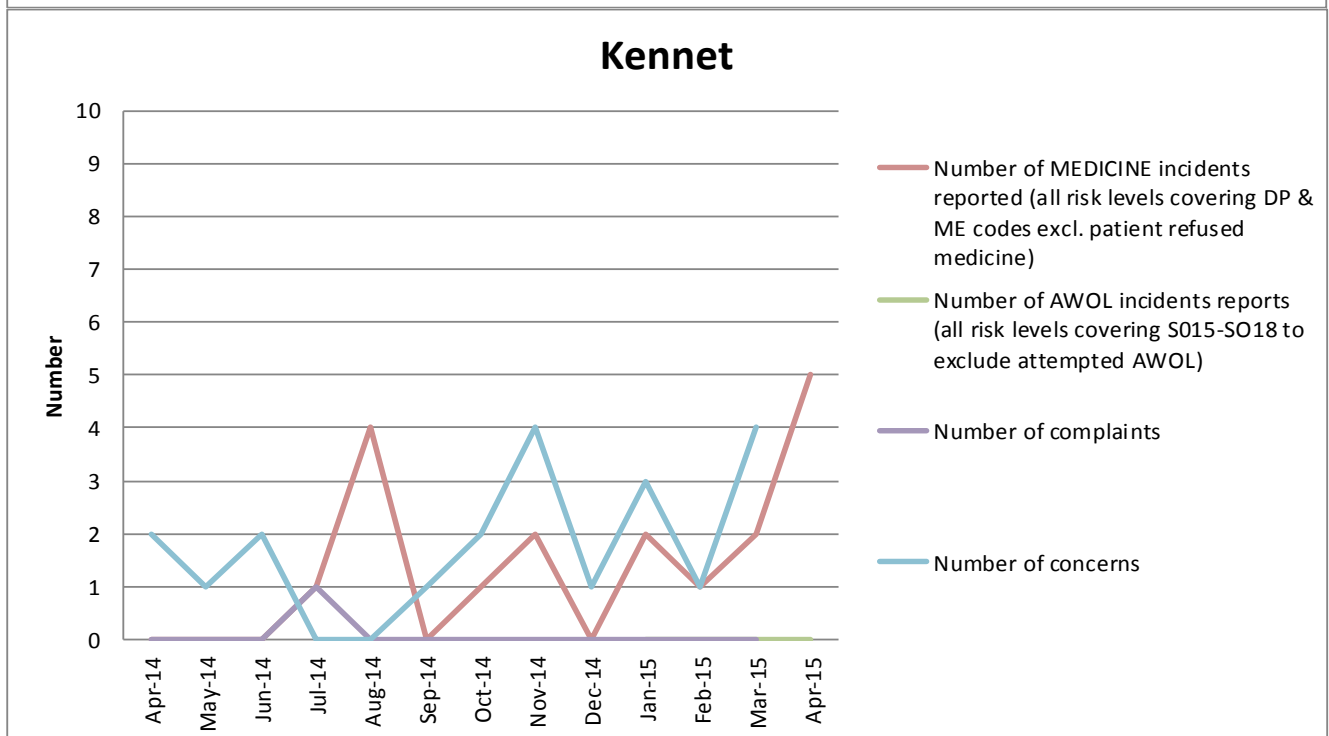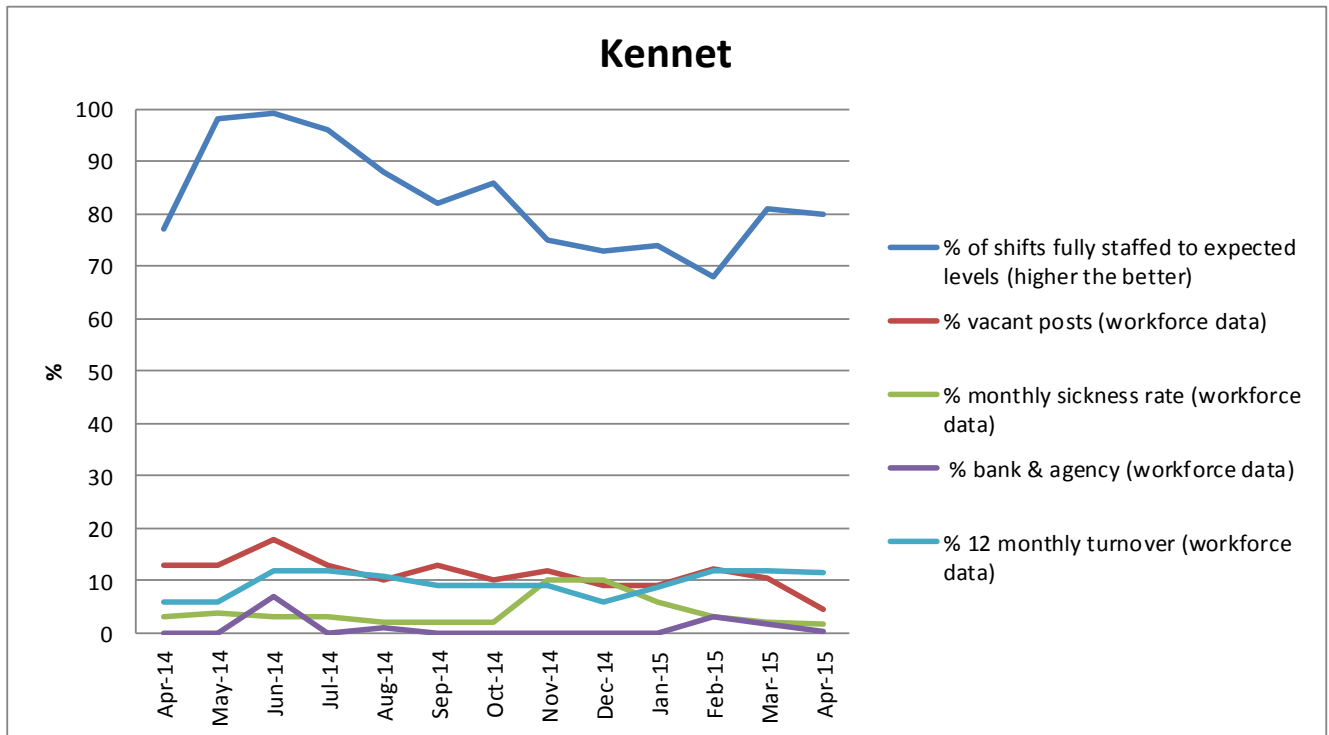|	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reports (all risk levels covering S015-SO18 to exclude attempted AWOL)	Number of complaints	Number of concerns
Apr-14	91	15	5	2	22	100	100	0		0	0
May-14	92	15	1	1	22			0		0	0
Jun-14	89	15	1	1	22	100	100	0		0	0
Jul-14	90	11	5	2	21			0		0	0
Aug-14	96	11	6	2	21	100	100	1		0	0
Sep-14	91	7	3	2	20			0		0	0
Oct-14	87	11	12	1	21	100	100	0		0	0
Nov-14	88	7	13	0	14			0		0	0
Dec-14	81	11	13	1	10	100	100	0		0	0
Jan-15	87	11.1	2.21	0.5	9.78			0	1	0	0
Feb-15	89	11.1	5.99	0.2	9.78	100	100	0	0	0	0
Mar-15	94	2.4	6.05	1.7	9.11			0	0	0	0
Apr-15	98	2.4	4.6	4.3	4.66	100	100	0	1	0	0

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Wenric

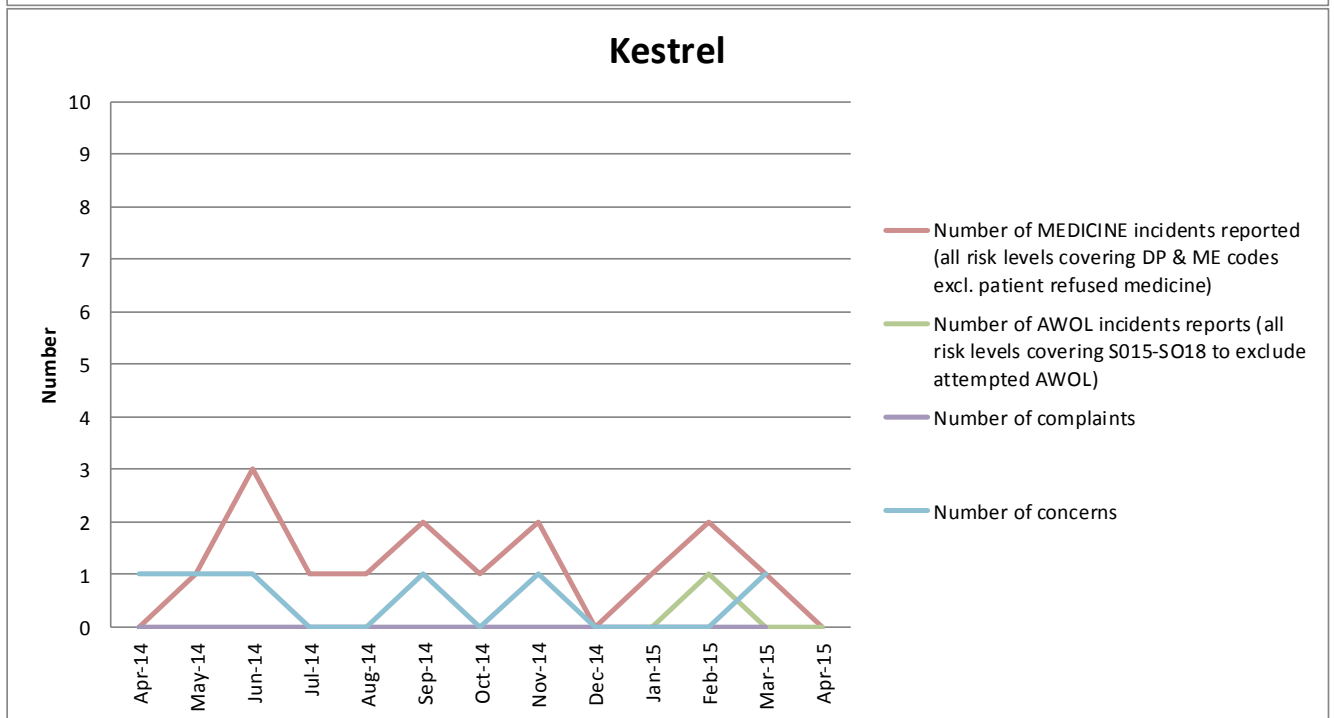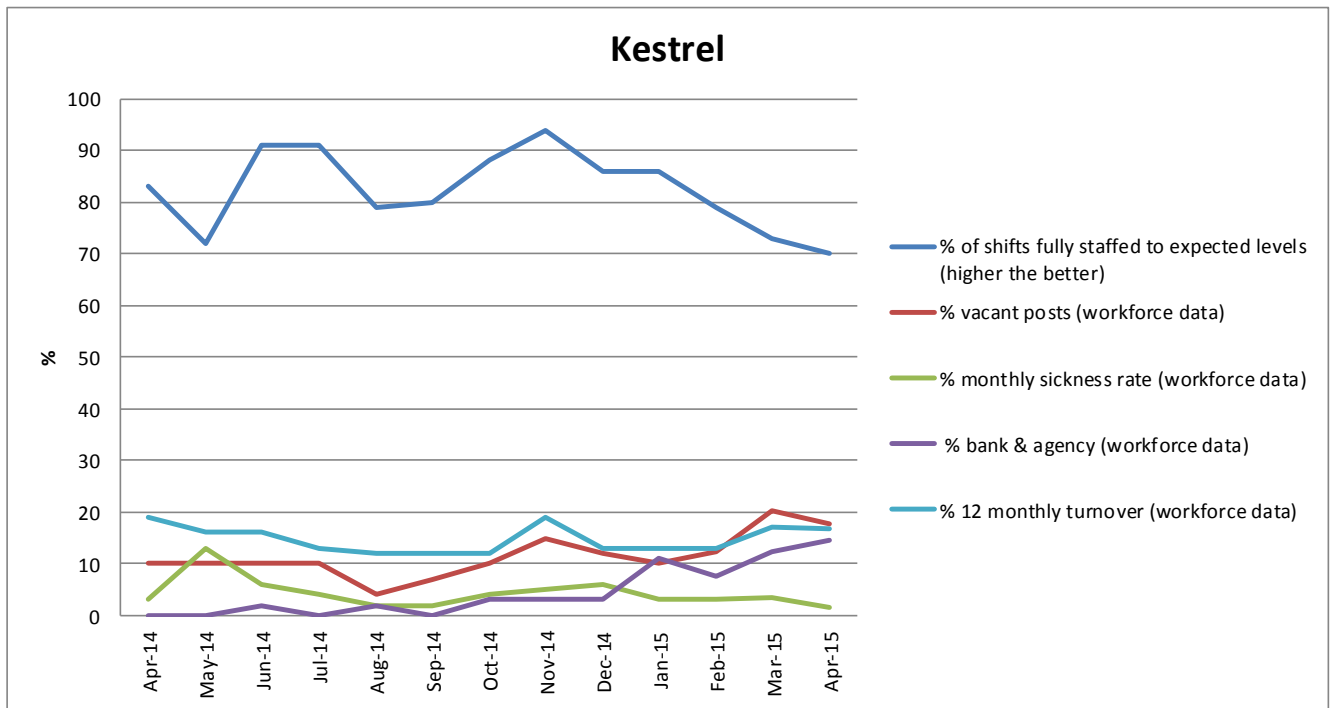|	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reports (all risk levels covering S015-SO18 to exclude attempted AWOL)	Number of complaints	Number of concerns
Apr-14	64	6	6	1	17	100	100	0		0	0
May-14	39	6	7	0	17			3		0	0
Jun-14	51	6	6	3	17	100	100	0		0	0
Jul-14	47	7	9	0	15			1		0	0
Aug-14	47	7	6	2	15	100	100	3		0	0
Sep-14	51	8	3	1	15			2		0	0
Oct-14	38	10	3	4	12	100	100	0		0	0
Nov-14	58	12	5	9	12			1		0	0
Dec-14	43	14	9	11	13	100	100	0		0	0
Jan-15	51	12.9	7.62	11.7	12			1	0	0	0
Feb-15	46	10.6	4.24	7.1	13.95	100	100	2	0	0	0
Mar-15	54	12.6	3.62	5.9	11.62			0	0	0	1
Apr-15	69	12.3	1.49	1	8.86	100	100	1	1		

PUBLIC BOARD REPORT

Kennet

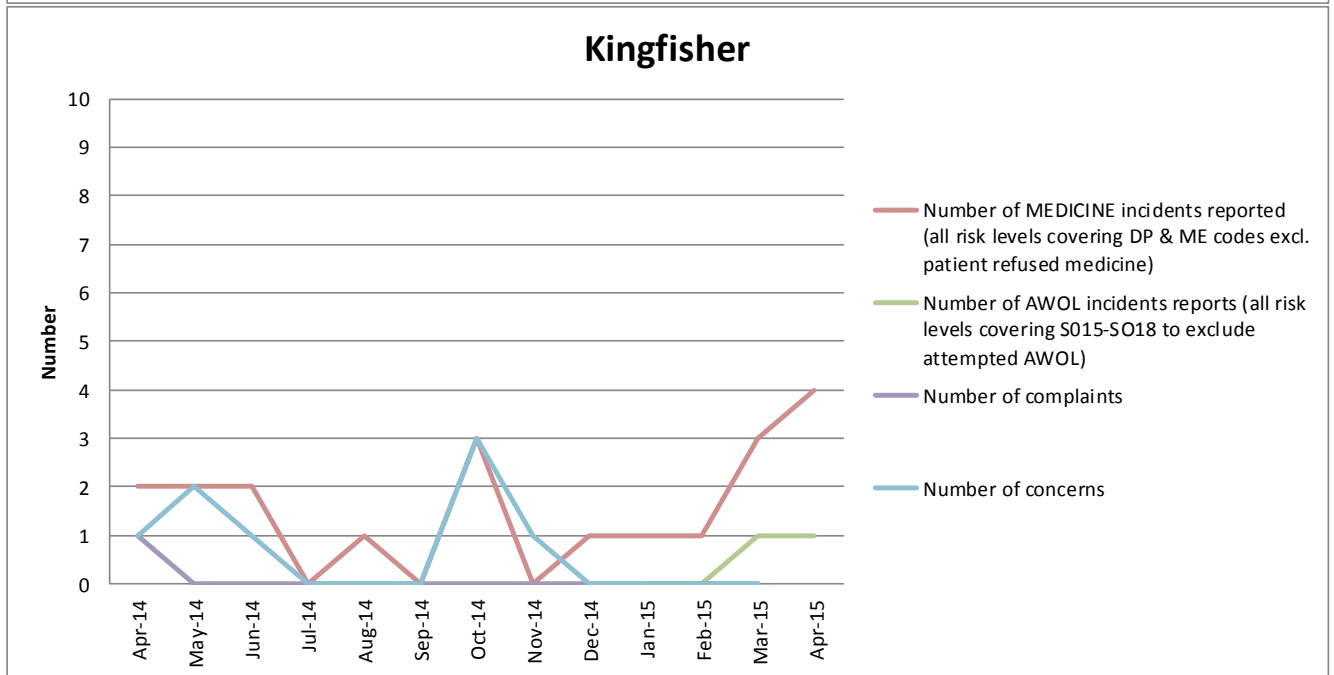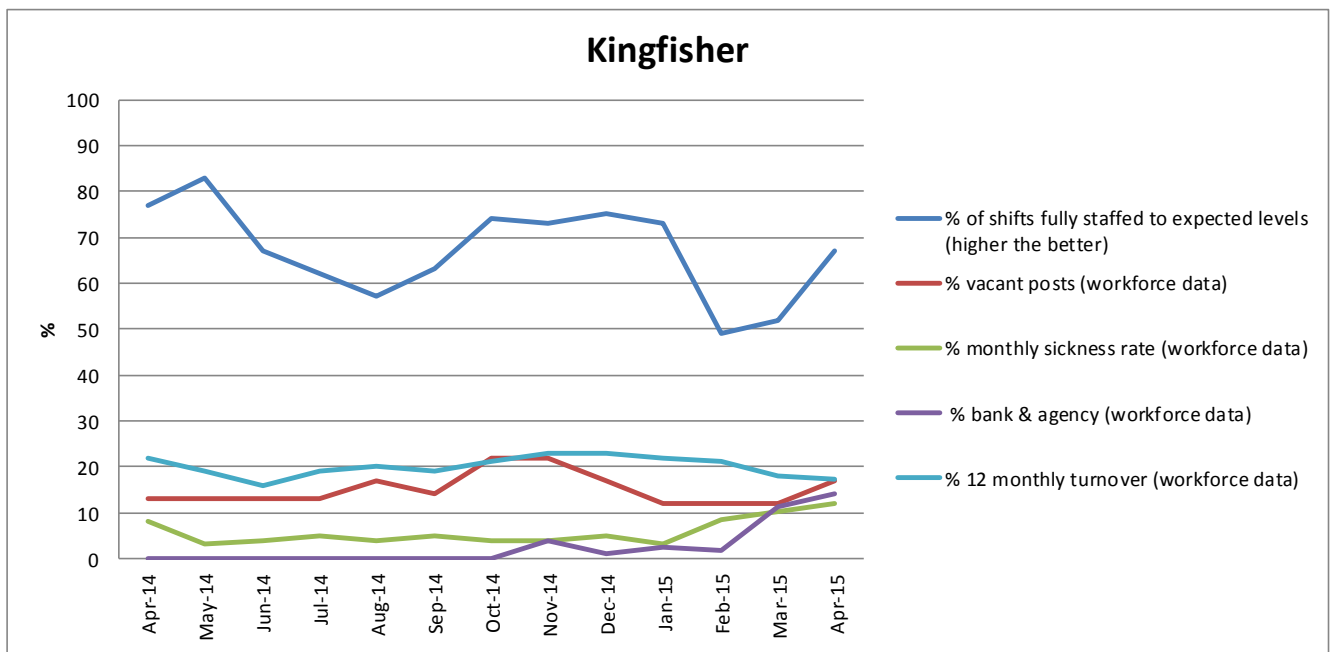|	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with 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-SO18 to exclude attempted AWOL)	Number of complaints	Number of concerns
Apr-14	77	13	3	0	6	100	100	0		0	2
May-14	98	13	4	0	6			0		0	1
Jun-14	99	18	3	7	12	100	100	0		0	2
Jul-14	96	13	3	0	12			1		1	0
Aug-14	88	10	2	1	11	40	100	4		0	0
Sep-14	82	13	2	0	9			0		0	1
Oct-14	86	10	2	0	9	80	100	1		0	2
Nov-14	75	12	10	0	9			2		0	4
Dec-14	73	9	10	0	6	80	100	0		0	1
Jan-15	74	9	6	0	8.8			2	0	0	3
Feb-15	68	12.2	3.29	3.2	11.99	100	100	1	0	0	1
Mar-15	81	10.4	2.25	1.9	11.75			2	0	0	4
Apr-15	80	4.7	1.56	0.4	11.4	100	100	5	0	0	

Kennet

Kennet

Kestrel

	% of shifts fully staffed to expected levels (higher the better)	% vacant posts (workforce data)	% monthly sickness rate (workforce data)	% bank & agency (workforce data)	% 12 monthly turnover (workforce data)	% of Care plan is up to date & relevant (lastest ES audit)	% Evidence of 1:1 meetings with patients (lastest ED audit)	Number of MEDICINE incidents reported (all risk levels covering DP & ME codes excl. patient refused medicine)	Number of AWOL incidents reports (all risk levels covering S015-SO18 to exclude attempted AWOL)	Number of complaints	Number of concerns
Apr-14	83	10	3	0	19	100	100	0		0	1
May-14	72	10	13	0	16			1		0	1
Jun-14	91	10	6	2	16	100	100	3		0	1
Jul-14	91	10	4	0	13			1		0	0
Aug-14	79	4	2	2	12	100	100	1		0	0
Sep-14	80	7	2	0	12			2		0	1
Oct-14	88	10	4	3	12	100	100	1		0	0
Nov-14	94	15	5	3	19			2		0	1
Dec-14	86	12	6	3	13	100	100	0		0	0
Jan-15	86	10	3	11	13			1	0	0	0
Feb-15	79	12.2	3.1	7.7	13.1	100	100	2	1	0	0
Mar-15	73	20.2	3.4	12.5	17.24			1	0	0	1
Apr-15	70	17.6	1.66	14.7	16.67	33	80	0	0		

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-SO18 to exclude attempted AWOL)	Number of complaints	Number of concerns
Apr-14	77	13	8	0	22	100	100	2		1	1
May-14	83	13	3	0	19			2		0	2
Jun-14	67	13	4	0	16	100	100	2		0	1
Jul-14	62	13	5	0	19			0		0	0
Aug-14	57	17	4	0	20	100	100	1		0	0
Sep-14	63	14	5	0	19			0		0	0
Oct-14	74	22	4	0	21	100	100	3		0	3
Nov-14	73	22	4	4	23			0		0	1
Dec-14	75	17	5	1	23	100	100	1		0	0
Jan-15	73	12	3	2.3	22			1	0	0	0
Feb-15	49	12	8.6	1.6	21	100	100	1	0	0	0
Mar-15	52	12.1	10.09	11.4	18.03			3	1	0	0
Apr-15	67	16.8	11.95	14	17.41	100	100	4	1		

Kingfisher

Kingfisher

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. VT and Opal did not submit data for one week; 6th-12th April 2015.

April 2015
Day shifts (early, late, twilight & cross)

April 2015
Night shift