

## Cover Sheet

Trust Board Meeting in Public: Wednesday 12 March 2025

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**Title:** Biannual Nursing and Midwifery Establishment Reviews -  
Summer 2024

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**Status:** For Information

**History:** New Item

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**Confidential:** No

**Key Purpose:** Assurance

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## Executive Summary

1. The Nursing and Midwifery Establishment Reviews for Summer 2024 analyse staffing levels and skill mix needed for safe, effective care at Oxford University Hospitals NHS Foundation Trust (OUH).
2. This review is part of a bi-annual process that aligns with the 2018 standards set by NHSI and NQB and is based on a triangulated approach to safe staffing decisions based on patient acuity and dependency.
3. The review process involved the use of the Safer Nursing Care Tool (SNCT) for data collection and validation across all inpatient areas.
4. This biannual review has highlighted that there is no requirement to increase the nursing and midwifery establishment and confirms that that the Trust is safely established to meet the acuity and dependency needs of patients.
5. Key findings from the review highlight several areas for further investigation and potential efficiency improvements. These are summarised below:
  - These include the need for a more consistent approach to enhanced care observation (ECO).
  - Undertake a review of the Clinical Educators role
  - the potential for centralising high care beds to improve staffing efficiency, and the review of associated care roles to address disparities across divisions
  - Address the misalignment between staffing rosters and finance budgets, necessitating a reconciliation exercise to ensure accurate and sustainable staffing level and financial governance.
6. The Trust Board is asked to approve the recommendations from the summer establishment review, which include completing the reconciliation exercise by April 2025, reviewing and benchmarking associated care roles, and exploring opportunities for efficiency improvements in direct care and high care areas.

## Recommendations

7. The Trust Board is asked to:
  - Review the findings from the 2024 summer establishment review and the recommendation to undertake further work in the following areas:
    - The reconciliation exercise is set to be completed by April 1, 2025, in preparation for budget setting.
    - The opportunity to reduce the supervisory whole-time equivalent (WTE) for ward managers with fewer than 20 inpatient beds.
    - The possibility of establishing a dedicated high-care area will be explored; indicative costings have been prepared, but efficiency savings can only be determined after a further review of scope and operational needs.

- To consolidate and review clinical educator provision.
- To explore the potential of a centrally based ECO team to reducing temporary staffing while improving efficiency and safety.
- To note that that winter data collection for the next phase of the bi-annual establishment review process is in process.

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## Biannual Nursing and Midwifery Establishment Reviews - Summer 2024

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### 1. Purpose

- 1.1. The purpose of this paper is to conduct a biannual review of nursing and midwifery staffing levels to ensure they are safe and sustainable, in accordance with national safe staffing guidelines.
- 1.2. This process includes a comprehensive examination that will inform any permanent changes to staffing levels or skill mix, ensuring that ward staffing remains safe and effective.
- 1.3. The biannual review involves collecting two sets of acuity and dependency data for all inpatients—one set for summer and another for winter—using the Safer Nursing Care Tool (SNCT). This report presents the findings for summer 2024.
- 1.4. The establishment reviews were carried out in accordance with Developing Workforce Standards and employ evidence-based tools, such as the Safer Nursing Care Tool (SNCT) and Birth Rate Plus, to accurately assess patient acuity and dependency while applying appropriate nursing and midwifery ratios.
- 1.5. In conjunction with professional judgment and quality indicators, this forms the foundation of the biannual review, enabling a systematic and triangulated approach to determine safe staffing requirements.

### 2. Background

- 2.1. In 2016, the National Quality Board (NQB) issued guidance on NHS nurse staffing levels, advocating a 'triangulated' approach that considers patients' needs, acuity, and risks. This method helps Boards make informed staffing decisions beyond simple staff-to-patient ratios.
- 2.2. In 2018, NHS Improvement (NHSI) published "Developing Workforce Safeguards" to support these recommendations. Key points include:
  - 2.2.1. Trusts must incorporate NQB's 2016 guidance into their staffing governance using evidence-based tools and professional judgment.
  - 2.2.2. Nursing and midwifery establishment and skill mix reviews should be presented to the Board biannually for each ward or service, alongside HR and Finance information.
- 2.3. Staffing levels should be assessed using a triangulated approach that includes clinical professional judgment, rather than relying on a single metric.

### **3. Establishment Review Process and Governance**

- 3.1. The Trust conducts evidence-based establishment reviews for nursing and midwifery areas every six months.
- 3.2. To ensure both accurate staffing deployment and safety, it is crucial that the finance ledger, budgets, Electronic Staff Record (ESR), and e-roster are fully aligned. Any changes to these elements must follow the establishment review process, as outlined in the Trust's Rostering and Safe Staffing Policy.
- 3.3. Any redesign of the skill mix, removal of posts, or introduction of additional positions or new roles (including, but not limited to, nursing associates or assistant practitioners) should be considered a service change. A full Quality Impact Assessment (QIA) is required in such cases.
- 3.4. Any changes made within the budget should not occur outside the establishment review process.
- 3.5. Any additional posts resulting in increase in budget must go through the Trust formal business case process.
- 3.6. The Safer Nursing Care Tool, (SNCT) is an evidence-based tool used in acute inpatient areas to help determine a recommended number of WTE to deliver direct patient care based on acuity and dependency. The tool should not be used in isolation as it does not consider other staffing considerations including but not limited to, layout of department, (visibility and accessibility of patient to nurse), size of department, skill mix and nurse sensitive indicators.
- 3.7. Emergency Departments (ED), critical care units, and maternity areas do not use the SNCT. Currently, a specialised tool for ED is being developed. Maternity also use a different acuity tool known as Birth Rate Plus, while critical care units use the critical care acuity daily scoring system. All these areas follow the relevant national guidelines to ensure quality care.

### **4. Findings**

- 4.1. This biannual review has highlighted that there is no requirement to increase the nursing and midwifery establishment and confirms that the Trust is safely established to meet the acuity and dependency needs of patients.

### **5. MRC Review Detail**

- 5.1. Overall, there is no requirement to increase the staffing establishment in MRC. However, the division needs to address the skill mix, particularly in Cardiology, CTW, CMUC, Juniper, Laburnum, HH Oak, OCE, and Ward 5E/F.

- 5.2. Areas with more than 75% side rooms include the Cardiothoracic ward, John Warin Ward, Osler Respiratory Unit, and the Oxford Centre for Enablement. The SNCT data collection has facilitated this by calculating the recommended Whole-Time Equivalent (WTE) staffing for these departments.
- 5.3. The Cardiology Ward has a unique configuration, consisting of a 25-bed section with all single rooms and a separate 16-bed section in another department on the same floor. During the summer data collection, only 35 out of 41 patients were assessed using the SNCT, as 6 beds were classified as critical care. Staffing is available for all 41 patients. The ward's layout, the lack of side room adjustments, and the assessment of 35 out of 41 patients using the SNCT indicate that the requirement for direct care is greater than what is recommended by the SNCT.
- 5.4. The Cardiothoracic Ward (CTW) has not been fully utilizing its budget for direct care due to staffing vacancies and has not arranged for temporary staff to cover all open positions. The SNCT recommendations for summer data collection suggests a significantly higher staffing level than what is currently in place for direct care. Therefore, a review of the direct care requirements and SNCT data will be conducted, supported by the Nursing Workforce team, as part of the next review cycle.
- 5.5. The Oak Ward at the Horton has recently undergone changes to increase its bed capacity, including the addition of four high care beds. A business case for staffing these beds was approved based on this expansion. However, since their opening, these high care beds have not been fully utilized during every shift, as shown by the summer SNCT data collection's recommended WTE. The Oak Ward was originally budgeted for high care patients and currently allocates funding for 3.6 band 7 staff. Specifically, 2.6 WTE (costing £165,000) are designated to provide one band 7 clinician for each day shift, seven days a week. The ward manager is 1 WTE. A review following the winter SNCT data collection will be necessary to fully understand seasonal variations and to determine the actual staffing requirements for these high care beds.
- 5.6. Ward 5E/F was quickly built during COVID-19 for more side rooms. Initially staffed for high numbers of COVID patients needing PPE and close monitoring, the ward now serves medical and ECO patients. These patients in side rooms require more CSW staff to prevent incidents like falls. This staffing need explains the difference between the SNCT summer data recommendations and current levels. A detailed efficiency review will occur after the winter data collection.
- 5.7. CTCCU are a cardiac critical care unit within MRC. This unit cannot use the SNCT. Guidelines for the Provision of Intensive Care Services, (GPICS)

guidance is recommended, and the CNO is assured that CTCCU establishment meets this guidance.

- 5.8. JR and Horton ED are both within MRC and cannot use the SNCT. The Royal College of Emergency Medicine and the Royal College of Nursing, Nursing Workforce Standards for Type 1 Emergency Departments guidance is recommended and the CNO is assured that both ED's establishments meet this guidance.

### MRC SNCT Detail

Ward	Bed No.	Current Direct Care Establishment				SNCT Proposed RN WTE	SNCT Proposed CSW WTE	SNCT Proposed Total WTE	ECO element of SNCT proposed WTE
		Total RN	Total CSW	Total WTE	RN:PT Ratio D/N				
5A SSW	22	23.76	21.12	44.88	1:4/6	24.09	12.97	37.06	7.46
5B SSW	22	23.76	21.12	44.88	1:4/6	28.6	15.4	44	11.73
Cardiology	35	58.09	15.84	73.93	1:6	28.79	15.5	44.29	0.22
CTW	25	29.04	13.58	42.62	1:6	39.77	21.42	61.19	0.38
CMU A	18	18.48	18.48	36.96	1:5/6	29.37	15.82	45.19	15.92
CMU B	20	18.48	18.48	36.96	1:4/5	23.58	12.7	36.28	2.56
CMU C	21	23.76	18.48	42.24	1:4/6	30.29	16.31	46.6	9.93
CMU D	20	23.76	18.48	42.24	1:4/6	25.32	13.63	38.95	3.94
CTCCU	14	77.7	7.92	85.62	1:1	N/A			
JR EAU	35	54.53	33.41	87.94	1:6	55.54	29.91	85.45	14.47
HH EAU	40	52.81	31.68	84.49	1:6	52.84	28.45	81.29	7.85
JR ED	45	137.68	47.53	185.21	N/A				
HH ED	16	56.2	18.48	74.68	N/A				
Juniper	30	29.04	26.4	55.44	1:5/6	38.02	20.47	58.49	14.83
Laburnum	28	29.04	26.4	55.44	1:5/6	38.03	20.48	58.51	10.25
HH Oak	16	23.76	13.2	36.96	1:4/6	18.8	10.12	28.92	1.8
John Warin	17	21.12	15.84	36.96	1:4	21.95	11.82	33.77	0.58
OCE	18	19.66	24.57	44.23	1:5	31.37	16.89	48.26	9.64
Osler	24	42.25	31.68	73.93	1:3/5	40.62	21.87	62.49	0.5
Ward 5E/F	24	29.04	31.68	60.72	1:4/5	31.8	17.12	48.92	6.7
7E Stroke	22	26.4	18.48	44.88	1:4/5	26.82	14.44	41.26	0.42

Table 1: Summary of the MRC summer establishment review position (D=Day shift, / N=Night Shift)

## 6. Summary of considerations MRC

- 6.1. MRC staffing considerations in this summer review included mental health, delirium, and cognitive impaired patients requiring ECO. MRC has 1 extra CSW on each shift for 5A, 5B, 5E/F, CMU, A, B, C and D, Juniper and Laburnum, (medical wards across sites). MRC also has 1 extra CSW on each shift for EAU on both sites. This equates to 68.9 WTE within these ward's establishments to deliver ECO. MRC will review the efficient use of WTE for ECO, and scope whether this can be reviewed Trust wide with the potential to sit centrally.

- 6.2. Clinical Educator roles will be scoped cross divisionally for parity and improved staff development and therefore retention.
- 6.3. In 2020, MRC replaced the band 7 ward manager position at Horton with a deputy Matron post at band 8A. this needs to be reviewed and properly aligned to the rest of the Trust.
- 6.4. The review identified misalignments between proposed staffing establishment and finance budgets as outlined in the table below:

Cost centre with Code	Current Finance WTE Budget	Historic Changes (Unknown)	Efficiency Opportunity	Investment Proposal/New skill mix change	Total WTE Proposed (Staffing template)	Historic Changes (Unknown) (£)	Efficiency Opportunity (£)	Investments proposed (£)
144352 - Rehabilitation: Nursing	57.72	-			57.72	£0	£0	£0
151280 - Cardiology Ward	88.32	0.01			88.33	£477	£0	£0
151500 - CTCCU	93.28	0.74			94.02	£41,746	£0	£0
151520 - Cardiothoracic Ward (CTW)	50.49	0.05			50.54	£2,464	£0	£0
153100 - JR Emergency Department	210.87	- 0.33			210.54	-£12,431	£0	£0
153160 - HH Emergency Department	85.29	-			85.29	£0	£0	£0
153240 - Stroke Unit	71.49	- 0.01			71.48	-£323	£0	£0
153420 - Emergency Assessment Unit	100.94	- 0.01			100.93	-£346	£0	£0
153480 - Complex Medicine Unit B	45.39	0.57			45.96	£31,128	£0	£0
153500 - Complex Medicine Unit C	50.49	0.16			50.65	£8,610	£0	£0
153520 - Complex Medicine Unit D	50.46	0.28			50.74	£15,620	£0	£0
153530 - Short Stay Ward (SWW)	55.88	-			55.88	£0	£0	£0
153540 - Short Stay Ward 5A	53.31	- 0.54			52.77	-£9,531	£0	£0
153545 - Ward 5 E/F	68.73	0.99			69.72	£67,247	£0	£0
153620 - Horton EAU	91.89	-			91.89	£0	£0	£0
153660 - Rowan Ambulatory Unit	15.59	0.13			15.72	-£6,542	£0	£0
153720 - Laburnham	60.95	- 0.01			60.94	-£454	£0	£0
153730 - Juniper Ward	63.40	-			63.40	£0	£0	£0
153752 - Acute Ambulatory Unit	42.35	3.81			46.16	£266,911	£0	£0
153950 - Complex Medicine Unit - A	44.69	0.28			44.97	£15,271	£0	£0
155320 - Osler Chest Unit	84.30	- 2.48			81.82	-£104,485	£0	£0
155960 - John Warin Ward	45.18	- 0.72			44.46	-£40,323	£0	£0
161780 - Oak (HCU)	39.80	- 0.49			39.31	-£1,338	£0	£0
	<b>1,570.81</b>	<b>2.43</b>			<b>1,573.24</b>	<b>£273,700</b>	<b>£0</b>	<b>£0</b>

Table 2: MRC Identified misalignments between proposed staffing and finance budget

- 6.5. Efforts are ongoing to understand these discrepancies. The table above summarises these instances, highlighting where proposed staffing levels are either higher or lower than the finance budget. These discrepancies are categorised by historic changes (unknown), efficiency opportunities, and additional investments required.
- 6.6. The misalignment of Whole Time Equivalents (WTE) related to efficiency opportunities and additional investments should be considered and assessed separately, following the relevant governance processes.

## 7. NOTSSCaN Review Detail

- 7.1. Overall, there is no requirement to increase the staffing establishment in NOTSSCaN. However, the division needs to address the skill mix, particularly in Bellhouse Drayson, HH Children's, Kamrans, Robins, HHF, Neurosurgery Blue, Specialist Surgery, Ward E and Ward F.

**NOTSSCAN SNCT Detail**

Ward	Bed No.	Current Direct Care Establishment				SNCT Proposed RN WTE	SNCT Proposed CSW WTE	SNCT Proposed Total WTE	ECO element of SNCT proposed WTE
		Total RN	Total CSW	Total WTE	RN:PT Ratio D/N				
Bellhouse-Drayson	20	33.8	7.54	41.34	1:4	19.3	10.4	29.7	N/A
HH Children's	12	18.71	2.71	21.42	1:3/4	13.8	7.4	21.2	N/A
Kamrans	9	23.62	0	23.62	1:1	10.4	5.6	16	N/A
Melanies	12	15.69	5.4	21.09	1:3	15.8	8.5	24.3	N/A
Robins	14	23.99	7.17	31.16	1:3/4	17.6	9.5	27.1	N/A
Toms	20	24.68	5.36	30.04	1:4	21.7	11.7	33.4	N/A
Neonatal Unit	42	0	0	0	1:1	N/A			
Paediatric Critical Care	17	0	0	0	1:1/2	N/A			
BIU	25	21.81	13.78	35.59	1:6	22.2	11.95	34.15	1.7
HDU/Recovery	6	0	0	0	1:1	N/A			
Head & Neck Blenheim	15	18.5	6.77	25.27	1:5	14.06	7.57	21.63	0
HH F	28	28.7	19.17	47.87	1:5	33.77	18.18	51.95	3.75
Major Trauma 2A	24	32.12	18.71	50.83	1:5	32.89	17.71	50.6	6.6
Neurology - Purple	19	20.16	16.76	36.92	1:7	21.11	11.37	32.48	3.18
Neurosurgery Blue	23	27.32	24.68	52	1:5	31.43	16.92	48.35	11.63
Neurosurgery Green/IU	12	14.12	14.12	28.24	1:6	12.98	6.99	19.97	4.26
Neurosurgery Red/HC	22	32.6	29.96	62.56	1:5	30.72	16.54	47.26	9.36
Specialist Surgery I/P	34	39.13	24.8	63.93	1:5	28.07	15.11	43.18	2.47
Trauma 3A	24	32.14	18.71	50.85	1:5	30.63	16.5	47.13	2.37
Ward 6A	24	27.77	13.78	41.55	1:5/6	24.21	13.03	37.24	2.56
Ward E (NOC)	23	21.81	13.78	35.59	1:5/8	13.88	7.47	21.35	0.22
Ward F (NOC)	24	21.81	13.78	35.59	1:5/8	12.13	6.53	18.66	2.34
Neuro ICU	13	91.15	7.92	99.07	1:1	N/A			
OSSU	25	15.81	9.09	24.9	1:6	16.5	8.88	25.38	0

Table 3: Summary of the NOTSSCaN summer establishment review position (D=Day shift, / N=Night Shift)

- 7.2. Bellhouse-Drayson Ward has a higher direct care establishment than the summer SNCT recommendation and will be reviewed after the winter data collection.
- 7.3. Kamran's ward cares for complex oncology children in a small 9-bed unit, which also includes some day cases. While these day cases are considered in staffing, they are not reflected in SNCT scores. Analysing SNCT data is challenging for units with fewer than 12 beds due to size and layout. A thorough review will follow the winter data collection.
- 7.4. The Specialist Surgery ward has 30 beds, including 18 for day surgery patients, who are excluded from SNCT data collection focused on in-patients. The difference between the established direct care staffing and the SNCT-recommended whole-time equivalent (WTE) is influenced by the

ward's layout, the need for 1:1 nursing care after breast flap surgery, and the presence of day case patients.

- 7.5. The wards at Nuffield Orthopaedic Centre (NOC E & F) faced bed closures over the summer, leading to discrepancies between current staffing levels and the recommended whole-time equivalent (WTE) based on the Safe Nursing Care Tool (SNCT). A winter data collection will clarify staffing needs for these wards. The Orthopaedic Surgery Service Unit (OSSU) mainly offers day care and some inpatient services during the week, closing on weekends. This service will also be reviewed after the winter data collection, along with other NOC wards.
- 7.6. Neuro Intensive Care Unit, (Neuro ICU) is a critical care unit within NOTSSCAN. This unit cannot use the SNCT. Guidelines for the Provision of Intensive Care Services, (GPICS) guidance is recommended, and the CNO is assured that Neuro ICU establishment meets this guidance.
- 7.7. Neonatal Intensive Care Unit, (Neonatal ICU) is a critical care unit within NOTSSCAN. This unit cannot use the SNCT. British Association of Perinatal Medicine, (BAPM) guidance is recommended, and the CNO is assured that Neonatal ICU establishment meets this guidance.
- 7.8. Paediatric Critical Care, (PCCU) are a cardiac critical care unit within NOTSSCAN. This unit cannot use the SNCT. The Paediatric Critical Care Society guidance is recommended, and the CNO is assured that PCCU establishment meets this guidance.

## **8. Summary of NOTSSCAN Considerations**

- 8.1. Following the winter SNCT data collection, NOTSSCaN will evaluate the potential implementation of new roles, such as housekeepers at the Horton and the NOC, to reduce the need for nurses to prepare meals.
- 8.2. NOTSSCaN will assess their educational roles as part of the Trust-wide review.
- 8.3. Recruitment for paediatric critical care positions remains a priority for the division in order to decrease reliance on temporary staffing.
- 8.4. NOTSSCaN staffing considerations in this summer review included mental health, delirium and cognitive impaired patients requiring one to one enhanced care observations. NOTSSCaN has no WTE included in their establishments for ECO. NOTSSCaN will review the efficient use of WTE for ECO, and scope whether this can be reviewed along with the Trust to sit centrally.
- 8.5. The review identified misalignments between proposed staffing establishment and finance budgets as outlined in the table below.

8.6. Efforts are ongoing to understand these discrepancies. The table above summarises these instances, highlighting where proposed staffing levels are either higher or lower than the finance budget. These discrepancies are categorised by historic changes (unknown), efficiency opportunities, and additional investments required.

Cost centre with Code	Current Finance WTE Budget	Misalignments between Finance and staffing templates (WTE)			Total WTE Proposed (Staffing template)	Misalignments between Finance and staffing templates (£)		
		Historic Changes (Unknown)	Efficiency Opportunity	Investment Proposal/New skill mix change		Historic Changes (Unknown) (£)	Efficiency Opportunity (£)	Investments proposed (£)
141110 - BIU	42.55	- 1.59			40.96	-£64,271	£0	£0
141245 - Ward E	40.91	- 0.55			40.36	£11,444	£0	£0
141255 - Ward F	40.90	- 0.54			40.36	£18,584	£0	£0
141810 - OSSU	26.03	2.77			28.80	£115,999	£0	£0
141820 - HDU/Recovery	25.88	- 25.88						
161700 - WW Neuro ICU	111.73	2.24			113.97	£140,727	£0	£0
166610 - F Ward - Trauma Horton	52.87	-			52.87	£0	£0	£0
166680 - Trauma Ward - 3A	60.75	-			60.75	£0	£0	£0
166780 - MTC Ward 2A	60.55	-			60.55	£0	£0	£0
166880 - Ward 6A - JR	50.76	0.27			51.03	£12,793	£0	£0
168320 - Neurology Ward	35.70	0.82		3.40	39.92	£31,851	£0	£152,347
168325 - Blue Ward - Neurosurgery	53.16	-	0.80		52.36	£0	-£30,480	£0
168330 - Red/HC Ward - Neurosurgery	64.92	-			64.92	£0	£0	£0
168335 - Green Ward - Neurosurgery	39.19	0.03			39.22	£10,633	£0	£0
169385 - Specialist Surgery I/P Ward	78.25	- 4.28			73.97	-£156,992	£0	£0
169388 - Head and Neck Blenheim Wa	32.12	- 1.85			30.27	-£65,023	£0	£0
170400 - Neonatal Unit	194.00	21.68			215.68			
170500 - Paediatric Critical Care Unit	92.98	32.57			125.55			
170640 - Melanie's Ward	24.55	0.15			24.70	-£30,538	£0	£0
170660 - Kamran's Ward (Onc & Haem	29.02	3.22			32.24	£160,675	£0	£0
170680 - Bellhouse / Drayson Ward	42.82	4.13			46.95	£306,661	£0	£0
170780 - Horton Childrens Ward	24.21	3.41			27.62	£150,783	£0	£0
170800 - Robins Ward	37.69	- 1.52			36.17	-£36,380	£0	£0
170880 - Toms Ward	32.54	1.62		0.59	34.75	£67,450	£0	£19,251
<b>1,294.08</b>	<b>36.70</b>	<b>- 0.80</b>	<b>0.80</b>	<b>3.99</b>	<b>1,333.97</b>	<b>£674,394</b>	<b>-£30,480</b>	<b>£171,598</b>

Table 4: NOTSSCaN Identified misalignments between proposed staffing and finance budget \*HDU, Neonatal and PCCU to be reviewed prior to confirming data

8.7. The misalignment of Whole Time Equivalents (WTE) related to efficiency opportunities and additional investments should be considered and assessed separately, following the relevant governance processes.

### 9. SuWON Review Detail

9.1. Overall, there is no requirement to increase the staffing establishment in SuWON. However, the division needs to address the skill mix, particularly in 7F Gastro, Gynaecology, SEU D, E and F, Sobell House, Transplant, Upper GI and Urology.

9.2. Areas with greater than 75% side rooms are, Sobell House and Wytham ward. The SNCT data collection has allowed for this within the calculation of recommended WTE for these departments.

#### SuWON SNCT Detail

Ward	Bed No.	Current Direct Care Establishment WTE				ECO element of
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		Total RN	Total CSW	Total WTE	RN:PT Ratio D/N	SNCT Proposed RN WTE	SNCT Proposed CSW WTE	SNCT Proposed Total WTE	SNCT proposed WTE
7F Gastro	20	24.03	12.63	36.66	1:5	17.75	9.56	27.31	1.38
Gynaecology	20	22.68	16.99	39.67	1:5	14.18	7.64	21.82	0
Haematology	25	29.85	13.2	43.05	1:4	25.58	13.77	39.35	0.64
Katherine House	10	14.01	8.72	22.73	1:3/4	12.14	6.54	18.68	0.22
Oncology	24	29.85	14.01	43.86	1:4	28.52	15.35	43.87	2.34
Renal	15	19.28	11.36	30.64	1:4/5	16.2	8.72	24.92	0
SEU D	24	27.78	19.29	47.07	1:4/5	24.4	13.14	37.54	1.83
SEU E	18	21.81	14.01	35.82	1:4	17.43	9.39	26.82	0.42
SEU F	20	21.81	14.01	35.82	1:5	20.06	10.8	30.86	1.51
SEU Triage		23.24	6.51	29.75	N/A				
Sobell House	18	21.93	14.01	35.94	1:4/6	28.38	15.28	43.66	2.71
Transplant	16	21.93	10.18	32.11	1:4	14.23	7.66	21.89	0.64
Upper GI	20	29.85	14.5	44.35	1:4	18.74	10.09	28.83	0
Urology	16	21.81	13.32	35.13	1:4	16.71	9	25.71	0
Wytham	20	23.78	13.55	37.33	1:5	22.49	12.11	34.6	0.09
Delivery Suite	25	0	0	0	1:2	N/A			
Level 5	33	0	0	0	1:4/5	N/A			
Level 6	25	0	0	0	1:6/7	N/A			

Table 5: Summary of the SuWON including maternity summer establishment review position (D=Day shift, / N=Night Shift)

- 9.3. The Gastro ward often has many patients with delirium recovering from alcohol-related issues. The department's layout and the complex management of these patients create gaps between SNCT recommendations and actual care staffing. A further review after the winter SNCT data collection is needed to assess their care requirements better.
- 9.4. The Gynaecology ward comprises a day case unit and an emergency triage area. Efforts are being made to separate these cost centres for better clarity on staffing needs. The SNCT's recommended WTE staffing levels are based only on the inpatient beds.
- 9.5. In the Renal and Urology wards, SEU wards, Wytham, and Upper GI, summer SNCT data collection is lower than the current direct care establishment. A review will be conducted after the winter SNCT data collection to understand this discrepancy and assess potential efficiencies.
- 9.6. Katherine House Hospice and Sobell House Hospice staff care for palliative patients. The SNCT weightings do not account for the complexities of these patients since it is not approved for palliative care. Nonetheless, management uses SNCT data for cross-referencing due to a lack of alternative tools. This should be considered when analysing their data.
- 9.7. The Director of Midwifery, Head of Finance, and Head of Workforce secured a business case approval for the Maternity Development Programme and structural changes. This case is now aligned with the finance ledger and the

Electronic Staff Record (ESR). There will be no changes to maternity staffing in this review.

## 10. SuWON Summary of Considerations

10.1. After the winter SNCT data collection, a review of palliative care staff will focus on increasing the use of care support workers. This change may offset costs from unfilled roles due to the service not being operational or reduced bed capacity.

10.2. The review identified misalignments between proposed staffing establishment and finance budgets as outlined in the table below:

Cost centre with Code	Current Finance WTE Budget	Misalignments between Finance and staffing templates (WTE)			Total WTE Proposed (Staffing template)	Misalignments between Finance and staffing templates (£)				
		Historic Changes (Unknown)	Efficiency Opportunity	Investment Proposal/New skill mix change		Historic Changes (Unknown) (£)	Efficiency Opportunity (£)	Investments proposed (£)		
155800 - Gastro Ward	42.59	-		0.21	42.80	£0	£0	£14,972		
158160 - Renal Ward	35.59	-		0.15	35.74	£0	£0	£4,868		
158660 - Renal Transplant Ward	39.35	-	0.38		38.97	£0	£-12,760	£0		
158860 - Urology Inpatients	38.73	-			38.73	£0	£0	£0		
164100 - Haematology Ward	51.45	0.76			52.21	£6,243	£0	£0		
164490 - Oncology Ward	49.77	0.63			50.40	£25,025	£0	£0		
164800 - Sobell House - Inpatients	39.62	1.48			41.10	£51,255	£0	£0		
164930 - KHH Inpatients	25.12	1.30			26.42	£49,139	£0	£0		
166180 - SEU D Side	62.77	-	3.99	2.00	60.78	£-182,041	£0	£120,192		
166185 - SEU E Side	41.41	-		1.00	42.41	£0	£0	£44,868		
166190 - SEU F Side	41.41	-		1.50	42.91	£0	£0	£67,302		
166196 - SEU Triage	44.10	-	0.75		43.35	£0	£-33,618	£0		
166220 - Wytham Ward	41.33	-	0.41		40.92	£0	£-16,460	£0		
166240 - Upper GI Ward	47.95	-	1.41	-	46.54	£0	£-48,281	£7,711		
176340 - Gynaecology Ward - JR	43.42	-		0.01	43.40	£0	£0	£5,821		
177800 - Maternity Inpatient Lvl 5 - 7	105.38	-			105.38	£0	£0	£0		
179304 - Delivery Suite	72.03	-	1.50		70.53	£-123,835	£0	£0		
179305 - MAU / Observation	54.80	-			54.80	£0	£0	£0		
	<b>876.82</b>	<b>-</b>	<b>1.32</b>	<b>-</b>	<b>2.95</b>	<b>4.85</b>	<b>877.39</b>	<b>£-174,214</b>	<b>£-111,120</b>	<b>£265,733</b>

Table 6: SUWON Identified misalignments between proposed staffing and finance budget

10.3. Efforts are ongoing to understand these discrepancies. The table above summarises these instances, highlighting where proposed staffing levels are either higher or lower than the finance budget. These discrepancies are categorised by historic changes (unknown), efficiency opportunities, and additional investments required.

10.4. The misalignment of Whole Time Equivalents (WTE) related to efficiency opportunities and additional investments should be considered and assessed separately, following the relevant governance processes.

## 11. CSS Review Detail

11.1. Overall, there is no requirement to increase the staffing establishment in CSS.

- 11.2. CSS have no areas with greater than 75% side rooms.
- 11.3. Oxford Critical Care Unit, (OCCU) is the only inpatient area in CSS. This department is across two sites, the JR and the Churchill. Recruitment has picked up in recent months, and staff development into senior roles is the divisional priority alongside this recruitment. Staff development will also enhance staff retention.
- 11.4. There is no movement in CSS from the template or finance WTE budget for direct care. Associated care posts are to be aligned in the template to the correct cost centre, however overall, there is no misalignment.
- 11.5. OCCU cannot use the SNCT. Guidelines for the Provision of Intensive Care Services, (GPICS) guidance is recommended, and the CNO is assured that CTCCU establishment meets this guidance.
- 11.6. Identified misalignments between proposed staffing and finance budget – two staffing templates for CSS include proposed staffing levels that are misaligned to the Finance budgets. Work is ongoing to understand these misalignments. The table below summarises these instances, highlighting where proposed staffing are either higher or lower than Finance budget. These are categorised by historic changes (unknown), efficiency opportunity and additional investment required.

Cost centre with Code	Current Finance WTE Budget	Misalignments between Finance and staffing templates (WTE)			Total WTE Proposed (Staffing template)	Misalignments between Finance and staffing templates (£)		
		Historic Changes (Unknown)	Efficiency Opportunity	Investment Proposal/New skill mix change		Historic Changes (Unknown) (£)	Efficiency Opportunity (£)	Investments proposed (£)
161740 - JR ICU	223.75	-	1.13		222.62	-£193,385	£0	£0
	223.75	-	1.13		222.62	-£193,385	£0	£0

Table 7: CSS Identified misalignments between proposed staffing and finance budget

## 12. Overview of the Summer Establishment Review Cycle

- 12.1. Following the Summer SNCT data collection and establishment review cycle confirms that all inpatient areas have been assessed to ensure safe staffing levels. While this review will result in a minor reduction of posts, no business cases for an increase in staffing are being proposed for inpatient areas. Detailed information is provided in the individual divisional summaries below.
- 12.2. There is potential for efficiency improvements in certain areas based on data collected during the summer. However, a thorough review cannot be conducted until the winter SNCT data collection is completed, allowing for an understanding of seasonal variations.

- 12.3. The winter SNCT data collection is currently in progress. The data from both the winter and summer collections will be carefully examined during the second establishment review for the rolling year.
- 12.4. Although the ward establishment reviews have previously taken place, this has not been aligned to the budgeted finance WTE in its entirety, due to an incomplete triangulation between finance, workforce and rostering, along with undocumented divisional skill mix changes approved outside of the establishment reviews.
- 12.5. There have also been budgetary changes through skill mixing that have been agreed locally resulting in finance budgets being misaligned to staffing templates. Agreements have been made through availability of financial measures, rather than formal changes within the establishment review cycles.
- 12.6. This has resulted in some unknown historical alignment of budgets. For this reason, the Head of Financial Performance and team, are working with divisions in a one-off exercise to provide a baseline for finance budgets going forward. This will be linked to an approved staffing template, signed off by CNO and locked down by Finance making sure that all future requests can be easily identified, reviewed and progressed through the appropriate route.
- 12.7. The current position is that there are 18 WTE higher in templates than the current budget. This includes 29 ward templates totalling an increase of 41 WTE offset by 21 ward areas which have ward templates 22 WTE less than budget. There are only 14 areas which show a nil WTE movement in their templates. At the current position finance are not able to agree these templates. The net cost is approx. £1.2m with potential to be higher if templates showing a reduction are incorrect.
- 12.8. This establishment cycle has required a complete match between the template and finance WTE by banding. Once templates and budgets are fully aligned through this cycle, finance budgets will be locked and will not be changed. Both the templates and finance budgets from this cycle will be circulated to the rostering team and one person one post to ensure a full reconciliation, to provide one version. This exercise will be completed prior to 1st April 2025 budget setting.

### **13. Cross-Divisional Opportunities**

#### **13.1. Enhanced Care Observation**

- 13.1.1. Patients often have varying clinical, behavioural, and social needs that may require Enhanced Care Observation (ECO) for safety.

Typically, this includes one-on-one nursing care, either for the entire hospital stay or intermittently.

- 13.1.2. The latest Staffing Needs and Capacity Tool (SNCT) now includes scoring for ECO patients, providing an independent recommendation for full-time equivalent (WTE) staffing needed in the establishment, as shown in the divisional summaries.
- 13.1.3. Some wards include enhanced observation within their roster templates, while others depend on NHS Professionals (NHSP), leading to additional costs. There is an opportunity to explore more efficient staffing options,
- 13.1.4. Other hospital trusts manage ECO needs through a centralized staffing pool, which may be more efficient in areas of low demand. This will be assessed after the winter data collection and review.

### 13.2. High Care Patients

- 13.2.1. There are 41 high care beds across 7 wards at the 4 OUH sites: The Churchill has 6 beds, The NOC has 6, the Horton has 4, and the JR has 25 beds in 4 wards. Some wards do not have dedicated high care beds and take patients directly from the theatre.
- 13.2.2. The beds are being utilized appropriately, but this aspect has led to increased nursing ratios in some departments within OUH. Cohorting patients into fewer departments could improve efficiency, which will require detailed scoping and a Quality Impact Assessment (QIA).
- 13.2.3. Initial assessments suggest that a 25-bed high care unit at the JR site would need 42.2 WTE RNs, with an estimated annual cost of about £1.5 million, excluding administrative and medical staffing costs.
- 13.2.4. Currently, the Trust employs approximately 68.7 WTE RNs for these patients across four locations. Associated care Roles

### 13.3. Ward Manager Role

- 13.3.1. The consistency of this role was reviewed as part of this establishment review cycle. Almost all ward manager roles across all departments are employed in a fully supervisory capacity. This was implemented across all areas within OUH despite varying span of control, (size of department, number of direct reports etc).
- 13.3.2. There is an opportunity to allow 0.8 WTE supervisory and 0.2 WTE of this role to be made direct care in smaller areas with 20 beds or less. A preliminary scope and review and initial indicative cost associated are shown below. Implementation of this would result in

a 0.20 WTE reduction in band 6 requirement, filled by the band 7 ward manager.

Division	Cost Centre	Ward	Bed Capacity	Ward Manager WTE	Proposed WTE reduction for band 6 rota requirement	£ Reduction £000s
MRC	151500	CTCCU	14			
	153160	HH ED	16			
	155960	John Warin Ward	16	1.00	0.20	£9.9
	161780	HH Oak	16	1.00	0.20	£9.9
NOTSSCAN	161700	NICU	15			£9.9
	168335	Neurosurgery - Green	12	1.00	0.20	£9.9
	170640	Melanie's Ward	12	1.00	0.20	£9.9
	170660	Kamran's Ward	9	1.00	0.20	£9.9
	170780	HH Children's ward	16	1.00	0.20	£9.9
	170800	Robin's Ward	14	1.00	0.20	£9.9
SUWON	158160	Renal Ward	15	1.00	0.20	£9.9
	158660	Transplant Ward	16	1.00	0.20	£9.9
	158860	Urology Inpatients	16	1.00	0.20	£9.9
	164930	Katherine House	10	1.00	0.20	£9.9
	166196	SEU Triage & Ambulatory	12	1.00	0.20	£9.9
<b>Total</b>				<b>12.00</b>	<b>2.40</b>	<b>£128.1</b>

Table 8: A preliminary scope and review and initial indicative cost associated

## 14. Education Roles, Patient Flow Related Roles and Administrative Roles

14.1. This review cycle has identified varying distribution and banding of these roles across each division and supports care delivery in differing ways, as illustrated in the table below. There is an opportunity to review and benchmark, across all four divisions and establish a strong governance approach to enable there to be an informed sign off process as part of the bi-annual establishment reviews for associated care roles, this will address the disparities in associated care roles across the divisions.

14.2. These roles are summarised below:

Division	Band 8a WTE	Band 7 WTE	Band 6 WTE	Band 4 WTE	Total WTE
CSS	1.00	1.60	5.00	-	7.60
MRC	-	5.56	14.40	1.00	20.96
NOTSSCAN	1.00	5.68	14.40	-	21.08
SUWON	-	-	10.00	-	10.00
<b>Total</b>	<b>2.00</b>	<b>12.84</b>	<b>43.80</b>	<b>1.00</b>	<b>59.64</b>

Table 9: Divisional Summary of the Education Roles in WTE, along with a breakdown of bands.

## 15. Conclusion

15.1. In conclusion, the Nursing and Midwifery Establishment Reviews for Summer 2024 have analysed staffing levels and skill mix essential for safe and effective care at OUH.

15.2. The review identifies key areas for further investigation and efficiency improvements, including a consistent approach to Enhanced Care Observation (ECO), centralising high care beds, and reviewing Ward Manager and Clinical Educator roles.

15.3. The Trust Board is asked to approve recommendations from the review, such as completing the reconciliation exercise by April 2025, benchmarking care roles, and identifying opportunities for efficiency improvements in both direct and high care.

## 16. Recommendations

16.1. The Trust Board is asked to:

- Review the findings from the 2024 summer establishment review and the recommendation to undertake further work in the following areas:
  - The reconciliation exercise is set to be completed by April 1, 2025, in preparation for budget setting.
  - The opportunity to reduce the supervisory whole-time equivalent (WTE) for ward managers with fewer than 20 inpatient beds.
  - The possibility of establishing a dedicated high-care area will be explored; indicative costings have been prepared, but efficiency savings can only be determined after a further review of scope and operational needs.
  - To consolidate and review clinical educator provision.
  - To explore the potential of a centrally based ECO team to reducing temporary staffing while improving efficiency and safety.
  - To note that that winter data collection for the next phase of the bi-annual establishment review process is in process.