Oxford University Hospitals
NHS Foundation Trust

Cover Sheet

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Title:	**Biannual Nursing Establishment Review**

Status:	**For Information**
History:	

Board Lead:	**Chief Nursing Officer**
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Confidential:	**No**
Key Purpose:	Assurance

Executive Summary

1. The 2024/2025 Biannual Nursing Establishment Review provides a comprehensive analysis of staffing levels and skill mix across all inpatient areas.
2. The review was conducted in accordance with the standards set by NHS Improvement (NHSI) and the National Quality Board (NQB). It employs a triangulated methodology that includes the Safer Nursing Care Tool (SNCT), professional judgment, and quality indicators to ensure safe and effective staffing.
3. Key findings and recommendations indicate that the Trust is safely staffed to meet patient acuity and dependency needs, with no requirement to increase the overall nursing establishment.
4. The review highlights opportunities and recommendations across all divisions to rebalance the skill mix in various areas, resulting in a Trust-wide reduction of approximately 142.33 WTE (Whole Time Equivalents) across registered, unregistered, and associated care roles. These changes and recommendations are supported by evidence-based assessments and clinical judgement, ensuring continued delivery of safe, effective care.
5. Each clinical division—MRC, NOTSSCaN, SuWON, and CSS—undertook detailed reviews, with most areas maintaining or slightly reducing staffing levels.
6. Recruitment and retention efforts have been intensified, with targeted campaigns and streamlined onboarding processes to address persistent vacancy pressures has resulted in minimal nurse vacancies.
7. The Trust's supervisory ward leader model remains in place, with refinements introduced for smaller wards.
8. Benchmarking against the Model Health System confirms OUH's staffing levels are broadly in line with peer organisations.

Recommendations

9. The Trust Board is asked to:
    - Review and endorse the findings and recommendations from the 2024/2025 establishment review.

Contents

Biannual Nursing Establishment Review

1. Purpose

1.1. The aim of this paper is to provide a biannual review of nurse staffing to ensure it remains safe and sustainable in accordance with national safe staffing guidelines.

1.2. The review process included a comprehensive assessment of staffing levels and skill mix. It involved collecting two sets of acuity and dependency data for all inpatient areas: one for summer and another for winter using the Safer Nursing Care Tool (SNCT). This report presents the findings for Winter 2024/2025.

2. Establishment Review Process and Governance

2.1. The Trust conducts evidence-based establishment reviews for nursing inpatient areas every six months. The establishment reviews were carried out in accordance with Developing Workforce Safeguards and employ evidence-based tools, such as the Safer Nursing Care Tool (SNCT), to accurately assess patient acuity and dependency while applying appropriate nursing ratios.

2.2. The 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 cover 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.

2.3. The SNCT, professional judgment, and quality and safety indicators form the foundation of the biannual review, allowing for a systematic and triangulated approach to determine safe staffing requirements.

2.4. Emergency Departments (ED) and critical care units do not use the SNCT. These areas are review and assessed in accordance with the relevant national recommendations and guidelines to ensure safe and effective staffing levels.

3. Findings and Recommendations

3.1. This biannual review has highlighted that there is no requirement to increase the nursing establishment to meet patient acuity and dependency needs.

3.2. Table 1 below provides a summary of the recommended changes to the nursing establishment following the review, which is in accordance with the staffing numbers indicated by the SNCT (Safer Nursing Care Tool) and the application of professional judgment by the individual clinical teams.

Trust Wide Summary of Changes from the Establishment Review	
Total Current Registered and Unregistered	3441.25 WTE
Total Recommended Registered and Unregistered	3298.92 WTE
Variance Registered	64 WTE
Variance Unregistered	55.6 WTE
Associated Care Role	22.33 WTE

Table 1: Trust Wide Summary of Changes from the Establishment Review

3.3. Once approved a reconciliation exercise will take place across each department to align cost centre budgets to agreed safe staffing level demand templates.

4. MRC Finding and Recommendations

4.1. No overall staffing increase is recommended in MRC. Some areas have safely reduced staff after evaluating requirements with evidence and clinical judgment.

4.2. Table 2 provides a divisional summary of the recommended changes to the nursing staffing levels following the establishment review, which is in accordance with the staffing numbers indicated by the SNCT and the application of professional judgment by the individual clinical teams.

MRC Summary of Changes from the Establishment Review	
Total Current Registered and Unregistered	1559.13 WTE
Total Recommended Registered and Unregistered	1496.43 WTE
Variance Registered	30.6 WTE
Variance Unregistered	20.4 WTE
Associated Care Role	10.9 WTE

Table 2: MRC Summary of Changes from the Establishment Review

4.3. Table 3 details current direct care establishment WTE by ward area and against the SNCT proposed WTE for both Registered Nurses (RN) and Care Support Workers (CSW).

Ward	Bed No.	Current Direct Care Establishment WTE				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	19.87	10.7	**30.57**	6.13
5B SSW	22	23.76	21.12	**44.88**	1:4/6	22.35	12.03	**34.38**	14.02
Cardiology	35	58.09	15.84	**73.93**	1:6	39.63	21.34	**60.97**	2.6
CTW	25	29.04	13.58	**42.62**	1:6	38.56	20.76	**59.32**	1.14
CMU A	18	18.48	18.48	**36.96**	1:5/6	19.55	10.53	**30.08**	6.54
CMU B	20	18.48	18.48	**36.96**	1:4/5	21.45	11.55	**33.00**	2.53
CMU C	21	23.76	18.48	**42.24**	1:4/6	22.75	12.25	**35**	17.07
CMU D	20	23.76	18.48	**42.24**	1:4/6	24	12.93	**36.93**	3.56
CTCCU	14	77.7	7.92	**85.62**	1:1	**N/A**			
JR EAU	35	54.53	33.41	**87.94**	1:6	39.1	21.06	**60.16**	6.35
HH EAU	40	52.81	31.68	**84.49**	1:6	52.45	28.24	**80.69**	17.73
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	31.13	16.76	**47.89**	21.18
Laburnum	28	29.04	26.4	**55.44**	1:5/6	32.02	17.24	**49.26**	10.64
HH Oak	16	23.76	13.2	**36.96**	1:4/6	19.17	10.32	**29.49**	3.81
John Warin	17	21.12	15.84	**36.96**	1:4	22.26	11.98	**34.24**	3.97
OCE	18	19.66	24.57	**44.23**	1:5	25.2	13.57	**38.77**	9.68
Osler	24	42.25	31.68	**73.93**	1:3/5	38.43	20.69	**59.12**	3.03
Ward 5E/F	24	29.04	31.68	**60.72**	1:4/5	28.15	15.16	**43.31**	4.55
7E Stroke	22	26.4	18.48	**44.88**	1:4/5	26.31	14.17	**40.48**	3.59

Table 3: MRC SNCT Detail

4.4. The section below provides an overview of the proposed alignment of nurse staffing in MRC with the recommendations made by the SNCT, incorporating professional judgment. This approach ensures that workforce planning is both evidence-based and responsive to patient acuity and dependency. By adhering to SNCT recommendations, we can deliver safe and effective care, improve staff wellbeing by reducing workload pressures, and ensure that staffing levels are appropriate and sustainable. This alignment promotes transparency and consistency in workforce planning, helping to identify areas of risk and facilitating timely interventions.

4.5. The staffing ratios in Complex Medical Units A, B, C, and D have been reviewed. It has been concluded that CMU C and CMU D are able to reduce their registered nursing staff by one nurse per day shift. This adjustment results in a total reduction of 5.6 whole-time equivalents (WTE). The updated nursing ratios in these areas will be 1:5.25. CMU A and B will remain on nursing ratios of 1:6.

4.6. Wards 5E/F have assessed their staffing ratios and concluded that it is feasible to reduce staffing by 1 RN during the day shift and 1 CSW at night, totalling 5.6 WTE. The new nursing ratios on 5E/F will be 1:4.8. Ward 5A can reduce staffing by 1 CSW on both day and night shifts, also totalling 5.6 WTE, and will remain on nursing ratios of 1:5.5. Similarly, Ward 5B can

decrease staffing by 1 RN during the day and 1 CSW at night, resulting in a total reduction of 5.6 WTE. The new nursing ratios for 5B will be 1:5.5.

4.7. Cardiac Critical Care adheres to national guidelines and will maintain its current organisation. Nevertheless, a comprehensive review will be conducted across all critical care departments to evaluate the electronic documentation support roles and identify possible efficiencies through centralisation.

4.8. The Cardiology Ward is uniquely structured, consisting of a 25-bed section with single rooms and an additional 16-bed section located in another department on the same floor. During the summer and winter data collection periods, 35 out of the total 41 patients were assessed using the SNCT, as 6 beds were reserved for critical care.

4.9. Staffing provisions are made for all 41 patients. The ward's layout and the assessment of 35 patients using the SNCT indicate that the requirement for direct care exceeds the recommendations stipulated by the SNCT. Following the review conducted during the winter, the Cardiology Ward will reduce by an RN on night shift totalling 2.3 (WTE), thereby establishing a new overall nursing ratio of 1:4. Additionally, the ward will reduce associated care staff by 1.5 WTE. The forthcoming data collection for the Cardiology Ward will encompass all 41 patients and will involve two separate assessments: one for the RAU 16-bed section and one for the Cardiology Ward’s 25-bed section due to their distinct locations.

4.10. The Cardiothoracic Ward (CTW) has underused its direct care budget. The SNCT suggests higher staffing levels for direct care than is currently in place. An independent review of direct care needs and SNCT data will follow, supported by the Nursing Workforce team. An extra CSW has been authorised within the existing budget. This ward will remain on a nursing ratio of 1:4.

4.11. The stroke ward can reduce its daytime staffing by 1 CSW, making a total reduction of 2.3 WTE. The ward will remain on nursing ratios of 1:4.4. Additionally, the ward can remove 6.8 WTE in associated care staff who are no longer in position and not required.

4.12. The Oxford Centre for Enablement (OCE) will remove 2.3 WTE CSW from night shift. This area will remain on nursing ratios of 1:6. Additionally, OCE will not replace the 2.6 WTE in associated care staff who are no longer required.

4.13. The Oak Ward at the Horton has recently enhanced its bed capacity by adding four high care beds. The business case for staffing these beds was approved in alignment with this expansion. However, since their establishment, these high care beds have not been consistently utilised during every shift in summer and have seen increased use in winter.

Consequently, the ward can safely reduce the number of Clinical Support Workers (CSWs) on each night shift by 1, resulting in a reduction of 2.3 Whole Time Equivalents (WTE). This department will remain on nursing ratios of 1:4. A review of the feasibility of employing seasonal contracts will now be conducted.

4.14. Juniper and Laburnum wards at Horton can reduce their staff by 1 RN per ward, per shift, resulting in a total reduction of 11.2 WTE. This will be managed through attrition. The new nurse-to-patient ratios will be 1:5.6 for Juniper and 1:6 for Laburnum.

4.15. JR and Horton ED are part of MRC and cannot use the SNCT. The Royal College of Emergency Medicine and the Royal College of Nursing recommend the Nursing Workforce Standards for Type 1 Emergency Departments guidance. The standards from this guidance are:

4.15.1. The nursing workforce will comprise a minimum of 80% Registered Nurses.

4.15.2. The skill mix of the nursing workforce should comprise: 30% Emergency Charge Nurses, 40% Emergency Nurses, 10% Foundation Staff Nurses and 20% Nursing Associates or Clinical Support Workers.

4.16. This skill mix ensures sufficient Emergency Charge Nurses / Emergency Nurses to deliver safe clinical care whilst providing appropriate supervision of Foundation Staff Nurses, Student Nurses, Nursing Associates and Clinical Support Workers. A minimum of 50% of Registered Nurses will be in possession of an academic post registration award in emergency nursing. Nurse education programmes will be mapped to the RCN ECA National Curriculum and Competency Framework for Emergency Nursing.

4.17. A table expressing both ED establishments compliance with this guidance is below.

RCEM Standard	JR ED Compliance	HH ED Compliance based on 24/25 budget setting
80% of Workforce are Registered Nurses	78.6%	78.8%
30% of Registered Nurses are Emergency Charge Nurses	41%	30.7%
40% of Registered Nurses are Emergency Nurses	88%	78 %
10% of Registered Nurses are Foundation Staff Nurses	11%	9.6%
20% of Workforce are Nursing Associates or Clinical Support Workers	21%	21.2%

Minimum 2 children's nurses per shift	Fully Compliant	Partially compliant

Table 4: JR and HH ED Compliance

4.18. There will be no changes in establishment to JR and Horton EAU.

4.19. The Osler Respiratory Unit can safely reduce its staffing levels by 1 Registered Nurse (RN) and 1 Clinical Support Worker (CSW) during both day and night shifts, resulting in a total reduction of 11.2 Whole Time Equivalent (WTE). The revised nursing ratios for the Osler Respiratory Unit will be 1:3.4. During the next review cycle, the banding of staff on shift will be evaluated; currently, there are 3 Band 6 nurses on each shift who will oversee the transition to the new ratios before being assessed in the subsequent cycle.

4.20. In terms of the John Warin Ward, staffing will be adjusted as follows: the unit will reduce by 1 CSW during day shifts, which will then be reallocated to night shifts, and RNs will be reduced by 1 during night shifts, resulting in a total reduction of 2.3 WTE. The new nursing ratios for John Warin ward will be 1:5.3.

5. NOTSSCaN Finding and Recommendations

5.1. No overall staffing increase is recommended in NOTSSCaN. Some areas have safely reduced staff after evaluating requirements with evidence and clinical judgment.

5.2. Table 5 provides a divisional summary of the recommended changes to the nursing staffing levels following the establishment review, which is in accordance with the staffing numbers indicated by the SNCT and the application of professional judgment by the individual clinical teams.

NOTSSCaN Summary of Changes from the Establishment Review	
Total Current Registered and Unregistered	1010.66 WTE
Total Recommended Registered and Unregistered	972.53 WTE
Variance Registered	21.8 WTE
Variance Unregistered	14.7 WTE
Associated Care Role	6.23 WTE

Table 5: NOTSSCaN Summary of Changes from the Establishment Review

5.3. Table 6 details current direct care establishment WTE by ward area and against the SNCT proposed WTE for both Registered Nurses (RN) and Care Support Workers (CSW).

Ward	Bed No.	Current Direct Care Establishment WTE				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	18.42	5.5	**23.92**	N/A
HH Children's	12	18.71	2.71	**21.42**	1:3/4	10.37	3.1	**13.47**	N/A
Kamrans	9	23.62	0	**23.62**	1:1	8.81	2.63	**11.44**	N/A
Melanies	12	15.69	5.4	**21.09**	1:3	11.19	3.34	**14.53**	N/A
Robins	14	23.99	7.17	**31.16**	1:3/4	12.66	3.98	**16.64**	N/A
Toms	20	24.68	5.36	**30.04**	1:4	17.96	5.37	**23.33**	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	21.73	11.7	**33.43**	0
HDU/Recovery	6	0	0	**0**	1:1	**N/A**			
Head & Neck Blenheim	15	18.5	6.77	**25.27**	1:5	17.91	9.64	**27.55**	0.35
HH F	28	28.7	19.17	**47.87**	1:5	28.84	15.53	**44.37**	11.66
Major Trauma 2A	24	32.12	18.71	**50.83**	1:5	28.31	15.24	**43.55**	3.88
Neurology - Purple	19	20.16	16.76	**36.92**	1:7	20.58	11.08	**31.66**	6
Neurosurgery Blue	23	27.32	24.68	**52**	1:5	24.6	13.25	**37.85**	12.59
Neurosurgery Green/IU	12	14.12	14.12	**28.24**	1:6	15.38	8.28	**23.66**	2.18
Neurosurgery Red/HC	22	32.6	29.96	**62.56**	1:5	27.33	14.72	**42.05**	10.48
Specialist Surgery I/P	34	39.13	24.8	**63.93**	1:5	29.14	15.69	**44.83**	2.29
Trauma 3A	24	32.14	18.71	**50.85**	1:5	28.21	15.19	**43.4**	2.85
Ward 6A	24	27.77	13.78	**41.55**	1:5/6	24.59	13.24	**37.83**	0.13
Ward E (NOC)	16	21.81	13.78	**35.59**	1:5/8	15.88	8.55	**24.43**	4.81
Ward F (NOC)	18	21.81	13.78	**35.59**	1:5/8	18.34	9.88	**28.22**	2.53
Neuro ICU	13	91.15	7.92	**99.07**	1:1	**N/A**			
OSSU	25	15.81	9.09	**24.9**	1:6	16.63	8.96	**25.59**	0

Table 6: NOTSSCaN SNCT Detail

5.4. The section below provides an overview of the proposed alignment of nurse staffing in NOTSSCaN with the recommendations made by the SNCT, incorporating professional judgment. This approach ensures that workforce planning is both evidence-based and responsive to patient acuity and dependency. By adhering to SNCT recommendations, we can deliver safe and effective care, improve staff wellbeing by reducing workload pressures, and ensure that staffing levels are appropriate and sustainable. This alignment promotes transparency and consistency in workforce planning, helping to identify areas of risk and facilitating timely interventions.

5.5. Please note that what is indicated in the SNCT for paediatric ward areas does not reflect the additional requirement to have to have nurse-to-patient staffing ratio for children under two years old. The agreed staffing establishment below take this into account and ensure that the Trust meets the 1:3 staffing ratio for under two's and 1:4 for children over two years old

5.6. Bellhouse-Drayson Ward will replace an assistant practitioner with a CSW during day shifts, maintaining WTE but changing banding. They will remain on a nursing ratio of 1:3.6. Robins will not replace 1.1 WTE vacant care staff or 2.2 WTE vacant Assistant Practitioner roles on days, they will remain on nursing ratios of 1:3.5. All other children's wards will keep their current staffing levels.

5.7. The Specialist Surgery ward (SSIP) will see a reduction of 1 RN during the night shift and will not replace 2.3 WTE and 1.8 WTE care roles upon vacancy through attrition. The new nursing ratio on SSIP will be 1:6. Ward 6A will reduce by 1 RN each late shift, equivalent to 1.4 WTE, with updated nursing ratios of 1:6. Blenheim ward will reduce by 1 RN each Tuesday, amounting to 0.2 WTE.

5.8. The wards at Nuffield Orthopaedic Centre, E and F, will reduce staffing by one RN each during day shifts, totalling 4.6 WTE, and remove 0.4 WTE ward clerk each, resulting in a total reduction of 6.4 WTE. The new nursing ratios on NOC E and F will be 1:8. The Bone Infection Unit (BIU) will decrease staffing by one RN on late shifts and weekend early shifts, totalling 1.8 WTE. The nursing ratios for BIU during these shifts will be 1:6. OSSU will reduce associated care staff by 0.53 WTE and are now closing at night reducing by 1 RN and 1 CSW on night shifts no longer required, a reduction of 5.6 WTE.

5.9. The Neuro Intensive Care Unit (Neuro ICU) is a critical care unit within NOTSSCAN that cannot utilise the SNCT. It is recommended to follow the Guidelines for the Provision of Intensive Care Services (GPICS). The Chief Nursing Officer (CNO) is assured that the Neuro ICU's establishment complies with this guidance. No changes will be made to this establishment.

5.10. The Neonatal Intensive Care Unit (Neonatal ICU) is a critical care unit within NOTSSCAN. To determine the establishment the guidance provided by the British Association of Perinatal Medicine (BAPM) is followed. The review has verified that the staffing levels of the Neonatal ICU comply with this guidance. There will be no alterations to these staffing levels.

5.11. Paediatric Critical Care (PCCU) is a critical care unit within NOTSSCAN. The Paediatric Critical Care Society's guidance is recommended when setting the establishment, and this review confirms that PCCU's staffing

levels comply with this guidance. There will be no changes to this staffing level.

5.12. Neuro Red will reduce by 1 CSW on nights and 2.3 WTE, they will remain on nursing ratios of 1:3.8. Neuro Green will decrease by 3.0 WTE trainee registered nurse associate posts and remain on nursing ratios of 1:6. Neuro Blue will reduce by 1 RN on nights and 2.3 WTE, with a new nursing ratio of 1:5.6. Neuro Purple will reduce by 1 CSW at weekends and 1.2 WTE, remaining on nursing ratios of 1:6.3.

5.13. Trauma 2A, 3A and Horton F ward will all reduce by 1 RN on nights,6.9 WTE. The new nursing ratios for these wards will be 1:6 for 2A and 3A and 1:8 on F ward. These wards will also reduce associated care staff by 1.4 WTE.

6. SuWON Finding and Recommendations

6.1. It has been determined that there is no necessity to increase staffing levels at SUWON. Certain areas have undergone reductions in staffing following a comprehensive evaluation of the requirements for safe staffing, grounded in evidence and collaborative clinical judgment.

6.2. Table 7 provides a divisional summary of the recommended changes to the nursing staffing levels following the establishment review, which is in accordance with the staffing numbers indicated by the SNCT and the application of professional judgment by the individual clinical teams

SuWON Summary of Changes from the Establishment Review	
Total Current Registered and Unregistered	648.84 WTE
Total Recommended Registered and Unregistered	607.34 WTE
Variance Registered	6 WTE
Variance Unregistered	20.5 WTE
Associated Care Role	1 WTE

Table 7: SuWON Summary of Changes from the Establishment Review

6.3. Table 8 details current direct care establishment WTE by ward area and against the SNCT proposed WTE for both Registered Nurses (RN) and Care Support Workers (CSW).

Ward	Bed No.	Current Direct Care Establishment WTE				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				
7F Gastro	20	24.03	12.63	36.66	1:5	21.44	11.54	32.98	4.82
Gynaecology	20	22.68	16.99	39.67	1:5	15.38	8.28	23.66	0
Haematology	25	29.85	13.2	43.05	1:4	35.64	19.19	54.83	1.98
Katherine House	10	14.01	8.72	22.73	1:3/4	13.45	7.24	20.69	0
Oncology	24	29.85	14.01	43.86	1:4	28.94	15.59	44.53	4
Renal	15	19.28	11.36	30.64	1:4/5	16.79	9.04	25.83	4.78
SEU D	24	27.78	19.29	47.07	1:4/5	22.52	12.13	34.65	4.43
SEU E	18	21.81	14.01	35.82	1:4	16.27	8.76	25.03	1.03
SEU F	20	21.81	14.01	35.82	1:5	18.61	10.02	28.63	0.22
SEU Triage		23.24	6.51	29.75	N/A				
Sobell House	18	21.93	14.01	35.94	1:4/6	25.94	13.97	39.91	0
Transplant	16	21.93	10.18	32.11	1:4	16.35	8.8	25.15	1.03
Upper GI	20	29.85	14.5	44.35	1:4	19.21	10.34	29.55	0.13
Urology	16	21.81	13.32	35.13	1:4	16.04	8.64	24.68	3.78
Wytham	20	23.78	13.55	37.33	1:5	24.44	13.16	37.6	0
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 8: SuWON SNCT Detail

6.4. The section below provides an overview of the proposed alignment of nurse staffing in SUWON with the recommendations made by the SNCT, incorporating professional judgment. This approach ensures that workforce planning is both evidence-based and responsive to patient acuity and dependency. By adhering to SNCT recommendations, we can deliver safe and effective care, improve staff wellbeing by reducing workload pressures, and ensure that staffing levels are appropriate and sustainable. This alignment promotes transparency and consistency in workforce planning, helping to identify areas of risk and facilitating timely interventions.

6.5. The Gynaecology ward includes a day-case unit and an emergency triage area. Steps are being taken to separate these cost centres for clearer staffing requirements. The SNCT's recommended WTE staffing levels pertain only to the inpatient beds. The inpatient area will reduce staffing by 1 CSW at night, but adding a Twilight CSW shift, total reduction will be 0.7 WTE. The nursing ratios on the Gynaecology ward will remain at 1:6.6.

6.6. The Haematology and Oncology departments will stay with the current establishments and remain on nursing ratios of 1:4. The oncology ward will reduce associated care staff by 0.5 WTE ward manager's assistant, a position that is currently vacant and will not be filled.

6.7. Transplant ward will safely reduce by 1 CSW on days and 1 RN on nights, totalling 5.6 WTE. The new nursing ratios for Transplant ward will be 1:5.3.

Urology ward will reduce by 1 RN on the late and 1 CSW on the day shift, they will also reduce by 1 RN at night, totalling 6.0 WTE, they will however increase by 1 ward clerk, (associated care staff) on Saturday, totalling 0.2 WTE. The new nursing ratios for Urology will be 1:5.3. Renal ward will reduce by 1 CSW on days totalling 2.3 WTE and remain on nursing ratios of 1:3.75, they will also reduce by 0.5 WTE associated care. Wytham will reduce by 1 AP on days, 2.3 WTE, with nursing ratios of 1:4.

6.8. Staff at Katherine House Hospice and Sobell House Hospice provide care for palliative patients. The SNCT weightings do not account for the complexities of these patients since it is not approved for palliative care. Despite this, management utilises SNCT data for cross-referencing due to the absence of alternative tools. This consideration has been considered in their analysis. As a result, Katherine House Hospice will maintain their current establishment, with nursing ratios of 1:3.3 while Sobell House Hospice will reduce one CSW on day shifts, totalling 2.3 WTE and remain on nursing ratios of 1:3.6.

6.9. Gastro ward will reduce a band 6 to a band 5 on days and remain on nursing ratios of 1:4. Upper GI ward will reduce by 1 CSW on late shift and remain on nursing ratios of 1:4.

6.10. SEU D, E and F will reduce by 1 CSW on each day shift, totalling 6.9 WTE, SEU Triage will maintain their current establishment. SEU D remain on nursing ratios of 1:4.8, SEU E on 1:4.5 and SEU F on 1:5.

6.11. The Director of Midwifery, Head of Finance, and Head of Workforce obtained approval for the business case involving the Maternity Development Programme and structural modifications. The case is now consistent with the finance ledger and the Electronic Staff Record (ESR). There will be no changes to maternity staffing as part of this review.

7. CSS Finding and Recommendations

7.1. No overall staffing increase is recommended in CSS. Some areas have safely reduced staff after evaluating requirements with evidence and clinical judgment.

7.2. Table 9 provides a divisional summary of the recommended changes to the nursing staffing levels following the establishment review, which is in accordance with the staffing numbers indicated by the SNCT and the application of professional judgment by the individual clinical teams.

CSS Summary of Changes from the Establishment Review	
Total Current Registered and Unregistered	222.62 WTE
Total Recommended Registered and Unregistered	222.62 WTE
Variance Registered	5.6 WTE
Variance Unregistered	0 WTE
Associated Care Role	4.2 WTE

Table 9: CSS Summary of Changes from the Establishment Review

7.3. Oxford Critical Care Unit, (OCCU) is the only inpatient area in CSS. This department is across two sites, the JR and the Churchill.

7.4. OCCU cannot use the SNCT. The Guidelines for the Provision of Intensive Care Services (GPICS) guidance is recommended, and the CNO confirms that the OCCU establishment adheres to this guidance. Adjustments have been made to the band 5 establishment, ensuring OCCU stays within safe staffing guidelines. Additionally, OCCU has reduced their associated care staff by 4.2 WTE, resulting in an overall reduction of 9.8 WTE.

8. Benchmarking using the Model Health System

8.1. Benchmarking using the Model Health System OUH provides data monthly to the national Model Hospital System (MHS) detailing the actual CHPPD provided (based on patient numbers) for all clinical areas including critical care. Direct comparison of ward areas or specialty is no longer available via the benchmarking system however an overall average of total CHPPD is available to review via peer group and this is used as part of the staffing review. Hospitals with a high volume of critical care beds (providing 1:1 care) will have a higher CHPPD.

Organisation	Total CHPPD	Registered CHPPD	Unregistered CHPPD
OUH excl. Critical Care	8.8	5.6	3.2
OUH with Critical Care	11.1	7.8	3.3
Shelford Group	9.7	6.5	3.1
Region	8.5	5.1	3.3
National	8.5	5.1	3.3

Table 10: Comparison of CHPPD

9. Ward Manager Role

9.1. OUH has an established Ward Leader supervisory model which means the Ward Leader is not included in the established numbers required to deliver safe care per shift. This enables them to focus more time on supervising and leading the ward team whilst supporting clinical care. This proved particularly important during recent years with developing the workforce.

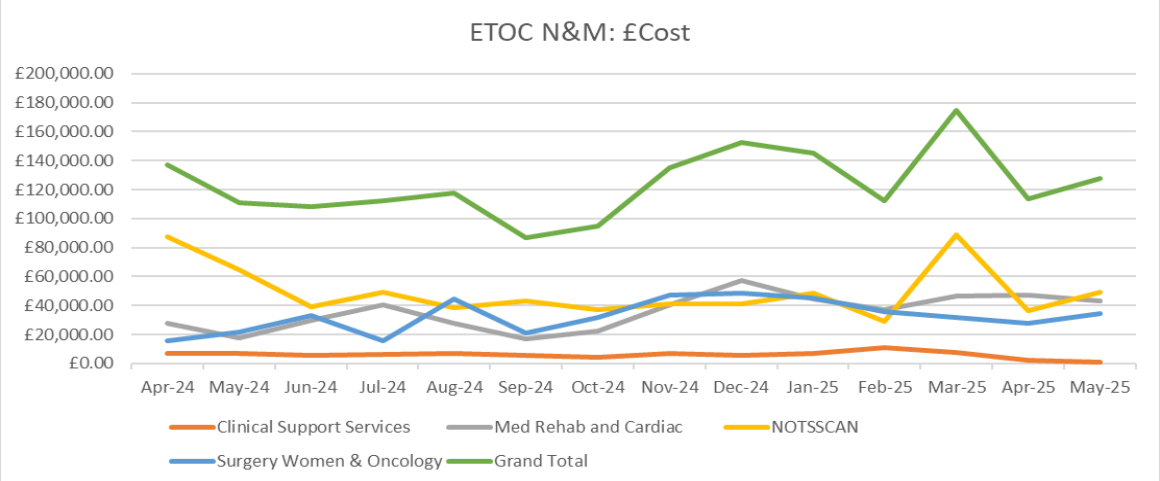
9.2. As part of this establishment review cycle, the consistency of this role has been examined. Nearly all ward manager positions across all departments are now employed in a fully supervisory capacity. This practice was adopted universally within OUH, regardless of differences in span of control, department size, or number of direct reports.

9.3. An opportunity has arisen to allocate 0.8 WTE for supervisory duties and 0.2 WTE for direct care in smaller areas with 22 beds or fewer. These changes have now been implemented.

10. Enhanced Therapeutic Observations

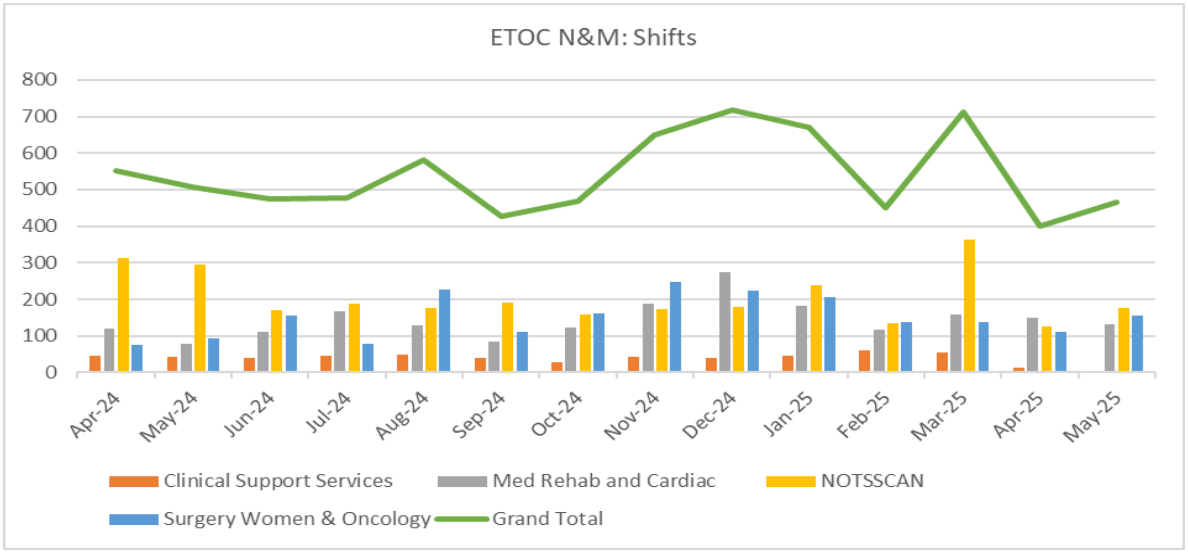
10.1. The Trust continues to see an increase in the complexity of patients particularly in relation to mental health needs including dementia and patients remaining in the acute settings for prolonged lengths of time whilst awaiting appropriate placements. We have also seen a significant rise in the episodes of violence and aggression experienced in our clinical areas which creates additional needs for staffing support. This continues to have an impact on the ability to support the additional enhanced care needs that arise for these groups of patients particularly across key specialties (MRC, CHOX and Neurosciences).

10.2. Cost on ETOC over the past 6 months can be seen below



Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25
£152,788.12	£284,793.98	£259,710.02	£341,320.14	£223,417.17	£257,343.73

10.3. Demand for ETOC over the last 6 months can be seen below:



Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25
717	671	451	711	401	466

10.4. Divisions have then developed enhanced care bays on wards and/or a local pool of staff to deploy to support enhanced care needs. The numbers however remain unpredictable and are therefore managed in real-time as part of overall considerations around safe staffing. The management of additional enhanced care needs extends beyond the definition of patients requiring formal mental health support. Increased numbers of patients with challenging behaviour or needing 1:1 presence brings additional pressures to ward establishments but are necessary to keep the environment safe for all patients.

10.5. The Trust is collaborating with NHSE on a national agenda to review ETOC care provision efficiencies. Several initiatives are in progress, including enhancements to data, documentation, and education.

11. Recruitment and Retention Initiatives

11.1. There has been a concerted effort to enhance recruitment and streamline the process to get candidates into post helping to reduce the vacancy gap across nursing.

11.2. The Strategic Lead for Nursing, Midwifery, and Allied Health Professionals (NMAHPs) Recruitment and Retention submits monthly reports to the Divisional Director of Nursing and the Divisional Recruitment and Retention Leads. These reports identify critical recruitment areas using data from the

Workforce Information Team via ESR and provide pipeline data for both Nursing and Clinical Support Workers (CSWs) sourced directly from TRAC.

11.3. There has been more scrutiny on departments with a vacancy rate of 15% or higher with measures put in place to support further recruitment efforts and expedite the onboarding process for new candidates.

11.4. The Senior Strategic Programme Manager for NMAHPs and the Strategic Lead for NMAHPs Recruitment and Retention now hold bi-weekly meetings with Divisional Recruitment and Retention Leads and Head of Recruitment Operations to review the recruitment pipeline, confirm start dates, and address any logistical challenges or obstacles stopping candidates progressing or starting in post.

11.5. Recruitment drives for hard to recruit areas such as critical care have been put in place to ensure rolling recruitment continues and work to develop a recruitment campaign to promote critical care at OUH is ongoing.

11.6. Efforts to recruit final-year students from Oxford Brookes University have been ongoing. Throughout the academic year, presentations have been conducted to engage all final-year students, aiming to attract them to our organisation upon graduation.

12. Conclusion

12.1. A robust ward staffing establishment review was undertaken using a mixed methodology of approaches and in line with recommendations from the National Quality Board, NICE guidance, and the RCN Nursing Workforce Standards.

12.2. In conclusion, the Nursing and Midwifery Establishment Reviews for Winter 2024/2025 have analysed staffing levels and skill mix essential for safe and effective care at OUH.

12.3. The review identifies opportunities to align and rebalance the skill mix in accordance with the recommendations in the SNCT and professional judgment, while ensuring that these remain within safe staffing boundaries.

12.4. The reviews will continue every 6 months as per national guidelines.

13. Recommendations

13.1. The Trust Board is asked to:

- Review and endorse the findings and recommendations from the 2024/2025 establishment review.