

Cover Sheet

Trust Board Meeting in Public: Wednesday 11 March 2026

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Title: Biannual Nursing Establishment Reviews August-January
2025/6

Status: For Information

History:

Board Lead: Chief Nursing Officer

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Confidential: No

Key Purpose: Assurance

Executive Summary

1. The Nursing Establishment Biannual Reviews for August-January 2025/6 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 biannual 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 establishment details any changes and confirms that the Trust is safely established to meet the acuity and dependency needs of patients.

Recommendations

5. The Trust Board is asked to:
 - Note the findings from the Biannual establishment review August-January 2025/6.

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Biannual Nursing Establishment Reviews August-January 2025/6

1. Purpose

- 1.1. The purpose of this paper is to provide an overview of the biannual review of nursing 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 August-September 2025.
- 1.4. 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.
- 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. Establishment Review Process and Governance

- 2.1. The Trust conducts evidence-based establishment reviews for nursing inpatient areas every six months.
- 2.2. 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.
- 2.3. 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.
- 2.4. Any changes made within the budget should not occur outside the establishment review process.
- 2.5. Any additional posts resulting in increase in budget must go through the Trust formal business case process.
- 2.6. 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 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.

- 2.7. Emergency Departments (ED), critical care units, and maternity areas do not use the SNCT. Currently, a specialised tool for ED is being developed. Critical care units use the critical care acuity daily scoring system. All these areas follow the relevant national guidelines to ensure quality care.

3. Findings

- 3.1. The biannual review shows no need to increase nursing staff. Minor divisional changes are listed below.

4. Recruitment and Retention Initiatives

- 4.1. 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 the whole of nursing.
- 4.2. There continues to be 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.
- 4.3. The Senior Strategic Programme Manager for NMAHPs and the Strategic Lead for NMAHPs Recruitment and Retention now hold weekly meetings with Divisional Recruitment and Retention Leads to review the recruitment pipeline, confirm start dates, and address any logistical challenges or obstacles stopping candidates progressing or starting in post.
- 4.4. Recruitment drives for hard to recruit areas such as critical care and maternity have been put in place to ensure rolling recruitment continues.
- 4.5. Efforts to recruit final-year students from Oxford Brookes University have been ongoing. Dedicated adverts have been in place to recruit graduates yet to secure roles after graduating in Summer '25' and an engagement session with all final-year students is planned for Spring 26, aiming to attract graduates to join our organisation upon graduation.
- 4.6. The table 1 below (provided by the Workforce Information Team) illustrates the nursing vacancy rates across the whole of nursing for December (M9).

| Row Labels | Sum of Budget M9 | Sum of ESR M9 | Sum of Vac WTE | Sum of Vac % |
|------------|------------------|---------------|----------------|--------------|
| Band 2 | 330.3 | 325.8 | 4.5 | 1.4% |
| Band 3 | 1133.8 | 1008.3 | 125.5 | 11.1% |

| | | | | |
|--------|--------|--------|-------|------|
| Band 4 | 175.5 | 160.0 | 15.5 | 8.9% |
| Band 5 | 2114.4 | 1974.5 | 139.8 | 6.6% |
| Band 6 | 1519.4 | 1494.0 | 25.4 | 1.7% |

Table 1: M9 Nursing Vacancy Data

5. MRC Review Detail

- 5.1. No overall staffing increase is needed at MRC. Some areas have safely reduced staff after evaluating requirements with evidence and clinical judgment.
- 5.2. The staffing ratios in Complex Medical Units A, B, C, and D have been reviewed. It has been concluded that no changes will be made and nursing ratios in CMU C and D will be 1:5.25. CMU A and B will remain on nursing ratios of 1:6.
- 5.3. Wards 5E/F, 5A and 5B have assessed their staffing ratios and concluded that no changes will be made, and the ratio will remain at 1:4.8. Ward 5A and B will remain on nursing ratios of 1:5.5.
- 5.4. Cardiac Critical Care adheres to national guidelines and will maintain its current organisation.
- 5.5. 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. The Summer 2025 data collection for the Cardiology Ward for the first time encompassed all 41 patients and has involved 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. Following review of the data and establishment, no changes will be made to staffing, with an overall ratio of 1:4.
- 5.6. No adjustments are needed for the Cardiothoracic Ward (CTW), so the existing nursing ratio of 1:4 will be maintained.
- 5.7. The stroke ward will remain on nursing ratios of 1:4.4.
- 5.8. The Oxford Centre for Enablement (OCE) registered nurse ratios will remain unchanged; however, it is recommended an increase by 5.51 WTE CSW. This additional resource will be funded from within the division and from the temporary staffing budget allocated to the ward.
- 5.9. The Oak Ward at the Horton will remain on nursing ratios of 1:4.
- 5.10. Juniper and Laburnum wards at the Horton will remain on nurse-to-patient ratios of 1:5.6 for Juniper and 1:6 for Laburnum.
- 5.11. JR and Horton Emergency Departments do not use the Safer Nursing Care Tool (SNCT) to determine staffing. Instead, they follow guidelines tailored for emergency care from the Royal College of Emergency Medicine and

Royal College of Nursing. These standards recommend a nursing workforce with at least 80% Registered Nurses and specify the following skill mix:

- 30% Emergency Charge Nurses
- 40% Emergency Nurses
- 10% Foundation Staff Nurses
- 20% Nursing Associates or Clinical Support Workers

5.12. This composition ensures an adequate number of Emergency Charge Nurses and Emergency Nurses to provide safe clinical care and supervision for Foundation Staff Nurses, and Clinical Support Workers. The following table presents the compliance of both Emergency Departments with these guidelines.

| RCEM Standard | JR ED Compliance | HH ED Compliance based on 25/26 budget setting | HH ED Excluding ENPs |
|---|------------------|--|----------------------|
| 80% of Workforce are Registered Nurses | 79% | 79% | 77% |
| 30% of Registered Nurses are Emergency Charge Nurses | 41% | 39 % | 30% |
| 40% of Registered Nurses are Emergency Nurses | 88% | 78 % | 48% |
| 10% of Registered Nurses are Foundation Staff Nurses | 11% | 10% | 10% |
| 20% of Workforce are Nursing Associates or Clinical Support Workers | 21% | 21% | 23% |
| Minimum 2 children's nurses per shift | Fully Compliant | Partially compliant | Partially compliant |

Table 2: ED establishments compliance

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

5.14. The nursing ratios for the Osler Respiratory Unit will be remain at 1:3.4. with no changes.

5.15. The nursing ratios for John Warin ward will remain at 1:5.3.

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 | 15.84 | 39.6 | 1:4/6 | 19.23 | 10.36 | 29.59 | 7.46 |
| 5B SSW | 22 | 23.76 | 15.84 | 39.6 | 1:4/6 | 20.98 | 11.29 | 32.27 | 11.73 |
| Cardiology & ACCU | 25 | 55.45 | 15.84 | 71.29 | 1:6 | 28.64 | 15.42 | 44.06 | 0.22 |
| Cardiology RAU | 16 | 55.45 | 15.84 | 71.29 | 1:7 | 28.64 | 15.42 | 44.06 | 0.22 |
| CTW | 25 | 29.04 | 13.58 | 42.62 | 1:6 | 39.53 | 21.28 | 60.81 | 0.38 |
| CMU A | 18 | 18.48 | 18.48 | 36.96 | 1:5/6 | 19.02 | 10.24 | 29.26 | 15.92 |
| CMU B | 20 | 18.48 | 18.48 | 36.96 | 1:4/5 | 21.91 | 11.8 | 33.71 | 2.56 |
| CMU C | 21 | 21.12 | 18.48 | 39.6 | 1:4/6 | 23.83 | 12.83 | 36.66 | 9.93 |
| CMU D | 20 | 21.12 | 18.48 | 39.6 | 1:4/6 | 22.76 | 12.25 | 35.01 | 3.94 |
| CTCCU | 14 | 79.97 | 7.92 | 87.89 | 1:1 | N/A | | | |
| JR EAU | 35 | 52.81 | 33.41 | 86.22 | 1:6 | 46.14 | 24.84 | 70.98 | 14.47 |
| HH EAU | 40 | 52.81 | 31.68 | 84.49 | 1:6 | 47.73 | 25.7 | 73.43 | 7.85 |
| JR ED | 45 | 137.68 | 47.53 | 185.21 | N/A | | | | |
| HH ED | 16 | 55.05 | 18.14 | 73.19 | N/A | | | | |
| Juniper | 30 | 23.76 | 26.4 | 50.16 | 1:5/6 | 28.38 | 15.28 | 43.66 | 14.83 |
| Laburnum | 28 | 23.76 | 26.4 | 50.16 | 1:5/6 | 31.37 | 16.89 | 48.26 | 10.25 |
| HH Oak | 16 | 21.12 | 15.47 | 36.59 | 1:4/6 | 17.63 | 9.49 | 27.12 | 1.8 |
| John Warin | 17 | 18.48 | 18.48 | 36.96 | 1:4 | 21.57 | 11.61 | 33.18 | 0.58 |
| OCE | 18 | 19.66 | 21.93 | 41.59 | 1:5 | 25.11 | 13.52 | 38.63 | 9.64 |
| Osler | 24 | 36.97 | 29.04 | 66.01 | 1:3/5 | 40.3 | 21.7 | 62 | 0.5 |
| Ward 5E/F | 24 | 26.4 | 26.4 | 52.8 | 1:4/5 | 27.44 | 14.78 | 42.22 | 6.7 |
| 7E Stroke | 22 | 26.4 | 15.84 | 42.24 | 1:4/5 | 26.55 | 14.3 | 40.85 | 0.42 |

6. NOTSSCaN Review Detail

- 6.1. Increasing staffing levels at NOTSSCAN is unnecessary following a comprehensive assessment of safe staffing needs grounded in evidence and collaborative clinical judgment.
- 6.2. All children's wards will keep their current direct care staffing levels however supporting roles will be reviewed for the next establishment cycle.
- 6.3. The Specialist Surgery ward (SSIP) and 6A will remain on 1:6 ratios.
- 6.4. There will be no changes made to the NOC direct care staffing. There will however be an exceptional SNCT data collection outside of cycle due to bed closures.
- 6.5. 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.

- 6.6. The Neonatal Intensive Care Unit (Neonatal ICU) is a critical care unit within NOTSSCAN. This unit is not permitted to use the SNCT. It is recommended to follow the guidance provided by the British Association of Perinatal Medicine (BAPM). The Chief Nursing Officer (CNO) has verified that the staffing levels of the Neonatal ICU comply with this guidance. There will be no alterations to these staffing levels.
- 6.7. Paediatric Critical Care (PCCU) is a cardiac critical care unit within NOTSSCAN. This unit does not use the SNCT. The Paediatric Critical Care Society's guidance is recommended, and the CNO confirms that PCCU's staffing levels are above this guidance. To align with the national guidance PICCU will reduce staffing by 1 Band 6 and 2 band 5 staff per shift. This equates to 16.8 WTE. This will be absorbed by vacancy removal.
- 6.8. Neuro wards staffing will remain the same with no changes.
- 6.9. Trauma 2A, 3A and Horton F ward will all remain on their existing direct care staffing; however, the associated care roles will be reviewed in the next cycle.

NOTSSCAN SNCT Detail

| 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 | 26.54 | 6.53 | 33.07 | 1:4 | 19.3 | 10.4 | 29.7 | N/A |
| HH Children's | 12 | 13.81 | 2.66 | 16.47 | 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 | 21.35 | 5.28 | 26.63 | 1:3/4 | 17.6 | 9.5 | 27.1 | N/A |
| Toms | 20 | 30.03 | 5.28 | 35.31 | 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 | 19.66 | 13.32 | 32.98 | 1:6 | 21.1 | 11.36 | 32.46 | 1.7 |
| HDU/Recovery | 6 | 0 | 0 | 0 | 1:1 | N/A | | | |
| Head & Neck Blenheim | 15 | 17.3 | 5.28 | 22.58 | 1:5 | 14.06 | 7.57 | 21.63 | 0 |
| HH F | 28 | 27.09 | 19.06 | 46.15 | 1:5 | 31.33 | 16.87 | 48.2 | 3.75 |
| Major Trauma 2A | 24 | 26.29 | 21.01 | 47.3 | 1:5 | 28.6 | 15.4 | 44 | 6.6 |
| Neurology - Purple | 19 | 16.76 | 16.76 | 33.52 | 1:7 | 19.05 | 10.26 | 29.31 | 3.18 |
| Neurosurgery Blue | 23 | 24.68 | 22.04 | 46.72 | 1:5 | 23.87 | 12.85 | 36.72 | 11.63 |
| Neurosurgery Green/IU | 12 | 11.48 | 17.52 | 29 | 1:6 | 10.21 | 5.5 | 15.71 | 4.26 |
| Neurosurgery Red/HC | 22 | 32.6 | 24.68 | 57.28 | 1:5 | 24.63 | 13.26 | 37.89 | 9.36 |
| Specialist Surgery I/P | 34 | 36.21 | 24.57 | 60.78 | 1:5 | 26.47 | 14.25 | 40.72 | 2.47 |
| Trauma 3A | 24 | 26.86 | 21.35 | 48.21 | 1:5 | 29.09 | 15.67 | 44.76 | 2.37 |
| Ward 6A | 24 | 22.5 | 16.84 | 39.34 | 1:5/6 | 22.54 | 12.14 | 34.68 | 2.56 |
| Ward E (NOC) | 16 | 18.6 | 10.56 | 29.16 | 1:5/8 | 13.73 | 7.39 | 21.12 | 0.22 |

| | | | | | | | | | |
|--------------|----|-------|-------|-------|-------|-------|------|-------|------|
| Ward F (NOC) | 18 | 18.6 | 13.32 | 31.92 | 1:5/8 | 10.61 | 5.72 | 16.33 | 2.34 |
| Neuro ICU | 13 | 91.15 | 7.92 | 99.07 | 1:1 | N/A | | | |
| OSSU | 25 | 8.56 | 4.03 | 12.59 | 1:6 | 16.5 | 8.88 | 25.38 | 0 |

7. SuWON Review Detail

- 7.1. It has been determined that there is no necessity to increase staffing levels at SUWON following a comprehensive evaluation of the requirements for safe staffing, grounded in evidence and collaborative clinical judgment.
- 7.2. There will be no changes to Gynaecology ward staffing. The nursing ratios on the Gynaecology ward will remain at 1:6.6.
- 7.3. The Haematology ward will remain on current staffing levels; however a financial assessment will take place to understand if skill mix can be increased and remain in budget. Oncology departments will also stay with the current establishments. Both areas will review associated care staff for the next cycle. A business case is required to review funding Haematology to its full capacity of 25 beds. Currently it is budgeted at 20 beds.
- 7.4. Transplant ward will remain on the same staffing establishment.
- 7.5. 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 and Sobell House Hospice will maintain their current establishment.
- 7.6. Gastro ward remain on the same establishment for direct care staff, but will reduce by 0.74 WTE associated care staff, this was a vacant post no longer required for a Nursing Assistant Team Lead, this has been through QIA process and no other areas benchmark to have this role.
- 7.7. SEU D, E and F will remain on current establishments for direct care but will review certain associated care roles for the next cycle.

SuWON 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 | | | | |
| Gastro | 20 | 23.88 | 12.63 | 36.51 | 1:5 | 16.86 | 9.08 | 25.94 | 1.38 |
| Gynaecology | 20 | 22.29 | 12.33 | 34.62 | 1:5 | 14.18 | 7.64 | 21.82 | 0 |
| Haematology | 25 | 29.85 | 14.01 | 43.86 | 1:4 | 25.16 | 13.55 | 38.71 | 0.64 |
| Katherine House | 10 | 14.01 | 8.72 | 22.73 | 1:3/4 | 12 | 6.46 | 18.46 | 0.22 |
| Oncology | 24 | 29.85 | 14.01 | 43.86 | 1:4 | 27 | 14.54 | 41.54 | 2.34 |

| | | | | | | | | | |
|--------------|----|-------|-------|-------|-------|-------|-------|-------|------|
| Renal | 15 | 20.09 | 8.72 | 28.81 | 1:4/5 | 16.2 | 8.72 | 24.92 | 0 |
| SEU D | 24 | 27.78 | 16.53 | 44.31 | 1:4/5 | 23.21 | 12.5 | 35.71 | 1.83 |
| SEU E | 18 | 21.81 | 11.25 | 33.06 | 1:4 | 17.16 | 9.24 | 26.4 | 0.42 |
| SEU F | 20 | 21.81 | 11.25 | 33.06 | 1:5 | 19.08 | 10.28 | 29.36 | 1.51 |
| SEU Triage | | 23.24 | 6.51 | 29.75 | N/A | | | | |
| Sobell House | 18 | 22.04 | 11.25 | 33.29 | 1:4/6 | 26.61 | 14.33 | 40.94 | 2.71 |
| Transplant | 16 | 21.81 | 8.04 | 29.85 | 1:4 | 13.82 | 7.44 | 21.26 | 0.64 |
| Upper GI | 20 | 27.09 | 10.45 | 37.54 | 1:4 | 18.74 | 10.09 | 28.83 | 0 |
| Urology | 16 | 19.98 | 10.56 | 30.54 | 1:4 | 16.71 | 9 | 25.71 | 0 |
| Wytham | 20 | 23.26 | 8.63 | 31.89 | 1:5 | 22.43 | 12.08 | 34.51 | 0.09 |

8. CSS Review Detail

- 8.1. There is no need to increase CSS staffing after evaluating safe staffing requirements with evidence and clinical judgment.
- 8.2. Oxford Critical Care Unit, (OCCU) is the only inpatient area in CSS. This department is across two sites, the JR and the Churchill.
- 8.3. 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. There will be no changes to the OCCU establishment.

9. Benchmarking using the Model Health System

- 9.1. 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 | 9.7 | 6.5 | 3.2 |
| Shelford Group | 9.3 | 6.3 | 3.0 |
| Region | 8.7 | 4.8 | 3.5 |
| National | 8.7 | 4.8 | 3.5 |

Table 3: Comparison of CHPPD

10. Overview of the Bi-Annual Establishment Review Cycle August-January 2025/6.

- 10.1. Following the biannual SNCT data collection, August-January 2025/6 the establishment review in this cycle confirms that all inpatient areas have been assessed to ensure adequate staffing levels. While this review will result in a small reduction of posts, no business cases for an increase in staffing are being proposed for inpatient areas.
- 10.2. Hr and Finance teams will work to align the ESR, General Ledger and E-rosters once TME and Board approval of the CNO recommended changes has been obtained.

11. Conclusion

- 11.1. 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.
- 11.2. In conclusion, the Nursing and Midwifery Establishment Reviews for August-January 2025/6 have analysed staffing levels and skill mix essential for safe and effective care at OUH.
- 11.3. The review identifies small staffing reductions, with the exception of OCE, whilst providing assurance that these remain within safe staffing boundaries.
- 11.4. The reviews will continue every 6 months as per national guidelines.

12. Recommendations

- 12.1. The Trust Board is asked to:
 - Note the findings from the Biannual establishment review August-January 2025/6.