Oxford University Hospitals
NHS Foundation Trust

Cover Sheet

Trust Board Meeting in Public: Wednesday 25 November 2026

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Title:	**Biannual Safe Staffing Review (February to July 2026)**

Status:	**For Decision**
History:	**Quality and Performance Committee, 28 October 2026**
	People Committee, 11 November 2026
	Trust Management Executive, 12 November 2026

Board Lead:	**Chief Nursing Officer**
Author:	**Rachel Adams, Head Nurse for Workforce and Regulatory Safe Staffing**
Confidential:	**No**
Key Purpose:	Assurance

Executive Summary

1. This Biannual Safe Staffing Review (February to July 2026) provides the Trust Board with assurance on nurse staffing. It is both a safe staffing report, in line with National Quality Board expectations and NICE SG1, and the establishment review of 60 inpatient areas across four divisions, as required by Developing Workforce Safeguards.

Safe staffing

2. Safe staffing was maintained across the period through daily review, escalation and mitigation. The overall fill rate in May 2026 was 97.1%, with registered nurse fill rates of 96.6% by day and 98.5% by night.
3. NICE red flag events fell from 3,024 to 2,144, and all were reviewed and closed within the shift. Divisional Level 3 escalations fell from 47 to 14. Beds were closed for staffing reasons on seven occasions, all in February.
4. Falls fell from 4.73 to 4.65 per 1,000 bed days. Hospital acquired pressure damage, category 2 and above, fell from 438 to 307 incidents. Trust care hours per patient day of 9.8 remain above the Shelford Group and national averages.
5. Overall vacancy fell from 9.6% to 8.1%. Registered nurse vacancy fell from 241.7 WTE to 146.50 WTE and unregistered vacancy rose from 83.3 WTE to 110.54 WTE. Temporary staffing use averaged 334.95 WTE, of which 13.32 WTE was agency.

Establishment review

6. Two areas require additional staff. Horton Emergency Department requires an additional 5.51 registered nurse WTE to meet the Royal College of Emergency Medicine minimum of two children's nurses per shift. SEU Triage requires an additional 2.75 registered nurse WTE and 5.28 clinical support worker WTE to support assessment, escalation and flow. Together these total 13.54 WTE. All other increases, including one additional clinical support worker on Renal Ward at night and one at Sobell House by day, are set out in Appendix 1.
7. The Neonatal Unit and Paediatric Critical Care are partially compliant with national standards for nurses qualified in specialty. Recruitment and training are in place.

Assurance statement

8. The Chief Nursing Officer confirms that staffing was delivered safely across the period and that, subject to the changes recommended in this paper, nursing establishments are safe, effective and sustainable and meet the acuity and dependency needs of patients.

Recommendations

9. The Trust Board is asked to:

    - Note the safe staffing position for February to July 2026, including fill rates, red flag events and escalation;
    - Approve the establishment changes set out in this paper, to be enacted through the establishment review governance process;
    - Approve the establishment increases in Horton Emergency Department, 5.51 registered nurse WTE, and SEU Triage, 2.75 registered nurse WTE and 5.28 clinical support worker WTE.

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Biannual Safe Staffing Review (February to July 2026)

1. Purpose

1.1. This Biannual Safe Staffing Review (February to July 2026) provides the Trust Board with assurance on nurse staffing across inpatient areas. It is both a safe staffing report and an establishment review.

1.2. The safe staffing report sets out how staffing was delivered over the reporting period. It covers fill rates, red flag events, escalation and mitigation, temporary staffing and nurse sensitive indicators.

1.3. The establishment review assesses nursing establishments against patient acuity and dependency. It recommends changes to establishment and skill mix where these are needed.

1.4. Together, they give assurance that nurse staffing is safe, effective and sustainable.

2. Reporting Period and Cycle

2.1. This review covers February to July 2026. It is one of two undertaken each year in line with Developing Workforce Safeguards. It follows the Biannual Safe Staffing Review (August 2025 to January 2026) and informs the annual establishment reset, last completed in October 2025.

2.2. Data periods vary by measure. Vacancy and funded establishment figures are for June 2026, with August 2025 as the previous cycle comparator. Fill rates and care hours per patient day are for May 2026, the latest month available for benchmarking in Model Hospital. SNCT data was collected from 29 June to 28 July 2026. All other data covers the full six months, with August 2025 to January 2026 as the previous cycle comparator.

3. Scope

3.1. The review covers adult inpatient wards across MRC, NOTSSCaN, SuWOn and CSS; the acute assessment units at the JR and Horton and the Surgical Emergency Unit; children and young people’s inpatient wards; adult, neonatal and paediatric critical care; the JR and Horton emergency departments; and the specialist and palliative inpatient units. Midwifery, the AHP workforce and theatre nursing are reported in separate papers.

4. National Context and Accountability

4.1. The review is undertaken in line with National Quality Board guidance (2016), Developing Workforce Safeguards (NHS Improvement, 2018), NICE

SG1 (2014), the RCN Nursing Workforce Standards (2021), CQC Regulation 18 and the NHS England Enhanced Therapeutic Observations and Care programme. Critical care, neonatal, paediatric critical care and emergency departments are assessed against their own national standards: GPICS, BAPM, PCCS and RCEM. The Trust Rostering and Safe Staffing Policy governs daily staffing review, escalation and the process for changing a funded establishment.

4.2. The Chief Nursing Officer is the professional lead for establishment setting and confirms to the Board that staffing is safe, effective and sustainable. Divisional Directors of Nursing are accountable for the data returned and for the professional judgement applied in their areas.

5. Methodology

Evidence based tools

5.1. The Safer Nursing Care Tool (SNCT) is used in acute inpatient areas to recommend the whole time equivalent (WTE) required for direct patient care, based on acuity and dependency. It does not account for ward layout, skill mix or quality indicators, so it is triangulated with professional judgement. Critical care, neonatal, paediatric critical care and emergency departments follow their national standards. The tools and guidance applied in each setting are in Appendix 4.

Data collection and quality assurance

5.2. SNCT data was collected over 30 consecutive days from 29 June to 28 July 2026, against a minimum of 20. All 52 areas in scope returned data, with 98.14% completeness against a 95% standard. One ward, Bellhouse-Drayson, fell below the threshold and its results were flagged to the Divisional Director of Nursing for cautious interpretation. Data was validated weekly during collection by SNCT trained leads, with an annual spot check.

5.3. Establishment figures apply a 23% uplift for annual leave, sickness, study leave and statutory leave. Supervisory ward leader time, students, supernumerary new starters and internationally educated nurses awaiting registration are excluded from the funded direct care establishment. Actual unavailability in the period was 28.22%, with sickness and statutory leave above the amounts applied.

Uplift component	% applied	Actual in period	Variance
Annual leave	14%	13.96%	-0.04%
Sickness absence	3%	6.33%	+3.33%
Study leave and mandatory training	3%	1.99%	-1.01%
Maternity and other statutory leave	2%	5.93%	+3.93%
Total uplift applied	**23%**	**28.22%**	**+5.22%**

Table 1: Uplift

Professional judgement

5.4. Tool output is triangulated with professional judgement at three levels: ward review by the ward manager and matron, completed by May 2026; divisional triangulation with the Divisional Director of Nursing and divisional finance and workforce leads, completed by May 2026; and a Trust-wide challenge panel chaired by the Deputy Chief Nursing Officer in June and July 2026.

5.5. Beyond tool output, the review considers ward layout and observability, single room proportion, occupancy and turnover, specialty case mix, enhanced care demand, isolation, escort and transfer demand, and the experience profile of the team.

Enhanced Therapeutic Observations and Care (ETOC)

5.6. Enhanced care demand is considered explicitly in establishment setting. Table 2 compares ETOC activity met through temporary staffing in this cycle with the previous cycle. Enhanced care hours delivered through NHSP fell from 5,206 to 4,761, and unregistered ETOC hours fell from 216.71 to 183.34 per day. Seven wards have ETOC built into their funded establishments; the wards with the highest demand this cycle are listed in the table and inform the recommendations in Sections 15 to 22.

ETOC measure	This cycle	Previous cycle
Enhanced care hours delivered	4,761 NHSP hours	5,206 NHSP hours
ETOC hours delivered, average per day	Registered 49.29 hours per day. Unregistered 183.34 hours per day.	Registered 49.29 hours per day. Unregistered 216.71 hours per day.
Wards with highest ETOC demand	Trauma 2A, Sobell House, Bellhouse-Drayson, Ward 5E/F, Ward 5B, Melanie's, Haematology, Urology	Melanie's, Haematology, Renal, Bellhouse-Drayson, CMU D, OCE, SEU F, Robin's
Proportion delivered by temporary staffing	All data captured is for temporary staff.	All data captured is for temporary staff.
ETOC WTE built into funded establishments	Juniper, Laburnum, CMU A to D, OCE, Ward 5A and Ward 5B	Juniper, Laburnum, CMU A to D, OCE, Ward 5A and Ward 5B

Table 2: ETOC utilisation

Assumptions and limitations

5.7. The SNCT is not validated for palliative care. Katharine House and Sobell House use it for cross reference only.

5.8. All ratios in this paper are stated as day and night registered nurse to patient, direct care only, excluding the ward leader. Every ratio in the narrative and in the tables is on this basis.

6. Vacancies

6.1. At June 2026 the funded nursing establishment across Bands 2 to 7 was 3,182.69 FTE, with 257.04 FTE vacant, a vacancy rate of 8.1% against 9.6% in the previous cycle. Registered nurse vacancy was 146.50 WTE and unregistered vacancy 110.54 WTE. Vacancy by division was CSS 15.2%, SuWOn 12.2%, NOTSSCaN 7.2% and MRC 6.2%. Average turnover was 7.6% and average sickness 5.5%.

6.2. Recruitment has been streamlined to reduce the vacancy gap across nursing, supported by a pipeline of approximately 330 candidates, of whom around 111 are graduates. This pipeline is expected to reduce vacancies during September and October 2026 as candidates progress through onboarding and into post.

6.3. Departments with a vacancy rate of 15% or higher remain subject to increased scrutiny. All vacancies are reviewed routinely, and any area anticipating vacancy pressure is given targeted support.

6.4. Recruitment to critical care Band 6 posts remains a key focus, with dedicated campaigns in place for these hard to recruit roles. The Senior Strategic Programme Manager for NMAHPs and the Strategic Lead for NMAHP Recruitment and Retention hold weekly meetings with divisional recruitment and retention leads to review the pipeline, confirm start dates and resolve obstacles to candidates starting in post.

6.5. Rolling recruitment remains in place for other hard to recruit areas, alongside continued graduate recruitment and a divisional focus on healthcare support workers and the foundation apprenticeship commencing in September 2026.

7. Recruitment pipeline

Division	Budgeted FTE	Current vacancy FTE	Pipeline FTE	Vacancy after pipeline FTE	Vacancy after pipeline %	Turnover impact FTE	Turnover impact %	Projected vacancy FTE
CSS	186.46	28.32	25.21	3.11	1.7%	16.59	8.9%	19.70
MRC	1,347.66	83.50	47.03	36.47	2.7%	102.42	7.6%	138.89
NOTSSCaN	1,115.44	80.19	113.79	-33.60	-3.0%	68.04	6.1%	34.44
SuWOn	533.13	65.03	95.43	-30.40	-5.7%	41.58	7.8%	11.18
Total	**3,182.69**	**257.04**	**281.46**	**-24.42**	**-0.8%**	**228.63**	**7.2%**	**204.21**

Table 3: Divisional recruitment pipeline and vacancies with projected turnover (M3, June 2026)

7.1. The recruitment pipeline is expected to reduce the current vacancy position from 257.04 FTE to a surplus of 24.42 FTE across Bands 2 to 7. Once annual turnover is factored in, the projected vacancy rises to 204.21 FTE (6.4%), showing that turnover continues to offset much of the pipeline benefit. Recruitment remains ongoing for Bands 2, 3, 5 and 6 to maintain a consistent pipeline and mitigate turnover.

7.2. Although MRC has the largest vacancy gap, over-recruitment at Band 2 supports progression into Band 3 vacancies. There is a data discrepancy in one MRC area, JR ED, where the ledger does not align with ESR, which overstates the vacancy gap.

7.3. Hard to recruit areas, including Paediatric Critical Care and Adult Critical Care, also over-recruit at Band 5 to support Band 6 vacancy mitigation. This is supported by dedicated recruitment campaigns and talent development from the Band 5 workforce.

8. Fill rates

8.1. Ward level planned against actual staffing fill rates for May 2026 are in Appendix 2. Divisional fill rates are in Table 4.

8.2. Registered nurse fill rates below 90% are a marker of staffing safety. Three areas fell below 90% in May 2026: CMU B (89.5%), CTCCU (78.5%) and JR ED (88.5%). The CMU B figure reflects the effect of sickness and vacancy on a small establishment, and the ward is closely monitored by the Divisional Director of Nursing. The CTCCU and JR ED figures reflected rostering inaccuracies, which have been corrected. None of the three required escalation at the central safe staffing meetings during the period.

Division	RN day fill %	CSW day fill %	RN night fill %	CSW night fill %	Overall fill %
CSS	97.80	96.67	97.50	102.00	98.49
MRC	94.22	92.03	98.53	98.52	95.82
NOTSSCaN	97.35	96.20	98.80	99.30	97.91
SuWOn	97.05	89.57	99.02	99.05	96.17
Trust	**96.61**	**93.62**	**98.46**	**99.72**	**97.10**

Table 4: Registered and unregistered fill rates, day and night, by division, May 2026

9. Care hours per patient day (CHPPD) benchmarking

9.1. There are no national targets for CHPPD. The Trust submits monthly data to the Model Health System, where comparison is available by peer group. Organisations with a high volume of critical care beds will show a higher CHPPD. Table 5 is on the Model Hospital peer group basis; Appendix 3 gives internal ward level data, which includes maternity, so the Trust figures differ.

Organisation	Total CHPPD	Registered CHPPD	Unregistered CHPPD
OUH	9.8	6.6	3.2
Shelford Group	9.5	6.5	3.1
Region	9.1	5.3	3.5
National	8.9	4.9	3.5

Table 5: CHPPD comparison, May 2026. Source: Model Hospital

10. Temporary staffing

10.1. The temporary staffing analysis covers all bank and agency shifts filled between February and July 2026 across the 60 areas in this review, for all booking reasons. WTE is the average monthly equivalent over the six months, at 162.75 hours per WTE per month. The 60 areas used an average of 334.95 WTE, comprising 321.64 bank WTE and 13.32 agency WTE. MRC recorded the highest use at 139.41 WTE and CSS the lowest at 14.60 WTE. Use peaked in March at 376.3 WTE and was lowest in April at 306.3 WTE. Bank was the principal source in every month.

Division	Bank WTE	Agency WTE	Total WTE
CSS	14.55	0.05	14.60
MRC	137.81	1.60	139.41
NOTSSCaN	85.05	9.58	94.63
SuWOn	84.22	2.09	86.31
Total	**321.64**	**13.32**	**334.95**

Table 6: Temporary staffing by division, February to July 2026

11. Temporary staffing in areas with proposed establishment increases

Division	Ward	Proposed establishment change	Temporary staffing WTE
MRC	Horton Emergency Department	Increase of 5.51 registered nurse WTE to provide two children's nurses per shift	15.46
SuWOn	Renal Ward	One additional clinical support worker on the night shift, 2.64 WTE	3.89
SuWOn	SEU Triage	Increase of 2.75 registered nurse WTE and 5.28 clinical support worker WTE	3.00
SuWOn	Sobell House	One additional clinical support worker on the day shift, 2.64 WTE	8.87
Total			**31.22**

Table 7: Temporary staffing in areas with proposed establishment increases

11.1. The four areas with proposed establishment increases used a combined 31.22 WTE of temporary staffing in the period, led by Horton Emergency Department at 15.46 WTE. The figures include all booking reasons and are not limited to shifts booked against vacancies.

12. Rostering, Nurse Sensitive Indicators, NICE Red Flag Events and Escalation

12.1. The Trust Rostering and Safe Staffing Policy aligns with NHS England standards for good rostering. Compliance is monitored through roster key performance indicators, reported monthly to the Board through the Integrated Performance Report, and through a check and confirm process for each four-week roster.

12.2. During this cycle 2,144 NICE red flag events were reported, against 3,024 in the previous cycle. All were reviewed and closed within the shift by a matron or more senior nurse and recorded as fully mitigated or raised in error. Red flags raised in error reduced from 203 to 170.

12.3. During the period 735 incidents were recorded in Ulysses as staffing related, against 653. Ulysses cannot distinguish staff groups, so these include medical, administrative and clerical staffing. Divisional Directors of Nursing validated the data each month and confirmed that no incidents were attributable to nurse staffing. Nurse sensitive and staffing indicators are in Table 8.

Indicator	This cycle	Previous cycle
Falls per 1,000 bed days	4.65	4.73
Hospital acquired pressure damage, category 2 and above	307	438
Friends and Family Test	94.5%	95%
Staffing related incidents (Ulysses)	735	653
NICE SG1 red flag events	2,144	3,024

Table 8: Triangulation of nurse sensitive and staffing indicators

13. Daily safe staffing management, escalation and mitigation

13.1. Central staffing meetings are held twice daily across all sites and agree mitigation in the order set out in the Policy: skill mix review and bank fill at ward level; redeployment, agency request and enhanced care review at site or divisional level; and bed closure, activity reduction and executive escalation at Trust level, decided by the Chief Nursing Officer. Escalations are reported by email to executives, the operations team and senior nursing staff three times daily. Each Level 3 escalation is reported to the Board by exception through the Integrated Performance Report.

Measure	This cycle	Previous cycle
Occasions beds closed or activity reduced for staffing	Seven, all in February: five on the Haematology ward and two on Tom's ward	0
Staffing Level 3 escalations for a division	14	47
Staff redeployed between wards	4,127	5,127
Ulysses incidents citing staffing as a factor	735	653
Incidents resulting in harm where staffing was a factor	0	0

Table 9: Measures of escalation

14. Monthly safe staffing reporting and publication

14.1. In line with National Quality Board guidance, planned against actual staffing, CHPPD, fill rates, red flag events, HR metrics and nurse sensitive indicators are reported monthly to the Board through the Integrated Performance Report, submitted to NHS England and published on the Trust website. A more detailed nursing safe staffing report goes each month to the Clinical Governance Committee.

15. MRC Review Detail

15.1. No overall staffing increase is needed in MRC except in Horton Emergency Department, to meet national guidance. Some areas have safely reduced staff after evaluation against the evidence and clinical judgement.

15.2. Following review, the following areas remain on their current establishments and ratios: Complex Medical Units A, B and C at 1:6 and CMU D at 1:5/6; Wards 5A and 5B at 1:5.5 and Ward 5E/F at 1:4.5; the Cardiology Ward at 1:5 and its RAU at 1:6; the Cardiothoracic Ward at 1:5; the Stroke Ward at 1:6; the Osler Respiratory Unit at 1:3.5; John Warin Ward at 1:6; Oak Ward at 1:4; Juniper at 1:5.5 and Laburnum at 1:6; and the JR and Horton Emergency Assessment Units. The Oxford Centre for Enablement remains unchanged, the clinical support worker increase suggested in the previous cycle no longer being required on this cycle's data.

15.3. On CMU C and Ward 5A the SNCT data shows a requirement for increased clinical support worker staffing. This will be validated against the next data set before any change.

15.4. The Cardiothoracic Critical Care Unit is assessed against GPICS and the Chief Nursing Officer is assured that it complies. A reduction of 4.31 WTE through shift alterations leaves the unit safely staffed within the guidance.

15.5. The JR and Horton Emergency Departments follow RCEM and RCN standards, which recommend at least 80% registered nurses and a skill mix of 30% Emergency Charge Nurses, 40% Emergency Nurses, 10% Foundation Staff Nurses and 20% Nursing Associates or Clinical Support Workers. Compliance is in Table 10. Horton ED is budgeted for one children's nurse per shift against an RCEM minimum of two and currently fills the gap with NHSP. The Chief Nursing Officer has approved in principle the uplift to two, which requires an additional 5.51 registered nurse WTE.

RCEM standard	**JR ED compliance**	**HH ED compliance, 2025/26 budget setting**	**HH ED compliance, excluding ENPs**
80% of workforce are registered nurses	79%	78.78%	76.88%
30% of registered nurses are Emergency Charge Nurses	41%	39%	29.9%
40% of registered nurses are Emergency Nurses	88%	78%	48.4%
10% of registered nurses are Foundation Staff Nurses	11%	9.8%	9.8%
20% of workforce are Nursing Associates or Clinical Support Workers	21%	21.22%	23.12%
Minimum two children's nurses per shift	Fully compliant	Partially compliant (one per shift budgeted)	Not applicable

Table 10: ED establishments compliance

15.6. The divisional tables that follow show the current direct care establishment and registered nurse to patient ratio against the SNCT recommended total WTE, with the variance between the two.

16. MRC SNCT detail

Ward	Bed number	Current direct care establishment WTE	RN to patient ratio, day and night	SNCT recommended total WTE	Variance WTE (SNCT total minus current total)
5A SSW	22	39.60	1:5.5	41.08	1.48
5B SSW	22	39.60	1:5.5	46.39	6.79
Cardiology and ACCU	25	71.29	1:5	79.00	-7.71
Cardiology RAU	16		1:6		
CTW	25	42.62	1:5	43.24	0.62
CMU A	18	36.96	1:6	35.75	-1.21
CMU B	20	36.96	1:6	38.34	1.38
CMU C	21	39.60	1:6	42.01	2.41
CMU D	20	39.60	1:5/6	32.24	-7.36
CTCCU	14	87.89	1:1	N/A	
JR EAU	35	86.22	1:6	74.25	-11.97
HH EAU	40	84.49	1:6	85.47	0.98
JR ED	45	185.21	N/A	N/A	
HH ED	16	73.19	N/A	N/A	
Juniper	30	50.16	1:5.5	54.89	4.73
Laburnum	28	50.16	1:6	54.99	4.83
HH Oak	16	36.59	1:4	26.69	-9.90
John Warin	17	36.96	1:6	33.85	-3.11
OCE	18	41.59	1:5	38.76	-2.83
Osler	24	66.01	1:3.5	60.39	-5.62
Ward 5E/F	24	52.80	1:4.5	43.87	-8.93
7E Stroke	22	42.24	1:6	37.73	-4.51

Table 11: MRC establishment against SNCT recommendation

17. NOTSSCaN Review Detail

17.1. NOTSSCaN requires minor changes only. Shift changes that were quality impact assessed and approved have reduced WTE, offset by minor cost neutral changes elsewhere. Two requests for additional direct care posts, on the Specialist Surgery Inpatient Ward and Neurosurgery Red, are not supported in this cycle and will be reassessed against the next data collection.

17.2. All children's wards keep their current direct care staffing, with small reductions from shift changes and a review of supporting roles, approved without impact on quality. Tom's Ward operates 18 beds and its establishment is aligned to that bed base. Kamran's Ward includes outpatient staffing in its establishment, so it appears over established against the inpatient only SNCT recommendation.

17.3. The Specialist Surgery Inpatient Ward (SSIP) requested an additional registered nurse on day shifts for one to one flap care. The SSIP establishment includes day surgery staffing, so its variance in Table 12 cannot be relied on in either direction. Flap observations follow the theatre list and the ward will continue to meet them through an experienced substantive nurse with flexible cover booked for the duration of the observations. The inpatient and day surgery establishments will be separated before the next collection, and the requirement reassessed against the days on which flap observations were required, the shifts booked for flap cover and the SNCT level 1c scoring.

17.4. Neuro Red requested an additional clinical support worker on nights for enhanced observations currently met through temporary staffing. The ward includes high care beds not captured in the SNCT collection, and the SNCT recommends a lower WTE than the current establishment. Enhanced observations will continue to be met through the enhanced therapeutic observations process. The high care beds will be included in the next collection, and the requirement reassessed against the nights on which enhanced observations were required, the enhanced care hours delivered at night, and the level 1c and 1d scoring.

17.5. The following remain on their current establishments: Ward 6A at 1:6; the NOC wards, where professional judgement on layout, patient type and harm risk supports staffing below the SNCT recommendation, with minor cost neutral shift changes; Neurology Purple at 1:7; Neuro Green, whose establishment includes outpatient work; and Trauma 2A, Trauma 3A and Horton F Ward.

17.6. The Neuro Intensive Care Unit is assessed against GPICS, the Neonatal Intensive Care Unit against BAPM and Paediatric Critical Care against Paediatric Critical Care Society guidance. The Chief Nursing Officer is assured that each complies and no changes are made.

18. NOTSSCaN SNCT detail

Ward	Bed number	Current direct care establishment WTE	RN to patient ratio, day and night	SNCT recommended total WTE	Variance WTE (SNCT total minus current total)
Bellhouse-Drayson	20	33.07	1:4	N/A	-5.53
HH Children's	12	16.47	1:3/4	N/A	-3.53
Kamran's	9	23.62	1:1	N/A	6.92
Melanie's	12	21.09	1:3	N/A	-4.31
Robin's	14	26.63	1:3/4	N/A	-2.67
Tom's	18	35.31	1:4	N/A	-0.69
Neonatal Unit	42	210.80	1:1	N/A	

Ward	Bed number	Current direct care establishment WTE	RN to patient ratio, day and night	SNCT recommended total WTE	Variance WTE (SNCT total minus current total)
Paediatric Critical Care	17	115.45	1:1/2	N/A	
BIU	25	32.98	1:6	40.16	7.18
Head and Neck Blenheim	15	22.58	1:5	21.44	-1.14
HH F	28	46.15	1:5	48.06	1.91
Major Trauma 2A	24	47.30	1:5	45.38	-1.92
Neurology Purple	19	33.52	1:7	40.23	6.71
Neurosurgery Blue	23	46.72	1:5	46.38	-0.34
Neurosurgery Green/IU	12	29.00	1:6	23.03	-5.97
Neurosurgery Red/HC	22	57.28	1:5	49.72	-7.56
Specialist Surgery I/P	34	60.78	1:5	44.88	-15.90
Trauma 3A	24	48.21	1:5	44.52	-3.69
Ward 6A	24	39.34	1:6	33.06	-6.28
Ward E (NOC)	16	29.16	1:5/8	34.67	5.51
Ward F (NOC)	18	31.92	1:5/8	41.76	9.84
Neuro ICU	13	99.07	1:1	N/A	

Table 12: NOTSSCaN establishment against SNCT recommendation. Children's ward variances are from the CYP SNCT. The Specialist Surgery, Kamran's and Neurosurgery Green establishments include outpatient or day surgery staffing, so the variance for these wards is overstated

19. SuWOn Review Detail

19.1. SuWOn requires an increase in SEU Triage of 2.75 registered nurse WTE and 5.28 clinical support worker WTE. Other changes in the division are cost neutral.

19.2. The following remain on their current establishments: Gynaecology at 1:7, Haematology, Oncology, Transplant, Urology, Upper GI, Wytham and Gastro.

19.3. Renal Ward will add one clinical support worker on nights, 2.64 WTE, in response to enhanced care demand supported by temporary staffing use. The increase is above the SNCT recommendation and rests on professional judgement at ward, divisional and Trust level. It was identified in the previous cycle but not implemented and is cost neutral within the division.

19.4. Katharine House and Sobell House Hospices are not assessed with the SNCT, which is not validated for palliative care. Both have side room only layouts, high intravenous therapy demand often requiring two registered nurses, and significant family support needs. Sobell House, whose beds are consistently full, will add one clinical support worker on days, cost neutral

within the division, on the professional judgement of the senior team triangulated with NHSP use and enhanced care demand. Katharine House remains unchanged. An independent review of both hospice establishments, by a matron from a hospice in another acute Trust with the Head Nurse for Workforce, will be under way by the end of Quarter 3.

19.5. SEU D, E and F were reviewed against the revised Surgical Emergency Unit model, in which SEU D moved from a medical to a surgical cohort with an increased bed base. Minor skill mix changes within the current direct care establishments, and reductions in some associated care roles, align the three areas to the revised cohort. SEU Triage, which now admits emergency surgical patients to SEU D, requires 2.75 registered nurse WTE and 5.28 clinical support worker WTE to support assessment, escalation, turnover and flow. The SNCT does not apply to an assessment area without a bed base; the requirement rests on attendance, acuity, admissions through Triage, incidents and fill rates.

20. SuWOn SNCT detail

Ward	Bed number	Current direct care establishment WTE	RN to patient ratio, day and night	SNCT recommended total WTE	Variance WTE (SNCT total minus current total)
Gastro	20	36.51	1:5	33.50	-3.01
Gynaecology	25	34.62	1:7	25.85	-8.77
Haematology	20	43.86	1:4	46.99	3.13
Oncology	24	43.86	1:4	40.68	-3.18
Renal	15	28.81	1:4/5	28.00	-0.81
SEU D	24	44.31	1:4/5	35.10	-9.21
SEU E	18	33.06	1:4	27.42	-5.64
SEU F	20	33.06	1:5	29.81	-3.25
SEU Triage		29.75	N/A	N/A	
Transplant	16	29.85	1:4	22.34	-7.51
Upper GI	20	37.54	1:4	28.28	-9.26
Urology	16	30.54	1:4	27.14	-3.40
Wytham	20	31.89	1:5	34.85	2.96

Table 13: SuWOn establishment against SNCT recommendation. SEU Triage is an assessment area without a bed base

21. CSS Review Detail

21.1. Oxford Critical Care Unit, the only inpatient area in CSS, operates across the John Radcliffe and Churchill sites and is assessed against GPICS. The Chief Nursing Officer is assured that the establishment meets the guidance. No changes are made.

22. Areas not Assessed by the Safer Nursing Care Tool

22.1. Table 14 sets out the position of each area assessed against a standard other than the SNCT.

Unit	Standard	Metric	Position	Compliant	Action
CTCCU (MRC)	GPICS	RN to patient by level of care; supernumerary coordinator; practice educator; post registration award	Fully compliant	Yes	
Neuro ICU (NOTSSCaN)	GPICS	As above	Fully compliant	Yes	
OCCU (CSS)	GPICS	As above, across JR and Churchill sites	Fully compliant	Yes	
Neonatal Unit (NOTSSCaN)	BAPM	Nurse to cot by care level; proportion qualified in specialty	Partially compliant: need to increase staff qualified in specialty	No	Staff are being actively recruited and supported through training, with increased courses and study time KPI for this period.
PCCU (NOTSSCaN)	PCCS	RN to patient by level of care	Partially compliant: need to increase staff qualified in specialty	No	Staff are being actively recruited and supported through training, with increased courses and study time KPI for this period.
JR ED (MRC)	RCEM and RCN	Registered proportion; skill mix; children's nurses per shift	Fully compliant	Yes	
HH ED (MRC)	RCEM and RCN	As above	Partially compliant: one children's nurse per shift budgeted against a requirement for two	No	Risk reference 2397. Currently covered by NHSP paediatric registered nurse. Increase of 5.51 registered nurse WTE recommended.
Katharine House and Sobell House Hospices	Clinical professional judgement	N/A	Applied	Yes	Robust multi level review of triangulated quality metrics, logistics and patient acuity.

Table 14: Areas outside SNCT assessment

23. Summary of Recommended Changes

23.1. Table 15 summarises the movements by category, division and staff type. Increases of 22.37 WTE are offset by reductions of 31.74 WTE, with budget adjustments of 2.29 WTE correcting posts not captured in budgets, giving a net reduction of 7.08 WTE. Four NOTSSCaN areas shown in Appendix 1 as to be confirmed are excluded. The increases in Horton Emergency

Department and SEU Triage are shown separately in Table 16. The detail of every movement is in Appendix 1.

Division	RN WTE	CSW WTE	Total direct care WTE	Associated care (including admin)	Total WTE
SuWOn	0.00	6.89	6.89	0.60	7.49
MRC	1.15	2.98	4.13	0.00	4.13
NOTSSCaN	5.33	4.25	9.58	1.17	10.75
Total investments	**6.48**	**14.12**	**20.60**	**1.77**	**22.37**
SuWOn	(4.09)	0.00	(4.09)	(2.30)	(6.39)
MRC	(5.48)	0.00	(5.48)	0.00	(5.48)
NOTSSCaN	(13.09)	(4.95)	(18.04)	(1.83)	(19.87)
Total efficiencies	**(22.66)**	**(4.95)**	**(27.61)**	**(4.13)**	**(31.74)**
SuWOn	(2.78)	0.00	(2.78)	4.00	1.22
MRC	1.60	0.00	1.60	0.00	1.60
NOTSSCaN	(0.53)	0.00	(0.53)	0.00	(0.53)
Total budget adjustments	**(1.71)**	**0.00**	**(1.71)**	**4.00**	**2.29**
Net movement	**(17.89)**	**9.17**	**(8.72)**	**1.64**	**(7.08)**

Table 15: Summary of changes by division

23.2. Table 16 shows the additional posts required in Horton Emergency Department and SEU Triage, which are not included in Table 15.

Division	Area	Change	RN WTE	CSW WTE
MRC	Horton ED	Uplift to two children's nurses per shift	5.51	
SuWOn	SEU Triage	Increase RN and CSW	2.75	5.28
Total			**8.26**	**5.28**

Table 16: Additional posts required

24. Equality, Diversity and Health Inequalities

24.1. Recommendations were not made on workforce numbers alone but through triangulation of acuity and dependency, professional judgement, quality indicators, workforce risk and operational context, tested at ward, divisional and Trust level. The review considered the needs of patients requiring enhanced observation, specialist input, timely assessment and discharge support, and the effect of staffing models on staff workload, skill mix, supervision and wellbeing. Where skill mix has changed, quality impact assessments have been completed, and where additional staff are needed to mitigate risk or support equitable access, the increase is recommended in this paper.

25. Conclusion

25.1. The Biannual Safe Staffing Review (February to July 2026) provides assurance that nursing establishments across the inpatient areas in scope have been systematically reviewed using evidence based tools, professional judgement, quality indicators and temporary staffing data, and that safe staffing was maintained across the period through daily review, escalation and mitigation.

25.2. The Trust remains established to meet the acuity and dependency needs of patients, subject to the recommended changes, including the increases in Horton Emergency Department and SEU Triage. Several areas can safely enact reductions or cost neutral changes. Two requests for additional direct care posts, on the Specialist Surgery Inpatient Ward and Neurosurgery Red, are not supported in this cycle and will be reassessed against the next data collection.

25.3. Risks and limitations identified in the review will continue to be monitored through monthly safe staffing reporting, divisional governance and Trust level oversight.

26. Recommendations

26.1. The Trust Board is asked to:

- Note the safe staffing position for February to July 2026, including fill rates, red flag events and escalation;
- Approve the establishment changes set out in this paper, to be enacted through the establishment review governance process;
- Approve the establishment increases in Horton Emergency Department, 5.51 registered nurse WTE, and SEU Triage, 2.75 registered nurse WTE and 5.28 clinical support worker WTE.

Appendix 1: Detailed Summary of All Changes

Division	Inpatient area	Change type	Change	RN WTE	CSW WTE	Total direct care WTE	Associated care (including admin)	Total WTE
SuWOn	155800 Gastro Ward	Efficiency	Remove B4 team lead			0.00	(0.74)	(0.74)
SuWOn	166180 SEU D Side	Efficiency	Remove 1 B6 early, late and night and replace with B5 long day and night	(0.65)		(0.65)		(0.65)
SuWOn	166190 SEU F Side	Efficiency	Remove B3 ward manager's assistant			0.00	(1.00)	(1.00)

Division	Inpatient area	Change type	Change	RN WTE	CSW WTE	Total direct care WTE	Associated care (including admin)	Total WTE
SuWOn	164100 Haematology Ward	Efficiency	Remove B2 ward assistant			0.00	(0.56)	(0.56)
SuWOn	166185 SEU E Side	Efficiency	B7 ward manager 0.20 clinical	(0.15)		(0.15)		(0.15)
SuWOn	166190 SEU F Side	Efficiency	B7 ward manager 0.20 clinical	(0.15)		(0.15)		(0.15)
SuWOn	176340 Gynaecology Ward JR	Efficiency	B7 ward manager 0.20 clinical	(0.15)		(0.15)		(0.15)
SuWOn	158660 Renal Transplant Ward	Efficiency	B7 ward manager 0.20 clinical	(0.13)		(0.13)		(0.13)
SuWOn	158160 Renal Ward	Efficiency	B7 ward manager 0.20 clinical	(0.24)		(0.24)		(0.24)
SuWOn	164100 Haematology Ward	Efficiency	B7 ward manager 0.20 clinical	(0.24)		(0.24)		(0.24)
SuWOn	164800 Sobell House Inpatients	Efficiency	B7 ward manager 0.20 clinical	(0.24)		(0.24)		(0.24)
SuWOn	158860 Urology Inpatients	Efficiency	B7 ward manager 0.20 clinical	(0.20)		(0.20)		(0.20)
SuWOn	166240 Upper GI Ward	Efficiency	B7 ward manager 0.20 clinical	(0.25)		(0.25)		(0.25)
SuWOn	166220 Wytham Ward	Efficiency	B7 ward manager 0.20 clinical	(0.25)		(0.25)		(0.25)
SuWOn	166220 Wytham Ward	Efficiency	B5 night shift from 5 to 4	(1.44)		(1.44)		(1.44)
SuWOn	155800 Gastro Ward	Investment	B2 shift twilight shift to early and late		0.69	0.69		0.69
SuWOn	176340 Gynaecology Ward JR	Investment	B3 switch from twilight to night		0.92	0.92		0.92
SuWOn	158160 Renal Ward	Investment	Additional B3 night		2.64	2.64		2.64
SuWOn	164800 Sobell House Inpatients	Investment	Additional B3 long day		2.64	2.64		2.64
SuWOn	164490 Oncology Ward	Investment	Additional B2 switch to B3 long day		0.00	0.00		0.00
SuWOn	164800 Sobell House Inpatients	Investment	Additional B3 ward manager’s assistant			0.00	0.60	0.60

Division	Inpatient area	Change type	Change	RN WTE	CSW WTE	Total direct care WTE	Associated care (including admin)	Total WTE
SuWOn	166196 SEU Triage	Budget adjustment	B3 ward clerks			0.00	4.00	4.00
SuWOn	164800 Sobell House Inpatients	Budget adjustment	Transplant coordinator	(2.26)		(2.26)		(2.26)
SuWOn	166180 SEU D Side	Budget adjustment	Bank staff budget	(0.52)		(0.52)		(0.52)
SuWOn	164100 Haematology Ward	Budget adjustment	Budget error: B3 and B4 switch and B6			0.00	0.00	0.00
SuWOn total				**(6.87)**	**6.89**	**0.02**	**2.30**	**2.32**
MRC	153240 Stroke Unit	Efficiency	B7 ward manager 0.20 clinical	(0.21)		(0.21)		(0.21)
MRC	153530 Short Stay Ward	Efficiency	B7 ward manager 0.20 clinical	(0.24)		(0.24)		(0.24)
MRC	153540 Short Stay Ward 5A	Efficiency	B7 ward manager 0.20 clinical	(0.24)		(0.24)		(0.24)
MRC	153950 Complex Unit A	Efficiency	B7 ward manager 0.20 clinical	(0.24)		(0.24)		(0.24)
MRC	144352 Rehabilitation Nursing	Efficiency	B7 ward manager 0.20 clinical	(0.24)		(0.24)		(0.24)
MRC	151500 CTCCU	Efficiency	Band 5 reduction	(4.31)		(4.31)		(4.31)
MRC	153100 JR Emergency Department	Budget adjustment	To align budget to current operational working	(1.67)		(1.67)		(1.67)
MRC	153105 ED Advanced Care Practitioner	Budget adjustment	To align budget to current operational working	2.27		2.27		2.27
MRC	153480 Complex Medicine Unit B	Budget adjustment	1 WTE B4 nursing assistant educator	1.00		1.00		1.00
MRC	151280 Cardiology Ward	Investment	Additional Band 3 on night shift		2.64	2.64		2.64
MRC	153160 HH Emergency Department	Investment	RN (B5, B6, B7) increase in shift hours 11 to 11.5	1.15		1.15		1.15
MRC	153160 HH Emergency Department	Investment	CSW increase in shift hours 11 to 11.5		0.34	0.34		0.34
MRC total				**(2.73)**	**2.98**	**0.25**		**0.25**

Division	Inpatient area	Change type	Change	RN WTE	CSW WTE	Total direct care WTE	Associated care (including admin)	Total WTE
NOTSSCaN	170880 Tom's Ward	Efficiency	Establishment aligned to the current 18 bed base, B6	(1.33)		(1.33)		(1.33)
NOTSSCaN	170880 Tom's Ward	Efficiency	Establishment aligned to the current 18 bed base, B5	(0.87)		(0.87)		(0.87)
NOTSSCaN	170880 Tom's Ward	Efficiency	Establishment aligned to the current 18 bed base, B3 housekeeper		(0.80)	(0.80)		(0.80)
NOTSSCaN	170780 Horton Children's Ward	Efficiency	B5 and B6 0.18 WTE reduction converting early and late to long day shifts	(0.18)		(0.18)		(0.18)
NOTSSCaN	166680 Trauma Ward 3A	Efficiency	0.34 WTE relates to half an hour deduction on the late shift for winter across B6, B5 and B3	(0.34)		(0.34)		(0.34)
NOTSSCaN	141110 BIU	Efficiency	B6 and B5 long day and early and late shift movement	(0.20)		(0.20)		(0.20)
NOTSSCaN	141245 Ward E	Efficiency	B5 switch from long day to early and late	(0.32)		(0.32)		(0.32)
NOTSSCaN	141810 Ward D	Efficiency	B5 early and late replaced with long day at 12 hours instead of 13 hours	(0.30)		(0.30)		(0.30)
NOTSSCaN	141810 Ward D	Efficiency	Reduction in B3 late		(0.08)	(0.08)		(0.08)
NOTSSCaN	168320 Neurology Ward	Efficiency	Reduction in hours for the early and late shift across all bands	(2.04)		(2.04)		(2.04)
NOTSSCaN	168325 Blue Ward Neurosurgery	Efficiency	Reduction in hours for the early and late shift across all bands	(2.03)		(2.03)		(2.03)
NOTSSCaN	168330 Red/HC Ward Neurosurgery/ Mixed	Efficiency	Reduction in hours for the early and late shift across all bands	(2.03)		(2.03)		(2.03)
NOTSSCaN	168335 Green Ward Neurosurgery	Efficiency	Decrease of 0.84 WTE B6 and 0.46 WTE B5 converting early and late to long day	(1.30)		(1.30)		(1.30)
NOTSSCaN	168335 Green Ward Neurosurgery	Efficiency	1.97 WTE reduction in B3 and 0.69 WTE B3 due to hours change in early and late shifts		(2.66)	(2.66)		(2.66)
NOTSSCaN	169385 Specialist Surgery I/P Ward	Efficiency	B7 PDEL	(0.40)		(0.40)		(0.40)
NOTSSCaN	169385 Specialist Surgery I/P Ward	Efficiency	B5 floor coordinator	(0.20)		(0.20)		(0.20)

Division	Inpatient area	Change type	Change	RN WTE	CSW WTE	Total direct care WTE	Associated care (including admin)	Total WTE
NOTSSCaN	169385 Specialist Surgery I/P Ward	Efficiency	B5 reduction on long day Wednesday and Thursday	(0.72)		(0.72)		(0.72)
NOTSSCaN	169385 Specialist Surgery I/P Ward	Efficiency	B2 reduction due to twilight shift removal		(1.18)	(1.18)		(1.18)
NOTSSCaN	170680 Bellhouse-Drayson Ward	Efficiency	B6 PDEL reduction	(0.40)		(0.40)		(0.40)
NOTSSCaN	170680 Bellhouse-Drayson Ward	Efficiency	B3 due to conversion of early and late to long day shift		(0.11)	(0.11)		(0.11)
NOTSSCaN	170680 Bellhouse-Drayson Ward	Efficiency	B5 due to conversion of early and late to long day shift	(0.11)		(0.11)		(0.11)
NOTSSCaN	170660 Kamran's Ward (Oncology and Haematology)	Efficiency	Remove B5 early and late (2.76 WTE), B6 early and late reduction and add B6 long day (2.54 WTE)	(0.22)		(0.22)		(0.22)
NOTSSCaN	170640 Melanie's Ward	Efficiency	0.12 B3 reduction due to conversion of early and late to long day shift		(0.12)	(0.12)		(0.12)
NOTSSCaN	170640 Melanie's Ward	Efficiency	B2 housekeeper			0.00	(0.83)	(0.83)
NOTSSCaN	170640 Melanie's Ward	Efficiency	B2 admin support			0.00	(1.00)	(1.00)
NOTSSCaN	170640 Melanie's Ward	Efficiency	0.1 WTE B6	(0.10)		(0.10)		(0.10)
NOTSSCaN	170800 Robin's Ward	Investment	B7 PDEL	0.20		0.20		0.20
NOTSSCaN	170800 Robin's Ward	Investment	B5 four bed winter pressure beds	2.20		2.20		2.20
NOTSSCaN	141255 Ward F	Investment	B5 additional early	1.07		1.07		1.07
NOTSSCaN	168320 Neurology Ward	Investment	B3 one extra Monday to Friday		1.89	1.89		1.89
NOTSSCaN	170660 Kamran's Ward (Oncology and Haematology)	Investment	B2 housekeeper increase			0.00	1.00	1.00

Division	Inpatient area	Change type	Change	RN WTE	CSW WTE	Total direct care WTE	Associated care (including admin)	Total WTE
NOTSSCaN	170660 Kamran's Ward (Oncology and Haematology)	Investment	B3 ward clerk increase			0.00	0.17	0.17
NOTSSCaN	166780 MTC Ward 2A	Investment	B5 night and B5 late hours change	0.34		0.34		0.34
NOTSSCaN	166780 MTC Ward 2A	Investment	B3 and B2 night and B3 late hours change		0.23	0.23		0.23
NOTSSCaN	170640 Melanie's Ward	Investment	0.26 WTE increase in B5 due to conversion of early and late to long day shift plus one extra on the long day on a Sunday	0.26		0.26		0.26
NOTSSCaN	169385 Specialist Surgery I/P Ward	Investment	B6 conversion of late to long day	0.33		0.33		0.33
NOTSSCaN	169385 Specialist Surgery I/P Ward	Investment	B4 increase on night shift Wednesday, Thursday and Friday		1.08	1.08		1.08
NOTSSCaN	169385 Specialist Surgery I/P Ward	Investment	B3 reduction of early and late and increase on DSU		1.05	1.05		1.05
NOTSSCaN	169385 Specialist Surgery I/P Ward	Investment	B7 correction	0.41		0.41		0.41
NOTSSCaN	161700 WW Neuro ICU	Investment	To be confirmed					0.00
NOTSSCaN	170400 Neonatal Unit	Investment	To be confirmed					0.00
NOTSSCaN	170500 Paediatric Critical Care Unit	Investment	To be confirmed					0.00
NOTSSCaN	194144 Children's Retrieval Service (SORT)	Investment	To be confirmed					0.00
NOTSSCaN	141810 Ward D	Budget adjustment	B7 correction to 1 WTE on template	(0.07)		(0.07)		(0.07)

Division	Inpatient area	Change type	Change	RN WTE	CSW WTE	Total direct care WTE	Associated care (including admin)	Total WTE
NOTSSCaN	169388 Head and Neck Blenheim Ward	Budget adjustment	B7 correction to 1 WTE on template	(0.06)		(0.06)		(0.06)
NOTSSCaN	170660 Kamran's Ward (Oncology and Haematology)	Budget adjustment	B7 correction to 1 WTE on template	(0.20)		(0.20)		(0.20)
NOTSSCaN	170640 Melanie's Ward	Budget adjustment	B7 correction to 1 WTE on template	(0.20)		(0.20)		(0.20)
NOTSSCaN	166880 Ward 6A JR	Investment	Skill mix	0.52		0.52		0.52
NOTSSCaN total				**(8.29)**	**(0.70)**	**(8.99)**	**(0.66)**	**(9.65)**
Total				**(17.89)**	**9.17**	**(8.72)**	**1.64**	**(7.08)**

Appendix 2: Ward Level Planned Against Actual Staffing Fill Rates, May 2026

Division and ward	Fill rate registered	Fill rate unregistered	Fill rate overall
Trust	**97.40%**	**95.40%**	**96.30%**
NOTSSCaN	**98.00%**	**96.60%**	**97.30%**
Bellhouse-Drayson Ward	97.50%	99.50%	98.50%
HH Children's Ward	98.00%	128.50%	113.30%
Kamran's Ward	99.50%	100.00%	99.80%
Melanie's Ward	99.50%	95.50%	97.50%
Robin's Ward	98.50%	96.00%	97.30%
Tom's Ward	97.50%	93.00%	95.30%
Neonatal Unit	99.50%	97.50%	98.50%
Paediatric Critical Care	97.00%	**84.00%**	90.50%
BIU	97.00%	**85.00%**	91.00%
Head and Neck Blenheim Ward	99.50%	100.00%	99.80%
HH F Ward	99.50%	98.50%	99.00%
Major Trauma Ward 2A	97.00%	92.50%	94.80%
Neurology Purple Ward	98.00%	102.00%	100.00%
Neurosurgery Blue Ward	98.50%	97.50%	98.00%
Neurosurgery Green/IU Ward	98.50%	97.00%	97.80%
Neurosurgery Red/HC Ward	99.50%	100.00%	99.80%
Specialist Surgery I/P Ward	98.50%	97.00%	97.80%
Trauma Ward 3A	96.00%	92.50%	94.30%
Ward 6A JR	100.50%	96.00%	98.30%
Ward E (NOC)	93.00%	**88.00%**	90.50%
Ward F (NOC)	96.00%	**89.00%**	92.50%
WW Neuro ICU	98.50%	97.00%	97.80%
MRC	**96.00%**	**95.10%**	**95.10%**
Ward 5A SSW	95.00%	96.00%	95.50%
Ward 5B SSW	93.50%	94.00%	93.80%
Cardiology Ward	95.50%	92.00%	93.80%
Cardiothoracic Ward (CTW)	99.50%	93.00%	96.30%
Complex Medicine Unit A	95.00%	90.50%	92.80%
Complex Medicine Unit B	**89.50%**	95.00%	92.30%
Complex Medicine Unit C	98.50%	96.00%	97.30%
Complex Medicine Unit D	99.50%	**88.00%**	93.80%
CTCCU	**78.50%**		**78.50%**
Emergency Assessment Unit (EAU)	91.00%	95.00%	93.00%
HH EAU	98.00%	97.00%	97.50%
HH Emergency Department	99.00%	98.00%	98.50%
JR Emergency Department	**88.50%**	91.50%	90.00%
HH Juniper Ward	101.50%	97.50%	99.50%

Division and ward	Fill rate registered	Fill rate unregistered	Fill rate overall
HH Laburnum	100.00%	98.00%	99.00%
HH Oak (High Care Unit)	99.50%	97.50%	98.50%
John Warin Ward	98.00%	93.00%	95.50%
OCE Rehabilitation Nursing (NOC)	96.50%	94.50%	95.50%
Osler Respiratory Unit	100.00%	98.50%	99.30%
Ward 5E/F	99.50%	96.00%	97.80%
Ward 7E Stroke Unit	100.50%	100.00%	100.30%
SuWOn	**98.60%**	**94.40%**	**96.50%**
Gastroenterology (7F)	99.00%	99.00%	99.00%
Gynaecology Ward JR	99.50%	100.00%	99.80%
Haematology Ward	95.00%	100.50%	97.80%
Katharine House Ward	99.50%	94.00%	96.80%
Oncology Ward	99.00%	**89.50%**	94.30%
Renal Ward	99.50%	92.50%	96.00%
SEU D Side	100.00%	94.00%	97.00%
SEU E Side	99.50%	**88.50%**	94.00%
SEU F Side	100.00%	94.50%	97.30%
Sobell House Inpatients	98.00%	90.50%	94.30%
Transplant Ward	94.00%	92.50%	93.30%
Upper GI Ward	99.50%	95.50%	97.50%
Urology Inpatients	99.00%	96.00%	97.50%
Wytham Ward	98.50%	94.00%	96.30%
Maternity	**97.10%**	**93.40%**	**95.30%**
MW Intrapartum Care	96.00%	93.00%	94.50%
MW Level 5	100.50%	92.00%	96.30%
MW Level 6	97.50%	**87.50%**	92.50%
MW Level 7 (Bereavement)	94.50%	101.00%	97.80%
CSS	**95.00%**	**99.50%**	**97.30%**
JR ICU	95.00%	99.50%	97.30%

Appendix 3: Ward Level CHPPD, May 2026

Division and ward	CHPPD registered	CHPPD unregistered	CHPPD overall
Trust	**7.3**	**3.2**	**10.5**
NOTSSCaN	**8.6**	**3.0**	**11.6**
Bellhouse-Drayson Ward	7.7	2.8	10.5
HH Children's Ward	11.7	3.7	15.4
Kamran's Ward	9.8	1.2	11.0
Melanie's Ward	6.9	3.4	10.4
Robin's Ward	8.6	1.9	10.4
Tom's Ward	7.6	2.2	9.8
Neonatal Unit	15.4	1.1	16.5
Paediatric Critical Care	26.4	2.4	28.8
BIU	4.8	2.8	7.6
Head and Neck Blenheim Ward	6.4	2.0	8.4
HH F Ward	4.2	3.3	7.5
Major Trauma Ward 2A	6.2	3.3	9.5
Neurology Purple Ward	3.9	4.1	8.0
Neurosurgery Blue Ward	4.7	4.1	8.8
Neurosurgery Green/IU Ward	3.9	5.9	9.8
Neurosurgery Red/HC Ward	6.5	5.1	11.6
Specialist Surgery I/P Ward	5.1	2.6	7.7
Trauma Ward 3A	5.6	3.4	9.0
Ward 6A JR	4.2	2.9	7.2
Ward E (NOC)	4.7	2.5	7.1
Ward F (NOC)	4.3	3.0	7.3
WW Neuro ICU	29.9	2.9	32.8
MRC	**6.2**	**3.8**	**10.0**
Ward 5A SSW	4.5	3.8	8.3
Ward 5B SSW	4.4	4.3	8.7
Cardiology Ward	6.5	2.0	8.5
Cardiothoracic Ward (CTW)	5.0	2.5	7.5
Complex Medicine Unit A	4.2	4.1	8.4
Complex Medicine Unit B	4.2	4.6	8.8
Complex Medicine Unit C	4.5	3.9	8.4
Complex Medicine Unit D	4.6	3.6	8.2
CTCCU	25.1	0.0	25.1
Emergency Assessment Unit (EAU)			
HH EAU			
HH Emergency Department			
JR Emergency Department			
HH Juniper Ward	4.0	3.8	7.7
HH Laburnum	4.2	4.3	8.5

Division and ward	CHPPD registered	CHPPD unregistered	CHPPD overall
HH Oak (High Care Unit)	6.2	4.5	10.7
John Warin Ward	5.7	4.5	10.2
OCE Rehabilitation Nursing (NOC)	5.5	4.6	10.1
Osler Respiratory Unit	7.0	4.9	11.9
Ward 5E/F	5.1	4.9	10.0
Ward 7E Stroke Unit	5.6	3.5	9.1
SuWOn	**5.6**	**3.0**	**8.6**
Gastroenterology (7F)	5.3	3.5	8.8
Gynaecology Ward JR	5.6	2.6	8.2
Haematology Ward	6.5	3.1	9.5
Katharine House Ward	6.2	3.8	10.0
Oncology Ward	5.6	2.3	8.0
Renal Ward	6.5	2.9	9.4
SEU D Side	4.9	3.3	8.2
SEU E Side	5.2	3.1	8.3
SEU F Side	4.8	2.6	7.3
Sobell House Inpatients	5.3	4.0	9.2
Transplant Ward	7.0	3.5	10.5
Upper GI Ward	5.7	2.5	8.2
Urology Inpatients	5.1	3.4	8.6
Wytham Ward	4.9	1.9	6.8
Maternity	**7.0**	**1.7**	**8.8**
MW Intrapartum Care	13.7	2.1	15.8
MW Level 5	2.7	1.6	4.3
MW Level 6	6.9	1.9	8.8
MW Level 7 (Bereavement)	4.8	1.4	6.2
CSS	**22.5**	**4.3**	**26.8**
JR ICU	22.5	4.3	26.8

Appendix 4: Tools and Workforce Guidance Applied

Setting	Tool applied	Version	Notes
Adult inpatient wards	SNCT	2025	NICE endorsed; licence in date
Adult acute assessment units	SNCT AAU	2025	Licence in date
Children and young people's wards	CYP SNCT	2023	2026 weightings not published in time; to be used next cycle
Emergency departments	RCEM and RCN standards	2020	Revised ED SNCT to be used next cycle
Adult critical care	GPICS	Version 3, 2026	Daily acuity scoring
Neonatal critical care	BAPM	2022	
Paediatric critical care	PCCS standards	6th Edition, 2021	

Tools and workforce guidance applied by setting