NHS England

Safe Staffing FAQs: Week Commencing 11ᵗʰ July 2014

General Queries Regarding Publishing Safe Staffing

	Questions:	Answers:
G1	Will we get a copy of the webex slides?	The slides are available from: http://www.england.nhs.uk/wp-content/uploads/2014/05/safe-staffing-slides.pdf
G2	How will communication with the media take place?	NHS England press office will work closely with other press offices, particularly DH, TDA and Monitor. Each Trust should have its own communications plan.
G3	What is the impact of collecting this data? How will it contribute to improved nursing care?	This will contribute to improved care for patients by ensuring that effective staffing levels are continually presented, challenged, owned and discussed at Board, commissioning and front line level.
G4	What happens if we do not or cannot do this?	There is an expectation from the Hard Truths Report that all Trusts will be publicly displaying data on staffing. If your Trust is not able to provide the data a flag will appear on the webpage indicating that there is no data available. The regulatory bodies may be interested to know the reasons for not publishing the data.
G5	Is information for NHS Choices different to what we are required to submit?	No, the submission for the UNIFY collection is the information that will be displayed on the NHS Choices.
G6	What information is required for the Trust website?	Information should adhere to the 'NQB Staffing Guidance' and include: • Ward level staffing data for each month, so the public can link from NHS Choices • Board report detailing Nursing and Midwifery workforce requirements - this will be based on an evidence-based tool and/or the use of professional judgement • Monthly staffing Board report - this could be an exception report • Additional information on staffing, as determined by the Trust
G7	Will we have warning pre-publication on NHS Choices of our trust position so we can prepare media and internal messaging?	The ratings/parameters have not yet been set. A number of options are being explored. As soon as an option is selected we will inform you. This will be prior to publication.
G8	Are Social Enterprises included?	No.
G9	Are prison health in-patient units included?	No.

G10	Do we include grant funded services such as hospices?	No.
G11	Is A&E included?	No.
G12	Is CDU included?	No.
G13	Is Adult ITU included?	Yes, and all High Dependency in patient areas.
G14	Does it include all Children's areas too?	Yes, all inpatient areas.
G15	Is neonatal included?	Yes.
G16	Are labour and midwifery led units included (including Delivery Suites)?	Yes. Whilst it is acknowledged that delivery suites are not classed as in patient areas they should have planned staffing levels and often can be supported by staff pulled from other areas of the maternity department. Staffing in delivery suites should be counted.
G17	In the event a day surgery ward stays open past midnight do we need to report for that ward, would it be just required for that date?	No.
G18	What about Day case Units that may be open for 2 or 3 nights of the week?	If these units are planned to open on a regular basis then the staffing required for that unit should also be planned for. Hence these should be included.
G19	What do I report when a ward has had a temporary planned closure part way through the month?	The planned and actual staffing for the days when the ward is open should be reported as normal. The planned and actual staffing for the days when the planned closure occurs should be recorded as zero. The variance in the staffing and the rational for the closure should be reflected in the monthly
G20	What do I report when a ward is permanently closed?	This ward should no longer be reported on. You should remove this ward from NHS Choices. This needs to be done by the person in your organisation who has editor's permissions to the NHS Choices system.

Mental Health, Learning Disability and Community Services Queries

	Questions:	**Answers:**
S1	Does the speciality include mental health wards?	Yes.
S2	Mental Health wards have other registered staff. Should these be included?	No.
S3	If a Trust has a single unit e.g. an LD unit, will this be reported as a single site or should we link it to a nearby hospital site?	If it is on its own site then it should be included as a site within the overarching provider return. If it's a residential facility then it should be
S4	Is there any time frame for community mental health teams to be recording safer staffing levels?	Not currently. However Trusts may decide to do this and present the information on their Staffing webpage.

S5	Should we include Respite adult and paediatric LD Wards?	Yes.
S6	Would social care respite beds, traditionally not treated as in-patients need to be counted?	No.
S7	In the community setting are we just using inpatient ward? Are we to include intermediate care units in residential units if nurse led?	NHS intermediate care is included, but residential is excluded.
S8	Do we have to report on Community Teams that are employed by acute Trusts?	No, this indicator is for inpatient areas only.

Data and UNIFY Queries

<table>
<tr><th colspan="2">Questions:</th><th colspan="4">Answers:</th></tr>
<tr><td>D1</td><td>When do future uplifts have to be completed by?</td><td></td><td>June 2014</td><td>July 2014</td><td>August 2014</td></tr>
<tr><td></td><td></td><td>Date Unify opened for upload of data</td><td>1st July</td><td>4th August</td><td>2nd September</td></tr>
<tr><td></td><td></td><td>Submission date (10th working day) NOON</td><td>15th July</td><td>15th August</td><td>15th September</td></tr>
<tr><td></td><td></td><td>Publication date – (1st working day after CHOICES go-live date)</td><td>6th August</td><td>3rd September</td><td>6th October</td></tr>
<tr><td>D2</td><td>Can we get a copy of the UNIFY template before then?</td><td colspan="4">A copy of the template can be found at: http://nww.unify2.dh.nhs.uk/unify/interface/homepage.aspx</td></tr>
<tr><td>D3</td><td>Does this mean for multi sited trusts we have to do a UNIFY return for each site?</td><td colspan="4">The UNIFY template has been created so that you can submit one template for each Trust. The return asks for the hospital site in order to obtain the data for NHS Choices.</td></tr>
<tr><td>D4</td><td>Who should validate the data prior to upload onto UNIFY?</td><td colspan="4">The data should be validated by the Trust prior to uplift.</td></tr>
<tr><td>D5</td><td>Is it as simple as adding the early shift planned to the late shift planned to give a total i.e 4 qualified on early, 4 qualified on late = 8 qualified?</td><td colspan="4">It is this simple but in hours so if a shift is 7.5 hours it would be 7.5 x 8 (60 hours).</td></tr>
<tr><td>D6</td><td>Are bank and agency included as part of the numbers?</td><td colspan="4">Yes.</td></tr>
</table>

D7	What about AHPs who provide direct care on the ward - are they included?	No.
D8	Are we expected to declare how much was bank and agency staff in the figures required by NHS choices?	No.
D9	Do we include supernumerary staff such as new starters who are not in the numbers?	If these are not included in the planned numbers then they should be excluded from the actual numbers.
D10	Does each ward submit data or is there to be a central point within each Trust?	A central point submits data from each Trust.
D11	Do we put in if we have more staff on duty than planned?	Yes.
D12	Is it accepted that the planned hours will alter month on month?	You should be able to cross reference the planned hours to the Board report that detailed Nursing and Midwifery workforce requirements. If your planned hours are changing because of ward closure or changes to bed occupancy, you should be able to cross reference this in
		your monthly report.
D13	Why is the report a calendar month and not 28 day period?	This is consistent with the reporting of other metrics and information on NHS Choices.
D14	Why hours rather than shifts?	This is in line with the emerging NICE guidance.
D15	Will the upload to UNIFY be every month from June and NHS Choices updated monthly? What day of the month will this submission be?	It will be monthly. The dates will be published by UNIFY.
D16	Some escalation areas are attached to wards, and not including them will give a false position of staffing levels on that area. What should we do?	It should be included in the exception report to the Board.
D17	If staffing requirements alter after the commencement of a shift, i.e. a service user requires 1:1 or 2:1 observations do we change the planned numbers for that shift or for reporting purposes do we stick with what we had planned at the beginning of the shift?	No, the increase should be reflected in the Actual hours.
D18	In the event that some beds are closed or empty requiring less staffing, should we reduce planned hours or just actual?	If it is for a prolonged period of time, the Planned and Actual should be reduced.
D19	Does it need to include practice facilitators who are specifically working on the ward?	Only if they are required to as part of the Planned staff hours.

D20	By including specials in the actuals does this not distort the staffing levels?	Yes, but that is legitimate and is an accurate reflection of your staffing need to safely manage acuity and dependency.
D21	Does the number of planned include planned absences e.g. study/AL?	The Planned staff hours are those agreed as part of the Nursing and Midwifery workforce requirements.
D22	Do the twilight shifts get counted as hours within the day shift or night shift as they cross over both?	It is for the Trust to decide, but only count the hours once and consistently.
D23	Are housekeepers and ward clerks included in the numbers collected?	No.
D24	The specials won't be included in the planned figures, should they be included in the actuals?	The planned figure should remain static and the specials be included in the actual figure and be calculated in the variance.
D25	Should we count the number of worked hours (paid) or the number of full shift hours included break times?	The number of worked hours (paid).
D26	If external staff to a ward assists with direct care needs of patients for	Yes.

	longer than 2 hours should they be recorded as actual hours	
D27	Can we submit April data that has been authorised	No.
D28	Are the independent sector required to publish in June?	No.

<mark>D 29</mark>	I wish to use one of the additional codes that have been made available. How do I do this?	If you wish to use any of these codes you must add the service /treatment into your Trusts homepage on NHS Choices prior to Unify uplift. Only trust level editors can add services. How to add a service: 1. Log in using your email address and password. 2. Find the hospital you want to add a service to. 3. Go to the parent (trust) page of the hospital. 4. Click the 'Departments and services' tab. 5. Click the 'Add Department or Service' button. 6. In the 'Department or Service name' field, type in the name of the service you want to add. For example 'Rheumatology'. Select the service from the predictive list. 7. There will be a list of hospital(s). Tick the hospital(s) where this service is provided. 8. Click 'Add' to save your changes. If there are any issues or queries then people can contact servicedesk@nhschoices.nhs.uk for advice and support.

Board Reporting Queries

	Questions:	Answers:
B1	How do we avoid creating a problem by increasing the number of vacancies/unfilled shifts when we increase the ward establishments but have not yet recruited to new posts?	The monthly Board report should include exceptions and this should be included. People accessing NHS Choices will be able to review the Board report via the URL to your Trust website. If you are able to fill those new posts with temporary staff then they will be included in the "Planned" & "Actual".
B2	How does the data show that the ward is using safe staffing ratios for their speciality?	Every six months Boards should receive a report detailing current Nursing & Midwifery workforce requirements. This will be based on an evidence-based tool and/or the use of professional judgement. This should correlate with the numbers submitted.

B3	Is there a template for the monthly Board report?	We did consider this, however as governance and assurance systems vary between Trusts; some Boards will wish to receive a comprehensive report and others an exception report. We would recommend using the National Quality Board Safe Staffing Guidance published in November 2013.
B4	The ratios (RN to Pt) are agreed per ward but this is not publicised through this route; is this to change?	There is no current plan to publish ratios. However Trusts can do so on the Staffing page of their website.
B5	What should Trusts do when their Board does not meet monthly?	If your Board does not meet monthly, then a report detailing the all previous months' data will have to be presented. This could be an exception report for each month.
B6	What happens when the dates for upload precede the date for Trust Boards?	This is a local issue to be discussed with your CEO and Chair.
B7	Where in the contract does it mention publishing safe staffing	Here's a link to the part of the General Conditions of the Standard Contract for 2014/15, which outlines requirements around staffing on page 4 http://www.england.nhs.uk/wp-content/uploads/2013/12/sec-c-gen-cond-1415.pdf