Frequently asked questions about safe staffing

Does having an actual level below 100% mean a ward is unsafe?

No. We would expect the actual staffing level to be close to the planned level but in isolation, this data does not determine whether a ward is safe. Safe staffing is much more complex and takes into account key aspects like the type and size of ward, the acuity of patients and the ward team and their experience and expertise. Over time and alongside other information, this data can be used to build a picture of variation, allow greater scrutiny of services and most importantly drive improvement.

For example, there could be a maternity ward with a planned level but not as many births that month as normal so not as many staff needed as if the ward was busy, or a ward may be particularly busy and more staff than normal are brought in, so that ward would have higher than planned levels.

What does the data mean?

Along with increasing wealth of data about local health services, this data suggests areas that should raise questions and inform where improvements are needed.

What has happened until now – have regulators not known this information?

Providers, commissioners and regulators already have some of this information but this is the first time staffing level data has been published at a national level down to ward level and the first time it has been brought together.

Won't Trusts that set a high staffing level look worse than those than set a lower planned level?

Yes, potentially. Trusts must plan their staffing requirements according to the specific needs of the patients on each ward, using evidence. This process doesn't change that.

This is the first time this data has been published and we expected some variation while the process beds in and is refined. For example, a ward's planned level might have been recently increased but the ward is in the process of recruiting so there will be a period where the actual is further from planned. We would expect Trusts that vary significantly from their planned levels to explain on their website, the reasons behind this.

This process is about ensuring openness and transparency of data to give the public confidence in hospital services.

What do you say to accusations that Trusts are asking specialist nurses to abandon their case loads and work on the wards to bump up their staffing levels for the data?

Many nurses specialise in a particular area and play a vital part of the ward team. If the needs of the patients require specialist nurse support, it is only right that they should be part of the complement of staff on a ward. However, we would not expect specialist nurses to be used in the way you describe unless exceptional circumstances. If this happens on a regular basis, we would expect Trusts to review their planned levels and the action they are taking to ensure they have sufficient staff.

Staffing requirements should be determined using an evidence based approach to ensure the right number and level of knowledge and skills in a ward team is available to meet the needs of the patients.

Isn't this just creating extra work for wards that are already flat out?
How much time has it taken nurses? (Bureaucracy angle)

This isn't intended to create extra work for busy staff. Wards should know what their planned levels should be and be able to evidence how their actual staffing levels compare with this. We know that this is the first time that this data has been collated nationally and Trusts have worked hard to do this. Over time, we would expect this to become a routine part of ward systems and processes. It is down to Trust's to ensure this process is efficient, supported by the use of technology and that it doesn't impact on patient care.

Why are wards not RAG rated?

This was something we looked at but at this is the first time this data has ever been collected and published nationally so it's important that we let the process bed in. We will look to refine and improve the way the data is presented over time as well as looking at what other staffing indicators we can include to give a view that can be rated.

Will you be investigating Trusts that have low staffing levels?

This data does not determine whether a ward is understaffed or unsafe. It is an indicator which, when used in conjunction with other data, over time will build a picture of services on a ward and inform where robust questions need to be asked. We know that regulators and commissioners already use this data as part of their work and we expect trusts to be questioned where patterns emerge.

Why is there a greater number of staff on at night? Surely more are needed during the day?

For most wards, night time is quieter and the ward therefore won't need as many staff as in the day. Because there are fewer staff on at night, this means that any difference from plan will mean a bigger percentage variation.

Now that Trusts have planned levels does this mean you can bring in a minimum nurse to patient ratio?

Each ward in each hospital around the country is different in size, number of patients, the type of patients and their needs. It needs a sophisticated approach, using hard evidence and local professional judgement to determine what staffing is right to provide the best care for patients in every setting. As part of this sophisticated approach, we commissioned NICE to review and publically consult on nurse staffing and we look forward to the feedback from this consultation later this Summer.

Who records the data and when do they do it? (Eg, end of a shift?)

It is down to local judgement as to the most efficient way to collect this data, without impacting on frontline patient care. Like any data collection. Over time, we would expect this to become a routine part of a Trust's systems and processes, and something that informs ward-level and Trust-wide workforce planning.

The vast majority of hospitals are failing to staff their wards properly?

This data does not determine whether a ward is safe. Safe staffing is much more complex and takes into account key aspects like the type and size of ward, the acuity of patients and the ward team and their experience and expertise. Where there is variation from plan and used alongside other information it builds a picture of the areas where questions should be asked.

Fill rates for care staff are more often over 100 per cent than fill rates for registered nurses. Are trusts plugging nursing gaps with care staff?

Healthcare Assistants are a vital part of any ward team but shouldn't be used to plug gaps in nursing shifts. Over time, the CQC and others will be able to analyse trends in the data and question trusts where this seems to be happening routinely to ensure that care staff are not being used to fill gaps in nursing shifts. It's good for the NHS and patients that we will have the data to be able to ask these questions and spot these trends. Ultimately, Trusts must use

hard evidence and local professional judgement to determine the right staffing mix to provide the best care for patients in every setting.

The data is completely meaningless, it's incomplete?

This is the first time that this data has been published. It has been a huge undertaking and Trusts have worked hard to ensure they upload their data in time. There are a few exceptions and we are working with Trusts to ensure this is resolved. But this is a huge step forward. Never before has data on staffing been published at this level and alongside other information it builds a picture of the areas where questions should be asked. Over time, this data will become more refined.

Why are some wards over 100 per cent? It seems odd

Where wards are over 100% it means that their actual staffing was on average, higher than their planned level.

Do the organisations identified above as having low staffing levels in place have plans for resolving issues?

It is important that Trusts review staffing requirements on an on -going basis. This data is part of that but there are other considerations such as level of skills and expertise and the wider multidisciplinary team. Used with other information, this data is a warning signal that will trigger questions about services. Some organisations will have recently increased their planned levels and are in the process of recruiting additional staff.

Does the data suggest shortages of nurses/staff nationally, regionally or sectorally (eg mental health)?

While there are more nurses in the NHS than ever before, we know that demand on the NHS has increased and we need to ensure we have the right workforce going forward. We are working closely with Health Education on an on-going basis to ensure this.

Health Education England has commissioned 13,228 new nursing places for this year, an increase of 9 per cent on 2013/14 which should produce more new nurses for the NHS in 2017 than any year ever recorded before. Health Education England is also leading a campaign to help encourage registered nurses back to work.

How much has this cost?

The cost is minimal. The vast majority of the work has been carried out as part of routine NHS business.