

FAQs Organisational Audit 2025

General Organisational Information:

1. Can I input our HASU team and SU team onto the same form? If so how does this work?

Acute teams (e.g. HASU and SU) can put all their acute results in via one team (e.g via the HASU). Non-acute inpatient rehab units (inpatient units that do not provide acute care) need to complete the organisational audit separately to the acute teams.

Within the General Organisational Information section, you are able to submit one form for two or more teams. It will then ask you to select all SSNAP codes included. You would then answer all subsequent questions once with a combined answer. Please note the other team(s) will not auto-populate with the combined results, they will appear once.

If you are not sure about the number/type of teams to fill the same form for, please consider the care you provide, staffing and what sections you will be able to answer as certain sections will only appear based on answers you provide in general organisational information. It is also important to consider if you'll be disadvantaged on the workforce questions, and whether leadership between teams is separated.

2. Should I combine my community teams onto one form or complete separately?

ESD, CRT, and six-month assessment teams can complete the audit separately if they are separate services OR if they work together as one integrated ICSS team they can decide to collate their results and input into just one form. It is possible to list which teams are included in this return in question 1.8. Please note that if a community team also offers six-month assessments I, please answer Q1.4 with 'no'. This will ensure the correct questions appear.

Within the General Organisational Information section, you are able to submit one form for two or more teams. It will then ask you to select all SSNAP codes included. You would then answer all subsequent questions once with a combined answer.

If you are not sure about the number/type of teams to fill the same form for, please consider the care you provide, staffing and what sections you will be able to answer as certain sections will only appear based on answers you provide in general organisational information. It is also important to consider if you'll be disadvantaged on the workforce questions, and whether leadership between teams is separated.

WTEs

3. Should we be counting vacant roles in the whole-time equivalents?

For question 2.1(i) WTEs, Teams should record the WTEs they should have (i.e. *Total establishment being all roles fully staffed, including those currently unfilled*), rather than just what they have in post.

For question 2.1(iii) Team should then enter the number of WTEs that are vacant.

4. Who can count as a doctor for Question 2.1(cc)?

For this question, doctor applies to any grade of doctor.

5. Our hospital team have the same therapists as our community team. As the audit is now combined can we answer altogether, or do we need to "split" them as we have previously?

The WTEs for these roles should be split. You should apportion the WTEs depending on the time spent in each location.

6. For Q3.10 There is no WTE allocated in our service dedicated for stroke data management it just added to the role of existing therapist / manager / admin role. Should we put 0 for this question?

Yes – if there is no WTE dedicated for a particular role you should answer 0, even if the function is divided among other staff members.

Other

7. For Q4.2 – 4.2a How should we input training sessions if more than one therapist attends?

These questions track the number of sessions (1 session = half a day) that therapists have attended as a team. Each session should be counted only once, regardless of how many therapists participated in the training. The training does not include any self-funded training taken on the therapists own time, only training supported and funded by the trust.

8. Do trained volunteers count towards the training in question 4.3?

For question 4.3, volunteers do not count unless they are part of the funded establishment.

9. For C13 Inpatient rehabilitation - does this include therapy being delivered on the acute ward?

For this section to appear you will need to have selected in question 1.1 that your team does not provide acute care. Therefore, this section refers to non-acute inpatient rehabilitation only.

10. With the questions on workforce e.g. Do people with stroke under the care of this team have access to Podiatry? what is meant by yes but not within our service?

Yes, but not within our service - this means you can access the service, but patients must be referred to another part of the organisation to receive it.

11. For Q14.1, is it total referrals or referrals that were accepted to ESD team?

This question refers only to referrals that were accepted to your team.

12. How do I answer Q12.10 and 12.12?

This question is currently under review for the next round of the organisational audit in November as we understand the confusion it has caused. For this round, please answer for the allied health professionals and we understand that this is duplicating answers elsewhere in the proforma. We apologise for this confusion and will send out further guidance well in advance of the next data entry period.