



KEY FEEDBACK RECEIVED ON IMPROVEMENT RESOURCES 1 TO 4 AND RESPONSE TO THE FEEDBACK

Improvement resource 1: Adult inpatient wards in acute hospitals	
Selected Feedback	Response
Clarification is needed regarding this resource and existing NICE guidelines.	This resource aims to complement the existing NICE guidelines, not replace them. The NICE guidelines were for nurse staffing. This resource takes account of nursing within the context of the wider multi-professional workforce.
The inclusion of uplift in the resource was welcomed by some responders. A number of suggestions around additions to the uplift section were submitted.	These have not been included in the final resource as the level of uplift is essentially a decision for local boards. However the resource provides an example of the factors that could be considered in setting uplift.
Concerns were raised around the lack of recommendations in relation to skill mix particularly in the context of the introduction of new roles such as the Nursing Associate.	This improvement resource re-iterates that skill mix decisions should be made locally and in the context of the wider multi-professional team. Furthermore the improvement resource recommends that a local dashboard should be in place to assure stakeholders regarding safe and sustainable staffing. The dashboard should include quality indicators to support decision-making.
This must remain a useful resource for providers, and not a crude tool with which to performance manage them.	The feedback has highlighted the requirement for some detailed implementation tools and workforce safeguards to ensure quality outcomes for patients. A workshop was held earlier this year and this work will be drawn together in a final set of tools for the sector later.
Feedback was received pressing for the establishment of minimum nurse-to-patient ratios.	There is insufficient evidence within adult inpatient wards in acute hospitals to make such recommendations. The CQC and NHSI support an approach to determining staffing levels based on patients' needs, acuity and dependency which is monitored from 'ward to board'. This will support NHS Provider Boards to make appropriate local judgements about delivering safe patient care.
Comments were received noting concern that the resource focussed on inputs, rather than outcomes.	There is limited evidence currently available around linking outcomes directly to a single professional group, a ward or unit as patient pathways include care and treatment provided by a range of professionals in more than one ward or unit.



Improvement resource 2: Learning disability services	
Selected Feedback	Response
A range of feedback was received regarding the scope of the resource.	<p>The resource was amended to better reflect the roles of certain professions regarding the provision of care. There were different views received on the scope of the resource, some people suggesting it was too broad and should focus on particular specialist areas, others felt that the resource could be broadened to include STPs, GPs, Primary Care Liaison, Dieticians, audiology, speech and language therapy roles, ASD population and children's services.</p> <p>The recommendations for wider work and further research that were out of the scope of this project, have been handed over to the national lead for learning disabilities who will continue to support improvement work in learning disabilities services.</p>
Several comments were received regarding the intended audience of the resource.	<p>Comments were received about who the intended target audience were, particularly the role of commissioners. It was also queried if this resource covered third party providers who deliver NHS commissioned community care.</p> <p>This resource is predominately aimed at both Boards and team leaders in providers of NHS services. It has been amended to ensure that it is clear how it can also be used by commissioners.</p>
Several comments were received regarding the multi-professional approach of the resource.	<p>There were several comments commending the approach taken to recognise the input of the multiprofessional team.</p> <p>The resource was specifically amended to incorporate that when establishing safe nurse staffing levels that any decisions made do not have an adverse or unintended consequence for other staff groups.</p> <p>One source of feedback commented that tools included appeared to be nursing-based rather than having a multi-professional focus and the concern around assuming that a tool derived for one part of the workforce can be applied to another specifically the Context of Care and Hurst tool. However the Context of Care tool has been updated based on the new review of literature undertaken as part of this work and it is multi-disciplinary. The Hurst Tool for Learning disabilities is developed for the multi-disciplinary team with input from AHPs.</p>
Some feedback was received regarding uplift.	Some of the feedback received suggested that the resource had very little reference to uplift and requested



	<p>clear examples.</p> <p>The section on uplift (headroom) has been updated to reflect some of these concerns. This does not provide a specific example, but lists the considerations when setting uplift. This has also been amended to reflect within an additional recommendation that workforce plans should provide for an uplift allocation for inpatient and community based services.</p>
<p>Feedback was received regarding if increasing skill mix would result in diluting the quality of care.</p>	<p>An additional recommendation has been added to the resource to reiterate that a local team's skill mix must be based on need. Moreover, throughout the document the importance of matching staffing numbers skills and competence is emphasised, to ensure any risk of skills dilution is prevented.</p>
<p>Comments were received surrounding the role of Liaison professionals, Unions and professional bodies.</p>	<p>As a result of this feedback the section on liaison roles has been reviewed to reflect the concerns raised. Reference was also added to role of unions and professional bodies can provide in regards to staff training, development and education, identifying problems with recruitment and retention.</p>
<p>Several comments were received regarding the recommendations such as the length or prescriptiveness.</p>	<p>As a result of this feedback the recommendations were reviewed in detail by the working group and expanded or re-phrased to ensure clarity.</p>
<p>Feedback was received pressing for the establishment of minimum nurse-to-patient ratios.</p>	<p>The recommendations on developing minimum standards, which was outside of this scope of work has been handed over to the national lead for learning disabilities who has started work in this area.</p>
<p>Comments were also received on a number of themes including the wider context and accessibility of the resource.</p>	<p>While some of the commentary related to the resource much was a reflection on the system as a whole. Also while each resource is consistent with the overarching NQB framework each one will differ slightly in content and format.</p>



Improvement resource 3: Mental health	
Selected Feedback	Response
Several organisations submitted several comments surrounding Care Setting in the resource.	The resource was amended to better reflect the need to consider the complexity of need in relation to service demands. The resource was also amended to confirm that escalation processes should support staff that raise concerns. Specific references were also added regarding sources to support working beyond retirement age and NICE workplace health guidance. A number of considerations were also added to those to consider for safe staffing dashboards. The resource already made clear it must be possible to deploy staff safely to effectively respond to unplanned care.
Comments were received surrounding the multi-professional team approach.	Complementary comments were received regarding recognition of a multi-professional team approach in the resource. The resource already made reference for appropriate skills for roles so no further update was necessary.
Feedback was received pressing for the establishment of minimum nurse-to-patient ratios.	The resource's focus targets the quality of care, patient safety and efficiency, based on patients' needs and acuity and it is these unfixed elements which need to be considered when meeting care of patients. This approach facilitates appropriate judgements when delivering safe patient care.
Several organisations submitted several comments surrounding recruitment, retention and flexible working	In response to these comments the resource has been strengthened by adding options for flexible working practices, reference to NHS Employers guidance on flexible working. The resource was also amended to further reflect staffing levels influence on recruitment and retention.
Several sources commented on the role of Unions and colleges particularly in regards to staff training, development and education, identifying problems with recruitment and	As a result of this feedback the resource has added reference to the role of unions and professional bodies in supporting the delivery of the principles outlined within the resource.



<p>retention, the impact of organisational change and the role they can play in developing protocols for frontline staff to escalate concerns about the safety and effectiveness of care.</p>	
<p>Feedback was also received regarding scope. This included additional content for inclusion/ further expanded within the resource including positive risk taking (clinical risk mitigation), return to practice, yet more emphasis on creating a 'safety culture', reference to organisational culture and the workplace and supernumerary status.</p>	<p>Where possible the resource has been strengthened in relation to this additional feedback, balanced with the need to be succinct. The resource was also amended to expand on community settings issues with the development and addition of an escalation process. Some comments suggested that the resource did not far enough, for example not addresses issues around supply cost or lack of clarity in the nursing environment, but recognised the limitation of within the working group.</p>
<p>Several organisations submitted comments surrounding uplift.</p>	<p>The resource was amended to include some management and trade union activities as factors when calculating uplift. Although requests for specific calculations were not provided as the working group for this resource felt this would be too prescriptive. This was in addition to the complements regarding the inclusion of planned and unplanned leave as factors in calculating uplift.</p>
<p>Feedback was also received regarding terminology and wider context.</p>	<p>Some amendments were made to the resource regarding specific suggestions. However while it is acknowledged that there is generic content that would sit across multiple care settings within the resource, it is important that these can be picked up and used without having to reference the entire suite of resources.</p>



Improvement resource 4: District nursing service	
Selected Feedback	Response
Several comments were received regarding the multi-professional team approach.	The resource was amended to address two concerns. First the constituents of the approach and that ensuring safe case loads for district nurses any decisions made do not have an adverse or unintended consequence for other staff groups. This is in addition to the complements on the multi-professional team approach.
Feedback was received pressing for the establishment of minimum nurse-to-patient ratios.	The resource expands on what good care looks like and that many elements that are not fixed to be considered to meet the needs of all patients within the caseload.
Several organisations submitted several comments surrounding issues surrounding recruitment and retention.	The resource was amended to reflect how issues surrounding caseload influence recruitment and retention.
Several organisations submitted several comments surrounding the role of unions/ colleges.	The resource was amended to better reflect the role of the unions can provide in relation to Right Staff and appropriate escalation policies.
Several key stakeholders provided several comments on the theme of skills mix when considering the right skills.	The resource was amended to better reflect the range of skills that are involved providing care, the influence of the local health economy in determining the right skills and that the team are adequately trained to be effective in the role in team.
The inclusion of uplift in the resource was welcomed by some responders. A number of suggestions around additions to the uplift section were submitted.	The resource was amended to better account for appraisals for individual staff in uplift calculations. However changes were not made in relation for activities associated with staff representative groups as these activities apply across a group rather than ever individual in a team.