Safe staffing for Accident & Emergency settings
Scoping workshop

15.00 to 17.00 Thursday 5 June 2014

NICE offices, 10 Spring Gardens, London

Workshop Summary

Attendees included representatives from the following stakeholder organisations:

- Faculty of Emergency Nursing
- College of Emergency Medicine
- Royal College of Nursing
- Emergency Nurse Care Association
- NHS Employers
- The Society for Acute Medicine
- RCN Emergency Care Association
- Trauma Audit & Research Network (TARN)
- National Clinical Guidelines Centre
- NHS England
- UNISON
- Department of Health
- Royal College of Anaesthetists

Apologies from:

- Peninsula Trauma Network and Peninsula MTC
- The College of Paramedics
- Nursing and Midwifery Council
- Care Quality Commission
- Association of Paediatric Emergency Medicine (APEM)
- Patient Association
- Health and Care Professions Council
- Healthwatch England

The two hour stakeholder workshop consisted of a short introduction to the Safe Staff programme and presentation on the Safe Staffing for Accident and Emergency settings scope followed by a structured discussion. The discussion was designed to answer four key areas of the scope and to provide opportunity for discussion on any other relevant issues.

Participants were reminded that comments made at the workshop were not a replacement for providing a response to the consultation through written feedback.

Below is a brief summary of the issues discussed and any consensus reached:

Q1	Is the focus on A&E registered (specialist and non-specialist) nursing staff, health care assistants and core specialist nurses appropriate?
	Discussion on the breadth of nursing staff roles to be included in the scope, particularly Advanced Nurse Practitioners (ANPs) and Emergency Nurse Practitioners (ENPs) included the following points: • ANPs and ENPs should not be includedbecause of the nature of their roles, they are more likely to be included on the medical staff roster, or their own roster, than the nursing staff roster. Although some nurses may rotate between these roles, or perform shared roles, it is usual to consider nursing staffing requirements (including healthcare assistants) separately from ANP/ENP requirements. However individuals included on both medical and nursing rotas are usually clear about which role they are fulfilling and the nature of their duties while on a particular shift. • As A&E departments work in a multidisciplinary way, some workshop participants considered that it would be difficult to view the nursing role in isolation from other staff, including doctors, paramedics and physiotherapists. Furthermore, there is not a consistent approach around how different departments use a multidisciplinary team to tackle the workload. • It was discussed whether the guidelines should refer to the role of a nurse or the tasks and activities traditionally performed by nurses. While the latter would allow the guideline to focus on the broader workforce (e.g. paramedics) that undertakes these tasks, it was felt that a task focused guideline would lose the broader caring role of a nurse. • Workforce planning is likely to change over the next 10-15 years and if the work is to have longevity it would need to look at multidisciplinary staffing levels. Although there are significant interrelationships with other factors, it would still be of value just to look at nurses as, if the assumptions are made clear, then people will be able to use the guidance appropriately in the context of their own departments and it will allow nursing directors to raising staffing issues with their board. The group majority view was that, while recognising the multidisciplinary nature of work in A&E Departments, it would still be helpful to undertake a piece of work looking at the “core emergency nursing establishment”, including Health Care Assistants but excluding nurses working in an ANP/ENP capacity. The division of specific tasks should be undertaken locally. However, the consensus view was that this should be reviewed, after receipt of consultation responses, and an informed decision then made about whether the work is broadened to include ANPs and ENPs, and

	whether a piece of work that focuses only on nurse staffing will be of value.
Q2	Are the relevant A&E settings appropriately covered in the scope?
	Discussion about the settings detailed in paragraph 14 of the draft scope included the following points: The terminology around emergency medical units, acute admission units and clinical decision units was explored and thought to be confusing. The consensus was that the first two terms should not be used in the scope. A discussion on whether or not clinical decision units should be included in the scope reached the following conclusion: • Some Clinical Decision Units (CDUs) are situated within A&E and the same nurses may service both. However, even if situated within A& E, CDUs will be run as wards and will have their own staffing roster. Even if the same nurses may devote time to both settings the nurse staffing requirements for A& E departments can be viewed discretely and it was therefore considered feasible to exclude CDUs from the scope. Following discussion of the areas for inclusion listed in paragraph 14 the consensus view was that it would be appropriate to state that the guideline would cover all nursing care provided to adults and children in all A&E departments in hospitals, excluding clinical decision units. The list in the draft scope describing what this includes should be removed to avoid confusion over terminology. A suggestion was made that A&E departments could be defined as anywhere that the 4 hour target applies. The group were in agreement that, when considering A&E staffing requirements, the response to major incidents should be excluded.
Q3	Are the review questions and associated possible outcomes appropriate?
	When considering the non-departmental factors that impact on nurse staffing requirements the following points were made • When considering factors that impact on nursing staff requirements greater emphasis should be placed on the organisational factors in which the A&E is situated, for example bed occupancy levels, whether the hospital in which the A&E is situated performs elective surgery, escalation arrangements at the hospital and whether the hospital is a National Centre for a particular condition. • The relationship between the department, the broader organisational factors and underlying population needs should be recognised when considering A&E safe staffing requirements. When considering the department level factors the following issues were

	raised • Use of the term overcrowding is unhelpful as it may imply that crowding is acceptable – the use of just crowding was suggested. • Bed occupancy levels in A&E are more appropriately viewed as an organisational not a departmental factor. Additional factors that impact on nursing staff requirements were suggested: • Speed to definitive care • Percentage of patients admitted • Time to transfer to ward • Needs of relatives (for example following patient deaths and in response to safeguarding issues) • Proportion of non-substantive staff (such as bank and agency) and how they are arranged– a suggestion was made that this could also be an outcome factor • Response to escalation planning • Ambulance handover (a quality indicator). Other points raised • Differentiation between “in hours” and “out of hours” staffing requirements may need consideration as the options to deal with variable demand differ at different times. • Important to recognise that staffing to deal with median patient flow could mean A&Es are inadequately staffed for 50% of the time. They are currently routinely staffed to 75 or 80%. • Patient demand at various times and days is considered reasonably predictable. • There is a long list of factors that may influence patient safety and nurse staffing requirements proposed within the scope, some which may be difficult to capture. Some “deep dives” into different types of A&E departments may help the group understand the dilemmas faced in different situations and provide qualitative data that could inform decision making.
Q4	Do you think this scope could be changed to better promote equality of opportunity relating to age, disability, gender, gender identity, ethnicity, religion and belief, sexual orientation or socio-economic status?
	A suggestion was made that the list of patient factors that influence staffing of the nursing team should include factors relating to equality and diversity.
Q5	Are there any other issues, not previously raised, that need to be considered in the scope?
	General comments • An issue, which may impact on implementation, is the level of nursing staff vacancy rates and difficulties in filling these. A&E departments have more difficulty than other departments, particularly in recruiting

to Band 7 roles.

- There is not a clear definition of an “emergency nurse” and this work may provide an opportunity to highlight this issue.
- It may be helpful to consider liaising with the health and social care information centre to see if the data they hold may be helpful in providing an additional perspective.
- The Royal College of Nursing have undertaken staffing research and may be able to help with datasets, including vacancy rates.
- It may be useful to consider staffing of the intra-department units separately to ensure that all are appropriately staffed.
- A member of the group highlighted some of the difficulties that national organisations may encounter when trying to collate a response within a 4 week period. It was suggested that it would be helpful if future consultation dates could be posted on the NICE website and if the duration of consultation periods could be given further consideration.

Comments on the membership of the Safe staffing Advisory Committee:

- NHS England is currently leading a broader review of emergency care (with a much longer timescale than this piece of work). Some themes, such as nomenclature, are already emerging. It may be helpful for some of the specialist members on the advisory committee to be people who are aware of the developments in the NHS England review; or for a member of the review panel to attend a SSAC to provide expert testimony
- Lay involvement will be important. The College of Emergency Medicine has a lay group and there are patients on the Committee involved in the National Review.
- Paramedics and the Ambulance Service will be important stakeholders, though, given the focus of the scope, they would not need to be members of the committee.

The group felt it would be more important to ensure that different types/sizes of A&Es were represented, rather than the various nursing roles.