## Safe Staffing Advisory Committee

## Thursday 13th November 2014

## Safe Staffing for Nursing in A&E Departments

Stephenson Room, 1<sup>st</sup> Floor, Broadway House, Tothill Street, London, SW1H 9NQ

## **FINAL Minutes**

Attendees	Safe Staffing Advisory Committee members:
	<b>Standing members</b> Miles Scott (Chair), Sally Napper, Bob Osborne, Annette Schreiner, Pauline Milne, Elaine Inglesby-Burke, Elizabeth West, Jean Gaffin, Chris Bojke, Genc Rumani, Philomena Corrigan and Hugh McIntyre
	<b>Topic specialists</b> Rebecca Hoskins, Aiden Slowie, James Bird, Mike Clancy and Gerry Bennison
	NICE Team Mark Baker, Lorraine Taylor, Anna Brett, Abitha Senthinathan, Jasdeep Hayre and Amanda Chandler
	<b>Apologies</b> Elizabeth Rix, Mark Mansfield, John Appleby, Tanis Hand, Simon Hairsnape, Julia Scott and Georgina Dwight
Observers	NICE Team Katrina Sparrow, Ahmed Rashid, Olufunke Usikalu, Shaun Rowark, Sabina Keane, Laura Delaney, Annette Mead
	<b>Contractors</b> : Jonathan Drennen, Alex Recio-Saudeco and Chiara Dall'Ora
	Gareth Harper and David Morton – Optimity Matrix– PM only

Author	Amanda Chandler
Version	FINAL

	Actions
1. Welcome and plans for the meeting	
The Chair welcomed the Safe Staffing Advisory Committee (SSAC) to the second meeting of the 'Safe Staffing for Nursing in A&E Departments' guideline topic. The Chair welcomed Elizabeth West, standing member and Mike Clancy, topic specialist as this was their first meeting. The Chair invited members of the Committee, the NICE team and the NICE observers to introduce themselves.	
The Chair informed the Committee that apologies had been received as listed above. The Chair outlined the general housekeeping for the venue. The Chair welcomed the members of the public observing the meeting and explained the meeting arrangements in relation to public observers.	
<b>Minutes from the previous meeting</b> The minutes from the previous meeting on 17 <sup>th</sup> October were discussed and agreed as an accurate record. The NICE team reported that all actions raised at the last meeting have been completed or were in hand.	
<b>Declarations of interest</b> The Chair explained that verbal declarations of interest are a standing item on every agenda and that they are recorded in the minutes as a matter of public record. The Chair asked members of the Committee and NICE team participating in the meeting to verbally declare any interests specific to the topic under consideration at the meeting today. No conflicts of interest were declared.	
<b>Objectives for the meeting</b> The Chair gave an overview of the agenda for the meeting, along with a summary of the specific areas that will be discussed during the course of the meeting.	
2. Evidence Review	
The Chair welcomed Jonathan Drennan from the University of Southampton, who gave a presentation summarising the main findings from the evidence review.	
<ul> <li>Jonathan took questions from the group and clarified areas of the findings.</li> <li>These included: <ul> <li>How the studies measured the waiting time length of patients who left before being seen</li> <li>Whether there is a link in A&amp;E between medication errors and staffing levels</li> <li>Whether the skill mix in the studies was reflective of UK settings</li> <li>If the time of day and the availability of health care assistants staff was taken into consideration</li> </ul> </li> </ul>	

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The Chair thanked Jonathan for his presentation and his team's contribution to the evidence review. The Chair then reminded the committee that there would be opportunity during the day to debate the evidence and how this informs the development of the guideline.	
3. A&E nurse staffing and outcomes – considering the evidence and drafting recommendations	
The Chair gave a short introductory overview of the aim of agenda item. The committee discussed the relevant sections of the evidence review and whether there was a relationship between staffing and outcomes.	
<ul> <li>The Committee suggested a number of outcomes, based on the available evidence and their experience which may be closely linked with A&amp;E nurse staffing and these included:</li> <li>Emergency department assessment time and care hours</li> </ul>	
<ul> <li>Time to analgesia critical medication</li> <li>Patient satisfaction</li> <li>Missed care</li> </ul>	
<ul> <li>Staff turnover</li> <li>Communication, for example, keeping patients informed of waiting times</li> </ul>	
The Committee discussed their own experiences of nursing activities, limitations of the available evidence and other considerations that needed to be taken into account. The Committee noted that they would need to be clear about the rationale for outcomes used in the guideline that were not identified in the evidence review. It was agreed that it would be useful to consider the findings relating to A&E setting identified in the Francis report.	
ACTION	
<ul> <li>ACTION:</li> <li>NICE team to consider the discussion and prepare guideline content for presentation at the next SSAC meeting.</li> </ul>	NICE team
4. Patient factors – considering the evidence and drafting recommendations	
<ul> <li>The Committee reviewed and considered the relevant evidence presented in evidence review. The Committee were directed to the tabled paper which summarised themes from the first published guideline to consider in their discussions. The committee discussed the evidence and sought clarification on a range of factors including: <ul> <li>Acuity of patients including 1:1 nursing care needs</li> <li>Case mix and safeguarding issues</li> <li>Patient flow</li> </ul> </li> </ul>	
<ul> <li>Patients requiring additional support, for example patients with Alzheimers.</li> </ul>	

<ul> <li>The Committee agreed that it would be useful to convene a subgroup to prepare a summary of the key tasks and roles that need to be undertaken in the A&amp;E department by nursing. Volunteers were identified to join the Committee sub-group.</li> <li>Actions:         <ul> <li>NICE team to prepare draft recommendations for further discussion at the next SSAC meeting.</li> <li>Sub-group of the committee to be convened to prepare draft paper for discussion at the next SSAC meeting.</li> </ul> </li> </ul>	NICE team NICE team & SSAC
	volunteers
5. Environmental factors – considering the evidence and drafting recommendations	
The Committee considered the tabled paper which summarised themes from the first published guideline and their experience and identified a number of factors for possible inclusion in the draft guideline. They noted the lack of formal evidence in this area and identified this as important area for inclusion in the gaps in the evidence and research recommendations sections of the guideline.	
<ul> <li>The Committee suggested a range of environmental factors based on current practice and experience which are closely linked with A&amp;E nursing staff requirements. Examples include : <ul> <li>Time taken to transfer patients to other areas in the hospital</li> <li>Engagement with other services to the department, for example, social services</li> <li>Public events that put pressure on the service, for example, marathons or festivals</li> </ul> </li> </ul>	
Hospital size and location.	
<ul> <li>Action:</li> <li>NICE team to prepare draft recommendations for further discussion at the next SSAC meeting.</li> </ul>	NICE team
Lunch	
6. Staffing factors – considering the evidence and drafting recommendations	
The Chair asked Jonathan Drennan to remind the Committee of the key findings relating to staffing factors in the evidence review. The Committee were also directed to the tabled paper which summarised themes from the first published guideline to consider in their discussions.	
<ul> <li>The Committee sought clarification on areas of the study. Some of the factors that were discussed are as follows:</li> <li>The effect of different models of commissioning on the availability of</li> </ul>	

	specialist input in the A&E department	
•	Multidisciplinary working and utilising other members of staff in the hospital	
•	Seniority of nursing staff	
•	Staff absences	
•	Fair distribution of workload	
•	Shift patterns	
	Committee were then asked to look at the evidence to delineate all of the ng roles. The following examples of staff roles were identified and ssed: Management Supervisory / nurse in charge Triage Resus (includes leadership to resus team) Junior / student Training (of both nurses and student nurses) Matrons Professional leadership / supervision Clinical governance	
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<ul> <li>ACTION:</li> <li>The NICE to prepare draft recommendations for further discussion at the next SSAC meeting.</li> </ul>	NICE team
8. Approaches for determining nursing staff requirements – considering the evidence and drafting recommendations	
The Committee considered the evidence presented in the evidence review and the tabled paper which summarised themes from the first published guideline.	
<ul><li>The group discussed the approaches currently used to determine nursing staff requirements and the following items were raised:</li><li>There are no identified escalation plans in some trusts</li></ul>	
<ul> <li>Peaks in demand should be identified when determining nursing care requirements</li> </ul>	
It is not just provider issue - it is also a commissioner issue	
It was agreed it would be useful for the NICE team to explore if further background information is available in relation to the Baseline Emergency Staffing Tool for discussion at the next SSAC meeting.	
The Chair thanked Jonathan for all his contributions to discussions at the meeting.	
<ul> <li>ACTION:</li> <li>The NICE to prepare draft recommendations for further discussion at the next SSAC meeting.</li> </ul>	NICE team
9. Safe Staffing Indicators	
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<ul> <li>The Chair welcomed Sabina Keane and Shaun Rowark, Technical Analysts at NICE, who gave a brief presentation about indicators.</li> <li>Discussions took place on possible indicators for safe nurse staffing in A&amp;E departments. A number of potential indicators, based on the outcome related evidence were suggested, including the following: <ul> <li>Patients leaving without being seen</li> <li>Time to initial assessment</li> <li>Retention and wellbeing of staff</li> </ul> </li> </ul>	

to the development of the guideline.	
<ul><li>ACTIONS:</li><li>The indicators team to draft potential indicators for inclusion in</li></ul>	NICE team
<ul> <li>the draft guideline.</li> <li>The NICE team to prepare draft content relating to red flag events for discussion at the next SSAC meeting.</li> </ul>	NICE team
10. Equality impact assessment considerations	
<ul> <li>The Chair gave an overview of equality considerations identified at previous meeting and asked the Committee to identify if any equality areas needed to be included in the guideline. It was agreed that the following characteristics affected nurse staffing requirements and would need to be considered more fully at the next meeting: <ul> <li>Language barriers</li> <li>People with learning disabilities</li> <li>Children</li> </ul> </li> </ul>	
ACTION: <ul> <li>NICE team to include suggested agenda item for the next meeting.</li> </ul>	NICE team
11. Economic analysis	
The Chair introduced Gareth Harper and David Morton from Optimity Matrix, who gave a presentation on the economic analysis report. Gareth and David explained how skill mix and staffing levels would be incorporated in the economic model.	
<ul> <li>The Committee discussed the proposed economic model and asked for clarification on the following:</li> <li>The measure of acuity used in the model</li> <li>The probability of people leaving without being seen and how this relates to waiting times</li> <li>Whether there were mechanisms in place to explain outcomes where there is no data available</li> </ul>	
A number of volunteers from the Committee were identified to work with the NICE team and Optimity Matrix to finalise the parameters for the economic model. The economic analysis and modelling report will be presented to the committee at the December meeting.	
The Chair thanked Gareth and David for their presentation and the work they had undertaken on the economic analysis report.	
<ul> <li>ACTION:</li> <li>NICE team, Committee volunteers and Optimity Matrix to finalise the parameters for inclusion in the economic model.</li> </ul>	All



12. Gaps in the evidence	
The Chair advised the Committee that the NICE team will draft the gaps in the evidence for further discussion at the next meeting.	
ACTIONS:	
NICE Team to produce first draft of gaps in the evidence section of the guideline.	NICE Team
13. Summary of the day	
Lorraine Taylor gave a brief overview of the next steps. She explained that the first draft of the guideline will be produced by the NICE Team. This will include the indicators work and will be mailed in advance of the December meeting. The next meeting will include presentation of the analysis work undertaken by the Optimity Matrix team.	
<ul> <li>She reiterated actions around the following dates:</li> <li>4<sup>th</sup> December meeting</li> </ul>	
<ul> <li>Considering economic analysis &amp; modelling report         <ul> <li>Reviewing &amp; preparing draft guideline prior to consultation</li> </ul> </li> <li>12<sup>th</sup> to 16<sup>th</sup> December opportunity for the Committee to review and comment on the draft guideline</li> <li>Guideline consultation - 13<sup>th</sup> January to 9<sup>th</sup> February 2015</li> </ul>	
Lorraine indicated that volunteers were still needed for a number of implementation products and informed them that a further email requesting volunteers would be circulated post the meeting.	
<ul> <li>ACTION:</li> <li>NICE team to send an expression of interest email for volunteers to assist with the development of the NICE implementation products.</li> </ul>	NICE team
Close of the meeting	
The Chair reminded the group of the date and time of the next meeting and thanked the Committee for their contribution.	
The meeting closed at <b>17:00</b>	
Date and time of next meeting	
The next SSAC meeting will be on <b>4 December 2014 -</b> Council Chambers, 3 <sup>rd</sup> Floor, Broadway House, Tothill Street, London, SW1H 9NQ.	