Critical Care Networks-National Nurse Leads

National Critical Care Nursing and Outreach Workforce Survey

Overview Report

April 2018

Version	April 2018
Status	Final
Changes	C Horsfield
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Owner	Critical Care Networks – National Nurse Leads

Contents

FOREWORD

This report is an overview of all the data received from a National Critical Care Nursing and Outreach Workforce Survey undertaken during the three month period covering September to November 2017.
It is the second time that a national survey has been undertaken to gather data from these groups of staff working within the speciality of critical care, the first one being done over a four month period during September – December 2015. This original survey also included allied health professional groups of staff; however these have not been included within the 2017 survey.

This report enables comparison of results between the two time periods and allows changes and trends to be identified within the nursing and outreach workforce groups of critical care staff.

The report has been prepared on behalf of the Critical Care Network –National Nurse Leads Forum (CC3N) by:

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ACKNOWLEDGEMENTS

We would like to take this opportunity to thank the Critical Care Network Lead Nurses for disseminating the information within their Networks. We would also like to thank the unit lead nurses for carrying out the data collection within their organisations and to all of the outreach service leads who completed the surveys.

Thank you also to the Midlands Critical Care & Trauma Networks for allowing Steve Littleson (Network Data Analysist) to assist in the collation of the survey returns and assisting with data analysis.

Without the support of all of these individuals, it wouldn't have been possible to undertake this survey and present the overall results within this report.

1. EXECUTIVE SUMMARY

Key Points to note:

This is the second time that data has been collected on a national basis specifically on the nursing and outreach workforce providing critical care in England, Wales and Northern Ireland. There was insufficient data returned from Scotland for effective analysis to take place, consequently this report does not include Scottish data.

Response rate across England, Wales and Northern Ireland = 86%, compared with 70% in 2015

Report findings include:
An increased number of critical care units are seeking to recruit registered nurses from overseas in order to fill vacancies, with some regions reporting up to 50% of the registered nursing staff workforce being from overseas countries. Nationally, 9.9% of the critical care nursing workforce is made up of staff from EU countries, with a further 16.6% being recruited from non-EU countries.

At the time of the survey there were over 1440 registered nursing vacancies reported in critical care areas, representing 8.35% of the nursing workforce. The change to pre- registration nurse training from a bursary supported programme is highly likely to impact on the numbers of newly qualified registered nurses in the near future.

Agency use has reduced since the previous survey, although this is likely to be as a result of the introduction of the cap on agency spending and may not necessarily indicate improved staffing numbers.

There are now fewer regions with in excess of 20% of the nursing workforce over the age of 50; however this represents a loss of critical care nursing experience between the years these surveys took place.

At the time of the survey, 18 critical care units reported an annual staff turnover in excess of 20% with some as high as 42%.

Since the survey undertaken in 2015, there has been an increase on the number of units having a supernumerary clinical coordinator rostered across all shifts.

Although there has been an increase in the number of Advanced Critical Care Practitioners (ACCPs) to support medical staffing rotas, these posts are mostly filled by experienced nursing staff. Whilst this provides benefit to patient care and provides another route for clinical career development, there is a further loss of senior nursing leadership, mentorship and support to junior nursing staff.

There has been a significant increase in the adoption of the CC3N national step competency framework to support critical care nurse education programmes.

48.8% of registered nursing staff have completed an academically accredited critical care course, there are however serious concerns about the reduction in Continuing Professional Development (CPD) funding and the impact that will have on the access and provision of future post-registration critical care nurse education.

With regard to Critical Care Outreach Teams (CCOT);

There has been increase in hours covered by CCOT between 2015 and 2017 with fewer teams covering Monday – Friday and more providing Monday – Sunday or 24/7 cover. There has also been an increase in the proportion of band 7 and 8 staff (in particular band 7) and a decrease in the proportion of band 2 – 6 staff in CCOTs. The overall average turnover and sickness rates remain low amongst CCOT staff.

2. BACKGROUND

In 2015, The Clinical Reference Group (CRG) for Adult Critical Care & the Critical Care Leadership Forum made a request for assistance from the critical care lead nurses to undertake a National Critical Care Non-Medical Workforce Survey.

Information regarding medical workforce has been readily available through workforce information that is collected and collated through the Faculty of Intensive Care Medicine (FICM) & The Intensive Care Society (ICS); However, no detailed information was available at the time on a national level or had been collected specifically on the nursing workforce who work in and are associated with the delivery of critical care services. NHS Trusts submit workforce data on an annual basis to organisations such as NHS England, Health Education England (HEE), but this is usually generic workforce information which does not relate specifically to the speciality, provide us with factual information or enable an overview of this workforce when planning and reviewing critical care services.

Much work has been conducted and continues to be undertaken around standards for Intensive Care, the planning of the services, reconfiguration and what the future might look like along with detailed standards for commissioning highlighted in the proposed D05 Service Specification. All of this work requires a more in-depth knowledge of the nursing workforce in order to compliment information already collected and collated on the medical workforce. The data collected from this survey will hopefully drive models of collaborative workforce planning in the future.

3. METHOD

3.1 Development of the Survey

The survey tool was developed in 2015 and in order to enable direct comparisons between the two surveys, very few amendments were made, however some additional data fields were requested specifically in relation to the number of nurses contributing to the critical care workforce from EU and overseas non-EU countries, along with more detailed information about leadership and bands of critical care educators. The data collection tool was previously created using Microsoft Excel 2003. This was chosen as there have been no funds made available to pay

for an alternative and perhaps more appropriate platform, and the 'earlier' version of Excel was selected to ensure compatibility within all Trusts. The tool was designed to resemble a standard questionnaire to ensure some degree of comfort for those with a dislike of spread sheets, and it had mostly drop-down lists for choices and only a few areas for free text. This not only helped speed up the completion process, but also facilitated the comparison of data. The nursing workforce survey was devised around the standards detailed within the Core Standards for Intensive Care (ICS, FICM, November 2013) and the then named draft D16 Service Specification Framework for Adult Critical Care (NHSE, February 2015). Prior to national roll out, the draft survey was discussed at CC3N to enable validation of all Network trusts, hospitals sites and units. Any slight amendments and additions to the survey were made and letters created for Network Lead Nurses and Unit Lead Nurses explaining the rational for the survey, how to complete the data fields, the specific time period the data collection related to, along with the data submission closing date.

3.2 Dissemination of the Survey

Dissemination of the survey was conducted through the Network Lead Nurses (CC3N) who were requested to send the surveys to their unit lead nurses to coordinate completion of the administration and demographics spreadsheet, along with the nursing and outreach workforce surveys for their unit /organisation. The survey was circulated on the 1st September 2017 with a submission deadline of 31st October 2017. The explanatory letters for Network Lead Nurses and Unit Lead Nurses accompanied the survey, along with a letter of support for the survey from the Chair of the Adult Critical Care Clinical Reference Group (ACC CRG) and the Chair of the Critical Care Leadership Forum (CCLF). A contact email address was provided to answer any queries and a list of frequently asked questions (FAQ's) was compiled from the previous survey experience; these were uploaded to the CC3N website and updated throughout the duration of the data collection period.

Where data was requested retrospectively over a 12 month period, the time frame identified was September 1st 2016 - 31st August 2017, and information pertaining to staffing on a particular point in time was based on those in post / funded on the 1st September 2017.

The survey was circulated to all the critical care units in England, Northern Ireland and Wales. Although Scotland was included in the survey the return rate was poor, possibly due to methods for dissemination via the networks not being established as in England, Wales and Northern Ireland. Hence the Scottish data returns were collated and returned to a central point for use locally only and is excluded from this summary report. The National Critical Care Directory maintained by the Network Directors / Managers was used as the baseline for identifying the NHS organisations for the survey to be distributed to, and this was further updated by the network Nurse Leads Group to account for all critical care areas with these organisations.

4. SURVEY RESULTS

There are 288 Critical Care Units in England, Wales and Northern Ireland. 210 spreadsheets were returned covering nursing workforce data for 242 clinical areas which provided a return rate of 84% which is an increase from the 2015 survey which had a response rate of 70%. A total of 8

networks achieved a 100% response rate from their respective units; Cheshire and Mersey, Greater Manchester, Lancashire and South Cumbria, Mid Trent, North of England, North Trent, North Yorkshire and Humberside and West Yorkshire.

Please note the results presented in this report are based on data submissions from individual units and whilst every effort has been taken to validate the data through submission processes, there may be some local anomalies, hence the data should be scrutinised at network level in conjunction with this national information. Not all data sets were fully completed; therefore denominator figures may vary slightly according to the number who responded to individual questions.

The response rate per region is demonstrated in table 1.

Table 1: Response rate per region 2017

Region	% return -nursing
England (232/263)	88%
Wales (2/16)	13%
Northern Ireland (NI) (8/9)	89%
Overall response rate (England, Wales & NI) (248/288)	**84%**
Scotland (13/62)	21%

4.1 Unit Demographics

The information requested relating to unit demographics included the type of unit are set out in table 2. Table 3 describes the size of the unit in terms of number of funded level 2 and 3 beds, however this covers the number of beds for each workforce survey return, therefore 2 x 20 bed units may show as one 40 bedded unit. Table 4 outlines the total number of level 2 and 3 beds by network.

Additional demographic information requested included total number of bed spaces; number of single rooms; designation of trauma status.

NB. Not all units returning data completed the demographic survey.

Table 2: Unit Demographics 2017

Type of Unit	%
Combined General Level 2/3	65.5%
General Level 2	7.1%
General Level 3	7.1%
Combined Cardiac Surgery Level 2/3	6.3%
Combined General/Neurosurgery	3.8%
Combined Neurosurgery Level 2/3	2.5%
Other	2.5%
Combined General/Cardiac Surgery	1.3%
Cardiac Surgery Level 2	0.8%
Cardiac Surgery Level 3	0.8%
Burns	0.4%
Gynaecology HDU	0.4%
Maternity HDU	0.4%
Neurosurgery Level 2	0.4%
Neurosurgery Level 3	0.4%
Total	**100.0%**

Table 3: Size of Unit 2017

Beds	%
<6	2.9%
6-10	28.1%
11-20	42.9%
21-30	16.2%
>30	10.0%
Total	**100.0%**

Table 4: Level 2 and 3 beds by Network 2017

Network	L2	L3
Birmingham Black Country	46	141
Central England	40	93
Cheshire & Mersey	98	114
East of England	98	179
Greater Manchester	115	112
Lancashire & South Cumbria	49	54
London - North Central & East	108	112
London - North West	68	125
London - South	106	186
Mid Trent	60	61
North of England	111	134
North Trent	75	64
North West Midlands	9	14
North Yorkshire & Humberside	37	46
Northern Ireland	30	50
South East Coast	91	119
South West	73	95
Thames Valley & Wessex	52	160
Wales - North	10	13
West Yorkshire	65	72
Total	**1341**	**1944**

4.2 Registered Nursing Posts

Total number of whole time equivalent (WTE) funded registered nursing posts of band 5-8 are identified in table 5 (n= 17767.88) along with the total head count. The WTE figure includes vacant posts at the time of the survey. Data collected in the previous survey related to 13551.66 WTE registered nursing posts due to a lower response rate.

Table 5: Funded WTE and Headcount Band 5-8 Registered Nursing Posts

Band	Funded WTE	Head Count
5	11508.15	11557
6	4392.60	4390
7	1190.23	1227
7 Lead	73.35	74
8a Lead	180.96	197
8b Lead	29.10	32
8c Lead	10.00	10
6 Educators	102.39	131
7 Educators	181.52	188
8 Educators	9.85	10
Research	67.61	81
Consultant	22.12	20
Total	**17767.88**	**17917**

Chart 1: Registered Nursing Bands % by Funded WTE 2017

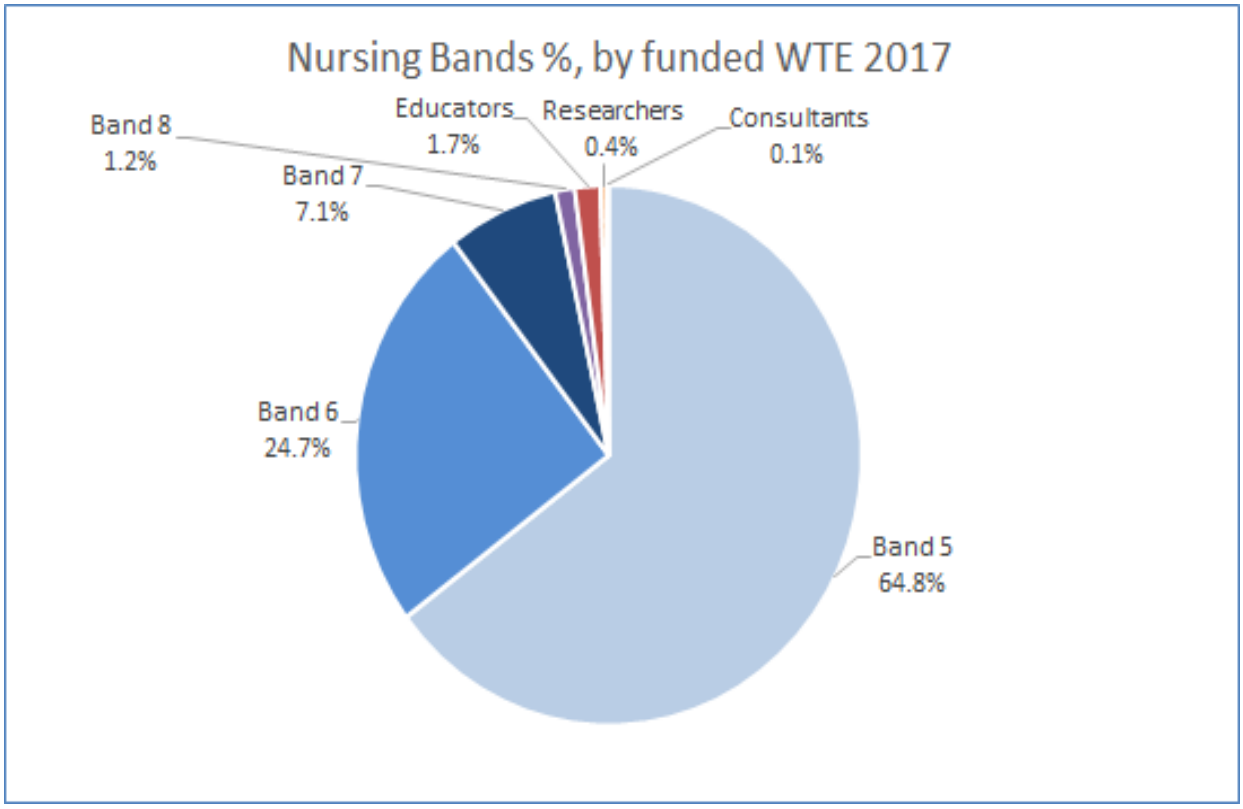


Table 6: Registered Nursing Bands % by Funded WTE 2015 and 2017

Band	2015 %	2017 %
5	66.5	64.8
6	23.1	24.7
7	7.2	7.1
8	1.4	1.2
Educators	1.3	1.7
Researchers	0.3	0.4
Consultant Nurses	0.2	0.1

This data is similar to the breakdown in the 2015 survey, although there has been a reduction in the proportion of Consultant Nursing posts and an increase in the percentage of educator posts from 1.3% to 1.7%

4.3 Nursing Support Posts

Of the nursing establishment, 91% of the critical care workforce are bands 5-8; 9% are bands 2-4, this is unchanged from the previous survey findings. 67.6 % of responders (n=142) stated that these staff deliver direct patient care with 14 units including support staff within patient ratio allocation. GPICS (2015) recommendations state that;

'Where direct care is augmented using non-registered support staff, appropriate training and competence assessment is required'

Yet according to the results of this survey, 26% of units who utilise support staff to deliver direct patient care, do not have any competency training for this staff group and CC3N are keen to explore this in more detail in the future.

4.4 Nurse Patient Ratios

The current nurse staffing ratios required according to both D05 and GPICS are:

Level 3 patients (level guided by ICS levels of care) require a registered nurse/patient ratio of a minimum 1:1 to deliver direct care

Of the 189 responses to this question, 100% stated that they met this requirement, which is an increase from the 2015 survey in which 93% of responders then stated they were providing 1:1 care for level 3 patients.

Level 2 patients (level guided by ICS levels of care) require a registered nurse/ patient ratio of a minimum 1:2 to deliver direct care

Overall 99.5% of units stated that they achieved ***at least*** this standard, with 2 units stating they allocated 1:1 nursing for level 2 patients, however both these units comprised all single rooms. One responder stated they allocated 1:1.5 for level 2 patients and only one unit stated they did not meet the required standard for level 2 patients, allocating 1 nurse per 3 level 2 patients. This again represents an improved position from the previous survey, whereby 96% responders stated that they were providing 1:2 nurse / patient ratios for level 2 patients.

It is worth noting that in some units, support staff are included within nurse patient allocation (see previous section) and these potentially could form part of this compliance figure, despite the question explicitly stating 'registered nurse / patient ratio'.

4.5 Nursing Leadership

The survey requested information about who provided professional nursing leadership for the critical care unit and what proportion of their time was dedicated to that role. Tables 7 and 8 provide a summary of the results.

Table 7: Critical Care Unit Professional Nursing Leadership

Leadership provided by	% of responses
Matron	51.0%
Lead Nurse	21.4%
Unit Manager	11.9%
Clinical Nurse Manager	5.2%
Senior nurse or Charge /Nurse	4.3%
No answer	3.3%
Other	2.9%

Table 8: % of time dedicated to critical care

Time	Number of responses
100%	118
51-99%	48
26-50%	21
25% or less	15
Total Number Responses	**202**

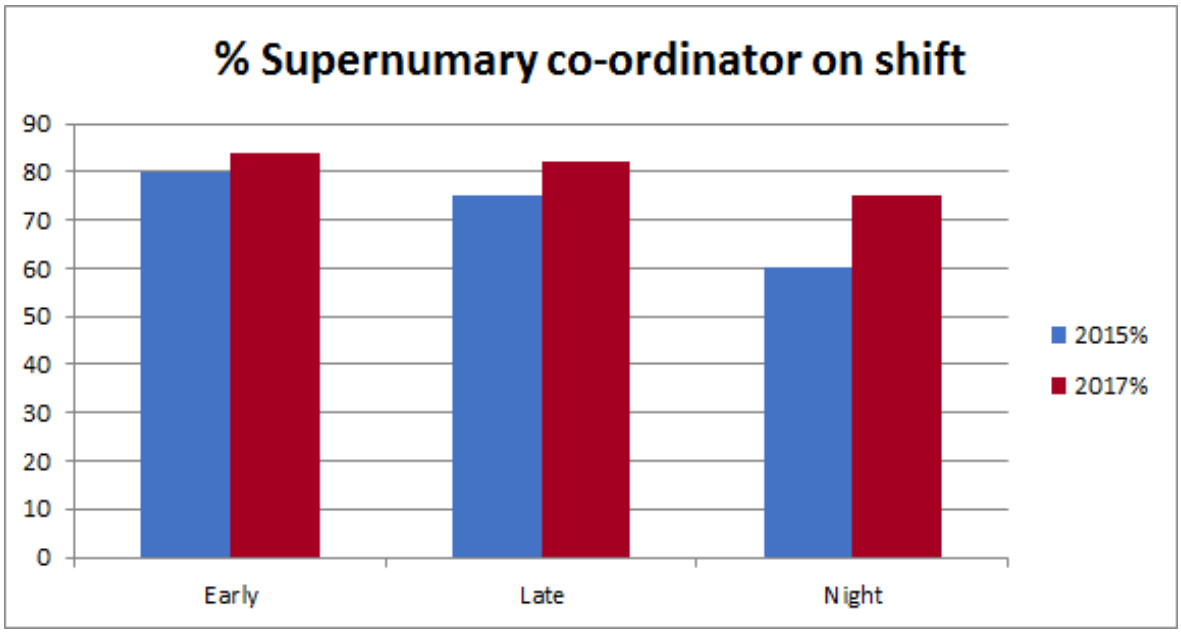
4.6 Supernumerary Clinical Coordinator

The GPICS standards state:

There will be a supernumerary clinical coordinator (sister/ charge nurse bands 6/7) on duty 24/7 in critical care units

Results indicate that an increased % of units now have a senior clinical coordinator on duty across all shift periods.

Chart 2: % of Units with supernumerary clinical coordinator per shift



Further analysis demonstrates that larger units with >10 beds are more likely to achieve this standard (Table 9), although further analysis is required to determine if these units have additional supernumerary staff to support safe delivery of critical care as recommended in The Core Standards for Intensive Care (ICS, 2013).

Table 9: % of units with supernumerary clinical coordinator per shift 2017

Beds	Early	Late	Night
<6	33.3%	33.3%	33.3%
6-10	62.7%	57.6%	44.1%
11-20	94.4%	93.3%	86.7%
21-30	97.1%	97.1%	97.1%
>30	95.2%	95.2%	95.2%
Total	**84.3%**	**82.4%**	**75.7%**

4.7 Registered Nursing Staff Over 50 Years

The national average % of registered nurses over the age of 50 years has reduced slightly from 12.9% in 2015 to 12.2% in 2017, with only one network having greater than 20% of its workforce over the age of 50 years (North Wales), as opposed to 5 networks (shaded) in 2015. This is likely to represent a loss of experienced nursing staff between the 2 survey periods.

Table 10: Average % by Network: nursing workforce > 50 years of age

Network	%
Wales - North	25.0%
Cheshire & Mersey	19.7%
South East Coast	16.5%
North Yorkshire & Humberside	16.4%
Birmingham Black Country	15.3%
Northern Ireland	15.1%
North of England	13.9%
Lancashire & South Cumbria	13.2%
Central England	12.3%
West Yorkshire	11.8%
Greater Manchester	11.6%
North Trent	11.4%
Mid Trent	11.2%
Thames Valley & Wessex	10.8%
East of England	10.6%
London - North West	10.3%
South West	10.2%
North West Midlands	8.4%
London - South	7.8%
London - North Central & East	3.1%
Average %	**12.2%**

4.8 Vacancies

Overall, there were 1447 (8.3%) vacant registered nursing posts in critical care units at the time of the survey. The highest vacancy % remains at band 6 level (9.9%) and this has slightly increased from the previous survey undertaken in 2015 (9.45%). The proportion of nursing vacancies at band 5, 7 and 8 has reduced slightly since 2015. The networks with the highest % of vacancies are located in North Central and East London, South East Coast and the South West, with vacancy rates of 9.3 -15.9%. Overall vacancy rate for non-registered support staff was 11.5%

Table 11: Vacancy % per band

Band	2015 % vacancy	2017 % vacancy
5	**8.39**	**8.2**
6	**9.45**	**9.9**
7	**6.32**	**5.5**
8	**4.00**	**1.8**

4.9 Staff Turnover

National data demonstrates a slight reduction in average staff turnover from 11 to 10.1%, with fewer units (n=18) reporting an annual turnover of >20% compared with 2015 (n=23), however turnover rates vary considerably per network (4.4% – 15.1%), with the highest individual unit turnover reported as 42%

Table 12: Network Average Turnover % 2017

Network	Average of Nursing Turnover % 2017
Thames Valley & Wessex	15.1%
London - North Central & East	13.6%
South West	13.4%
South East Coast	12.1%
Northern Ireland	11.7%
London - North West	11.5%
Lancashire & South Cumbria	11.3%
North Trent	10.6%
Mid Trent	10.5%
Average	10.1%
Greater Manchester	9.6%
East of England	9.3%
Central England	8.8%
West Yorkshire	8.4%
North of England	8.3%
North West Midlands	7.7%
Cheshire & Mersey	7.5%
London - South	7.4%
Birmingham Black Country	6.2%
North Yorkshire & Humberside	5.8%
Wales - North	4.4%

4.10 Overseas Recruitment

In 2015, 57 units had recruited staff from overseas and this has increased over the past 2 years, with a total of 80 responders reporting in this survey that they had actively sought to recruit registered nursing staff from both EU (excluding UK) and non-EU countries. In order to quantify the proportion of Non-UK critical care nursing staff working in England, Wales and N. Ireland, an additional data field was added to this survey. This demonstrates that there are significant differences across the UK (excluding Scotland) in the % of non –UK registered nursing staff, with some networks having as low as 0.4% of nurses from EU countries and some as high as 23.8%. On average, there is a higher % of staff from non- EU countries, with a network % range from 0.7% to 50%. Table 13 provides further detail.

Table 13: % Headcount of overseas EU and Non-EU Registered Nursing Staff (Band 5-8) by Network

Network	EU	Non EU Overseas
Birmingham Black Country	3.5%	17.2%
Central England	9.0%	18.9%
Cheshire & Mersey	3.6%	8.6%
East of England	14.0%	28.5%
Greater Manchester	6.6%	12.5%
Lancashire & South Cumbria	4.0%	15.5%
London - North Central & East	15.4%	29.5%
London - North West	16.4%	50.0%
London - South	18.7%	11.8%
Mid Trent	8.0%	13.6%
North of England	0.9%	7.6%
North Trent	1.0%	0.7%
North West Midlands	3.2%	12.9%
North Yorkshire & Humberside	4.4%	7.6%
Northern Ireland	0.4%	9.0%
South East Coast	15.8%	18.5%
South West	11.5%	8.4%
Thames Valley & Wessex	23.8%	16.5%
Wales - North	2.4%	3.2%
West Yorkshire	1.3%	8.5%
Average %	**9.9%**	**16.6%**

4.11 Sickness Rates

The average sickness rate has fallen slightly between the 2 survey periods, from 5.1% to 4.9%. According to national NHS statistics, between October and December 2016 the average sickness absence rate for the NHS in England was 4.44 per cent, a slight increase on the same period in 2015 (Ref: http://digital.nhs.uk/catalogue/PUB23900)

In contrast to the survey in 2015, the sickness rate does not appear to increase according to the size of unit or increase in bed numbers, with reported sickness rates actually decreasing as the number of beds increases. (Table 14)

Table 14: Sickness % and size of unit

Beds declared in workforce return	Sickness %
≤6	5.1%
7-12	5.1%
13-20	4.8%

21-30	4.8%
31-40	4.7%
>40	3.7%

4.12 Agency Usage

GPICS (2015) states that units:

Must not utilise > 20% of registered nurse from bank /agency on any one shift when they are NOT their own staff.

Of those responders who answered the question (n=181), 23 stated that they exceeded this requirement (12.7%), which is a significant reduction from the 2015 survey when 46% exceeded this standard. This could be in response to the published standard along with constraints introduced to reduce agency expenditure.

4.13 Clinical Educators

CC3N believes that Clinical Educator posts are vital to the delivery of effective training strategies and recommendations in GPICS require all critical care units to have 1 WTE Clinical Educator Posts for every 75 nurses. 57.42% of responders met this standard, which is a slight reduction from 2015 when 61% of units who responded stated that they met this requirement. 80% of critical care units (n=167) have at least one educator in post at the time of the survey, which is an increase of 11% from 2015. At the time of the survey, 43 units responded to say they did not have a clinical educator in post.

4.14 Adoption of National Critical Care Competency Framework

Following the introduction of the National Critical Care Competency Framework (CC3N, 2012) anecdotally there appears to have been a gradual move towards adopting the framework for assessing registered nurses in practice and underpinning academic courses. The framework is broken down in to 3 steps:

Step 1 for use when staff commence on critical care

Step 2 & 3 are for use in academic programmes and support competence developments part of critical care educational award.

134 out of 205 (65%) responders stated that they were using all 3 competency assessment documents, a total of 198 (97%) were using a combination of the framework, leaving only 7 units where the competency framework was not in use at the time of the survey. This is a significant increase from the 2015 survey, where only 85 were using all 3 step competency documents as part of staff nurse development and 40 units were not using any part of the step competency framework. Lancashire and South Cumbria along with Mid Trent Critical Care Network are the only 2 networks with all units utilising the complete competency framework.

Chart 2: Competency Framework Usage 2017

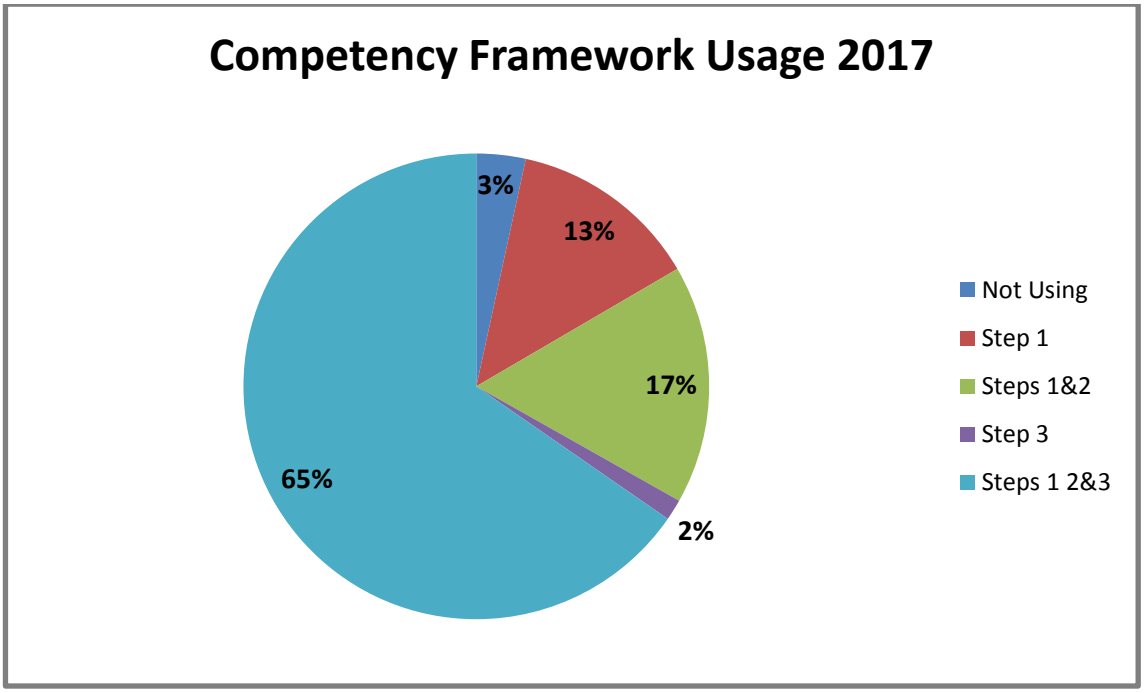
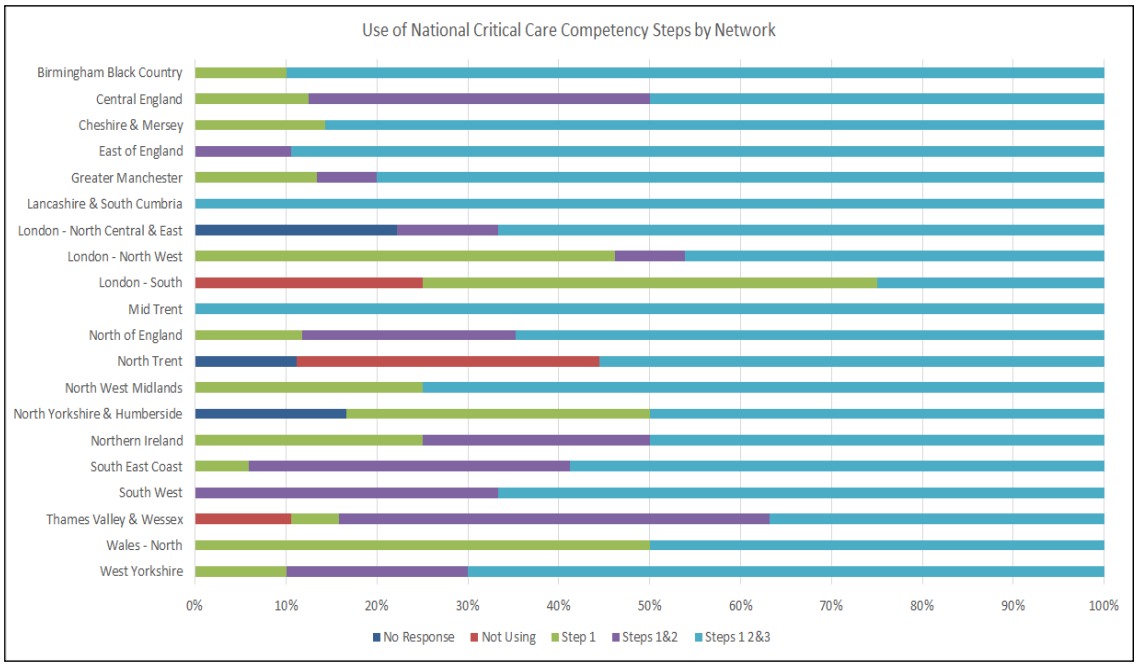


Chart 3: Use of Competency Framework by Network 2017



4.15 Critical Care Trained Nurses

The GPICS standards and proposed D05 require a minimum of 50% of critical care nurses to be in possession of a post registration award in critical care nursing. Overall 48.8% of registered

nursing staff in critical care possess a post registration award, however the range is vast with some units stating that 0% of staff have a critical care award and some units reporting 100% of staff with a critical care award, and CC3N is keen to explore the rationale for those units who reported 0% compliance

The core standards for critical care nurses states all nursing staff appointed to critical care will be allocated a period of supernumerary practice. For newly qualified nurses the supernumerary period should be a minimum of 6 weeks; this time frame may need to be extended depending on the individual

4.16 Advanced Critical Care Practitioners (ACCPs)

There has been an increase in the appointment of trainee and qualified ACCPs, from 11.6% in 2015 to 23% of units having these practitioners in 2017. Of those that responded, there were a total of 116 trainee ACCP's with 93 qualified ACCPs already in post. The vast majority were at band 7 during training and band 8a on qualification. Of those units who did not have ACCP's at the time of the survey (n=160), 44% stated they would consider introducing the role in the future.

4.17 Additional Support Roles

In response to the question about responsibility for ICNARC data entry, 59% of responses indicated that data was entered by an Audit Clerk; other answers included Healthcare Professional (31%), Ward Clerk (4.3%) and no answer (5.7%).

4.18 Critical Care Outreach Teams (CCOT)

The CCOT survey was sent out with the nursing workforce survey, but was a separate survey and consequently had a different number of returns.

There were 174 returns for the CCOT survey; 148 (85%) of these said they had a CCOT. In 2015 there were 160 returns, with 136 (83%) reporting they had a CCOT.

130 teams were part of the Critical Care service, 17 were not and 1 didn't respond

120 teams provide outreach on a single site, 27 cover multiple sites, and 1 didn't respond

Table 15: Teams providing outreach

Provision of Outreach	Number
CCOT (stand-alone)	109
Critical Care with H@N (Hospital at Night)	20
Hospital 24/7	7
Medical Emergency Team	4
Patient at Risk Team	2
H@N	1
Null response	5

Table 16: Hours covered

Hours CCOT service provided	n (2015)	% (2015)	n (2017)	% (2017)
Monday - Friday 07.30 - 17.00	9	7%	7	5%
Monday - Friday 07.30 - 21.00	35	26%	1	1%
Monday - Friday 24 hour cover	1	1%	1	1%
Monday - Sunday 07.30 - 17.00	9	7%	4	3%
Monday - Sunday 07.30 - 21.00	2	1%	43	29%
24/7/365	76	56%	92	62%
Null	4	3%	1	1%
Totals	**136**		**148**	

There has been an increase in hours covered with more Monday - Sunday and 24/7 cover, compared with 2015.

Table 17: CCOT: Workforce

Staff	2015		2017		
	Funded WTE	% WTE	Funded WTE	% WTE	Headcount
Band 2	8.84	0.9%	3.2	0.3%	7
Band 3	40.2	4.0%	32.8	2.6%	38
Band 4	8.32	0.8%	8.72	0.7%	10
Band 5 Nurse	74.21	7.3%	62.6	4.9%	68
Band 6 Nurse	347.8	34.2%	382.38	30.0%	464
Band 7 Nurse	443.14	43.6%	602.16	47.3%	639
Band 8 Nurse	26.2	2.6%	46.75	3.7%	67
Band 6 Trainee AP		0.0%	24.6	1.9%	26
Band 7 Trainee AP		0.0%	47.6	3.7%	27
Band 8 Trainee AP		0.0%	0	0.0%	0
Band 7 Qualified AP	47.01	4.6%	25.7	2.0%	30
Band 8a Qualified AP	14.3	1.4%	20.8	1.6%	17
Band 8b Qualified AP		0.0%	2	0.2%	2
Band 5 Physio		0.0%	2	0.2%	2
Band 6 Physio		0.0%	2	0.2%	3
Band 7 Physio	6.28	0.6%	9.28	0.7%	9
Band 8 Physio	0.5	0.0%	1.5	0.1%	2
Total	**1016.8**		**1274.09**		**1411**

(NB: AP = Advanced Practitioner)

The positions in the survey varied slightly between the 2015 and 2017 surveys, for instance the 2015 survey didn't differentiate between trainee and qualified APs, and number of responses were different which makes direct comparison difficult, but the change in composition

amongst those responding appears to show a reduction in band 2 to band 6 posts, and an increase in band 7 to band 8 posts, particularly band 7.

Of the 148 responses in the 2017 survey, 142 had a nurse lead, and 110 had a medical lead, with only 33 medical leads having dedicated programmed activities (PA's) for outreach.

Four teams reported they already had band 3/4 assistant practitioner roles, with a further 7 saying they were planning to introduce them. In 2015, 7 teams had these roles, and 7 were considering introducing them.

Eleven teams reported they already had band 7/8 Advanced Practitioner (AP) roles. With a further 38 saying they were planning to introduce. In 2015, 7 teams had APs, with 7 considering introducing this role.

Out of 1352 staff by head count, there were 243 over the age of 50 (17.9%) which is an increase from the previous survey in which only 8.6% of CCOT staff were over the age of 50.

Average turnover has increased from the previous survey from 5.1% to 7.7%, and the overall average sickness rate has reduced from 5.2% to 4% in 2017.

4.18.1 CCOT Competencies

Of the 148 responses, 138 (93%) reported CCOT staff were trained and assessed with competencies to underpin practice, an improvement from 2015 when 123 (90%) of 136 responses used competencies.
8 responded that they did not have such a framework to support practice and 2 didn't respond. In 2015,

Table 18: Competencies

Competency used	n (2015)	n (2017)
Trust competencies	63	58
National Outreach Forum (NOrF) Competencies	34	41
Network competencies	8	16
University competencies	7	13
Other	10	9
Null	1	1
Totals	**123**	**138**

The nine who responded 'Other' for this question, included comments as follows;

- Adult Critical Care course
- All have the physical assessment course
- All Outreach nurses are critical care trained and the majority have got the advanced assessment skill. Staff appointed in the past 6 months need to complete the advanced

assessment course. Since October 2017 the outreach nurses rotate on a 2 week placement to Critical Care in order to update and maintain their skills.

- All outreach nurses hold advanced ITU courses
- Combination of Trust, University, NOrF and Critical Care Steps
- Combination of University based assessment module and trust competencies
- Hospital CCOT specific competencies
- Own expanded competencies based on NOrF
- Specific trust specialist competency based on NOrF

5. SUMMARY

An increased number of critical care units are seeking to recruit registered nurses from overseas to fill vacancies, with some regions reporting up to 50% of the registered nursing staff workforce being from overseas countries. Nationally, 9.9% of the critical care nursing workforce is made up of staff from EU countries, with a further 16.6% being recruited from non-EU countries.

At the time of the survey there were over 1440 registered nursing vacancies reported in critical care areas, representing 8.35% of the nursing workforce. The change to pre- registration nurse training from a bursary supported programme is highly likely to impact on the numbers of newly qualified registered nurses in the near future.

Agency use has reduced since the previous survey, although this is likely to be as a result of the introduction of the cap on agency spending and may not necessarily indicate improved staffing numbers.

There are now fewer regions with in excess of 20% of the nursing workforce over the age of 50; however this represents a loss of critical care nursing experience.

Critical care nursing staff are increasingly being requested to fill gaps in ward staffing which is a poor use of a specialist nursing workforce and can impact on training and development, morale, sickness and staff turnover. At the time of the survey, 18 critical care units reported an annual staff turnover in excess of 20% with some as high as 42%.

Since the survey undertaken in 2015/6, there has been an increase on the number of units having a supernumerary clinical coordinator rostered across all shifts.

Although there has been an increase in the number of ACCPs to support medical staffing rotas, these posts are mostly filled by experienced nursing staff. Whilst this provides benefit to patient care and provides another route for clinical career development, there is a further loss of senior nursing leadership, mentorship and support to junior nursing staff.

There has been a significant increase in the adoption of the CC3N national step competency framework for critical care nurse education.

48.8% of registered nursing staff have completed an academically critical care course, there are however serious concerns about the reduction in CPD funding and the impact that will have on the access and provision of future post-registration critical care nurse education.

With regard to CCOT: there has been increase in hours covered by CCOT between 2015 and 2017 with fewer teams covering Monday – Friday and more providing Monday – Sunday or 24/7 cover. There has been a decrease in the use of band 2 to band 5 staff and an increase, in band 6 to band 8, mainly in band 7 staff. Overall average turnover and sickness rates remain low amongst CCOT staff.

6. RECOMMENDATIONS

Trusts and ODNs are recommended to review their own critical care workforce data in conjunction with the information contained within this report to inform local and regional reviews of their own nursing and outreach teams. These results provide an overview of national data, and allow for comparison between regions as well as providing critical care stakeholders with a high level view of the state of the critical care nursing workforce as reported in this survey. This report has highlighted the improvements that have taken place over the past 2 years, along with raising the issues that are likely to impact on the continued delivery of high quality critical care in the future should issues not be addressed and incorporated into work plans at local, regional and national level. CC3N will continue to engage with stakeholders in order to influence and support critical care nursing issues for the benefit of patients and staff.

7. REFERENCES

CC3N (2012 updated in 2016) National Competency Framework for Adult Critical Care Nurses

CC3N (2017) Best Practice Guidance for Registered Nursing Agency and Bank Staff Working in Adult Critical Care

Joint Standards Committee ICS &FICM (2015) Guidelines for the provision of Intensive Care Services

Joint Standards Committee ICS & FICM (2013) Core Standards for Intensive Care Units

NHS England (2017) Service Specification for Adult Critical Care Services (D05) Draft document

House of Commons Library (2017) NHS staff from overseas: statistics Number 7783. Published 16th October 2017. Available at: http://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-7783 Last accessed 03/01/2018 at 09.24hrs

Critical Care Networks-National Nurse Leads (CC3N)

Produced on behalf of CC3N

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Date: April 2018