

Critical Care Nursing & Outreach Workforce Survey 2017

Claire Horsfield
Quality Improvement Lead Nurse &
Chair CC3N

Survey Background & Development

CC
National Critical Care Non-Medical Workforce Survey
Overview Report
March 2016
NHS
Critical Care Operational Delivery Networks
England, Wales & Northern Ireland

A. Service Specifications

Service Specification No:	D05
Service	Adult Critical Care
Commissioner Lead	<i>For local completion</i>
Provider Lead	<i>For local completion</i>

1.2. Nursing Staff

Standard	Additional rationale/consideration	References
1.2.1 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	A greater ratio than 1:1 may be required to safely meet the needs of some critically ill patients, such as unstable patients requiring various simultaneous nursing activities and complex therapies used in supporting multiple organ failure. Enhanced Level 3 patient status takes in to account severity of illness and the related nursing demands.	Williams G, Schindler S, Roberts S (2014) The 2006-14 CC3N 300-400 The European Federation of Intensive Care Medicine, 2007
1.2.2 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	The 1:2 ratios may need to be increased to 1:1 to safely meet the needs of critically ill patients, such as those who are co-ordinated/linked in requiring their monitoring and/or those being nursed in single rooms.	The European Federation of Intensive Care Medicine, 2007
1.2.3 Each designated Critical Care Unit will have a identified Lead Nurse who is formally recognised with overall responsibility for the nursing elements of the service e.g. Band 8a Matron	This person must be an experienced critical care nurse with detailed knowledge and skills to undertake the operational management and strategic development of the service. This person will have: <ul style="list-style-type: none"> underaken leadership/management training be in possession of a post registration award in Critical Care Nursing be in possession of working towards post graduate study in relevant area This person will be supported by a tier of Band 7 staff/nurse managers who will collectively manage human resources, health & safety, equipment management, research, audit, infection prevention & control, quality improvement and staff development.	Williams G, Schindler S, Roberts S (2014) The 2006-14 CC3N 300-400

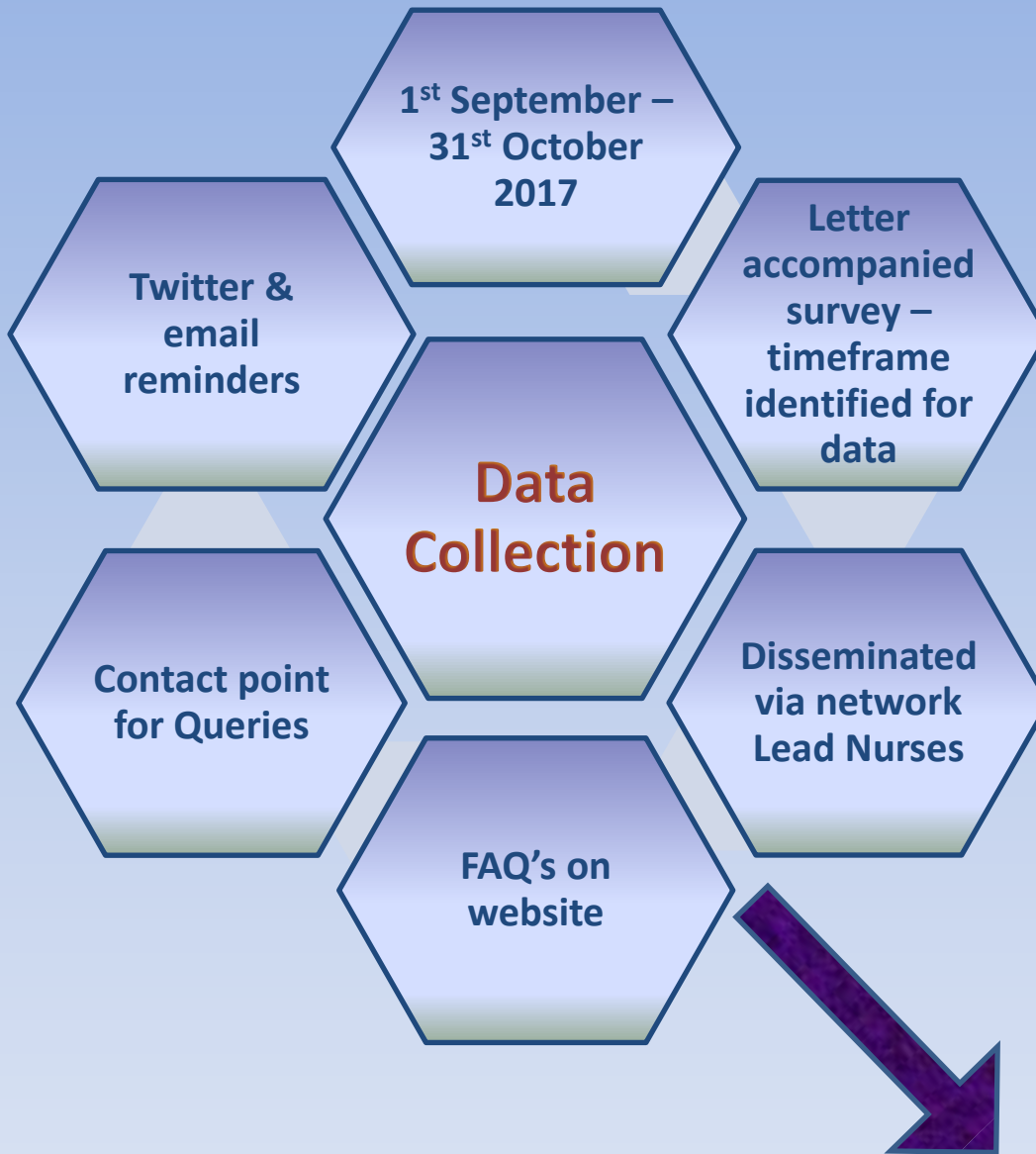
Guidelines for the Provision of Intensive Care Services
intensive care society
The Faculty of Intensive Care Medicine
CC3N BACN UKCCRN
BDA NOF ICU steps UKCPA
NHS Blood and Transplant
Edition 1 2015

2015

- First critical care non-medical workforce survey requested by Clinical Reference Group (CRG) and was completed in 2015/6. Covered nursing and AHP groups
- Survey questions developed from D05 (D16) (NHSE, 2017), Core Standards (FICM & ICS, 2013) & GPICS (FICM&ICS,2015)
- Data collection and analysis over a long period of time (Aug – Dec 2015)
- 70% response rate (nursing element)

2017

- Minimal changes to questions
- Added section to quantify nurses from EU and Non-EU (excluding UK) countries
- Added summary sheet for Network use
- Focus on nursing and outreach teams
- Greater planning around dissemination and collection of surveys through CC3N
- Scrutiny at network level to validate the units, hospitals & Trusts.
- Invited participation from Scottish units
- Supported by CRG & Critical Care Leadership Forum (CCLF)



Response rate per region 2017

Region	% return -nursing
England (238/263)	91%
Wales (2/16)	13%
Northern Ireland (NI) (8/9)	89%
Overall response rate (England, Wales & NI) (248/288)	86%
Scotland (13/62) (excluded from analysis)	21%

Type of unit

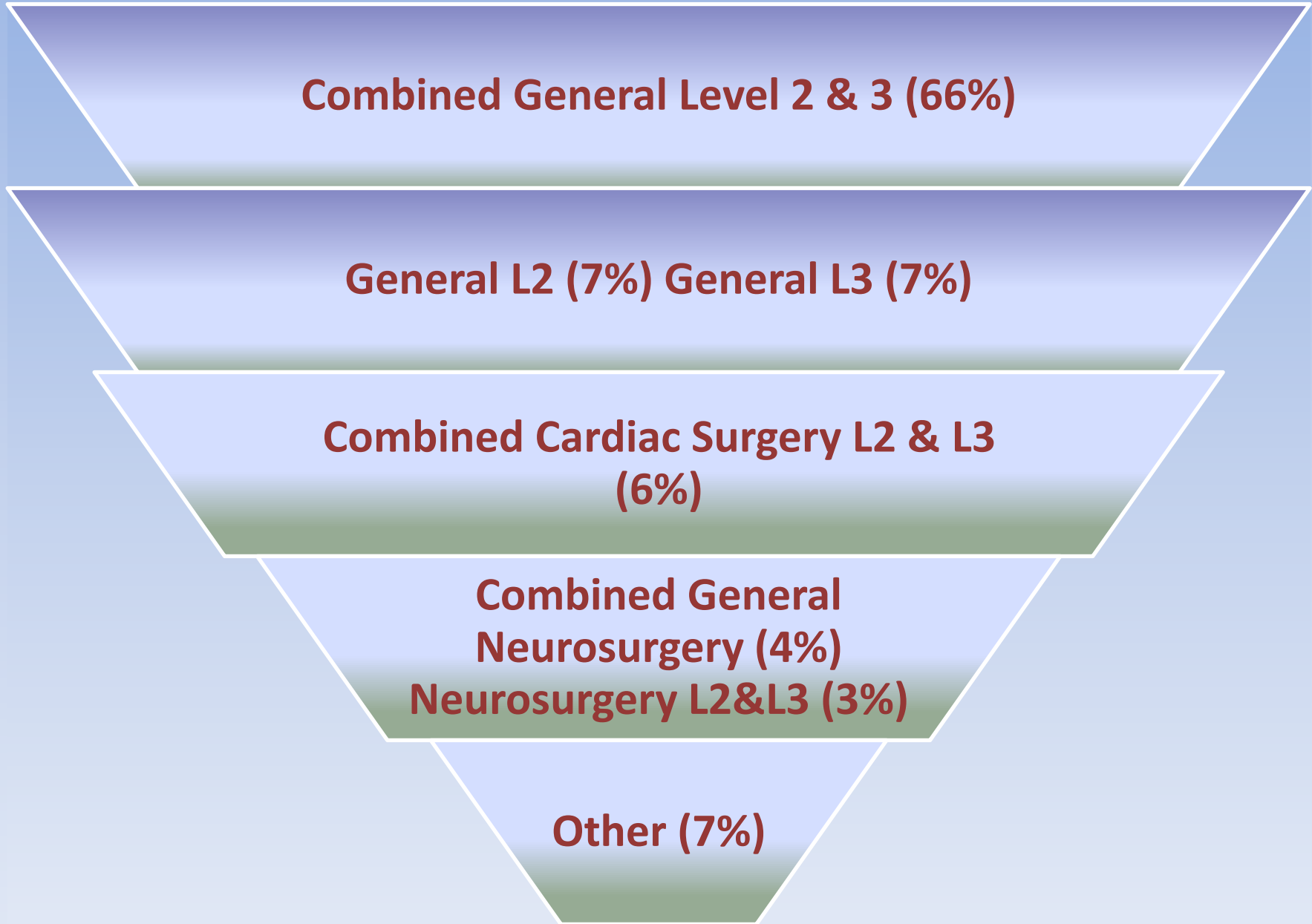
Combined General Level 2 & 3 (66%)

General L2 (7%) General L3 (7%)

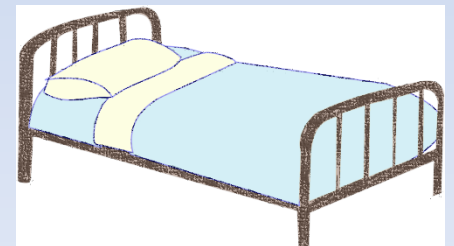
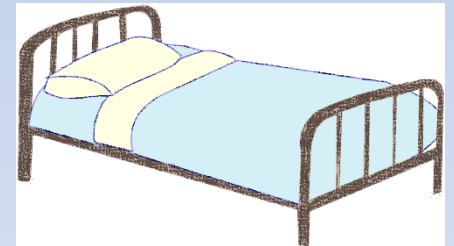
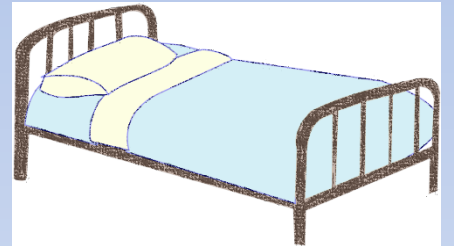
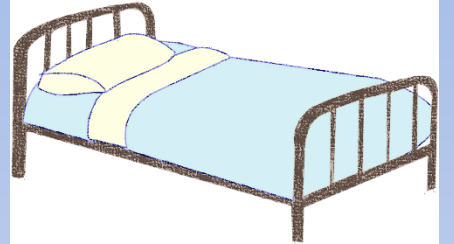
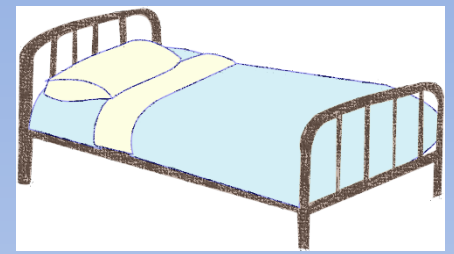
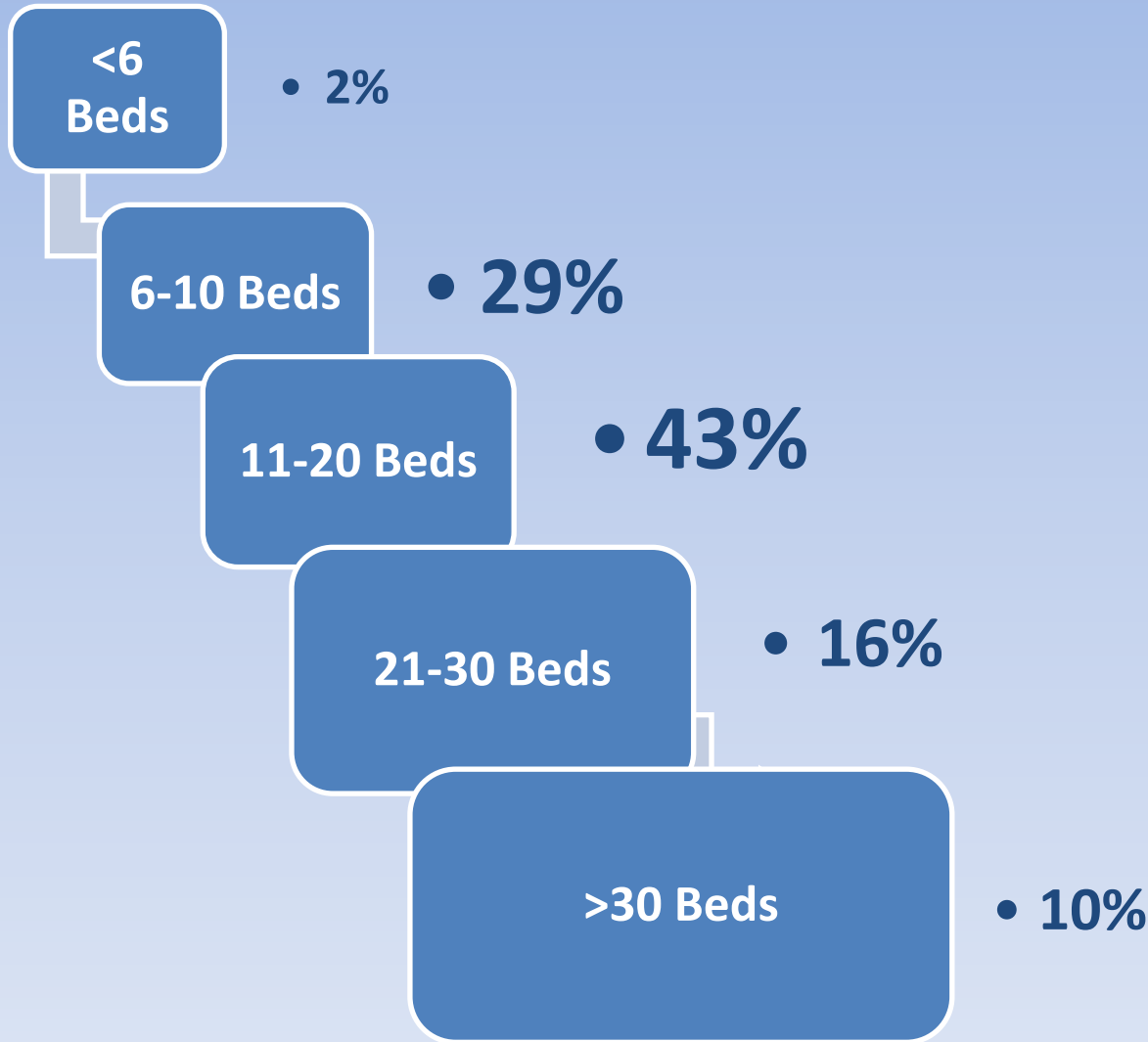
**Combined Cardiac Surgery L2 & L3
(6%)**

**Combined General
Neurosurgery (4%)
Neurosurgery L2&L3 (3%)**

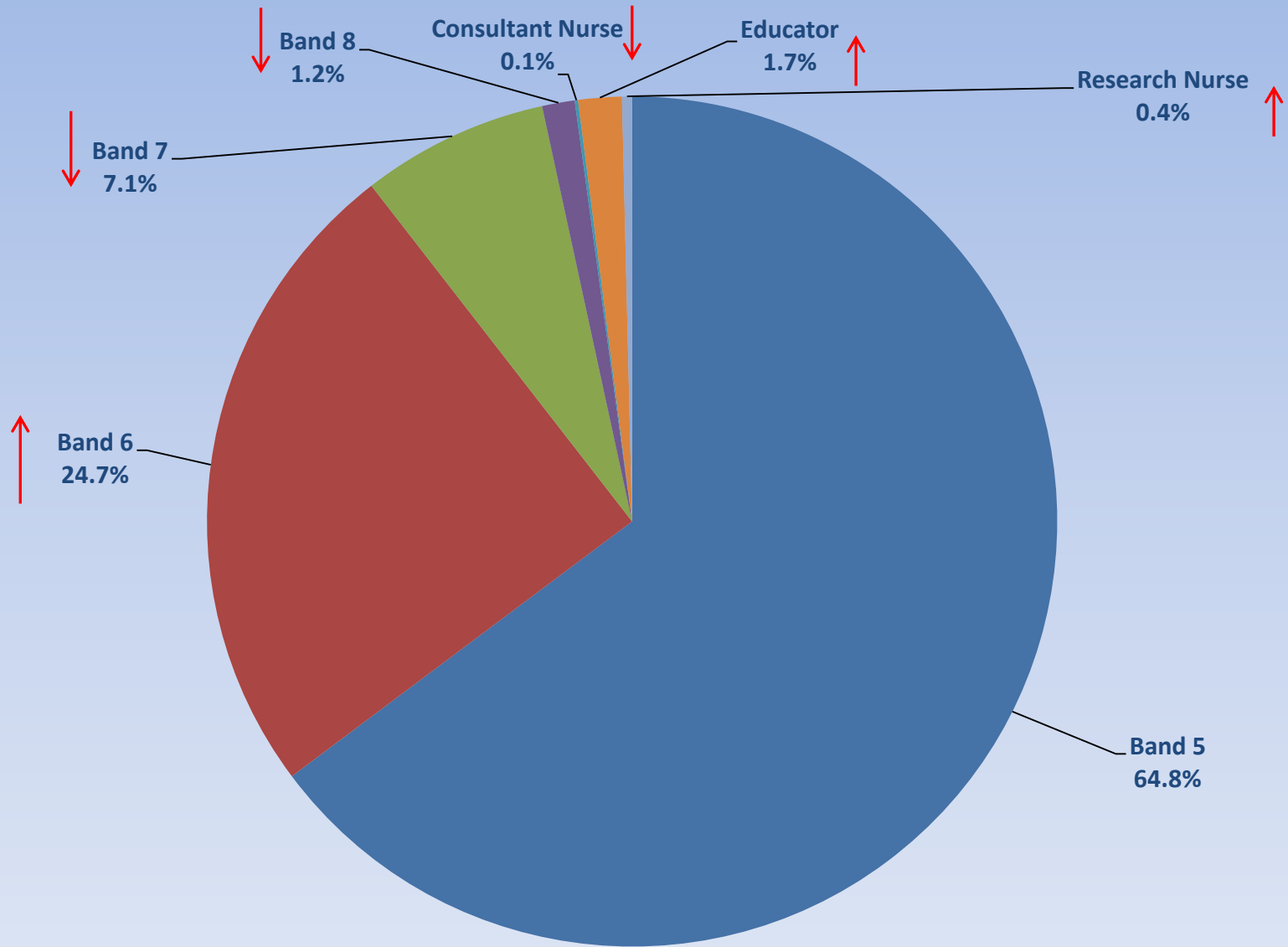
Other (7%)



Size of Unit



WTE Nursing posts = 17,767.88



Vacancies

2017 overall vacancy
= **8.3%**

This equates to
1447 WTE posts

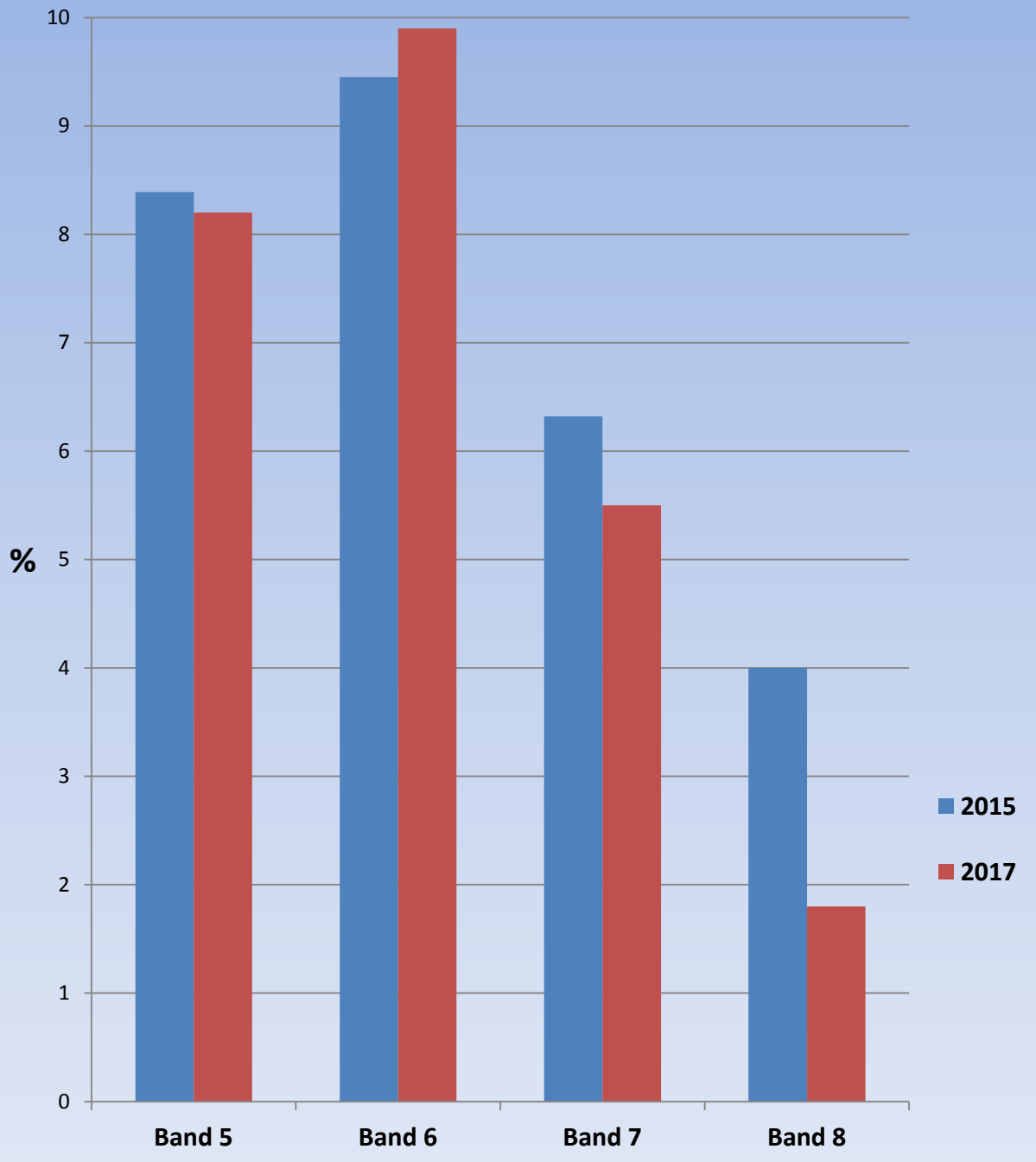
Band 5 vacancies
8.2%

Band 6 vacancies
10%

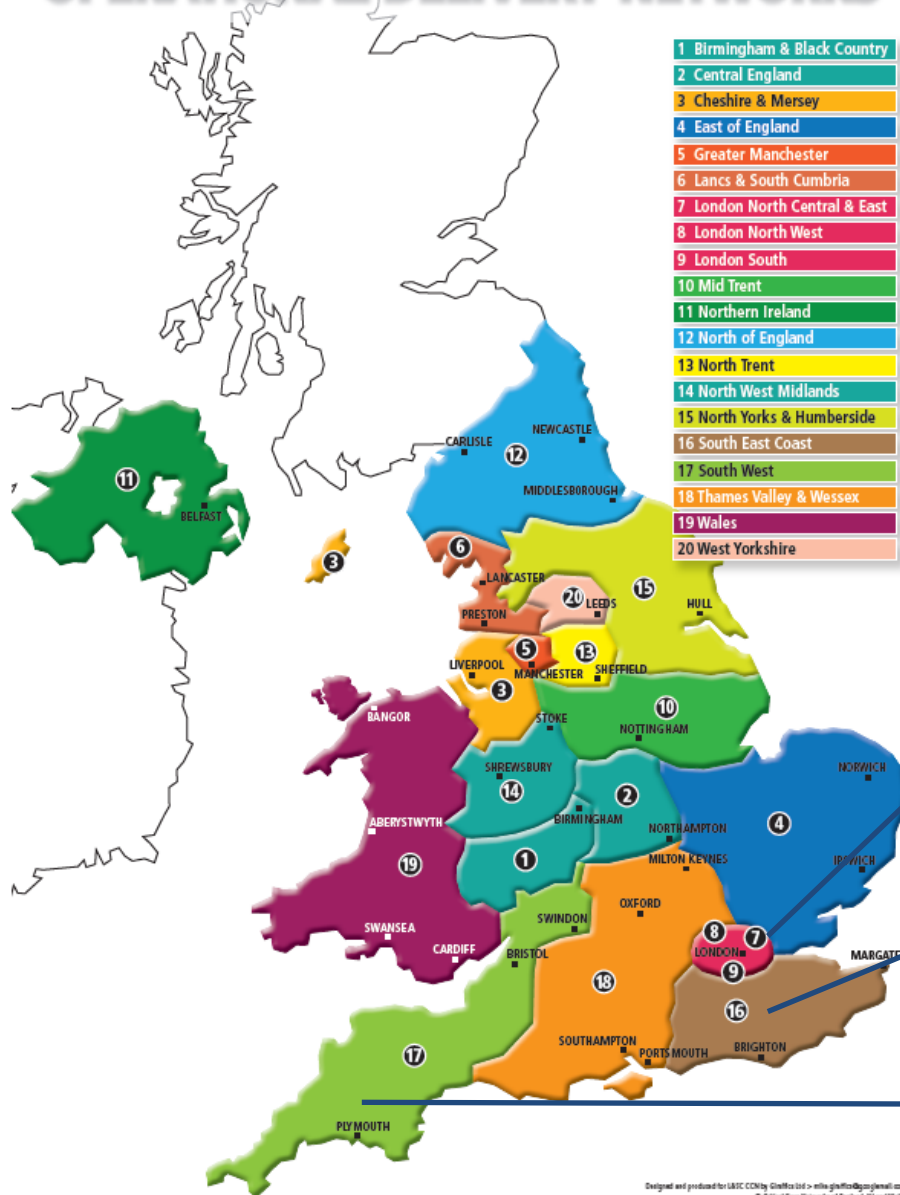
Band 7 vacancies
5.5%

Overall vacancy % band 2-4
= **11.5%**

This equates to
201 WTE posts



ADULT CRITICAL CARE OPERATIONAL DELIVERY NETWORKS



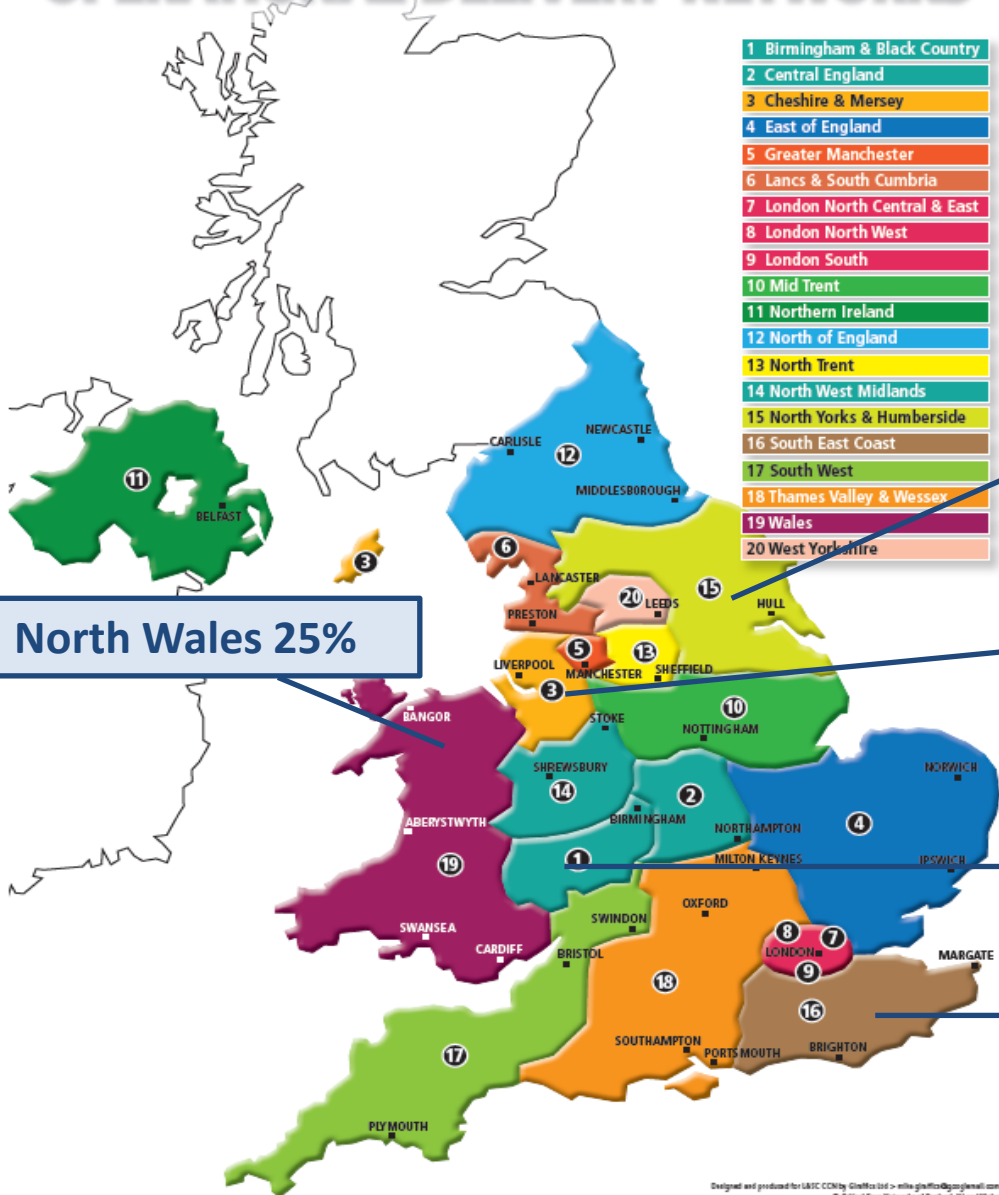
Highest vacancy % per band

Band 5 = 15.9%
London North Central & East

Band 6 = 15.8%
Band 7 = 9.5%
South East Coast

Band 8 = 9.3%
South West

ADULT CRITICAL CARE OPERATIONAL DELIVERY NETWORKS



% of RNs over 50 years of age

- **2017 Average 12.2%**, 1 network >20% of RN workforce >50years
- **2015 Average 12.9%**, 5 networks >20% of RN workforce >50years

North Yorkshire & Humberside 16.4 %

Cheshire & Mersey 19.7 %

Birmingham Black Country 15.3 %

South East Coast 16.5%

Staff Turnover: Network Average %

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%

EU & Non-EU Registered Nursing workforce 2017

Network	EU (excluding UK)	Non EU
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%
Mean %	9.9%	16.6%

National Statistics suggest 4-7% of NHS nursing staff come from EU countries with higher % from other non-EU countries, but concentration of non UK staff in London areas makes comparison between areas difficult.

A total of 80 units stated they had actively recruited nurses from overseas (EU and Non-EU countries), an increase from 57 units in 2015

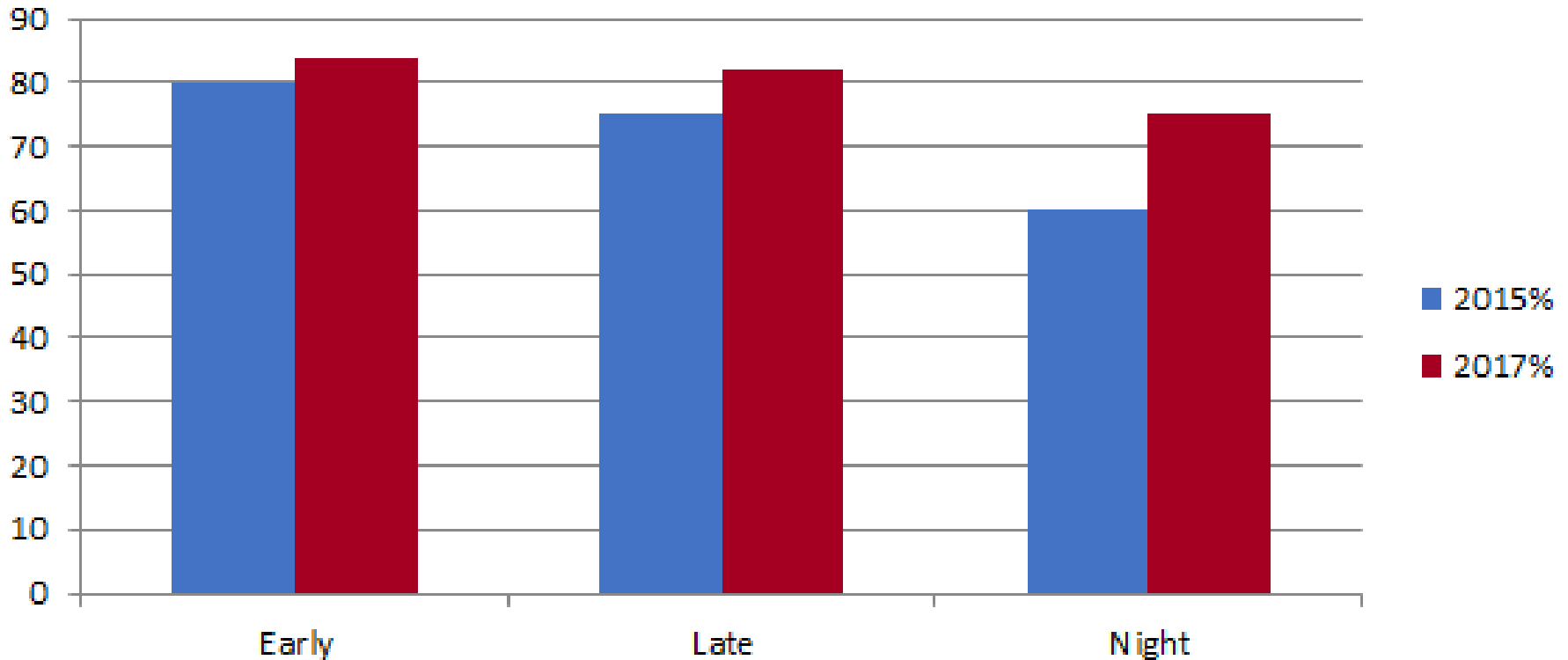
Sickness

Beds declared in workforce return	2015 Sickness %	2017 Sickness %
≤6	5.2%	5.1%
7-12	4.8%	5.1%
13-20	5.2%	4.8%
21-30	5.8%	4.8%
31-40	5.9%	4.7%
>40	4%	3.7%

- Average sickness rate unchanged at 5.1%.
- 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 be increased with the size of unit, with reported rates decreasing as the number of beds increases

National Data: Supernumerary coordinator

% Supernumerary co-ordinator on shift

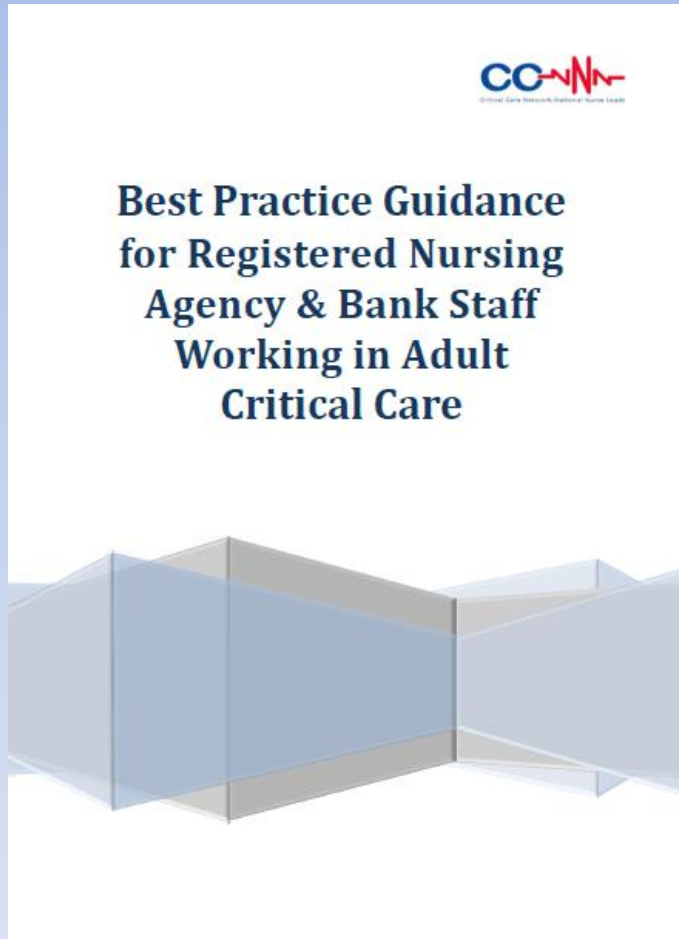


- *There will be a supernumerary clinical coordinator (sister/charge nurse bands 6/7) on duty 24/7 in Critical Care Units (>80% of time)*

Supernumerary coordinator

No. of 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%

Agency Use



- National data indicates that 79% of responders utilise bank /agency staff to supplement the nursing workforce, this is a reduction from 2015 data whereby 83% of units utilised staff from bank /agencies.
- **GPICS states: Units should not utilise greater than 20% of registered nurses from bank/agency on any one shift when they are NOT their own staff.**
- ***Of note is the reduction from 46% to 13% who state that these bank /agency staff make up >20% of the nursing workforce on any given shift.***
- This could be related to changes in the cap applied to payments for such staff and could also be attributed to national standards and benchmarking processes undertaken by networks across the country.

Clinical Educators

Each Critical Care Unit will have a dedicated Clinical Nurse Educator responsible for coordinating the education, training and CPD framework for Critical Care nursing staff and pre-registration student allocation.

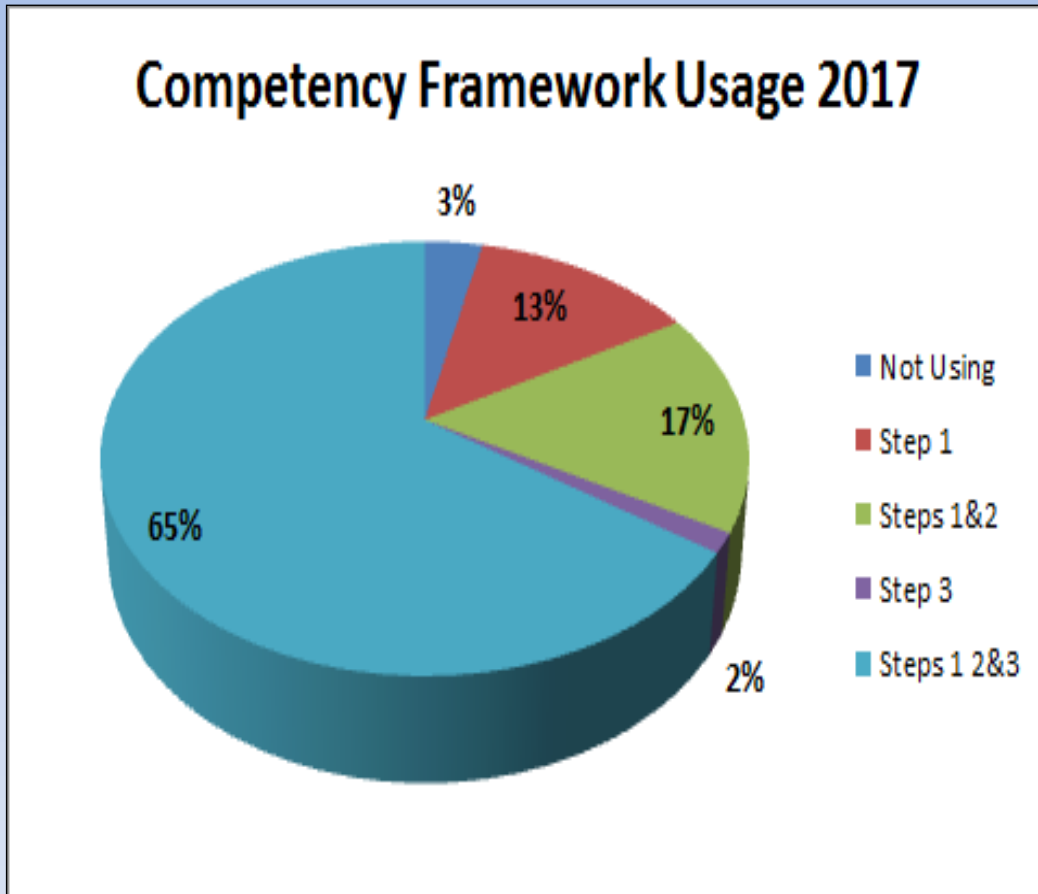
80% of units had at least 1 clinical educator in post at the time of the survey - this is an 11% increase from 2015

A Critical Care Unit must have a supernumerary Clinical Educator (1 WTE per 75 staff).

Overall, 57.4% of critical care units met this standard, which is a slight reduction from 2015 data at 61% compliance.

43 critical care units responded to say there was no clinical educator in post.....

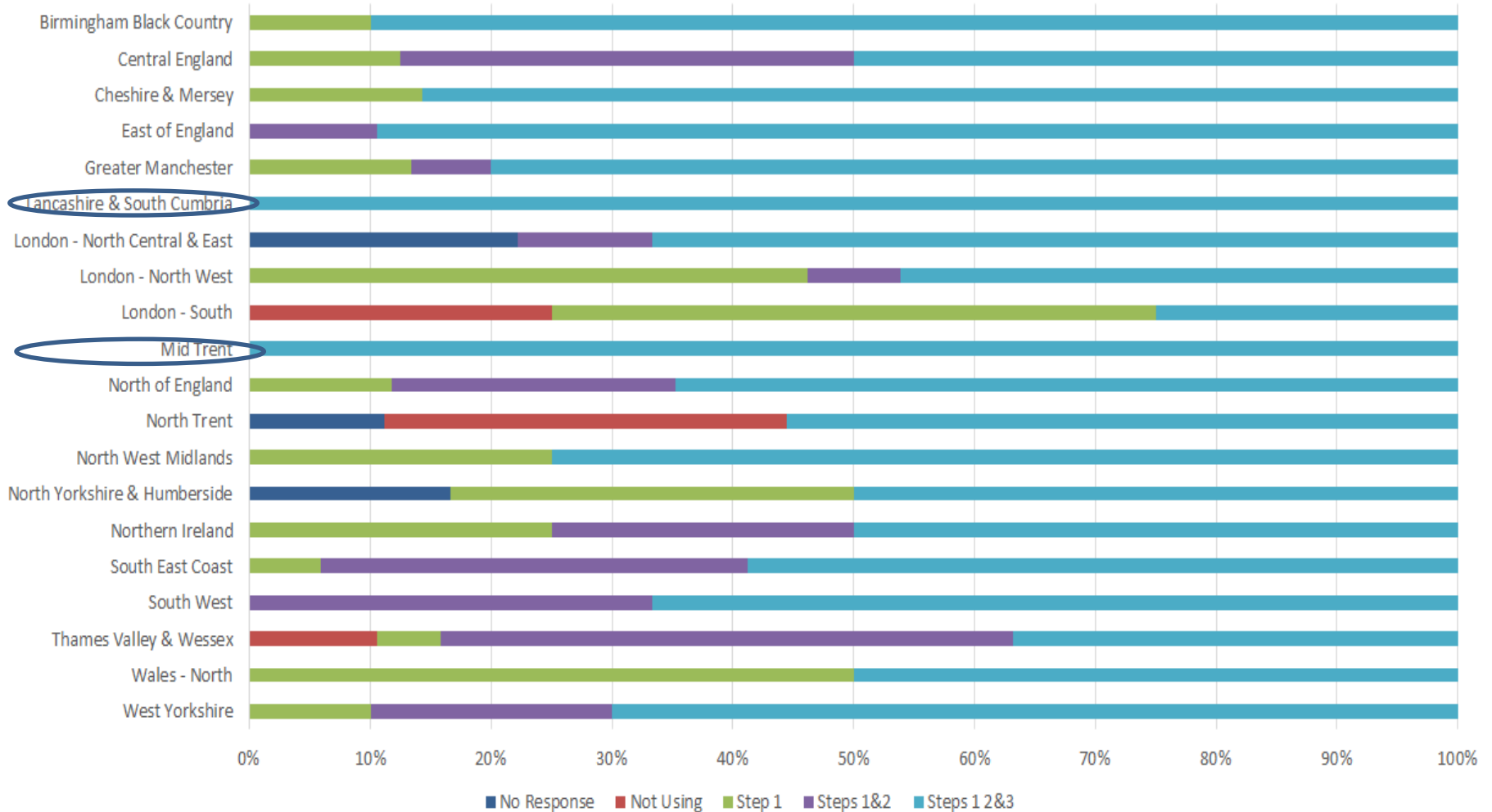
National Competency Framework



- **65%** responders are using all 3 competency assessment documents
- **97%** are using a combination of the framework
- Only **7 units** stated that no part of the competency framework is used
- This represents a **significant increase** from the 2015 survey, where **40 units** were not using any part of the framework, and only **85** were using all 3 step competency documents as part of staff nurse development (***n=134 in 2017***)

National Competency Framework

Use of National Critical Care Competency Steps by Network



% Critical Care Trained Nurses

'A minimum of 50% of registered nursing staff will be in possession of a post registration award in Critical Care Nursing'

*Overall, **48.8%** of registered nurses poses a post registration critical care award.*

*Range from **0% to 100%***

***61.7%** of units met the required standard*

Advanced Critical Care Practitioners (ACCPs)

- Increase in units with these posts from **11.6% to 23%**
- 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.

Outreach Teams

- **85%** (148/174) of responders have an outreach service, **increase from 83%** in 2015
- The majority (n=130) were part of the critical care service.
- **27** teams cover multiple sites
- There has been an **increase in hours covered** with more Monday - Sunday and 24/7 cover, compared with 2015
- 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.

Summary

WORKFORCE

- Regional variation
 - Overseas recruitment
 - Vacancies
- Loss of experience

EDUCATION

- Increase in educator provision
- Increased use of Step competencies
- Almost half of staff have critical care qualification

Standards
influence
workforce &
education



High quality
equitable
services

IMPROVEMENTS

- ACCP roles increased
- Agency use reduced
- Increase in supernumerary coordinator
- Increase in outreach provision

CHALLENGES

- Funding challenges CPD
- Recruitment challenges
- Inequity where standards don't exist (outreach /support roles)

References & Acknowledgements

- 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 (2013) Core Standards for Intensive Care Units
- Joint Standards Committee ICS & FICM (2015) Guidelines for the provision of Intensive Care Services
- 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

The full report can be viewed here: www.cc3n.org.uk



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