Movement of Staff from Critical Care Areas

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&

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What is CC3N?

CC3N is a national forum for Critical Care Network Nurse Leads.

The forum was established for; and functions on behalf of; the Critical Care Operational Delivery Networks (ODNs) of England, Wales and Northern Ireland and their related stakeholder organisations.

Focus: To collaborate and engage with key stakeholders to improve the safety, quality and experience of critical care service users.
Aim:

• To provide an overview of the movement of staff from critical care areas to other areas of the acute hospital

Objectives:

• Identify the rationale for exploring this topic & identify factors influencing staff moves from critical care
• Discuss evidence relating to impact (nursing workforce) and staff well being
• Outline national recommendations for adult critical care staffing
• Identify the extent of the problem.
• Discuss the factors influencing safe decision making & tools to support this.
• Summary and Questions
Nurse in charge:

“Who wants to go and help out on the ward?”
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Rationale for exploring this topic: Critical Care Nursing Workforce Survey 2017

- > 12% of critical care workforce are over 50 years old
- There were 1447 (8.3%) vacant registered nursing posts in critical care units at the time of the survey
- Highest vacancy % remains at band 6 level (9.9%)
- 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%
- Annual average staff turnover >10% (highest individual unit turnover = 42%)
- Increased number of Critical Care Units seeking to recruit nurses from overseas between surveys in 2015 & 2017
- High proportion of staff from abroad (EU & non EU). Some units up to 50%
- Average sickness 4.9% (Overall NHS Nursing and Health Visitors = 4.48% -2018-9)

Rationale for exploring this topic:

- Loss of bursary for nurse training
- Brexit
- Increased demand for NHS services
- Agency cap & financial pressures
- Plethora of additional roles

NHS Long Term Plan (Jan 2019)

- Acknowledged workforce challenges
- Commitment to investment
- Increase in nurse training places
- New routes into nursing
- International recruitment expansion
- Increased flexible rostering
- Increased CDP funding

NHS Plan: [https://www.longtermplan.nhs.uk/](https://www.longtermplan.nhs.uk/)
This year’s NHS staff survey underlines the scale of the workforce crisis facing the service with only a third of NHS workers feeling that there are enough staff for them to do their job properly. The service needs to do everything it can to retain staff, so it is deeply worrying that stress levels have hit a five-year high, with 40 per cent reporting work-related stress within the last 12 months.

We have to significantly improve the workplace environments for NHS staff in all trusts. But how?
Humans have three core needs and it is particularly important these are met in the workplace. They are the needs for belonging, competence and autonomy. When these needs are met in the workplace, people are more intrinsically motivated and have better health and wellbeing.

https://www.kingsfund.org.uk/blog/2019/03/nhs-crisis-caring
More than just numbers……

- Anecdotal evidence - how staff feel about moving work areas? Fear of the unknown, stress and anxiety
- Inappropriate staffing has clear implications for quality of patient care
- Association between staffing levels and hospital-related mortality, failure to rescue and other patient outcomes

Managing rostering in critical care areas requires the consideration of many factors such as skill mix, staff experience, workload, patient condition, patient flow, staffing costs, support structures, education, team cohesion and the model of care utilized.

https://www.rcn.org.uk/about-us/policy-briefings/conr-3219
Critical Care nurses’ intention to continue, or not, in their current critical care role and the indicators of satisfaction and dissatisfaction that underpin this intention

- **25% of nurses considering leaving critical care (n=98)**

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<thead>
<tr>
<th>Theme</th>
<th>Examples</th>
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<tbody>
<tr>
<td>Team</td>
<td>poor management structure, lack of leadership, low morale, negative work culture, hierarchy of staff, power struggle, short staff</td>
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<tr>
<td><strong>Critical Care staff</strong></td>
<td>constant worry of being moved, increased anxiety, pressure, stress, unsupported by ward staff, not competent outside own clinical area, feel unsafe, battle between management</td>
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<td>moved to another area</td>
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<td>Opportunities</td>
<td>reduced career progression, lack of education &amp; funding</td>
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<td>Experience</td>
<td>reduction of level 3 patients, junior members not valued, newly qualified staff not supported properly, poor work / life balance</td>
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This unit does not offer good educational opportunities and/or career progression.

When asked to work in another care area I lack confidence and feel unsupported.

I am frequently asked to work in another care area.

Decision making in this unit does not utilise input from relevant personnel.

There is not a culture of patient safety. Reporting concerns and learning for errors.

I do not receive appropriate feedback about my performance.

There are insufficient nurse staffing levels for the numbers of patients.

Morale in this unit is low.

This unit is not a good place to work.

I do not like my job.

Promotion or career progression.

Reasons for leaving/considering leaving current role in Critical Care - each respondent selected as many reasons as appropriate.
“Some days you feel well staffed to do your job and then a member of staff gets taken to another area and you struggle to perform to the highest of standards which causes stress, poor morale and exhaustion”

“(Management) need an understanding of the implications of staff being moved to the ward or other area and recognition of critical care skills / experience,........treat us like people not numbers”

“When being moved to alternative wards for however long, I feel that not only is patient safety not being considered but staff safety either. Not only to critical care but to the wards too. You are moved and expected to hand out drugs to patients you know the bare minimum about, discharge patients when you haven't been involved in there care before so anything could happen, there is such a large gap for mistakes and errors in care to be made and it affects staff morale on the unit when it happens”

What the staff say.......
National Registered Nurse Staffing Recommendations for Adult Critical Care

- Nurse : Patient Ratios
- Education
- Supernumerary Coordinator
- Size and layout of unit
What is the extent of the problem?
CC3N Staff moves survey 2019

Methodology:
• Quarterly survey for 2 week periods (Jan, April, July, Oct 2019)
• Requires completion of 2 Microsoft excel spreadsheets
  • One for each staff member moved
  • One overall summary sheet
• Disseminated via network lead nurses /manager
• Returned to a central point for input & analysis

Results:
• Responses from 61 units (Jan) and 55 units (April). ‘Patchy’ areas of response
• No staff moves reported from 20 units (Jan) and 12 units (April)
• A total of 297 requests were made for critical care staff to move to other areas of the hospital in January, as compared with 459 in April
• Total numbers of staff moved were 250 (Jan) and 405 (April)
• Highest number of request take place for night shifts
• There were 35 occasions on which critical care staff were expected to take charge of the ward / clinical area to which they had been moved (April).
• The following charts relate mostly to April survey
## Critical Care Staff Moves Survey 2019

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<th>Jan</th>
<th>April</th>
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<td>Number of units reporting staff moves</td>
<td>41</td>
<td>43</td>
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<tr>
<td>Number of units reporting zero staff moves</td>
<td>20</td>
<td>12</td>
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Movement of Staff from Critical Care
15th - 28th April 2019

- E: 113 Requests, 91 No. Moves
- L: 146 Requests, 126 No. Moves
- N: 200 Requests, 188 No. Moves
Q1 - Were there staffed beds on the Critical Care Unit at the time of Request?

- Yes: 90%
- No: 7%
- Blanks: 2%
- Don't know: 1%
Q2 - Grade of staff moved (%)

- Band 5: 73%
- Band 6: 11%
- Band 7: 1%
- HCA: 15%
There were 25 instances reported of regular staff being moved to other areas and leaving non regular (agency) staff working on the critical care unit.
On 48 occasions, the staff were called back to the critical care unit and on 36 occasions they were able to return, although the length of time this took varied. On 10 occasions, the staff were not able to return to the critical care unit and 2 responses were left blank or N/A.
Best Practice Principles to Apply When Considering Moving Critical Care Nursing Staff to a Different Clinical Care Area.

Includes responsibilities for:

- Organisation
- Critical Care Unit
- Individual
• Research into factors affecting nurse patient ratios – **SEISMIC**
• Staff moves survey continues
• Critical Care Nursing Workforce survey to be repeated this year
Summary

• Outlined why staff moves occur
• Highlighted the extent of the problem and potential effects on staff & patients
• Nursing groups working (together) to support safe staffing
• Encourage participation in workforce data collection
• Shared / developed tools to support effective decision making
• Future research to support decisions in critical care

Top Tips

Do more of what makes staff stay

• Valued (belonging)
• CPD (competence)
• Listen to staff views (autonomy)
Reasons for staying in current role in Critical Care - each respondent selected as many reasons as appropriate:

- I like my job: n = 76
- This Critical Care Unit is a good place to work: n = 69
- Morale in this unit is high: n = 23
- There are sufficient nurse staffing levels for the numbers of patients: n = 23
- There is a culture of patient safety, reporting of concerns and learning from errors: n = 57
- I receive appropriate feedback about my performance: n = 36
- Decision making in this unit utilises input from relevant personnel: n = 44
- I am not frequently asked to work in another care area: n = 21
- When asked to work in another care area I feel competent and supported: n = 6
- This unit offers good educational opportunities and/or career progression: n = 56
Any questions?

Dates to highlight:

Next staff moves survey dates - **14th – 27th October 2019**

Workforce survey dates –**November 2019**

CC3N Symposium next year – **18th June 2020, The Studio, Birmingham**

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