

CC3N Staff Moves Survey: January 2019

Introduction and Rationale

In order to ensure delivery of safe and effective critical care services, nurse staffing requirements are stipulated in various publications (Intensive Care Society (ICS) (2013), Joint Standards Committee (JSC) (2017), and National Health Service England (NHSE) (2018). Increasingly, many units are reporting requests to fill gaps in staffing establishments in other areas of the hospital, and whilst it is accepted that such instances are required occasionally due to unforeseen circumstances, there is a concern that critical care staff are frequently moved to unfamiliar working environments. This can affect the quality and safety of care delivery on critical care, and it also has the potential to affect staff wellbeing and in turn adversely impact upon retention. As part of a national project carried out by the UK Critical Care Nursing Alliance (UKCCNA), CC3N has undertaken an initial 'movement of staff' survey in order to quantify the issue. All critical care operational delivery networks (ODNs) (n=20) were requested to disseminate the survey to all their critical care unit lead nurses and they were invited to participate in this exercise by collecting and submitting information for a 2 week period. To allow for changes in critical care service demand across the year, the survey will be repeated periodically in order to enable a more accurate reflection of frequency. Anonymity was assured, however it was explained that by participating in this data collection exercise it has been assumed that anonymised data will be included in a summary report which will be shared and will also be made available via the CC3N website: www.cc3n.org.uk

Methodology

A small working group of Network Lead Nurses developed the survey questions and data collection sheet on 2 separate Microsoft Excel Worksheets. One sheet required the unit to log the number of requests to move staff per shift (early, late, night), the other sheet contained 7 questions with drop down options which were only completed if a member of staff was moved to another area of the hospital. The data collection tool was piloted across a number of hospitals in West Yorkshire Critical Care and Major Trauma Network and following feedback, small adjustments were made before National dissemination.

In December 2018, the survey was disseminated to all Critical Care ODN Lead Nurses (or nominated other) along with a letter explaining the rationale for the survey along with instructions for completion and submission of data. Lead Nurses were requested to circulate the invitation to participate in the survey to all their critical care unit leaders. The data collection period was identified as 14th - 28th January 2019, and as soon as possible after this date, units were requested to submit their information to a central email address for entry onto a Microsoft Excel database for analysis.

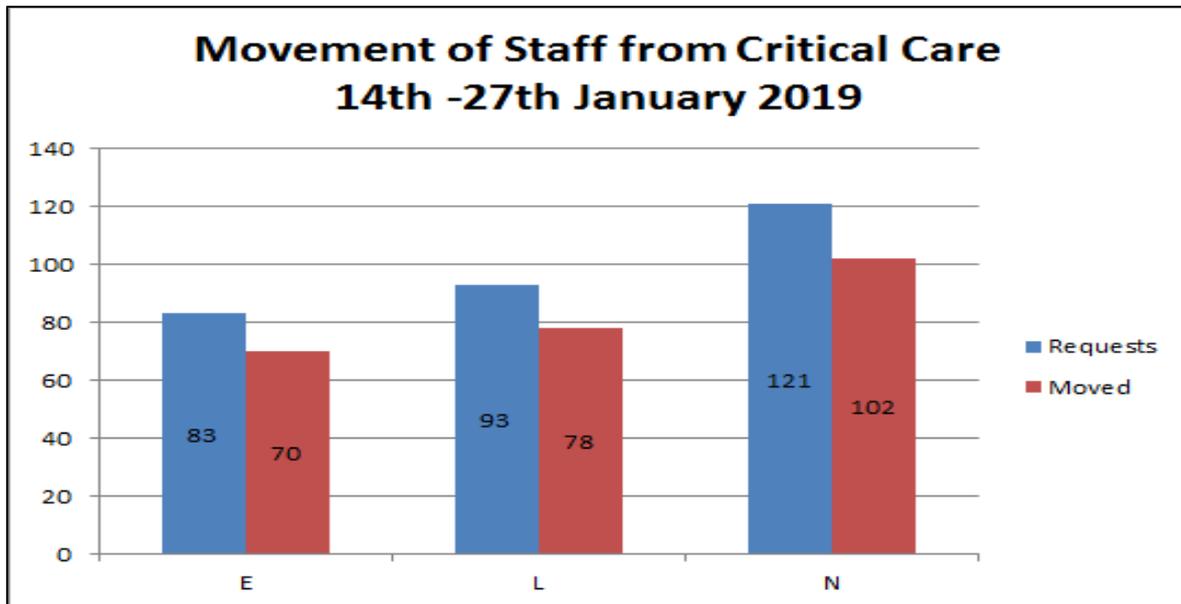
Results

It is estimated that there are 288 critical care units across England, Wales and Northern Ireland. Data returns were received from a total of 59 (41 plus 18) units covering 11 ODNs, this equates to a response rate of 20%. No returns were received from 9 ODNs, including London (North Central and East, North West and South), Central England, Birmingham and Black Country, Mid Trent, North Trent, North West Midlands, North Yorkshire and Humberside.

Of the 59 returns, 18 stated that no requests to move staff had been received during the 2 week data collection period.

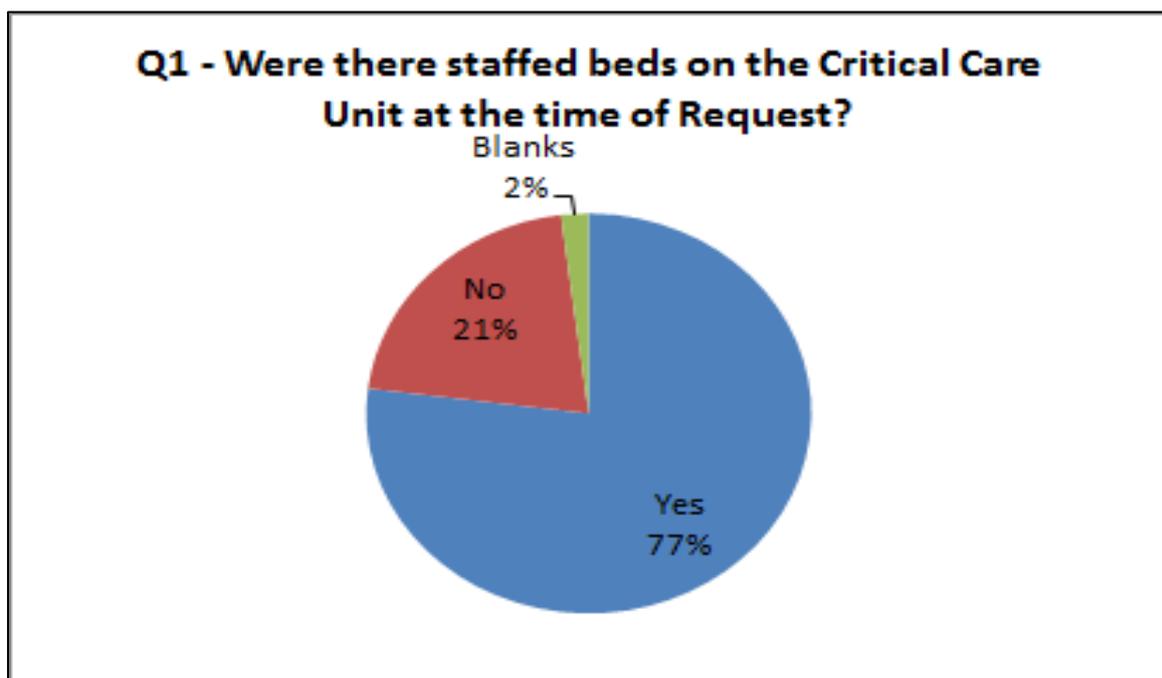
The remaining 41 units that submitted data relating to the movement of critical care staff identified that during the 2 week data collection period, a total of 297 requests were made for critical care staff to move to other areas of the hospital. A total of 250 staff were moved during this period according to the summary sheet, and there were 47 occasions whereby the request was refused. The highest number of requests to reallocate staff was made for night shifts (Table 1).

Chart 1: Requests to move staff from critical care



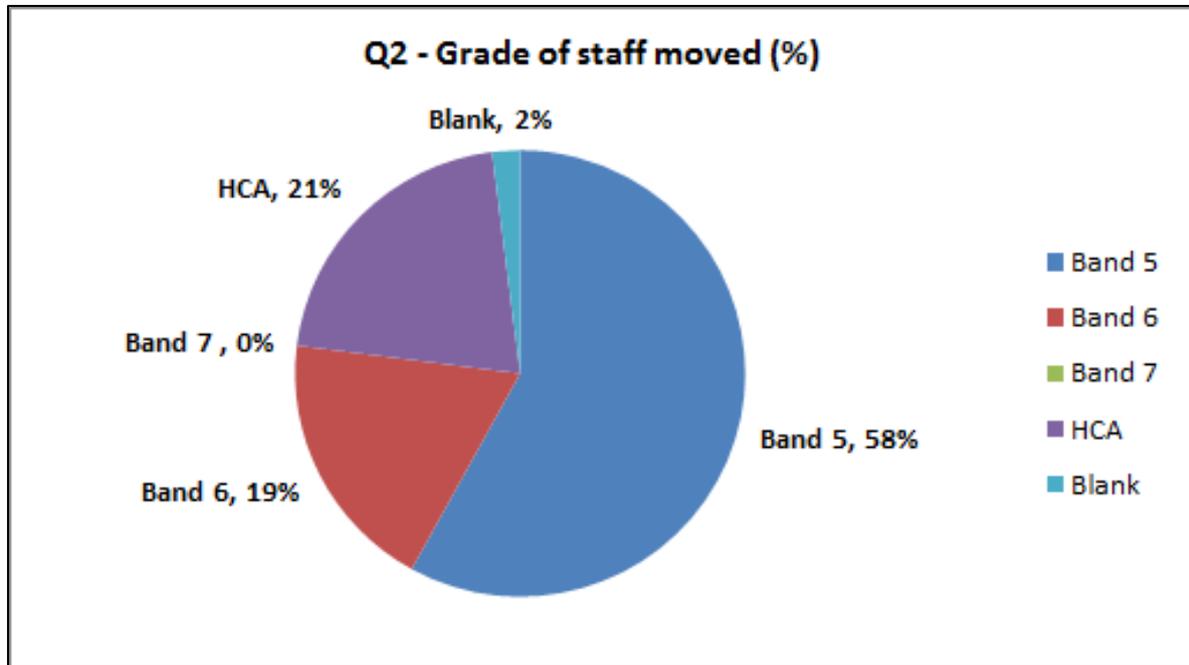
A slight discrepancy was noted between the staff move summary sheet (n=250) and the number of returns completed each time a member of staff was moved to another area (n=257).

Chart 2: Q1- Were there staffed beds on the critical care unit at the time of the request?



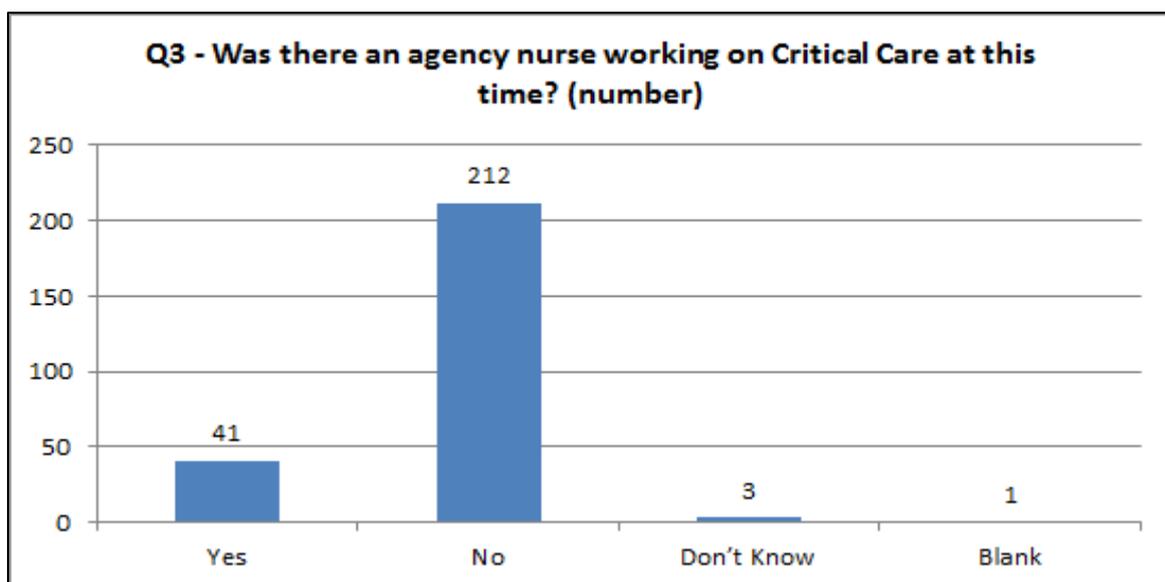
At the time of the request to move staff from critical care, 77% had staffed beds available on the unit, but on 21% of occasions, the unit did not have staffed beds available.

Chart 3: Q2 - Please indicate the grade of staff moved to the ward?



The majority of staff moves involved band 5 registered nursing staff (n=148), followed by unregistered staff (HCA, n= 53), band 6 staff (n=50), band 7 (n=1), with 5 forms having blank fields.

Chart 4: Q3 - Was there an agency Nurse working on Critical Care at this time?

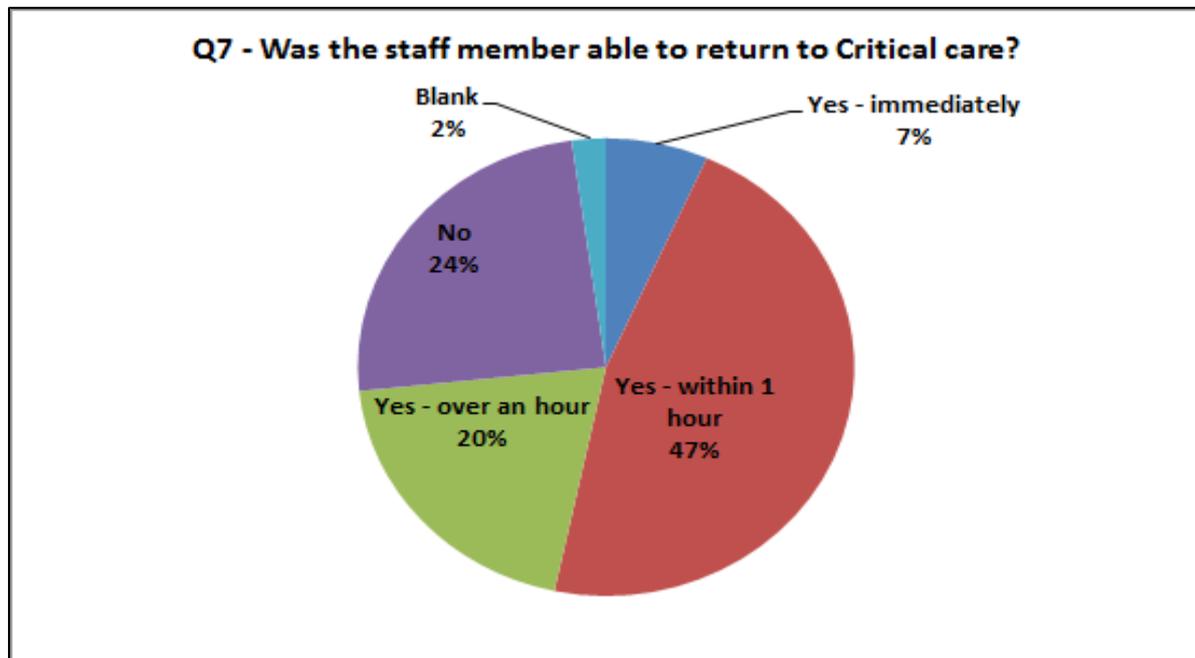


On 41 occasions, a request was made to move staff to another area despite agency staff working on the critical care unit at the time. There were 27 instances reported of regular staff being moved to other areas and leaving non regular (agency) staff working on the critical care unit.

In the majority of cases (92%), the reallocated critical care staff were not required to take charge of the unfamiliar clinical area.

On 45 occasions, the staff were called back to the critical care unit and on 33 occasions they were able to return, although the length of time this took varied.

Chart 5: Staff called back to critical care during the shift



Conclusion

It is evident that critical care areas are often required to support other hospital areas and in some instances this is not deemed to be in the best interests of the critical care patients and such requests may be refused. When staff are able to support other areas, it can be for any shift although night shifts appear to show the highest frequency of staff movement and it is mostly band 5 critical care staff that are moved. In some instances agency staff remain on the critical care unit, whilst regular staff are required to cover other hospital areas which place additional risks and pressures on the nurse in charge of critical care as well as having the potential to cause frustration to the staff being moved. There have been reports of requests for staff to return to the critical care unit, however this did not occur on 11 occasions, and the time it took for staff to return varied.

Recommendations

This is the first time data relating to the movement of critical care staff has been collected and despite the low return rate, there are still frequent requests for critical care staff to be moved in order to support staffing in other areas of the hospital. It is recommended that regular data is collected in order to gain a greater insight into the number and frequency of staff moves and further work may include the effect this has on critical care staff education and training along with the impact on critical care patients, the individual staff member and the wider team.

References

Intensive Care Society (ICS) (2013) Core Standards for Intensive Care Units

Joint Standards Committee (JSC) (Intensive Care Society and the Faculty of Intensive Care Medicine) (2017) Guidelines for the Provision of Intensive Care Services
NHSE (2018) Draft DO5: Service Specification for Adult Critical Care Services. Available at:
https://www.engage.england.nhs.uk/consultation/adult-critical-care/user_uploads/1661-adult-acute-care-service-spec.pdf

Acknowledgements

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