



# **National Critical Care Nursing Workforce Survey**

## Overview Report

**July 2020**

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## **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 2019. It is the third 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 and repeated during September – December 2017. The original survey also included Allied Health Professional (AHP) groups of staff; however, these have not been included within subsequent surveys.

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

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 London North Central & East ODN in the provision of data analyst support 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 third time that data has been collected on a national basis specifically on the nursing workforce providing critical care in England, Wales and Northern Ireland.

Outreach workforce data will be reported separately at a later date.

Response rate across England, Wales and Northern Ireland = 80.1%, compared with 86% in 2017 and 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 47.9% of the registered nursing staff workforce being from overseas countries. Nationally, 9.2% of the critical care nursing workforce is made up of staff from EU countries, with a further 16.1% being recruited from non-EU countries.

At the time of the survey there were over 1453 registered nursing vacancies reported in critical care areas, representing 8.87% of the nursing workforce. This is a slight increase from the previous survey.

Agency use has increased slightly since the previous survey with more units not meeting the GPICS standard.

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. This has been a trend over the past 3 survey periods.

At the time of the survey, 18 critical care units reported an annual staff turnover in excess of 20% with some as high as 34%.

There has been a sustained increase across the 3 survey periods in 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 sustained adoption of the CC3N national step competency framework to support critical care nurse education programmes.

46.1% of registered nursing staff have completed an academically accredited critical care course, there remains 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.

## **2. BACKGROUND**

In 2015, The Adult Critical Care Clinical Reference Group (ACCCRG) & the Critical Care Leadership Forum (CCLF) made a request for assistance from the Critical Care Networks – National Nurse Leads (CC3N) forum 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 D05 Adult Critical Care Service Specification (NHSE, 2019). 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 subsequent surveys, very few amendments have been made, however some additional data fields were added in 2017 and subsequently refined for the current survey. This is specifically in relation to the number of nurses contributing to the critical care workforce from EU and non-EU countries. As the critical care workforce develops, additional data has been collected in relation to Advanced Critical Care Practitioner (ACCP) and Associate Nurse together 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 has helped speed up the completion process, and 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 D05 Service Specification Framework for Adult Critical Care (NHSE, 2019). 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 rationale 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 2nd December, 2019 with a submission deadline of 30th December, 2019. 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 ACCCRG and the Chair of the 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 2018 - 31st August 2019, and information pertaining to staffing on a particular point in time was based on those in post / funded on the 1<sup>st</sup> September 2019.

The survey was circulated to all the critical care units in England, Northern Ireland and Wales. 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 CC3N members to account for all critical care areas with these organisations.

## **4. SURVEY RESULTS**

There are 282 Critical Care Units in England, Wales and Northern Ireland. Spreadsheets were returned covering nursing workforce data for 226 clinical areas which provided a return rate of 80.1% which is a slight decrease from the 2017 survey which had a response rate of 84%. A total of 7 networks achieved a 100% response rate from their respective units; Cheshire and Mersey, Greater Manchester, Lancashire and South Cumbria, London-North Central and East, London North West, London South and Mid Trent.

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.

Data returns were notably poor from Wales, North West Midlands and North Trent ODNs and hence any network specific data should be viewed with caution. Individual network response rates are identified in Table 2.

The response rate per region is demonstrated in Table 1.

**Table 1: Response rate per region 2019**

Region	% return -nursing
England (215 /258)	83.3%
Wales (2/15)	13.3%
Northern Ireland (NI) (9/9)	100%
<b>Overall response rate (England, Wales &amp; NI) (226/282)</b>	<b>80.1%</b>

**Table 2: Response rate per Network 2019**

Network	Total Units	Missing	% returned
Birmingham Black Country	18	7	61.1%
Central England	9	2	77.8%
Cheshire & Mersey	15	0	100.0%
East of England	22	3	86.4%
Greater Manchester	13	0	100.0%
Lancashire & South Cumbria	7	0	100.0%
London - North Central & East	21	0	100.0%
London - North West	18	0	100.0%
London - South	15	0	100.0%
Mid Trent	10	0	100.0%
North of England	17	0	100.0%
North Trent	12	11	8.3%
North West Midlands	8	6	25.0%
North Yorkshire & Humberside	6	1	83.3%
South East	21	5	76.2%
South West	16	5	68.8%
Thames Valley & Wessex	21	2	90.5%
West Yorkshire	10	0	100.0%
	<b>259</b>	<b>42</b>	<b>83.3%</b>

#### 4.1 Unit Demographics

164 units identified themselves as combined L2/3, with 11 units being solely L2 and 21 providing L3 critical care only. Due to the returns often covering multiple units /areas, it was difficult to ascertain accurately how many beds each unit had (Table 3), however what can be reported accurately according to data returns, is that only a handful of units (n=5) have less than 6 beds.

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



**Table 3: Size of Unit**

<b>Beds</b>	<b>2017 %</b>	<b>2019 %</b>
<6	2.9%	2.4%
6-10	28.1%	32.0%
11-20	42.9%	45.6%
21-30	16.2%	11.2%
>30	10.0%	8.7%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>

**Table 4: Level 2 and 3 beds by Network 2019**

<b>Row Labels</b>	<b>Funded Level 2 Beds</b>	<b>Funded Level 3 Beds</b>
Birmingham Black Country	38	138
Central England	12	75
Cheshire & Mersey	97	114
East of England	96	171
Greater Manchester	95	136
Lancashire & South Cumbria	45	59
London - North Central & East	121	178
London - North West	131	144
London - South	117	197
Mid Trent	63	61
North of England	102	129
North Trent	10	10
North West Midlands	6	64
North Yorkshire & Humberside	24	46
Northern Ireland	34	56
South East Coast	77	92
South West	81	94
Thames Valley & Wessex	68	162
Wales - South & West	4	18
West Yorkshire	60	76
<b>Grand Total</b>	<b>1283</b>	<b>1986</b>

In 2017, there were 1341 L2 beds and 1944 L3 beds, demonstrating a slight shift towards level 3 increase. Notably in relation to the number and level of beds reported in the 2017 and 2019 survey, workforce requirements would likely be similar, despite the slightly reduced return rate.

#### **4.2 Registered Nursing Posts**

The total number of whole time equivalent (WTE) funded registered nursing posts of band 5-8 has reduced over the past 2 years from 17700.27 (2017) to 16986.6 in 2019, a reduction of over 713

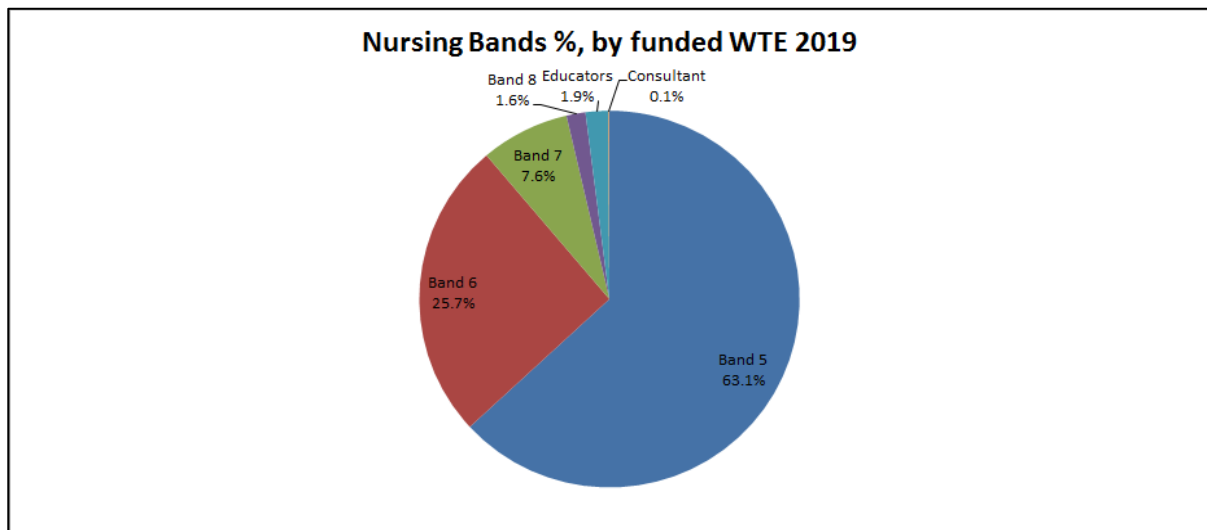
WTE registered nursing posts. With regard to the total head count, between the 2 survey periods, there has been a reduction of 1351 registered nurses working in critical care. The apparent reduction in WTE and headcount could be explained by the lower response rate, although bed numbers and L2/3 split would appear to suggest a similar workforce requirement.

Previous data collection included research nursing posts however due to these often being funded from outside the critical care nursing budget, this field was not requested for the current survey.

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

	2017		2019	
	Funded WTE	Head Count	Funded WTE	Head Count
<b>5</b>	11508.15	11557	10723.7	10363
<b>6</b>	4392.6	4390	4361.5	4143
<b>7</b>	1190.23	1227	1228.1	1254
<b>7 Lead</b>	73.35	74	56.2	68
<b>8a Lead</b>	180.96	197	222.2	184
<b>8b Lead</b>	29.1	32	40.9	42
<b>8c Lead</b>	10	10	11.5	12
<b>6 Educators</b>	102.39	131	117.05	157
<b>7 Educators</b>	181.52	188	201.41	238
<b>8 Educators</b>	9.85	10	10.15	12
<b>Consultant</b>	22.12	20	14	12
<b>Total</b>	<b>17700.3</b>	<b>17836</b>	<b>16986.6</b>	<b>16485</b>

**Chart 1: Registered Nursing Bands % by Funded WTE 2019**



**Table 6: Registered Nursing Bands % by Funded WTE 2015, 2017 & 2019**

Band	2015	2017	2019
5	66.5	64.8	63.1
6	23.1	24.7	25.7
7	7.2	7.1	7.6
8	1.4	1.2	1.6
Educators	1.3	1.7	1.9
Researchers	0.3	0.4	NA
Consultant Nurses	0.2	0.1	0.1

This data is similar to the breakdown in the previous surveys, although there has been a sustained increase in the proportion of educators.

#### 4.3 Nursing Support Posts

Of the nursing establishment, 91% of the critical care workforce comprise bands 5-8; with 9% of bands 2-4, this is unchanged from both the previous survey findings. 67.1 % of responders (n=139) stated that these staff deliver direct patient care with 108 units stating that clinical support workers receive competency training, and 31 do not.

#### 4.4 Nurse Patient Ratios

The current nurse staffing ratios required according to both D05 (NHSE, 2019) and GPICS (FICM & ICS, 2019) are:

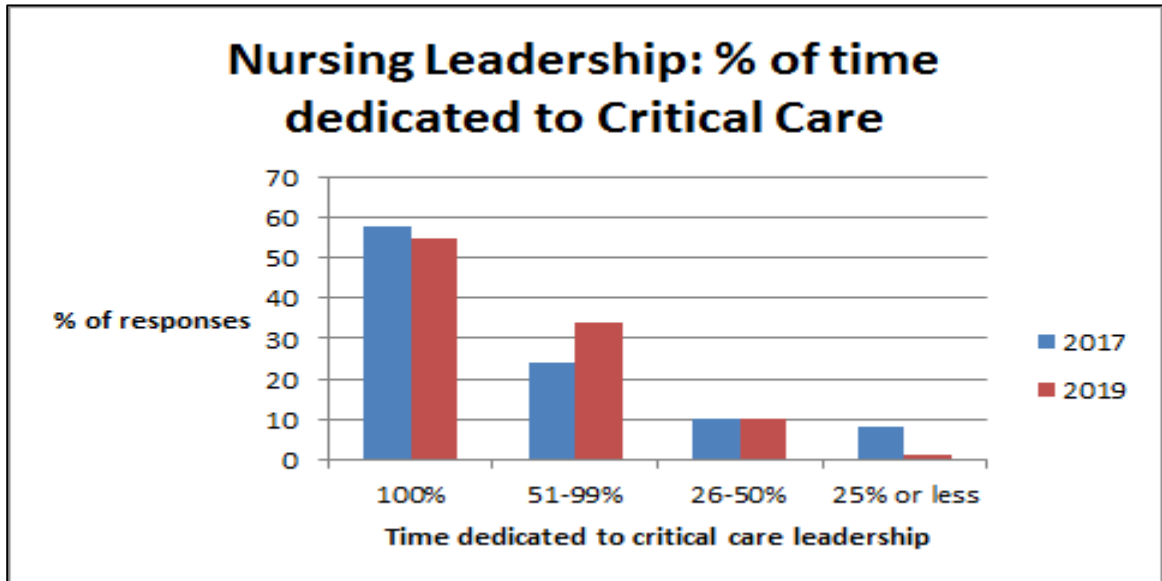
***Level 3 patients (level guided by ICS levels of care) require a registered nurse/patient ratio of a minimum 1:1 to deliver direct care;  
and that Level 2 patients (level guided by ICS levels of care) require a registered nurse/ patient ratio of a minimum 1:2 to deliver direct care***

100% of units stated that they achieved **at least** these standards, with 6 units stating they allocated 1:1 nursing for level 2 patients and this is likely due to environmental factors and layout of units.

#### 4.5 Nursing Leadership

With regard to the senior nursing leadership role, the survey requested information about what proportion of time was dedicated to critical care, with many senior leaders having more than one area of responsibility. Chart 2 provides a comparison of the results.

Chart 2: % of time dedicated to critical care



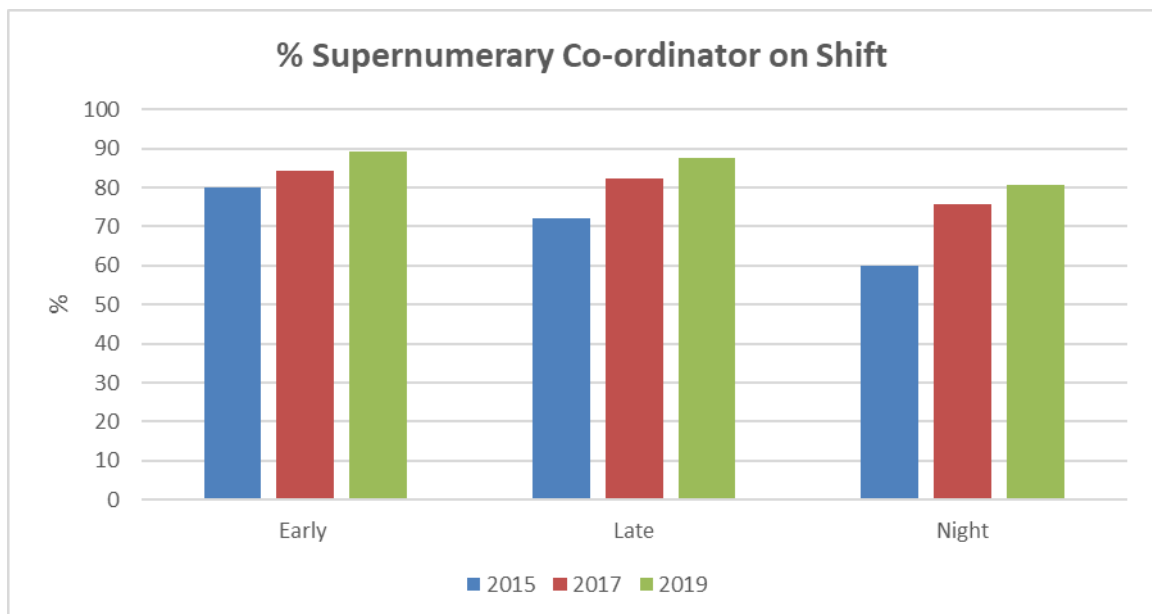
#### 4.6 Supernumerary Clinical Coordinator

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 3: % of Units with supernumerary clinical coordinator per shift



#### 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, to 11.1% in 2019 with only one network having greater than 20% of its workforce over the age of 50 years (North West Midlands\*), this is likely to represent a loss of experienced nursing staff between the 3 survey periods.

*\*Data return and quality poor from North West Midlands ODN, therefore interpret with caution*

**Table 7: Average % by Network: nursing workforce > 50 years of age**

<b>Network</b>	<b>% B5-8 WTE over 50</b>
North Trent	0.00%
London - North Central & East	5.30%
Lancashire & South Cumbria	8.00%
Mid Trent	8.10%
Thames Valley & Wessex	8.40%
West Yorkshire	8.90%
East of England	9.80%
Greater Manchester	10.30%
North of England	10.80%
South West	10.90%
<b>Overall average</b>	<b>11.10%</b>
North Yorkshire & Humberside	11.40%
London - South	11.50%
South East Coast	12.40%
Central England	14.50%
Northern Ireland	14.80%
Cheshire & Mersey	15.00%
Wales - South & West	15.10%
London - North West	15.30%
Birmingham Black Country	16.60%
North West Midlands	24.40%

#### 4.8 Vacancies

Overall, there were 1453 (8.87%) vacant registered nursing posts (Band 5-7) in critical care units at the time of the survey. The highest vacancy % is at band 5 level (9.5%) and this proportion has increased from the previous survey undertaken in 2017 (8.2%). The network with the lowest overall vacancy rate is North Yorkshire & Humberside (2.3%), with the highest % of vacancies recorded in North Central and East London (18.6%).

Overall vacancy rate for non-registered support staff has increased from 11.5% to 12.8%

**Table 8: Overall Vacancy % per Band**

<b>Band</b>	<b>2015 Vacancy %</b>	<b>2017 Vacancy %</b>	<b>2019 Vacancy %</b>
<b>5</b>	<b>8.39</b>	<b>8.2</b>	<b>9.5</b>
<b>6</b>	<b>9.45</b>	<b>9.9</b>	<b>8.6</b>
<b>7</b>	<b>6.32</b>	<b>5.5</b>	<b>4.3</b>
<b>8</b>	<b>4</b>	<b>1.8</b>	<b>5.5</b>

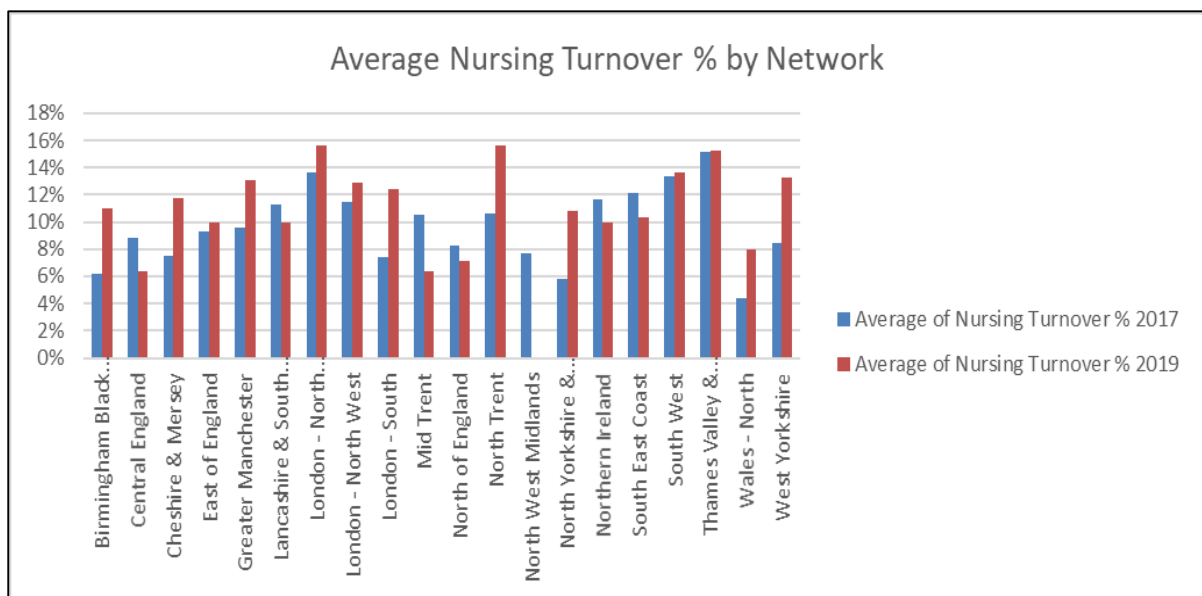
**Table 9: Average Vacancy % by Network 2019**

<b>Network</b>	<b>% B5-7 vacancy</b>
North Yorkshire & Humberside	2.30%
Northern Ireland	5.20%
Mid Trent	5.50%
North West Midlands	5.60%
South West	5.70%
Wales - South & West	5.70%
North Trent	7.20%
West Yorkshire	7.20%
Greater Manchester	7.50%
Lancashire & South Cumbria	7.60%
North of England	8.00%
Birmingham Black Country	8.80%
East of England	10.10%
Central England	10.40%
<b>Average</b>	<b>10.50%</b>
Cheshire & Mersey	10.80%
Thames Valley & Wessex	11.70%
South East Coast	12.50%
London - North West	12.70%
London - South	14.40%
London - North Central & East	18.60%

## 4.9 Staff Turnover

National data demonstrates a slight increase in average staff turnover from 10.1% to 11.1%, with the same number of units (n=18) reporting an annual turnover of >20% as compared with 2017 however, turnover rates vary considerably per network (6.3% – 15.6%), with the highest individual unit turnover reported as 34%.

**Chart 4: Network Average Turnover % 2019**



**NB: NW Midlands excluded for null value.**

## 4.10 Overseas Recruitment

42 units reported that they have sought to actively recruit staff from EU countries within the last 12 months, with as many as 93 units actively seeking to recruit from non-EU countries. Overall there has been an increase in the total number of units actively seeking to recruit nursing staff from other countries (either EU, non-EU or both); from 80 in 2017 to 100 in 2019.

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 the survey in 2017 and this was further refined in 2019 to specifically capture information relating to the country where the nurse was awarded registration. The results demonstrate that there are significant differences across the UK in the % of non UK registered nursing staff, with some networks having as low as 0.7% of nurses from EU countries and some as high as 28%. On average, there is a higher % of staff from non- EU countries, with a network % range from 0% (NW Midlands\*) to 28.7%. Table 10 provides further detail.

*\*View with caution due to poor quality data returns*

**Table 10: % Headcount of overseas EU and Non-EU Registered Nursing Staff (Band 5-8) by Network**

Network	2017		2019	
	EU	Non EU Overseas	EU	Non EU Overseas
Birmingham Black Country	3.5%	17.2%	5.5%	15.4%
Central England	9.0%	18.9%	5.7%	27.5%
Cheshire & Mersey	3.6%	8.6%	3.0%	12.5%
East of England	14.0%	28.5%	9.0%	28.7%
Greater Manchester	6.6%	12.5%	4.8%	16.2%
Lancashire & South Cumbria	4.0%	15.5%	1.4%	8.7%
London - North Central & East	15.4%	29.5%	16.8%	16.9%
London - North West	16.4%	50.0%	17.2%	21.3%
London - South	18.7%	11.8%	10.2%	14.9%
Mid Trent	8.0%	13.6%	7.9%	6.6%
North of England	0.9%	7.6%	1.0%	9.8%
North Trent	1.0%	0.7%	2.1%	4.2%
North West Midlands	3.2%	12.9%	5.3%	0.0%
North Yorkshire & Humberside	4.4%	7.6%	28.0%	8.8%
Northern Ireland	0.4%	9.0%	0.7%	7.4%
South East Coast	15.8%	18.5%	9.1%	20.3%
South West	11.5%	8.4%	8.5%	10.8%
Thames Valley & Wessex	23.8%	16.5%	23.2%	24.7%
Wales - North	2.4%	3.2%	3.3%	4.0%
West Yorkshire	1.3%	8.5%	6.8%	4.0%
<b>Average %</b>	<b>9.9%</b>	<b>16.6%</b>	<b>9.2%</b>	<b>16.1%</b>

#### 4.11 Sickness Rates

In 2019, the average sickness rate has remained the same as the last survey, at 5.1%



## 4.12 Agency Usage

GPICS (2019) 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=170), 34 stated that they exceeded this requirement (18.9%), which is an increase from the 2017 survey when 12.7% exceeded this standard.

## 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. An increased % of units met this standard, from 57.42% in 2017 to 66% in 2019. 88.8% (n=183) of units have at least one educator in post at the time of the survey, which is an increase compared to 80% of critical care units (n=167) in 2017.

At the time of the survey, 23 units responded to say they did not have a clinical educator in post, which is an improved position compared with 43 units in the previous survey.

## 4.14 Adoption of National Critical Care Competency Framework

Following the introduction of the National Critical Care Competency Framework (CC3N, 2016) 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 for clinical competency development, with a more recent addition of a step 4 aimed at leadership and management skill development for more senior nursing staff:

- 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.
- Step 4 competencies were published in 2018 to support the management and leadership development of band 6 & 7 critical care nurses.

Results from this survey indicate that 198/282 (70.2%) responders stated that they were using Step 1 competencies, 190/282 (67.4%) using Step 2, 184/282 (65.2%) Step 3 and 131/282 (46.5%) were using Step 4 competency documents. A total of 126 (44.7%) were using a combination of all 4 Step competencies, leaving only 2 units where the competency framework was not in use at all at the time of the survey. It is difficult to provide a direct comparison to 2017 as the Step 4 competency was published between the 2 survey periods. In 2017 when only Steps 1,2 & 3 were available, 134 units (65%) were using all 3 documents. What can be assured is that the Step competency framework is now increasingly embedded within the majority of ODN's.

Chart 5: Competency Framework Usage 2019

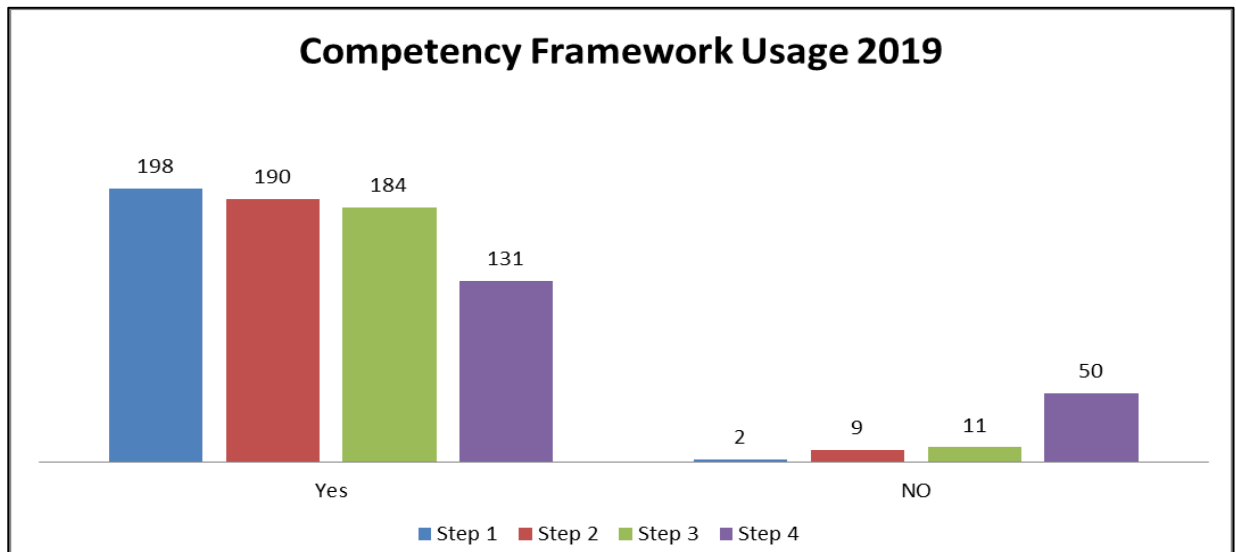
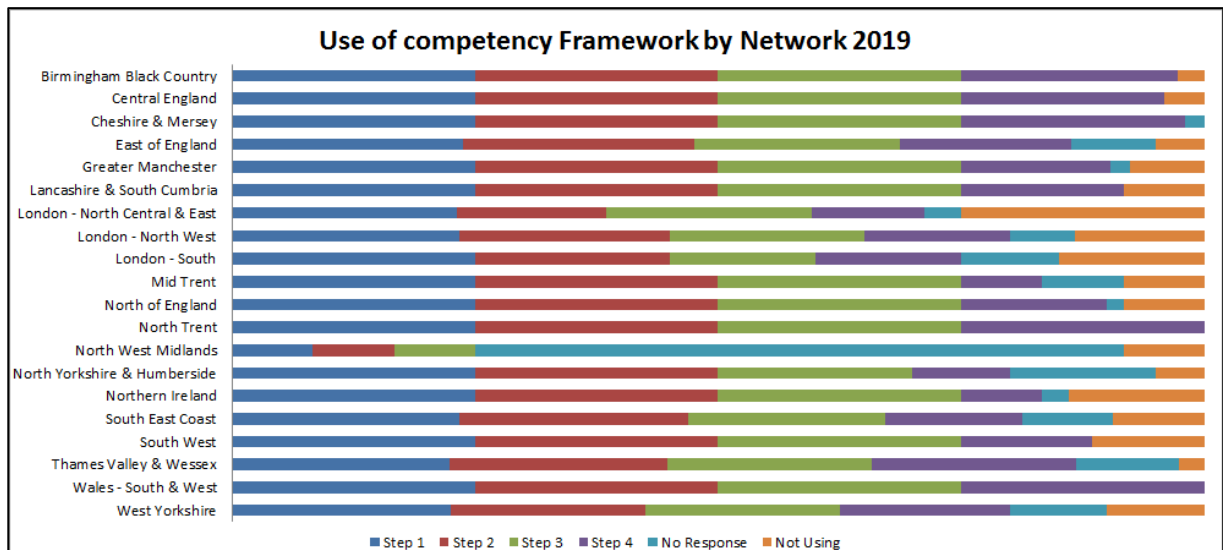


Chart 6: Use of Competency Framework by Network 2019

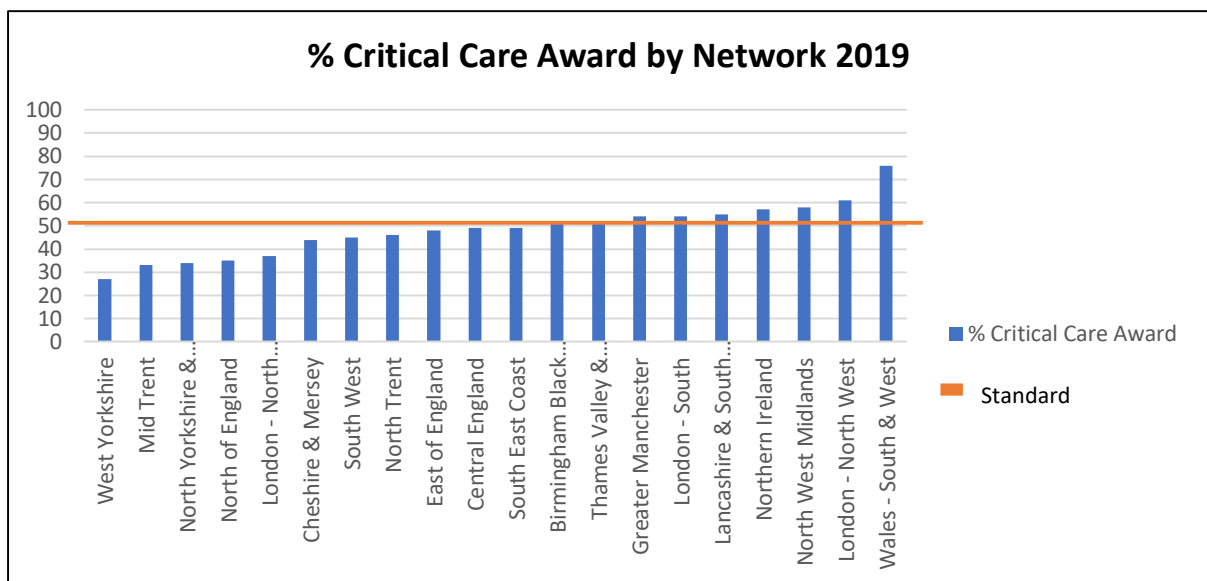


#### 4.15 Critical Care Trained Nurses

GPICS standards (FICM and ICS, 2019) and the ACC Service Specification (NHSE, 2019) require a minimum of 50% of critical care nurses to be in possession of a post registration award in critical care nursing. Overall 46.1% of registered nursing staff in critical care have a post registration award, this has reduced from 48.8 % in 2017.

The Core Standards (ICS and FICM, 2013) state that all nursing staff appointed to critical care should 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. Results indicate that the mean supernumerary time is 6.6 weeks with a median of 6.0 weeks and 36 units provide less than 6 weeks, i.e. do not meet the required standard.

**Chart 7: % of Nurses with a Post Registration Critical Care Award 2019**



#### 4.16 Advanced Critical Care Practitioners (ACCPs)

It appears that there has been an increase in the total of WTE trainee and qualified ACCP's in post from 116 in 2017 to 149.38 in 2019 (trainees) and from 93 in 2017 to 152.1 in 2019 (qualified ACCPs). The vast majority are a band 7 during training and band 8a on qualification. 4 networks do not have any ACCPs either in training or qualified according to the data submitted; these were Northern Ireland, North West Midlands, North Trent and the South East Coast.

#### 4.17 Nursing Associate Roles

This field was added in response to the new Nursing Associate training role introduced over recent years therefore there is no comparison data available. A total of 17 units stated that they already employed nursing associates with a further 43 planning to introduce them in the future. 138 units stated that they currently have no plans to introduce this role within their workforce.

### 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 47.9% of the registered nursing staff workforce being from overseas countries. Nationally, 9.2% of the critical care nursing workforce is made up of staff from EU countries, with a further 16.1% being recruited from non-EU countries.

At the time of the survey there were over 1453 registered nursing vacancies reported in critical care areas, representing 8.87% of the nursing workforce.

Agency use has increased since the previous survey with 18.9% not meeting the GPIC's standard.

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.

At the time of the survey, an unchanged number (n=18) critical care units reported an annual staff turnover in excess of 20% with some as high as 34%.

There has been an increase in the number of units having a supernumerary clinical coordinator rostered across all shifts over the 3 survey periods.

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 sustained adoption of the CC3N national step competency framework for critical care nurse education.

## **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. Retrieved from CC3N <https://www.cc3n.org/step-competency-framework.html>

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