



# **National Critical Care Outreach Workforce Survey Overview Report**

**September 2020**

Version	Final
Status	Final
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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 outreach 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 Outreach service leads for carrying out the data collection within their organisations.

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 critical care outreach workforce providing outreach services across England, Wales and Northern Ireland. The critical care nursing workforce report has been published separately in June 2020.

- 1.1** There is an increased percentage of acute hospital sites with a Critical Care Outreach Service
- 1.2** The majority of CCOTs are part of the critical care service
- 1.3** CCOTs are increasingly providing 24/7 cover
- 1.4** CCOT composition is varied with increasing numbers of Advanced Nurse Practitioners
- 1.5** Most CCOTs have an identified nursing lead (91%), with only 69% reporting an identified medical lead, but less than half of these received any scheduled PA time.
- 1.6** The majority of CCOTs utilise additional outreach competencies to underpin practice however there is a lack of consistency in the tools used.

## **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 and outreach 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 outreach workforce from EU and non-EU countries. As the outreach workforce develops, additional data has also been collected in relation to Advanced Clinical Practitioners (ACP) and independent prescribing.

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. 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. CRITICAL CARE NURSING WORKFORCE 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>

#### 4.1 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 129 returns for the CCOT survey; 122(94.6%) of these said they had a CCOT. In 2017 there were 148/174 (85%) reporting they had an outreach service and in 2015 there were 160 returns, with 136 (83%) reporting they had a CCOT.

110 teams reported that they were part of the Critical Care service, and 12 were not. This is compared with 130 teams that were part of the critical care service in 2017, and 17 stated they were not part of critical care services.

95 teams provide outreach on a single site, 26 cover multiple sites, and 1 didn't respond.

**Table 2: Teams providing outreach**

Provision of Outreach	Number
CCOT (stand-alone)	82
Critical Care with H@N (Hospital at Night)	22
Hospital 24/7	9
Medical Emergency Team	3
Patient at Risk Team	4
H@N	0

Null response	2
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#### 4.2 Critical Care Outreach Service Provision

**Table 3: Hours covered**

Hours CCOT service provided	2015		2017		2019	
	n	%	n	%	n	%
Monday - Friday 07.30 - 17.00	9	7%	7	5%	3	2%
Monday - Friday 07.30 - 21.00	35	26%	1	1%	0	0
Monday - Friday 24 hour cover	1	1%	1	1%	2	2%
Monday - Sunday 07.30 - 17.00	9	7%	4	3%	2	2%
Monday - Sunday 07.30 - 21.00	2	1%	43	29%	32	26%
24/7/365	76	56%	92	62%	81	66%
Null	4	3%	1	1%	2	2%
<b>Total</b>	<b>136</b>		<b>148</b>		<b>122</b>	

There has been an increase in hours covered with more Monday - Sunday and 24/7 cover, compared with 2017.

#### 4.3 Critical Care Outreach Workforce

**Table 4: CCOT: Workforce**

(NB: AP = Advanced Practitioner)

Staff	2015		2017			2019		
	Funded WTE	% WTE	Funded WTE	% WTE	Headcount	Funded WTE	% WTE	Headcount
<b>Band 2</b>	8.84	0.90 %	3.2	0.30 %	7	4.8	0.40 %	7
<b>Band 3</b>	40.2	4.00 %	32.8	2.60 %	38	27.83	2.34 %	35
<b>Band 4</b>	8.32	0.80 %	8.72	0.70 %	10	8.32	0.70 %	4
<b>Band 5 Nurse</b>	74.21	7.30 %	62.6	4.90 %	68	4	0.34 %	6
<b>Band 6 Nurse</b>	347.8	34.2 0%	382.38	30.0 0%	464	284.27	23.9 2%	346
<b>Band 7 Nurse</b>	443.14	43.6 0%	602.16	47.3 0%	639	621.5	52.2 9%	663



<b>Band 8 Nurse</b>	26.2	2.60 %	46.75	3.70 %	67	67.67	5.69 %	81
<b>Band 6 Trainee AP</b>		0.00 %	24.6	1.90 %	26	10	0.84 %	11
<b>Band 7 Trainee AP</b>		0.00 %	47.6	3.70 %	27	48.04	4.04 %	56
<b>Band 8 Trainee AP</b>		0.00 %	0	0.00 %	0	11.41	0.96 %	12
<b>Band 7 Qualified AP</b>	47.01	4.60 %	25.7	2.00 %	30	56.6	4.76 %	35
<b>Band 8a Qualified AP</b>	14.3	1.40 %	20.8	1.60 %	17	28.92	2.43 %	31
<b>Band 8b Qualified AP</b>		0.00 %	2	0.20 %	2	2	0.17 %	2
<b>Band 5 Physio</b>		0.00 %	2	0.20 %	2	2.3	0.19 %	3
<b>Band 6 Physio</b>		0.00 %	2	0.20 %	3	2	0.17 %	2
<b>Band 7 Physio</b>	6.28	0.60 %	9.28	0.70 %	9	6.5	0.55 %	8
<b>Band 8 Physio</b>	0.5	0.00 %	1.5	0.10 %	2	2.5	0.21 %	2
<b>Total</b>	<b>1016.8</b>		<b>1274.09</b>		<b>1411</b>	<b>1188.66</b>		<b>1304</b>

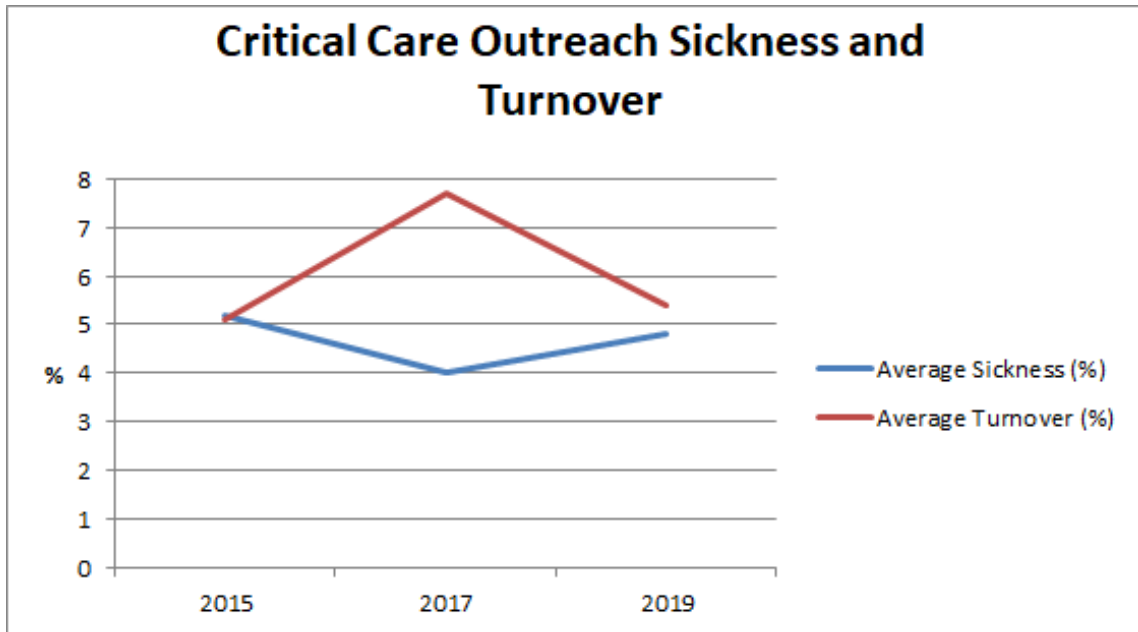
The data displayed above highlights the differences in the composition of outreach teams, and additional fields were added for the 2017 and 2019 survey; these relate predominantly to trainee and qualified Advanced Clinical Practitioner roles. Whilst survey data may not be directly comparable for each survey, the trends of change in composition amongst those responding appears to be consistent with reduced proportion of band 2 to band 6 posts, and an increase in band 7 to band 8 posts, and inclusion of AHP roles within some teams.

Of the returns submitted, 119/129 stated they had a nurse lead (91%), with 89/129 stating they had a medical lead (69%) however only 40 of these have dedicated PA time scheduled to outreach services. This is an improvement from 2017, when only 30% of medical leads had PA time allocated.

Out of the 1304 staff by headcount, there were 232 over the age of 50 (17.8%) which is much the same as the previous survey at 17.9%.

The average sickness and turnover over the past 3 surveys is displayed in chart 1 below.

**Chart 1: Sickness and Turnover**



#### 4.4 CCOT Competencies

Of the 129 responses, 117 (90.7%) reported CCOT staff were trained and assessed with competencies to underpin practice, this is compared with 138/148 (93%) in 2017 and 123/136 (90%) in 2015. 1 response stated that they did not have a competency framework to support practice and 1 didn't respond.

**Table 5: Competencies**

Competency used	n (2015)	n (2017)	n (2019)
Trust competencies	63	58	42
National Outreach Forum (NORF) Competencies	34	41	45
Network competencies	8	16	8
University competencies	7	13	10
Other	10	9	10
Null	1	1	1
Blank			1
<b>Totals</b>	<b>123</b>	<b>138</b>	<b>117</b>

The 10 responses stating 'other' for this question, included comments as follows;

Consultation and assessment course  
Trust and University competencies

Trust Competencies - amalgamation of NORF and Trust specific  
NUH CCOT specific competencies  
Trust competencies - amalgamation of NORF & Trust specific  
NORF and NMP(V300) and Physical assessment  
All staff have completed the national Step competency documents and also an in house Outreach competency document  
Trust Competencies and University Courses  
Critical Care Outreach Course (CCORC)  
Mixture of NORF comps, local trust comps and University

## **5. SUMMARY**

The majority of responses indicate the provision of a Critical Care Outreach Service, with CCOTs continuing to grow in numbers covering increased hours of service. Services are evolving but they vary in terms of staff numbers, bands and experience. There is an overall increase in numbers of Advanced Nurse Practitioners. The majority of CCOT staff undertake some form of formal competency training, however it is evident that there is a great deal of variety in the numbers of different competency documents used in practice. It is anticipated that this will be addressed by the development of a national standardised Critical Care Outreach Practitioner Competency Framework and credential in the future.

## **6. RECOMMENDATIONS**

Trusts and ODNs are recommended to review their own critical care outreach workforce data in conjunction with the information contained within this report to inform local and regional reviews of their own 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 outreach workforce as reported in this survey. This report has highlighted the changes that have taken place over recent years; along with highlighting the issues that are likely to impact on the continued delivery of high quality outreach services in the future. CC3N will continue to engage with stakeholders in order to influence and support critical care outreach issues for the benefit of patients and staff.

## **7. REFERENCES**

CC3N 2018 National Competency Framework for Adult Critical Care Nurses. Retrieved from CC3N <https://www.cc3n.org.uk/step-competency-framework.html>

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