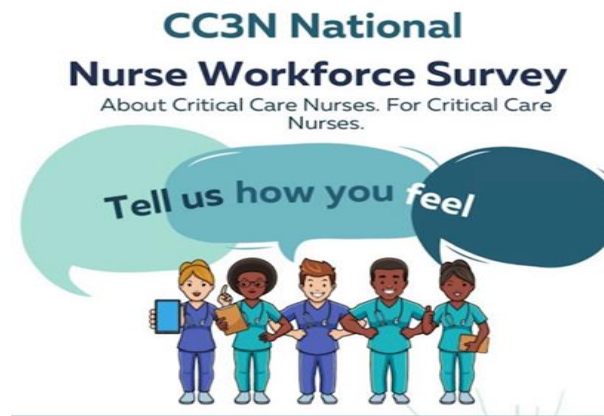


Retention Retention Retention, helping fix the leaking bucket - An overview of CC3N National Adult Critical Care Nursing Workforce Retention Survey 2022



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Nurse Retention

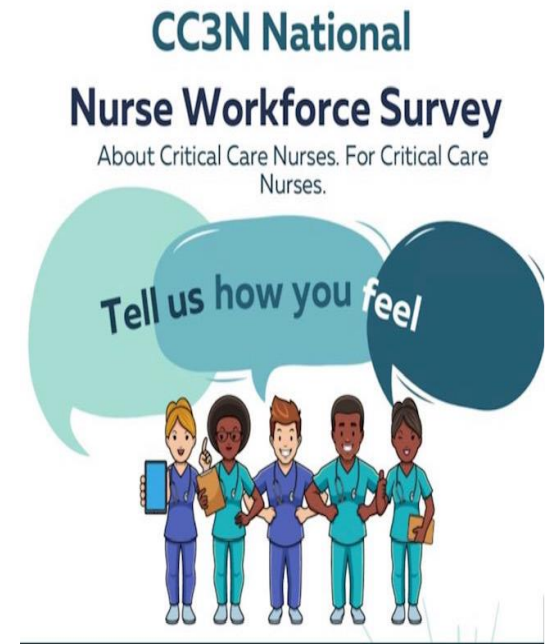
- ***“Staff retention is more important than ever if we are going to close the holes in the leaky bucket of the NHS workforce ”***

Alison Leary 2022



Context to CC3N Survey

- The Critical Care Networks National Nurse Leads (CC3N) were keen to explore and obtain data on critical care nurse retention in England.
- Thames Valley & Wessex and Kent, Surrey and Sussex Adult Critical Care Operational Delivery Networks (ODN) devised and rolled out an Adult Critical Care Nursing Retention Survey post Covid Pandemic.
- CC3N developed and expanded this survey to circulate via all critical care networks in England in June 2022.
- The survey was developed as a method of gathering both qualitative and quantitative self-reported data from nurses currently working on adult critical care units.
- All survey data collected was anonymous.
- The aim of the survey was to help us better understand how nurses feel about their roles, focusing on factors that may affect their wellbeing and any intentions they may have to leave.
- CC3N wish to thank both TVW and KSS network teams for all their help with this survey.



Response Rate

- 3145 nurses responded to the survey from 195 units across England. 48% of all responses were from Band 5 nurses.



3145 Responses



195 Units

Findings

CC3N National Nurse Workforce Survey

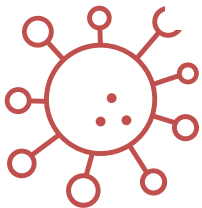
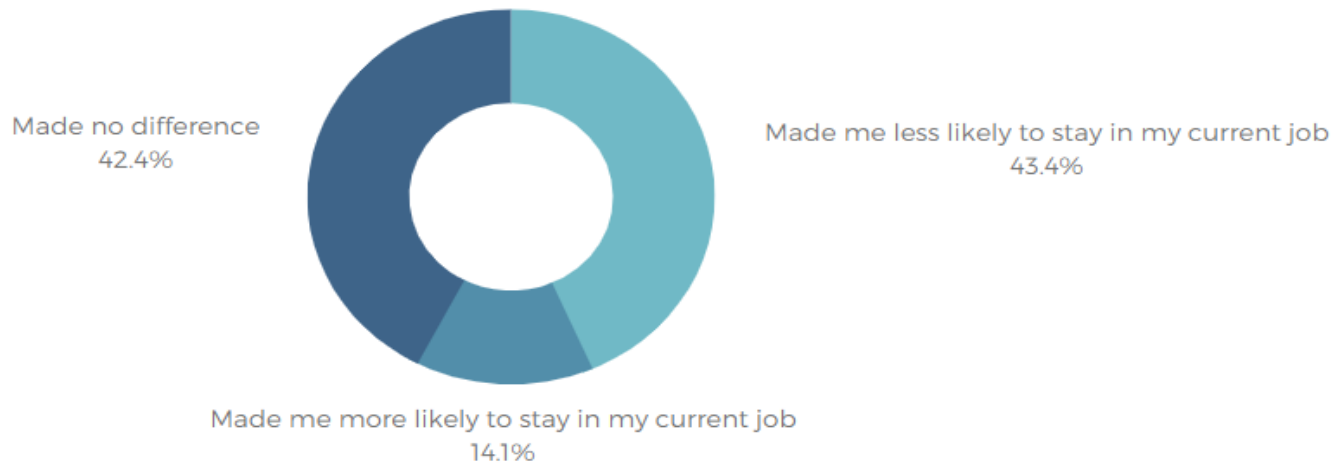
About Critical Care Nurses. For Critical Care
Nurses.

Tell us how you feel



Covid 19

How has the Covid-19 pandemic made you think differently about your current role?



Intention to Leave?

- How long do you hope or expect to continue working within your current adult critical care unit?



1 in 2 (49%) nurses are expecting to leave their current adult critical care unit in the next 3 years



of those planning to leave within the next 3 years are planning to leave the NHS

Intention to Leave - Why? – Top 5 reasons

- Participants were given 18 factors and were able to select all that apply to them when contributing to their decision to leave.

- 1 Lack of recognition through pay awards (46%)
- 2 Being asked to work on other wards (45%)*
*Combination of being asking to work on other ward outside of ICU and another ICU ward
- 3 Lack of recognition from management (37%)
- 4 Stressful and traumatic work experiences (33%)
- 5 High workload (32%)

Important factors

- Respondents were asked how important the following 15 factors are to them in their role.
- They were then asked whether they felt they were getting these 15 factors in their current role
- This question gave them five options to choose from ranging from "Not at all important" to "Very important".

Flexible Working
Professional Autonomy
Positive Impact on Patient Care
Positive Relationships With Senior Management
Positive Relationships With Colleagues
Equality Diversity & Inclusion in Practice
Attractive Pension Schemes
Salary
Educational Development Opportunities
Career Progression Opportunities
Work-Life Balance
Team Cohesion
Feeling Valued/Respected
Understanding of Team Objectives
Supportive Workplace Culture

Top 3 Important Factors

- Based on the two positive options for both Importance ("Very" and "Somewhat Important") and whether you are getting these ("A lot" and "Somewhat").

WHAT IS IMPORTANT TO YOU?

Feeling valued / respected - 98%

Positive impact on patient care - 98%

Positive relationships with colleagues - 98%

ARE YOU GETTING THESE?

1

Positive impact on patient care - 84%

2

Positive relationships with colleagues - 82%

3

Professional autonomy - 74%

Getting these Factors – what critical care nurses feel they are not receiving

- Based on the lowest two options for whether you are getting these ("Not at all" and "Not much").

1

Salary - 55%

2

Career progression opportunities - 30%

3

Feeling valued / respected - 26%

Personal level stress

- Do you feel you have high levels of stress as a result of your work?



6 in 10 participants feel they have a high level of stress as a result of their work

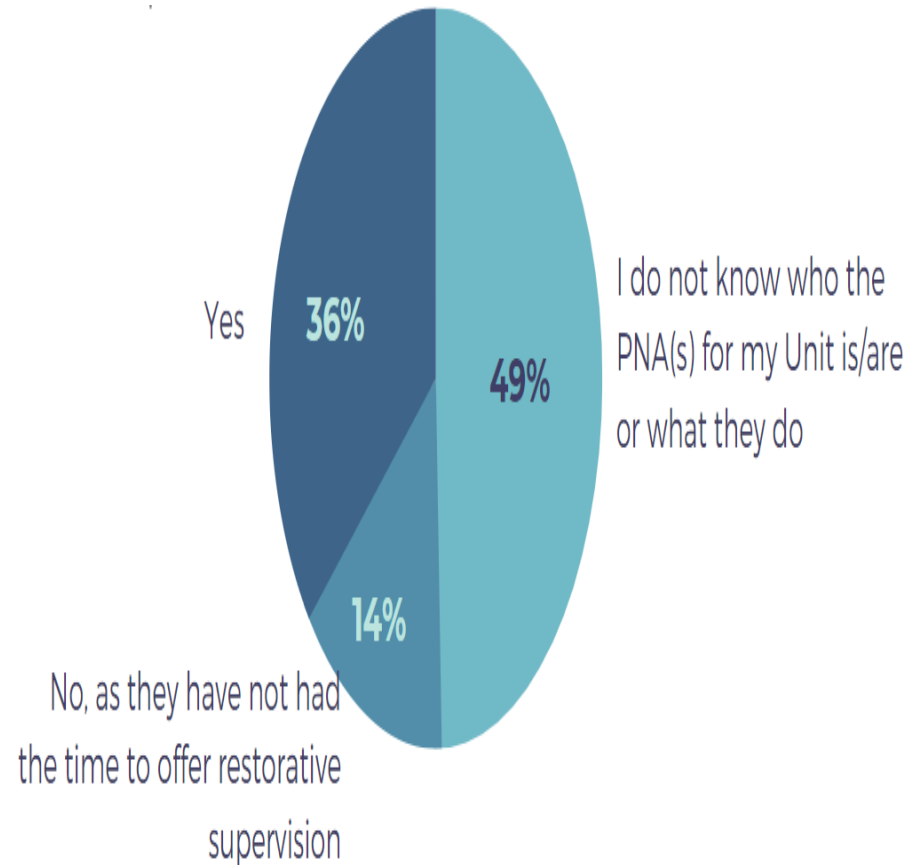
Personal level stress – top 5 contributing factors

Participants were given 15 options and were able to select as many or as few as they wanted.

- 1 Staff shortages (56%)
- 2 Being asked to work on other wards (40%)
- 3 Stressful and traumatic work experiences (32%)
- 4 Workload (30%)
- 5 Work-life balance (29%)

Professional Nurse Advocates

- Do you have a Professional Nurse Advocate (PNA) available to you for restorative supervision?
- PNA time and resources still remain inconsistent across the country – to scope this nationally 2 PNA specific questions have been added to this year's NHSEI ACC annual stock



Would you recommend Adult critical care nursing as a career to other nurses?



Report Recommendations

- Overview report was published in January 2023.
- Report distributed widely and published on the CC3N website
- www.cc3n.org.uk



**CC3N – Critical Care Network Lead
Nurses National Group
National Adult Critical Care Nursing
Workforce Retention Survey
Overview Report
2022**

1



Report recommendations

Recommendation 1 – Staff Moves

- Being asked to work on other wards is a significant contributor to stress experienced by adult critical care nurses.
- The impact of this on staff retention should also be recognised when staff redeployment is planned locally.
- The results of the Critical Care Nursing workforce survey clearly demonstrates that it is one of the key reasons why nursing staff want to leave the specialty of critical care nursing.
- Often when staff are moved from critical care, they may be required to manage an area or ward which again can cause a high level of stress for the nurse who has been moved.
- CC3N published version two of their Best Practice Principles to Apply When Considering Moving Critical Care Nursing Staff to a Different Clinical Area in 2021. This document outlines the principles to apply when there are requests to move critical care nursing staff to other areas. This guidance also includes a standardised risk assessment that can be used in the management of nursing staff moves.
- It is recognised at times there may be a requirement to move nursing staff from one clinical area to another to minimise risk to patient care standards. In principle this should only be required to meet short term.
- Further work to be undertaken by CC3N in the near future to gather data nationally on staff moves.

Recommendation two: Need for a National Critical Care Nurse Staffing Establishment based on ratios / dependency

- Defined and explicit staffing standards have been in use within critical care for many years. These are detailed in GPICS V2.1 (2022) and included as a requirement in the Critical Care service specification (D05 NHSEI 2021) against which units are commissioned.
- All providers must provide a Critical Care nursing establishment which is determined by the national level of intensive care standards V2 (ICS 2022)
- Whilst the use of nurse-to patient ratios has no specific evidence base, there are numerous studies identifying increased patient harm, and reduced staff wellbeing when these ratios are diluted. However, there is an acknowledgement that ratios do not always reflect the dependency of the patient.
- Earlier guidance identified that the complexity of some patients required a higher ratio than the identified 1:1. It appears that in later iterations of guidance this has been lost. However, the ratios provide an essential element of the formula to calculate the nursing establishment required for critical care units The daily allocation of the staff should be based on the patient's dependency rather than acuity i.e., Levels of Care L3 etc. Presently there is no dependency tool that is recommended for critical care.
- However, it has been recognized that “no tool has been demonstrated to be superior to the professional judgement of an experienced nurse manager for staffing decisions”. The United Kingdom Critical Care Nursing Alliance (UKCCA) have produced set of staffing establishment standard as part of part of a National Critical Care Nursing Stabilisation plan . This is currently going through the endorsement process
- SEISMIC research project in progress

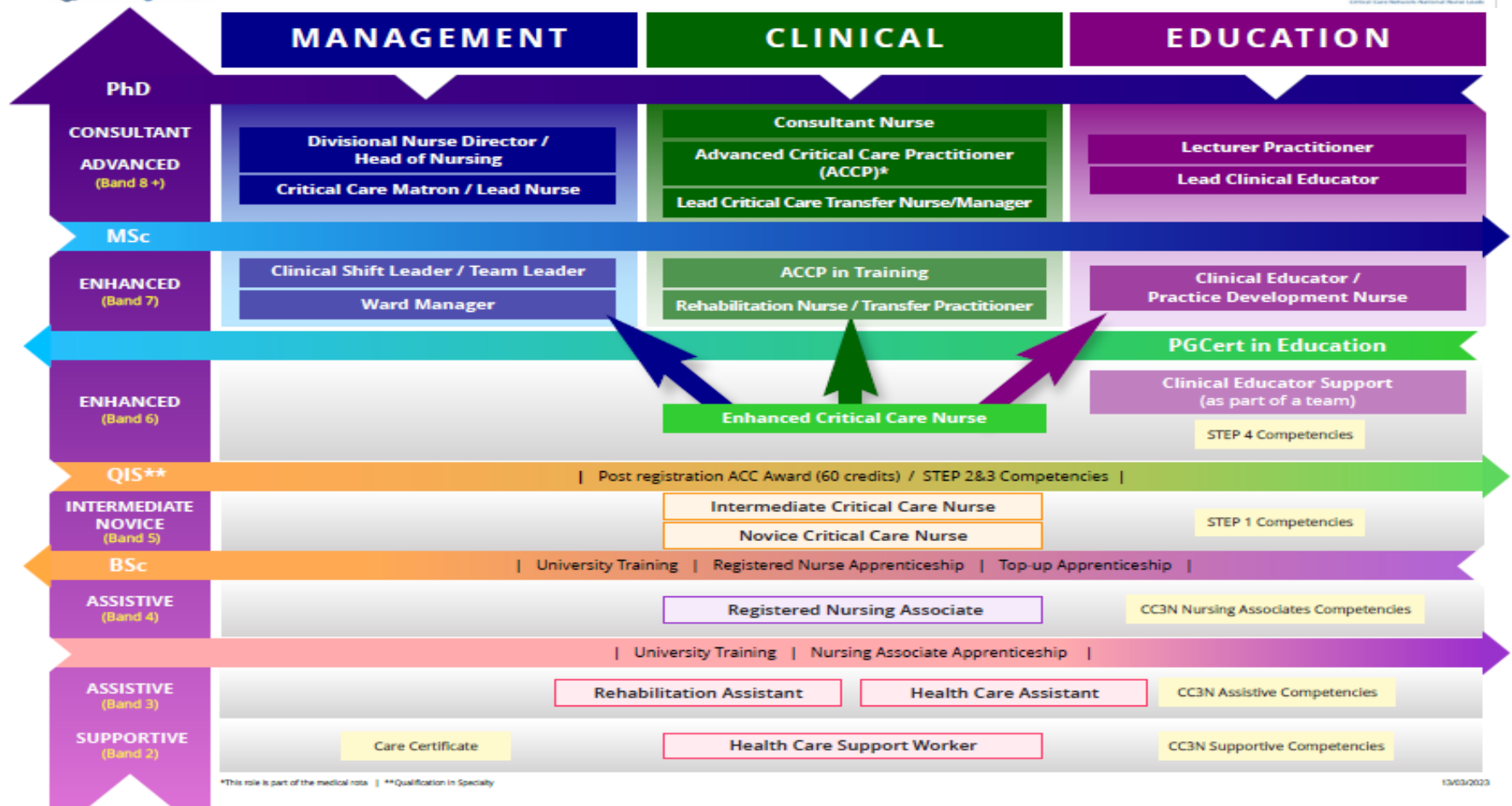
Recommendation three: Pay and Career Pathway

- Lack of recognition through pay awards is shown to be one of the main reasons why critical care nurses are expected to leave their current roles.
- Several comments in the survey also mentioned the lack of recognition in banding once they had completed the critical care course.
- We are aware that some Trusts in the country will award nurses who have completed this course with a band 6, whereas many others do not. This variation has been raised at a national level, and as a National Critical care Nursing group,
- CC3N continue to highlight the importance of appropriate salary/banding through our appropriate channels. Units in the North of the Country have the largest percentage of Band 5's in their establishment compared to the rest of the country and conversely lower Band 6 & 7's.
- One way to facilitate this is to establish a clear career pathway within Critical Care allowing rewarded career progression. CC3N (2023) have designed a clear and concise Adult critical care nurse career pathway, and this has also been endorsed by the UKCCNA and will form part of the national Critical Care Nursing Stabilisation plan.

Adult Critical Care Nursing Career Pathway 2023



Adult Critical Care Nursing Career Pathway



*This role is part of the medical role. **Qualification in Specialty

Recommendation four: Need for Flexible staffing arrangements / rotas.

- Pre-pandemic, some units worked flexibly and managed their own nurse staffing establishments, if there was capacity staff had the ability to take flexitime, with the understanding that if the unit acuity deteriorated, they could be called in to work.
- Equally if there was a peak in demand there would be an expectation that that they would pay the time back.
- This appeared to be a win/win, staff were not moved to the ward and there was also a reduction in bank / agency spend as they were able to manage their workforce efficiently.
- It is recommended that this model of flexible working is revisited to allow units to manage their own staff rosters.

Recommendation five Staff Mental Health and Wellbeing must be made a priority

- Critical Care Staff are regularly exposed to stressful situations and moral distress in their work. This was acknowledged in the Guidelines for the Provision of Intensive Care v2.1 (2022) and standards for staff support and wellbeing were added to this document.
- Stress and moral distress experienced by critical care staff during the recent Covid-19 pandemic increased tenfold and many staff are still dealing with the after-effects of what they experienced during the pandemic.
- A study by Greenberg et al (2021) was conducted after wave one of the pandemic, looking at critical care staff stress and moral distress levels. This study highlighted the probable rate of Post-Traumatic Stress Disorder (PTSD) of ICU frontline staff as 39.5% which is nine times the rate of PTSD in the general public and double that of military personnel who had been in recent combat. 1 in 7 of the study participants reported suicidal or self-harm thoughts.
- The ongoing support of mental health and wellbeing of all NHS staff is vital

Professional Nurse Advocate and other staff support roles

- One role that is key to support the mental health and wellbeing of Nursing staff is the role of the Professional Nurse Advocate (PNA).
- The PNA is a practicing Registered Nurse who is trained to support the workforce by facilitating nurses to lead and deliver quality improvement initiatives through restorative clinical supervision (RCS), in response to service demands and changing patient requirements.
- CC3N developed Professional Nurse Advocates in Critical Care: Standard Operating Procedure (2022) which recommends that each PNA in critical care gets the minimum of 15 hours per month in order to undertake the role within their own critical care unit and that each member of nursing staff should also be given the time to access the PNA within their own unit when it is required.
- Other staff support roles such as the Peer Supporter (ICS 2022) and mental health first Aider should also be implemented within units to provide wrap around staff support



Recommendation Six Units must provide working conditions for staff to thrive

- Staff must be able to thrive at work
- Regular breaks and rest areas - staff should be able to take adequate undisturbed breaks in specific areas designated for staff rest and breaks
- Nutrition – adequate food facilities within NHS Trusts, adequate food storage facilities and appliances to help them heat up and prepare food they may have brought in themselves.
- Hydration – availability of hydration stations, water whilst on shift • Adequate Personal Protection Equipment whilst on shift Adequate Toilet/shower facilities
- Sleep and rest between shifts - staff must be allowed adequate time off and rest periods, especially when transitioning from night to day shifts.
- Fair and Equitable Rota system -Units should ensure a fair equitable off duty with robust rules for all staff to ensure staff have sufficient time off to rest to ensure a healthy work life balance
- Adequate time allocated for education - Staff who are undertaking post registration critical care programmes, mandatory training, and other education, they require as part of their role, should be given adequate study time to attend the courses and be able to concentrate on their learning in these programmes.

Future Steps / work

- Plans to roll out the survey again in conjunction with the National NHSEI Adult Critical Care Team – date TBC
- UKCCNA Career pathway and Staffing establishment standards currently with NHSEI for review
- GPICS Version 3 currently being planned.
- NHSEI ACC team have created toolkits which incorporate the nursing workforce – currently hosted on NHS Futures

[ACC programme toolkits v2 FINAL - Adult Critical Care - FutureNHS Collaboration Platform](#)

- Awaiting National ACC stocktake data for workforce data
- CC3N to undertake a staff move data collection

Thank you for listening

Thank You



Critical Care Networks-National Nurse Leads