Critical Care Nursing Flexible Working: Standard Operating Procedure

The Critical Care Nursing team is a fixed rota that staffs 7 level 3 beds at HRI and 4 level 3 beds at CRH units. This is a total of 11 qualified nurses during the day. In addition to the Shift Coordinator the HRI unit will have an additional supernumerary coordinator on the night shift only from August 2017 in compliance with D16.

The average occupancy rates for the units are 85% @ HRI and 67% @ CRH (6 occupied beds HRI and 3 occupied beds CRH). This is an opportunity to re-deploy our skilled nurses to support patient care at times of high dependency and to innovate to prevent the deterioration of patients on our wards.

We propose to utilise this flexibility in the following ways:

1. Release qualified nurse to support care of critical care patients in theatre recovery at night (backfilled by supernumerary coordinator).
2. Step nursing staff down at times of low critical care activity.
3. Reallocate hours to support times of high activity to include:

* Support care of patients in recovery awaiting admission to ICU.
* Support transport of patients from the ICU to other care facilities.

1. Utilise 1-2 wte band 5 / 6 nursing staff from ICU through introducing a Development Outreach Nurse role to work flexibly between the Critical Care Outreach Team and ICU to support care of the deteriorating patient on the ward areas. These staff to be pulled back into critical care as required.
2. Cover own short term sickness without recourse to use bank or additional hours.
3. Allocate annual leave in line with clinical activity to increase staffing at times of high activity.

The Band 7 Senior Sister Responsibility:

* In consultation with the Matron and Consultant Anaesthetist on call to review staffing daily and where staffing exceeds patient need, to give the nursing staff the option of taking a day off.
* Consultation with theatre recovery to understand potential demand.
* Nursing staff to be aware of the need to repay hours owed according to the clinical dependency on the unit.
* No individual nurse to accrue variation greater than =/- 23 hrs time owing.
* No staff member will be pressured to take a day off.
* Staff to be aware that if they remain they may be required to move to support another clinical area.
* Any Development Outreach Nurse to be re-deployed to critical care if required.
* Development Outreach Nurse to be rostered with the Outreach team when Critical Care Nursing Staff ratio is optimum for patient care.
* To update the Safer Staffing Tool.
* To maintain an accurate e-roster.

Monitor impact by

* Improve nursing staff morale in Critical Care to be demonstrated through the completion of staff satisfaction surveys before introduction of system and at 3 monthly intervals over the next 12 months.
* To proactively support theatre colleagues in delivering critical care patients in recovery.
* Demonstrate retention of nursing staff within critical care.
* Staff to achieve mandatory and specialist training requirements evidenced in performance data and in the staff satisfaction survey.
* To see a demonstrable reduction in the movement of nursing staff to other clinical areas this will be monitored at unit level.
* To monitor safer staffing levels on ICU/Outreach

(Mary Hytch – revised July 2017)