CRITICAL CARE

Critical Care Nursing Workforce Report 2021

FIGURES AS PER NATIONAL CRITICAL CARE NURSING WORKFORCE CENSUS RETURNS SEPTEMBER 2020 WITH VERIFICATION AND AGREEMENT OF FIGURES THROUGH HG DON/M & NATIONAL STEERING GROUP FOR CRITICAL CARE NURSE WORKFORCE PLANNING & EDUCATION

HSE Seirbhís Sláinte Níos Fearr á Forbairt | Building a Better Health Service

Office of the Nursing & Midwifery Services Director

Foreword

Contained within this National Census Report are the critical care nursing workforce figures in the Republic of Ireland on the 1st September 2020 and critical care nursing workforce planning considerations and requirements for additional capacity.

The critical care nursing workforce figures are based on the National Clinical Programme for Critical Care in Clinical Design & Innovation, Critical Care Census returns received Q4 2020.

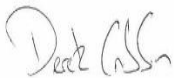
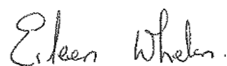
This report has been developed by the National Steering Group for Critical Care Nursing, Education, Training and Workforce Planning (Membership Appendix 1) – and has been forwarded to National HR and to the National Critical Care Steering Group.

The Covid 19 pandemic has highlighted our critical care capacity deficiencies. The additional budget for 2021 to move critical care capacity to 321 permanently open critical care beds is welcome. Permanent revenue funding, aligned to temporary revenue funding issued in March 2020 by Acute Operations in the HSE is within this Budget allocation and makes up 40 of the additional capacity to move to 321.

The Government of Ireland has committed to a further increase in critical care capacity to 446 beds, incrementally over the coming years (DOH Press release 2020 Appendix 2).

To enable this, the deficits relating to senior critical care nursing posts, such as managerial, shift leads and educational, as outlined within this report, following feedback from Hospital Group DONMs should be considered for funding, approval and filling.

This will allow the development of a sustainable model of Critical Care Nurse Workforce Planning, which will result in the safe, incremental capacity increase as required, ensuring the right care at the right time, delivered by professionally competent and skilled critical care nurses.

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Signed On behalf of National Steering Group for Critical Care Nursing, Education, Training and Workforce Planning

Executive Summary

The Model of Care for Adult Critical Care 2014 specifies the Nursing Workforce requirements for an Adult Critical Care Unit (Appendix 3) (Model of Care for Adult Critical Care, 2014).

Intensive Care requires a 1:1 nurse-patient ratio, and the literature suggests specific quality requirements for the delivery of effective care (Model of Care for Adult Critical Care (2014); JFICMI Standards (2019).

However, these requirements have to be applied contextually and realistically to each Level 2, 3 and 3s unit. Therefore, local discretion, together with decision-making and governance, applies.

The following factors should be taken into account when assessing appropriate staffing levels for each unit:

- patient throughput
- case mix, infection control requirements and dependency
- nursing staff skill mix, competence and experience
- medical staff skill and availability
- unit layout, in particular single rooms
- training requirements

Of specific importance to this report and aligned to Nursing Workforce requirements for an Adult Critical Care Unit (Appendix 3);

- Level 2 patients (clinically determined) require a minimum of one nurse to two patients.
- Level 3 and Level 3(s) patients (clinically determined) require a minimum of one nurse to one patient.
- The minimum WTE requirements for 1:1 nursing in a Critical Care Unit has been calculated at 5.6WTE with a 20% deduction for leave calculated within this figure (Model of Care 2014).
    - The 5.6 WTE will need to be aligned to allow professional development for any significant increase in capacity. Therefore this figure will need to be reviewed in the context of increasing capacity to ensure realization
- The same WTE allocation is required for any nursing staff member (e.g. Clinical Nurse Managers, ACCESS Nurses) who are required to provide 24/7-unit cover.

- This in turn puts in place a WTE requirement of 2.8WTE Critical Care Nurses for any Level 2 Beds where a Nurse Patient ratio of 2:1 is required.
    - This must be taken in the context that Clinical Judgement is required as many Level 2 patients can require 1:1 care.

Workforce planning within critical care must have an emphasis on professional development, both for retention and recruitment. The Critical Care Nurse Career Pathway, endorsed and launched by then Minister for Health, Simon Harris in September 2017 (Appendix 4) enables this, once resourced with the recommended Critical Care Nurse educators and Professional development opportunities.

At present, 65% of critical care nurses nationally have completed Post Graduate Education in Critical Care nursing (Table 6, page 25). These consist of Certificates (Pre availability of Post Graduate Diploma in Critical Care Nursing), local accredited Foundation Courses, a National Foundation Education Module & Post Graduate Diploma/ Masters Specialist Qualifications in Critical Care Nursing (Appendix 9).

2020 is the fourth year of the delivery of the National Foundation Education Module in Adult Critical Care Nursing, collaboratively by UCD & UCC, funded in full for HSE & HSE funded Section 38's by the Office of the Nursing & Midwifery Services Director (ONMSD) as budget allows. To date, 350 Nurses have completed this Module with accessibility and modular exemption onto the Post Graduate Diploma/ MSc available upon completion in UCD/ UCC & NUIG. This Module was developed to allow Nurses receive accredited education in order to develop the Clinical skills to care for a critically ill patient. It should be completed within the first year of commencement in Critical Care. Additional funding should be identified to allow this module to continue. This course should be completed within one year of commencing in critical care with progression onto the PG Dip thereafter.

Completion of a Post Graduate Diploma (or equivalent internationally) in Critical Care Nursing or its historical equivalent (nationally or internationally), is the standard specialist qualification outlined within the Model of Care for Adult Critical Care and the Joint Faculty of Intensive Care Medicine National Standard for Adult Critical Care services (Model of Care, 2014; JFICIMI, 2019). However, access to this is currently limited due to professional development opportunities, supports and service challenges with study leave release resulting in difficulties for their release by their relevant Hospital, in particular, clinical placement requirements from Model 3 Hospitals to Model 4 Hospitals.

Additional funding and access to study leave release is required to increase Post Graduate Diploma capacity and accessibility. This course, where possible & feasible is considered best to be started within two years of commencing in critical care.

To enable the development of strategic, integrated Workforce Planning for Critical Care Nursing, Critical Care Nurse Workforce Planning Groups were established across all Hospital Groups collaboratively with each Hospital Group Chief Director of Nursing & Midwifery, and the National Clinical Programme for Critical Care. Each of these have templated membership (Appendix 5).

This census report has been undertaken by the Critical Care Clinical Programme in conjunction with & feedback from the Group Directors of Nursing and the ONMSD.

An extensive clarification process has taken place in consultation with each Hospital Group Director of Nursing, Hospital Senior Nursing and Critical Care Nursing Colleagues. This data was also reviewed by the National Steering Group for Critical Care Nursing Education, Training & Workforce Planning (Appendix 1).

'The complement of Critical Care Nurses necessary to meet the demands of critically ill patients presenting to regional and supra-regional acute hospitals must be maintained by comprehensive workforce planning within the current hospital networks/groups nationally. This will ensure that sufficient numbers of appropriately qualified personnel are available in the right place and at the right time to meet the demands of Ireland's Critical Care Services' (Model of Care for Adult Critical Care, HSE 2014)

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Proposed recommendations from Hospital Group Workforce Planning Groups, Group DONMs & National Steering Group for Critical Care Nurse Workforce Planning & Education

Capacity increase aligned to Workforce

Critical Care capacity increase locally requires revenue investment ahead of any confirmed capacity increase. This will enable recruitment, assessment of competence and training of nursing staff to occur, in a timely manner, such that the additional capacity can be opened.

The focus of this revenue spend needs to be on the S/N posts (including ACCESS Nurses) and the relevant professional development supports to enable capacity increase. Therefore it is important that where there is a requirement for both Clinical Nurse Educator posts and Shift lead posts, as per the Critical Care Quality Requirements - Nursing (Appendix 3) these should be funded parallel to the S/N posts.

Local engagement, with Senior Nurse Management in Critical Care, Hospital Critical Care Committee and the Hospital Group Critical Care committee, to agree funding requirements for Critical Care Nursing where capacity increase is identified, should take place. The National Clinical Programme for Critical Care should be invited in an advisory capacity.

A dedicated recruitment process is required to work towards getting all funded approved establishment/ compliment into post as outlined in Table 1 (Page 14). This is the difference in approved WTE and in post WTE.

It is recommended that both national and Hospital Group recruitment processes be considered.

Retention Strategies & Leadership development

Focus on retention of Critical Care Nursing staff should include developing and supporting leadership and management capacity through providing access to relevant Clinical Leadership and healthcare management CPD / courses for professional development, as well as the development of Career Pathway opportunities such as ANP roles aligned to Critical Care to meet service need as appropriate.

Any leadership development in Critical care nursing should be further informed by the upcoming recommendations of the Expert Review Body on Nursing & Midwifery, as should all other aspects of Critical Care Nursing as appropriate.

An audit/ survey on retention strategies for Critical care Nursing is recommended parallel to this.

Clinical Nurse Educator/ Facilitator posts

At present there are 46 WTE funded Clinical Nurse Educator/ Facilitator posts. The Model of Care outlines a requirement of 67 WTE posts for the capacity as per Census returns September 2020 (280 Beds). Therefore, there is a current deficit of 21 approved WTE Clinical Nurse Educator/ Facilitator posts for the current Critical Care Capacity of 280 Critical Care Beds.

In addition, to increase critical care capacity to 321 beds by year end 2021, there is a requirement as set out in the Model of Care for Adult Critical Care for a further 10 WTE posts, total required to move to 321 beds of 31 WTE Critical Care Nurse Educator/ Facilitator posts (Table 4 Page 20). Further capacity increase will require additional posts as outlined below and further discussed within this report. More detail can be seen from Page 19-23.

In Model 3 Hospitals: Every unit requires a Clinical Nurse Educator/ Facilitator (Model of Care for Adult Critical Care, 2014 (Appendix 3)). Aligning WTE numbers and the above, each critical care unit should have a minimum of 1 WTE Clinical Nurse Educator/Facilitator and if agreed locally these could be linked with Coronary Care Units caring for Level 2 Patients.

Each Model 4 Hospital & Model 3 Hospital will need to identify their requirements based on a number of key factors:

1. Number of WTE Critical Care Nurses (all grades) in post and the number of WTE Critical Care Nurses (all grades) required to increase capacity

2. Number of Critical Care Nurses undertaking an accredited foundation course in Critical Care Nursing

3. Number of Critical Care Nurses undertaking the Post Graduate Diploma/ Masters in Critical Care Nursing

4. Number of Newly Qualified General Nurses/ Qualified General nurses who are commencing careers in Critical Care (to enable a grow your own policy)

5. Number of Undergraduate General Nursing Student placements in Critical Care annually (to enable a grow your own policy)

6. Supporting Clinical placement opportunities into the unit

7. Support ongoing professional development of qualified critical care nurses

Points 4 & 5 above are important and relevant in order to increase critical care capacity nationally through professional development opportunities, to develop a 'grow your own' workforce plan. International recruitment is now an increasingly competitive market factoring the additional costs involved in such a process.

CNM 3 Posts

Although supported by Assistant Director of nursing posts, there are currently 14 Model 3 Hospitals with no CNM 3 post in place for their Critical Care Units.

Recommendation: Critical Care Units and Coronary Care Units in **Model 3 Hospitals** should consider a linked CNM 3 post in order to meet both the managerial and professional development requirements within these units. This should be considered within the Hospital and Hospital Group Governance Structure and local arrangements.

Rationale: The role, patient demographics and patient acuity levels in Coronary Care Units has changed over the last decade, particularly with the introduction of bypass mechanisms for patients with query ST elevated Myocardial infarctions.

Coronary Care Units in Model 3 hospitals with no Angioplasty Lab within their Hospitals, are admitting high volumes of Level 2 type patients requiring continuous monitoring (including invasive monitoring), whose primary teams are not Cardiology Specialists (DKA, Type 2 Respiratory, etc.)

The data collated within this report is linked to Critical Care Units providing Level 3 & Level 2 care with Clinical Governance oversight by the Critical Care consultants. Coronary Care Units are not currently included.

ACCESS Critical Care Staff Nurses (Floating Nurses)

ACCESS Critical Care Staff nurses are in addition to bedside nurses, unit managers, team leaders, Clinical Facilitators and non-nursing support staff. An ACCESS Critical Care Staff nurse provides 'on the floor' **A**ssistance, **C**oordination, **C**ontingency, **E**ducation, **S**upervision and **S**upport (**ACCESS**) (Model of Care for Adult Critical Care, 2014 (Appendix 3)).

There is a requirement that units should have ACCESS Critical Care Staff Nurses for the following reasons:

- ACCESS Critical Care Staff nurse for single-room Level 3 units. Ratio 1:4 rooms
- Ratio based on qualifications of current staff:
  - < 50% specialist qualified staff = 1 ACCESS Critical Care Staff nurse per 4 beds;
  - 50-75% specialist qualified staff = 1 ACCESS Critical Care Staff nurse per 6 beds;
  - 75% specialist qualified staff = 1 ACCESS Critical Care Staff nurse per 8 beds.

Recommendation Model 3 Hospitals: Where there is a requirement for an ACCESS nurse in units with <8 beds i.e. the % of nurses with a specialist qualification in Critical Care is <75% as per the Model of Care for Adult Critical Care or the layout of the unit requires an ACCESS nurse, consideration should be given to the grade at which these posts sit. The post should have a blend of Shift Lead and ACCESS nurse responsibility, with no direct patient care allocation. The rationale for this is below:

Rationale: At present, senior staff nurses may have responsibility for Shift Lead, along with the care of critically ill patients in Units of this size.

These added responsibilities have been highlighted as rationale for leaving Critical Care in exit interviews.

Where a recommendation for an ACCESS nurse exists, enabling supervisory shift lead responsibility, with no direct patient care responsibility, will have an impact on staff retention, patient care and working environment, aligned with the recommendation for a CNM 3 post in each Critical Care Unit.

The requirements for an ACCESS (Floating) Nurse in Critical Care Units in Model 3 Hospitals with <8 beds, have been rationalised into a requirement for a shift lead with no direct patient care responsibility on every shift in response to the heterogeneous realities of Critical Care Units in Ireland

Recommendation Model 4 Hospitals: It is important also that units in Model 4 Hospitals, meet the requirements for ACCESS Critical Care Staff nurses.

This is particularly relevant where:

- additional capacity is currently being implemented
- where there are plans for additional capacity
- Where extracorporeal membrane oxygenation (ECMO) is provided (increased Nurse patient ratio). ECMO requires 2:1 nurse: patient ratio 24/7, which has a direct impact on critical care bed capacity. Additional staffing WTE should be included in these centers to avoid critical care bed closures
- there is a significant number of single rooms as per the ratio above (1:4)
- it is strongly recommended, that where the layout & infrastructure of the unit indicates a requirement for these posts, that they should be in place

ANP Posts Critical Care/ Critical Care Outreach/ Critical Care Retrieval

The Census 2020 report outlines that there are currently 30 approved ANP posts (Candidate and Registered) nationally. In order to develop retention strategies for Critical Care Nursing, further investment in these posts and the delivery of Critical Care Outreach services is important.

These posts have been shown to have considerable impact on both patient experience, patient outcome and positive support for nurses and NCHDs with regard caring for patients deteriorating, patients with tracheostomies, those awaiting admission to ICU and patients discharged to Level 1 wards following critical illness.

They are also recommended within the Irish National Early Warning System (INEWS) Version 2 (Page 43, INEWS V2, 2020) & the Irish National Intensive Care Unit Audit report for 2018 (Page 126, INICUA 2020).

A Critical Care Outreach Service Model has been developed by the National Clinical Programme for Critical Care in collaboration with University Hospital Galway with endorsement from the Deteriorating Patient Improvement Programme (ANP led Outreach Service, 2019).

Exploration of the potential for ANP roles in Critical Care Retrieval & in Critical Care is also recommended

National Critical Care Nursing Workforce Figures on 1st September 2020

Detail on Hospital Group Critical Care Nursing figures as reported and validated by Hospital Group DONMs, Hospital DONs and the National Clinical Programme for Critical Care, is contained within the following section. A further breakdown and analysis of variance with 2019 is contained within each table. Requirements, variance and rationale are based on the Model of Care for Adult Critical Care (2014) throughout (Appendix 3) (Appendix 6).

Critical Care Staff Nurse

Figure 1 outlines the Critical Care Staff Nurse workforce in Ireland as of 1 September 2020 for a reported Critical Care Capacity of **280 Critical Care Beds**.

Key points in Figure 1 & Table 1(National):

- There are 1489.68 Approved Staff Nurse posts in Critical Care with 1384.7 WTE in Post
- The required number of S/N posts, as per the Model of Care, including ACCESS Nurses is 1624 for 280 Critical Care Beds
- An additional 147.27 permanent Critical Care S/N posts have commenced work since September 2019
- An additional 171.62 S/N posts have been approved since September 2019

Figure 1

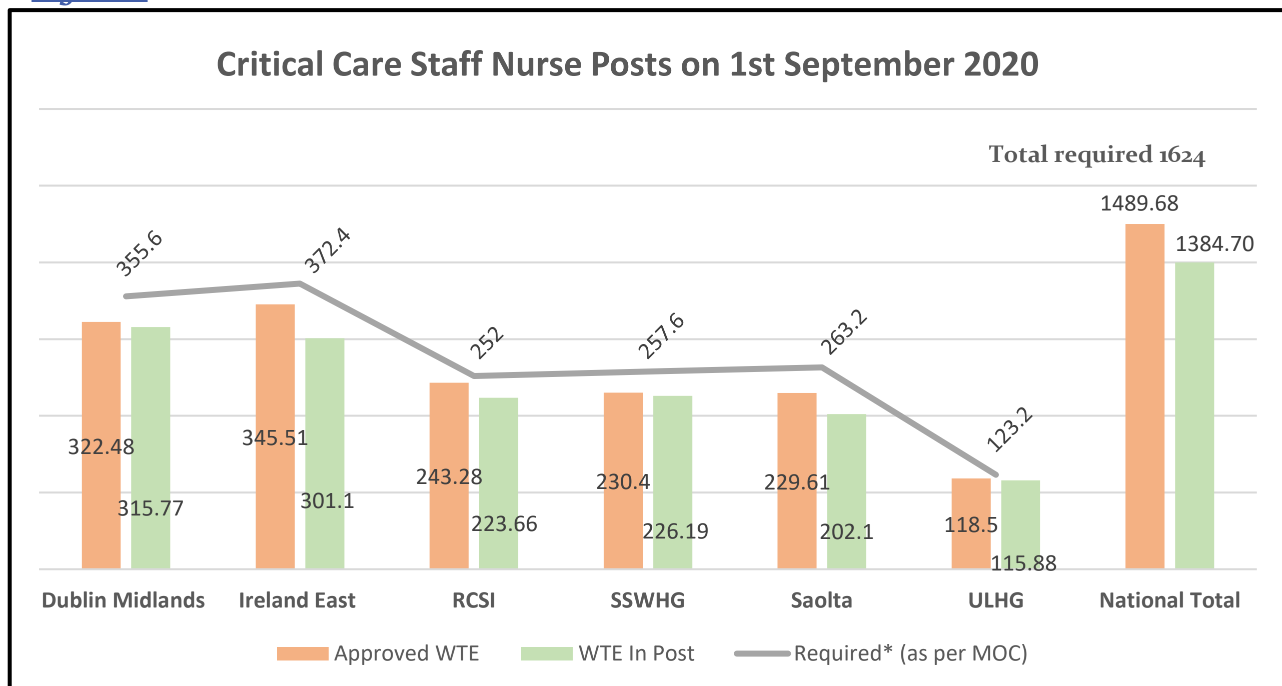


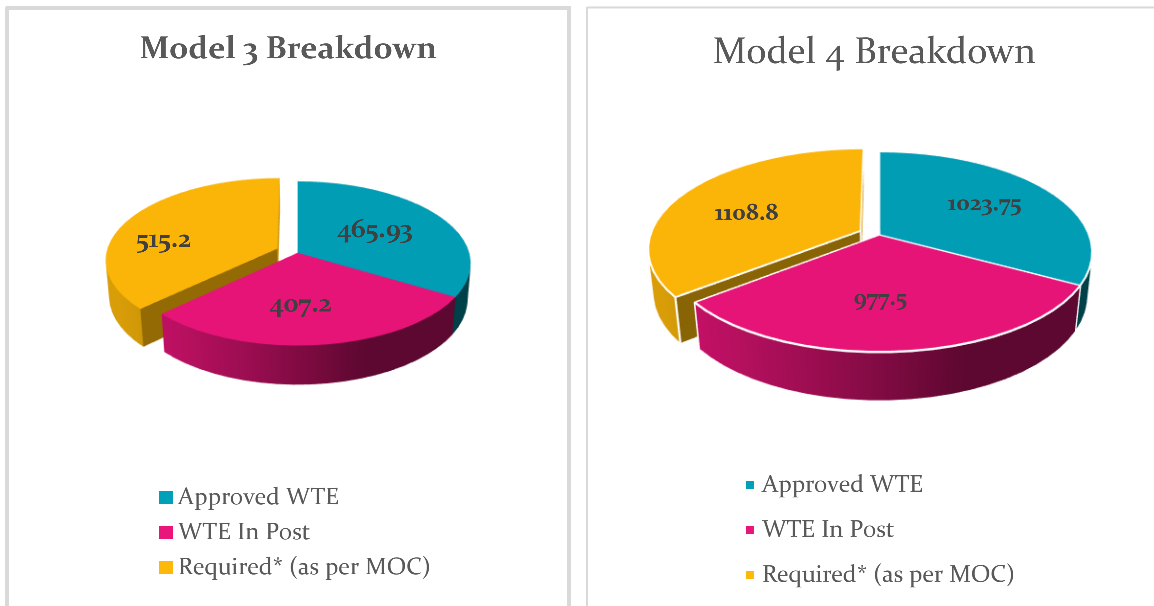
Table 1 Variance of S/N posts (Approved & In post) with Model of Care requirements & 2019

	Dublin Midlands	Ireland East	RCSI	SSWHG	Saolta	ULHG	Model 4	Model 3	National Total
*Variance Approved with MOC requirements 2020	-33.12	-26.99	-8.72	-27.2	-33.59	-4.7	-85.05	-49.27	-134.32
*Variance In Post with MOC requirements 2020	-39.83	-71.3	-28.34	-31.41	-61.1	-7.32	-131.3	-108	-239.3
Variance Approved Posts 2019	33.56	48.76	32.95	10.9	23.45	22	+109.06	+62.56	171.62
Variance In Post 2019	42.94	16.25	34.7	23.87	4.65	24.86	+112.77	+34.5	147.27

Please note the following re: Table 1 above:

- Provides detail of the Variance WTE Approved and the Variance WTE in post against the Requirements as per the Model of Care 2014, inclusive of ACCESS Critical Care Nurse requirements
- Detail is provided on the number of Approved WTE posts and the number of WTE positions filled (In post). These result in a figure linked to vacant posts (105 WTE Nationally).
- Detail on the Variance in Approved and In post WTE with 2019 Critical Care Nursing Workforce Census returns is given

Figure 2. Model 4 & Model 3 Hospital Critical Care Staff Nurse Approved, In Post and Required WTE September 2020



Shift Lead Posts (CNM 1/2) in Critical Care

Nationally, there are 112.82 approved CNM 2 posts and 44.61 Approved CNM 1 posts. Of the 44.61 CNM 1 posts, 9.57 are in Model 4 Hospitals & 36.04 are in Model 3 Hospitals. 85.92 CNM 2 posts are in Model 4 Hospitals and 27.9 are in Model 3 Hospitals.

Due to the heterogeneous infrastructure of our Critical Care Units, with a variance in capacity from 2 to 36 beds, local discussion to consider identified roles & responsibilities from a Shift Lead perspective is advised.

Where it is agreed, that in Units with less than 8 beds, there is a requirement for ACCESS Nurses as per the Model of Care, it is the recommendation of this report that these ACCESS Nurses should be Shift Leaders and should have Shift Lead and ACCESS Nurse responsibility on a 24/7/365 roster based system.

Table 2 outlines the number of CNM 1 & 2 Posts. Requirement for additional posts as per the Model of Care is not provided as outlined in the previous paragraph. Where no recommendations are made, there is a need for agreement for ACCESS nurses in Units with less than 8 Beds to determine the number of CNM 2 posts required.

The Model of Care is clear with regard the importance of these roles within the context of units with 8 Beds or more:

'Every shift must have a designated team leader-per 8-10 beds, likely to be a Clinical Nurse Manager (CNM), with specialist qualification in intensive care plus knowledge, skills and competencies in the speciality of the unit if Level 3s. This nurse should be supernumerary for the entire shift. The primary role of the team leader is to oversee the clinical nursing management of patients, service provision and resource utilisation during a shift' (Model of Care 2014, page 49)

Table 2: Shift Lead Posts in Critical Care on 1st September 2020

HG	CNM 2					CNM 1				
	Approved WTE	WTE In Post	Vacant	Variance approved 2019	Variance in post 2019	Approved WTE	WTE In post	Vacant	Variance approved 2019	Variance In post 2019
Dublin Midlands	27	23.9	3.1	2.5	0	2	2	0	0	0
Ireland East	26	23.18	2.82	1	-1.4	9	9	0	3	4
RCSI	16.1	16.1	0	3.1	1.5	6.68	6.68	0	3.68	0
SSWHG	21.9	21.76	0.14	3.71	3.96	13.57	12.16	1.41	-1	-1.64
Saolta	15.82	15.42	0.4	-1.38	-1.06	6.36	5.36	1	-0.64	-0.82
ULHG	6	5	1	0	0	7	7	0	0	0
Total	**112.82**	**105.36**	**7.45**	**8.93**	**3**	**44.61**	**42.2**	**2.41**	**5.04**	**1.53**
Model 4	85.92	82.5	3.42	-2.47	-2.62	9.57	9.57	0	-1	-1
Model 3	27.9	23.86	4.04	11.4	5.62	36.04	33.63	2.41	7.04	3.54

CNM 3 Posts in Critical Care

Not all Hospitals with Critical Care Units currently have CNM 3 positions. It is recommended that consideration be given to the development of these managerial roles and that, if necessary, they are shared across areas of specialist care (such as CCU), as agreed locally to ensure that representation and managerial oversight is available for all Critical Care Units. This is particularly relevant for Critical Care Units with less than 8 beds.

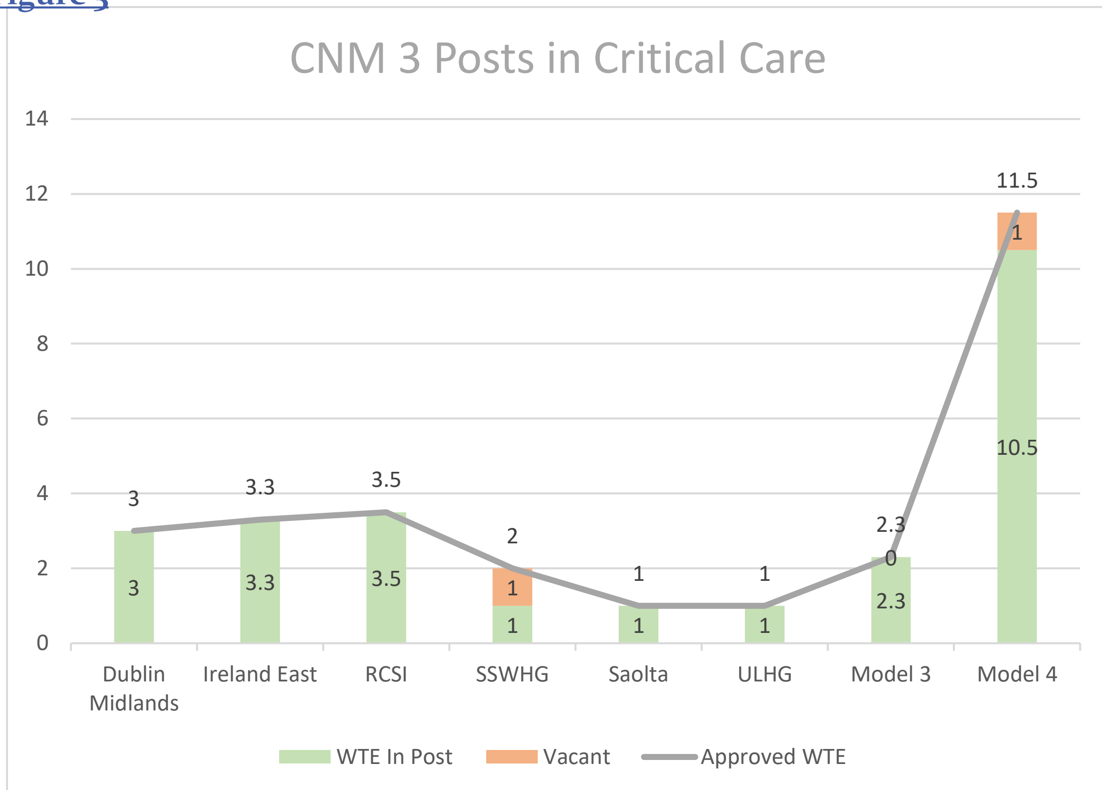
With capacity increase, these posts will be important in order to ensure that the units can put in place the Workforce plans required to safely open any additional capacity and provide continuous oversight linked to the standards of care provided within the unit.

There are currently 14 units, all in Model 3 Hospitals with no CNM 3 linked to their Critical Care Unit.

Table 3: CNM 3 Posts in Critical Care on 1st September 2020

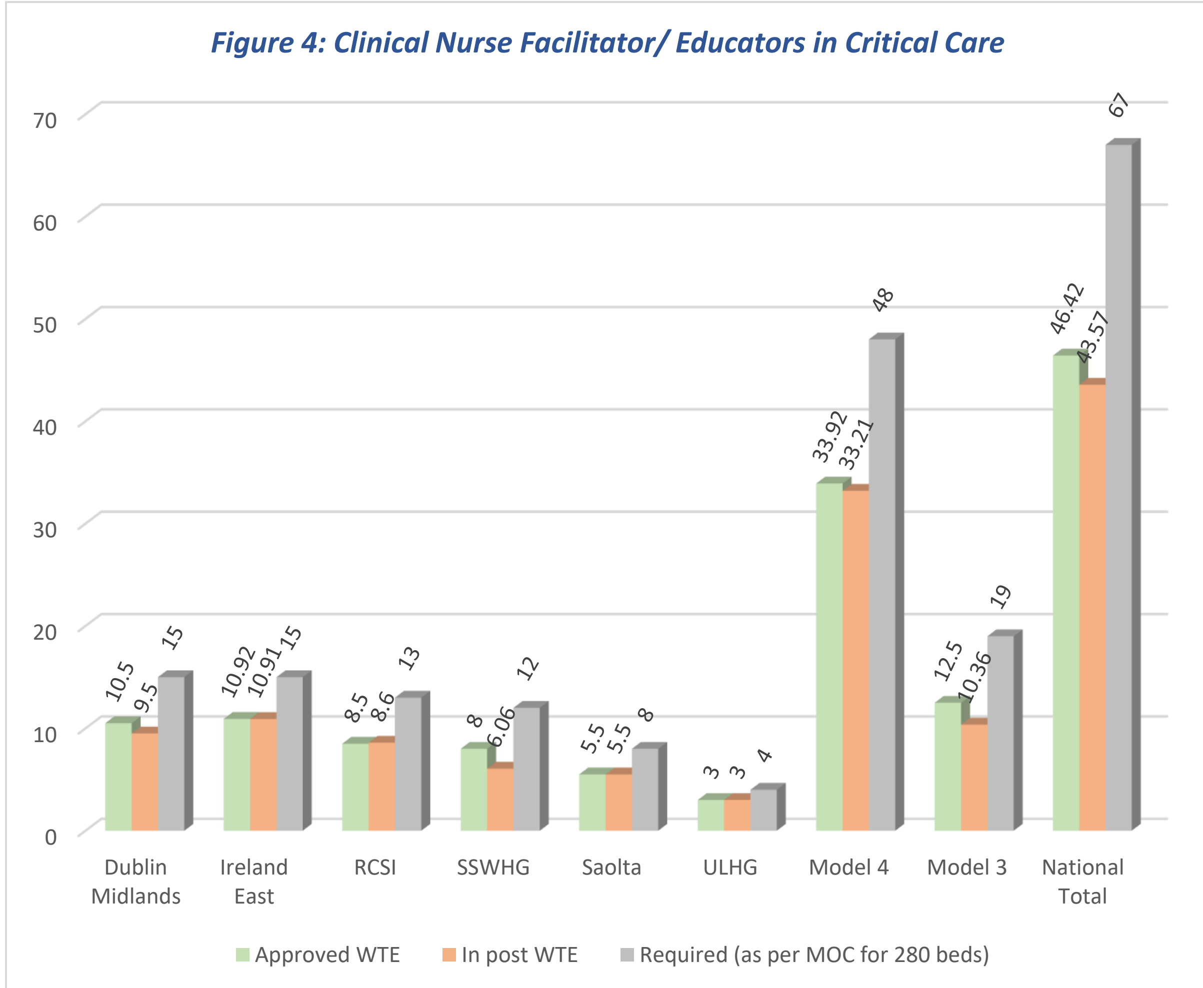
Hospital Group	Approved WTE	WTE In post	Vacant	Hospitals in Group **with no CNM 3** linked to Critical Care	Variance Approved 2019	Variance in Post 2019
Dublin Midlands	3	3	0	3	0	0
Ireland East	3.3	3.3	0	3	0	0
RCSI	3.5	3.5	0	1	0.5	0.5
SSWHG	2	1	1	3	0.7	-0.3
Saolta	1	1	0	4	-0.2	-0.2
ULHG	1	1	0	0	0	0.13
Total	**13.2**	**12.8**	**1**	**14**	**1**	**0.13**
Model 4	11.5	10.5	1	0	0.7	-0.17
Model 3	2.3	2.3	0	14	0.3	0.3

Figure 3



Clinical Nurse Facilitator/ Educators in Critical Care

These posts are the key to the development of short, medium and long-term workforce planning strategies for Critical Care Nursing.



Key points within Figure 4:

- This table details the number of Clinical Nurse educators required for Critical Care capacity of 280 Beds in Sept 2020. Additional posts will be needed for any increase in capacity. This will allow workforce development and capacity increase alignment with Critical Care Nurse education, in order to maintain standards of care
- There is a deficit of 20.58 Approved WTE posts for the Critical Care Capacity of 280 beds as of September 2020
- There is a variation of number of WTE posts across Model 4 Hospitals. This is represented by a Variance in total approved posts of 14.08 WTE deficit to the required number of posts as per the Model of Care 2014.

Table 4: Additional Clinical Educator posts to move Capacity to 321 Beds

Hospital	Number in post Sept 2020	Required	Proposed new Allocation	Rationale
Limerick	3	5	2	Additional 6 HDU beds in allocation 2021
Beaumont	5	8	3	National centre for Neuro and long term capacity increase requirement
Drogheda	1.5	3	1.5	Required as per Model of Care
UHG	1.5	4	3	Additional capacity in 2020/2021. Hub Hospital in Saolta Group
CUH	4	6	2	Additional Funding in place to open to 19 Beds. Hub Hospital in SSWHG
Waterford	2	3	1	Required as per Model of Care
Sth Tipp	0	1	1	Required as per Model of Care.
Mater	6	8	2	Additional Capacity in 2020/2021. National centre for ECMO. Long term capacity increase requirement
Mullingar	0	1	1	Required as per Model of Care
St. Vincent's	2.92	6	4	Additional capacity in 2020/2021. Required as per Model of Care
Naas	0	1	1	Required as per Model of Care
Tallaght	1.5	5	3.5	Additional capacity in 2021
Wexford	1	1	1	Temporary Funding at present
St. Lukes	1	1	1	Temporary Funding at present
St. James	5	7	2	Long term capacity increase requirement
Portiuncula	0.5	1	1	0.5 linked to practice development
Portlaoise	0	1	1	Required as per Model of Care
Total			**31**	

Phase 1 additional funding allocation for these posts should be as per Table 4, to allow capacity to move to 321 beds and prepare for additional capacity

- Once capacity increase is identified beyond 321 beds, discussion on requirements for additional permanent educator posts and potential for temporary funding will be required to allow for short term, large scale recruitment and training

Table 4 outlines the posts required to move capacity sustainably to 321 beds and to enable preparation beyond this

- Rationale for these posts in Model 3 Hospitals is to allow educational support for the following:
    - Undergraduate General nursing student placement in ICU & potentially Graduate Entry Nursing Students
    - Newly qualified general nurses entering Critical care,
    - Qualified general Nurses commencing in Critical Care
    - Support Post Grad students completion of National Foundation Education Module
    - Support Post Grad students completion of Post Grad Diploma in Critical Care
- Any increase in capacity beyond 321 Critical Care beds will need additional Critical Care Nurse educator/ facilitator posts to ensure that the Critical Care Nursing workforce can match that capacity increase. These posts are responsible for:

1. Professional development requirements for all Critical Care Nursing staff
2. Professional supports required for Nurses new to Critical Care for completion of Foundation courses in Critical Care
    a. This includes newly qualified staff nurses, undergraduate student nurses & potentially graduate entry placements in order to truly develop a workforce development policy linked to critical care to acknowledge the challenges now associated with international recruitment in order to grow our own
    b. The Mater and St. Vincent's University hospitals deliver a Foundation course which is accredited by University College Dublin
    c. St James Hospital deliver a Foundation course which is accredited by Trinity College Dublin
    d. The National Foundation Education Module in Critical Care Nursing is run collaboratively by UCD & University College Cork and is available to all Nurses working in Critical Care in Ireland

e. Completion of any of the foundation courses facilitates a Nurse to care for a critically ill patient and at times of capacity increase represents the potential for additional capacity opening. Ongoing education to post graduate diploma in critical care nursing is recommended.

3. The educational facilitator provides professional supports to Critical Care Nurses who are completing the Post Graduate diploma in Critical Care Nursing
    a. Once completed, the Post Graduate Diploma qualification in Critical Care Nursing at Level 9 is the goal with regard to a specialist qualification in Critical Care.

       'A minimum of 50% of staff should hold a specialist qualification in Intensive Care Nursing with general intensive care skills and competencies. In order to create an effective skills mix, the optimum percentage of such staff is 75%' (HSE Model of Care for Adult Critical Care, 2014, page 49)

Analysis of Professional Qualifications

Table 5: Percentage of WTE Critical Care Nursing Staff (all Grades) with Critical Care Nursing Accredited Qualifications September 2020

Hospital Group	Foundation Course Only	Certificate only (Pre availability of PG Dip)	Post Graduate Diploma	Masters	Total
Dublin Midlands	29%	10%	**19%**	6%	64%
Ireland East	14%	17%	**33%**	7%	71%
RCSI	21%	7%	**24%**	3%	55%
SSWHG	24%	12%	**36%**	2%	74%
Saolta	14%	16%	**60%**	10%	100%
ULHG	20%	17%	**21%**	3%	61%
National	19%	11%	**30%**	5%	65%
Model 4	22%	6%	**29%**	5%	62%
Model 3	15%	24%	**32%**	4%	75%

Key points:

- A specialist qualification refers to completion of the Post Graduate Diploma in Critical Care Nursing or its equivalent available academic qualification.
- Nationally 35% (PG Dip + Masters) of all Critical Care Nursing Staff have a Post Graduate Diploma in Critical Care Nursing. The requirement as per the Model of Care for Adult Critical Care is that 50% of all critical care nursing staff should have a post graduate diploma in critical care nursing in all units. This rises to 70% in units where specialist Intensive Care treatment is provided (Neurocritical Care, Cardiothoracic Critical Care (CCC), Extracorporeal Life Support (ECLS), Extra- corporeal Membrane Oxygenation (ECMO), Burns Critical Care, Solid Organ and Bone Marrow Transplantation Critical Care).
- 65% have completed post grad education in Critical Care Nursing encompassing certificate/foundation education/post grad diploma/masters
- 35% of all Critical Care Nurses have as yet not acquired a qualification in Critical Care Nursing.

- This includes new nursing staff who have not had the opportunity to complete a course and those with significant Critical Care Nursing experience but no Academic qualification

- Additional funding (if available) for the National Foundation Education Module (NFEM) in Critical Care Nursing, to enable up to 300 Nurses per year by 2024 onto the Module, should be focused on 4 categories of Nurses, to allow capacity increase

    - Newly qualified registered general nurses who have commenced working in critical care
    - Nurses with no Critical care experience who have commenced in Critical care
    - Nurses with no post graduate education in Critical Care Nursing completed
    - 11% of Critical Care Nurses (180 WTE) have a Certificate in Critical Care Nursing, completed prior to the availability of the post graduate diploma in critical care nursing.
        - These Nurses have significant experience in Critical Care which should be further developed by completion of the NFEM to allow them to preceptor new nurses completing the NFEM

- Additional funding (if available) for the Post Graduate Diploma in Critical Care to facilitate up to 150 Nurses per year, with an aspiration of 300 per year by 2024 to enable sustainable capacity increase. The following will need to be explored;
    - The capacity of each hospital for nurses to undertake this course with due considerations of:
        - study leave requirements,
        - professional development supports in place
        - Capacity of HEI's to support programme delivery.
- Historically, Model 4 placement has been a requirement for Model 3 Nurses, at the cost of the Model 3 hospital, a limiting factor for Model 3 nurses completing the course
- It is recommended that study leave requirements should be proactively considered and factored in by local line management as part of workforce planning to develop a future skilled workforce.

Table 6: WTE % of Critical Care Nurses with Post Graduate Education Qualifications

HG	Foundation Course Only		Certificate only (Pre Availability of the PG Dip)		Post Graduate Diploma		Masters	
	2019	***2020***	***2019***	***2020***	***2019***	***2020***	***2019***	***2020***
Dublin Midlands	89 (31%)	97 (29%)	31 (11%)	33 (10%)	92 (32%)	65 (19%)	17 (6%)	20 (6%)
Ireland East	113 (24%)	48 (14%)	124 (37%)	59 (17%)	109 (33%)	113 (33%)	19 (6%)	25 (7%)
RCSI	39 (18%)	53 (21%)	23 (10%)	19 (7%)	72 (32%)	62 (24%)	5(2%)	8 (3%)
SSWHG	98 (40%)	95 (36%)	37 (15%)	31 (12%)	98 (40%)	95 (36%)	4 (1%)	5 (2%)
Saolta	17 (7%)	33 (14%)	51 (18%)	38 (16%)	121 (50%)	137 (60%)	18.9 (8%)	24 (10%)
ULHG	15 (14%)	27 (20%)	12 (11%)	23 (17%)	38 (36%)	29 (21%)	2 (2%)	4 (3%)
National Total	**309 (22%)**	**297 (19%)**	**269 (19%)**	**180 (11%)**	**524 (37%)**	**473 (30%)**	**65 (5%)**	**81 (5%)**
Model 4	258 (26%)	242 (22%)	158 (16%)	79 (6%)	368 (38%)	327 (29%)	51 (5%)	55 (5%)
Model 3	51 (11%)	71 (15%)	111 (22%)	113 (24%)	156 (33%)	155 (32%)	15 (4%)	20 (4%)

Table 6 outlines the difference in percentage (due to capacity increase and attrition) and WTE numbers of Critical Care Nursing Staff (all grades) with Critical Care Nursing Qualifications between September 2019 and September 2020. This further outlines the importance of a focus on Professional development opportunities.

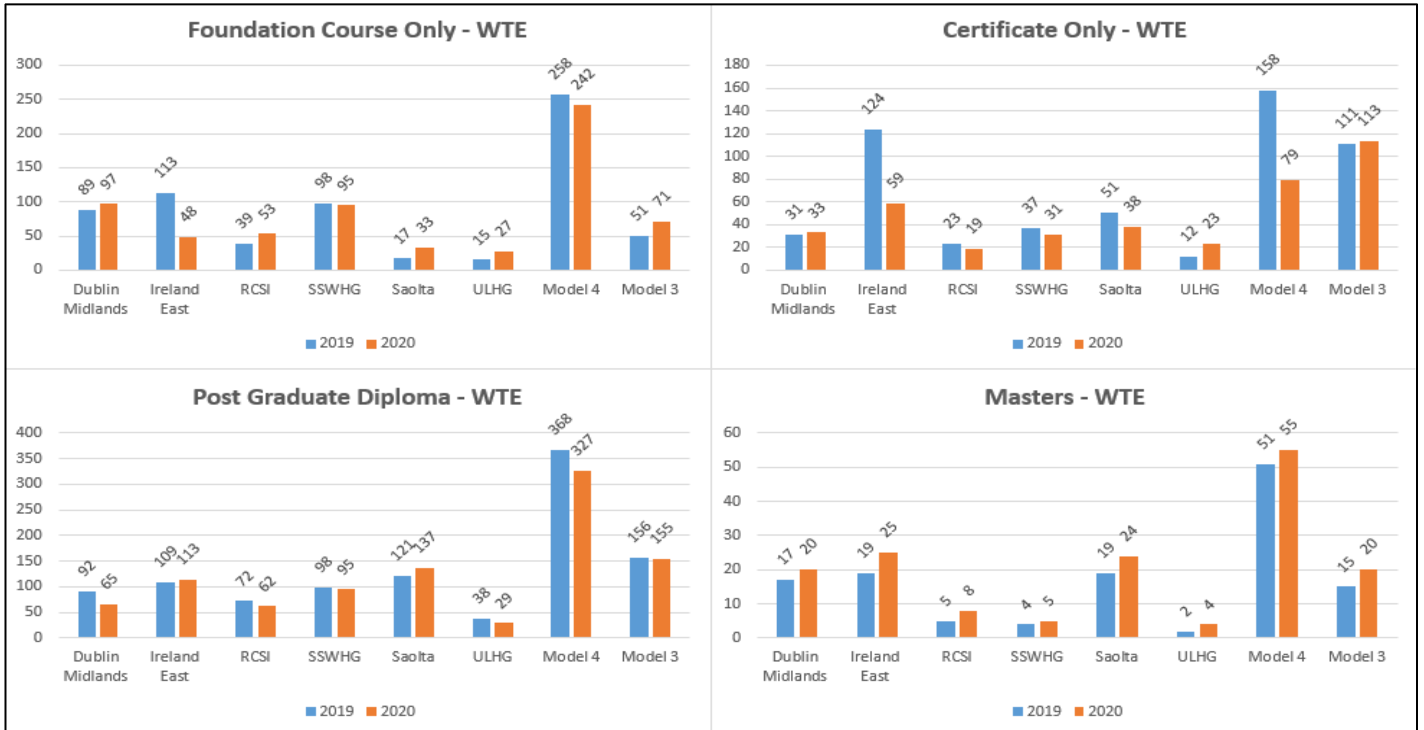
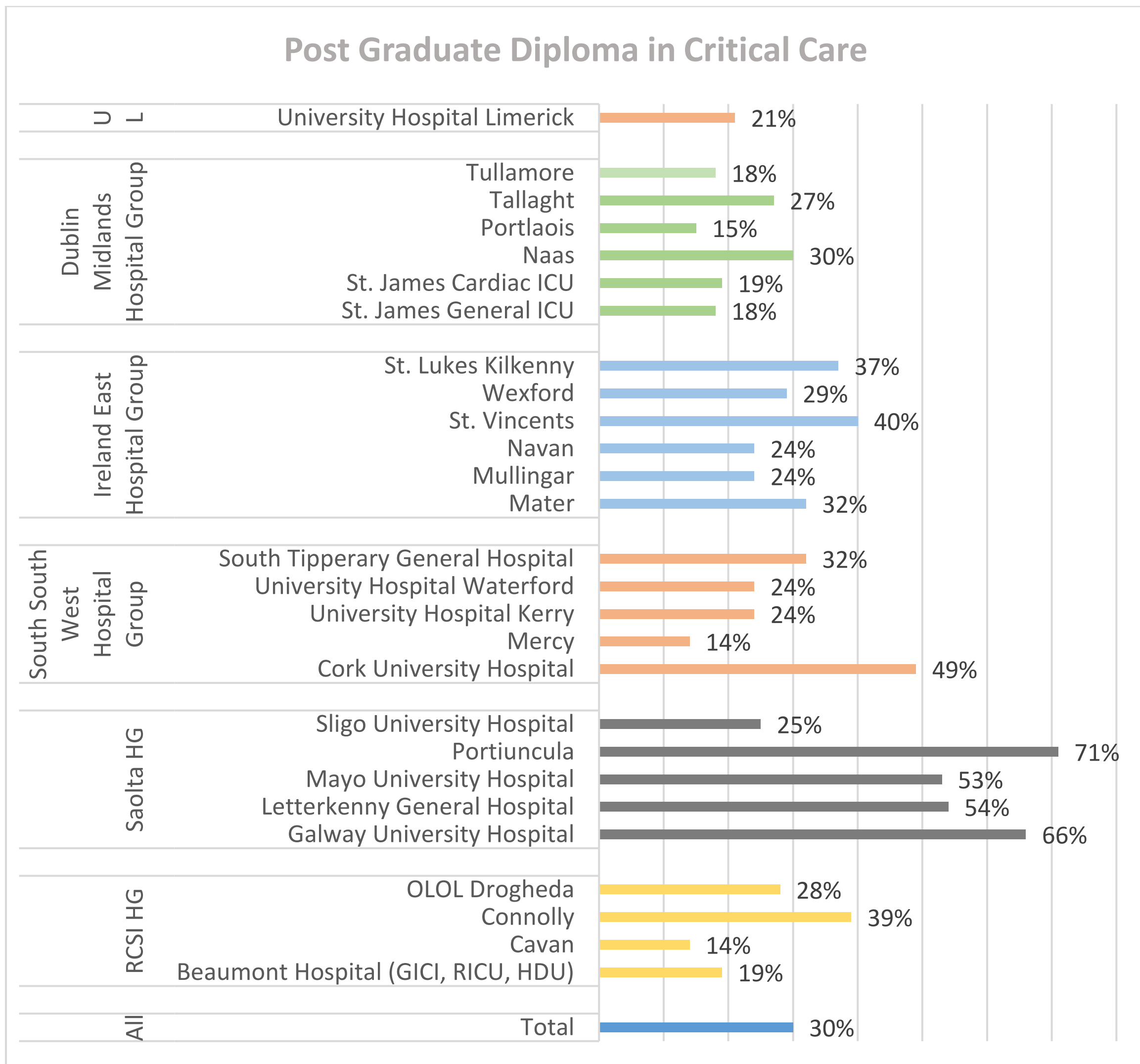


***Figure 5 WTE** difference in Accredited Qualifications Sept 2019 – Sept 2020*

Figure 6 Percentage of Critical Care Nurses per unit who have completed the Post Grad Diploma in Critical Care Nursing



Registered Advanced Nurse Practitioner/ Candidate Advanced Nurse Practitioner

Advanced Nurse Practitioner roles in Critical Care/ Critical Care Outreach have been implemented in a number of Model 4 Hospitals over the last 4 years

These are represented within Table 7 below

This has enabled some Hospitals to deliver Critical Care Outreach services, with significant variance in cover.

Additional posts are required as per Table 8, with rationale for these outlined in order to build on existing services and develop new services as per Clinical Priority. This Table also details current funded post allocation.

Table 7: Registered Advanced Nurse Practitioner/ Candidate Advanced Nurse Practitioner

Advanced Nurse Practitioners	2019			2020			Variance	
	Approved WTE	WTEs in Post	Vacant Posts	Approved WTE	WTEs in Post	Vacant Posts	Variance Approved 2019-2020	Variance In Post 2019-2020
Registered (RANP)	5	5	0	14	11	3	9	6
Candidate (cANP)	1	1	0	11	5	6	10	4

The role of Advanced Nurse Practitioners in Adult Critical Care Retrieval (MICAS) are currently being explored collaboratively through the National Clinical Programme for Adult Critical Care and the National Ambulance Service Critical Care Retrieval Service. This is in line with international best practice for Critical Care Retrieval. Critical Care Advanced Nurse Practitioner roles can support an expanding and enhanced retrieval service. This grade of practitioner would work in a collaborative acute setting, in addition to providing an attractive career development pathway which will assist with recruitment and retention within a critical care environment.

Table 8 outlines the recommendation of implementation of Phase 2 ANP posts in 2021 to enable the continued development of ANP teams for Critical Care to support Hospitals in the care of high acuity patients outside the walls of Critical Care. The vision is 24/7/365 service across all Model 3 & 4 Hospitals i.e. 8 WTE posts per Hospital

Table 8: Recommended allocation of ANP Posts for Critical Care 2021

Hospital	Current Approved Posts	Additional Proposed Posts	Total Posts	Rationale
UHG	7	1	8	Move to 24/7/365 service
CUH	3	2	5	Enable roll out of service across the whole hospital and build on work already done
Limerick	2	2	4	Enable roll out to 7/7
Beaumont	2	2	4	Enable roll out to 7/7
Mater	3	2	5	Enable roll out to 7/7
St James	6	0	6	
Tallaght	6	0	6	
Waterford	0	2	2	Develop the service
Vincent's	2	1	3	Develop the service
Letterkenny	0	2	2	Develop the service
Drogheda	2	2	4	Develop the service
Connolly	0	2	2	Develop the service
Cavan	0	2	2	Develop the service
Total	33	20		

Critical Care Audit Co-ordinators

The 2019 Irish National ICU Audit Report (INICUA 2020) has data on 22 Units in 18 hospitals, encompassing 88% of all Critical Care activity in adult hospitals funded by the Health Service Executive (HSE). Critical Care Audit Co-coordinators in each Unit collect the data and forward this to the Intensive Care National Audit and Research Centre (ICNARC) in UK. ICNARC monitor the quality of the data, analyse it and report back to each Unit, and NOCA, on activity and quality of care. NOCA monitor these reports and liaise with hospitals regarding any 'outlier' findings that are not within the expected range. The aim is to ensure that patient care is optimized (Irish National ICU Audit Annual Report 2018)

Table 9 outlines the number of Critical Care Audit Coordinators across each Hospital Group.

There are 26 units of 30 nationally with Critical Care Audit Coordinators in post, with some units requiring 0.5 WTE and others requiring 2 WTE based on the number of Critical Care beds which their audit covers (1WTE: 10 Critical Care Beds).

Currently national Critical Care Audit covers 96% of all Critical Care admissions in HSE funded Hospitals

Table 9: Critical Care Audit Coordinators on 1st September 2020

Hospital Group	Approved WTE	In post WTE	Required	Variance Approved	Variance In post	Vacant posts	Variance Approved 2019	Variance In post 2019
Dublin Midlands	6.27	6.27	7	-0.73	-0.73	0	-1	0.77
Ireland East	5	5	8	-3	-3	0	-0.5	0
RCSI	4.1	4.1	5.5	-1.4	-1.4	0	0.5	1
SSWHG	4.25	4.51	4.5	-0.25	0	0	0.5	1.16
Saolta	2.6	2.1	5	-2.4	-2.9	0.5	-0.4	-0.36
ULHG	1	1	2	-1	-1	0	0	0
Total	23.22	22.98	28	-4.78	-5.02	0.24	-0.9	2.57
Model 4	**15.75**	**15.65**	**19**	**-3.25**	**-3.35**	**0.1**	**-1**	**0.3**
Model 3	**7.47**	**7.33**	**9**	**-1.53**	**-1.67**	**0.14**	**0.1**	**2.27**

Critical Care Nursing Workforce Planning Considerations & Requirements for additional Capacity

The Model of Care for Adult Critical Care 2014 specifies the Nursing Workforce requirements for an Adult Critical Care Unit (Appendix 3 and 6)

'*The complement of Critical Care Nurses necessary to meet the demands of critically ill patients presenting to regional and supra-regional acute hospitals must be maintained by comprehensive workforce planning within the current hospital networks/groups nationally. Account should also be taken of integrated workforce planning and skill mix*'

This will ensure that sufficient numbers of appropriately qualified personnel are available in the right place and at the right time to meet the demands of Ireland's Critical Care Services' (*Model of Care for Adult Critical Care, HSE 2014*).

Intensive Care is synonymous with a 1:1 nurse-patient ratio, and the literature suggests specific quality requirements for the delivery of effective care (BACCN 2009, RCN 2003, NHS Wales 2006, ACCCN 2003 and ACHS 2012) (Appendix 3). However, these requirements have to be applied contextually and realistically to each Level 2, 3 and 3S unit. Therefore, local discretion, together with decision-making and governance, applies. This applies also to increasing capacity, to enable sustainability

Best practice identifies that workforce planning within Critical Care must have an emphasis on Professional development given the speciality nature of the environment and for retention and recruitment. The Critical Care Nurse Career Pathway (Appendix 4), endorsed and launched by the Minister for Health, Simon Harris TD, in September 2017 supports this workforce career pathway planning which requires ongoing resource and funding supports.

A significant increase in critical care capacity will require the same workforce standards per bed and this will include an increase in the numbers of specialist ICU trained nurses.

As the Clinical Priorities & Hospital Sites are agreed for timelines of capacity increase and permanent new builds – this detail will inform the wte & skill mix required per site. Overall the equation for working out nursing staffing as outlined in the Model of Care for Adult Critical Care Nursing Workforce Requirements is detailed in Appendix 6, which can be applied to figures of national bed capacity to give a nationwide picture of what is required.

Local engagement is required between Hospital Group CDONM, Hospital DON, Senior Critical Care Nursing Staff in conjunction as appropriate with the National Clinical Programme for Critical Care to develop detailed local workforce planning for all additional capacity taking account of local requirements and within their governance, so that any increase in staffing numbers, and therefore capacity, is achieved safely, and beds are opened in line with appropriately skilled workforce re: Competency attainment of Junior Staff.

Context of Critical Care Nurse Workforce requirements

The Health Service Capacity Review outlines a requirement of 430 Adult Critical Care Beds by 2031 in order to allow Critical Care Capacity to operate at 80% capacity (Health Service Capacity Review 2018 executive report, 2018). Appendices 7 & 8 outline the scenario requirements for Critical Care Nursing as capacity increase occurs.

This additional capacity when and if approved is likely to occur predominantly within Hub Hospitals across Hospital Groups, and will be required to align with a number of key National Strategies such as:

- Trauma (Trauma Steering Group, 2018),
- Maternity (National Maternity Strategy, 2016),
- Cancer (National Cancer Strategy, 2017),
- Organ Donation and Transplant (Organ Donation Transplant Ireland, 2019),
- Model of Care for Adult Critical Care (Model of Care, 2014)
- Slaintecare (Slaintecare, 2017).

Provisional Workforce Modelling for this scenario, based on the criteria set out in Appendix 2, and presuming that the ratio of beds will be 75% Level 3 and 25% Level 2 beds tells us the following detail:

- 430 Beds: Level 3- 323 Beds (75%) Level 2- 107 Beds (Level 2)

  Critical Care S/N Requirements
  - 1:1 Nursing Level 3: 323x5.6= 1809 WTE
  - 2:1 Nursing Level 2: 107x2.8 = 300 WTE
  - Total = 1809 + 300 = **2109 WTE Nurses**

ACCESS S/N Requirements based on Single Rooms

- 430/4 = 108 x 5.6 = 605 WTE
- Total = 2109 + 605 = **2714 WTE Nurses**

Shift Lead Posts required

- 430/8 = 54 x 5.6 = **302 WTE CNM 2 Posts**

Clinical Nurse Educators/ Facilitator posts required

- (2714 + 302)/50 = 60 WTE + 20 Additional posts for Post Graduate Education
- **80 WTE Clinical Educator Posts**

Total Posts (Approx.): S/N 2714 + CNM 302 + Educators 80 = 3096 WTE

In addition, there is a requirement for Health Care Assistants with roles specific to Critical Care. This is 1 HCA per 6 beds per shift. The calculation for this is: 430/6 = 11.6 x 5.6 = 401 WTE (Model of Care 2014, pg 49)

1 WTE Audit Nurse is required at CNM 2 Grade for every 10 Beds (0.1 WTE per Bed). The minimum requirement for 10 Beds is 1 WTE.

A similar exercise can be followed through for 500 and 550 Beds.

Annually, the National Clinical Programme for Adult Critical Care conducts a Capacity and Workforce census.

Future Considerations and Requirements

There are a number of key requirements that need to be taken into consideration in order to ensure there are sufficient trained nurses in place for the opening of additional beds. These include but are not limited to:

- Appointment of additional Critical Care Nurse Educator/ Facilitator posts to the relevant Model 4 and Model 3 hospitals where these roles do not currently exist and where a capacity increase will occur as required.

- Increased funding for and facilitation of Post-Graduate Diplomas and Masters in Critical Care Nursing to allow for continuing professional development and enhanced retention as per career pathway.

- Assure funding and capacity for the delivery of the National Foundation Education Module and local delivery of accredited foundation courses in Critical Care Nursing. It is foreseen that this would be the minimum post-graduate education requirement to facilitate knowledge, skills and competency development to enable increased capacity.

- Support for workforce and capacity planning as set out in the Critical Care Programme Model of Care. It is likely that recruitment will be required both locally and internationally.

- Consideration to the appointment of nurses for up to 9 months in advance of the opening of additional beds to facilitate training, recognising that for some hospitals there is the potential of increases of up to 100% in new staff. The intention is not that these Nurses would be supernumerary but rather trained to the level of Foundation course completion and on the Critical Care Nurse Career Pathway in order to be included within the numbers for any additional capacity based on their competency

- An increase in the number of undergraduate general nurses to facilitate registered nurses moving into critical care training posts and the development of specialist nursing pathways at undergraduate level leading into post-graduate specialist critical care nursing course completion. Consideration on Graduate Entry Programmes for Critical Care Nursing should be explored

- The development of advanced roles for Critical Care nurses such as Critical Care Outreach, Critical Care Retrieval and within Critical Care – examples of this are already in place and show significant positive outcomes.

- Increasing additional capacity may need to be staggered in line with each Hospitals ability to commence their Critical Care Nurse training.

- Consideration to other roles that will support nursing in carrying out their duties (specifically trained HCAs) and other roles as appropriate through Implementation of the Review of Role & Function of Health Care Assistants 2018 Report (HSE, 2018)

Short Term steps required to realise the future Critical Care Nursing Workforce

1. Fast track Critical Care Nursing Workforce Census for 2021 in Q2 to ascertain approved posts, WTE in post, variance based on Model of Care, headcount & numbers with Critical Care Qualifications.
2. Clarify additional Critical Care Nursing posts following Covid 19 funding from Acute operations dated the 12th March 2020 & November 2020
3. Further development and funding of ANP roles in Critical Care in order to retain experienced Critical Care Nursing staff.
4. Engage with the Department of Health & Critical Care Steering Group, HSE to ascertain detail and expectation where additional capacity will be rolled out and by what timelines
5. Commence engagement to review national capacity for post graduate Critical Care Nurse education inclusive of accredited foundation courses and post graduate diploma/ masters
6. Outline international practice for recruitment of Critical Care Nurses
7. Outline international practice for Critical Care Nurse training
8. Commence stakeholder engagement on the exploration of potential development of pathways for undergraduate specialist education and maximizing placement opportunities in Critical Care
9. Commence Stakeholder engagement on the potential development of HCA roles specific to Critical Care
10. Develop detailed Hospital, Hospital Group and National Workforce requirements for additional capacity (once known) and phased alignment to this with regard the safe increase in capacity. It is recommended that this should be done in conjunction with each Hospital Group Critical Care Nursing Workforce Planning Group
11. Complete detailed workforce analysis locally where Critical Care capacity increase is funded (once known)
12. Design possible future rotational requirements linked to Critical Care Surge requirements

13. Review and consider International evidence of recent nursing workforce considerations for the Critical Care setting
14. The WTE requirement of 5.6 for 1:1 nursing will be kept under consideration as appropriate. .

It is recommended that Working Groups be developed aligned with the Workforce requirements outlined here.

Considerable work, engagement and detail is required throughout each of these stages, and it is envisaged that this engagement will commence Q2 2021

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Appendix 1: Membership of the National Steering Group for Critical Care Nursing, Education, Training and Workforce Planning

Stakeholder	Representative
Irish Association of Critical Care Nurses (IACCN)	Serena O'Brien CNM 3 Mater Hospital Critical Care Unit
Hospital Group Chief DON/M	Eileen Whelan, HG CDONM Dublin Midlands HG
Higher Educational Institutions	IOT- Myles Hackett, Head of Department of Nursing, Midwifery and Health Studies, Dundalk Institute of Technology
	Universities- Gobnait Byrne, Director of the Trinity Centre for Practice and Healthcare Innovation, School of Nursing & Midwifery, Trinity College Dublin
Higher Educational Authority	Richard Brophy, Senior Executive Officer, Policy
Critical Care Programme	Dr. Michael Power, National Clinical Lead Derek Cribbin, National Nurse Lead Una Quill, Programme Manager
Strategic Workforce Planning and Intelligence - HR HSE	Dr Philippa Ryan Withero, Assistant National Director Human Resources Liz Roche, Strategic Workforce Planning and Intelligence Stephen Barrett, Staff Officer
Hospital Group Clinical Director	Dr. Kevin Clarkson, Group Clinical Director, Perioperative Directorate, Saolta University Health Care Group
Office of the Nursing & Midwifery Services Director	Dr. Geraldine Shaw, Nursing & Midwifery Services Director & Assistant National Director Deirdre Mulligan, Area Director, Nursing and Midwifery Planning and Development
NMPDU	Sheila Cahalane, Interim Director, Nursing & Midwifery Planning & Development Unit, ONMSD National Lead Advanced Practice
Acute Hospitals Division/ National Clinical Advisor & Group Lead	Elaine Brown, Project Manager, Office of the National Clinical Advisor and Group Lead, Acute Operations
National Finance HSE	Joe Sheeky, General Manager, Acute Hospital Finance, HSE

Appendix 2: Department of Health Press release

Published on 18 December 2020. Available at: https://www.gov.ie/en/press-release/ffd3f-minister-for-health-announces-plan-to-expand-critical-care-capacity-to-446-beds/

The Minister for Health, Stephen Donnelly TD, has today announced a strategic multi-year plan to expand adult critical care capacity from 255 beds to 446 beds.

Work on Phase One of the plan has already begun and will see 321 adult critical care beds in place by the end of 2021, compared to 255 at the start of this year. This will be funded by €52 million allocated in Budget 2021. This funding will also allow for education and training initiatives to increase the critical care workforce and for investment in critical care retrieval services. Under Phase One, an additional 8 beds will be created in St. Vincent's University Hospital in 2022, subject to completion of the necessary infrastructural development and planning processes, and with funding to be sought within the 2022 estimates process.

Completion of Phase Two will see a further 117 beds added through the development of new build capacity at five prioritised sites, subject to necessary approval processes. These sites include Beaumont Hospital, St James's Hospital, the Mater Misericordiae University Hospital, St Vincent's University Hospital and Cork University Hospital.

The multi-year plan was noted by Government this week. As well as addressing historical under-capacity, the plan supports wider strategic reform and service improvement. When implemented, it will fully address the recommendations of the 2018 Health Service Capacity Review.

Minister Donnelly said:

"Ensuring the right resources are in place for our most critically ill patients is a priority for me and for this government. This plan is a major milestone in the expansion of our critical care capacity. At the start of this year, there were 255 adult critical care beds in the country. We are increasing this number to 321 by end of 2021 – a 25 per cent increase. To put this in context, the 2019 National Adult Critical Care Bed Capacity Census reported an additional 21 beds opened over the three-year period from 2017 to 2019, an average of seven per year. The plan will ultimately bring us to 446 critical care beds, not only addressing but exceeding the 2018 Health Service Capacity Review recommendation of 430 beds."

Minister Donnelly added:

"This investment will help our health service to deliver the right care in the right place at the right time. This plan will also support strategic reform and service improvement in areas including trauma and transplant where we know that access to adequate critical care capacity is core to delivering best outcomes. I also want to take this opportunity to thank our frontline workers who have cared for patients in our critical care units, and indeed across our health system, throughout the pandemic. Their commitment and dedication during this enormously challenging time has been remarkable."

Dr Michael Power, National Clinical Lead for the Critical Care Programme, said:

"Thousands of critically ill people are cared for in our critical care units every year across Ireland. The clinicians in the critical care community delivered top class critical care to critically ill COVID and non-COVID patients in very challenging circumstances over recent months. The significant investment provided now in Budget 2021 and the plan to address the overall adult critical care capacity deficit are vital to enable access and the best outcomes for our critically ill patients. The focus on critical care workforce, education and training is a key part of the critical care plan."

ENDS

Notes

Detail of the Critical Care Capacity Expansion Plan

A strategic multi-year plan for additional critical care capacity has been developed to ensure readiness of the health system for response to the ongoing COVID-19 pandemic and to support a long-term strategic goal of increasing overall critical care capacity to 446, slightly in excess of the pre-pandemic recommendation of 430 beds in the Health Service Capacity Review.

The plan is clinically led and aligns with the hub-and-spoke model of care set out by the National Clinical Programme in Critical Care. It addresses the recommendations of the Health Service Capacity Review in respect of critical care, is in line with the vision set out in Sláintecare of "right care, right place, right time", and will also support strategic and service reform over time. Critical care is a key component in the implementation of key strategies including trauma, cancer and maternity care, and in the provision of specialist care including organ transplant. The strategic development of critical care capacity aligns with the

strategic direction envisaged in these strategies and with the delivery of highly complex specialist care.

This sets out two phases of capacity expansion to address the immediate and long term needs in our public hospital system, as follows:

Phase 1

2021

- retain permanently the 40 adult critical care beds put in place as part of the response to COVID-19
- provide an additional 26 beds in the Mater Misericordiae University Hospital (8), Tallaght University Hospital (12) and University Hospital Limerick (6)
- develop the critical care workforce by increasing the numbers of onsite critical care nurse educators and by increasing access to critical care nurse education at foundation and post-graduate levels
- increase the number of hospitals with critical care outreach teams to improve patient care and reduce re-admissions to critical care units
- increase the capacity of the National Ambulance Service's critical care retrieval services
- overall, funding of €52m has been provided in Budget 2021 to deliver the additional 66 beds in 2020 and 2021, a key step to ensuring the readiness of the health system for provision of critical care to COVID and non-COVID patients as part of the continued response to the COVID-19 pandemic
- Phase 1 also envisages the provision of an additional 8 beds in St. Vincent's University Hospital in 2022, subject to completion of the necessary infrastructural development and planning processes, and with funding to be sought within the 2022 estimates process

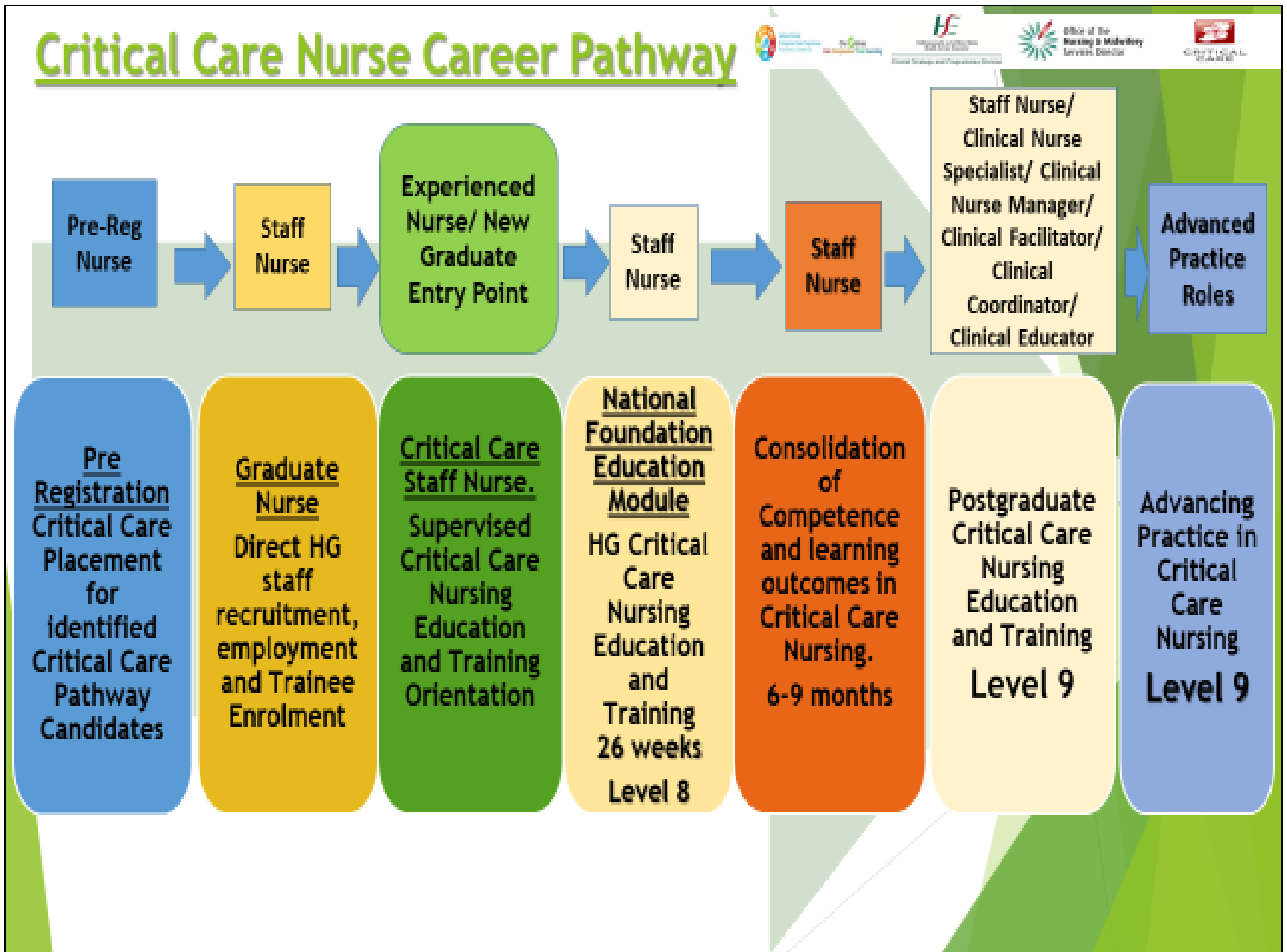
Phase 2

- development of new build capacity at five prioritised sites (Beaumont Hospital, St James's Hospital, the Mater Misericordiae University Hospital, St Vincent's University Hospital and Cork University Hospital) to support the delivery of an additional 117 beds

- the second phase supports the ambitious long-term strategic goal of increasing overall critical care capacity to 446 beds, fully addressing the critical care recommendations of the Health Service Capacity Review
- these developments are subject to completion of the necessary capital strategic assessments and preliminary business cases, in line with the Public Spending Code. The Capital Plan for 2021 allocates €5m to allow for the commencement in 2021 of the strategic appraisals and business cases
- it is intended that these capital developments will substantially increase the overall complement of critical care beds in hub hospitals to meet the needs of national specialties. These national specialties including the solid organ transplant programmes (kidney, liver, and heart and lung), the national burns service, neurosurgery, interventional neuroradiology (thrombectomy), ECMO and major trauma services

Appendix 3: Critical Care Quality Requirements – Nursing	**JFICMI Level 2 Care**	**JFICMI Level 3 Care**	**JFICMI Level 3s Care**
1. A registered nurse with specialist qualification in intensive care nursing and skills and competencies in clinical speciality must be rostered every shift.			√
1a. A registered nurse with specialist qualification in intensive care nursing must be rostered every shift.		√	
2. When a patient is present in a unit there must be a minimum of two registered nurses present in the unit at all times. At least one nurse must hold specialist qualifications in intensive care nursing plus relevant skills and competencies for clinical speciality of the unit.		√	√
3. Level 3 and Level 3S patients (clinically determined) require a minimum of one nurse to one patient.		√	√
4. Level 2 patients (clinically determined) require a minimum of one nurse to two patients	√		
5. A designated nurse manager with a specialist qualification in intensive care nursing plus relevant skills and competencies pertaining to the clinical speciality of the area is required on site to manage unit. This person is formally recognised as the overall unit nurse manager.		√	√
6. Every shift must have a designated team leader-per 8-10 beds, likely to be a Clinical Nurse Manager (CNM), with specialist qualification in intensive care plus knowledge, skills and competencies in the speciality of the unit if Level 3s. This nurse should be supernumerary for the entire shift. The primary role of the team leader is to oversee the clinical nursing management of patients, service provision and resource utilisation during a shift. Other aspects of the role will include staff support and development, ensuring compliance with hospital policy and procedures, liaising with medical and allied staff, developing and implementing patient clinical management plans, assessing appropriateness and effectiveness of clinical care, liaising with organ donation teams and ensuring a safe working environment is maintained. A CNM of units with greater than ten beds may require additional assistance with this role.		√	√
7. Access nurses are in addition to bedside nurses, unit managers, team leaders, clinical facilitators and non-nursing support staff. An ACCESS nurse provides 'on the floor' **a**ssistance, **c**oordination, **c**ontingency, **e**ducation, **s**upervision and **s**upport. Ratio based on qualifications of current staff: < 50% qualified staff = 1 access nurse : 4 beds 50-75% qualified staff = 1 access nurse : 6 beds > 75% qualified staff = 1 access nurse : 8 beds			√
7a. ACCESS nurse for single room L3 units. Ratio 1:4 rooms		√	
8. One HCA, per six beds per shift in an open plan unit with specific competencies.		√	√
9. For the purpose of continuous professional development each unit should have a dedicated clinical facilitator/nurse educator. The recommended ratio is 1 WTE: 50 staff in Level 3s or L3 units. The role of the clinical facilitator/nurse facilitator is to lead on staff and unit development activities only and they must be unit based. Additional educators/coordinators are required to run and manage tertiary-based Critical Care Nursing Courses.		√	√
10. At least one experienced member of an L3s and L3 unit must be assigned to an audit role assisting delivery of the National Critical Care Programmes objectives in relation to audit.		√	√
11. Critical Care units must be provided with administrative staff to support the effective running of the unit. Administrative staff may be required for out of hours and weekends in larger units. Ratio 1 WTE per six bedded unit	√	√	√
12. Flexible working patterns for nurses must be in place, determined by skill mix, unit size, activity, case mix and surge needs to ensure critically ill patient safety and quality critical care delivery.	√	√	√
13. A minimum of 70% of staff should hold a specialist qualification in intensive care nursing with skills and competencies pertaining to the clinical speciality of the unit.			√
13a. A minimum of 50% of staff should hold specialist qualification in intensive care nursing with general intensive care skills and competencies. The optimal figure is 75% in order to create effective skill mixing.		√	
14. All staff should have access to competency based education and training programmes from induction through to postgraduate education and training in intensive care nursing. Rotation of staff between L2, L3 & L3s is advocated to develop a critical mass of specialist critical care nurses.	√	√	√
15. Regional and supra-regional centres should provide clinical placements for post graduate programmes if required.		√	√

Appendix 4:



Appendix 5:

Template for Stakeholder representation for Hospital Group Critical Care Nurse Workforce Planning Working Groups
Hospital Group Representation (Critical Care Experience if possible)
Critical Care Programme i.e. Clinical Lead, Programme Manager and Nurse Lead
Hospital Group Chief Director of Nursing & Midwifery
DON
Office of Nurse & Midwives Service Director
Nurse & Midwives Practice Development Unit
Senior Nursing Faculty from Hospital Group Academic Partner
Senior Nursing Faculty from Undergraduate Colleges
Critical Care Clinical Director
Senior Nursing each Critical Care Unit (ADON over Critical Care **and** CNM 2 or Higher in Critical Care)

Appendix 6: Rationale for Critical Care Nursing WTE Requirements

When calculating wte requirements for a critical care unit, each role requirement must be calculated separately as per each section below:

- Nurses required to provide direct 1:1 nursing care 24/7/365 = 5.6 wtes per bed (bedside nurses)
- Separately, the same wte allocation (5.6) is required for any nursing staff member (e.g. Clinical Nurse Managers) who are required to provide 24/7/365-unit cover.

- Every shift must have a designated team leader per 8-10 beds

- Access (assistance, coordination, contingency, education, supervision and support) nurses are in addition to bedside nurses, unit managers, team leaders, clinical facilitators and non-nursing support staff. Previously referred to as floating nurses

  Ratio based on qualifications of current staff per shift:
  < 50% qualified staff = 1 access nurse (5.6 WTE) per 4 beds
  50-75% qualified staff = 1 access nurse (5.6 WTE) per 6 beds
  > 75% qualified staff = 1 access nurse (5.6 WTE) per 8 beds
  Access nurse requirements for single-room level 3 units. Ratio Access Nurse per shift (5.6 WTE) for every 4 rooms

- Each unit should have a dedicated clinical facilitator/nurse educator, not included within the working numbers of the unit. The recommended ratio is 1 wte: 50 staff in level 3(s) or level 3 units.
  Additional educators/coordinators are required to run and manage tertiary based critical care nursing courses.

- All level 3(s) and level 3 units should have a nurse in an audit role for NOCA ICU data collection

- A designated nurse manager with a specialist qualification in intensive care nursing, as well as relevant skills and competencies pertaining to the clinical speciality of the area, is required on site to manage the unit. This person is formally recognised as the overall unit nurse manager (CNM3).

- One healthcare attendant with specific competencies per 6 beds per shift (5.6 WTE) in an open plan unit for level 3 and level 3s ICUs.

- Critical care units must be provided with administrative staff to support the effective running of the unit. In larger units, administrative staff may be required during out of hours and at weekends. Ratio 1 wte per 6 bed unit in level 2, 3 and 3s units.

Appendix 7: Scenario Critical Care Nurse WFP requirements to increase to 465 Beds

Current Capacity 274 beds as per Critical Care Nursing Census report						
Made up of 214 Level 3 Beds and 60 Level 2 Beds						
Posts	Approved	WTE In Post	Required	Variance approved	Variance in Post	Notes
Staff Nurse	1489.68	1384.7	1624	-134.32	-293.3	
Clinical Educators	46.42	43.57	67	-20.58	-23.43	Required is based on 1: 50 WTE Nurses and Post Grad education supports
CNM Shift Lead	159.43	149.56	191.8	-32.37	-42.24	Required is based on a shift leader per 8 beds
CNM 3	13.2	12.8				At present, 14 Units (all model 3) have no CNM 3 in post
To Increase to 321 beds by year end 2021 based on Sept 2020 figures (Based on 75% Level 3 & 25% Level 2)						
Total	321	Level 3	241 Beds	Level 2	80	
Posts	Approved	WTE In post	Required	Variance Approved	Variance in Post	Notes
Staff Nurse	1489.68	1384.7	2023	-533.32	-638.3	Required is based on Model of Care WTE & ACCESS Nurse per 4 beds (x 5.6)
Clinical Educators	46.42	43.57	76.42	-30	-32.85	Required is based on 1: 50 WTE Nurses and Post Grad education supports
CNM Shift Lead	159.43	149.56	224.7	-65.27	-75.14	Required is based on a Shift Lead per 8 Beds
CNM 3	13.2	12.8				As Unit sizes increase, these posts will be required
To Increase by a further 144 Beds to 465 Beds (Based on 75% Level 3 Beds & 25% Level 2 Beds)						
Total	465	Level 3	349	Level 2	116	
	Approved	WTE In post	Required	Variance Approved	Variance In Post	Notes
Staff Nurse	1489.68	1384.7	2930.2	-1440.52	1545.5	Required is based on Model of Care WTE & ACCESS Nurse per 4 beds (x 5.6)
Clinical Educators	46.42	43.57	98	-51.58	-54.43	Required is based on 1: 50 WTE Nurses and Post Grad education supports
CNM Shift Lead	159.43	149.56	325.5	-166.07	-175.94	Required is based on a shift lead per 8 Beds
CNM 3	13.2	12.8				As Unit sizes increase, these posts will be required

Appendix 8: Example of a specific site receiving capacity increase

Actions Required:

1. Breakdown of current Critical Care Nurse Staffing levels
2. Agreement on Staffing levels required when all new additional capacity opens. This should be based on Appendices 3 & 6 in this report
3. Agreement on timelines for recruitment of staff nurses with parallel recruitment of Clinical Nurse educator posts
4. Submission of Business Cases for funding of the difference of the two. It is recommended that the timelines for recruitment are outlined clearly here

Below is a template which could be used for this. The example given is of a Unit currently staffed for 25 beds, with capacity increase occurring for 30 additional beds, moving total capacity to 55 Critical Care Beds

Critical Care Nursing Workforce	Funded & Approved WTE for 25 Critical Care Beds	Agreed Funded & Approved WTE posts required for 55 Critical Care Beds	Difference & therefore the additional posts required to open 55 Critical Care Beds
Clinical Nurse Manager 3 (CNM3)	1	1	0
Clinical Nurse Manager 2 (CNM2)	14.6	39.2	24.6
Clinical Nurse Manager 1 (CNM 1)	0	0	0
Critical Care Nursing Education & Training/Clinical Facilitator/Post Grad Clinical Co-ordinator/Clinical Educator	4	9	5
Staff Nurse (including ACCESS Nurses)	140	322	182
Critical Care Audit nurse (please specify Grade here)	2	6	4
CIS Nurse (please specify grade here)	1	2	1
Health Care Assistants	4	50	46
Clerical/Administration Support	1	10	9

Timelines for recruitment **might** be as below for the above scenario

Additional capacity opening	S/N Recruitment (commencing in post)		Clinical Nurse Educator Recruitment (commencing in post)		Shift Lead Recruitment (commencing in post)
10 Beds Sept 2022	30 WTE Jan 2022	30 WTE April 2022	1 WTE Dec 2021	1 WTE March 2022	8.2 WTE August 2022
10 Beds March 2023	30 WTE June 2022	30 WTE Sept 2022	1 WTE May 2022	1 WTE August 2022	8.2 WTE February 2023
10 Beds Sept 2023	31 WTE Jan 2023	31 WTE April 2023	1 WTE Dec 2022		8.2 WTE August 2023

Appendix 9: Critical Care Post Graduate Education

Any increase in Critical Care capacity will be limited by our ability to increase our Critical Care Nursing workforce. The table below outlines the professional development capabilities of the five colleges in Ireland where post graduate Critical Care Nurse Education takes place.

Each of these colleges are linked to a Model 4 Hospital for Clinical Modules. Some require placement time for participating Hospitals into these hospitals. Others do not.

The table below outlines the potential for increased capacity through the National Foundation Education Module in Critical Care Nursing (UCD & UCC), Accredited Foundation Courses (Trinity) and the Post Graduate Diploma/ Masters in Critical Care Nursing. A limiting factor in delivery of these courses is linked to Clinical Placement support requiring the availability of onsite Clinical Educators required to enable staff upskilling and therefore workforce capacity creation:

Critical Care Post Graduate Nurse Education in Ireland 2020												
	Post Graduate Diploma				Masters				Foundation Course			
	2017	2018	2019	Potential intake	2017	2018	2019	Potential Intake	2017	2018	2019	Potential Intake
Trinity College (St. James & Tallaght)	10	7	3	Can Facilitate Higher Numbers		1	2	Can Facilitate Higher Numbers	19	22	28	Limited only by Clinical Placement opportunities
UCD (Mater & St. Vincents Hospital)	33	30	22	35 Places per year, but can be increased depending on demand	8	5	8	15 Places per year. Can be increased depending on demand	24	42	84	Potential for 80 per intake. Limiting factor is Clinical Skills simulation
UCC (CUH)	8		8	18				18	14	13	46	60 per year
NUIG (UHG)	19	8	5		5	2	3					
RCSI (Beaumont) GEN	7	6	4	12 Limited only by Clinical Placements. Can Increase as per this capability		1		No Limit				
RCSI (Beaumont) Neuro	3	3	6	12 Limited only by Clinical Placements. Can Increase as per this capability	1	1	1	No Limit				

Appendix 10: Percentage and WTE difference in Accredited Qualifications Sept 2019-Sept 2020

Hospital Group	Foundation Course Only		Certificate only		Post Graduate Diploma		Masters	
	2019	2020	2019	2020	**2019**	**2020**	2019	2020
Dublin Midlands	89 (31%)	97 (29%)	31 (11%)	33 (10%)	**92 (32%)**	**65 (19%)**	17 (6%)	20 (6%)
Ireland East	113 (24%)	48 (14%)	124 (37%)	59 (17%)	**109 (33%)**	**113 (33%)**	19 (6%)	25 (7%)
RCSI	39 (18%)	53 (21%)	23 (10%)	19 (7%)	**72 (32%)**	**62 (24%)**	5(2%)	8 (3%)
SSWHG	98 (40%)	95 (36%)	37 (15%)	31 (12%)	**98 (40%)**	**95 (36%)**	4 (1%)	5 (2%)
Saolta	17 (7%)	33 (14%)	51 (18%)	38 (16%)	**121 (50%)**	**137 (60%)**	18.9 (8%)	24 (10%)
ULHG	15 (14%)	27 (20%)	12 (11%)	23 (17%)	**38 (36%)**	**29 (21%)**	2 (2%)	4 (3%)
Total	309 (22%)	297 (19%)	269 (19%)	180 (11%)	**524 (37%)**	**473 (30%)**	65 (5%)	81 (5%)
Model 4	258 (26%)	242 (22%)	158 (16%)	79 (6%)	**368 (38%)**	**327 (29%)**	51 (5%)	55 (5%)
Model 3	51 (11%)	71 (15%)	111 (22%)	113 (24%)	**156 (33%)**	**155 (32%)**	15 (4%)	20 (4%)

Appendix 11: Staff Nurse Posts on 1st September 2020

HG	Approved WTE	WTE In post	Required* (as per MOC)	Variance Approved	Variance In post	Variance Approved 2019	Variance in Post 2019
Dublin Midlands	322.48	315.77	355.6	-33.12	-39.83	+33.56	+42.94
Ireland East	345.51	301.1	372.4	-26.99	--71.3	+48.76	+16.25
RCSI	243.28	223.66	252	-8.72	-28.34	+32.95	+34.7
SSWHG	230.4	226.19	257.6	-27.2	-31.41	+10.9	+23.87
Saolta	229.61	202.1	263.2	-33.59	-61.1	+23.45	+4.65
~~ULHG~~	~~118.5~~	~~115.88~~	~~123.2~~	~~-4.7~~	~~-7.32~~	~~+22~~	~~+24.86~~
Total	**1489.68**	**1384.7**	**1624**	**-134.32**	**-239.3**	**+171.62**	**+147.27**
Model 4	1023.75	977.5	1108.8	-85.05	-131.3	+109.06	+112.77
Model 3	465.93	407.2	515.2	-49.27	-108	+62.56	+34.5

Appendix 12: Clinical Facilitators/ Educators on 1st September 2020

Hospital Group	Approved WTE	In post WTE	Required (as per MOC for 280 beds)	Variance Approved	Variance In post	Vacant Posts	Variance Approved 2019	Variance in post 2019
Dublin Midlands	10.5	9.5	15	-4.5	-5.5	1	0.67	-0.33
Ireland East	10.92	10.91	15	-4.08	-4.09	0.01	1	0.8
RCSI	8.5	8.6	13	-4.5	-4.4	0	-1.5	-0.8
SSWHG	8	6.06	12	-4	-5.94	1.94	1.5	-0.36
Saolta	5.5	5.5	8	-2.5	-2.5	0	0.5	0.62
ULHG	3	3	4	-1	-1	0	0	1
Total	**46.42**	**43.57**	**67**	**-20.58**	**-23.43**	**2.85**	**2.17**	**0.93**
Model 4	**33.92**	**33.21**	**48**	**-14.08**	**-14.79**	**0.71**	**-1.5**	**-1.32**
Model 3	**12.5**	**10.36**	**19**	**-6.5**	**-8.64**	**2.14**	**3.67**	**2.25**