

Position Statement

Intensive Care staffing standards and the NHS workforce crisis

Monday 9 January 2023

The NHS workforce is in crisis. The legacy of the COVID-19 pandemic, together with unsustainable staff and funding shortfalls, has compounded pressure on services and urgent action is required to temper this escalating healthcare crisis.⁽¹⁾

Critical care services are pivotal to the function of all acute hospitals. Official data indicates that UK critical care capacity continues to fall behind a majority of other developed countries, with **less than half** of the average number of beds per capita than OECD nations.⁽²⁾

Critical care services have been operating under sustained pressure and demand since the outset of the pandemic in 2020. This has left some units with no choice but to struggle with inadequate staffing levels. This shortfall has created a reliance on the same depleted workforce to meet service demands and not infrequently results in the redeployment of staff from other essential pillars of critical care services (e.g. outreach, follow up, rehabilitation, information technology, research, training and development and quality improvement programmes). **This situation must not be normalised outside of truly extraordinary circumstances** (e.g. national incident response).

This continued downward spiral of service quality will lead to worsening outcomes, both for those requiring emergency care and for patients having planned surgery, with complex post-operative care needs.

Until we resolve the funding shortfall and therefore the ability to properly plan recruitment, derogation of staffing standards will inevitably continue during periods of predictable demand. Crucially, we are at risk of this becoming 'usual' practice. Retention of skilled staff within the specialty remains our immediate priority and this will not be possible unless we maintain acceptable working conditions for our staff, rewarding both their expertise and their commitment to the long term viability of our services.

The Intensive Care Society unequivocally stands firm on the need for all units to have absolute adherence to **minimum** safe critical care staffing levels as laid out in the Guidelines for the Provision of Intensive Care Services (GPICS).⁽³⁾ The derogation of safe staffing standards is unacceptable, leads to patient harm and has a profound negative impact on staff wellbeing and retention.

Intensive Care Society President, Dr Steve Mathieu, said “GPICS standards are not aspirational. They are core to safety, outcomes and patient experience. They are vital for staff retention. We must urgently act to reverse this cycle of service decline.”

NHS pressures are no longer a seasonal ‘winter’ phenomenon. Rising cases of complex and chronic disease and the challenges of accelerating the elective surgical recovery programme continue to expose us to demand that outstrips our capacity. This winter, concurrent respiratory illnesses (including influenza, COVID-19 and RSV) have further exposed the fragility of our resources and resilience.

To ensure patient safety in our critical care units, it is essential that:

- There is absolute adherence to GPICS critical care standards across the UK.⁽⁴⁾
- There is adequate and sustainable resilience *built into* the workforce to prevent the dilution of staffing standards and avoid unsustainable burden being placed on staff to support predictable clinical demand.
- The discharging of patients from critical care to wards must be given sufficient priority to optimise the flow of emergency and planned admissions and to help avoid compromising safe staffing standards in critical care.
- All clinical leads must ensure that their submitted data is validated and clinically owned. The accuracy of Directory of Services (DoS) informs local and system wide pressure and response.
- There must be sufficient financial support for the development of well-resourced enhanced care services (level 1) as well as critical care (level 2 and 3).⁽⁵⁾
- Critical care must have adequate and sustainable plans for the retention and recruitment and for the education and training of critical care staff, alongside the physical capacity to deliver the services needed in the right places.

References

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3. Guidelines for the Provision of Intensive Care Services (GPICS). Joint guidance from Intensive Care Society and Faculty Intensive Care Medicine. <https://ics.ac.uk/guidance/gpics.html> [accessed 8 Jan 2023]
4. Joint Position Statement on Critical Care Staffing Standards. The Intensive Care Society, Faculty Intensive Care Medicine and UK Critical Care Nursing Alliance. 8 June 2022 <https://ics.ac.uk/resource/staffing-standards.html> [accessed 8 Jan 2023]
5. Levels of Adult Critical Care. Consensus Statement. Second Edition. The Intensive Care Society. <https://ics.ac.uk/resource/levels-of-care.html> [accessed 8 Jan 2023]

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