

UKCCNA position statement: Critical Care nursing workforce post COVID-19

During the COVID-19 pandemic, an emergency nursing workforce response was required to match the increase in ICU bed capacity across the United Kingdom. Non-critical care nurses and other health care professional staff were upskilled and redeployed, and ICU nurse-patient ratios reduced, with care provision fragmented using a task-based approach to enable a workable model of care delivery in exceptional circumstances. This ensured that the NHS were able to cope with the demand imposed on the service, but we acknowledge that at times, care may have fallen below our usual standards.

As the COVID-19 pandemic evolves, the NHS now needs to consider how to resume 'business as usual'; to restart elective activity and to plan for the future. Redeployed staff (both from critical care and other areas of healthcare) need to return to their normal duties, whilst there is also a need to be on standby for a potential second surge. Staff are mentally and physically exhausted and at the present time, we do not know what impact the pandemic has had on nurses' (critical care and redeployed) psychological well-being; or on our professional colleagues.

The UKCCNA would like to emphasise that an emergency nursing workforce model, such as that put in place for COVID-19 is not sustainable under normal working conditions. We strongly advocate that the pre-pandemic national recommendations for nurse-patient staffing ratios for level 2 (1:2) and level 3 (1:1) patients continue to be the standard to which we work. Whilst we acknowledge that long standing vacancy factors may make this difficult to achieve, the GPICS2 statement on nurse staffing in critical care should remain in place until such time that we have research data supporting the need for a change in recommendations.

The UKCCNA believes that a review of recruitment and retention strategies to encourage nurses into critical care will help ensure that we have sufficiently trained staff for a greater ICU bed capacity in the future. We fully support the review of critical care staffing roles more widely to examine how we can best work together to deliver safe and effective care to our patients and their families, whilst ensuring the wellbeing of our critical care staff.









