Critical care capacity and ICU workforce challenges during the COVID 19 pandemic.

Albert Bondoc

Middlesex University, UK

Abstract

Prior to the COVID 19 pandemic, it has been known within the United Kingdom (UK) that critical care capacity and workforce to sustain critical care activity delivery across England were experiencing challenges. February 2019 data from NHS England taken before the pandemic states that it had 4,157 (Adult Intensive Care beds), 328 (paediatric ICU beds) and 1,426 (neonatal beds). Further data revealed 81.5 % occupancy rate on adult critical care beds, 77.4 on paediatric ICU bed and 70.1% on neonatal ICU beds. In response to the growing pressure of the COIVID 19 pandemic at the start of 2020 the NHS England have increase their adult critical care capacity and workforce by repurposing other acute departments and utilized staff from other departments to support the activity.

National Audit Office (NAO) published on March 2020, there were 4,590 nursing vacancies across. In the first quarter of 2019-20, 12% of full-time equivalent registered nurse posts in the provider sector were empty, equating to 43,617 missing staff (Nursing Times 2019). According to Critical Care Networks National Lead Nurses (CC3N) survey reported in July 2020, an increased number of critical care units are seeking to recruit registered nurses from overseas to fill vacancies, with some regions reporting up to 47.9% of the registered nursing staff workforce being from overseas countries. Nationally, 9.2% of the critical care nursing workforce is made up of staff from EU countries, with a further 16.1% being recruited from non-EU countries. Critical care capacity goes beyond physical volume of beds and medical equipments and infrastructure. Delivering safe critical care activity will need experienced, established and sufficient critical care staff and clinicians.