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Covid-19: NHS trusts declare “critical incidents” because of staff shortages

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A number of NHS trusts in England have declared “critical incidents” because of staff absences caused by covid-19.

Health leaders said the “rapidly increasing” number of staff absences was exacerbating the already severe pressure on hospitals from increasing covid admissions and wider pressure on urgent and emergency services.

Chris Hopson, the chief executive of NHS Providers, which represents NHS trusts, said he understood that around half a dozen trusts had declared critical incidents to manage staff absences. “Many trusts are saying the biggest challenge is rising absences,” he said.¹

Among the trusts to declare a critical incident is the United Lincolnshire Hospitals NHS Trust (ULHT), which provides care at four hospitals in the county. In an internal memo leaked to the *Sunday Times*² the trust said it was “unable to maintain safe staffing levels” leading to “compromised care” across its sites. On 2 January it asked clinical and non-clinical staff to come forward and offer extra hours to support colleagues over the next 72 hours.

In a statement ULHT medical director Colin Farquharson said, “As a result of staffing pressures because of absence related to covid-19 we are having to take additional steps to maintain services. Our staff continue to work hard and we would like to reassure our patients and the public that essential services remain fully open for anyone who needs them.”

Elsewhere, two trusts in Lancashire, University Hospitals of Morecambe Bay NHS Foundation Trust³ and Blackpool Teaching Hospitals NHS Foundation Trust, have declared critical incidents citing high staff sickness as a key factor.

Morecambe Bay said it had cancelled non-urgent operations and outpatient appointments while redeploying staff to areas of greatest need, while Natalie Hudson, chief operating officer at Blackpool, said the trust was “stepping down activity which is not critical” as its staff sickness absence levels were above 10%.

Vishal Sharma, chair of the BMA’s consultants committee, said, “That hospitals have begun declaring critical incidents underlines how serious they feel the situation has become, and what this means for the NHS’s ability to provide care—with procedures and appointments cancelled and remaining staff, already exhausted to the point of burnout, being moved to other departments or asked to do even more.

“In the community, GP practices, for which there is no national data, appear to be experiencing similar

problems—with small teams particularly at risk and where even a couple of absences can have a huge effect on their ability to keep services running.”

Describing the situation as “completely unsustainable,” Sharma said, “Priority access to testing, protecting staff with improved personal protective equipment, and bringing the infection rate down in the community are paramount right now, and the Westminster government must take urgent action.”

Matthew Taylor, the chief executive of the NHS Confederation, warned that many parts of the NHS were “currently in a state of crisis.” In a blog post⁴ on 3 January he wrote, “Some hospitals are making urgent calls to exhausted staff to give up rest days and leave to enable them to sustain core services. Many more hospitals are having to ban visitors to try to reduce the spread of infection.”

Hopson said that declaring a critical incident is “an indication of serious pressure,” but added that it allowed trusts to “clearly flag an impending problem,” to seek help from staff and other agencies, and to make swift decisions to redeploy staff or reprioritise services.

Hopson noted that the growth rate in covid hospital admissions in London—where the omicron peak is ahead of the rest of the country—showed encouraging signs of slowing in recent days and added that it was positive that hospitals were still not admitting large numbers of seriously ill older people with covid.

He said, “The issue for the NHS is not the very ill older people covid caseload but the number of staff absences and general admissions with covid on top of existing pressures. This is still stretching the NHS significantly.”

1 <https://twitter.com/ChrisCEOHopson/status/1477941212648808451?s=20>

2 <https://twitter.com/ShawnLintern/status/1477711272384909314?s=20>.

3 Statement re pressures affecting UHMBT services. 3 January 2022. www.uhmb.nhs.uk/news-and-events/latest-news/statement-re-pressures-affecting-uhmbt-services.

4 Is the end of Omicron in sight? NHS Confederation. 3 January 2022. www.nhsconfed.org/articles/end-omicron-sight.

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