**Critical care without walls**

Twenty years ago, the government published a landmark white paper entitled *Comprehensive Critical Care* (Department of Health, 2000). This document described the findings of a working group tasked with reviewing the organisation and delivery of adult critical care services, which were seen as out-dated and lacking the flexibility needed to provide world-class care into the new millennium.

*Comprehensive Critical Care* introduced a number of novel ideas, one of which came to be known as “critical care without walls”. At one level, this concept describes the sharing of critical care services and expertise beyond the specialist unit, for example by closer collaboration between departments within and between organisations.

On another level, it proposes an NHS in which patients have access to critical care at any point during an acute care episode, with critical care delivered wherever the patient happens to be. The implication of this suggestion is that all acute care nurses should be able to deliver critical care nursing. The need to upskill the workforce was acknowledged, and sweeping recommendations made; every ward nurse working in an acute NHS hospital should receive critical care training.

In the intervening years, much has changed. Critical Care Outreach services have become a standard feature of acute hospital trusts, while clinical escalation protocols, usually based on NEWS scoring, have become the norm. Collaboration across regions has seen the development of more flexible and responsive services for patients. Investment has also increased, although much of this has focused on the introduction of high-end technology such as extracorporeal membrane oxygenation (ECMO) in a small number of trusts, rather than a broader increase in critical care capacity.

Despite this progress, the workforce training recommended in *Comprehensive Critical Care* has not been realised. In 2020, the shortage of staff with appropriate training remains the same major obstacle to improved care delivery that it was in 2000. This was thrown into sharp relief during the early weeks of the COVID-19 pandemic. A lack of critical care staff, and a requirement to dramatically increase capacity, found many nurses redeployed into critical care roles with minimal training. The full effects of this on the emotional and mental health of nursing staff is only just becoming apparent; data from Wuhan, the epicentre of the outbreak, suggest that levels of burn out will be high (Deying et al, 2020).

Cardiac nurses have not been immune to recent events, but have perhaps been better prepared. The idea of critical care outside of the confines of specialist units is one that will be familiar to many. High dependency beds have existed within many cardiothoracic and cardiology wards for a number of years, and the acuity of patients across these units has gradually increased. Cath labs are admitting more critically ill patients, with staff required to manage therapies such as inotropes and mechanical ventilation that were once the preserve of the intensive care unit. Whether staff have received appropriate training is a moot point, however clinical exposure is certainly more likely than in lower-acuity specialisms.

Against this background, a series of articles with a practical approach to common, critical care topics seems timely. This month, the *British Journal of Cardiac Nursing* launches a series of articles designed to provide a solid foundation for the study of critical care practice as it applies to cardiac nursing. The focus is the knowledge required in all wards and departments, rather than the intensive care unit, and it is hoped that nurses from a wide range of settings will find these articles useful and relevant.

By a curious coincidence, the publication of *Comprehensive Critical Care* marked the year of my own introduction to critical care practice, with a new job on a cardiothoracic critical care unit. At that time, staffing ratios were perhaps kinder, and educational opportunities more readily available; I was fully funded to complete my undergraduate degree, which is a rare thing in today’s world. Like the students of today, however, much of what I learned was at the bedside, reinforced and developed by my own reading. Finding high-quality and up-to-date literature on critical care topics is not always easy; we can’t do much about COVID-19, but this we can help with. Enjoy the new series.

Department of Health (2000) *Comprehensive Critical Care: a review of adult critical care services*, London: Department of Health.

Deying HU, Yue KO, Wengang LI, Qiuying HA, Zhang X, Zhu LX, Wan SW, Zuofeng LI, Qu SH, Jingqiu YA, Hong-Gu HE. (2020) Frontline nurses’ burnout, anxiety, depression, and fear statuses and their associated factors during the COVID-19 outbreak in Wuhan, China: A large-scale cross-sectional study. *EClinicalMedicine*, Jun 27:100424.