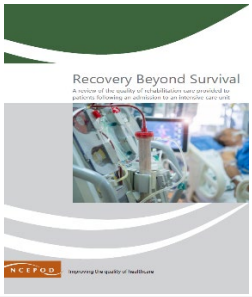

Recovery Beyond Survival

A review of the quality of rehabilitation care provided to patients following an admission to an intensive care unit

NCEPOD Stakeholder Meeting

BACKGROUND

In 2025, NCEPOD's report "Recovery Beyond Survival" identified five key areas, informed by six recommendations that needed addressing to improve the quality of rehabilitation care provided to adult patients following an admission to an intensive care unit.

While many patients admitted to an intensive care unit (ICU) will make a good recovery, the impact of a stay in an ICU can be profound with long-lasting effects, and people may require ongoing rehabilitation to support their recovery. The population included in this study represented a range of specialities and ward areas, highlighting the need for organisations to recognise the importance of rehabilitation not just within intensive care units but across all specialty areas, wards and in the community.

One year on from the release of the report, a stakeholder group was convened to provide an update on current workstreams, alongside a review of barriers, facilitators and successes. Professor Zudin Puthucheary opened the session providing an overview of the challenges faced by survivors of critical illness and the importance of improving rehabilitation provision. The report authors, Professor David McWilliams and Dr Alexander Goodwin chaired the meeting after briefly summarising the study methodology and recommendations.

The full report along with quality improvement tools for local action can be accessed here.

KEY AREAS

1. **REHABILITATION CARE WAS NOT WELL CO-ORDINATED THROUGHOUT THE PATHWAY; ON ADMISSION TO AN ICU, AT STEP-DOWN TO THE WARD AND IN THE COMMUNITY**
2. **INITIAL AND SUBSEQUENT ASSESSMENTS OF REHABILITATION NEED TO SET/UPDATE GOALS WERE NOT ALWAYS UNDERTAKEN**
3. **FULL MULTIDISCIPLINARY TEAM (MDT) INPUT WAS RARELY AVAILABLE TO MEET ALL THE REHABILITATION NEEDS OF PATIENTS**
4. **ONGOING REHABILITATION NEEDS/GOALS WERE OFTEN NOT SHARED BETWEEN HEALTHCARE PROVIDERS AS THE PATIENT MOVED THROUGH THE PATHWAY**
5. **INFORMATION FOR THE PATIENT OR THEIR FAMILY ABOUT THE ICU ADMISSION AND ANY LASTING IMPACT IT MAY HAVE WAS LIMITED**

IMPACT TO DATE

Conference Presentations

David McWilliams presented NCEPOD's report at the following meetings:

- Intensive Care Society State of the art meeting – July 2025
- West Midlands Critical Care Network meeting - July 2025
- ARJO Beyond the ICU: Rehabilitation and Recovery After Critical Illness – September 2025
- British Association of Critical care Nurses conference – October 2025
- European Society of Intensive Care medicine Congress - October 2025
- Thames Valley and Wessex Critical Care Network conference – October 2025
- British Dietetic Association congress – November 2025
- Intensive Care Society of Ireland – December 2025
- Southern Intensive Care Society Network Conference - January 2026
- West Midlands intensive care society implementation events x 3 - February 2026
- Welsh Intensive Care society – March 2026
- CC3N national conference – March 2026
- Faculty of Intensive Care Medicine – April 2026
- Intensive Care Society – July 2026

Journals, articles and media coverage

- The BMJ - Rehabilitation after discharge from ICU is often poorly coordinated, NCEPOD finds doi: https://doi.org/10.1136/bmj.r1226
- Patient Safety Learning - NCEPOD: Recovery beyond survival https://www.pslhub.org/learn/patient-safety-in-health-and-care/transitions-of-care/ncepod-recovery-beyond-survival-12-june-2025-r13263/
- Intensive Care Society - Intensive Care Society Welcomes Groundbreaking Report on Rehabilitation after Critical Illness https://ics.ac.uk/resource/intensive-care-society-welcomes-groundbreaking-report-on-rehabilitation-after-critical-illness.html
- Chartered Society of Physiotherapy – CSP sounds alarm over 'shocking' rehab findings https://www.csp.org.uk/news/2025-06-12-csp-sounds-alarm-over-shocking-rehab-findings
- University Hospitals Coventry and Warwickshire NHS Trust - Professor hopes major report will lead to improved rehabilitation for critical care patients https://www.uhcw.nhs.uk/news/professor-hopes-major-report-will-lead-to-improved-rehabilitation-for-critical-care-patients/
- Coventry University - Coventry University researcher leads major study into improving intensive care patient recovery https://www.coventry.ac.uk/news/2025/coventry-university-researcher-leads-major-study-into-improving-intensive-care-patient-recovery/

PROGRESS

Recommendation One

Improve the co-ordination and delivery of rehabilitation following critical illness at both an organisational level and at a patient level.

- **At an organisational level by assigning a trust/health board rehabilitation lead with oversight and responsibility for the provision of holistic rehabilitation.**
- **At a patient level by having a named rehabilitation care co-ordinator(s) role to oversee patients' rehabilitation needs within the Intensive Care Unit (ICU), on the ward and in the community.**

Organisational level

There is still an ongoing need to make rehabilitation visible at board level and there was a discussion around how to collect data to demonstrate service provision (or lack thereof).

Kate Tantam is leading a piece of work looking at how to support clinicians to engage with their trust/ health board to highlight the NCEPOD report and its findings.

Critical care rehabilitation has been added to three Trust's risk registers, following the report launch.

Patient level

Several attendees highlighted the presence of key workers covering at least part of the patient pathway or plans to develop these roles further.
A new rehabilitation coordinators group has been set up, currently chaired by *Sarah Varga*. The aim of the group is to provide peer support around key worker / coordinator roles with a plan to develop a stock of resources for sharing to include:

- Job descriptions
- Job plans
- Successful business cases
- Outcome measures / data collection tools

Recommendation Two

Develop and validate a national standardised rehabilitation screening tool.

Recommendation Three

Undertake and document a comprehensive, holistic assessment of the rehabilitation needs of patients admitted to an intensive care unit.

Attendees highlighted work that had been completed locally to develop comprehensive assessment documentation and to share good practice. This has been a particular focus at network level where a number of community of practice events have been completed. Whilst positive improvement and engagement was reported, attendees also highlighted the challenges of ensuring the assessments were truly comprehensive and multidisciplinary.

The National Post-Intensive Care Rehabilitation Collaborative have created a working group, led by *Sarah Vollam*, to address these recommendations. This group has over 140 members and will be looking to create a stock of comprehensive assessments used in clinical practice, alongside policies or procedures to guide completion. It is envisaged this will include a range of options from 'gold standard' to those which are used in resource limited settings.

A subgroup, led by *Helen Sanger* is also exploring the development and testing of a rehabilitation risk stratification tool to help guide prioritisation and allocation of resources.

Recommendation Four

Ensure that multidisciplinary teams (MDT) are in place to deliver the required level of rehabilitation in intensive care units and across the recovery pathway.

Whilst some members highlighted business cases being developed within their trusts, the financial climate was proving a significant barrier to increasing MDT provision. A small number of services had managed to put ICU rehabilitation on the trusts risk register, helping to keep a focus on the limitations and consequences of inconsistent and delayed rehabilitation. A discussion took place regarding the need for strong metrics to measure both rehabilitation provision and outcomes.

David McWilliams highlighted ongoing work with Intensive Care National Audit & Research Centre (ICNARC) to explore embedding appropriate metrics into routine data collection to enable benchmarking between services.

There is also work exploring compliance with the recommendations alongside NHS England (NHSE) census data for staffing.

Recommendation Five

Standardise the handover of rehabilitation needs and goals for patients as they transition from the intensive care unit to the ward and ward to community services.

This was discussed as a continuation of the conversation regarding comprehensive assessments and appropriate documentation. The Critical Care Networks-National Nurse Leads (CC3N) handover document was highlighted as an example of good practice and may be undergoing feasibility testing in the West Midlands shortly.

Examples of outreach rehabilitation were shared, with an increasing focus on the provision of ongoing rehabilitation from critical care staff to support transitions in care.

David McWilliams shared his recently published Physiotherapy and optimised enteral nutrition in the post-acute phase of critical illness (PHOENIX): a randomised controlled feasibility trial (PHOENIX) which evaluated enhanced physiotherapy and optimised nutrition for up to 2 weeks after ICU step down. Other similar examples were shared and becoming more common in practice since the report's publication.

Recommendation Six

Provide patients and their family/carers with clear information about their admission to ICU, impact of critical illness and likely trajectory of recovery.

Pam Page shared work streams led by ICU steps and *Kate Tantam*. These included a goal setting toolkit developed by *Louise Rose* which has been made available to support the setting and updating of patient centered rehabilitation goals.

There is also work ongoing to produce information resources for patients and their loved ones, to include videos which will be housed on the Intensive Care Society (ICS) website.

Conclusion

The meeting was positive and highlighted the ongoing passion and enthusiasm for the report's findings and recommendations. National work is ongoing and aims to update the ICS rehabilitation guidelines and NHSE service specification for critical care. The recent publication of Guidelines for the Provision of Intensive Care Services version 3 (GPICS v3) and the Sepsis modern service framework also have a firm focus on the importance of rehabilitation.

It is reassuring to hear that a huge amount of work is taking place nationally behind the scenes to translate the report and its recommendations into changes in clinical practice and the care we deliver to our patients. Importantly, this work extends beyond healthcare and critical illness, recognising the wider impact on rehabilitation for non-critically ill patients and, particularly topically, the rehabilitation of military personnel in the context of future conflicts.

Please email ncepod@nhs.net if you are aware of any work being undertaken locally (or nationally) in response to the NCEPOD Recovery Beyond Survival