

Scottish Intensive Care Society Audit Group report on COVID-19

As at 23 September 2021

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Nurse staffing levels in ICU

This is a new section which has been added in order to report nurse staffing levels in ICUs and combined units against agreed standards. These standards are defined in the [Guidelines for the Provision of Intensive Care Services \(version 2\)](#). Data relating to nurse staffing are not part of the core dataset provided to SICSAG from units. For this reason, SICSAG undertook a survey on 23 September 2021, contacting charge nurses who were asked to report staffing levels and unit activity on a single day shift. All ICUs and combined units with patients admitted with COVID-19 were contacted. Of these 18 units, all 18 responded to the survey.

The survey provided the following results:

- In 61% of hospitals, patients requiring level 3 care were being looked after in at least one geographical area additional to the unit's usual footprint to allow separation of patients with and without COVID-19. This required nurses and other healthcare staff to work across more than one area with level 3 patients.
- 39% of units were able to maintain recommended nurse-to-patient staffing ratios with ICU-trained registered nurses from their own unit (1:1 for level 3; 1:2 for level 2) (GPICS standard: 100%). In the remaining 61% of units, staffing ratios could only be maintained with registered nursing staff who did not usually work in the ICU.
- 67% of units required nurses to work in the unit who were not part of their usual nursing staff complement. These nurses usually worked in other areas of the hospital and were redeployed to ICU or were agency/bank staff. In 22% of units, the proportion of registered nurses from other areas of the hospital/bank/agency staff was >20% of nursing staff (GPICS standard: no more than 20% of registered nurses from bank or agency staff on any one shift)
- 72% of units were able to retain a supernumerary senior nurse on duty (GPICS standard: 100%)

This snapshot survey describes nurse staffing on a single day in Scottish ICUs which will vary over time. However, it demonstrates that over half of ICUs and combined units in Scotland are currently unable to maintain recommended nurse staffing ratios from within their own staffing complement. Two thirds of units are relying on nurses who usually work in other areas of the hospital, or nurses recruited through agencies/staff banks. These findings should be considered when interpreting data relating to ICU bed capacity.