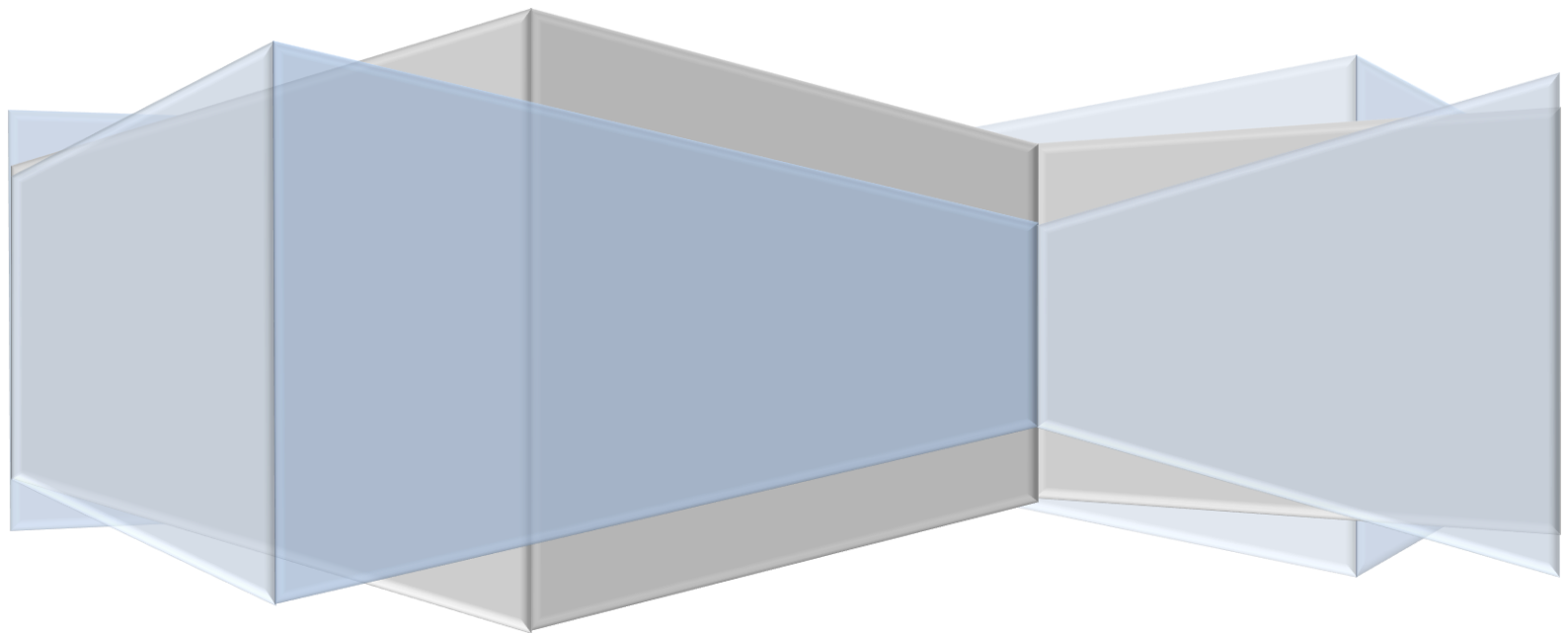


Best Practice Guidance for Registered Nursing Agency & Bank Staff Working in Adult Critical Care

June 2022 – Review date June 2023



A growing number of temporary nursing staff are being used in critical care units across England, Wales and Northern Ireland. To support workforce challenges and maintain safe staffing levels, the Critical Care Networks-National Nurse Leads (CC3N) forum have developed best practice guidance set out below to guide organisations when using temporary staff in critical care. This guidance is primarily for critical care units in England, although the document may be of relevance to other UK countries if they deem suitable to use.

The guidance provides the infra-structure to support safe, equitable care and treatment to critically ill patients and their families. The aim is to safeguard the interests of patients and the wider public by focusing on the responsibility of individual registered nurses, critical care units and agencies/Registered Nurse (RN) nurse banks, to ensure that temporary staff are competent and appropriately trained to work in the critical care environment. The guidance supports the national patient safety agenda and link closely to the recommendations outlined in recent high profile public enquiries (Frances, 2013; Berwick, 2013). The best practice guidance aims to guide the delivery of a quality critical care experience that is reflective of the patients' expectations, clinical condition and level of care (NHS Constitution, 2021).

Caring for patients within the critical care environment is complex and highly technical. This requires a unique level of specialist knowledge and skill that can only be adequately provided by registered nurses with the relevant level of competence.

To ensure that the temporary nursing staff deployed within critical care units are safe, competent and value for money, it is recommended that Human Resource (HR) departments in critical care provider organisations should include the following in Service Level Agreements (SLAs) with agencies and temporary staff suppliers:

1. CC3N - Best Practice Guidance for Registered Nurses Working Temporarily in Adult Critical Care.

https://www.cc3n.org.uk/uploads/9/8/4/2/98425184/endorsed_cc3n_best_practice_guidance_for_registered_nursing_agency_and_bank_staff_2018.pdf

2. Completion (by the agency/bank) and submission to the critical care service of the 'worker checklist' for critical care nursing staff prior to proposing a candidate

3. An agreed process for raising concerns that ensures all parties are involved and notified when any issues arise and that all appropriate action is taken and recorded

Responsibilities of Agency/Nurse Banks supplying Registered Nurses to Adult Critical Care Services

It is the responsibility of those supplying registered nurses through agency/bank to:

1. Provide a robust and structured recruitment process that includes;

- Individuals are able to demonstrate an active Nursing and Midwifery Council (NMC) registration (Level 1)
- Current compliance with all mandatory training requirements
- Demonstration of current critical care experience - a **minimum** of 450 hours over last three years within a comparable unit
- Evidence of maintaining critical care competence
- References must be sought from a previous and/or current critical care line manager
- There is also a responsibility to inform the critical care unit with the details of any active and/or current disciplinary or performance investigations and/or sanctions
- Agency / bank workers should be subject to the same risk assessments as permanent staff, therefore, there is a requirement on both the agency and the employer to share information to enable this to happen and to ensure that appropriate risk assessments have taken place
- As part of the pandemic preparedness and response, nurses who are considered to be at high risk / clinically extremely vulnerable to coronavirus should have a risk assessment performed and this should be communicated to directly to the critical care units.

2. Provide a robust and structured annual review processes that includes;

- Annual individual performance review and personal development planning
- Annual feedback from critical care units on behaviours, performance and team working
- NMC Revalidation preparation, support and confirmation

3. Provide the critical care unit (at the point of confirming the agency booking) with a summary or checklist outlining the minimum criteria listed below:

- Demonstration of active NMC registration
- Current compliance with all mandatory training requirements
- Demonstration of critical care experience - a minimum of 450 hours over last three years within a comparable unit
- Evidence of maintaining critical care competence
- Feedback on any outstanding concerns and/or issues previously raised

It is the responsibility of critical care units utilising registered nurses through agency/bank to:

- Not utilise greater than 20% of registered nurses from bank/agency on any one shift when they are NOT their own staff

- Provide all agency/bank staff with unit orientation (for examples please refer to appendix 2/3)
- Act on any feedback provided by the agency in relation to the safety, quality and experience of the working environment and culture

Where appropriate instigate a review and, if necessary, carry out an investigation into the concerns raised and formulate an action plan as appropriate within the allocated timeframe

It is the responsibility of the individual registered nurse being supplied by agency or bank to adult critical care units to:

- Only accept shifts within critical care if they are confident and competent they are able to work without direct supervision.
- Be able to provide documentary evidence that they are competent to work in a critical care environment (via the employing agency)
- Provide feedback to their employing agency regarding any issues or concerns they may have with professional conduct, safety, quality and experience of the service they are deployed to work in and escalate accordingly
- Be accountable for the shift pattern and hours of work they have agreed to and been rostered for to ensure adequate rest to deliver safe patient care compliant with the working time directive.

Host employers' responsibilities/duties towards the safety of the agency member of staff.

The Royal College of Nursing Healthy Workplace Toolkit for Agency Staff outlines the Host Employers responsibilities to Agency and bank staff. There are five domains in this toolkit

- Work-life balance
- Dignity at work
- Health and safety
- Job design
- Learning and development.

Under each of these categories, there is a set of indicators which can be used to do a health check and identify areas for improvement. The toolkit and further resources can be accessed at

www.rcn.org.uk/professional-development/publications/pub-006120

Risk Assessments and Personal Protective Equipment (PPE)

Agency workers should be subject to the same risk assessments as permanent staff, therefore, there is a requirement on both the agency and the employer to share information to enable this to happen and to ensure that appropriate risk assessments have taken place. This is a shared responsibility and a requirement under the management of health and safety at work regulations (HSE 1974)

HSE website <https://www.hse.gov.uk/> state “ *In practice, the day-to-day responsibility for health and safety during the assignment will lie with the host employers ... as it will direct the worker's activities and control the premises where that work takes place. The host employer must ensure the safety of its temporary workers, as it does that of its own employees.*

The employment agency and the employment business however, must take reasonable steps to identify any known risks concerning health and safety and satisfy itself that host employer has taken steps to prevent or control the known risks “.

This must be done before the work starts and must include obtaining the following information from the end user:

- what the worker will be required to do and any health and safety risks, including what steps the end user has taken to prevent or control such risks;
- what experience, training and qualifications are necessary for the job.

HSE also state “*Co-operation and communication between all those involved in using and supplying temporary workers is key to protecting their health and safety. Continuing to do so throughout the period of the assignment, including with the workers themselves, will help ensure that responsibilities are clear. It is important to agree who does what and not assume the 'other side' will take responsibility “.*

This will mean working together to ensure host employers:

- provide the temporary worker with information on any risks of the work before the work starts, including the control measures in place and any health surveillance required;
- make workers aware of and check they have the necessary occupational qualifications or skills required to do the job safely before they start work;
- deliver adequate and sufficient information, instruction, and training to enable temporary workers to work safely. Health and safety training should take place during working hours and at no cost to the temporary worker, making sure they understand it;
- provide protective equipment, at no cost to the temporary worker, agreeing arrangements for supplying and maintaining it;
- ensure temporary workers know how to raise any health and safety concerns in the workplace.

Appendix 1

Agency/bank staff unit orientation should include:

- Local working environment (e.g. equipment, Intravenous (IV) medication administration and Controlled Drug (CD) medication)
- Geographical information (e.g. facilities for breaks, unit layout)
- Emergency procedures (e.g. fire, resuscitation)
- Infection Prevention & Control (e.g. standards for hand hygiene and PPE, Covid 19 measures – social distancing, ensuring agency/ bank staff have been fit tested for FFP3 mask prior to first shift)
- Computer access
- Point of care testing
- Laboratory test ordering and results access
- Escalation processes and summoning a doctor
- How to access health and wellbeing support if needed
- How to report incidents as per Trust reporting System

Appendix 2

Example induction checklist for Registered Agency and Bank Staff Nurses working in Adult Critical Care Units.

Acknowledgement to University Hospitals Bristol NHS Foundation Trust for providing original template.

Dear Agency Nurse

Welcome to our Intensive Care Unit, we hope you enjoy your shift here. We understand that it is difficult coming to work on a new unit and aim to provide good knowledge and support to assist you. We also welcome any feedback from you in order to learn and develop the unit for future agency staff. In order for us to optimise and maintain patient and staff safety, we do expect you to follow our clinical guidelines and policies which can be found under the 'Resources Link' on the bedside PC (Critical Care Staff Area page) – please ask to be shown their location. Trust policies and Protocols can also be accessed from the bedside PC. If you are unsure of a process / policy or guideline that affects your work, please speak to the nurse in charge for guidance. A member of staff will conduct the Agency Staff Orientation, there is a checklist that must be signed and returned. Please ask if this does not happen in the first hour of your shift.

Below are some key safety points that we would like to highlight.

- ALL Ventilated / Tracheostomy patients **MUST** have at least 3 staff to reposition.
- If your patient has a High Risk Airway please read the guideline [Resource Folder]
- All CD/ IV/Stat medications **MUST** be checked by 2 registered staff.
- **Zopiclone** is stored in the locked cupboard below the CD cupboard and is otherwise treated as a CD (signed in register / 2 RN checks at bedside)
- **Tramadol** is stored in the locked cupboard but **not** signed out of CD register. IV and oral Tramadol to be checked and signed by **2 RN's**
- **Patients own Tramadol / CD's** are stored in CD cupboard and signed out of **Patients own CD Register**
- If a procedure is unfamiliar please ask for guidance prior to commencing task.
- **DO NOT** leave your patient without informing another registered nurse.
- Nursing Assistants are **NOT** to be left alone with patients unless directed to do so by the Nurse in Charge.
- Emergency Pager **MUST** be worn at all times if you are in Beds 7/8/9.
- Identification Passes [when issued] **MUST** be returned at end of shift
- Please ensure incidents are reported to the Nurse in Charge and as per Trust incident reporting system

If you require help and cannot get it easily please call the Nurse in Charge, who will assist. If you have a possible emergency situation, Please pull the Nurse Emergency Bell – Blue Triangle pull on the monitor pendant to gain immediate response.

Many thanks

(Critical Care Matron)

Appendix 3

AGENCY NURSE ORIENTATION CHECKLIST – INTENSIVE CARE UNIT

This orientation checklist is designed to ensure that Agency and Bank staff have an understanding of procedures and expectations whilst working on ITU. This ensures that you are provided with the required information to assist you whilst working in this new environment whilst maintaining staff and patient safety. Please ensure all points below are covered and initialled by both staff.

Name	Agency	Date
Action		Initial
Read Agency letter, Highlight Safety points.		
Layout of ward, inc: Bed Numbers, Visitor Reception, Sluice, Treatment Room, Staff		
Emergency Procedures: Crash Trolleys, Mac Blade, Emergency Call. Vent Alarm		
Emergency Pagers for beds 7 / 8/ 9		
Fire Exit Locations and procedure. Fire alarm Testing		
Telephone System, Including Bleeps and nurse in charge telephone		
Visiting Hours, Facilities, Reception phone		
Resource Folder Online Location		
Explain different staff uniforms and roles. Registered Nurses, Health Care Assistants, Doctors, Physiotherapists, Pharmacists, Dietician, Speech and Language Therapists, Administrators.		
Doctors ward round – and how to contact them		
Medicines Management: Patient only medications at bedside, IVs not be drawn up more than 1hr in advance, Controlled Drugs MUST be used or destroyed immediately.		
Guide to Clinical Information System, Issue Username [record on letter and below]		
Explain Patient Monitoring system, how to change limits etc.		
Ventilators and Medical Devices		

Any Concerns should be discussed with the Nurse in Charge as soon as identified

Agency Nurse: Signed:

Orientation Nurse: Signed:

References:

Department of Health and Social Care (2015) **The NHS Constitution** available at <https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england>

Nursing and Midwifery Council (2015) (updated in 2018 to reflect the regulation of Nurse Associates) **The Code: Professional standards of practice and behaviour for Nurses and Midwives**. Available at <https://www.nmc.org.uk/standards/code/read-the-code-online/>

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Health and Safety Executive (1974) **Health & Safety at work Act**. Available at:
<http://www.hse.gov.uk/legislation/>

Department of Trade and Industry (1998) **Working Time Regulations**. Available at:
<http://www.legislation.gov.uk/uksi/1998/1833/contents/made>

Royal College of Nursing (2017) Healthy Workplace Toolkit for an Agency Workforce
available at <https://www.rcn.org.uk/professional-development/publications/pub-006120>
Last accessed on 21/4/21

Royal College of Nursing Agency Workers Advice:
<https://www.rcn.org.uk/get-help/rcn-advice/agency-workers> last accessed on 21/4/21

2021 Critical Care Networks-National Nurse Leads (CC3N)

Whilst this document is applicable in England, other UK countries are welcome
to adopt it as required

Comments regarding this document can be made via:
<https://www.cc3n.org.uk/contact-us.ht>

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