

CC3N Standards for Registered Nursing Agency & Bank staff working in Adult Critical Care

(*Including agency, nurse bank and internal organisational staff moves)

In response to the growing number of temporary nursing staff 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 a set of standards set out below to guide consumer organisations.

The standards provide 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 **individuals** (registered nurses), **consumers** (critical care units) and **agencies** (*those listed above), to ensure that temporary staff are competent and appropriately trained to work in the critical care environment. The standards support the national patient safety agenda and link closely to the recommendations outlined in recent high profile public enquiries (Frances, 2013; Berwick, 2013). These standards aim 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, 2012).

Professional nursing bodies recognise that 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 standards for registered nurses working temporarily in adult critical care
2. Completion (by the agency) and submission (to the consumer) 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

Standard	Additional Recommendation	Reference
The Agency / Temporary Staff should;		
<p>Provide a robust and structured recruitment process that includes;</p> <p>Demonstration of active NMC registration (Level 1)</p> <p>Current compliance with all mandatory training requirements</p> <p>*Demonstration of critical care experience, as a minimum of 450 hours over last three years within a comparable unit</p> <p>*Evidence of maintaining critical care competence</p> <p>References must be provided from a previous and/or current <u>critical care</u> line manager</p> <p>Inform the consumer organisation with the details of any active and/or current disciplinary or performance investigations and/or sanctions</p>	<p>Consider utilising the expertise from a consumer organisation during the recruitment process. This may include partnership working in the selection and interviewing processes</p> <p>Consider developing a critical care agency nurse passport. This may include evidence of:</p> <ul style="list-style-type: none"> • Compliance with all mandatory training requirements • Demonstration of critical care experience, as a minimum of 450 hours over last three years within a comparable unit • Evidence of maintaining critical care competence <p>Explore with consumer organisations the feasibility of accessing local mandatory training for agency staff who may regularly undertake shifts within the same unit</p> <p>*Examples of acceptable experience within the speciality include:</p> <ul style="list-style-type: none"> • Clinical practice • Nurse management • Critical Care Educators <p>*Examples of acceptable evidence to demonstrate critical care registered nurse competence:</p> <ul style="list-style-type: none"> • Employment history 	<p>NMC (2015) The Code: Professional standards of practice and behaviour for Nurses and Midwives. Available at: https://www.nmc.org.uk/globalassets/sitedocument/nmc-publications/nmc-code.pdf</p> <p>NMC (2015) How to revalidate with the NMC. Available at: https://www.nmc.org.uk/globalassets/sitedocument/revalidation/how-to-revalidate-booklet.pdf</p> <p>CC3N (2015) National Competency Framework for Adult Critical Care Nurses. Available at: http://www.cc3n.org.uk/competency-framework/4577977310</p> <p>Intensive Care Society (2009) Level of Critical Care for Adult Patients. Available at: https://www2.rcn.org.uk/</p>

	<ul style="list-style-type: none"> Competency attainment (as a minimum Step 1 or equivalent) Post-registration critical care award 	
	NB. Level 2 experience and competence is not considered a demonstration of Level 3 competence	
Provide a robust and structured annual review processes that includes;	Explore the feasibility of an electronic time sheet which can incorporate feedback from the consumer organisation	NMC (2015) The Code: Professional standards of practice and behaviour for Nurses and Midwives. Available at: https://www.nmc.org.uk/globalassets/sitedocument/s/nmc-publications/nmc-code.pdf
Annual appraisal	Feedback must be from the critical care unit within the consumer organisation	
Annual feedback from consumer organisation on behaviours, performance and team working		NMC (2015) How to revalidate with the NMC. Available at: https://www.nmc.org.uk/globalassets/sitedocument/s/revalidation/how-to-revalidate-booklet.pdf
NMC Revalidation preparation, support and confirmation		NHS Employers (2016) KSF simplified. Available at: http://www.nhsemployers.org/your-workforce/retain-and-improve/managing-your-workforce/appraisals
Provide the critical care unit (at the point of confirming the agency booking) with a summary or checklist outlining the *minimum criteria	<p>*Minimum criteria include:</p> <ul style="list-style-type: none"> Demonstration of active NMC registration Current compliance with all mandatory training requirements Demonstration of critical care experience, as a minimum of 450 hours over a three year period within a comparable unit Evidence of maintaining critical care competence Feedback on any outstanding concerns and/or issues previously raised 	<p>NMC (2015) The Code: Professional standards of practice and behaviour for Nurses and Midwives. Available at: https://www.nmc.org.uk/globalassets/sitedocument/s/nmc-publications/nmc-code.pdf</p> <p>NMC (2015) How to revalidate with the NMC. Available at: https://www.nmc.org.uk/globalassets/sitedocument/s/revalidation/how-to-revalidate-booklet.pdf</p>
	NB. Additional consideration needs to be given to the skill	

	set of the agency nurse working in a specialist unit (e.g. Major Trauma, Burns, Cardiac, Neuro, Renal)	
Provide an open and transparent system for agency staff to raise concerns regarding the working environment	<p>Explore ways to ensure that agency staff are able to raise concerns regarding the work environment (e.g. professional conduct, health and safety, safe guarding, vulnerable adults, information governance and infection prevention and control)</p> <p>Consider ways in which to provide support to any agency staff raising a concern</p> <p>Consider the openness, security and confidentiality of concerns raised</p> <p>Formally feedback any concerns raised to the consumer organisation through their governance or complaints structure</p>	<p>NMC (2015) The Code: Professional standards of practice and behaviour for Nurses and Midwives. Available at: https://www.nmc.org.uk/globalassets/sitedocument/nmc-publications/nmc-code.pdf</p> <p>Berwick, D (2013) A promise to learn – a commitment to act: improving the safety of patients in England. Available at: https://www.gov.uk/government/publications/berwick-review-into-patient-safety</p> <p>Francis, R (2013) Report of the Mid Staffordshire NHS Foundation Trust Public Enquiry. Available at: http://webarchive.nationalarchives.gov.uk/20150407084003/http://www.midstaffspublicinquiry.com/sites/default/files/report/executive%20summary.pdf</p> <p>HSE (1974) Health & Safety at work Act. Available at: http://www.hse.gov.uk/legislation/</p> <p>NHS England (2013) Putting patients first. Available at: https://www.england.nhs.uk/pp-1314-1516/</p> <p>ICS(2006) Standards for critical incident reporting in critical care. Available at: https://www.google.co.uk/url?url=https://www.ics.a.c.uk/AsiCommon/Controls/BSA/Downloader.aspx%3FiDocumentStorageKey%3Db5c428b6-fa70-493f-9f24-545363b92202%26iFileTypeCode%3DPDF%26iFileName%3DCritical%2520Incident%2520Reporting&rct=i&frm=1&q=&esrc=s&sa=U&ved=0ahUKEwjzKvaggvQAhWdJ8AKHfrKCicQFggZMAA&usg=AFQjCNGHV5CqTYiUaQKcitBJ6reCF_dkYg</p>

The Consumer Organisation (Unit Level) should;

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

In circumstances where this standard is not achieved the nurse in charge of the shift should complete a clinical incident report, in line with local policy
Where multiple agency nurses are employed, re-organise nurse allocation so that agency nurses can be partnered with and supported by permanent staff.

ICS & FICM (2013) Core Standards for ICU. Available at:
[https://www.ficm.ac.uk/sites/default/files/Core%20standards%20for%20ICUs%20Ed.1%20\(2013\).pdf](https://www.ficm.ac.uk/sites/default/files/Core%20standards%20for%20ICUs%20Ed.1%20(2013).pdf)

ICS & FICM (2015) Guidelines for the Provision in Intensive Care Services. Available at:
[https://www.ficm.ac.uk/sites/default/files/Core%20standards%20for%20ICUs%20Ed.1%20\(2013\).pdf](https://www.ficm.ac.uk/sites/default/files/Core%20standards%20for%20ICUs%20Ed.1%20(2013).pdf)

Berwick, D (2013) **A promise to learn – a commitment to act: improving the safety of patients in England**. Available at:
<https://www.gov.uk/government/publications/berwick-review-into-patient-safety>

Francis, R (2013) **Report of the Mid Staffordshire NHS Foundation Trust Public Enquiry**. Available at:
<http://webarchive.nationalarchives.gov.uk/20150407084003/http://www.midstaffpublicinquiry.com/sites/default/files/report/executive%20summary.pdf>

Provide All agency/bank staff with unit orientation. Example provided in Appendix 1.

Local orientation should include:

- Local working environment (e.g. equipment, IV administration)
- 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) computer access

ICS & FICM (2013) Core Standards for ICU. Available at:
[https://www.ficm.ac.uk/sites/default/files/Core%20standards%20for%20ICUs%20Ed.1%20\(2013\).pdf](https://www.ficm.ac.uk/sites/default/files/Core%20standards%20for%20ICUs%20Ed.1%20(2013).pdf)

ICS & FICM (2015) Guidelines for the Provision in Intensive Care Services. Available at:
[https://www.ficm.ac.uk/sites/default/files/Core%20standards%20for%20ICUs%20Ed.1%20\(2013\).pdf](https://www.ficm.ac.uk/sites/default/files/Core%20standards%20for%20ICUs%20Ed.1%20(2013).pdf)

CC3N (2015) **National Competency Framework for**

	<p>Point of care testing Laboratory test ordering and results access Escalation processes and summoning a doctor</p>	<p>Adult Critical Care Nurses. Available at: http://www.cc3n.org.uk/competency-framework/4577977310</p>
<p>Act on any feedback provided by the agency in relation to the safety, quality and experience of the working environment and culture</p>	<p>Local induction should be documented</p> <p>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</p>	<p>NMC (2015) The Code: Professional standards of practice and behaviour for Nurses and Midwives. Available at: https://www.nmc.org.uk/globalassets/sitedocument/nmc-publications/nmc-code.pdf</p> <p>Berwick, D (2013) A promise to learn – a commitment to act: improving the safety of patients in England. Available at: https://www.gov.uk/government/publications/berwick-review-into-patient-safety</p> <p>Francis, R (2013) Report of the Mid Staffordshire NHS Foundation Trust Public Enquiry. Available at: http://webarchive.nationalarchives.gov.uk/20150407084003/http://www.midstaffpublicinquiry.com/site/default/files/report/executive%20summary.pdf</p> <p>HSE (1974) Health & Safety at work Act. Available at: http://www.hse.gov.uk/legislation/</p> <p>NHS England (2013) Putting patients first. Available at: https://www.england.nhs.uk/pp-1314-1516/</p> <p>ICS(2006) Standards for critical incident reporting in critical care. Available at: https://www.google.co.uk/url?url=https://www.ics.a.c.uk/AsiCommon/Controls/BSA/Downloader.aspx%3FiDocumentStorageKey%3Db5c428b6-fa70-493f-9f24-545363b92202%26iFileTypeCode%3DPDF%26iFileNa</p>

[me%3DCritical%2520Incident%2520Reporting&rct=i&frm=1&q=&esrc=s&sa=U&ved=0ahUKFwjzKvaggvQAhWDJ8AKHfrKCjcQFggZMAA&usg=AFQjCNGHV5CqtYiUaQKcitBJ6reCF dkYg](https://www.nmc.org.uk/globalassets/sitedocument/nmc-publications/nmc-code.pdf)

The Individual should;

Only accept shifts within critical care if they are confident and competent they are able to work independently	It is the individual's responsibility, when a shift is identified, that they hold the relevant skills and competency to safely deliver care and treatment within that clinical environment	NMC (2015) The Code: Professional standards of practice and behaviour for Nurses and Midwives. Available at: https://www.nmc.org.uk/globalassets/sitedocument/nmc-publications/nmc-code.pdf
Be able to provide documentary evidence that they are competent to work in a critical care environment (via the employing agency)	*Accountability includes demonstrating: <ul style="list-style-type: none"> • NMC active Level 1 registration • Mandatory training • Critical care competence (as outlined in previous section) 	ICS & FICM (2013) Core Standards for ICU. Available at: https://www.ficm.ac.uk/sites/default/files/Core%20standards%20for%20ICUs%20Ed.1%20(2013).pdf ICS & FICM (2015) Guidelines for the Provision in Intensive Care Services. Available at: https://www.ficm.ac.uk/sites/default/files/Core%20standards%20for%20ICUs%20Ed.1%20(2013).pdf
Provide feedback to their employing agency regarding any issues or concerns they may have with professional conduct, safety, quality and experience in the consumer organisation and escalate accordingly	Raise concern through the agency process and/or Trust clinical incident reporting system	NMC (2015) The Code: Professional standards of practice and behaviour for Nurses and Midwives. Available at: https://www.nmc.org.uk/globalassets/sitedocument/nmc-publications/nmc-code.pdf Berwick, D (2013) A promise to learn – a commitment to act: improving the safety of patients in England. Available at: https://www.gov.uk/government/publications/berwick-review-into-patient-safety Francis, R (2013) Report of the Mid Staffordshire NHS Foundation Trust Public Enquiry. Available at: http://webarchive.nationalarchives.gov.uk/20150407084003/http://www.midstaffpublicinquiry.com/sites/default/files/report/executive%20summary.pdf

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

NHS England (2013) **Putting patients first**. Available at:
<https://www.england.nhs.uk/pp-1314-1516/>

ICS(2006) **Standards for critical incident reporting in critical care**. Available at:
https://www.google.co.uk/url?url=https://www.ics.a.c.uk/AsiCommon/Controls/BSA/Downloader.aspx%3FiDocumentStorageKey%3Db5c428b6-fa70-493f-9f24-545363b92202%26iFileTypeCode%3DPDF%26iFileName%3DCritical%2520Incident%2520Reporting&rct=i&frm=1&q=&esrc=s&sa=U&ved=0ahUKEwjzKvaggvQAhWdJ8AKHfrKCjcQFggZMAA&usg=AFQjCNGHV5CqtYiUaQKcitBJ6reCF_dkYg

Be accountable for the shift pattern and hours of work they have agreed to and been rostered for

Work patterns should be in compliance with the EU working time directives

NB. The NMC code must never be compromised

NMC (2015) **The Code: Professional standards of practice and behaviour for Nurses and Midwives**. Available at:
<https://www.nmc.org.uk/globalassets/sitedocument/nmc-publications/nmc-code.pdf>

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

Working time Regulations (1998). Available at:
<http://www.legislation.gov.uk/uksi/1998/1833/contents/made>

Appendix 1: 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 PO 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.
- ID Passes [when issued] **MUST** be returned at end of shift

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

(ITU Matron)

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 Room, Bulk Store room, Stock cupboards			
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:

Please store this form in the Agency Nurse Folder.

2016 Critical Care Networks-National Nurse Leads (CC3N)

Produced on behalf of CC3N in collaboration with its members and wider stakeholders

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