Critical Care Networks-National Nurse Leads

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

(Version 2)

Date published: September 2025

Review date: September 2027

Version	2 - September 2025
Status	Final
changes	
Author	Karen Wilson, Michaela Jones and Sarah Entwistle
Owner	Critical Care Networks – National Nurse Leads (CC3N)

As of September 2024, NHS vacancy statistics show a vacancy rate of 7.5% (31,773 vacancies) within the Registered Nursing staff group[1]. Consequently, the NHS is reliant on temporary nursing staff and international recruitment to fill service gaps and ensure safe staffing [2]. Although vacancy rates vary across regions, a significant number of critical care units in England have a band 5 vacancy rate over 7.5 %, in one trust it is as high as 38.9% [3]. Vacant positions are currently being covered by temporary nursing staff, sourced either through external agencies or the trust's internal staff bank[4]. In addition, temporary nursing staff are used to cover other gaps in the roster such as unplanned leave, i.e. sickness, to maintain safe critical care nursing ratios.

In order to support workforce challenges and maintain safe, effective staffing levels, the Critical Care Networks-National Nurse Leads (CC3N) forum have developed a Best Practice Guidance for Registered Nursing Agency & Bank Staff Working in Adult Critical Care. This guidance is primarily for critical care units in England, however, 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 goal is to protect patients and the public by emphasising the accountability of registered nurses, critical care units, and Registered Nurse (RN) nurse banks/agencies. This ensures that temporary nursing staff are both competent and properly trained for the critical care setting. The guidance supports the national patient safety agenda and links closely to the recommendations outlined in high profile public enquiries[5,6]. 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[7].

Caring for patients within the critical care environment is complex, technical and highly specialised. This requires a unique level of specialised experience, knowledge and skill that can only be adequately provided by registered nurses with the relevant level of competence and skills. Critical care nurses utilise critical thinking, crisis management, and situational awareness to provide nursing care to patients.

To ensure that the temporary nursing staff deployed within critical care units are safe, competent and cost effective, 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[8]

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. **Procure all agency staff via framework agreements that have been approved by NHS England**
2. **Provide a robust and structured recruitment process that includes:**

    - Individuals can 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
    - Proof of 35 hours of Continuing Professional Development related to critical care including participatory learning
    - Evidence of maintaining critical care competence using CC3N National competency framework[9]
    - 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. There is a requirement on both the agency and the employer to share information to enable this, and ensure that appropriate risk assessments have taken place
    - As part of the pandemic preparedness and response, nurses who are at high risk / clinically extremely vulnerable to coronavirus should have a risk assessment performed. This should be communicated directly to critical care units.

3. **Provide a robust and structured annual review processes that includes:**

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

4. **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 and has completed all NMC revalidation requirements[10]
    - 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:

- There must be no more than 20% of registered nurses from bank/agency, who are NOT substantively employed by the unit, on any one shift [11, 12].
- Provide all agency/bank staff with unit orientation (for examples please refer to appendix 2/3)
- Where appropriate, provide the agency with feedback about the worker using agreed reporting processes.
- Act on any feedback provided by the agency in relation to the safety, quality and experience of the working environment and culture of the Unit.
- Offer in shift wellbeing support if needed via the units Professional Nurse Advocates / peer supporters and signpost to additional wellbeing resources available.
- If a concern is raised, instigate a review and if necessary, carry out an investigation and complete an action plan.

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 competent and able to work without direct supervision.
- Be able to provide documentary evidence that they are competent to work in a critical care environment and have fulfilled the requirements of revalidation with the NMC (via the employing agency) [13].
- 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[14].
- Ask for wellbeing support if needed from unit Professional Nurse Advocates and peer supporters.

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

The Royal College of Nursing Healthy Workplace Toolkit for Agency Staff[15] outlines the Host Employer's 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.

Further advice for agency nurses can be accessed at; Agency workers | Advice guides | Royal College of Nursing

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.[16]

In relation to agency workers, the Health and Safety Executive states; [17]
'In practice, the day-to-day responsibility for health and safety during the work assignment lies with the end user business because they will direct the work and may also control the premises where it takes place. They are therefore in the best position to manage the health and safety of the worker and anyone else that could be affected by their work….
The supplier (the employment agency or employment business) must liaise with the end user business before work starts to identify anything that could cause injury or illness in their workplace or business operations. In doing so, they must assess the likelihood of any harm and agree actions for the end user business to eliminate or control these 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.

The HSE also state; '*Co-operation and communication between suppliers and end user businesses is key in the safe placement of workers and a supplier should never send a worker to a job unless they are satisfied their health and safety will be protected*.'

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.

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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. access to facilities and rest areas, unit layout
- Emergency procedures (e.g. resuscitation, emergency intubation and difficult airway fire,)
- Infection Prevention & Control (e.g. standards for hand hygiene and PPE, ensuring agency/ bank staff have been fit tested for FFP3 mask prior to first shift)
- Computer access and EPR
- Point of care testing
- Laboratory test ordering and results access
- Escalation processes to nurse in charge and medical staff
- 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.
With thanks to University Hospitals Bristol NHS Foundation Trust for the 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

With thanks to Liverpool University Hospitals NHS Foundation Trust for the original template.

NHS
Liverpool University Hospitals
NHS Foundation Trust

LOCAL INDUCTION SAFETY CHECKLIST FOR SHORT TERM AGENCY, BANK NURSES AND NON – WARD BASED REGISTERED NURSES

This checklist must be completed with short term Agency and Bank Nurses, and Non – Ward Based Registered Nurses who are expected to work on the ward/ department for ***less than one week*.**

Ward/ Department ……RN/ HCA (please circle)

Name of Bank/ Agency/ Non Ward Based Nurse
…….....

Signature of Registered Nurse
……..

Name of Nurse in Charge
…….

Signature of Nurse in Charge …… Date & Time.…….....

Please tick the boxes below to confirm that the following safety information has been communicated to the Agency / Bank Nurse and non – ward based Registered Nurse. If 'Not Applicable', please indicate why:

	Completed	N/A
1) Key responsibilities and boundaries explained	☐	☐
2) Nurse in Charge/ point of contact provided	☐	☐
3) Fire Procedure/ Exits & Location of Toilets & Staff Room	☐	☐
4) Location of Cardiac Arrest Trolley	☐	☐
5) MET & Escalation process for deteriorating patients explained	☐	☐
6) Nursing Handover & Safety Huddle provided: (To cover high risk patients, DoLS, DNACPR decisions)	☐	☐
7) Bleep System explained	☐	☐
8) Incident Reporting via Datix System explained	☐	☐
9) Signposted to contact details of Key Departments e.g. Porters	☐	☐
10) IPC precautions for the ward explained and location of PPE	☐	☐

IMPORTANT INFORMATION

All nursing staff new to the ward/department must have this checklist completed within 60 minutes of their arrival on the ward/department.

The checklist should be completed by the Nurse in Charge and retained by the Ward/ Department Manager as evidence that an Induction Safety Checklist has been completed for all Agency/ Bank Nurses and non – ward based nursing staff.

IPC Guidance

Standard Precautions:

Precautions that should be used for <u>all patients</u> regardless of whether or not they are known to have an infection:

- **Hand Hygiene:** Should be performed before and after contact with EVERY patient or their environment. Alcohol gel should be used except for:
  - when hands are visibly soiled or
  - when the patient has diarrhoea, when soap and water should be used.

Follow the signs on the ward indicating the critical times when you should perform 'Your 5 Moments for Hand Hygiene'

- **Personal Protective Equipment (PPE)**
  <u>Apron & gloves must be worn for:</u>
  - all invasive procedures
  - contact with sterile sites or contact with broken skin or mucous membranes
  - if you are at risk of blood or body fluid exposure
  - entering isolation rooms (see below*)

Hands should be cleaned before putting on gloves and following removal

PPE must not be worn after leaving the patient area.

- **Linen** should be bagged at the patient bed side and sharps disposed of at the point of care

Patients with known or suspected infections:

***Additional precautions** are required if a patient has a known **infection e.g. MRSA, CDT, CPE or symptoms such as diarrhoea.** The nurse in charge on the shift will be able to provide further information regarding patients with infections and whether additional precautions are required e.g. face masks. Apron & gloves should then be worn for all patient contact and contact with the patients environment.

<u>Follow **SIGHT** if the patient has diarrhoea</u>:

S	Suspect infection when there is no clear alternative cause for diarrhoea
I	Isolate the patient and consult with the infection control team (ICT) while determining the cause of the diarrhoea
G	Gloves and aprons must be used for all contacts with the patient and their environment
H	Hand washing with soap and water should be carried out before and after each contact with the patient and the patient's environment
T	Test the stool – send a specimen immediately

Decontamination of equipment: All equipment should be cleaned after each use. Ward staff will guide you as to the correct product to use. Actichlor Plus must be used for beds and commodes. Clinell wipes can be used for BP machines, thermometers and EPMA trolleys.

When making up Actichlor Plus the correct solution is 1000ppm: 1 tablet to 1 litre of cold water.

Care of Invasive Devices e.g. cannula, catheter, PEG tube, tracheostomy:

- ANTT (Aseptic non-touch technique) for all handling
- Monitoring of insertion sites each shift (visual inspection of cannula sites: VIP score)

MRSA screening: <u>All</u> patients admitted as an emergency or an elective admission should be routinely screened for MRSA. This includes the nose & groin, and any skin breaks or device sites.

Guide to Falls Prevention

Falls Risk – Assess your patient using a MFRA and Bed Rails assessment. These must be completed on admission and re-assessed weekly, if there is a conditional change or on transfer

Act on your risk assessments – Implement preventative measures: blue wrist band, falls alarms, signage above bed, appropriate footwear, medication review, cognitive assessment. Assess your patient for delirium. Download and implement electronic care plans

Liaise with all staff, visitors, family and patient – provide information leaflets, refer to Physio/OT if required

Lying and standing blood pressure – record and inform medical staff if there is a postural drop noted

Side room required – consider ultra-low beds, crash mats, 1-1 observation (refer to Enhanced Observation Policy)

Provide your patient with a nurse call bell

Respond quickly to call bells and alarms **(patients are trying to mobilise and may fall)**

Environmental factors – ensure the bed space is clear and uncluttered, and walking aids are available

Visual assessments – assess patients' visual ability. Ensure your patient has glasses within easy reach and lighting is adequate

Equipment – check commodes, beds and wheelchairs have brakes applied when in use

Night time – recorded highest incidents of falls, increase frequency of patient observation

TAG bay nursing – health care staff must supervise TAG bay 24/7 and sign in and out of bay

Inform all staff of patients at risk of falls in safety huddle and during handover

Observe patients closely especially in bathrooms and toilets

Never leave patients unsupervised in a TAG bay for any reason

12 point Safety Check List to Help Prevent Falls Whilst in Hospital

The following twelve-point checklist can be used by patients and their carers and families:

Tell the nurse or doctor looking after you if you have fallen in the last year, are worried about falling, or have a history of falls

Use your call bell if you need help to move, in particular, if you need help going to the toilet

Make sure glasses are clean and used as prescribed. Ask for help if you are having trouble seeing

Use your usual walking aid, keep it close by and check for wear and tear on the rubber feet. Never lean on hospital furniture as it's often on wheels

Be familiar with your bedside environment. Ask for clutter to be moved if your path isn't clear

Make sure your shoes or slippers fit well, grip well and cannot fall off

When getting up:

> sit upright for a few moments on the edge of your bed before standing

> get up slowly and making sure you feel steady before walking

Do some simple leg exercises before getting up from your bed or chair:

> point your toes and release a few times

> tighten the muscles in your calves and then release them

> move your legs up and down if you can, to get the circulation going

If you feel dizzy – stop, sit down, and let the ward staff know

Take care in the bathroom and toilet. Ask for help if you need assistance.

Drink regularly and eat well if your medical condition allows

It is also important to make sure that you receive a falls risk assessment and for prevention information to be shared with you