

Nursing Workforce Standards Checklist



This Nursing Workforce Standards Checklist is designed to support the nursing workforce in applying the RCN's 2021 Nursing Workforce Standards (the Standards).

The Standards are a blueprint for tackling nursing staff shortages across the UK. They support the nursing workforce to be safe and effective. They set the standards for high quality, evidence-based patient/service user care in all health and care settings in the UK, working with each nation's legislation.

Evidence and experience have shown that having the right number of nursing staff, with the right skills, in the right place, at the right time improves health outcomes, the quality of care delivered, and patient/service user safety.

There are 14 Nursing Workforce Standards with three key themes:

Responsibility and accountability (Standards 1-4)

Clinical Leadership and safety (Standards 5-10)

Health, safety and wellbeing (Standards 11-14)

The nursing workforce consists of:

- **registered nurses, RNs** (from newly registered nurse to the most senior nurse such as the chief nurse/director of nursing/executive nurse director)
- **nursing support workers, NSWs** [nursing associates (NAs), trainee nurse associates (TNAs), assistant practitioners, health care assistants (HCAs), clinical support workers (CSWs), carers and health care support workers (HCSWs)]
- **student nurses** (BSc students, MSc students, PGDip students and nursing apprenticeship students).

The **registered nurse (RN) lead** is the individual leading and supporting a team and/or service such as: team leaders, managers, charge nurses, sisters, matrons, senior nurses, and directors/associate directors of nursing.

The Standards Checklist can be used:

- as a **self-evaluation** tool to identify training, learning and development needs by any member of the nursing workforce
- to **standardise** what is offered to nursing workforce and departments by a manager, matron, or team leader
- to give floor-to-board **assurance** that support interventions are available and accessible to all the nursing workforce by a nurse director
- as a tool for all nurses, nursing support workers and students to use as a **benchmark** for their workplace.

Please answer **Yes, No or N/A** as you explore the Standards Checklist.

- **Yes:** continue this practice, celebrate, and share the successes.
- **No:** please have a conversation with your line manager to seek their support in turning the no answers to yes answers. Your local RCN representative and RCN staff can support you if you are having challenges.
- **N/A:** no actions. it may be applicable later if you change roles or workplace.
- **Evidence:** please provide examples of how you are or are not meeting the Standards.
- **Legislation** such as the Nurse Staffing Levels (Wales) Act 2016 may be applicable in your workplace if covered under section 25B and 25C. Please indicate this in the evidence section.

The RCN Nursing Workforce Standards

Nurse Staffing Levels (Wales) Act 2016



rcn.org.uk/nursingworkforcestandards



tinyurl.com/dw6tj8y2

Clinical leadership and safety:

Standards 5-10

The Standards on Clinical leadership and safety support the nursing workforce to be safe, effective, skilled, competent and capable. Compassionate nursing leadership is required to role model expected behaviours and values and support in the delivery of evidence-based, high quality and compassionate care. This checklist can be used to standardise what is offered to workers in different workplaces, departments or specialties.

STANDARD 5

Each clinical team or service that provides nursing care will have a registered nurse lead.

The nursing workforce		Yes	No	N/A	Evidence
5a	Is your direct line manager a registered nurse (RN)?				
	If your direct line manager is not an RN , do you have an RN as part of your leadership team?				
	Are you responsible for staffing?				
	Have you received recruitment training?				
	Have you received retention training?				
	Have you received appraisal training?				
	Do you determine the numbers of nursing workforce needed on each shift/day?				
	Do you use a tool to make these decisions?				
	Do you escalate if the staffing levels cannot meet service demands?				
	Do you receive feedback on low staffing escalations?				
	Do you have mitigation plans when staffing levels are not optimal for example, redeployment, bed closure, risk assessments and reporting an incident?				
	Can you directly share staffing concerns with your executive nurse/senior management?				
5b	If your direct line manager is not an RN , do you have a clear professional line to clinical nursing leadership?				
	If your direct line manager is not an RN , is there a pathway to getting support with revalidation/career development/progression?				

STANDARD 6

A registered nurse lead must receive sufficient, dedicated time and resources to undertake activities to ensure the delivery of safe and effective care.

Registered Nurse (RN) Lead		Yes	No	N/A	Evidence
6a	Are all your shifts/working days 100% supervisory/supernumerary (SS)?				
	Can you amend your roster to reflect the actual hours/shifts/days you worked for example, if SS changed to early/late/in the numbers?				
As an RN lead, do you have allocated time to:		Yes	No	N/A	Evidence
6b	Complete your workforce roster/rota?				
	Work with new team members including students, to support and assess their practice, skills and competences?				
	Develop staff and work on succession planning?				
	Meet with human resources (HR) /People Operations (OP) to appropriately manage staffing concerns such as sickness, absences and return to work?				
	Do the follow up administrative work related to HR/PO and other referrals, for example, occupational health?				
	Undertake clinical and regulatory audits, for example, audits on invasive devices, mattresses, care plans, crash trolley, control drugs, medication storage temperatures and equipment cleaning?				
	Undertake health and safety risk assessments and investigate incidences?				
	Undertake service improvement work and share the successes and learnings?				
	Meet the finance team, review the budget, establishments and monitor spending?				
	Work with recruitment teams to identify staffing gaps early and work on staff retention and recruitment?				
	Speak to patients/service users/families about their care and experiences while using your service?				
	Review patients'/service users' feedback and actively respond to them?				

The nursing workforce		Yes	No	N/A	Evidence
6b	Is your RN Lead visible in your workplace?				
	Is your RN Lead approachable?				
	Does your organisation undertake exit interviews for leavers?				
6c	Have you had a job description (JD) review in the last three years?				
	Do you feel your current role matches your JD?				
	Are you able to negotiate your contract and pay?				

STANDARD 7

The time needed for all elements of practice development must be taken into consideration when defining the nursing workforce and calculating the nursing requirement and skill mix within the team.

The nursing workforce		Yes	No	N/A	Evidence
7a	Are you aware of what continuous professional development (CPD) is available in your workplace?				
	Are you supported with funding to undertake CPD?				
	Are you supported with time-off to undertake CPD?				
	Do you have a practice development nurse/practitioner/team in your workplace?				
	Do you have allocated time to complete mandatory training?				
	Do you have access to work-related training? For example, respiratory, cardiac, dementia, surgical care, elderly care, wound care and conflict resolution, falls prevention, good hydration and nutrition.				
	Do you have opportunities to reflect after a serious incident? For example, cardiac arrest, violence aggression and major incident.				
	Do you have access to clinical restorative supervision and/or facilitated reflection time and space?				
	Do you have a personal and professional development plan?				
	Do you have access to a careers advice team?				
7b	If you are the RN lead , does your uplift/headroom/timeout include practice development time? What is your uplift/headroom/timeout?				
	Do you identify training needs in your appraisals / performance development review (PDR)?				
	Are these needs reviewed and actioned within the agreed timeframe?				
	In your opinion, are education and training opportunities offered and accessed fairly?				

The nursing workforce		Yes	No	N/A	Evidence
7c	During your induction/recent training, were you given information on how to raise concerns ?				
	Do you raise concerns on staffing issues for example, unsafe staffing levels and poor skill-mix?				
	Do you raise concerns about safety issues in your workplace for example, lack of PPE and lack of moving and handling equipment?				
	Do you know how to raise a grievance?				
	Are concerns raised documented and responded to?				
	Is your line manager the only person you can raise concerns with?				
	Have you been penalised/chastised for raising concerns?				

STANDARD 8

When calculating the nursing workforce whole-time equivalent (WTE), an uplift will be applied that allows for management of planned and unplanned leave and absences.

RN Lead		Yes	No	N/A	Evidence
8a	Do you know the percentage/headroom/timeout for your service in your organisation? Please state.				
	Do you think this sufficiently allows for planned and unplanned leave?				
	Do you struggle to fill a staffing gap from last minute sickness/absence?				
	Are you involved in the decision-making of setting your uplift/headroom/timeout?				
	Is the uplift/headroom/timeout set based on specific services or standardised for the whole organisation?				
8b	Do you use an evidence-based workforce tool to set staffing establishments? Please state.				
	Have you had training on using this tool?				
	When did you have your last training update on the tool?				
	Do you think there is consistency in using the tool?				
	Do you make the final decisions on how many staff you need?				
	Do you think the tool offers you the right staffing levels?				

RN Lead		Yes	No	N/A	Evidence
8c	Do you think your professional judgement is considered when staffing decisions are made?				
	Do you have access to staffing information across your workplace/organisation? For example, staffing dashboard or staffing reports.				
	Are you able to decline to redeploy your staff to other areas when you feel unsafe?				
	Have you experienced negative consequences due to declining redeployment?				
	Do you feel your skill-mix is considered when redeployment decisions are made? For example, numbers of newly qualified staff.				
	Do you feel your workplace environment is considered when redeployment decisions are made? For example, number of single rooms and environmental layout.				
	Are you able to reduce your service provision if you do not have the right staffing levels? For example, close beds and pause or stop new admissions.				
	Do you have control over your staffing levels and staffing decision making?				
	Have you reported harm due to low staffing? Did you received appropriate feedback and action? Please expand.				

STANDARD 9

If the substantive nursing workforce falls below 80% for a department/team, this should be an exception and should be escalated and reported to the board/senior management.

The nursing workforce		Yes	No	N/A	Evidence
9a	Do you have bank and agency workers in your workplace on a daily basis?				
	Can you book bank/agency workers?				
	Can you request for bank/agency workers to have specific skills and capabilities?				
	Do you have any rules on booking agency workers?				
	Can you raise a concern if more than 20% of your workers are bank or agency, non-substantive?				
	Is redeployment used to mitigate having too many bank or agency staff in one area?				
As a bank/agency worker:		Yes	No	N/A	Evidence
9b	Are you offered support?				
	Are you able to access essential IT systems to deliver safe and effective care?				
	Do you have any risk assessments?				
	Are these risk assessments supported when you go to different workplaces?				
	Have you been excluded from bookings after refusing to be redeployed?				
	Is the need to agree to redeployment a part of your contract as a bank/agency staff?				
As a bank/agency/redeployed worker:		Yes	No	N/A	Evidence
9c	Are you oriented to every new area with information on how to report incidences and raise concerns?				
	Do you feel welcomed and valued as part of your new temporary team?				
	Are you treated with respect, dignity and your rights protected?				
	Can you report incidences?				
	Can you raise and escalate concerns?				
	Do you get feedback on concerns raised?				

STANDARD 10

Registered nurses and nursing support workers must be appropriately prepared and work within their scope of practice for the people who use services, their families, and the population they are working with.

The nursing workforce		Yes	No	N/A	Evidence
10a	Are you allocated mandatory training time?				
	Are you allocated specialty training time?				
10b	Did you have an induction when you started your role?				
	Did you have a period of supernumerary when you started your role?				
	How long was it?				
	Do you have access to professional developmental programmes for example, preceptorship, link roles, shadowing, clinical supervision and coaching?				
	Have you completed any leadership training?				
	Have you completed any management development training?				
Lone Worker		Yes	No	N/A	Evidence
10c	Do you always have access to supervision and support in compliance with the necessary health and safety requirements?				
	Do you have access to safety tools such as mobile phones, buddy-system, GPS Safety devices?				
	Have you had formal training and are able to undertake a dynamic risk assessment?				
	Do you feel safe, supported and connected with your team and line manager?				
The nursing workforce		Yes	No	N/A	Evidence
10d	Do you feel safe to raise concerns with your leadership and/or management team?				
	Are you given feedback on the concerns you have raised?				
	Are you encouraged to come up with solutions when problems arise?				
	Is speaking up encouraged in your organisation?				

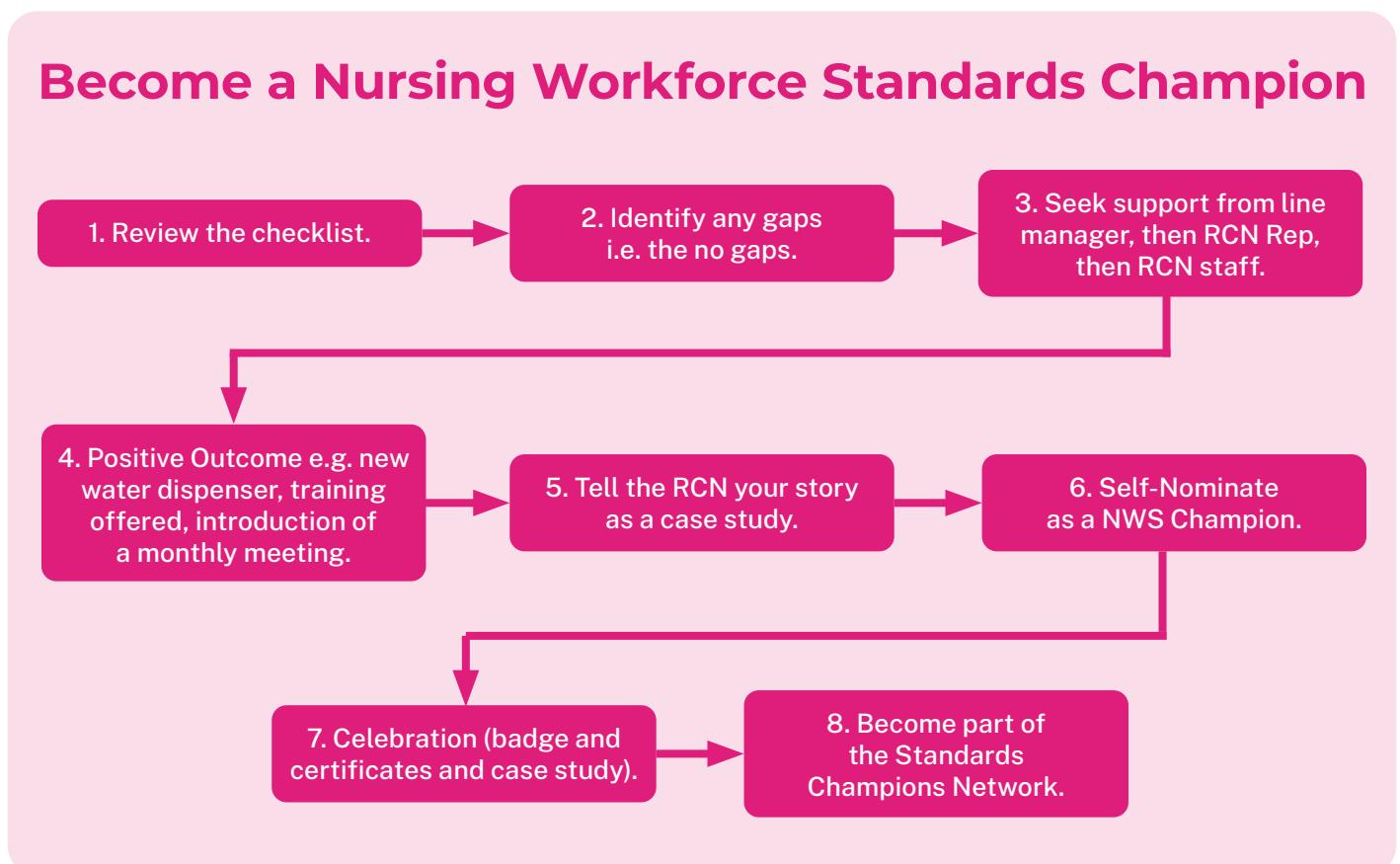
The Nursing Workforce Standards Champions (Standards Champions)

Standards Champions are individuals who have made positive workplace changes by using the RCN Nursing Workforce Standards.

Role of a Standards Champion:

- to support workplace improvements
- to share success and promote best practice
- to raise concerns when the Standards are not met
- to work with an RCN representative, local RCN branches and RCN staff in promoting and using the Standards
- to be part of the network of Standards Champions who support others, promote best practice, and work with organisations to implement the Standards in practice
- to attend quarterly meetings for updates, support, and networking.

The chart below shows the steps to becoming a Standards Champion.



Expression of Interest Form

Become a Nursing Workforce Standards Champion

Title	
Name	
Last Name	
Job Title	
Employer	
Mobile/Telephone	
Email	
Can you commit to at least four meetings a year to network, share learning and celebrate with other Nursing Workforce Standards Champions?	
Are you an RCN Member?	
How did you hear about the Nursing Workforce Champions? <ul style="list-style-type: none">• RCN Branch• Internet• Employer• RCN email• RCN Congress• Other, please state	