Nursing Workforce Standards Checklist

Clinical Leadership and Safety

This Nursing Workforce Standards Checklist is designed to support the nursing workforce and pre-registration nursing students in applying the 2025 RCN Nursing Workforce Standards (the Standards).

The Standards are a blueprint for tackling nursing staff shortages across the UK in all health and care settings. 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:

1. Responsibility and accountability **(Standards 1-4)**
2. Clinical leadership and safety **(Standards 5-10)**
3. Health, safety and wellbeing **(Standards 11-14)**

The Clinical Leadership and Safety Standards

These Standards support the nursing workforce to be safe, effective, skilled, competent, confident and capable. Compassionate nursing leadership is required to role model expected behaviours and values and support in the delivery of evidence-based, high quality, compassionate, person-centred care. This checklist can be used to standardise what is offered to all health and care nursing teams in different workplaces, departments or specialties.

The nursing team consists of:

- **Registered nurses** at all levels of nursing including newly registered, enhanced, advanced, consultant, and executive level.
- **Nursing support workers** at both supportive and assistive level, which includes nursing associates, assistant practitioners, health care assistants, clinical support workers and health care support workers.
- **Pre-registration nursing students**, BSc students, MSc students, PGDip students, student nursing associates and nursing apprenticeship students.

The Nursing workforce

The total number of nursing staff (registered nurses and nursing support workers) working within an organisation, sector or country.

The registered nurse (RN) lead

The RN lead is the individual leading and supporting nursing teams and/or services such as team leaders, managers, charge nurses, lead nurses, sisters, matrons, senior nurses, nurse partners, associate/deputy directors and directors of nursing.

The Clinical Leadership and Safety Checklist

Standards 5-10

The Clinical Leadership and Safety Checklist can be used:

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

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

The Checklist will help you to identify aspects of your current work that you should **continue to do** with pride. Celebrate, and share your successes!

You may also identify **areas of improvement**. Please speak with your line manager to seek their support in making local improvements that are meaningful for you, your colleagues and the patients and service users you support. Your local RCN representative and RCN staff can support you too.

There might be areas that may **not be applicable** at present. However, this may change if you change roles or workplaces.

Please **provide evidence** of how you are or are not achieving the Standards in the examples and comments section.

You can find some examples of how the Standards have been utilised in workplaces across the UK **RCN Standards Champions** rcn.org.uk/Professional-Development/Nursing-Workforce-Standards/Nursing-Workforce-Standards-success-stories

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

The RCN Nursing Workforce Standards

rcn.org.uk/nursingworkforcestandards

Clinical leadership and safety checklist

STANDARD 5 Each clinical team or service that provides nursing care must have a registered nurse lead.				
The nursing workforce	**Yes**	**No**	**N/A**	**Comments and examples**
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?				
Do you have a clear professional line to clinical nursing expertise and nursing leadership?				
Is there a pathway to getting support with nursing revalidation, career development and progression?				
The registered nurse (RN) lead	**Yes**	**No**	**N/A**	**Comments and examples**
5b Are you the **RN lead**? (eg, team leader, manager, charge nurse, sister, matron, primary care network lead nurse, community matron/lead nurse, specialist nurse lead/consultant, head of nursing, senior nurse, nurse director, nurse associate director, etc).				
Do you have a nursing workforce retention strategy?				
Do you have a nursing workforce recruitment strategy?				
Have you received training in your organisational recruitment processes?				
Have you received training on facilitating reflective or coaching or supervision sessions for your team?				
Have you received appraisal/professional development review (PDR) training?				
Are you involved in workforce planning?				
Do you use an evidence-based tool or any tool to plan your workforce? If yes, which tool do you use?				
Have you received training and regular updates on your workforce planning tool?				

The registered nurse (RN) lead		Yes	No	N/A	Comments and examples
5b	Do you capture data on patient or service user acuity? (ie, to how ill the patient/service user is, their increased risk of clinical deterioration and how complex their care needs are eg, level of observation, deterioration risk, high NEWS2, etc).				
	Do you capture data on patient or service user dependency? (ie, The level to which the patient/service user is dependent on nursing care to support their physical and psychological needs and activities of living eg, eating and drinking, personal care, hygiene and mobilisation, etc).				
	Do you capture data on patient or service user complexity? (eg, multiple comorbidities, mental health, learning disabilities and/or capacity needs, complex discharges, drug and alcohol misuse, homelessness, safeguarding concerns, etc).				
	Do you capture data on your service activities? (eg, admissions, discharges, turnover, transfers, number of visits, clinic numbers/attendees, consultation numbers, patients/service users feedback, compliments and complaints, cancellations, deferrals, bed closures, additional capacity such as "corridor care/boarding", etc).				
	Do you capture data on your workforce? (eg, demographics, vacancies, retention figures (joiners and workforce growth), turnover, sickness and absences, flexible working, carers'/parental leave, team feedback, whole time equivalent, skills and levels of nursing, education, training and development, equity, diversity & inclusion (EDI) data, etc).				
	Are you involved in decisions with regards to staffing costs?				
	Have you had training on effectively managing your budget, spending, income generation and finances in general?				
	Do you have access to your financial adviser or director to understand your finances/service budget?				
The registered nurse (RN) lead		**Yes**	**No**	**N/A**	**Comments and examples**
	Have there been any vacancy freezes in your team/service in the last year?				
	Have you increased the number of RNs working in your area in the last year? If so, by how much?				
	Have you decreased the number of RNs working in your area in the last year? If so, by how much?				
	On average, how many patients/service users is one RN responsible for in your areas? (eg, ward, nursing home, residential home, hospice, etc).				

The registered nurse (RN) lead	Yes	No	N/A	Comments and examples
On average, how many visits per day does one RN undertake? (eg, district nurse, health visitor, community nurse, mental health liaison nurse, learning disability nurse, etc).				
On average, how many patients/service users does one RN see in their clinic per day? (eg, general practice RN, health and justice RN, clinical specialist RN, RN consultants, advanced nurse practitioners, outpatients and emergency RN clinics).				
What is the average caseload for your RNs? (eg, specialist nurses/community matrons and nurses, health visitors, school nurses, etc?				
On average, how many students does one RN lecturer or practice facilitator support?				
On average, how many students does one RN supervise?				
On average, how many students does one RN assess?				

The nursing workforce or nursing team		Yes	No	N/A	Comments and examples
5b	Have you increased the numbers of nursing support workers (ie, nursing associates, assistant practitioners, health care assistants, clinical support workers and/or health care support workers) in your area in the last year? If so, by how much?				
	Have you decreased the numbers of nursing support workers in your area in the last year? If so, by how much?				
	Do you capture data on patient/service user outcomes? (eg, falls, medication errors, failed discharges or admissions, length of stay, complaints and compliments, near misses, delayed diagnosis, avoidable admissions, mortality, etc).				
	Is this data used in your staff establishment review?				
	Is learning shared with the whole team to improve patient/service user outcomes?				
	Do you capture data on the patients/service users? (eg, demographics in EDI data, condition prevalence in the population, numbers of presentations, underserved populations, socio-economic data, any health inequalities, etc).				
	Is this data used to support service delivery and resource allocation for safe and effective care?				

		Yes	No	N/A	Comments and examples
5b	Do you receive clinical or restorative supervision to support you in your role?				
	Is your own clinical or restorative supervision planned?				
The nursing workforce or nursing team		**Yes**	**No**	**N/A**	**Comments and examples**
5c	Do you escalate if staffing and resource capacity cannot meet service demands?				
	Do you keep track and document your escalations, including to whom?				
	Do you receive feedback from your escalations?				
	Do you capture real time and recurrent risks to staffing levels? (eg, Incident reporting, red flags, dashboards, risk registers, etc).				
5d	Do you have an organisational risk escalation process when you cannot meet service needs?				
	Does your organisation document the responses to these risks?				
	Do you have mitigation plans when staffing levels are not optimal due to planned or unplanned absences, vacancies, unexpected surges? (eg, caseload reduction, closing beds, stopping services/clinics, staff redeployment, bank, agency/ locum staff, accepted risks etc).				
	Are mitigations decisions captured and reported?				
	Do you include the actions and the decision makers?				
5e	Does your escalation and reporting line lead to the executive level nurse (or the designated senior registered nurse) and therefore the accountable board?				
	Do you have opportunities to directly share staffing concerns with your executive nurse (or the designated senior registered nurse) or the board?				
5f	As the registered nurse lead and if your direct line manager is **not** a registered nurse (eg, a GP partner, non-RN CEO/ICB lead, an AHP, etc); do you still have a clear professional line to alternative nursing leadership?				

STANDARD 6
A registered nurse lead must receive protected time and resources to undertake activities to ensure the delivery of safe and effective care.

	The nursing workforce or nursing team	Yes	No	N/A	Comments and examples
6a	Do you have a job or role description?				
	Is your job or role description up to date and in line with your current work?				
	Do you have a job plan?				
	Does your current job plan cover all 4 pillars of nursing (ie, clinical, research, education and leadership)? **rcn.org.uk/Professional-Development/Levels-of-nursing/Four-pillars-of-nursing**				
	Is your registered nurse lead visible to you?				
	Do you feel safe and confident to approach your registered nurse lead?				

	The registered nurse (RN) lead	Yes	No	N/A	Comments and examples
6b	Are you 100% supervisory or supernumerary (ie, the registered nurse lead is not counted in the regular staffing numbers) in your role? If no, what is your current supervisory or supernumerary percentage?				
	Do you have any dedicated protected time for non-clinical work? If yes, how much time?				
	Does your own rota reflect the hours and role you have undertaken? (eg, your supervisory shift or non-clinical day changed into an early, late, night, or you are "in the numbers").				
	Is there a reporting and recording mechanism in place for when non-clinical time is cancelled? (eg, due to increased clinical demand, systemic pressures, staffing shortages, redeployment, etc).				
	Is cancellation of supervisory or supernumerary time, considered a red flag and captured as a key performance indicator (KPI)?				
	Is this data shared with the board or senior management team as part of a safe staffing report?				

As an RN lead, do you have allocated time to:	Yes	No	N/A	Comments and examples
Proactively lead and manage your team?				
Work with new staff and team members. (eg, students, newly promoted staff, staff newly taking charge, etc)?				
Assess your team's practice, skills and competences to meet the highest standards possible?				
Supervise the nursing care and the quality of work being delivered by your team and service?				
Speak to patients/service users/families about their care and experiences while using your service?				
Review patient/service user feedback?				
Actively respond to their feedback?				
Use their feedback to make positive changes? (eg, you said, we did).				
Speak to your staff to understand their experiences of work, wellbeing and motivations? (eg, One-to-ones, appraisals, supervision, team meetings, shared decision-making councils, stay conversations, team development days, etc).				
Work with recruitment teams to identify staffing gaps early for effective recruitment?				
Work with recruitment teams to enhance staff retention. (eg, staff support, reduction of workload, effectively managing sickness, listening to staff, promoting innovations, enhancing EDI, psychological safety and teamwork, etc).				
Develop staff and work on succession planning?				
Complete your team's rota at least 8 weeks in advance?				
Review the clinical appropriateness of staff rotas? For example, skill mix (the balance of registered nurses and nursing support workers on a shift), in-charge cover, safe working hours, overtime, missed breaks, etc.				
Monitor and capture the number of work activities/workload your service undertakes? (eg, number of clinics, patients/service users, discharges, admissions, meetings, education sessions, vaccinations, publications, outreach, visits, etc).				

(The row label **6c** spans the entire table in the leftmost column.)

As an RN lead, do you have allocated time to:	Yes	No	N/A	Comments and examples
6c Work with human resources (HR)/people and organisational development departments/ service managers/practice managers to appropriately manage staffing concerns? (eg, sickness, absences, vacancies, return to work, capability concerns, reasonable adjustments, exit interview data, etc).				
Undertake the follow-up administrative work? (eg, referrals to occupational health, department for work and pensions, write meeting outcome letters, etc).				
Undertake clinical and regulatory audits to meet contractual and regulatory requirements to improve patient/service user outcomes, health and safety? (eg, life-saving emergency equipment, medications, devices, care plans, infection prevention and control, etc).				
Undertake health and safety risk assessments?				
Investigate incidences, near misses, concerns and complaints?				
Undertake service improvement work?				
Share the successes and learning from service improvement work?				
Be involved in reviewing the budget, nursing establishment, productivity, KPIs, monitoring spending and income generation?				
Monitor and capture feedback from your team, temporary staff and students?				

The Registered Nurse Lead	Yes	No	N/A	Comments and examples
6d Did you receive any leadership training? If so, what training, development or education and at what level?				
Have you had any management training? If so, what training, development or education, and at what level?				
Do you have access to professional development (PD), PD teams, training and education to enhance your skills, competencies and capabilities as the RN lead in the past year?				
Do you have any administrative staff to support you in your role?				
Does your non-clinical time include practice development time? If so, how many hours are allocated for PD?				

STANDARD 7 All members of the nursing workforce must have access to high quality, contractually funded continuing professional development (CPD) with protected (paid) time to undertake it.				
The nursing workforce or nursing team	**Yes**	**No**	**N/A**	**Comments and examples**
7a Does your uplift or headroom or timeout include PD time or study leave? If yes, what percentage?				
Is a learning needs analysis undertaken in your organisation or service? If yes, by whom?				
7b Do you have opportunities to discuss both professional and personal education, training and development needs?				
7c Are you aware of what continuing professional development (CPD) is available in your workplace or wider organisation or even nationally?				
Do you have access to work-related training? (eg, management of medical conditions, workplace speciality training, NHS health checks, immunisations, health promotion, wound care, conflict resolution, falls prevention, good hydration and nutrition, etc).				
Do you have opportunities to debrief after a serious incident? (eg, cardiac arrest, violence & aggression, major incident, mistakes in care delivery, etc).				
Do you have access to formal reflective processes after serious incidences?				
7d As an NMC registrant, are you supported to be able to revalidate? (eg, enough practice hours, CPD, reflections, etc).				
Do you have access to clinical restorative supervision and/or facilitated reflection time and space?				
Do you have a mentor to support your nursing career?				
Do you have a coach to support your nursing career?				
Do you have access to formal education and research opportunities?				
Do you have a personal and professional development plan?				
Have you had an appraisal or professional development review (PDR) in the last year?				
Did you identify training needs in your appraisal or PDR?				

The nursing workforce or nursing team		Yes	No	N/A	Comments and examples
7d	Are your agreed training needs reviewed and actioned within the agreed timeframe?				
	In your opinion, are the appropriate education and training opportunities offered and accessed fairly? If not, do you know how to raise a concern and to get the support you need? **rcn. org.uk/employment-and-pay/raising-concerns**				
	Are concerns raised documented and responded to?				
	Do you have access to a careers' advice team?				
	Do you have access to rotation opportunities?				
	Do you have access to secondment opportunities?				
	Have you had an opportunity to undertake any leadership training, regardless of your role or level of nursing? If yes, what training have you undertaken?				
7e	Do you always complete your mandatory, statutory and CPD within your working hours?				
	If you have undertaken training outside of working hours, have you been given time off in lieu (TOIL)?				
	Where no TOIL was offered, what was the reason?				
	Do you report and capture the times you have worked outside your working hours? (eg, complete CPD/training, finished late, not taken your break, etc).				
7f	Do you have access to nursing educators and professional development teams to support evidence-based nursing, lifelong learning and CPD?				
7g	Have you had a study day cancelled in the last 6 months due to staff shortages?				
	As an RN lead/nursing educator/ professional development team, do you capture data on training/CPD session cancellations?				
	Is this data utilised to understand the headroom or uplift requirement for staffing establishments reviews?				

STANDARD 8
When calculating the nursing workforce establishment whole time equivalent, a minimum uplift (or headroom) of 27% will be applied that allows for the management of planned and unplanned absence.

	The nursing workforce or nursing team	Yes	No	N/A	Comments and examples
8a	Do you know the percentage uplift or headroom or timeout for your service? (eg, percentage for annual leave, study leave, sickness absences, parental leave, compassionate leave, jury service, etc.) Please state what percentage?				
	Is there additional uplift/headroom/timeout to cover maternity, paternity or adoption leave? If yes, what is the percentage?				
	Does the uplift/headroom sufficiently allow 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 or headroom or timeout?				
	Is the uplift or headroom or timeout set based on specific services, or standardised for the whole organisation?				
	Is any uplift or headroom or timeout kept centrally in your organisation? (eg, maternity/paternity/adoption leave).				
	Do you use an evidence-based workforce tool to set staffing establishments? If yes, which tool?				
	Have you had up to date training on using this tool? If yes, how long ago?				
	Do you think the tool offers you the right staffing levels?				
	If you do not use or have a workforce planning tool, do you capture your workload? (eg, numbers of clinic attendees, length of procedures and consultations, numbers of reviews and referrals, outreach or home visits, etc).				
8b	Do you think your professional judgement is considered when staffing decisions are made?				
	Do you have access to live staffing information across your workplace/organisation? (eg, staffing dashboard, staffing reports, operational pressures escalation levels (OPEL) reports, board papers, etc).				
	Are staff redeployed to other areas?				
	On average, how many staff are redeployed to other areas in your organisation on any given shift/day? Please state:				

The nursing workforce or nursing team	Yes	No	N/A	Comments and examples
8b Are you able to decline to redeploy your staff to other areas when you feel unsafe due to skill mix or staffing numbers?				
Have you experienced negative consequences due to declining redeployment?				
Do you feel that your workplace environment is considered when staffing decisions are made? (eg, number of single rooms, the environmental layout, location, closeness to other teams/ services, etc).				
Do you feel that your skill mix is considered when staffing decisions are made? (eg, numbers of newly registered staff, return to work staff, supernumerary staff, etc).				
Do you feel that students are truly supernumerary when on placement? (ie, not counted in the numbers, not used as nursing support workers, they have supervisors and assessors).				
Are you able to reduce your service provision if you do not have the right staffing levels? (eg, close beds, pause or stop new admissions, cancel appointments, rebook patients, refer to alternative clinicians, deferrals etc).				
Have you had to open extra capacity in areas not originally designed for patient/service user care? (eg, corridors, boarding on the wards, extra chairs/beds, one-upping, temporary escalation spaces, "fit to sit", etc).				
Do you capture data on numbers of patients and service users looked after in such temporary areas?				
Do you capture data on the length of time patients and service users spend in such temporary areas?				
When extra capacity is opened, do you have additional nurse staffing to support the extra patients and service users? If no, what actions did you take?				
Have you reported harm or near misses due to low staffing?				
Have you reported harm or near misses due to using areas not originally designed for caring for patients/service users? **rcn.org.uk/employment-and-pay/raising-concerns/Raising-concerns-template-letter**				
Did you receive appropriate feedback?				

The nursing workforce or nursing team		Yes	No	N/A	Comments and examples
	Were appropriate actions taken because of your report? If yes, what actions?				
8b	Does your current staffing level allow for your RN Lead to support staff appropriately? (eg, phased return, clinical/restorative supervision, capability support, time to access nurse advocates/clinical psychologists, team building activities, team meetings, etc).				

STANDARD 9
If the substantive nursing workforce falls below 80% for a department/team, this should be an exception, a red flag. It must be escalated, recorded and reported to the board/senior management and shared with staff representatives/trade unions.

	The nursing workforce or nursing team	Yes	No	N/A	Comments and examples
9a	Do you raise a red flag or report an incident when more than 20% of staff working in your area are non-substantive (bank, agency or redeployed)?				
	Is data on the use of non-substantive staff captured and reported to the board or senior management team?				
	Is there a policy on booking non-substantive staff in your organisation?				
	Are there any key performance indicators (KPIs) based on the utilisation of a non-substantive workforce?				
	Are all nursing vacancies recruited to as soon as possible?				
	Do you know your current vacancy rate? If yes, what is the vacancy rate?				
	Have there been any recruitment freezes in your organisation in the last year?				
	Have there been large scale voluntary redundancy schemes for nursing staff in your organisation in the last year?				
9b	Is staffing redeployment used to plug staffing gaps in your organisation?				
	As an RN lead, are you able to decline to redeploy your staff to other areas when you feel unsafe due to skill mix or staffing numbers?				
	As the RN lead, have you experienced negative consequences due to declining redeployment?				
	Are there any "hot spots" or challenged areas in your organisation? (ie, areas which are regularly understaffed due to unplanned and/or long-term sickness/absences).				
	Is there any work ongoing to support these "hot spot" or challenged areas to improve staffing levels? If yes, what support?				
	Do you have inductions and orientation in every new area?				
	Are you given handovers for the patients and service users you are responsible for?				
	Are you given information on how to report incidences?				

Redeployed, bank, agency or locum staff		Yes	No	N/A	Comments and examples
9b	Are you given information on how to raise concerns?				
	Are you in charge, or have you been expected to take charge, of an area?				
	Are you able to report incidences and have digital access if required?				
	Do you feel psychologically safe and that your wellbeing is prioritised?				
	Do you have access to clinical supervision and reflection?				
	Have you found it easy to revalidate as a temporary worker? (eg, support to get CPD hours, reflection opportunities, feedback etc).				
	Do you feel safe to raise and escalate concerns?				
	Do you receive feedback on concerns raised?				
	Are you treated with fairness, respect, dignity and are your rights protected?				
	Are you frequently redeployed to support other areas? (eg, two or more times a shift/day).				
	Is the potential impact on staff wellbeing due to frequent staff redeployment discussed and understood by your employer (ie, both your host organisation and agency/bank/locum managers)?				
	Are you included in such discussions and your voice represented? If yes, how?				
	Have you been excluded from future bookings after refusing to be redeployed?				
	Is the need to agree to redeployment a part of your contract as a locum/bank/agency staff/ permanent staff?				
9c	Do you feel competent and confident to work in your allocated area? (ie, have the right knowledge, skills, and experience with regards to the area, the patients/service users or the job assignment, etc).				
	Are you able to access essential IT systems to deliver safe and effective care? (eg, medication charts, medical and nursing documentation, security doors as needed, etc).				

Redeployed, bank, agency or locum staff		Yes	No	N/A	Comments and examples
9d	Have you had occupational health assessment and clearance to undertake your role?				
	Do you have any personalised risk assessments or reasonable adjustments? (eg, due to pre-existing medical conditions, disabilities, and or additional learning needs, etc).				
	Are these risk assessments and safety plans supported when you go to different workplaces?				
9e	Do you feel welcomed and valued as part of your new temporary team?				
	Can you raise concerns with both your contracted and temporary employers? (eg, patient/service user safety concerns, discrimination, unfair treatment, violence and aggression, etc).				
	Have you received any responses or follow ups from concerns raised? If yes, how did you get the responses?				
	Are you included in patient safety investigations?				
	Are you informed of the patient safety learning outcomes following these investigations.				
	Are you offered opportunities to reflect after these investigations?				
	Are you offered opportunities to debrief after a challenging or stressful experience at work?				

STANDARD 10				
All members of the nursing workforce must be appropriately prepared and work within their scope of practice and (for registrants) in accordance with the NMC Code.				

The nursing workforce or nursing team		Yes	No	N/A	Comments and examples
10a	Did you have an induction when you started your role?				
	Do you have access to the right education, training, development and supervision in keeping with your level of nursing (ie, supportive, assistive, registered nurse, enhanced, advanced, and consultant)? See: **rcn.org.uk/Professional-Development/ Levels-of-nursing** and **rcn.org.uk/Professional- Development/Defining-nursing-support- workers-and-their-level-descriptors**				
	Are all your required training and education for your role complete and up to date?				
	Have you had discussions on your role, your responsibilities and delegation with your line manager?				
	Do you fully understand your scope of practice? (eg, what you can or cannot do at work or at placement).				
10b	Do you know what substitution is? Please see: **rcn.org.uk/Professional-Development/ Registered-nurse-substitution**				
	Have you observed any role substitutions taking place in your workplace? If yes, what have you observed?				
10c	Do you know your current level of nursing? (eg, newly registered nurse, enhanced RN, advanced RN, consultant RN, supportive or assistive.) If yes, what is your level of nursing?				
10d	Are your newly appointed staff given a period of supernumerary time? If so, how much time?				
	Are the newly registered nurses on structured preceptorship or flying start period?				
	Are staff returning to nursing given structured preceptorship programmes, supervision and support?				
	Have your newly appointed staff (including staff recruited from outside the UK) been given structured induction, preceptorship, support and supervision as they settle into their new roles?				

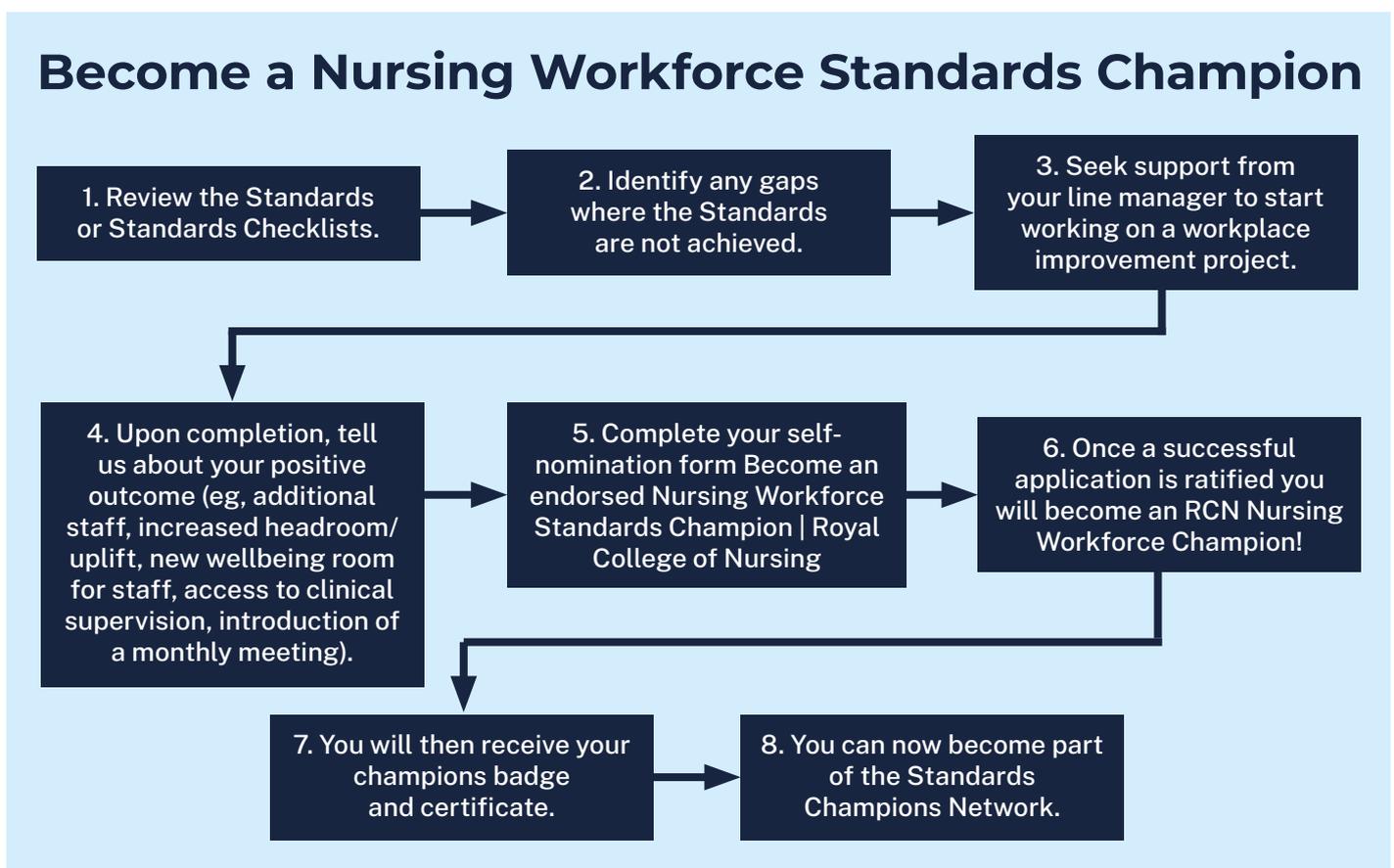| The nursing workforce or nursing team		Yes	No	N/A	Comments and examples
10d	Are all nursing students given support and supervision whilst on placement? (eg, they are 100% supernumerary).				
	Are practice learning supervisors and assessors up to date with their training to be able to effectively support students?				
	Do you have a student lead in your team to support students before, during and after their placements?				
	Do you have placement resources for students to understand your workplace, explore the learning opportunities and support available to them?				
	Do you liaise with the approved education institution to understand student experiences of placement and work to create good learning environments?				
	Is there a link lecturer for the placement area and a tripartite process for student concerns?				
	Do you have an up-to-date Nursing and Midwifery Council (NMC) placement audit to support student placement?				
10e	Is leadership at all levels supported and encouraged in your team?				
	If so, what approach of leadership is encouraged in your workplace eg, distributed leadership, values based, compassionate, transformational, etc?				
	Are you encouraged to come up with solutions when problems arise at work?				
	Is speaking up or raising concerns 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.
- Attend quarterly meetings for updates, support, and networking.

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

Become a Nursing Workforce Standards Champion

1. Review the Standards or Standards Checklists. →
2. Identify any gaps where the Standards are not achieved. →
3. Seek support from your line manager to start working on a workplace improvement project.

4. Upon completion, tell us about your positive outcome (eg, additional staff, increased headroom/uplift, new wellbeing room for staff, access to clinical supervision, introduction of a monthly meeting). →
5. Complete your self-nomination form Become an endorsed Nursing Workforce Standards Champion | Royal College of Nursing →
6. Once a successful application is ratified you will become an RCN Nursing Workforce Champion!

7. You will then receive your champions badge and certificate. →
8. You can now become part of the Standards Champions Network.

To become a Nursing Workforce Standards Champion

Expression of interest form

rcn.org.uk/join-the-rcn/Become-a-nursing-workforce-standards-champion

Self-nomination form

rcn.org.uk/join-the-rcn/Become-https://www.rcn.org.uk/Professional-Development/Nursing-Workforce-Standards/Nursing-Workforce-Standards-Champions/Become-an-endorsed-Nursing-Workforce-Standards-Champion a-nursing-workforce-standards-champion