ASK. LISTEN. ACT.

USING THE NURSING WORKFORCE STANDARDS TO IMPROVE THE WORKING LIVES OF MEMBERS

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FOREWORD

This second edition of your *Ask. Listen. Act* booklet has been revised following the launch of the RCN's *Nursing Workforce Standards* in May 2021.

A working group of RCN reps and staff came together to review the *Nursing Workforce Standards*. The overwhelming feeling was that they spell out the link between working conditions and patient care in a way that will help people understand trade union activity in a professional context.

They can be used by reps and branches to start a conversation about what you experience in the workplace and to work proactively with members, other trade unions and senior managers to highlight and address system-wide issues.

In this way you can move the conversation from "who went wrong and how can we blame them" to "what went wrong and how we can fix it".

Working with the *Standards* will help you to consider your workplace through both a trade union and a professional lens, with the security of knowing that you are backed up by the RCN as your professional body and trade union.

We found that there was a natural alignment between the *Standards* and our *Ask. Listen. Act* first edition and we agreed to bring the two together in this new edition.

You can use this booklet to help you prepare for meetings – either in your workplace or with your RCN officer – or during meetings to quickly check that you have covered the main points you want to raise.

HOW TO USE THIS BOOKLET

The guiding principle behind "ask, listen and act" is to pick up issues before they become major problems.

By asking questions and analysing the information you receive you can identify workplace issues that are impacting on members and their practice. You can then work together with members and other trade union colleagues to think about what action or influencing is needed to tackle those issues promptly and positively.

The process does not only flag issues, it can also identify areas of excellence that can then be shared more widely across the workplace.

The RCN's *Nursing Workforce Standards* provide a really good framework when you are thinking about what kind of questions you might ask.

They are grouped into three key themes:

responsibility and accountability

clinical leadership and safety

health, safety and wellbeing.

Within each of these areas there are key standards (14 in total) which the RCN expects to see delivered, wherever you work.

For each standard, we have suggested questions you might ask, things to think about and actions that you could take. It is by no means an exhaustive list but is a great starting point for identifying and acting on early signs of workplace issues.

Equality and inclusion

Standard 12 specifically sets out that the nursing workforce should be treated with dignity and respect, be enabled to raise concerns without fear of detriment, and have these concerns responded to.

While it is helpful to have that clearly set out, it is important to remember that issues of equality, diversity and inclusivity apply across all standards.

You should always be mindful of whether or not certain groups of members are being unfairly impacted by any aspects of your workplace because of their specific characteristics, for example, age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, political opinion (Northern Ireland), sex and sexual orientation.

Asking questions

You might want to concentrate on a few of the standards at a time. Think about whether there is one in particular that you need to concentrate on at the moment.

Think about:

- How you ask. It might be you who asks a question, or it might be better to influence someone else to ask it, for example, the staff-side chair.
- Where it is best to ask key questions (or arrange for them to be asked), for example, Joint Negotiating and Consultative Committee (JNCC)/Partnership Forum (or equivalent), Health and Safety Committee, board meetings, request one-to-ones with key people.
- Who you need to involve in your workplace, for example, the director of nursing/lead nurse, other RCN reps, other union reps?
- What you'll do with the answer. How will you share the intelligence or data you obtain within your workplace and with your RCN regional/country office? How will you record any agreed joint actions?

- Are you seeing evidence of a significant breach of the *Nursing Workforce Standards*? If you think that there are signs of a significant breach you will need to alert your RCN regional/country office immediately and use your workplace systems for reporting serious concerns.

Sources of information

You will find many sources of information that you can draw on as a rep:

- Internal sources – your employer's policies, accident/incident/near miss reports, complaints data, risk registers, protocols etc can provide workplace-specific information to support you in raising and addressing issues. Have members raised any related issues with you about the area you are looking into? Could you get some additional feedback from members to strengthen your question?

- External sources – for those working in the NHS, the NHS Staff Survey provides a key measure of job satisfaction among NHS staff by employer. Regulatory body – or other inspectorate – reports can also provide valuable information about areas of improvement for your workplace that have been identified by external assessors.
- RCN sources – you can access a wealth of resources, evidence and good practice guidance from the RCN Library.

The Library team is always on hand to support you, but, for each of the 14 *Nursing Workforce Standards,* we've suggested some key words that might kick start your search.

THE STANDARDS

Responsibility and accountability

Clinical leadership and safety

Health, safety and wellbeing

RESPONSIBILITY AND ACCOUNTABILITY

Staffing for safe and effective care

For many years, the RCN has been drawing attention to the gap between the current size of the workforce and what is required to meet the health and care needs of the population. In all types of settings, nursing staff describe the impact that shortages and increasing demand have on their ability to deliver safe and effective care.

But it's about more than the numbers; it is about having the right number of nursing staff, with the right skills, in the right place, at the right time. As reps you also know that this is at the root of many of the concerns, issues and member cases that you deal with.

At a local level, you can ask questions about leadership and accountability for decision making including evidence, reporting and crisis management.

Leadership and accountability

Standard 1: Executive nurses are responsible for setting nursing workforce establishment and staffing levels. All members of the corporate board of any organisation are accountable for the decisions they make and the action they do or do not take to ensure the safety and effectiveness of service provision.

Ask:

- Who is the named board lead with operational responsibility for ensuring the nursing workforce can provide safe and effective care?
- Have the agreed nurse staffing levels been signed off by the named executive/senior lead?
- Is staffing a standing item on board agendas?
- Is there a board-approved risk management and escalation process in place to enable real-time nurse staffing risk escalation and mitigation, with clear and transparent procedures to address severe and recurrent risks?

Think about:

- Do you have a relationship with the executive lead for nursing?

Act:

- Can you set up a meeting or use an existing opportunity to start a conversation with the executive lead for nursing about staffing levels?
- Is there a way for you to access your employer's staffing risk management and escalation process so you can share and discuss it with your officer and other trade union rep colleagues?

Search terms:

Nursing establishment, nurse staffing.

Workforce levels and service demand

Standard 2: Registered nurse and nursing support workers establishments should be set based on service demand and the needs of people using services. This should be reviewed and reported regularly and at least annually. This requires corporate board level accountability.

Ask:

- Is workforce data reviewed monthly by the board, including monitoring of 'red flags' such as staff sickness and turnover levels?

- What workforce and workload planning strategies are used in your workplace?
- Where can you find data on feedback from patients and their families?
- Do organisational/service change proposals trigger a review of staffing levels?
- Are student nurses supernumerary? **Student nurses must not be counted in the nursing establishment figures.**
- Do planned nursing staffing figures only count staff providing nursing care? Support staff, for example, clerical and catering staff, should not be included.

Think about:
- What are members telling you about staffing levels in their wards/areas?
- Are there any particular hotspots where staff are reporting feeling unsafe?
- What are the local processes for raising/escalating concerns about staffing?
- Are staff using local processes to report/record their concerns?
- Is there a shared commitment to learning from patient feedback?
- Are senior managers committed to early engagement and communication with staff on emerging issues?

Act:
- Can you bring colleagues together to find out what they think about staffing in your workplace and what they are prepared to do about it?
- Is there a way for you to access information about feedback or reported concerns about staffing?
- Can you identify an opportunity in a suitable forum, for you and others to raise concerns about staffing?

Search terms:
Nursing establishment, nurse staffing, raising and escalating concerns.

Staffing during change or a crisis

Standard 3: Up-to-date business continuity plans must be in place to enable staffing for safe and effective care during critical incidents or events.

Ask:

- Are there business continuity plans for dealing with critical incidents or events?
- Do the plans contain appropriate systems to enable continued delivery of services at acceptable, predefined levels during a disruptive incident?
- Do the plans consider impacts on staffing, including redeployment?
- Have plans been developed in consultation with nursing leaders and staff side/recognised trade unions?
- How regularly are plans reviewed and tested?

Think about:

- How might the plans affect patient/client experience?
- Could any staff/RCN members be adversely affected in terms of their employment/terms and conditions/ health and safety?

- Could any RCN members face redeployment?
- Are formal processes and timescales being adhered to by management/HR? Is there any aspect of the planning process that you need to challenge?
- What are members across the organisation saying to you about the plans?

Act:

- Is there a way for you to access the business continuity plan so you can share and discuss it with your officer and other trade union rep colleagues?
- Can you add an agenda item on the next staff-side meeting to look at issues around staff redeployment with your trade union rep colleagues?

Search terms:

Business continuity, critical incidents, redeployment.

Workplace relations

'Fair pay' and 'terms and conditions' are catch-all statements that bring together all the different factors that contribute to your experience at work.

As well as your pay and contract this is also about the ongoing discussions, plans and decisions that affect your ways of working, development and health and safety.

Recognition is when an employer formally recognises a union such as the RCN and provides staff with a collective voice and individual representation if needed.

The NHS has a collective recognition agreement with all healthcare unions and many of the larger independent sector employers have recognition agreements with the RCN.

Facilities agreements cover all aspects of employment relations between trade unions and employers including negotiation and collective bargaining mechanisms and rights, paid time off for reps, and access to rooms and resources.

Partnership forums or workplace committees provide a formal mechanism to support discussions and negotiations. The meetings will usually include a mix of regular reports with data and proposals or matters for discussion.

Where there isn't a formal recognition or facilities agreement reps can still tap into or create mechanisms that support partnership working and ensure the nursing voice is heard.

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Partnership working for fair pay, terms and conditions

Standard 4: The nursing workforce should be recognised and valued through fair pay, terms and conditions.

Ask:

- How does your organisation consult with staff on key issues? Is there formal recognition and a partnership forum?
- What are the terms of reference for any partnership forum/workplace committees you attend?
- When do meetings take place and who is invited?
- What are the agreed processes for sharing information from the meetings with staff and union members?
- Is there a facilities agreement and what provisions are outlined to help you?

Think about:

- Is the facilities agreement up to date and adhered to?
- What is the level of senior management commitment to workplace committees/forums?
- Are meetings regularly scheduled and with enough advance notice?

- Is the RCN represented? If not, why not?
- Do you have good relationships with reps from the other recognised trade unions?
- Are you receiving the agreed set of data and reports for meetings, or are reports missing?
- Is there a joint approach to tackling identified issues with management and other recognised unions?
- Is the business of workplace meetings conducted openly and transparently?
- Do all parties demonstrate mutual respect for one another's roles and a commitment to fair process?

Act:

- Can you bring an agenda item to staff side about fair pay and the RCN's pay campaign?
- Can you bring colleagues together to find out what they think about staffing in your workplace and what they are prepared to do about it?

Search terms:

Recognition agreement, partnership working, Fair Pay for Nursing, Staffing for Safe and Effective Care.

CLINICAL LEADERSHIP AND SAFETY

The RCN doesn't just work in partnership with clinical leaders – we are nurse leaders.

As reps, you can help create a culture that ensures there are nurses in leadership roles and, when they are in post, they are given the time and resources to do their role well. We also need to hold our nurse leaders to account and support them to identify issues and concerns and consider actions for improvement.

Clinical team/ service leadership

Standard 5: Each clinical team or service that provides nursing care will have a registered nurse lead.

Ask:

- Do all services that employ nursing staff have a registered nurse as part of the leadership team?
- Do nursing staff working within a multi-disciplinary team which is not led by a registered nurse have a clear professional line and access to clinical nursing leadership?

Think about:

- Are there any hotspots where reported levels of clinical/serious untoward incidents (SUIs) might suggest issues around clinical leadership?
- Are members able to access nursing leadership for NMC revalidation?
- What are members saying to you about the clinical leadership within their service area?

Act:

- Is there a way for you to access information about recorded incidents so you can share and discuss it with your officer and other trade union rep colleagues?
- Can you meet with clinical leaders in your organisation to raise identified concerns? Could you bring members with you to share their experiences?

Search terms:

Serious untoward incidents, clinical leadership.

Resourcing clinical leadership

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.

Ask:
- Are registered nurse leads **supervisory** so that they have time to undertake the full range of clinical leadership activities?
- If not, what rationale has been documented, agreed by the board and highlighted to commissioners/regulators?
- Are registered nurse lead roles in the leadership team reflected and incorporated into job descriptions to ensure the additional workload and time management are included?

Think about:
- Do you have a relationship with the registered leads for nursing in your workplace?

Act:
- Can you set up a meeting with registered leads for nursing in your workplace or use an existing opportunity to start a conversation with them about nursing staff levels?

- Are there members who might be prepared to join you for the meeting to share their experiences and concerns?

Search terms:
Clinical leadership, nursing leadership.

Practice and staff development

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 requirements and skill mix within the team.

Ask:
- What are the organisational completion rates on nursing staff appraisals?
- What is the organisational spend on staff training and development?
- What are the organisational rates for mandatory training and for course cancellations?
- How are nursing staff supported to access clinical training and development?

Think about:

- How do nursing staff compare with other clinical colleagues in terms of their access to appraisal, personal development, mandatory training, clinical training and development and proportion of training budget spend?
- Are there any groups of nursing staff who are unfairly treated in terms of their access to development, for example, part-time staff?
- Do staffing challenges impact the ability of nursing staff to access development opportunities?
- Are some nursing staff failing to progress through increment/pay gateways due to a lack of access to development opportunities?
- Is lack of nursing staff development impacting negatively on patient/client safety and/or experience?
- What are members across the organisation saying to you about staff development?

Act

- Is there a way for you to access information about staff learning and development so you can share and discuss it with your officer and other trade union rep colleagues?

- Can you use planned learning events as an opportunity to connect with members (and potential members) to discover what they think about staff development in your organisation?

Search terms:

Mandatory training, appraisal, practice development.

Planned and unplanned leave

Standard 8: When calculating the nursing workforce Whole-Time Equivalent (WTE) an uplift will be applied that allows for the management of planned and unplanned leave and absence.

Ask:

- How is staff uplift calculated for nursing staff and does it take into account planned and unplanned leave?
- What are the current nursing staff absence rates?

Think about:

- Are there any hotspots where planned or unplanned leave of nursing staff impacts significantly on service provision?

- What are members telling you about the issue of planned or unplanned leave and absence?

Act:

- Is there a way for you to access information about staff absence rates so you can share and discuss it with your officer and other trade union rep colleagues?
- Can you bring colleagues together to find out what they think about organisational leave arrangements and what they would like to work together to improve?

Search terms:

Nurse staffing calculator, nurse absence rates.

Management and escalation of nursing workforce challenges

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.

Ask:

- What is the current level of substantive nursing workforce across the organisation?
- What are the current levels of agency and bank staff usage/expenditure?
- What arrangements are in place for bank and agency staff induction/orientation?

Think about:

- Are there any hotspots where levels of bank and/or agency staff usage are above average for the organisation?
- What are members telling you about the current levels of bank and agency staff usage?

Act:

- Is there a way for you to access information about staff absence rates so you can share and discuss it with your officer and other trade union rep colleagues?
- Can you bring colleagues together to find out what they think about bank and agency usage and what they would like to work together to improve?

Search terms:

Nursing workforce, nurse absence rates, bank and agency usage.

Staff Support

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.

Ask:

- What induction frameworks for new staff are in place in your organisation?
- How accessible are the supervision and/preceptor framework for nursing staff?
- What proportion of nursing staff have a named supervisor?
- What support is available to staff around revalidation requirements?
- How are nursing staff supported to access continuing professional development?

Think about:

- What proportion of nursing staff have had a formal induction?
- Does current supervision/preceptorship practice meet framework requirements?
- Are some nursing staff reporting that they have been pressured into undertaking tasks/duties where they have stated they do not feel qualified/competent[1]?

- What is your employer doing to support nursing staff with revalidation?
- Are some groups of nursing staff being unfairly treated in terms of access to professional support, for example, night/part-time staff?
- Is there a knock-on negative impact on patient/client safety and/or experience?
- What are members across the organisation saying to you about staff support?

Act:

- Can you set up a meeting with professional development leads for nursing in your workplace to start a conversation with them about learning and development support for existing nursing staff?
- Can you get access to new starters and/or internationally recruited nurses to find out how they feel about the support offered to them and what they would like to work together to improve?

Search terms:

Induction, supervision, preceptorship, professional development.

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[1] The Code. Professional standards of practice and behaviour for nurses and midwives (Sections 13 and 16) Available at **nmc.org.uk/globalassets/ sitedocuments/nmc-publications/nmc-old-code-2015.pdf**

HEALTH, SAFETY AND WELLBEING

Healthy workplaces have high quality employment practices and procedures which promote health, safety and wellbeing through several different domains including safety at work, dignity, development, work/life balance and by creating jobs that provide a degree of autonomy and control.

Rostering and shift patterns

Standard 11: Rostering patterns for the nursing workforce will take into account best practice on safe shift working. Rostering patterns should be agreed in consultation with staff and their representatives.

Ask:

- What type of nursing shift patterns are in use across the organisation? Are shift patterns forward rotating, in line with Health and Safety Executive Guidance[2]?
- What policies are in place around flexible working requests and work/life balance?
- What are staff entitlements on rest breaks and compliance with working time regulations?

[2] Shift patterns where the worker progresses from morning to afternoon to night shifts in a clockwise direction.

- What are current levels of staff sickness absence?

Think about:
- How is safety critical and physically demanding nursing work factored into local decisions around shift pattern usage?
- Are there any hotspots in terms of staff sickness absence?
- What are members telling you about shift patterns, requests for flexible working and rest breaks?

Act:
- Is there a way for you to access information about staff sickness absence so you can share and discuss it with your officer and other trade union rep colleagues?
- Can you bring colleagues together to find out what they think about organisational policies around flexible working and sickness absence and what they would like to work together to improve?

Search terms:
Nurse rostering, nursing shift patterns, flexible working, forward-rotating schedules.

Dignity and respect

Standard 12: The nursing workforce should be treated with dignity, respect, and enabled to raise concerns without fear of detriment, and to have these concerns responded to.

Ask:
- Is there a session on the corporate induction programme to talk to new staff about the RCN?
- What complaints data is held by the organisation and where can you access it?
- What data is available on trends to do with stress levels, bullying/harassment, exit interview themes?
- What do (NHS) staff survey results say about your organisation?

Think about:
- Is the RCN visible and accessible to members?
- Is there anything in your casework patterns and contact with members that suggests a poor workplace culture that could impact on patients and/or staff?
- Is there a joint commitment to agreed timescales and procedures when you are representing members through formal processes?

- Are there worrying trends or hotspots around, for example, complaints, stress levels, bullying or harassment?
- Does your organisation enforce its own policies and take action against discrimination?
- Do all parties demonstrate mutual respect for one another's roles and a commitment to fair process?

Act:

- Can you arrange for a session on the corporate induction programme to talk about the RCN?
- Is there a way for you to access information about bullying/ harassment and stress levels so you can share and discuss it with your officer and other trade union rep colleagues?
- Can you bring an agenda item to staff side about organisational performance on treating staff with dignity and respect?
- Can you create an opportunity for colleagues to come together to share their experiences of how they are treated by your employer?

Search terms:

Stress, bullying, harassment, complaints, workplace culture, raising and escalating concerns.

Staff health and safety

Standard 13: The nursing workforce is entitled to work in healthy and safe environments.

Ask:

- Are key policies and procedures in place around formal processes, for example, raising concerns, grievance, disciplinary?
- What information is available on trends to do with formal processes, for example, raising concerns, grievance, disciplinary, patient complaints?
- What information is available on recorded incidents, accidents, near misses and risk assessments[3] across a range of categories including:
  - violence and aggression
  - back and musculoskeletal disorders
  - work-related stress
  - infection
  - lone working.
- What proportion of recorded incidents have involved nursing staff?
- Where can you find workplace inspection and audit reports?

[3]Safety reps have a legal entitlement to workplace data around health and safety under the SRSC Regs 1977/Brown Book

- Where can you access information on investigations or disciplinary action involving nursing staff?

Think about:

- Does management/HR share data around trends, for example, raising concerns, grievance, disciplinary?
- Are there any concerning patterns around:
  - patient and/or nursing staff safety being potentially compromised
  - health and safety (H&S)/clinical risk monitoring procedures not being followed
  - nursing staff being subject to disciplinary action following patient incidents/accidents/ near misses.
- Are there any patterns/hotspots, for example, particular service areas?
- Does management/HR work with you to minimise resorting to formal processes involving members?
- What are members across the organisation saying to you about accidents and incidents?

Act:

- Is there a way for you to access information about accidents, incidents and complaints so you can share and discuss it with your officer and other trade union rep colleagues?

- Can you bring an agenda item to your organisational health and safety committee about staff health and safety?
- Can you create an opportunity for colleagues to come together to share experiences of how safe they feel when they are at work?

Search terms:

- Raising concerns, grievance, disciplinary, accident and incident reporting.

Staff wellbeing

Standard 14: The nursing workforce is supported to practise self-care and given opportunities at work to look after themselves.

Ask:

- What policies are in place around staff wellbeing and self-care?
- What initiatives are in place within the organisation to promote and support healthy lifestyle choices?
- What support is available for nursing staff through occupational health and other wellbeing services?
- What information is available on current sickness absence/ presenteeism rates?

- What information is available on reported work-related stress and bullying and harassment?
- What are the current vacancy rates for nursing staff posts?
- Does exit interview data show up any reported trends?
- What occupational health/ employee assistance programme health data is available on nursing staff – themes and trends.

Think about:

- Are there any concerning patterns around:
  - wellbeing of nursing staff being compromised
  - patient and/or nursing staff safety being potentially compromised
  - H&S/clinical risk monitoring procedures not being followed
- Are there any patterns/hotspots, for example, in particular service areas?
- What are members across the organisation saying to you about staff wellbeing?

Act:

- Is there a way for you to access information about bullying/ harassment, sickness absence and stress levels so you can share and discuss it with your officer and other trade union rep colleagues?

- Can you bring an agenda item to staff side about organisational performance on supporting staff wellbeing?
- Can you create an opportunity for colleagues to come together to share their experiences of how they feel their wellbeing is supported by your employer?

Search terms:

- Staff wellbeing, self-care, nurse sickness absence, nurse presenteeism.

TAKING ACTION

What do you do if you've identified an area where your organisation isn't meeting the *Nursing Workforce Standards*?

What is the issue?

Try and capture the issue and describe it in a short 'problem statement' that everyone would understand. Consider if it is happening to a few people or is more widespread and if anyone has raised the issue already.

Try and connect it to the *Nursing Workforce Standards*, for example:

- *Standard 3 states that 'Up-to-date business continuity plans must be in place to enable staffing for safe and effective care during critical incidents or events'. The plans we have accessed are not current or reflective of the current workplace or practice. This has already been raised by [insert name] and no action has been taken.*

If you think the issue represents a significant breach of the *Nursing Workforce Standards* you will need to alert your RCN regional/country office immediately and use your workplace systems for reporting serious concerns.

What is your ideal outcome?

Now link your statement with a clear desired outcome that will be effective in the long term.

We would like a revised continuity plan to be created in partnership with staff.

What needs to be done to achieve that outcome?

This depends on the issue and the energy and influence needed for the desired outcome.

You might:

- take the issue to your local RCN branch
- work with other unions to raise it at staff side
- talk to the people you know can make the change quickly
- arrange a meeting for members to come together to discuss the issue and agree what they would like to do about it.

Having built great relationships with senior staff, you might get your outcome by simply going directly to them. This can feel like the quickest and best action but the downside of work that happens behind the scenes is that members don't see it or feel part of it. Try to include members wherever you can so that they can own the issue and any positive results.

Who can help?

Every issue will require a different approach and different people to make it happen. The constant in all of that will be your RCN officer. Talk to them as soon as you see something on the horizon and work through these steps together.

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DID YOU KNOW?
LV= have regional managers to support activity across all 12 RCN countries and regions.

Our Regional managers attend national and regional events throughout the year and will be delighted to hear from you. They can provide LV= branded material to support your events, posters for worksite noticeboards etc. Please check below for your LV= contact

Northern Ireland, Scotland, Wales, North West, South West and West Midlands – Colette Baker – Tel 07867 558835 – **Colette.Baker@lv.co.uk**

Eastern, East Midlands, London, Northern, South East and Yorkshire & Humber – Gavin Stroud – Tel 07855 964 926 – **Gavin.stroud@lv.co.uk**

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