Royal College of Nursing

RCNREP

ASK. LISTEN. ACT.

Using the Nursing Workforce Standards to improve the working lives of members

RCN INSTITUTE OF NURSING EXCELLENCE

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Foreword

This third edition of your Ask. Listen. Act. booklet has been revised following the review and launch of the second edition of the RCN's *Nursing Workforce Standards* in May 2025.

We believe that the revised *Nursing Workforce Standards* clearly spell out the link between working conditions and patient care in a way that helps everyone 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.

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.

Equity and inclusion

Standard 12 specifically sets out that the nursing workforce should be treated with dignity and respect, and work in environments where equity, diversity and inclusion are embedded in the workplace culture.

While it is helpful to have that clearly set out, it is important to remember that issues of equity, 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.

Also think about whether your employer is ensuring that their workplaces are fully inclusive in culture and are anti-discriminatory and anti-racist.

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?
- 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
- what you'll do with the answer.

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?
- You could use the RCN *Nursing Workforce Standards checklist* to help focus your question **rcn.org.uk/download-standards-checklist**
- RCN sources – you can also access a wealth of resources, evidence and good practice guidance from the RCN Library.

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.

The RCN's 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

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. Your staff side and partnership forum meetings provide key opportunities for you to raise these questions.

Leadership and accountability

Standard 1: All organisations providing, contracting, or commissioning nursing services must have an executive level registered nurse on the board who is responsible for setting the nursing workforce establishment and the standards of nursing care. All members of the board are accountable for the provision of a nursing workforce that will 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: The nursing workforce establishment must be set based on evidence, population health, demand and access to services. This should be reviewed, recorded and reported regularly and at least annually by the board.

Ask:

- Is workforce data reviewed monthly by the board, including monitoring of 'red flags' such as staff sickness and turnover levels?
- Have registered nurse-to-patient ratios been set for any areas in your workplace? If so, are these being monitored and met by your employer?
- Do planned nursing staffing figures only count staff providing nursing care? Support staff, for example, clerical and catering staff, should not be included.

- How often are nursing establishments reviewed?
- Do organisational/service change proposals trigger a review of staffing levels?
- Are financial challenges impacting on staffing recruitment (for example, recruitment freezes, redundancy, or closed beds?
- Are student nurses supernumerary? **All pre-registration nursing students must be 100% supernumerary whilst on placement.**

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 always be in place to enable staffing for safe and effective care during critical incidents or events.

Ask:

- Are key policies and procedures in place around formal processes, for example, raising concerns, grievance, disciplinary?
- 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?
- Do serious concerns and/or incidents affecting safety and/or quality of care trigger a review of the business continuity plan?
- Do staff feel able to raise concerns easily?
- Do you have Freedom to Speak Up Guardians/champions?
- 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?

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?
- Does management/HR share data around trends, for example, raising concerns, grievance, disciplinary?
- Are there any concerning patterns around nursing staff being subject to disciplinary action following patient incidents/accidents/near misses?

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?
- 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 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, raising concerns, 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, which supports staff to use their collective voice and provides individual representation where needed.

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

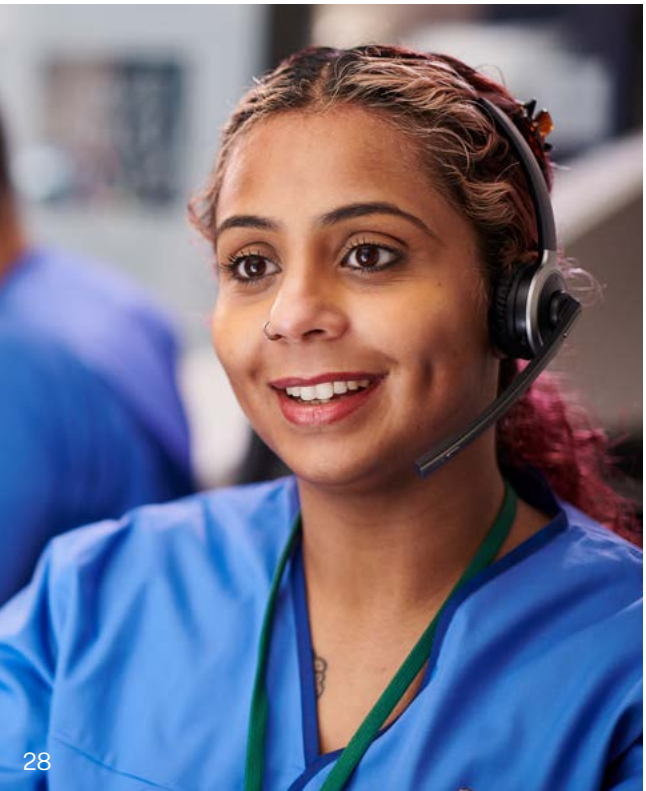
Facilities agreements cover all aspects of employment relations between trade unions and employers including negotiation and collective bargaining mechanisms and rights, paid time off for reps, and access to rooms and resources.

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.

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 such as pay, terms and conditions?
- Is there formal trade union 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?
- Is information on trade union membership given to staff at induction?

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 must 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?
- Can nurse leaders use mitigations e.g. close beds and reduce caseload, when staffing levels are compromised?

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, never events, clinical leadership.

Resourcing clinical 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.

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?
- Do you have leadership development programmes to support nurse leaders?

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: 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.

Ask:

- What are the organisational completion rates on nursing staff appraisals?
- Has a learning needs analysis been completed for nursing staff?
- What is the organisational spend on staff training and development?
- Is there a concern with staff doing their staff training outside their working hours?
- What are the organisational rates for mandatory training and other course cancellations?
- How are nursing staff supported to access continuing professional development (CPD)?

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, ethnic minority or disabled 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?
- Are study day cancellations captured centrally?
- What is the uplift/headroom for study leave/CPD?

Search terms:

Mandatory training, appraisal, practice development, revalidation, continuing professional development.

Planned and unplanned leave

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

Ask:

- How is staff uplift calculated for nursing staff and does it take into account planned and unplanned leave, such as sickness, parental, compassionate and carers' leave?
- Is uplift/headroom 27% or more?
- What are the current nursing staff vacancy 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?
- What is the process when a staff member is off on maternity leave? Is a fixed-term contact given or is the vacancy held/frozen?
- Are you getting complaints about declined annual leave?

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, establishment uplift/headroom.

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, a red flag. It must be escalated, recorded and reported to the board/senior management and shared with staff representatives/ trade unions.

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?
- How often are staff redeployed from one area to another?

Think about:

- Are there any hotspots where levels of bank and/or agency staff usage are above average for the organisation?
- What is the impact on staff wellbeing with regards to redeployment to other areas?
- 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, redeployment, psychological safety.

Staff support

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.

Ask:

- What induction frameworks for new staff are in place in your organisation?
- How accessible are the supervision and/or preceptorship framework for nursing staff?
- What proportion of nursing staff have a named supervisor?
- What support is available to staff around revalidation requirements?
- Is there a database of practice supervisors and practice assessors that support students?

Think about:

- Is your employer substituting registered nurses with nursing support workers or other health care professionals?
- Is there a knock-on negative impact on patient/client safety and/or experience?
- What proportion of nursing staff have had a formal induction?

- Does current supervision/ preceptorship practice meet framework requirements?
- How up to date is the database of practice supervisors and practice assessors that support students?
- 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, registered nurse substitution.

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.

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

Rostering and shift patterns

Standard 11: Working patterns for the nursing workforce must be based on best practice and safe working. Working patterns must be agreed in consultation with staff, and their trade union 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[1]?
- Are rotas given at least eight weeks in advance?
- 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?

Think about:

- How is safety critical and physically demanding nursing work factored into local decisions around shift pattern usage?
- Are discussions on self and/or team rostering ongoing to give staff more choice and increase flexibility?
- 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 and respect and work in environments where equity, diversity, and inclusion are embedded in the workplace culture.

Ask:

- What is the compliance on EDI training?
- Does your organisation have and support inclusion and equity champions such as Cultural Ambassadors?
- What information is available on trends to do with formal processes, for example, raising concerns, grievance, disciplinary, patient complaints?
- 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?
- Do you have access to the nursing workforce data on protected characteristics, such as NHS Workforce Race Equality Standard (WRES) and NHS Workforce Disability Equality Standard (WDES)?
- Does your organisation recruit staff from outside the UK?

Think about:

- What pastoral support is offered to staff recruited form outside the UK?
- 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?
- Are there support networks in your organisation to offer a sense of belonging, safe spaces, and additional support for staff with protected characteristics?

- Does management/HR work with you to minimise resorting to formal processes involving members?

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 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, WRES, WDES.

Staff health and safety

Standard 13: The nursing workforce is entitled to work in healthy and safe environments to protect their physical and psychological health and safety.

Ask:

- What specific risk assessments, protocols/procedures and training are in place for supporting the H&S of the nursing workforce? For example, moving and handling, work-related stress, handling, hazardous substances, violence and aggression, PPE, fire, infection prevention and control?
- What welfare facilities are available to staff – for example, break/rest rooms, changing facilities/personal lockers, safe parking?
- What proportion of recorded incidents have involved nursing staff?
- Where can you find workplace inspection and audit reports?
- Where can you access information on investigations or disciplinary action involving nursing staff?

- What information is available on recorded incidents, accidents, near misses and risk assessments[2] across a range of categories including:
  - violence and aggression
  - back and musculoskeletal disorders
  - work-related stress
  - new and expectant mothers
  - infection
  - lone working
  - care in inappropriate places, such as corridor care/boarding, temporary escalation.

Think about:

- 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?
- Are there any patterns/hotspots, for example, particular service areas?
- What are members across the organisation saying to you about accidents and incidents?

Act:

- 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?
- Can you organise meetings with community and lone workers to listen to and support them with issues such as dynamic risk assessment, fuel cost, safety devices, driving safety, access to supervision and support, etc?

Search terms:

- Raising concerns, grievance, disciplinary, risk assessment, H&S regulations, corridor care, driving safety standards, lone working accident and incident reporting.

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

Staff wellbeing

Standard 14: Employers must actively protect, promote and support the wellbeing of the nursing workforce.

Ask:

- What policies are in place around staff wellbeing?
- 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?
- Do all nursing staff have access to 24/7 healthy eating facilities?
- 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.
- Do staff readily access support for their mental and psychological health and wellbeing such as occupational health, clinical psychologists, professional nurse/ midwife advocate, etc?
- Are team engagement and building activities supported in your organisation?
- What are staff telling you about their current workloads, for example, case loads, allocated patients, clinic numbers?
- What work is ongoing to reduce staff work-related stress, moral distress and injury and/or burnout rates?

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, professional nurse/ midwife advocate, 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.

You can use the *Nursing Workforce Standards* checklists to capture the detail of your assessment and link it specifically to one or more of those standards.
rcn.org.uk/standards-benchmark

What is your ideal outcome?

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

Consider if the issue is impacting on a few people or is more widespread and if anyone has raised it already. Could it be an opportunity for members in your workplace to organise around?

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:
  - 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
  - encourage members to do their own benchmarking and become Standards Champions.

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.

Notes

Royal College of Nursing

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