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of Nursing



**NURSING
PRACTICE
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Standards to Support Compassionate Practice Environments (SCoPE)

NURSING PRACTICE ACADEMY



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Forewords

As Chief Nursing Officer of the RCN, I am proud to introduce the SCoPE standards, a landmark framework that places compassion, equity, and psychological safety at the heart of nursing practice environments. These standards reflect the professional values that underpin our discipline and reaffirm our commitment to creating conditions where nurses can flourish, lead, and deliver exceptional care.



Grounded in evidence and shaped by frontline experience, SCoPE offers a blueprint for embedding trauma-informed leadership, inclusive education, and restorative environments across all settings. It recognises that professional excellence is inseparable from wellbeing, and that safe, supportive cultures are essential for sustaining high-quality care.

By aligning with the Four Pillars of Nursing and promoting reflective, inclusive learning, these standards empower nurses to grow professionally while remaining anchored in the values of compassion and integrity. I commend this work to all nursing leaders, educators, and practitioners as a vital tool for shaping the future of our profession.

Lynn Woolsey, RCN UK Chief Nursing Officer

The SCoPE standards represent a powerful step forward in our collective mission to protect and promote the rights, wellbeing, and dignity of nursing staff. As the Executive Director of Legal and Member Relations, I welcome this framework as a vital resource for ensuring that employment practices across health and care settings are not only legally compliant but fundamentally humane.



These standards speak directly to the lived realities of our members, addressing moral distress, unsafe staffing, discriminatory cultures, and the need for compassionate HR processes. They call for systems that are co-designed with staff and unions, and for environments where every nurse feels safe to speak up, supported to recover, and empowered to thrive.

SCoPE is more than a set of guidelines, it is a call to action for employers, regulators, and policymakers to embed equity and psychological safety into the fabric of workplace culture. It affirms the RCN's dual role as a professional body and trade union, advocating for both excellence in care and justice in employment. We urge all organisations to adopt these standards and work with us to build a future where compassion is not optional, it is foundational.

Jo Galbraith-Marten, RCN Executive Director of Legal and Member Relations

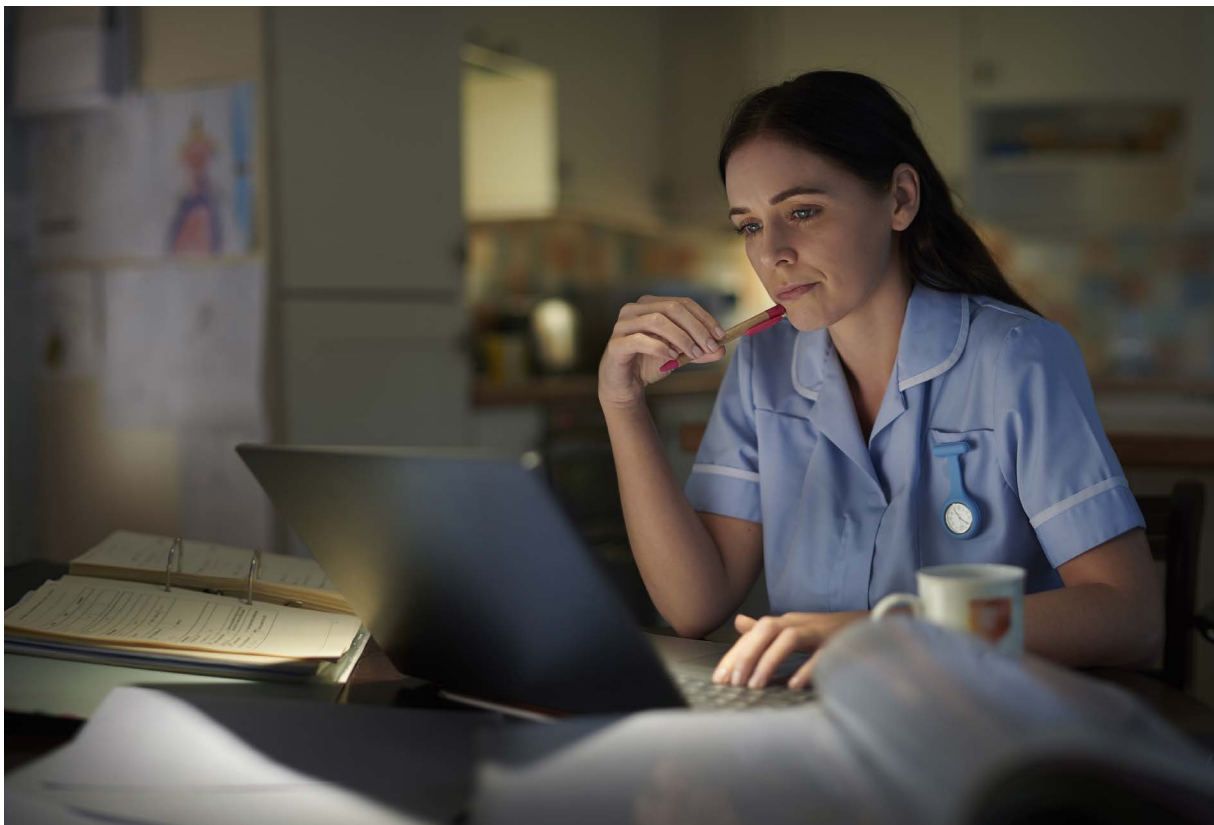
Overview

The *Standards to Support Compassionate Practice Environments (SCoPE)* have been developed to guide and strengthen the conditions in which nursing staff work, learn, and lead. Rooted in evidence, expert consultation, and frontline experience, these standards aim to embed compassion, equity, and psychological safety into the core of health care practice environments.

Organised into three interconnected themes, **experience**, **education**, and **environment**, the 25 standards provide a comprehensive framework for cultivating workplaces where nurses feel valued, supported, and empowered to deliver high-quality care.

1. **Experience standards (1-8)** focus on the emotional and relational aspects of practice, promoting leadership that is trauma-informed, cultures that are safe and inclusive, and systems that proactively support wellbeing.
2. **Education standards (9-19)** ensure equitable access to learning and development, fostering professional growth through inclusive continuing professional development (CPD), mentorship, and career progression pathways.
3. **Environment standards (20-25)** address the physical and systemic conditions of the workplace, advocating for safe, restorative, and sustainable settings that support staff health and legal compliance.

Together, these standards offer a blueprint for transforming organisational culture and practice settings into compassionate, future-ready environments where nurses can thrive.



Glossary of terms

Compassionate practice environment

A workplace culture and setting that prioritises psychological safety, equity, inclusion, and wellbeing, enabling nursing staff to thrive and deliver high-quality care.

CPD (continuing professional development)

Ongoing learning activities that support the professional growth and competence of nursing staff throughout their careers.

EDI (Equality, diversity and inclusion)

A framework that ensures fair treatment, representation, and opportunity for all individuals, regardless of background or identity.

Four Pillars Model

A framework for advanced nursing practice that includes clinical practice, leadership and management, education, and research.

Moral distress

Emotional discomfort experienced when one is constrained from acting on deeply held ethical beliefs.

Moral injury

Psychological harm resulting from actions, or the lack of them, which violate one's moral or ethical code.

PCREF (Patient and Carer Race Equality Framework)

A national framework aimed at improving racial equality in mental health services through co-produced, data-driven approaches.

Psychological first aid

Immediate, compassionate support provided to individuals following a traumatic event to reduce distress and promote recovery.

SCoPE (Standards to Support Compassionate Practice Environments)

A set of 25 standards grouped under experience, education, and environment, designed to foster compassionate, inclusive, and safe nursing practice settings.

Supervision (critical reflective practice)

A structured process of support and reflection that enables staff to develop professionally (normative and formative), while maintaining positive wellbeing (restorative).

Trauma-informed principles

An approach that recognises the impact of trauma and emphasises safety, trustworthiness, collaboration, empowerment, and cultural sensitivity.

WRES (Workforce Race Equality Standard)

A NHS England initiative that monitors race equality in the workforce using specific indicators to improve outcomes for Black and ethnic minority staff.

Theme one: Experience

Working in the practice environment should be a positive experience for all nursing staff, where they feel valued, listened to and cared for.

To foster a psychologically healthy workforce, it is essential to go beyond individual interventions and embed compassion, equity, and safety into the very fabric of organisational culture. Standards one to eight outline the systemic and relational foundations required to achieve this.

These standards collectively promote a workplace where leadership is compassionate, staff feel safe to speak up, harmful processes are mitigated, and support is embedded at every level. They call for a shift from reactive to proactive approaches – where wellbeing is not an afterthought but a core principle guiding every policy, interaction, and decision.

Psychological health and wellbeing (standard 1): To ensure the wellbeing of nursing staff, the practice environment must actively protect and promote psychological health. This involves fostering a culture where mental health is openly discussed, suicide risk is acknowledged and addressed, and support systems are readily accessible.

Compassionate leadership (standard 2): Leadership must be visible, relational, and grounded in trauma-informed principles. Regular team engagement and values-driven presence create trust and psychological safety.

Safe and values-driven culture (standard 3): Staff must be empowered to raise concerns without fear. Acknowledging moral distress and ensuring safe staffing levels are critical to maintaining ethical and sustainable practice.

Mitigating harmful processes (standard 4): Organisational processes, especially those involving suspension, isolation, or investigation must be handled with compassion. Managers need training to support staff at risk of moral injury.

Compassionate systems and policies (standard 5): Support systems and Human Resource processes must be accessible, humane, and co-designed with staff and unions to ensure they reflect the lived realities of the workforce.

Reflective and inclusive practice (standard 6): Structured time for reflection with a strong focus on equality, diversity, and inclusion (EDI), helps teams process experiences and grow together.

Trauma support (standard 7): After traumatic events, staff need structured, timely support to decompress. This can include psychological first aid and peer support to recover and learn in a safe environment.

Inclusive and anti-discriminatory culture (standard 8): A truly inclusive workplace actively monitors and addresses inequality, builds safe spaces, and empowers staff networks to challenge discrimination and foster belonging.

Together, these standards form a cohesive framework for transforming workplace culture which places compassion, equity, and psychological safety at the heart of nursing care.

Standard 1: the practice environment protects and promotes the psychological health and wellbeing of staff

- 1.1 Promote open dialogue about people's wellbeing and suicide risk.
- 1.2 Embed suicide awareness into induction and leadership training.
- 1.3 Provide access to psychological first aid to enable staff to decompress, and ongoing confidential psychological support if appropriate.

Standard 2: there is a culture that embraces compassionate leadership practices

- 2.1 Provide opportunities for regular team engagement, for example, huddles and handovers.
- 2.2 A relational, values-driven leadership presence is evident.
- 2.3 Trauma-informed principles are apparent including trust, collaboration and enablement.

Standard 3: there is a values-driven culture with safe escalation processes

- 3.1 Staff can raise concerns without fear, which are acted on and feedback provided.
- 3.2 Moral distress is understood and addressed.
- 3.3 There is respect for safe staffing minimums and an appropriate skill mix.

Standard 4: reduce and mitigate harmful processes

- 4.1 Enable compassionate handling of suspensions and investigations.
- 4.2 Maintain positive support for isolated staff.
- 4.3 Managers receive training to support staff at risk of moral injury.

Standard 5: systems and processes are underpinned by a compassionate approach

- 5.1 There is staff-friendly access to support systems.
- 5.2 Dignified, humane policy implementation is evident.
- 5.3 Human-impact reviews of HR policies and procedures are undertaken with staff and trade union colleagues.

Standard 6: there is good access to reflective and equality, diversity and inclusion (EDI) aware practice

6.1 There is scheduled time and space for reflection.

6.2 Group-based reflective practice is offered.

6.3 Equality, diversity and inclusion considerations are integrated into reflective practice.

Standard 7: there is support in place for staff following traumatic events in the workplace

7.1 Psychological first aid is available to staff to decompress after serious incidents or suicide.

7.2 Ongoing team and one-to-one support is available with subsequent learning reviews.

7.3 There is access to counselling and/or peer support as appropriate.

Standard 8: there is an inclusive and anti-discriminatory workplace culture

8.1 Monitor and act on routinely captured equity and inclusion data (eg, from WRES and PCREF).

8.2 Build an inclusive culture and eliminate discrimination.

8.3 Appropriate safe spaces and staff networks are created.

Theme two: Education

Nursing staff should be appropriately trained for their role, and given opportunities for regular, ongoing professional development and support.

In practice environments, education is a continuous, inclusive, and strategic process that underpins safe, effective, and compassionate care.

From induction to advanced practice, the education standard promotes a culture where learning is embedded in everyday practice, supported by structured systems, and aligned with personal and organisational goals. They recognise the diversity of learners and the importance of tailoring development opportunities to meet generational, cultural, and role-specific needs.

Equitable foundations (standards 9–10): Induction and supervision must respect prior experience and support autonomy. Practice placements should be outcome-focused and reflective, with protected time for critical reflective practice.

Inclusive access to learning (standards 11–12): Continuing professional development (CPD) must be inclusive, funded, and protected. Learning opportunities should be aligned with staff aspirations and appraisals, and cancellations actively prevented.

Supportive frameworks (standards 13–14): Mentorship, supervision, and critical reflective practice are essential for growth. A culture of professional curiosity and innovation should be nurtured and rewarded.

Career progression and leadership (standards 15–16): Defined pathways and role-specific development opportunities, including fellowships, coaching, and succession planning, ensure staff can grow into advanced and leadership roles.

Future-focused literacy (standard 17): Digital and environmental literacy are vital for modern practice. Structured training and onboarding should help build confidence in these areas.

Equity and inclusion (standard 18): Learning must be designed for accessibility and evaluated using equality metrics such as on Workforce, Race and Equality data (WRES) and Patient and Carer Race Equality Framework data (PCREF). Educators should be trained in unconscious bias and inclusive practices.

Quality and impact (standard 19): Continuing professional development activity must be routinely evaluated for its impact on service delivery and staff experience, with feedback loops that ensure continuous improvement and equity in outcomes.

Together, education standards create a robust, inclusive, and future-ready education ecosystem, empowering nursing staff to thrive, innovate, and deliver high-quality care in complex and demanding environments.

Standard 9: there are equitable induction and preceptorship programmes in place where practitioner autonomy is respected

9.1 Prior professional experience is recognised.

9.2 Autonomy is supported across skill levels.

9.3 Induction and onboarding is tailored to meet generational and cultural learning needs.

Standard 10: practice-based placements and regular supervision is available

10.1 Supervisors and assessors are trained and supported.

10.2 Placements are outcome focused.

10.3 Time is protected for critical reflection, clinical and managerial supervision.

Standard 11: there is fair access to learning opportunities

11.1 Peer-led learning groups are encouraged.

11.2 CPD is prioritised, funded and inclusive.

11.3 There is collaborative innovation through communities of practice (CoP).

Standard 12: access to CPD is funded and protected

12.1 CPD and mandatory training time is contractually protected.

12.2 Cancellation of development opportunities is prevented and tracked.

12.3 CPD is aligned with appraisals and staff goals.

Standard 13: supervision and mentorship frameworks are in place

13.1 Buddy, mentor, and professional nurse advocacy systems are in place.

13.2 There is regular refresher training for mentors.

13.3 Structured opportunities for reflection alongside restorative and developmental supervision are available.

Standard 14: there is a culture of learning and professional curiosity at all levels of staff

14.1 Reflective practice is embedded in the culture.

14.2 Quality improvement and inquiry is recognised.

14.3 Innovations are shared across teams.

Standard 15: there are defined career development pathways in place

15.1 Enhanced, advanced, and consultant levels of practice are recognised.

15.2 The Four Pillars model is used for role progression.

15.3 Pathways are integrated into annual appraisals.

Standard 16: there is a tailored approach to leadership and role specific development

16.1 Access to fellowships and coaching is supported.

16.2 Role-specific learning opportunities including shadowing, are promoted.

16.3 Development is linked to team succession planning.

Standard 17: digital and climate literacy are promoted

17.1 Structured digital training for staff is delivered that meets their needs.

17.2 Principles of climate-conscious care planning and delivery are integrated as a central element of local green plans.

17.3 Digital confidence during onboarding and induction is evaluated and any needs identified are addressed.

Standard 18: learning and development are inclusive and aligned to evidence-based frameworks evidence-based frameworks

18.1 Learning content is designed to ensure inclusion and accessibility.

18.2 Equality, diversity and inclusion metrics (eg, WRES and PCREF) are used to evaluate access and equity.

18.3 Educators are trained in unconscious bias and equity practices.

Standard 19: learning is routinely evaluated and appropriately quality assured

19.1 CPD outcomes are evaluated for service and practice impact.

19.2 Staff and patient feedback is used to improve quality and accessibility.

19.3 Equity in CPD delivery and outcomes is monitored.

Theme three: Environment

The practice setting is a safe space for all staff that both enables and promotes the health and wellbeing of the workforce.

A healthy practice environment is foundational to the wellbeing, safety, and effectiveness of staff. The environment focussed standards recognise that the physical and psychological conditions in which staff operate directly influence their ability to deliver compassionate, high-quality care. The environment must therefore be designed and maintained with intention and support recovery, inclusion, safety, and sustainability.

Together, these standards outline an holistic approach to environmental wellbeing, where systemic pressures are managed, reflective spaces are prioritised, and facilities are inclusive and safe. They also emphasise the importance of legal compliance and environmental stewardship, ensuring that the practice setting is not only fit for purpose but future ready.

Systemic support for wellbeing (standard 20): The demands of the system must not compromise staff health. Regular wellbeing check-ins, protected breaks, and flexible scheduling help manage fatigue and promote recovery.

Psychological safety and reflection (standard 21): Safe, structured spaces for reflection foster a blame-free culture where learning and emotional processing are supported.

Equity in the environment (standard 22): Facilities must be accessible and inclusive, with EDI principles embedded in design and audit processes. Disparities in environmental experience should be monitored and addressed using relevant metrics.

Safe and supportive facilities (standard 23): Staff welfare is supported through access to essential amenities, including hot food, rest areas, clean facilities, and secure parking, with specific protections in place for lone workers.

Health and safety compliance (standard 24): The environment must meet all legal health and safety requirements, including manual handling, COSHH, infection control, and violence prevention, with training accessible to all roles.

Sustainability and stewardship (standard 25): Clinical environments must adopt sustainable practices including reducing waste, promoting reusable options, and educating teams on environmental impacts.

These standards collectively ensure that the practice environment is not only safe and inclusive but also restorative and sustainable, empowering staff to thrive and deliver care with confidence and compassion.

Standard 20: the demands of the system should not impact on staff wellbeing

20.1 Staff wellbeing is monitored through regular check-ins, including after periods of leave.

20.2 Breaks are protected and annual leave promoted and taken.

20.3 Fatigue is identified and managed through shift flexibility and appropriate recovery time.

Standard 21: psychological safety and reflective spaces should be supported

21.1 There are safe spaces for reflection.

21.2 An open, blame-free culture is promoted.

21.3 Structured sessions to reflect on practice, decompress and debrief when appropriate, are scheduled.

Standard 22: equity, diversity and inclusion (EDI) should be evident across the environment and facilities and facilities

22.1 There are accessible, safe facilities for all staff groups.

22.2 EDI is embedded in health and safety and space design audits.

22.3 EDI metrics are used to address disparities in environmental experience.

Standard 23: facilities must ensure staff safety and welfare

23.1 There is 24/7 access to hot food, water, and rest areas.

23.2 There is access to clean changing rooms, lockers, washing facilities and staff toilets.

23.3 Staff are safe travelling to and from practice areas, and lone-worker protections in place.

23.4 Temperature is actively monitored and its impact on the team considered.

Standard 24: the environment must comply with formal health and safety legislation

24.1 Comply with health and safety requirements including manual handling, infection prevention, COSHH and occupational health.

24.2 Assess and address workplace violence and harassment risks.

24.3 Provide accessible health and safety training for all roles.

Standard 25: plans to embed sustainability are developed with staff to ensure they are clinically acceptable and relevant to sustainability and waste stewardship

25.1 Teams are aware of the organisation's green plan and can demonstrate how their work contributes to it.

25.2 The practice area can demonstrate transition to a circular economy model to minimise single-use items where clinically appropriate and to increase availability of reusable options.

25.3 Strategies are implemented that maximise compliant waste segregation and low-carbon practices, for example, recycling and use of reusable sharps bins.

25.4 Teams are educated to ensure all members are climate literate.





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