Royal College
of Nursing

The nursing profession is playing a key role in the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) pandemic. Alongside a national recognition of the value of the nursing workforce, the challenges faced by that workforce are stark. Now more than ever, standards such as these are required. When the SARS-CoV-2 pandemic recedes and we return to a 'new normal', we will need to address the far reaching consequences of the pandemic. Our workforce will be key to the safe and effective restoration of health care services and implementing

They are to be used by:

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A registered nurse who has executive responsibility on the corporate board and is ordinarily responsible for assuring the board in nursing workforce issues. Executive nurses have a pivotal and transformational role in an organisation. They navigate a complex set of stakeholders and partners in the service of organisational values and must use their infuence at board level to guide nursing priorities for their organisation.

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Focus on setting and upholding standards. Their role is to fulf l the organisation's vision, mission, and long-term plan. The registered nurse lead will have operational responsibility for ensuring there are enough nursing staff to run a service. This function may be fulf lled by registered nurses holding different titles, but the requirement of the role is set out in the descriptor for Standard 5: each clinical team or service that provides nursing care will have a registered nurse lead.

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Having the right number of registered nurses and nursing support workers with the right knowledge, skills and experience in the right place at the right time is critical to the delivery of safe and effective care for all those who use health and care services.

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Support the registered nurse in the provision of nursing care. This term encompasses a wide range of roles and titles which may include nursing associate (England only), assistant practitioner, health care assistant, health care support worker and nursing assistant.

Corporate board

The body with the ultimate governance responsibility for any organisation providing health and care services.

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In these standards, this phrase refers to those who use or are affected by the services of professionals within the nursing workforce. This umbrella term also covers client, service user, resident, child, patient and other common terms.

a. Leaders responsible for contracting or commissioning services have a duty to ensure there is a nurse at executive level within an organisation's

these decisions to include actions to be taken, and by whom, and how these will be visibly and actively monitored.

d. The nursing workforce establishment should be determined by the demand for services and the need to provide safe and effective care. (See Standard 2d)

e. Setting the nursing workforce establishment should explicitly inform the organisation's f nancial planning and be funded by revenue allocation rather than f tting a prescribed f nancial envelope.

f. In setting the nursing establishment workforce planning and decision making should be underpinned by professional nursing knowledge and experience. The responsibility for setting nursing establishments remains with the executive nurse; where this is shared for example, with directors of human resources/f nance

directors, the nursing establishment must always be signed off by the executive nurse.

g. Nurse leaders are integral to contracting and commissioning care in order to distinguish between nursing specif c workload and that of the wider multi-professional workforce.

h. Decisions on nurse staff ng must be recorded. Discussions must detail the workforce requirements of the organisation/service in order to provide staff ng for safe and effective care. Nurse staff ng should be a standing item for scrutiny and discussion at every board meeting.

i. Each organisation should have a board-approved risk management and escalation process in place to enable real-time nurse staff ng risk escalation and mitigation with clear and transparent procedure to address severe and recurrent risks.

a. The nursing workforce will be a standing item for discussion at the board or accountable body for decision making in any organisation providing nursing services.

b. Workforce data should be reviewed at least monthly and 'red f ags' such as high rates of sickness or turnover investigated with transparency.

c. A framework should be in place that enables regular review and decisions about service provision and workforce resourcing. This framework should include additional trigger points when a review should take place, for example, when serious concerns

e. Once any review is completed, the findings and any recommendations must be presented to the corporate board accountable for decision-making on resourcing service provision and workforce. An action plan should be created to address any issues identifed.

f. Where there are nurses rostered within a multi-professional workforce rota, they cannot be counted twice. For example, an advanced nurse practitioner rostered on the acute medical rota could not also then be counted as part of the nursing workforce for that acute medical unit.

g. Staff who support the workforce, such as clerical, housekeeping and catering staff, should not be considered within nursing workforce numbers when determining the nursing establishment to meet clinical need.

h. All nursing students must be supernumerary when in training.

"Staff-side/recognised trade union engagement in the principles, development and outcomes of business continuity reviews is vital"

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

a. Employment terms and working conditions should ref ect levels of skills, knowledge, competence and responsibilities required. Recognised fair and equitable pay structures should ref ect the Real Living Wage as a minimum and must support nursing advancement and role development. Employment terms and working conditions should support health, safety and wellbeing, equality at work as set out in Standard 8b. Nursing staff should be supported through fair workplace procedures as well as access to clinical supervision, continuous professional development and opportunities for career progression.

b. Fair and equitable pay, terms and working conditions are achieved by engaging directly with the nursing workforce, through the RCN and any other recognised trade unions/ professional organisations.

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

a. Any service which has nurses working within it must have a registered nurse as part of the leadership team. This individual will have the authority and the responsibility to identify the nursing workforce required to meet the clinical need. They will identify mitigating action when real time and recurrent risks are identif ed. If risk mitigation such as reducing caseloads or bed closures cannot be achieved, risk escalation must take place and be responded to. This individual's reporting line will feed into the executive nurse. If there is no executive nurse in the organisation they should report to an identif ed member of the board or senior management team.

b. Where nurses practise within a wider multi-disciplinary team and have a direct line manager who is not a registered nurse, a clear professional line to clinical nursing leadership must be available.

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

a. In the majority of large organisations this registered nurse lead will be supervisory and not rostered as part of the nursing workforce allocation. If there is exception to this, clear rationale must be documented, agreed by the board and highlighted to commissioners / regulators.

b. Resources and time are required for:

- leading and management of the team
- improving and monitoring the quality of care experienced by people who use a service
- workforce planning, monitoring and associated activity
- budget management
- clinical audit and regulatory audit
- initiating quality improvement programmes
- research
- clinical supervision and staff development
- monitoring health and safety data for adverse incidents involving staff and people who use services.

c. Their role in the leadership team must be reflected and incorporated into job descriptions to ensure the additional workload and time management are included.

a. Practice development encompasses clinical supervision, assessment, supervision and teaching, Continuing Professional Development (CPD), revalidation and lifelong learning. Practice development must align to the needs of people who use services.

b. Comprehensive workforce planning should be undertaken and include a

"Facilities for regular professional
ref ection and clinical supervision should
also be in place to support ongoing
learning and best practice development"

a. Realistic uplift enables accommodation of planned and unplanned leave. Underestimation of either or both planned and unplanned leave will result in an establishment that cannot meet day to day staff ng requirements, and over reliance on supplementary staff ng such as bank and agency staff, will impact on overall costs and quality of care. The uplift percentage agreed should not compromise service delivery, safety and quality of care.

b. Approved nursing workforce establishment tools are recommended when calculating uplift which must consider each of the following:

- annual leave
- sickness / absence – derived from organisational monitoring of sick leave

a. This includes access to CPD, education, support and development to ensure the nursing workforce has the knowledge, skills and competencies required to deliver evidence based, safe, person-centred care that is of high-quality. As a minimum this needs to include:

- safeguarding
- mental capacity
- consent
- record keeping
- basic life support
- competency frameworks specif c to the area of specialty
- the principles of accountab ET BT 11 0o r2.2c -1.5oβ.765 22%0918/C20 ;828 0 1211 110.765

a. Longer shifts are preferred by some
individuals, r162 Tm mh (r162 Ta)82.5 (ar)13ho

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.

a. The nursing workforce is a highly differentiated body of practitioners who bring their own unique skills and qualities to make up a diverse workforce. Employment policies, practices, processes and cultures as well as leadership styles must intentionally support and nurture inclusion and psychological safety as well as create environments that are free from discrimination, bullying and health inequalities.

b. To treat someone with dignity is to treat them as being of worth, in a way that is respectful to their diversity. Treating people who use services with dignity is essential in nursing practice, but in order to do this effectively, nursing staff must themselves be treated with dignity by their employers, managers and colleagues.

c. Encouraging and valuing diversity within the workforce is shown to have positive effects for a more motivated, harmonious, willing and loyal workforce.

d. Encouraging staff to report near misses and incidents and ensuring appropriate follow up by accountable managers creates psychologically safe environments and a learning culture.

"nursing leaders have a professional responsibility to create healthy environments that improve the health and wellbeing of others"

a.

The nursing workforce is supported to practice self-care and given opportunities at work to look after themselves.

a. The health and wellbeing of nurses is fundamental to the quality of care they can provide. Supporting the nursing workforce to practice self-care will help improve recruitment to the profession as well as support retention of the current workforce. Inherent within the Nursing & Midwifery Council Code is the need for individual practitioners to look after their own health and wellbeing in order to care effectively for others and employers must ensure they are able to do this.

b. Access to healthy eating options at work, opportunities to participate in wellbeing initiatives and access to proactive sessions on promoting physical and mental health all support employee health and wellbeing. This is alongside providing access to occupational health support and all recommended occupational health vaccines.

Health, safety and wellbeing

Absences
Agreed and non-agreed non-attendance at a workplace. Absenteeism is habitual absence from work.

Direct care
Care provided personally by a member of staff. May involve any aspect of health care including treatments, counselling and education regarding people who use services.

Indirect care
Nursing interventions that are performed to benef t people who use services but do not involve direct contact with these individuals and communities.

Independent employer
Any independent contractor, employer organisations that may or may not be commissioned by the public sector. This will include private employer health care providers, most social care providers; GP practices; out of hours/call centres; social enterprises and community interest companies; charities, private surgical, mental health and learning disability hospitals; independent treatment centres; public/private schools; private industry.

Missed care
Required care for people who use or need services that is omitted in part or fully, or care that is delayed.

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Number of people who need or use services assigned to an individual or team of nurses; based upon the acuity and/or dependency of the service user for nursing care.

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A strategy which focuses on preventing nurse turnover and keeping nurses in an organisation's employment.

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The total number of staff to provide suff cient resource to deploy a planned roster that will enable nurses to provide care to people who need or use services that meets all reasonable requirements in the relevant situation. This includes: a resource to cover all staff absences and other staff functions that reduce the time available to care for people who need services. Supernumerary persons such as students and sisters/charge nurses/managers should not be included in the planned roster.

"it must be registered nurses who set the standard for nurse staff ng and are assured that the nursing workforce is safe for the acuity and dependency of those they care for"

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Rota and whole time equivalent (WTE) for a nursing team. The nurse staff ng level refers to both the required establishment and the actual staff ng level per shift/allocated workday. The maintenance of the nurse staff ng level should be funded from the organisation's revenue allocation.

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The total number of nursing staff –of all levels of experience and qualif cation–currently working within an organisation, sector or country.

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A cuity can be def ned as the measurement of the intensity of nursing care that is required by a person in need of service. An acuity-based staff ng system regulates the number of nurses on a shift according to the individual's needs and not according to numbers of people who use or need services.

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Measuring the differing reliance of individual people who use services on nursing staff, a means to classify patients in order to predict staff ng needs.

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Patient safety is the prevention of errors and adverse effects to patients associated with health care. It is closely correlated to safe staff ng levels.

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Refers to employers that are publicly provided–either as an arm's length body of the department of health and social care, or via another government department or directorate such as education, home off ce, and criminal justice. Examples include local authorities, statutory agencies such

Social care
Is 60% publicly funded by local authorities. However, most UK residential and domiciliary care and employment is provided by independent employers, which include private care home companies, domiciliary care agencies, charities, private care management companies.

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A list of staff and associated information such as working times, responsibilities and locations for a given time period.

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To ensure effective staff ng there needs to be the right numbers of the right people, in the right place at the right time. It is not just a matter of having enough staff, but also ensuring they have suitable knowledge and experience.

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An employee's permanent position of employment.

Team
A group of staff brought together to achieve a common goal. Often associated with a multidisciplinary approach to care for people who use services.

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A situation where there are insuff cient numbers of staff to operate effectively, such as to impact upon service user safety.
Uplift – adding an allowance when calculating staff numbers for planned and unplanned staff absence.

Vacancies
Paid posts which are newly created, unoccupied, or about to become vacant and the employer is actively searching for suitable staff. Temporary staff may be able to fulf l posts during the recruitment of permanent staff.

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This is a standardised measure of the workload of an employee.

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The process of analysing the current workforce and determining future needs, including identifying any gaps between current and future provision.

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