

# Activate

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News, views and support for RCN activists



## Elections open after Council stands down

**Elections are taking place after 12 members of RCN Council announced they would stand down part-way through their terms following a vote of no confidence at the RCN's Extraordinary General Meeting (EGM)**

The EGM, which took place on 28 September, was arranged after a petition about how the NHS pay deal for England was communicated attracted more than 1,000 signatures from members. The petitioners called for a vote of no confidence in the leadership of the RCN and for RCN Council to stand down. The motion received 11,156 (78.1%) votes in its favour, and 3,124 (21.9%) votes against. A total of 3.47% of RCN members took part in the vote.

After a specially convened meeting on 3 October, RCN Council announced that the 12 Council members with terms of office to run until December 2019 would stand down at the end of this year. Chair of RCN Council Maria Trewern, said: "While the EGM vote of no confidence was advisory, Council recognises the moral weight of the vote, and has acted accordingly."

Dame Donna Kinnair, Acting RCN Chief Executive, said: "The last two months have been some of the most challenging in the organisation's history. Our elected Council members have taken a difficult decision and have shown great personal integrity.

"The College is already changing to ensure it engages the full breadth of its membership. A new elected Council in 2019 and a permanent Chief Executive & General Secretary will bring that fresh perspective and energy."

The election process is now underway with nominations open. Members have until 4.30pm on 25 October to put themselves forward for election to RCN Council. Voting will be conducted by postal ballot between 21 November and 11 December.

Elected candidates will take up their posts on 1 January and stay in the role until 31 December 2019. The current Council will remain in position until 31 December 2018 in order to provide an effective transition for the College. **Turn to page 3 for more information about nominations.**

Ahead of the EGM, the second and final report of an independent external review into the RCN's understanding and communication of the 2018 NHS pay deal for England was published. The review, carried out by the assurer services division of Electoral Reform Services, provides an independent account of the RCN's activities around the pay deal.

The report identifies 12 key findings and observations with associated recommendations. The RCN has committed to implementing these. To read the report visit [rcn.org.uk/egm](http://rcn.org.uk/egm)

## NHS pay in Wales



### What happens next?

The amended Agenda for Change framework for Wales has now been agreed after two-thirds of members who voted in the recent consultation accepted the proposals from the Welsh Government.

The results have been accepted by the RCN Trade Union Committee and endorsed by the RCN Welsh Board and RCN Council. Health unions in Wales also unanimously accepted the pay proposals.

NHS staff on Agenda for Change contracts should receive an uplift in their October pay packets. Backdated pay from 1 April will be paid as soon as possible. The agreement also includes restructuring of existing pay bands with a reduction in the number of pay points.

Tina Donnelly, RCN Wales Director, said: "We will need the continued support of members to make sure all nursing staff receive the pay rise they deserve in the future, wherever they are in the UK."

For links to the latest information visit [tinyurl.com/RCN-Wales-pay](http://tinyurl.com/RCN-Wales-pay)

## Treat Me Well event for learning reps

### Learning reps can find out how to improve care for patients with a learning disability at a free event

As part of Mencap's *Treat Me Well* campaign, the RCN nursing department and Mencap are holding a learning disability awareness study day on Monday 26 November from 9am to 4.30pm at RCN headquarters in London.

The event will raise awareness about the needs of patients and clients with a learning disability and is aimed at RCN learning reps who haven't yet had the chance to undertake learning and development in this field.

Mencap's *Treat Me Well* campaign is transforming how the NHS cares for people with a learning disability in hospital. It calls for better communication and for staff to make reasonable adjustments which can help save lives.

As well as allowing attendees to develop their knowledge and engagement skills, the event will explore the tools required to positively address the attitudes of health care professionals towards people with a learning disability in order to improve practice and reduce health inequalities.

After attending this event, learning reps will be able to support learning and development



within their own organisation or RCN branch and will be offered the chance to link in with local Mencap staff to explore regional partnership working opportunities.

Travel costs can be supported by your region and accommodation will be arranged in line with RCN policy which offers accommodation to people who would need to leave home before 6am to attend. Learning reps should have received an email with a link to booking information. If you don't have this or want more information, contact [gill.coverdale@rcn.org.uk](mailto:gill.coverdale@rcn.org.uk)

For information about the *Treat Me Well* campaign, visit [mencap.org.uk/treatmewell](http://mencap.org.uk/treatmewell)

## Race pay gap for nursing staff

### Findings from NHS Digital data for England show a significant pay disparity between nursing staff of different ethnic origins

An analysis of 750,000 staff salaries found black female nurses and midwives earn £2,700 a year less than their white colleagues and black male nurses and midwives £1,872 a year less.

Dame Donna Kinnair, Acting RCN Chief Executive, said: "As a black woman who spent a career in NHS nursing, nobody feels stronger about this than me. For the first time these figures show the shocking scale of the challenge we face to ensure BAME staff are represented at every level of our health care system."

The gap highlights the lack of diversity at senior levels in the health service. BAME staff make up 25% of the NHS workforce, yet this dwindles to just 7% of senior managers.

Donna added: "Across England, BAME staff have less chance of being shortlisted [for senior positions] and accessing career development training than white colleagues. The RCN has recently welcomed moves to strengthen the fit and proper person test, to help ensure NHS managers act positively to root out discrimination.

"But there are wider societal issues that must also be addressed, particularly around access to education, to ensure our NHS workforce is truly representative."

## Give senior nurses the time to lead

Members are being asked to get behind the RCN in Scotland's safe staffing campaign to give senior charge nurses more time to lead

As part of its safe staffing campaign, *Ask for More*, the RCN in Scotland is calling for senior charge nurses (SCNs) to be non-caseload holding. This would help to make sure they have enough time to provide expert advice and clinical leadership.

Bruce Honeyman, an SCN and RCN Scotland Board member, said: "SCNs are key to enhancing patient experience and making care as patient-centred as it can be.

"Making SCNs non-caseload holding provides the flexibility which these nurse leaders need. It would also allow SCNs to have the visibility and accessibility they need for patients and their families – something which is difficult to make the space for when you have to lead a team and are directly caring for a group of patients."

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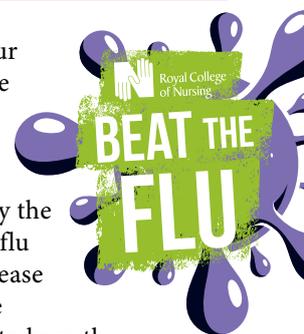
**I started nursing to look after and care for people, but poor staffing levels mean that I struggle to give the best care.**

You can read Bruce's blog post *Time to Let Clinical Nurse Leaders Do What They Do Best* at [tinyurl.com/blog-by-bruce](http://tinyurl.com/blog-by-bruce)

The campaign is asking for people to sign up to show their support. Look out for postcards in your workplace or visit the campaign website to enter your details online. Make sure you encourage fellow members and nursing staff in Scotland to show their support too. Visit [rcn.org.uk/askformore](http://rcn.org.uk/askformore) or follow the campaign on Twitter @RCNScot

## Beat the flu

One in four health care staff are estimated to be infected by the flu in any flu season. Please encourage members to have the vaccine and take part in the RCN's new social media campaign to help beat the flu and raise awareness of the benefits of the vaccine.



Spread the word by adding our #BeatTheFlu twibbon to your social media profiles and download a myth buster poster at [rcn.org.uk/beat-the-flu](http://rcn.org.uk/beat-the-flu)

## Jersey pay

Nursing staff in Jersey are nearer to taking industrial action after voting to reject the latest pay offer.

The RCN has lodged a formal dispute with the main nursing employer on Jersey after 95% of members balloted voted to reject the latest pay offer from the States of Jersey. Members are angered as the offer fails to address concerns raised by the RCN going back to 2012 when the promise of pay parity and workforce modernisation was agreed as a condition of the 2012/13/14 pay offer.

Di Francis, RCN Senior Regional Officer, said: "Going into dispute isn't a process we take lightly but we feel it is the only way forward."

## RCN Council elections

Members can stand for election to 12 of 17 seats on RCN Council

Members have until Thursday 25 October to put themselves forward for election to RCN Council. There are 12 casual vacancies for one-year terms for the following constituencies; East Midlands, London, Northern, Northern Ireland, North West, Scotland, South East, South West, Wales, West Midlands, Yorkshire and the Humber and health practitioners.

Five of the 17 current Council members will not be standing down:

- the President, Deputy President, and Student Member of RCN Council, whose terms come to an end on 31 December 2018
- the newly elected Council Member for the Eastern Region, who is yet to take up office

- the Chair of Congress (non-voting position), who joined Council in August 2018.

Candidates standing for election to be one of the country or regional Council members must be nominated by two members in the nurse category of RCN membership. Candidates standing for election to become the health practitioner Council member must be nominated by two members in the health practitioner category of RCN membership.

Those wishing to stand for election must have been an RCN member for three consecutive years immediately prior to the closing date for nominations.

Nomination forms can be downloaded from [rcn.org.uk/council-2018](http://rcn.org.uk/council-2018) and should be returned by email to [elections@rcn.org.uk](mailto:elections@rcn.org.uk) by 4.30pm on 25 October.

**Correction:** Sorry, we printed the wrong date for Congress in the September issue of *Activate*. Next year Congress will be taking place on **Sunday 19 – Thursday 23 May**. Find out all you need to know at [rcn.org.uk/congress](http://rcn.org.uk/congress)

## Looking ahead



### Member engagement is at the heart of the RCN's success says Dame Donna Kinnair, Acting RCN Chief Executive

The last few months have been extremely challenging for the RCN. We made errors in how we communicated the NHS pay deal for England and we have learned a great deal from what has happened as a result. However, I don't want to dwell on what has gone wrong, but rather reflect on our strengths, and look ahead to what we can accomplish in future.

Working together we have achieved many successes. We have an excellent reputation for the representation and support we provide to our members. This has been demonstrated by our successful Scrap the Cap campaign, the delivery of safe staffing legislation in Wales and the campaigning phase of securing safe staffing legislation in Scotland.

We know at the heart of this is member engagement. When we get this right we are stronger. We must listen to our members, hear their voices and ensure their priorities match those of the RCN.

The safe staffing campaign that is ongoing in Scotland is soon to commence in England and hopefully Northern Ireland in the not too distant future. This is the opportunity to engage our members in what is their number one priority and for us to work together to demonstrate the College at its best.

Today across the UK we have more than 6,500 cases open for individual members – nurses and health care assistants who rely on us to deliver for them and help overcome the challenges they face in the workplace.

I know you all work tirelessly and with great commitment to ensure our members are supported and represented appropriately. For that you have my heartfelt thanks.

## ASK AN ADVISER



### Finding a confirmer



### How can agency nurses and midwives find a revalidation confirmer?

For agency nurses and midwives, finding a revalidation confirmer can sometimes seem daunting. The obvious choice is the person's line manager who doesn't need to be an NMC registrant. However, if it isn't possible for the line manager to be a confirmer, it can be another NMC registrant. Ideally they'll have worked with the nurse or midwife or have a similar scope of practice to them, although this isn't essential. If neither of these are possible, the confirmer can be another health care professional registered in the UK. To find out more, use the NMC's confirmer tool: [revalidation.nmc.org.uk/information-for-confirmer/confirmer-tool.html](https://revalidation.nmc.org.uk/information-for-confirmer/confirmer-tool.html) or take a look at the NMC's list of possible confirmers: [tinyurl.com/confirmer-list](https://tinyurl.com/confirmer-list)

Don't forget, if the confirmer is not an NMC registrant, the reflective discussion **must** happen with someone who is. If someone feels unable to find an appropriate confirmer, connections can be made through professional networks such as RCN forums: [rcn.org.uk/get-involved/forums](https://rcn.org.uk/get-involved/forums)

**For more information, speak in confidence to an RCN Direct adviser any time between 8.30am and 8.30pm, 365 days per year.**

**RCN DIRECT**  
[www.rcn.org.uk/direct](https://www.rcn.org.uk/direct)  
**0345 772 6100**



## View from the frontline



### A seat at the table

My work as a learning rep and my professional role as a learning disability nurse are closely aligned. In both roles I strive to improve patient care, the patient experience and outcomes for people with a learning disability. Learning disability services are facing many challenges. One of the biggest concerns is recruiting and retaining staff, especially with more universities choosing to remove learning disability courses from their offer.

As an RCN learning rep, I can actively raise the profile of learning disability nursing in many ways. For example, I have opportunities to educate mainstream health and social care staff about the needs of people with a learning disability. I recently led a session at my local RCN branch meeting. On a local level, I sit on the Learning Advisory Committee at my trust. It's a chance to make sure that the needs of learning disability staff are not forgotten. Those needs wouldn't be heard quite so loudly if I wasn't at the table.

I also sit on the RCN UK Learning Representatives Committee which means I can help to influence at a national level too. I believe that if you have a particular interest or drive in something then you're more likely to move things forward. It's about the skills, experience and passion you can bring to a role. There are only a small number of nursing staff in my profession so it is even more important that we raise our profile and influence positively wherever we can.

**Katy Welsh, RCN learning rep**

## Can menopause be a disability?

In a recent case in Scotland, an employment tribunal was asked to determine whether a woman who suffered with severe symptoms due to the menopause was disabled and therefore protected by the Equality Act 2010 when she was dismissed from work.

Mrs Davies was a clerk at the Courts and Tribunal Service. She suffered menopause symptoms including heavy bleeding, anaemia, anxiety, tiredness and difficulty in concentrating. A health and safety investigation was launched following an incident in court; Mrs Davies believed she may have misplaced some medication that could have been taken by members of the public. The investigation concluded that this was gross misconduct and Mrs Davies was dismissed.

Her appeal against this decision was unsuccessful but she pursued unfair dismissal and disability discrimination claims on the basis that her behaviour occurred due to her extreme symptoms.

The tribunal accepted that Mrs Davies was a disabled person and decided that she had been discriminated against and her dismissal was not a reasonable response. She was awarded compensation and reinstated.

The decision isn't binding but it is reassuring for members who may be experiencing similar severe menopausal symptoms. Although the menopause itself isn't a disability, in certain circumstances the symptoms associated with it may be and therefore provide protection against disability discrimination and potentially sex and age discrimination too.

Download the RCN's publication *The Menopause and Work: Guidance for RCN Representatives* at [rcn.org.uk/professional-development/publications/pub-005467](https://rcn.org.uk/professional-development/publications/pub-005467)

**Joanne Galbraith-Marten**  
RCN Head of Legal  
(Employment)



## Setting the standards for support

### A new project is helping to formalise support and supervision standards for all RCN reps

Janette Astles became a learning rep earlier this year. She's now part of a pilot team in Scotland that's looking at what sort of support and supervision learning reps and safety reps need.

Along with three other pilot teams from across the UK, their recommendations will help to establish a set of supervision standards to make sure learning reps and safety reps are getting structured support from their local senior officers and the RCN.

"Historically stewards tend to have more frequent communication and support from senior officers as they're working on cases," explains Janette. "This project is about making sure learning reps and safety reps are getting regular support too but it's also about encouraging and promoting joint working between the different types of reps. We want to highlight the benefits joint working can bring."

At the first project meeting in February 2018, Janette met Linda Rumbles. Linda is a steward and safety rep. She told Janette about a case she was working on that she thought could use the help of a learning rep.

*"We recognised early on that there are so many advantages to collaborative working between all reps"*

Janette says: "We struck up an immediate bond and recognised early on that there are so many advantages to collaborative working between all reps. We decided to try out the idea of a learning rep working closely with a steward to support a specific case. We captured evidence of what we did and accessed joint supervision to share and learn from our experiences."

### Collaborative working

With permission from the member and an enthusiastic response from management, Linda sent Janette a copy of the member's action plan. After looking through this, Janette contacted the member and arranged a meeting to discuss some of the issues from the member's point of view.

"I knew in advance that there were definitely some issues around communication," says Janette. "I thought that some development in that area would be beneficial so in advance of the meeting I printed some articles – many from RCN publications – about communication skills.

"I gave these to the member to read in her own time after our meeting but I was also able to offer some support and assistance there and then, and perhaps, most significantly, I was able to signpost the member elsewhere for further help.

“In our meeting, for the first time, the member explained that they had dyslexia which has a big impact on their written communication. I suggested that they contact occupational health as they would be able to offer practical help with this.”

Janette points out that as well as supporting the member to improve their communication skills, this would also show the employer they were trying hard to address the issues that had been raised in competency discussions.

Janette continues: “Concluding the meeting, I reassured the member that they could contact me directly for further advice if they wanted to. In the end the case took a different turn because the member changed roles but it was really rewarding to know that my input had been helpful.

“As learning reps, we may be in a position to step in and work towards solving issues early on, preventing them from escalating and needing steward input. Working on this case also gave me a better understanding and insight into the work of stewards.”

At the moment learning reps and safety reps don't have access to the case management system (CMS) so they're not able to record their work on cases as stewards do. Instead Janette recorded her activity in a simple template – logging her actions and the outcomes.

Due to General Data Protection Regulations (GDPR) Janette didn't keep a copy of this but she shared it with her senior officer who was able to input the information securely into the CMS.

### Structured support

Janette says: “This project has shown me how beneficial regular supervision and support would be. Just knowing that the support is there makes a big difference. You feel more confident.

“Primarily, it's about knowing I'm doing the job right. As a relatively new learning rep, my concern was that I would be going down the track that I thought was right and would only find out it was wrong much later on. I've had two meetings with my senior officer as part of this project and it's great to have that reassurance that I'm doing the right thing.

“If I do need any help or support, I can go to my senior officer on a formal footing and say this is what I'd like help with or this is what I'd like to do, and then we'll work together to make sure I get the support to do it. It's a bit like an appraisal.

“I've also found out about a lot of meetings or working groups that I can attend that I wouldn't have had the chance to access otherwise.

“I'm looking forward to my work as a learning rep with renewed enthusiasm knowing that support and supervision will be in place to help guide me all the time, not just when I or my supervising officers feel I need it. This ongoing support will benefit everyone – reps, members and officers.”

Jonathan Bowker, RCN Member Representation and Support Programme Lead, says: “We hope that this project will make the contact that learning reps and safety reps have with their senior officers more meaningful. All reps will know what level of support to expect and have clear development goals. We're looking at how we can better support collaborative working too.”

A set of standards clearly setting out the level of support and supervision that learning reps and safety reps can expect to receive will be finalised early next year. Look out for more details in *Activate* and on the RCN reps hub.

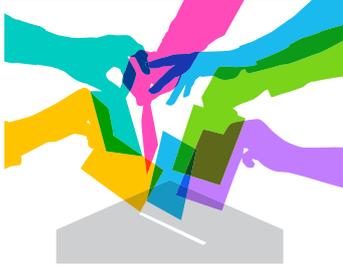
*“This ongoing support will benefit everyone – reps, members and officers.”*



Janette and Linda

# NOTICEBOARD

## Voting matters



### Encourage members to vote and have their say on who will be the next RCN President

Members have until Wednesday 14 November to vote for their new RCN President and Deputy President. All current RCN members can vote and will have received ballot papers in the post.

Ballot papers will be in a white envelope with the RCN logo and Electoral Reform Services (ERS) logo on the front. If a member needs to request new voting papers, they can contact ERS on 020 8889 9203 or at [customerservices@electoralreform.co.uk](mailto:customerservices@electoralreform.co.uk)

Election candidates for the role of RCN President are Sue Hill, Celia Manson, Marion Mason, Professor Anne Marie Rafferty CBE FRCN, Robert Sowney FRCN and Professor Rod Thomson FRCN.

For the role of Deputy President, the candidates are Liz Brasnett, Yvonne Coghill CBE FRCN, Paul Watson, Jeni Watts and Dr Sue Woodward FRCN.

The successful candidates will hold office for two years from 1 January 2019. For more information about the candidates, visit [rcn.org.uk/president-and-deputy-president-election](http://rcn.org.uk/president-and-deputy-president-election)

## Mental health at work – resources for reps

### Make sure mental health is always on the agenda in your workplace

The subject of mental health is on people's minds this month following World Mental Health Day on 10 October so now is a good time to talk about mental health in the workplace.

Mental health charity Mind has launched an online gateway with resources, training and information about mental health at work.

It has tips on promoting workplace wellbeing, links to the Health and Safety Executive's stress management standards, guidance on developing policy and practice, and ideas to improve workplace culture. Visit [mentalhealthatwork.org.uk](http://mentalhealthatwork.org.uk)



The RCN's *Healthy Workplace, Healthy You* campaign also offers helpful resources about self-care and how to prevent and manage stress. Visit [rcn.org.uk/healthyworkplace](http://rcn.org.uk/healthyworkplace)

## What do you want from us?

### Help us improve how we communicate with activists

The RCN magazines team is starting an exciting new project to better understand what you, our most active members, want and need from national communications. We'll be asking you what you think of *Activate*, in print and online,

but we'll also be asking how we can best support you in your role as an activist.

Whether you read *Activate* cover to cover every month, or you just skim-read it for the information that's most relevant to your role, we want to hear what you think. Look out for an email with more information about how you can get involved.

## Tools of the trade



Are employers allowed to give bad references? Acas has the answer to this and other common questions about references. Visit [tinyurl.com/ACAS-refs](http://tinyurl.com/ACAS-refs)

Young people are less likely to belong to a trade union. They're also less likely to know their rights and more likely to experience unemployment, low wages and zero hour contracts. The TUC has published a guide for reps on issues affecting young workers. Download it at [tinyurl.com/TUC-young-workers](http://tinyurl.com/TUC-young-workers) or read more at [tinyurl.com/stuck-start](http://tinyurl.com/stuck-start)

Business in the Community has published a toolkit for employers on managing drugs, alcohol and tobacco at work. It includes advice on producing a drugs, alcohol and tobacco policy, a summary of relevant legislation and case studies. Find it at [tinyurl.com/drugs-toolkit](http://tinyurl.com/drugs-toolkit)

The UK's 15 million working women now make up approximately half of the workforce. Find out why taking a gender-sensitive approach to health and safety at work is important at [tinyurl.com/safety-at-work-women](http://tinyurl.com/safety-at-work-women)