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FOR RCN ACTIVE MEMBERS ACROSS THE UK

AUTUMN 2021



FLEX TO RETAIN

HELEN'S HELPED A MEMBER STAY IN NURSING
FOLLOWING THEIR TREATMENT FOR CANCER



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Attendees came away feeling very positive and with certified learning towards CPD.

I am working very closely with our new General Secretary & Chief Executive Pat Cullen, who is in post until the end of 2022. Together, we are providing fresh leadership on the member and executive fronts. Pat and I are determined that the independent review of RCN culture and management, led by eminent QC Bruce Carr, gets to the full truth. The recommendations he makes will be a key part of our work to drive up standards in the RCN.

As our most active and engaged members, you'll know that recent months have seen more internal challenges than any of us would ever want. For the time I have this role, I will dedicate myself to getting this College into the fit shape you expect.

I was devastated to learn of the historic sexual harassment allegations and moved quickly to protect members – that will always be my number one priority. If you would like to speak about the issue, a personal experience or information you might have, please see the details on page 4.

Many of us missed the debates and the togetherness of a normal in-person Congress but over a thousand members joined our virtual event, covering so many fascinating topics.

The Fair Pay for Nursing campaign continues apace. In England and Scotland, elected members have decided to hold indicative ballots to gauge members' appetite for taking industrial action over NHS pay. Members in Wales have also voted to say their NHS pay award is unacceptable and next steps will be announced soon. In Northern Ireland, members continue to campaign while awaiting official news of a pay deal. I can assure you that these decisions are taken by members and for members. Genuine member leadership is vital to our success – get involved if you can.

This autumn, please remember to look after yourself as well as your patients – the RCN website (rcn.org.uk) and the advice line (**0345 772 6100**) are here to support you.

Carol Popplestone

Interim Chair of RCN Council

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Don't forget, this is your magazine. If you've got a story to share, tell us by sending an email to activate@rcn.org.uk

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4 UPDATE

New phone lines launched



Following allegations of sexual harassment, two new phone lines have been launched.

The sexual harassment reporting line is for members and staff who may have experienced sexual harassment whilst engaged in any RCN activity or events.

The phone number is **0800 032 3521**. Calls are handled by Safecall, which specialises in helping organisations establish safe and confidential reporting systems.

A second independent and confidential help and support line has been launched for any members or staff who have been affected by the issues relating to the reports received. This line is operated by trained counsellors. The phone number is **0800 783 1157**.

A full review of safeguarding policies and procedures is also underway, with all RCN face-to-face meetings and events temporarily suspended.

Transforming the RCN: have your say in review of organisational culture

As part of a commitment to change in the RCN, Council has instructed Bruce Carr QC to carry out an independent review into the culture of the organisation.

Recommendations are being sought from a wide-ranging and external review, which will thoroughly scrutinise the College's: decision-making and accountability; financial management; equality and inclusion; management of departure of staff and elected members; allegations of sexual harassment; roles and responsibilities of staff and elected members.

Pat Cullen, RCN General Secretary & Chief Executive, said: "Our work as a College is focused on empowering and supporting our members. To act in their best interests, we must also ensure that our own house is in order. This review is part of my commitment to bring about a real shift in culture through confident, strong and modern leadership."

Members who wish to engage with the review can contact Bruce Carr QC before the deadline of 31 October: **carrQC.RCNreview@devchambers.co.uk**. The review aims to conclude in early 2022.

All systems go!

The new case management system goes live for RCN stewards next month, with learning reps and safety reps given access before the end of the year. You will already have received information about how to set up your RCN email account needed to use the new system.

If you're having problems, contact our IT team on **02920 546400** or see the guidance on the reps hub: **rcn.org.uk/reps-hub**. You won't be able to access the new system without setting up your RCN email account, and the old system will no longer work. Once you've set up your RCN email account, you should use this, as opposed to your personal email account, for all RCN business. This applies to all members with an RCN email address.

NHS pay: members consider industrial action

As *Activate* went to press, members working for the NHS in Scotland were poised to start voting in our indicative ballot on what industrial action they'd be willing to take over pay.

A similar ballot for members working for the NHS in England had also been announced, with more details on next steps in Wales due soon.

It comes after the vast majority of members in all three countries, who voted in our previous consultations, said their NHS pay awards weren't good enough. We're campaigning for a 12.5% pay increase for all nursing staff on Agenda for Change contracts across the UK.

The Scottish government has implemented a pay award that gives NHS staff a 4% pay rise on average. NHS staff in England and Wales have been given a 3% pay rise. In Northern Ireland, the health minister has said he wants to award HSC staff a 3% pay

rise, but as we went to press, no formal announcement had been made.

Chair of the RCN Trade Union Committee Graham Revie said: "Ministers must think again about how they're treating nursing staff. Members deserve to be paid fairly – nursing has earned it and our patients deserve it. Unsafe staffing levels hamper patient care. Fair pay is one major way of keeping people in work and attracting the next generation into our profession."

The results of indicative ballots don't formally authorise industrial action but are used to inform next steps. "The future of our pay campaign will always be determined by members," added Graham. "This campaign is led by members in the interests of the whole profession."

The indicative ballot in Scotland closes on 8 November. For the latest on what's happening elsewhere, visit: rcn.org.uk

'The RCN has given us a voice'



Maria Sinfield works for Marie Curie and became involved with pay negotiations after members working there voted to reject a 2% pay offer

"I got an email from the RCN about joining a steering group at the beginning of the Marie Curie pay review.

"In the independent sector, you sometimes feel as though the focus is on the NHS, so it was important to have that support from the RCN.

"Being a member of the group, I attend regular meetings, track progress and check the language used in collating staff surveys. There is a fear among people I speak to that getting involved in the pay review means taking industrial action, but it's more about getting opinions and keeping members engaged.

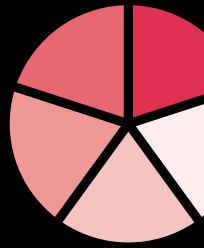
"Although I don't consider myself an activist, I wanted to be involved in some way to ensure members are treated fairly and are given a voice."

Work is ongoing with the RCN and Marie Curie to negotiate a better pay deal for nursing staff



FAIR PAY FOR NURSING

Five tips for talking to the public about pay



Ged's become an expert at explaining the need for fair nursing pay. He runs us through his campaign patter as our work ramps up

Being an active member of the RCN has taught me that if you want things to change, you have to make them change. I know that standing beneath RCN banners and holding placards can be intimidating –

even for us activists. But in my experience, most members of the public are keen to listen and support our campaigns. The following steps can help you prepare for talking about our Fair Pay for Nursing campaign.

KEEP IT PERSONAL

Your words will be more powerful if they resonate with people, so drawing on personal experience is key. I often explain how exhausted nursing staff are. We're so beaten down by pay, work, and just trying to get through the next shift. The past 18 months have pushed us to our limit.

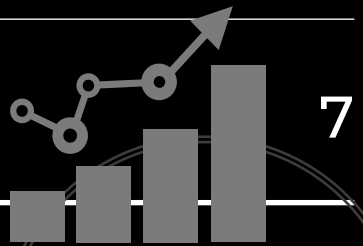
FOCUS ON FIGURES

If you're talking to the public, you need to have an answer to the question: "where is the government going to find the money for a pay rise?" My answer is that investing in the future of our health service is a political choice. A report by London Economics shows a decent NHS pay rise is affordable and would bring about an economic boost. Their analysis finds that 81% of the initial cost of a 10% pay rise would be recouped by the Exchequer. See my list of useful links to find out more.

MENTION STAFF SHORTAGES

Put simply, without staff to run hospitals, surgeries, or community services, the NHS won't function. But we are losing nursing staff, particularly experienced staff, and COVID-19 has been devastating. Someone might say there is a record number of nursing students going to university – and while that's true, a large percentage of them will drop out, and many courses are struggling to accommodate all the placements they need. Some people might mention that thousands of jobs have been lost this year, why should nursing be prioritised? I say there are 100,000 vacancies in the NHS. It is one of the UK's biggest employers, and its staff need protecting.





BREAKDOWN THE BENEFITS

Any additional money paid to nursing staff isn't going into savings accounts, it'll be spent. Nursing staff have got bills to pay, clothing to replace, food to buy.

Their money is typically spent in the local economy, supporting private sector jobs and small businesses. So, by the public supporting our 12.5% pay increase, they're actually supporting their own jobs, economies and communities.

Help people understand how a pay rise can benefit more than just nursing staff.

“

Now is the time to pay us what we're due

TELL THEM WHY

When I want to start a conversation, I ask anyone who looks interested if they want to know more. Once they're engaged, I tell them:

- **why we're here:** we're asking for a 12.5% pay increase for nursing staff in the NHS
- **why we want one:** the government has told us we can have a 3% pay rise – but this doesn't make up for the past 11 years of austerity
- **why nursing staff:** during the majority of that 11-year period nursing staff have only had sub-inflation pay increases. This means that nursing staff are worse off now than they were before
- **why now:** we've seen our workload increase, the number of nursing vacancies rise, less take-home pay while inflation rises, and we've just withstood the immense pressure of a pandemic. Now is the time to pay us what we're due.

USEFUL LINKS

Chart showing how nursing pay compares to inflation:
tinyurl.com/nursing-pay-inflation

Report on the impact of an NHS pay rise to the economy:
tinyurl.com/nursing-pay-economy

Expert's blog on the affordability of an NHS pay rise:
tinyurl.com/nursing-pay-affordability



Ⓞ Ged Swinton is an RCN steward and Chair of the RCN South East Board.

The Fair Pay for Nursing campaign aims to secure a fully-funded 12.5% pay increase for all nursing staff covered by Agenda for Change terms. How governments in the UK respond to this demand will indicate what they believe nursing staff across the independent sector deserve too. It's time to pay nursing staff fairly. Join our fight: rcn.org.uk/fairpay

8 HELPING MEMBERS

Flex to retain

Helen's supported a member to stay in nursing by securing her a phased return to work following cancer treatment. Helen explains how she worked with the member, HR and occupational health to get the best outcome



Helen Oatham
pictured by Keith Mindham

One of our members had been treated for cancer and, as part of her treatment during radiotherapy, had to wear a moulded face mask, leaving her to breathe through two straws. She had been shielding at home for

medical reasons for several months from the outset of the pandemic.

By autumn 2020, she was ready to return to work. Although she was looking forward to working

with patients, she was understandably extremely nervous about having to wear a face mask again. Even the thought of them provoked high anxiety, making her feel quite breathless, and bringing

back difficult memories. But she was really keen to give it a go. Working from home had exacerbated her sense of isolation and she wanted to be back on the wards again. With the support of her line manager and HR, we devised a plan that included a phased return combining clinical and non-clinical days.

She was supernumerary initially and given support to understand the new COVID-19 procedures. Importantly, she was also given face masks to wear at home, so she could gradually try to get used to wearing one.

Just as she began to feel hopeful that things were moving forward positively, her line manager was changed, for the third time in a relatively short period. Unfortunately, she began to lose confidence in her ability to return successfully without consistent support. With the help of a senior manager and occupational health, we started to explore permanent redeployment to a different role.

After some negotiations, she secured a post at the same band, but with the ability to be based at home, focusing on a specific project that is leading to significant improvements in the service by reducing waiting times.

New sense of purpose

The member can use her knowledge productively and feels she has a purpose. As a result, she's very happy. Meanwhile, further work to enable her to return to working clinically with patients is progressing.

It's been a good outcome in so many ways. I think that without the RCN being involved and working in partnership with HR, the member would have left the organisation.

In fact, several times she told us she was going to hand in her notice. If that had happened, her considerable knowledge, skills and experience would have been lost to the trust.



If she'd resigned, her knowledge, skills and experience would have been lost to the trust

Helen's advice on supporting members

- Take time to prepare with the member for meetings with HR or line managers. It's important members feel as confident as possible and are enabled to be an active part of the discussions.
- In terms of redeployment, encourage members not to rule options out too quickly. Stepping into a non-patient facing role is often not appealing, but could provide a new and rewarding way of using clinical skills.
- Work as collaboratively as possible with HR. These types of situations can be incredibly stressful for members, so a clear understanding of issues and plans is really helpful.

➤ *Helen Oatham is an RCN steward and Eastern region member of the Trade Union Committee. Her story is featured in a new publication about the work of reps during the pandemic. Download it now: rcn.org.uk/publications (code 009 933)*

10 VACCINES

How to help uptake

As an RCN activist, you can reassure members about having the COVID-19 and flu vaccines and influence employers to allay concerns. Here's how

From 11 November, it will be a condition of employment for adult care home workers in England to be fully vaccinated against COVID-19, unless they're exempt for medical reasons.

A government consultation on making flu and COVID-19 vaccines mandatory for staff in all health and care settings in England will also close soon, with a decision due this winter.

Some employers have already started to redeploy staff who have refused to have the COVID-19 vaccine into non-patient-facing roles.

As it currently stands, this could amount to a breach of contract and the RCN may raise concerns with individual employers.

However, in settings where mandatory vaccination becomes law, there will be limited ability to stop the redeployment of members who remain hesitant or reluctant to get jabbed.

As activists, our efforts might be better spent educating members about the COVID-19 vaccine and its benefits, and dispelling myths, says Helen Donovan, the RCN's Professional Lead for Public Health.

"It's the RCN's position – informed by members – that all nursing staff should have any vaccine deemed necessary to help protect themselves, patients, colleagues, family members, and the wider community. This has always included the flu vaccine and more recently the COVID-19 vaccine.

"However, RCN members have raised concerns about mandating vaccines and whether this will ultimately improve uptake. A recent study showed that pressure from employers has the adverse effect, making staff more likely to decline it. Members are also concerned that mandating vaccination could drive staff away from their jobs in what are already extremely stretched services.

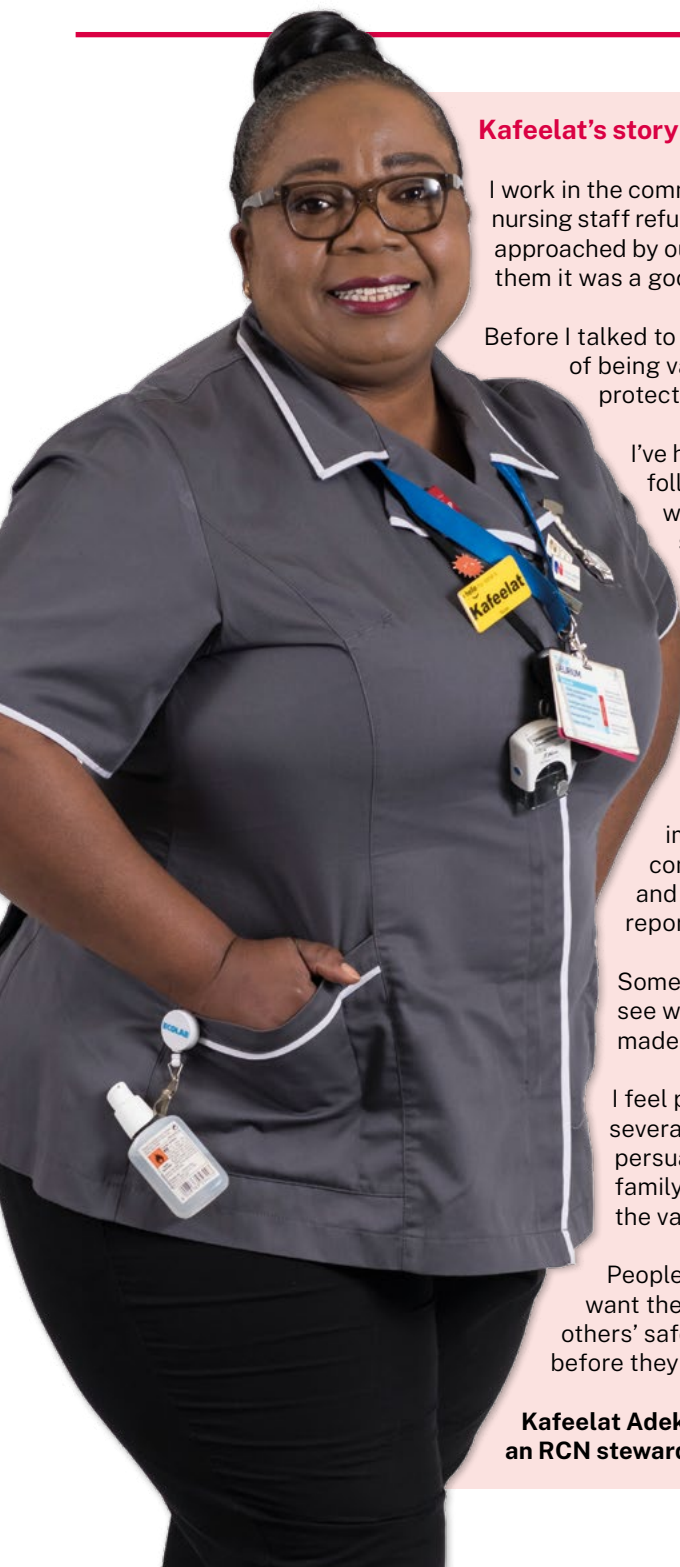
"There are better ways to improve vaccine uptake in staff than mandating them. These include support from experienced peers who we know instil confidence in their colleagues.

"We also know that making sure the vaccines are easily accessible during the working day is an essential part of improving uptake. Being vaccine hesitant doesn't mean people will never get the vaccine which is why supportive conversations are also key."

“

I feel proud that I've encouraged several staff to be vaccinated

➤ The government's consultation on mandatory vaccines closes on 22 October. The RCN will be submitting a response, but you can feedback directly too: tinyurl.com/mandatory-vaccine-consultation See our COVID-19 vaccination FAQs for further advice: rcn.org.uk/covid-19-vaccination



Kafeelat's story

I work in the community and unfortunately, some of our nursing staff refused to have the COVID-19 vaccine. I was approached by our head of nursing to try and persuade them it was a good idea, rather than forcing them.

Before I talked to staff, I researched the advantages of being vaccinated and how it would help protect them.

I've had COVID-19 myself, which was followed by long COVID, the effects of which have lasted for several months, so I know exactly how bad this virus can be.

I'm very open about my own illness, but in the African culture many still won't talk about it, as they feel sharing this kind of information with anyone is wrong.

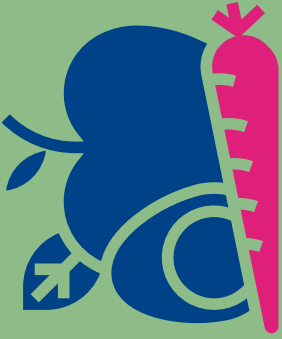
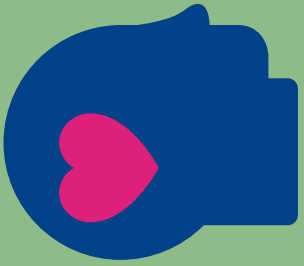
Finding out what worried them was important. For some in the African community, there were religious beliefs and they were listening to lots of negative reports, too.

Some said they wanted to wait for a year to see what the effects might be before they made a decision.

I feel proud that I've managed to encourage several staff to be vaccinated. Once you persuade someone, they might talk to family members and friends about having the vaccine.

People have the right to say no, but I really want them to think hard about their own and others' safety, and understand all the facts, before they make that decision.

Kafeelat Adekunle is a community matron and an RCN steward in London



Winter Wellbeing



Look after yourself this winter

With COVID-19 circulating alongside the usual winter viruses, protecting yourself and your patients is vitally important.

It's important to take time for yourself. Look after your own physical and psychological health with our tips below.



Have your vaccines



Do what you can to

All health care staff and nursing students should get the COVID-19 and flu vaccines to protect themselves and their patients, and to help prevent the spread of these viruses. Vaccines are safe and effective, although they can sometimes have mild side effects. They cannot give you the virus.



Stay active

Make sure you eat well, stay hydrated and keep active. For example, take time to get fresh air. A brisk 10-minute walk every day can help you build stamina, support mental health and make your heart healthier.



Keep well

Looking after your mental health, taking time out for yourself, eating healthily and sleep play a critical role in staying well.

prevent spreading illness

Stay at home if you have respiratory infection symptoms. Likewise, diarrhoea and vomiting infections such as norovirus also circulate widely during winter. Minimise contact with others if you are unwell. Make sure you always wash your hands thoroughly or use alcohol gel after using public transport.

While social distancing and use of face coverings are no longer mandated, it's still recommended for people to wear face coverings and keep socially distanced, wherever possible.



Seek support

If working conditions are having an impact on your health and wellbeing, speak to your local RCN health and safety rep or visit:

rcn.org.uk/healthy-workplace

Find out more:

rcn.org.uk/winterwellbeing

[#WinterWellbeing](https://twitter.com/WinterWellbeing)



14 ASSAULTS AT WORK

Creating crucial resources

After identifying a gap in knowledge, Phil created a leaflet on coping with violent incidents inspired by a member's experience

When RCN steward Phil Noyes was unable to secure the help a member needed, he vowed never to be in that position again.

“All they wanted was a bit of financial support towards travel and prescription costs for treating a long-term condition caused sometime before, during an incident with a patient,” Phil recalls.

However, the incident happened more than

three years ago so they weren't eligible for criminal or personal injury compensation. “That's the last time I wanted anyone not to have that information readily available.”

Putting it into action

Two years ago, Phil, who is Staff Side Chair for Coventry and Warwickshire Partnership Trust, began creating an information leaflet to help staff who have been assaulted at

work. This summer, it was finally accepted as part of the trust's policy on coping with stressful incidents, with staff able to read it on their work intranet.

“As members of a caring profession, people can often be reluctant to pursue compensation associated with the word 'criminal' as they don't like that label.

“But it enables them to get recompense for injuries that



Phil Noyes
pictured by
Steve Baker

Tips to create your own resources

- Choose something where there is a knowledge gap.
- Be prepared to persevere. “Don’t give up,” says Phil. “And don’t underestimate the amount of work involved. It takes a lot of effort.”
- Seek out support from across your organisation. “Find your natural allies – those who feel as concerned about an issue as you do,” Phil advises.
- Seek feedback along the way, from different audiences. “I’m so grateful to all of those who made useful comments, including suggestions about what it should include and different ways of wording things,” says Phil.

Sources of recommended support include the trust’s own counselling service or a peer-support approach for the emotional wellbeing of staff who’ve experienced a traumatic event at work. “You might also be asked to be part of a review of what has happened so that services can learn and make changes to try to avoid it happening again,” the leaflet says.

Feedback so far has been very positive, says Phil. “It’s taken a long time to get here, but I think it’s been worth it in the end,” he says.

can affect their whole life, in some cases causing them to give up their careers.”

Practical help

Sections include finding support in your team and within the trust; absence from work after an incident and returning; police involvement; and the various types of compensation.

“Being assaulted at work by someone you are caring for is not part of your job, even though the risk may be a known one,” says the leaflet.

Sometimes recognising the lingering psychological effects can be slower, Phil believes. “Verbal assaults can also be dismissed as ‘it’s only words,’” he says. “But they can have a deep impact.”

Compensation claims

There are a number of ways to claim for compensation following an assault at work:

- the Criminal Injury Compensation Authority is a body that will compensate victims of crime even if no charges have been brought (as long as it’s been reported to the police). The claim window is open two years from the incident date
- you can make a claim via the courts directly from your assailant, provided you tell the police this is what you want
- personal injury claims apply where an employer has been negligent of your safety, and can be made within three years of the incident
- RCN members are eligible for legal advice and representation for injuries sustained due to the fault of someone else. Whether a workplace injury or not, RCN Law’s personal injury specialists can help you obtain 100% of your compensation. The service is completely free to members, regardless of whether the claim is successful. See rcn.org.uk/personal-injury

16 SUPPORTING DIVERSITY

Reasonable adjustments

Health ability passports allow for a more open dialogue between staff with a disability and their line manager. Find out how updated RCN guidance can support you to introduce them at work



Stock image

For nursing staff with a disability, long-term health condition or those who are neurodiverse, changing jobs or line managers often means starting difficult conversations from scratch, sometimes having to renegotiate what's already been agreed. But health ability passports have the potential to make everyone's life easier.

"We've been championing the concept for a long time, and they're already being used in some trusts, although not a majority," says Holly Chadd, RCN Peer

Support and Project Information Officer. "At its heart is being able to sit down with your line manager and have a really honest and safe discussion about what you need to be able to work effectively, with your employer taking responsibility for getting those reasonable adjustments in place."

Reviewed and updated in August, the RCN has produced comprehensive guidance targeted at individuals, line managers and union reps. "We've had great feedback from reps who've

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We know people don't find it easy to talk about their health

🔗 Find out more about health ability passports: rcn.org.uk/health-ability-passport or the RCN's Peer Support Service: rcn.org.uk/peersupport

used it,” says Holly. “It was inspired by a couple of members who had an almost revolving door of new managers, which left them having to constantly explain their conditions and what they needed. This takes some of that frustration away.”

Starting a conversation

For RCN steward Ngaire Cox, the benefits of health ability passports are too many to be ignored.

“It helps staff who might be reluctant to share details of their conditions, supporting them to be more open so they can get the adjustments they need from their employer,” she says.

“We know that sometimes people don’t find it easy to talk about their own health, especially those who have conditions that unfortunately still have a stigma attached, for instance neurodiverse conditions. They worry they might be perceived differently or seen as incapable of doing their job, so they keep conditions such as dyslexia to themselves, fearing what might happen if they disclose it. This empowers staff to start those discussions with their manager.”

At Sussex Community NHS Foundation Trust, where she is Chair of Staff Side, Ngaire says they are currently working on a health and wellbeing passport for

all staff members, where any adjustments can be discussed and enabled.

“The health service has an ageing workforce, members of which are expected to work longer before retiring, so inevitably more conditions develop over time,” says Ngaire, who represents the South East on the RCN UK Stewards Committee. “The pandemic has shone a light on the health and wellbeing of staff, creating a catalyst. We need to be able to say to them, if you have a condition, don’t be afraid to declare it. Nursing should be open to all. We want to celebrate the diversity of the workforce, which reflects and supports a diverse population.”

What is a health ability passport?

Also known as disability, health, or workplace adjustments passports, they provide a framework to discuss an employee’s health and what changes can be made at work to support them.

Passports can be used to discuss and document:

- who will take which actions and by when, in order to establish adjustments – for example, procuring equipment
- procedures to follow if the person becomes unwell, including who to contact, particularly in the case of mental ill health
- behaviours to look out for that may signal health is declining or an episode of illness is beginning
- things that can trigger or exacerbate the disability or condition, and how these can be minimised
- recommendations from occupational health, if applicable.



The International Committee

Find out about the work of this important committee and how it shapes our approach to global nursing issues

As one of the RCN's advisory committees, the International Committee provides expert advice to RCN Council on issues that affect nurses and nursing around the world. Among its key purposes is providing an international dimension to the RCN's strategic priorities.

It also shares knowledge of wider developments from outside the UK, which may impact both the organisation and nursing, such as the United Nations' sustainable development goals, efforts to achieve universal health coverage and key activities by the World Health Organization.

The committee has eight members, chosen via an appointments process, and meets three times a year, with additional telephone conferences and briefings as needed.

International focus

"Nursing and health are global issues," says committee member Jason Warriner. "Over the last 18 months or so of the pandemic, we've witnessed

the importance of the need to work globally. We're fortunate to have many links through our professional forums and European groups. Now we need to tap into those networks, supporting and learning from each other, both to carry on tackling the impact of the current pandemic and preparing for similar events in the future.

"It's also not just about sharing our knowledge with other countries. We can learn from them too – it's very much a two-way process," says Jason. "I've worked with nurses from across the globe and have gained so much from them. They are eager to share."

Forging alliances

The RCN is a member of European and international networks, such as the European Federation of Nurses

Associations; the Commonwealth Nurses and Midwives Federation; the European Federation of Public Services Unions; the European Public Health Alliance; the International Confederation of Midwives; and the European Forum of Nursing and Midwifery Association.



Stock image

These alliances provide an important mechanism to strengthen nursing leadership globally, as well as nationally, by creating space to explore and address issues that are important to the profession no matter where you practise.

Aims and priorities

At the RCN's Annual General Meeting (AGM) in May, members voted to re-join the International Council of Nurses (ICN) and this process is progressing.

Another priority is the Professional Qualifications Bill, introduced in the House of Lords in May 2021. The bill will replace previous legislation that allowed professionals to move freely



between EU member states, which applied until the UK left the EU in 2020.

While the next stages of this legislation have yet to be timetabled, there are a range of issues which the RCN needs to see resolved.

“We need credible legislation in place so we can maintain a skilled workforce,” says Jason. “If we want the best health care, qualifications can't become a bargaining tool or we risk jeopardising patient safety.”

Other key opportunities include how the RCN strengthens international relationships with other nursing associations across the world; discussing the international challenges of recruiting and retaining nursing staff; safer staffing and what is being done globally to achieve that goal; and being able to share innovation and leadership across the nursing workforce as a truly global profession.

“We also need to focus on internationally recruited nurses and black and minority ethnic communities,” says Jason. “We have nurses from all over the world working in the UK and they are a key part of our workforce.”

“Where would we be without them? We need to look at how we support them throughout. This starts from when they're first recruited, making sure that it's done ethically, to ensuring we properly value the skills and knowledge they bring.”

“

We need to look at how we support internationally recruited nurses

➤ Find out more about the committee: rcn.org.uk/international-committee and learn about our international work more generally: rcn.org.uk/international

Reps and Student Ambassador of the Year

Meet our RCN Awards winners, whose work makes a real difference to our members

Learning Rep of the Year: Sydney Masawi



Sydney is a committed rep who continually seeks new learning initiatives, resolves workplace issues, and interacts with and recruits

other reps. Throughout the pandemic, he has helped to reignite a series of training sessions for his colleagues, which focused on both clinical supervision and wellbeing. He made sure they were available online and produced a year-long plan for sessions, while issuing certificates to attendees and creating posters to advertise them.

There has been a lot of interest in the training sessions, which aim to improve skills and knowledge

to care for patients safely. The training also supports clinical development for revalidation across the whole organisation.

RCN South East Regional Director Dr Sheila Marriott said: "Sydney is an enthusiastic, helpful, dedicated, and conscientious learning rep. He always maintains awareness of the RCN, often recruiting members and signposting them when support is needed."

Safety Rep of the Year: Cath Jones



Cath is a tireless advocate for the members she represents, both individually in her case work as a steward, and

collectively as a safety rep. She has been key to ensuring the maintenance of a health and safety agenda. During the pandemic she's ensured that risks are managed by individuals, departments and the health board.

Linking with other safety reps, Cath developed and supported partnership working between the RCN and other stakeholders to champion positive health and safety practice. One example

is the introduction of a buddy system to support new reps.

RCN Wales Director Helen Whyley said: "Cath is a shining example of how a safety rep can represent and negotiate on behalf of RCN members' collective health and safety needs, be a spokesperson for members and support and assist other representative colleagues on health and safety-related issues."

RCN Awards 2021

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Steward of the Year: Hilary Nelson



Colleagues have described Hilary as an enthusiastic and committed steward, who has inspired several others to become RCN reps. She has also helped

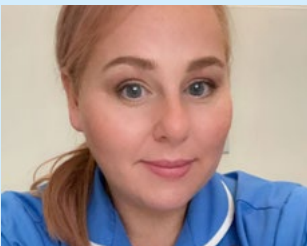
to support them on their activist journey. Hilary has been influential in raising some significant issues within her health board, which have led to high level reviews and resulted in subsequent actions and improvements for members and patient care.

RCN Scotland Director Colin Poolman said: "The reputation of the RCN within NHS Forth Valley has been significantly enhanced due to Hilary becoming an active RCN steward. Hilary's drive

and objectives are always centred on the needs of members, nursing staff and the RCN.

"Her meticulous preparation, motivation, commitment and communication is reassuring for members, and this is often commented on. Her skills and attributes are contagious and have been influential in recruiting both members and reps as well as progressing branch activity."

Student Ambassador of the Year: Catherine McLaughlin



During the pandemic, Catherine worked with a rapid response team set up by Queens University Belfast to support and troubleshoot any issues students were facing,

either in academia or while out on placement. She was a rep at her university and supported and represented her peers on her university education committee working group.

She also showed exceptional leadership during the RCN Northern Ireland strike action and liaised with her university and the RCN to enable student issues to be raised with trusts and the Department of Health.

RCN Northern Ireland Director Rita Devlin said: "Catherine has been an

outstanding student ambassador. She recently qualified and has been instrumental in launching a Northern Ireland network for newly registered nursing staff.

"She uses her social media platform to promote RCN campaigns and student issues and she has promoted RCN membership for all nursing staff. She has been an inspiration and fabulous role model for nursing students. Her commitment and infectious passion for nursing is truly amazing."

Awards of Merit

This year, six members receive the Award of Merit – the highest honour the RCN can give for voluntary service – recognising those who have gone above and beyond to support fellow members

Maggy Heaton



Maggy is Chair of the UK Stewards Committee and is a longstanding RCN activist, having been a steward for more than 15 years.

Maggy has done a lot to tackle bullying and helped other members change their workplace culture.

She has held several branch executive committee roles, including Chair, and is known for being a stalwart campaigner, taking on a leading role in the current Fair Pay for Nursing and safe staffing campaigns.

Dr Barbara Mortimer



Barbara has used her extensive knowledge, expertise and enthusiasm in service of the RCN over a number of years to promote conferences, educational events, research and publications. She was a member of the History of Nursing Society, which is

now an RCN forum, for eight years, and served four years as Chair. Since retirement, Barbara has made an unparalleled contribution to the RCN Archive's oral history project, travelling the UK to interview more than 50 nurse leaders.

Billy Nichols



Billy has been an RCN steward since 2004 and became an RCN safety rep in 2013.

He is a current member of the UK Stewards Committee. Billy won the RCN Steward of the Year award in 2007 in recognition of his

outstanding work as an RCN representative.

Through his RCN work, Billy got involved with the equalities and human rights department at his workplace, where he was instrumental in developing an LGBT staff network.

RCN

Awards 2021

Evaline Omondi



Evaline is a member of the Eastern Board and an RCN steward. She was personally affected by the introduction of the Immigration Health Surcharge (IHS) as she had no access to public funds as an overseas health care worker.

At RCN Congress 2018, she introduced the IHS as an agenda item. Evaline was at the centre of the subsequent RCN campaign, which led to the UK government's announcement that health care workers would become exempt from paying the IHS.

Ged Swinton



Ged is Chair of the RCN South East Board, and previously Vice Chair. He has had a significant impact in promoting member engagement and supporting the development of his fellow elected board members.

Alongside his board role, Ged has served for eight years as Chair of his branch executive committee and has been an active RCN steward for nine years. He is a keen activist who can frequently be found taking part in RCN campaign demonstrations.

Gwen Vardigans



Gwen has been an active member of the RCN for almost 40 years. She has held several branch executive committee roles, including two terms as Chair of the North Yorkshire branch.

Gwen has given a huge amount of her time to mentor

and support other members, in particular first-time attendees at RCN Congress.

She has supported members to actively engage in Congress, including advising on writing and submitting agenda items and preparing members to present.

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