

# RCN briefing for Commons consideration of Lords Amendments to the Trade Union Bill

With a membership of around 435,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations. The RCN is a politically neutral organisation.

While the RCN rejects the Trade Union Bill in its entirety, this briefing focusses solely on the facility time clauses within the bill.

## The RCN's position

The RCN has made the case at every stage of the bill that the clauses relating to facility time are unnecessary and should be removed.

## **Background**

Facility time for workplace representatives is beneficial to patient care. It leads to enhanced safety of practice environments, improved learning and development for health care staff and boosts productivity. It makes considerable savings to the public purse<sup>1</sup> by reducing staff turnover and therefore reducing expenditure on recruitment that could otherwise be invested in frontline services to improve patient care.

The current nursing workforce shortage, the need to deliver safe staffing levels, against the backdrop of financial austerity, and a focus on delivering more for less, means adequate facility time in the NHS is more important than ever. In a sector facing considerable financial hardship and already overburdened by paperwork and reporting, the RCN does not believe a strong enough case has been made for increasing this burden, particularly as the primary focus of Trusts should be on improving patient care. That is why the RCN, with support from Trust Chief Executives, HR Directors and Directors of Nursing, has made the case at every stage that that the clauses relating to facility time are unnecessary and should be removed.

<sup>&</sup>lt;sup>1</sup> https://www.rcn.org.uk/about-us/policy-briefings/RCN-WERS-briefing

### **Lords Amendment 17**

We support the Lords amendment 17 to remove clause 13 of the bill. Clause 13 contained proposals to give the Minister the power to impose a cap on the amount of facility time given to trade union representatives to carry out their duties. We do not believe the Minister should have such a power. Facility time arrangements are best agreed between employers and trade union representatives and they are best placed to determine what is reasonable according to local need.

The Government has attempted to respond to our warnings about capping facility time, and has listened to our call for facility time arrangements to continue to be determined locally. The amendment the Government has brought forward to replace clause 13 is an improvement to their original proposal for a blanket cap on trade union facility time, which would have posed a significant risk to safe patient care.

The new clause introduced by the Government requires the Minister to consider certain factors before exercising the reserve powers to cap facility time, and this introduces some much-needed safeguards. However, we are concerned by *Page 9, section 1, subsection e,* which states that the Minister may exercise the reserve powers having regard to "any other matters that the Minister thinks relevant." We would welcome clarification from the Government on what is deemed "relevant".

Should these new Government proposals on facility time come into force, the next three years will present an opportunity to recognise the significant positive impact that trade union representation makes to safer, more productive and efficient workplaces. The RCN will be looking closely at the accompanying regulations and will not hesitate to raise concerns if we believe they pose a risk to safe patient care.

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For further information please contact: Stephanie McMeeken RCN Parliamentary Officer stephanie.mcmeeken@rcn.org.uk 020 7647 3629