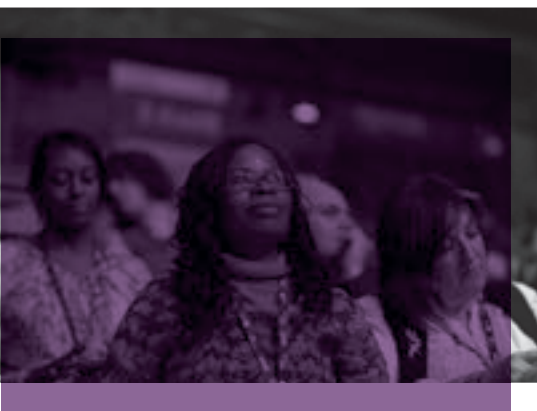


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A wide-angle photograph of a large, modern conference hall. The stage is at the far end, featuring a large screen displaying a speaker. The audience is seated in tiered rows, filling the hall. The lighting is focused on the stage.

Council's report to members on Congress 2013



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Council's report to members

Foreword



**Foreword by
Michael Brown**

This is my first Congress as your Chair of Council. It is with a great sense of pride that I take on this role.

This report gives our members a detailed outline of all of the in-depth work, agreed by Council, which has taken place on the crucial issues that you debated at last year's Congress. We also report back on the ongoing work covering large scale items from previous Congress events.

As you can see, last year's event once again covered a packed business agenda, including subjects such as disability assessments, access to alcohol support services, end of life care, nursing regulation and the Francis report. We also saw a number of debates about the RCN's status, including how we balance our professional and trade union functions, how we can create a more robust role for our retired members and how we can better engage our members with ballots and elections.

Member engagement is my personal priority as Chair and, as with all Council members, I believe fervently that everyone in the organisation should have their voice heard. We will be listening to your opinions and ideas throughout the week at Congress and continuing our discussions with you throughout the year via our new consultation processes through boards, branches and forums and other networks.

I am looking forward to presenting my first report of Council to Congress this year, and letting you know about progress made on the areas that are a priority to you. This report will be presented at 9am on Tuesday 17 June in the main auditorium and we will be taking questions about the work it covers then. For the first time the annual general meeting is taking place in Congress week, on Wednesday 18 June at 2.30pm, and all other questions covering the RCN's wider work should be asked then.

In the current climate we have a lot to do and we need to hear your voice. Congress is an invaluable opportunity to hear from you face to face so please speak up about the issues that matter the most to you.

I look forward to seeing you in Liverpool.

Thank you, as ever, for your support,

A handwritten signature in dark ink that reads "Michael Brown". The signature is written in a cursive, flowing style.

Michael Brown

RCN Congress 2013

The forty-sixth meeting of RCN Congress was held on 21 to 25 April 2013 at the Liverpool Arena and Convention Centre.

Present: Rod Thomson (Chair), Stuart McKenzie (Vice Chair), the Agenda Committee, Council and representatives of the RCN Branches, RCN UK Forums, the HP Committee, the UK Stewards', Safety and Learning Representatives' Committees and the RCN Students' Committee.

1. Welcome and introduction from the Chair

The Chair welcomed delegates to Congress.

2. Reports of the Agenda Committee

Congress received reports from the Agenda Committee meetings held since the last Congress. During the course of the meeting, verbal reports of the Agenda Committee were received. The emergency resolutions recommended to and agreed by the meeting for incorporation into the agenda are included in this report.

3. Report of 2012 Congress

Congress formally received and adopted the report of the meeting held on 13 to 17 May 2012.

4. Resolutions and matters for discussion

Resolutions (R) and matters for discussion (MFD) are listed in the order they were discussed as are the emergency items (E).

1. Disability assessments (R)

That this meeting of RCN Congress believes that the current process of disability assessments in the UK is discriminatory and unfit for purpose and urges Council to campaign for a review

For	431	97.51%	Passed
Against	11	2.49%	
Abstain	4		

RCN Congress 2013

2. Showing that we care (MFD)

That this meeting of RCN Congress discusses how nurses can maintain and enhance the trust of the public and show they really do care.

26E. The role of the RCN (R)

In light of recent criticism RCN Congress believes that the RCN is a more effective organisation because of its dual role as a Royal College and Trade Union.

For	452	99.34%	Passed
Against	3	0.66%	
Abstain	1		

3. Compulsory rotational posts (R)

That this meeting of RCN Congress urges Council to call for rotational posts to be compulsory for the first year after qualification.

For	69	16.51%	Defeated
Against	349	83.49%	
Abstain	15		

4. The future of regulation (MFD)

That this meeting of RCN Congress discusses how health care professionals should be regulated in the future.

5. Alcohol advice and support services (R)

That this meeting of RCN Congress calls on UK government and local authorities to protect and promote referral and access to alcohol advice and support services.

For	464	97.48%	Passed
Against	12	2.52%	
Abstain	8		

6. Recreational drug use (MFD)

That this meeting of RCN Congress discusses the use of recreational drugs by the public and its impact on the role of nurses.

7. Retired not redundant (R)

That this meeting of RCN Congress urges Council to use the proven talents of retired RCN accredited representatives.

For	396	95.88%	Passed
Against	17	4.12%	
Abstain	9		

8. End of life care (R)

In light of the ongoing controversy over the Liverpool Care Pathway, RCN Congress asks Council to lobby for improved training and education in end of life care.

For	451	99.34%	Passed
Against	3	0.66%	
Abstain	4		

9. Who should feed our patients (MFD)

That this meeting of RCN Congress discusses who should support our patients to eat and drink.

NB. This was an amendment to the original wording which was passed by Congress. The original wording was:

That this meeting of RCN Congress discusses who should feed our patients

27E. Francis report (MFD)

That this meeting of RCN Congress discusses the implications of the Francis report for nursing and nurses working in the UK.

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Council's report to members

RCN Congress 2013

10. Regulating and accrediting physical restraint (R)

That this meeting of RCN Congress asks Council to lobby UK governments to review, accredit and then regulate national guidelines of approved models of physical restraint.

For	470	99.79%	Passed
Against	1	0.21%	
Abstain	1		

11. It's up to you (MFD)

That this meeting of RCN Congress discusses how to secure better levels of engagement by members in RCN ballots and elections.

29E. Section 75 Regulations (R)

That this meeting of RCN Congress calls on the House of Lords to reject the Section 75 regulations.

For	483	98.37%	Passed
Against	8	1.63%	
Abstain	9		

12. Recruiting the right candidates (R)

That this meeting of RCN Congress urges Council to call for all those recruited to pre-registration nursing programmes to have undertaken relevant health and/or social care experience prior to commencing their education courses.

For	79	19.46%	Defeated
Against	327	80.54%	
Abstain	14		

13. Dealing with death and trauma (MFD)

That this meeting of RCN Congress discusses the personal and emotional toll on nurses of dealing with trauma, death and dying.

28E. Infectious disease prevention (MFD)

That this meeting of RCN Congress discusses what more can be done to ensure children in the UK are protected against preventable infectious diseases.

14. Emergency responses (R)

That RCN Congress declares that it will only support closures of emergency departments where there is a robust clinical case and not purely as a cost saving exercise.

For	464	99.57%	Passed
Against	2	0.43%	
Abstain	3		

15. Referrals for morbidly obese (MFD)

That this meeting of RCN Congress discusses whether morbidly obese people presenting to a clinician should be routinely referred to mental health or addiction services.

16. Discharging responsibility? (R)

That this meeting of RCN Congress asks Council to lobby for national guidance on discharge planning and processes.

For	431	95.57%	Passed
Against	20	4.43%	
Abstain	3		

17. Should we elect or recruit our general secretaries? (MFD)

That this meeting of RCN Congress discusses whether the next General Secretary is elected by full membership ballot or is a Council appointee.

RCN Congress 2013

18. An alternative approach (MFD)

That this meeting of RCN Congress discusses the role of the nurse in alternative and complementary therapies.

22. Disability discrimination (MFD)

That this meeting of RCN Congress discusses whether disability discrimination exists within the NHS.

20. Is district nursing still relevant? (MFD)

That this meeting of RCN Congress discusses whether the role of the district nurse is still relevant today?

21. Equity for nurse mentors (R)

That this meeting of RCN Congress urges Council to lobby for all mentors to have protected time, as is standard across other professions.

For	408	98.31%	Passed
Against	7	1.69%	
Abstain	4		

19. In the right place? (MFD)

That this meeting of RCN Congress discusses why people with moderate learning disabilities are still being inappropriately placed.

30E. Section 75 Regulations (R)

That this meeting of RCN Congress, given the passage of the Section 75 regulations, urges Council to increase its lobbying to protect the NHS from further privatisation.

For	449	97.61%	Passed
Against	11	2.39%	
Abstain	9		

31E. Health care support workers regulation

The following emergency resolution was referred directly to Council for consideration and to include the four country and independent sector perspective:

That this meeting of RCN Congress asks Council to call on the Secretaries of State to make it a mandatory requirement for employers to register the training their health care support workers have received and keep that register available for inspection.

23. Environmental Impact (MFD)

That this meeting of RCN Congress considers how the design of work places affects the working practices and health and safety of nurses.

24. Nursing the next generation (MFD)

That this meeting of RCN Congress discusses the future funding and provision of health services without a National Health Service.

25. A risk worth taking? (R)

That this meeting of RCN Congress supports the need for clear guidance for nurses who facilitate a positive risk taking culture when planning and delivering care.

For	369	97.11%	Passed
Against	11	2.89%	
Abstain	18		

5. Report of Council

The Chair of Council presented the report of Council on action arising from 2012 Congress. She reported the action that had taken place in the course of the year in relation to resolutions and matters for discussion and the work of the Council committees during that time. Following questions and detailed discussion, the report was received by Congress.

6. Date of next meeting

Delegates noted that the next meeting of the RCN Congress would take place on 15-19 June 2014 in Liverpool.

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Council's report to members

Introduction

This report contains updates on the 2013 Congress items Council has taken action on over the past year.

Following Congress in 2013, Council asked the Nursing Practice and Policy and the Membership and Representation Committees to review each resolution. Where the debate required action the committees agreed a programme of work for the coming year and have reviewed progress on a regular basis.

This report is a summary of all that work. Some resolutions did not require any follow-up action and, of course, matters for discussion do not give a mandate for action. If members feel work should be taken forward from a matter for discussion then it should come back as a Congress resolution in a subsequent year.

We can't always complete our objectives within a year but the work doesn't stop. We have therefore also included a report on ongoing items from previous Congresses where work continues.

1. Disability assessments

That this meeting of RCN Congress believes that the current process of disability assessments in the UK is discriminatory and unfit for purpose and urges Council to campaign for a review.

Submitted by: RCN Inner North Central London Branch
Council lead and committee assigned: Cecilia Anim, Nursing Practice and Policy Committee

Members involved: Dominic Walsh, RCN Inner North Central London Branch

Substantial evidence on the impact of working capability assessments (WCAs) is already available in the public domain. Additionally, the RCN holds evidence from representing members who challenge decisions made in relation to welfare benefits. An RCN working group is now collaborating with stakeholders to gather further evidence, share knowledge and add value to other organisations' initiatives.

In 2013, the RCN responded to a call for evidence for the fourth independent review of the WCA, and also took part in a roundtable discussion with Dr Paul Litchfield, who led the review, and other stakeholders to discuss the process's effectiveness and propose changes to the existing system. The findings of Litchfield's review, which were published in December, acknowledged dissatisfaction with the current process. The report described the assessment as a reasonable and pragmatic tool, but also raised a number of concerns.

The report found the scoring system "somewhat arbitrary", raised concerns that people weren't treated with dignity and respect, and criticised the decision-making for complex or borderline cases. It also raised concerns over the lengthy nature of the process and the assessment of mental health cases.

It made a number of recommendations to address these issues, and the RCN is using this opportunity to craft a series of questions for parliament, putting pressure on the Government to implement the reports' recommendations.

The working group developed a response to the Work and Pensions Committee inquiry into employment and support allowance and the WCA. The group made its submission, co-ordinated by the RCN's Parliamentary Team, in March. See www.rcn.org.uk/support/diversity/events/improving_the_work_capability_assessment

Of particular concern to the RCN is the framework and effectiveness of the WCA assessment criteria which have led to erroneous decisions about capability for work. Another worrying aspect of this is that nursing professionals are required to carry out these assessments adhering to

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specific assessment criteria and the delivery requirements of the DWP contract, which has been the subject of much scrutiny and criticism by both the Public Accounts Committee and the National Audit Office. This raises concerns of a potential to create a significant conflict between delivering the assessment in accordance with the framework and the contract and the professional code of nursing.

The RCN has and will continue to engage with both Atos and Capita to influence best practice in undertaking assessments on behalf of the Department for Work and Pensions (DWP) by sharing evidence from our members, as well as our expertise in relation to the policy and legislation that requires these assessments take place.

The RCN held a stakeholder event in May to share our views and information about our campaigning activity on this issue.

5. Alcohol advice and support services

That this meeting of RCN Congress calls on UK governments and local authorities to protect and promote referral and access to alcohol advice and support services.

Submitted by: RCN Older People's Forum

Council lead and committee assigned: Carol Evans, Nursing Practice and Policy Committee

Members involved: Sue Edwards, RCN Older People's Forum, Lynda Greenslade, RCN Gastrointestinal Nursing Forum and Ellie Gordon, RCN Mental Health Forum

The Congress debate highlighted concerns about alcohol misuse across all age groups but also focused on the impact of cuts to services.

Alcohol misuse remains a major public health challenge across the UK and the RCN has engaged in a significant amount of work, in relation to both policy and professional support, to help address the issues raised.

Across the UK the RCN continues to lobby for the protection and promotion of support services. In England, these now come under the remit of public health teams within local authorities, and the RCN is committed to ensuring that these budgets are protected. We welcomed the announcement in January this year that recovery-focused alcohol and drug-treatment centres across England would benefit from new government investment of £10 million.

In Northern Ireland, the RCN has supported legislative measures to enhance the regulation of the sale of alcohol in supermarkets, off-sales premises, pubs, restaurants and private clubs. We also continue to highlight the key role of alcohol liaison nurses in preventing unnecessary hospital admissions and enhancing patient outcomes, in line with the objectives of *Transforming your care*.

In Wales, the RCN has contributed to developing information for the *Over 50s* health check website, which was due to be launched in April 2014. The resource will help users to understand their health status including the effects of alcohol consumption.

Across the UK we are pressing for minimum pricing of alcohol and have lobbied governments to prioritise a minimum unit price. We have engaged with other relevant organisations in collaborative efforts to affect change – for example, the Alcohol Health Alliance and Scottish Health Action on Alcohol Problems. Through a series of workshops on behaviour-change skills, we have supported *Making every contact count*. These workshops help nursing staff to support patients and clients to make lifestyle changes for the benefit of their health. A new RCN online resource is now available to support nursing staff in this area.

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Alcohol awareness and support services remain an integral part of the RCN's wider work on reducing premature mortality. One of the primary aims of this Congress work has been to include information on the effects of alcohol, and how nursing staff can access support services and reliable health-promotion resources relating to alcohol, on the public health nursing pages of the RCN website.

Via social media, e-communications and print publications, we will continue to seek opportunities to inform members and engage them in discussions about the effects on their patients' health of alcohol misuse. One example of this type of engagement is the Twitter chat we held last autumn to coincide with Macmillan's *Go Sober for October* campaign, which sparked interest and lively debate on the issues.

7. Retired not redundant

That this meeting of RCN Congress urges Council to use the proven talents of retired RCN accredited representatives.

Submitted by: RCN North West Outer London Branch
Council lead and committee assigned: David Harding-Price, Membership and Representation Committee
Members involved: Zeba Arif, RCN North West London Outer Branch and John Hill, RCN Scunthorpe Branch

The English regions, national boards, and the UK Stewards, Learning and Safety Representatives' Committees, have all considered this matter and have contributed views. The following points emerged as common themes:

- the RCN should be more explicit in how the contribution of retired accredited representatives and members is valued
- sometimes accredited representatives' previous service prior to retirement is not properly recognised by the organisation
- the RCN has invested in representative training and cannot afford to lose this investment when representatives retire. There are areas where retired representatives (and retired members) could act as lay mentors. Additionally, there is little appetite to set up any new structure. It is not structures that inhibit the recognition, use or value of retired representatives and members, more the attitudes they encounter
- mixed views about whether retired reps should/could be allowed to access reps' training and development
- retired representatives should not be given advantages over retired members and both should have similar support and engagement with the RCN. This recognises that for some retired members this is the first time they can fully engage in the work of the RCN and bring new skills and talents to branch activity
- retired representatives could be a support to RCN regions/boards in work in the independent and private sector. For example, a retired representative could work with and support new representatives in this area. As part of a formal strategy, working in partnership with an employer.

The RCN recognises the knowledge and skills of retired representatives and wants to utilise that skill set for as long as it remains current and relevant to RCN activity.

Based on the views that emerged above, the Membership and Representation Committee will now consider ways to ensure that retired representatives' and retired members' knowledge is not lost from the organisation.

8. End of life care

In light of the ongoing controversy over the Liverpool Care Pathway, RCN Congress asks Council to lobby for improved training and education in end of life care.

Submitted by:	RCN Swansea Branch
Council lead and committee assigned:	Cecilia Anim, Nursing Practice and Policy Committee
Members involved:	<p>Kiera Jones, RCN Swansea Branch and Gwen Vardigans, RCN York Branch</p> <p>The RCN hosted a workshop in July 2013 that brought nurses from across the UK together to discuss what the RCN could do to better support them to provide high quality end of life care.</p> <p>Following the publication of <i>More Care, Less Pathway July 2013</i> – the Baroness Neuberger report into the use of the Liverpool Care Pathway – the RCN was invited to sit on the strategic group of the Leadership Alliance for the Care of Dying People, set up to respond to the recommendations and led by NHS England. At the time of writing, the final report of this alliance was due to go to ministers in April 2014.</p> <p>RCN members were advised of the engagement workshops and online process and encouraged to participate and to encourage colleagues, families and patients to contribute.</p> <p>One of the key recommendations in the review was recognition that current training and education in end of life care, at both pre-registration and post-registration, is inconsistent and often doesn't meet the needs of professionals. There needs to be specific recommendations to trusts and organisations that anyone working with dying people and their families must receive sufficient training and support to undertake this effectively.</p> <p>The two sub-groups of the Leadership Alliance - an educational sub-group and clinical advisory group – are working with a range of other royal colleges, Health Education England, the NMC, the GMC and NICE, to address the training and education agenda for professionals. These groups have begun to identify key areas and the RCN is working with them to produce guidance for professionals.</p> <p>In summer 2013, the RCN in Scotland worked with the Scottish Government to agree a consensus statement supporting the use of the Liverpool Care Pathway.</p>

The recommendations of *More Care Less Pathway* were reviewed by the Living and Dying Well National Advisory Group for Scotland, on which RCN was represented by a senior nurse member. The Scottish Government accepted the group recommendations that the LCP should be phased out in Scotland and is now working closely with the national advisory group to deliver a pathway for palliative care.

In Northern Ireland, the RCN, in partnership with the Northern Ireland Hospice, was commissioned by the Health and Social Care Board and the Public Health Agency to deliver an innovative programme to meet the leadership development needs of registered managers of nursing homes. This programme addresses end of life issues and aims to reduce unnecessary hospital admission at the end of life. Around 250 registered managers have now completed the programme.

In Wales, the RCN advocates the use of the all Wales end of life care delivery plan.

The RCN is also now a member of the Palliative Care and End of Life Priority Setting Partnership, a research group identifying specific issues to address in palliative care. The College is also represented at the Scottish Partnership for Palliative Care (SPPC) which has prioritised a stream of work around raising public and professional awareness of palliative care and end of life issues.

10. Regulating and accrediting physical restraint

That this meeting of Congress asks Council to lobby UK governments to review, accredit and then regulate national guidelines of approved models of physical restraint.

Submitted by:

RCN Forensic Nursing Forum

Council lead and committee assigned:

Hamish Kemp, (until October 2013), Peter Walsh, Nursing Practice and Policy Committee (from October 2013)

Members involved:

Dave King, RCN Forensic Nursing Forum and Professor Joy Duxbury, RCN Mental Health Forum

With events at Winterbourne View fresh in delegates' minds, Congress heard of the need not only to see a reduction in violent behaviour, but also a safe method of engaging with clients when defusion or de-escalation had not succeeded. It was strongly argued that there was too much variation in methods taught and that there needed to be a consistent evidence-based method of assuring consistency.

Following Congress, the RCN was approached to lead a revision of the 2002 Department of Health (DH) *Guidance for the minimisation of restrictive physical interventions*. This is being funded by the DH in England and is being delivered by a group of RCN staff and expert members, supported and informed by a steering group, expert reference group and an RCN clinical reference group. An independent nurse consultant Dave Atkinson was appointed, along with Professor Joy Duxbury, to progress the work.

Activities included meetings with the Royal College of Psychiatrists, mental health charity MIND, regular teleconferences with DH officials, and a round table attended by Care Services Minister Norman Lamb.

A consultation on the revised guidance began on December 19, and closed on 13 February. The new DH (England) guidelines, *Positive and proactive care: reducing the need for restrictive intervention*, were published in April 2014.

Additionally, the RCN's Mental Health Adviser is a member of a Skills for Care/Health steering group, tasked by DH to deliver similar guidance for commissioners of staff training in health or social care settings, and will ensure a consistent approach is being delivered.

In spring of this year the Government was also due to announce a work stream to include an area of work addressing issues of training in minimising physical interventions. A letter from Chief Executive & General Secretary Dr Peter Carter has indicated the RCN's interest in being involved in this work.

A longer-term goal is to achieve inter-professional consensus regarding accreditation of schemes of preparation in the safe management of violence by royal colleges or by Government. Early discussions with other royal colleges and the DH would indicate that the Government considers this a devolved matter for local action.

14. Emergency response

The RCN Congress declares that it will only support closures of emergency departments where there is a robust clinical case and not purely as a cost saving exercise.

Submitted by: **RCN East Dorset Branch**

Council lead and committee assigned:

Lors Allford (until November 2013), Mike Travis and David Cardwell (from November 2013), Membership and Representation Committee and Sue Warner, Nursing Practice and Policy Committee

Members involved:

Kathy Moore, RCN East Dorset Branch and Alun Mountjoy, RCN East Dorset Branch, Emergency Care Association

Following discussion with each of the four countries, it is clear that this resolution reflects the position already taken by the RCN. While no work was mandated to be taken forward, there has been a significant urgent and emergency care output from the RCN.

The RCN was represented in the English national review of urgent and emergency care and has secured a number of entries in its recommendations, most significantly, that work would be undertaken to maximise the potential of the nursing workforce. Also telehealth was changed from a “senior medical input” to a “senior clinical input”. The recommendations will be implemented by 2016.

Within Scotland the RCN is represented on all Unscheduled Care Programme Board working groups and equally promoting the important role that nurses play in the emergency department to support patient flow. Also at the Royal College of Physicians of Edinburgh (RCPE) Consensus Conference in November 2013 we secured agreement that senior decision makers could include nurses.

The future of acute services was referenced in the RCN in Northern Ireland's response to the *Transforming your care* consultation. The College stated, “The key issue ... is by whom and by reference to what criteria will decisions about the future status of acute services in each trust area be made.”

In Wales, the RCN has responded to consultations on reconfigurations of A&E departments, emergency care and obstetric care within South Wales.

Additionally, the RCN acute adviser has been working with the intercollegiate community on urgent and emergency care, and secured a one page nursing entry into the Academy of Medical Royal Colleges report on seven day consultant-led care.

As new models of care emerge for emergency departments and elsewhere, the RCN is now represented on both the College of Emergency Medicine Intercollegiate Board for Pre-Hospital Care and the NHS Pathways (NHS 111 software) governance group.

There has also been a marked increase in direct work between the adviser and emergency departments. This work focuses on workforce planning and models of care and has seen positive change in a number of hospitals.

NHS Elect continues to lead on the roll out of ambulatory emergency care and since Congress 2013, the acute adviser has been appointed to its steering committee. The adviser also facilitated a nursing day on accident and emergency care at the King's Fund, with the RCN hosting an intercollegiate community meeting in September to develop the event. Additionally, the RCN held emergency care summits across the UK which were solution oriented and free of charge to members.

The information gained from all of this activity informs the RCN's continuing work on emergency departments. Importantly this in turn allows the RCN to lead on the nursing response to, and involvement in, proposed service restructuring and reconfiguration at local, regional and national levels.

21. Equity for nurse mentors

That this meeting of RCN Congress urges Council to lobby for all mentors to have protected time, as is standard across other professions.

Submitted by: RCN Education Forum

Council lead and committee assigned: Roy Tomlinson, Membership and Representation Committee and Andrea Spyropoulos, Nursing Practice and Policy Committee

Members involved: Moira Davies, RCN Education Forum

Following on from the Willis Commission recommendations around the support and supervision required for mentors and students, the RCN Education Forum and the RCN Students Committee have undertaken to review the existing resources and provision around mentorship. This will take into account recent announcements from NHS Scotland (“Setting the Direction for Nursing and Midwifery Education in Scotland: The strategic aims from the Chief Nursing Officer’s Education Review”) which recognised that the quality of mentorship and student experience continues to vary despite a robust framework being in place. It will also reflect the discussions generated at the RCN Education conference in February 2014, where Kathleen Duffy presented a keynote on ‘Excellence in mentorship- 10 years on’.

There are also various outcomes from the Government’s response to the recommendations of various reports on the delivery of care in NHS England (for example the Francis report) to consider, in particular the role of new NHS England structures such as Health Education England.

We continue to be actively involved in stakeholder work to influence the mentorship agenda, for example the ‘Assuring Quality in Practice Placements’ project commissioned by Health Education South London.

The actual experience of mentors and students remains mixed despite wide agreement that in order to secure the most effective professional development there is a substantive need for investment, ongoing training and dedicated time and space to learn.

25. A risk worth taking?

That this meeting of RCN Congress supports the need for clear guidance for nurses who facilitate a positive risk taking culture when planning and delivering care.

Submitted by: RCN Older People's Forum

Council lead and committee assigned:

Tim Coupland, (until October 2013), Andy Patrick, Nursing Practice and Policy Committee (from October 2013)

Members involved:

Sue Edwards, RCN Older Peoples' Forum and Cris Allen, RCN Mental Health Forum

The supporting information for this resolution stated that "A positive risk taking culture looks beyond the potential physical effects of risk, such as falling over or of getting lost, to consider the mental aspects of risk, such as the effects on wellbeing or self-identity if a person is unable to do something that is important to them... Positive risk-taking is not negligence or ignorance of the potential risks. It is a balancing act between risk and gain"

The RCN was invited to develop "...clear guidance for nurses who facilitate a positive risk taking culture when planning and delivering care". Upon further examination, it was found that there are several existing pieces of national guidance on positive risk taking that are still in use and many NHS, local government and independent sector employers had their own local guidance based on national evidence. Discussions with practitioners on this matter led us to the conclusion that further RCN guidance was not needed but that the main themes within the resolution (patient-centredness, evidence-based care, professional attitudes and behaviours) were already being addressed through other RCN workstreams.

A review of the current evidence and guidance available has been commissioned and will be posted on the RCN website as a knowledge summary.

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26E. The role of the RCN and 27E. Francis report

26E. In light of recent criticism RCN Congress believes that the RCN is a more effective organisation because of its dual role as a royal college and trade union.

27E. That this meeting of RCN Congress discusses the implications of the Francis report for nursing and nurses working in the UK.

Submitted by:

26E: RCN Council

27E: RCN Public Health forum

Council lead and committee assigned:

26E: Professor Kath McCourt CBE until October 2013 and Michael Brown from October 2013 as chairs of Council

27E: Ian Norris, Nursing Practice and Policy Committee and Anne Wells, Membership and Representation Committee

Members involved:

Committee and staff led

Background

Following a public inquiry into care failings at Mid-Staffordshire NHS Foundation Trust, Robert Francis QC published his report on 6 February 2013. The 1,782 page report made 290 recommendations with major implications for all levels of the health service across England. At RCN Congress 2013, members considered the implications of the Francis report for nursing and nurses working in the UK under agenda items 26E and 27E. The Francis report recommendations were a core theme running throughout all the discussions at Congress with many delegates highlighting the need to focus on excellent professional practice and preventing the unacceptable from happening again. All the comments expressed before, during and after Congress were carefully recorded to inform the RCN's detailed response to the Francis report.

In August 2013, after consultation with Council, the RCN published its response to the Francis report addressing Robert Francis' recommendations on what the NHS and the independent sector must do to ensure the failings at Mid Staffordshire are never repeated. Our response set out what we believed needed to happen next and how we would contribute to fundamental change, both in the NHS and beyond.

The purpose of this briefing is to provide a short overview of developments since Congress 2013, including a summary of work undertaken by the RCN on the wide range of issues highlighted within the Francis report. This is not intended as a detailed analysis and for more information members are advised to refer to the further reading section below.

RCN work in response to the Francis report

The RCN has undertaken an extensive range of work in response to the Francis report.

In relation to both our role as a professional body and trade union we have:

- revised and publicised our whistleblowing guidance for members and have reviewed the way we support our members to raise concerns about the quality of patient care being delivered
- improved the way we communicate and disseminate the *Principles of Nursing Practice*. This includes running a Principles at work project that positioned the principles as a key reference for describing good nursing and promoted them within the student curriculum through the publication of a student-guided reflection workbook
- worked with expert members and partner organisations including patient and other professional organisations to contribute to and develop NICE quality standards and guidance. This includes participation on the current NICE consultation group tasked with producing standards for staffing levels. The RCN is a consultee and stakeholder for all major NICE work programmes related to nursing practice
- worked jointly with leading nurses, patient organisations, academics and nursing institutions as part of the Safe Staffing Alliance. The alliance examines available research to make evidence-based recommendations on safe staffing, identifying a clear zone where the risk to patient care becomes unacceptably high, when nurses on hospital wards during the day care for more than eight patients. Evidence has shown that surgical wards in English hospitals exceeding this ratio experience a 20 per cent or more increase in the odds of death (Rafferty et al., 2007). Research also points to a significant decline in patient satisfaction beyond the eight patients per nurse level (Tervo-Heikkinen, et al., 2008)
- strengthened the work of the RCN Nursing Department which has a key role in setting standards for professional practice
- launched a plan of action for encouraging nursing staff to innovate and to use and share knowledge to transform care. The five-year action plan, produced in consultation with members, will make it simpler for nursing staff to connect to and develop their professional knowledge base and use it to respond to patients' needs

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- undertaken joint work with a range of royal colleges and professional bodies leading to the development of common standards for care, for example on dementia
- produced guidance and resources to support improvements and raise standards in the care of older people and people with dementia in hospital. These have been well received and are being used widely to inform practice across the UK
- highlighted professional attitudes and behaviours as a key theme for our *This is nursing* campaign. This includes addressing the negative experiences that some patients tell us about, looking at the underlying reasons why these might have happened and providing clear direction to get the small, but important, things right. We will publish a range of learning resources for members including case studies and practice based examples
- produced a series of patient safety resources developed to illustrate the role nurses can play in protecting patients from harm and avoiding preventable accidents
- further developed our relationships with health regulators to share intelligence about concerns over patient safety and are currently in the process of agreeing a memorandum of understanding with the Care Quality Commission (CQC)
- contributed to the development of new fundamental standards and measures used in the new CQC inspection regime as part of our membership of the CQC's expert reference group
- worked with the CQC on specific areas of clinical interest, for example on dignity and nutrition-themed inspections
- provided evidence and background information at a regional level to CQC inspection panels looking at the performance of individual provider organisations. We are also liaising with the CQC at a local level, through our regional offices, where we have raised individual concerns about quality for specific providers
- provided detailed evidence and commented on the recommendations of the Trust Special Administrator after Mid-Staffordshire NHS Foundation Trust was put into administration by the regulator Monitor
- lobbied Government and Health Education England to ensure that adequate resources are provided to providers to support investment in staff education
- responded to the Department of Health's consultation on strengthening

corporate accountability in health and social care. This included the proposal to introduce a new registration requirement covering the fitness of directors of boards of provider organisations

- developed further our Executive Nurse Network that provides executive nurses and aspiring directors across all sectors and across the UK with a confidential, supportive environment for sharing and developing ideas or solutions
- lobbied for an effective and proportionate system of professional revalidation to ensure nursing practice remains up to date. We have engaged with RCN members to inform them of the proposals announced by the NMC, are gathering members' views to ensure final proposals are realistic and workable and will be responding in detail to the consultation
- invested in better support for RCN stewards, RCN accredited learning representatives and health and safety and learning representatives
- improved the work we deliver in all practice settings by bringing the professional and trade union aspects of our activity closer together
- focused on the theme of patient care and professional development for nursing staff in care and nursing homes as part of the Project Grants programme for the RCN Foundation. The ongoing project will initially map the current care and nursing home landscape in the UK and assess issues facing nursing staff working in these areas
- participated as a member of the National Social Partnership Forum *Francis Working Group*. The group was asked to look at the Francis report to highlight strengths and weakness within the current NHS workforce. The comments from this group that had representatives from NHS trade unions and NHS Employers informed the Government's November 2013 response to the Francis report (see below)
- the RCN has responded not only to the Francis report but also to a wide range of subsequent reviews and reports commissioned by the Government in England. These include Professor Don Berwick's review into patient safety, Sir Bruce Keogh's mortality review, Anne Clwyd MP and Professor Tricia Hart's review into the NHS complaints system, Camilla Cavendish's review into training and support for health care assistants, the bureaucracy and regulatory review, carried out by the NHS Confederation, and the review of the aggregate assessment of providers of health and social care in England, carried out by the Nuffield Trust (known as the Ratings review).

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The RCN was closely involved in all these reviews including submitting detailed written evidence, providing expertise as part of working group discussions and a range of other support to the organisations and individuals undertaking the review work. For example:

- the **Berwick review**: the RCN contributed to a report about patient safety highlighting the necessity of implementing human factors science. This resulted in the setting up, by Professor Sir Bruce Keogh, of a Department of Health Human Factors Reference Group and the publication by the National Quality Board (NQB) of a *Human factors in health care concordat*. The concordat signed by the NQB's member organisations, including the NMC, GMC, HEE and CQC commits each signatory organisation to support the embedding of human factors practices and principles across the NHS. This formed part of the Government's official response to the Berwick report
- the **Keogh mortality review**: the RCN provided information at a regional level to the review team on the 14 trusts that were investigated
- the **Complaints review**: the RCN also contributed towards the review process and provided detailed evidence. The RCN submitted a detailed response to the review recommendations and worked closely with the RCN's activists and forums in producing it. We were also invited to participate in an exploratory stakeholder workshop in early May 2013
- the **Cavendish review**: RCN staff helped to inform the review responded to questions posed around recruiting the right people, education and development, career frameworks, supervision and support, and employer accountability. Several members of the RCN Health Practitioner Committee attended Cavendish focus groups, and members of the Cavendish team met with health care support worker (HCSW) members at RCN Congress to add responses to the review's ongoing HCSW survey
- the **Ratings review**: the RCN and the Nuffield Trust jointly hosted a roundtable discussion on how providers could be assessed with clear ratings that patients could understand and use when considering accessing services.

Through two *Frontline First* reports we have also addressed some of the wider issues raised in the Francis report.

- In our *Frontline First report: Running the red light*, published in November 2013, we showed that nearly 20,000 nursing posts were unfilled and that official figures showed that the NHS in England had lost 3,859 full time nurses, midwives and health visitors since May 2010. We called for

the Government to take urgent action to address an impending nursing shortage and ensure that the necessary investment in the nursing workforce takes place in order to secure the right number of nurses with the right skills to meet current and future health care demands.

- In a further *Frontline First report: More than just a number*, published in March 2014, we showed that there were almost 4,000 fewer senior nursing posts than in May 2010, draining valuable leadership, experience and specialist knowledge from the health service. We highlighted a key theme in the Francis report that patient care is affected when there are not enough senior nurses to effectively manage wards.

The Government's response to the Francis report and the RCN response

In November 2013, the Government published *Hard Truths: the journey to putting patients first*, a comprehensive and final response to the Francis report. As part of this response the key Government announcements were:

- from June 2014, all hospitals will publish staffing levels on a ward-by-ward basis together with the percentage of shifts meeting safe staffing guidelines. This will be mandatory and will be done on a monthly basis
- boards of provider organisations will review the evidence for their staffing numbers in public at least once every six months
- NICE will develop staffing levels and skill mix tools to be used by employers to calculate appropriate staffing levels
- a new national entry-level requirement will be introduced for nursing students
- a new national safety website will publish all the information relevant to safety in every hospital in the country on a monthly basis
- trusts will report quarterly on complaints data and lessons learned and the Health Service Ombudsman will increase the number of cases being considered
- the Government will make it an offence to wilfully neglect patients so that managers or clinicians responsible for the very worst failures in care are held accountable
- a new Fit and Proper Person's Test which will enable the Care Quality Commission to bar unsuitable senior managers who have failed in the past from taking up individual posts elsewhere in the system
- Every hospital patient will be expected have the names of a responsible consultant and nurse above their bed

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- Mandatory training and national standards for HCSWs will be provided in England
- A new Care Certificate to ensure that health care assistants and social care support workers have the fundamental training and skills needed to give good personal care. The chief inspectors will ensure that employers are using the Disclosure and Barring Service to prevent unsuitable staff from being re-employed elsewhere.

The Government also responded to the recommendations in the Francis report with regards to the role of the RCN. Their response stated that “the Royal College of Nursing has an important role in developing and promoting the art, science and practice of nursing. The Government believes a clearer distinction between its professional and trade union roles, both important, would enhance the authority of its work.”

The RCN's headline response to the Government's announcements were as follows:

- we expressed support for Government plans to introduce **safe staffing levels** to hospitals, but insisted that nursing numbers still desperately need boosting. We have noted that the RCN has been calling for some time for greater transparency in identifying the number of staff on each ward, by making this information available on a monthly basis the Government was going a step forward to ensuring that each hospital in the country offers patients access to the care they deserve
- we welcomed the focus on consistent training for **health care support workers** through the Care Certificate. Although we remain convinced that the mandatory regulation of all health care support workers is the most effective way of protecting patients, we have recognised the announcement is an important first step
- on **candour** and **wilful neglect** we have said that when things go wrong it can have a traumatic effect on patients, which is why it is so important that hospitals and trusts create a culture where all staff know they can be open when mistakes are made and lessons can be learnt as soon as possible. The RCN has stated clearly its commitment to working alongside the Government, local NHS trusts and other professions to deliver a more positive culture in the health service
- on **complaints** we agreed that there was an important role to be played by directors of nursing, to ensure that a 'ward to board' approach is taken,

with senior managers leading by example. We agreed that everyone in the health service from the highest levels of management to frontline staff must act to create a culture where staff, patients and relatives do not feel helpless when things go wrong

- on the recommendation that there should be a **national entry-level requirement** that nursing students spend a minimum period of time, at least three months, working on the direct care of patients under the supervision of a registered nurse the RCN has stated that it supports universities who select candidates with previous care experience but we do not believe it should be a formal requirement. We have strongly highlighted that nursing students already undertake 2,300 hours in clinical placements and more support is needed for the role of student mentors.

Further reading

Berwick D (2013) *A promise to learn – a commitment to act: Improving the safety of patients in England*. Available at: www.gov.uk/government/publications

Department of Health (2013a) *Patients first and foremost: The initial government response to the report of the Mid Staffordshire NHS Foundation Trust public inquiry*.

Department of Health (2013b) *Hard truths: The journey to putting patients first*.

Department of Health (2013) *A Review of the NHS Hospitals Complaints System, Putting Patients Back in the Picture* - Ann Clwyd MP and Professor Tricia Hart www.gov.uk/government/publications

Francis R (2013) Report of the Mid Staffordshire NHS Foundation Trust public inquiry: Executive summary. Available at: www.midstaffspublicinquiry.com/sites/default/files/report/Executivesummary.pdf

Keogh B (2013) Review into the quality of care and treatment provided by 14 hospital trusts in England: overview report. Available at: www.nhs.uk/nhsengland/bruce-keogh-review

NHS Confederation (2012) *Papering over the cracks: the impact of social care funding on the NHS*.

Royal College of Nursing (2013) *Mid Staffordshire NHS Foundation Trust Public Inquiry report, response of the Royal College of Nursing*. Available at: www.rcn.org.uk/thisisnursing

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Council's report to members

30E. Section 75 regulations

That this meeting of RCN Congress, given the passage of the Section 75 regulations, urges Council to increase its lobbying to protect the NHS from further privatisation.

Submitted by: RCN Milton Keynes Branch

Council lead and committee assigned: Mike Travis, Membership and Representation Committee

Members involved: Committee and staff led

In April of 2013, the Government introduced secondary legislation to the Health and Social Care Act setting out in law the requirements of the NHS in regards to procurement, patient choice and competition.

The RCN immediately raised concerns about the content of the regulations and called for them to be withdrawn. They appeared to demand that competition be used in every tendering process. This issue was addressed at length during the passage of the Health and Social Care Act, with many groups such as the RCN, vehemently opposed to such an approach which appeared to place the NHS at a disadvantage to private providers.

Following extensive work the regulations were withdrawn and reissued. These were debated in the House of Lords on Wednesday 24 April 2013, the vote was passed following assurances given to Peers by the Government that the regulations would not enforce competition, and the regulations have now become law.

During the passage of these regulations the RCN called for Monitor, the sector's financial regulator, to set out clearly the roles, responsibilities and expectations on commissioners and providers, both public and private, in regard to the use of competition. The RCN has since made full submissions to their consultation process, in which we made clear the risks of promoting competition and cost over the quality of patient care.

The RCN is concerned about the implications of a more fragmented NHS, poorer standards of care and increased costs. Additionally, it is also concerned that the pursuit of competition could endanger much needed integration of services.

The College continues to publicly raise concerns about private providers where they are failing to meet standards of care. Regionally the RCN is also keeping track of the number of NHS service contracts being won by private providers.

The RCN has:

- published a document on the history of private sector involvement in the NHS
- provided a summary of consultations on the new commissioning guidelines
- made full submissions to Monitor and CQC consultations, in which we made clear the risks of promoting competition and cost over the quality of patient care
- requested input from members to feed in to current Monitor consultation on how to assess financial viability of private providers.

The RCN's response to *Transforming your care* referred to “a growing sense of unease among RCN members in Northern Ireland more generally about the escalating role of the private sector in health and social care”. It also cited concerns over the way that “public money and resources are channelled from the HSC to the private sector in order to address deficiencies, such as excessive waiting times, that are created either by the failure of the HSC to build and maintain sufficient internal capacity to meet demand, or by the working practices and contractual arrangements of some HSC staff.”

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Council's report to members

31E. Health care support workers regulation

That this meeting of RCN Congress asks Council to call on the Secretaries of State to make it a mandatory requirement for employers to register the training their health care support workers have received and keep that register available for inspection.

Submitted by: RCN South East Inner London Branch

Council lead and committee assigned: Brenda McIlmurray, Membership and Representation Committee

Members involved: Committee and staff led

Since Congress 2013, a significant amount of progress has been made in relation to this resolution. The passage of the Care Bill through parliament has provided a renewed opportunity for the RCN to lobby for mandatory training of HCSWs. The RCN secured amendments to the bill, met with MPs and peers, and sought to gain consensus among stakeholders on the topic. Alongside this, the RCN submitted evidence to the Cavendish Review which was tasked at looking at recruitment, retention, supervision and support available to HCSWs.

In October 2013, Health Minister Lord Howe announced that mandatory training for HCSWs would be enshrined in primary legislation through the Care Bill, a significant success for RCN's campaign. Also announced in the Government's final response to the Francis report, Health Education England (HEE) has been tasked with devising a care certificate which all HCSWs will have to complete. The care certificate will be used to evidence compliance with the CQC's registration requirements, providing a consistency of approach in providing care that is dignified and respectful to patients and service users. It is anticipated that employers will be required to maintain records of HCSWs who have achieved the standards set. The CQC will make the inspection of the register of HCSWs part of their inspection criteria.

In response to the Shadow Secretary of State for Health's call for regulation of HCSWs, the Government noted that there would be a database of HCSWs who have completed the care certificate, which would in effect lead to a form of register.

The RCN's Health Care Assistant Adviser is part of the group being led by HEE to develop the care certificate along with other unions, trusts, the independent sector, social care employers and sector skills councils. The care certificate model will be developed by April 2014, and full implementation is scheduled for March 2015. The initial intention is that the certificate will begin with new entrants and people who change employers. Further consideration will be given to HCSWs already in employment.

A group has been set up by Northern Ireland Practice and Education Council (NIPEC) to consider the development of standards of education in a similar model to the proposed certificate in England. Brenda McIlmurray, Council member and Chair of Health Practitioner Committee and Linzi McIlroy will be attending the meetings.

Although the overall picture remains constant in Scotland, with the HCSW code of conduct and induction standards in use for HCSWs in the NHS, the Scottish Social Services Council (SSSC) currently requires all its HCSWs to be on a register, which is paid for by the HCSWs, and they are now considering moving onto a fitness to practice model. Additionally, the Northern Ireland Social Care Council is now regulating all social care assistants in Northern Ireland, including those working within nursing homes.

A national steering group has been established by the Welsh Government to develop a framework of skills and competence for health care support workers in NHS Wales, looking in the first instance at nursing and AHP health care support workers. The RCN is represented on this group by Nicola Davis-Job.

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Council's report to members

Progress on Congress items pre-2013

Work on items passed at Congress can often continue for a number of years. For many items there is no quick solution, and sustained lobbying or detailed work needs to take place before change can be affected.

In 2008, Congress asked RCN Council to act to protect and maintain the NHS Pay Review Body

The NHS Pay Review Body (PRB) received a ringing endorsement from Congress, with over 99 per cent voting to urge RCN Council to act to protect and maintain it. Contributors to the debate in 2008 were concerned about the unfair pressure put on the PRB by politicians in the 2007 pay round, when the NHS pay award had been staged for the first time since 1998. Contributors also expressed a wish that a strong, enduring and independent PRB should remain part of the NHS pay system despite the constraints on its remit because of the three year pay deal effective from 2008.

The RCN continues to support a strong and independent pay review body as the best way of securing fair and equitable pay for NHS staff. The evidence we provide to support the pay process is valued by the PRB as well argued and robust and contributed significantly to the recommendation to retain national pay for the NHS announced by the Chancellor in December 2012. The PRB spoke out about the effects of the Government's public pay policy, which meant a ceiling of one per cent on the pay increase for 2013 and they argued that pay restraint is unsustainable for the future.

Protecting and maintaining the NHS PRB continues to be important to ensure independent assessment of morale, motivation, recruitment and retention of nursing staff necessary for fair pay, which in turn helps sustain safe staffing levels and nursing staff who can deliver safe, compassionate care.

In March 2014, the independent NHS Pay Review Body recommended a one per cent cost of living increase for all staff on Agenda for Change contracts.

Despite previously saying that the increase was affordable, the Government is now refusing to implement it for all staff in the way that the Pay Review Body intended.

Instead the Government announced that only NHS staff at the top of their pay bands in England who are on Agenda for Change contracts will receive a one per cent pay increase, starting from 1 April 2014. But this rise will be non-consolidated, which means it is for one year only and won't be pensionable or count for unsocial hours or overtime payments.

Staff below the top points will not get the one per cent, but will be able to move up an increment - subject to satisfactory performance depending on their local policy. The same situation will apply next year.

Progress on Congress items pre-2013

In 2010, Congress urged RCN Council to publicly defend NHS pensions and challenge the illusion of the gold-plated pension scheme for public sector workers.

The Scottish Government has decided to implement the Pay Review Body's recommendations in full. The situation for Wales and Northern Ireland at the time of writing is yet to be decided.

The RCN intends to fight this and is consulting members about the announcement in order to inform decisions about next steps.

Against a background of increasing pension costs and reduced pension quality and access in the private sector, the NHS Pension Scheme continues to face criticism from opposition political parties, business organisations such as the Institute of Directors, and economic pressure groups – all of which have the view that that public sector schemes are a drain on the taxpayer, unaffordable, and 'gold plated'. Delegates at RCN Congress 2010 supported the resolution overwhelmingly.

Lord Hutton was asked to examine public sector pensions and a final report, published on 10 March 2011, recommended a move to career average pensions.

The RCN fought hard, campaigning and lobbying along with other trade unions, to maintain a final salary pension scheme. However, in June 2012 in light of a situation where there was little appetite for industrial action the Government announced it intended to replace the final salary scheme with a career average scheme.

This has not ended the pensions issue. There remains a significant ongoing challenge in respect of how best to ensure members' continuing concerns over the impact of working longer, ie to the age of age 68, are addressed and in 2012 Congress debated a resolution proposed by the UK Stewards' Committee; 'in view of the increasing retirement age, this meeting of RCN Congress believes that careers will not exist for older nurses to work safely'.

The RCN continues to engage with the ongoing review of the NHS Pension Scheme but at the same time is challenging this rise in pensionable age and highlighting the challenges posed to employers by an ageing workforce at every opportunity.

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Progress on Congress items pre-2013

In 2010, Congress urged RCN Council to lobby for comprehensive validated medication training to be made mandatory for all health care support workers working in the independent sector.

It was agreed by the task and finish group set up after Congress 2010 that it would be useful to develop guidance on the provision of training and supervision of support workers in the safe administration of medication in the care home setting. The RCN was invited to be involved in intercollegiate work commissioned by the Department of Health on medicines management in care homes, which covered the whole medicines management pathway. The role of this clinical reference group was to produce tools that would help staff improve the quality of medicines management in the care home setting.

A range of resources was developed and launched in November 2013 and include guidance for employers, a learner's workbook, poster, medicines record card, risk assessment and symptom assessment tools, and a framework to improve the safety of medicines use in the care home setting

The resources are available at:

www.nationalcareforum.org.uk/medsafetyresources.asp

Notes

