

RCN COUNCIL'S REPORT TO MEMBERS ON CONGRESS 2014







Council's annual Report to Members is one of the most important documents of the year. It details the huge amount of work undertaken on your behalf in response to the resolutions and matters for discussion you put forward and debated at Congress.

NHS funding, pay and related issues dominated last year's agenda, and has driven much of the work carried out by the RCN since. You debated the implementation of the Living Wage, national pay bargaining within the devolved governments of the UK, the Westminster government's attitude towards the Independent Pay Review Body and the expected shortfall in NHS funding in 2015/16.

The voice of RCN members continues to inform and influence the

national debate on a huge range of health care issues. This report includes the progress made on the human rights of detainees, our work to improve the physical health of those with mental illnesses, the effect of workplace bullying on patients, the revision of the RCN's nurse leadership programmes and our ongoing campaigns to ensure equality for BME nurses and HCAs as well as our lobbying activities on the Transatlantic Trade and Investment Partnership, our contributions to the national strategy for the use of patient data and the development of RCN learning resources on suicide prevention.

Thank you to all those who submitted agenda items, and to those forums, committees, boards and other RCN

members and staff who have taken this work forward with so much focus, determination and expertise.

Member engagement continues to be my priority, and I encourage you all to take an active part in the work of the RCN, both at Congress and beyond. I will be delighted to take any questions you may have on these resolutions or on the work undertaken when I present this report to Congress at 11am on Wednesday 24 June in the main auditorium.

I look forward to seeing you there.

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

Michael Brown
RCN Chair of Council

RCN CONGRESS 2014

The forty-seventh meeting of RCN Congress was held on 16 to 19 June 2014 at the Liverpool Arena and Convention Centre.

Present:

Professor Rod Thomson FRCN (Chair), Stuart McKenzie (Vice Chair), the Agenda Committee, Council and representatives of the RCN Branches, RCN UK Forums, the Health Practitioner 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 2013 Congress

Congress formally received and adopted the report of the meeting held on 21 to 25 April 2013.

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. HIV Awareness (R)

That this meeting of RCN Congress calls for Council to lobby the departments of health and social care across the UK to raise awareness and understanding of HIV in mainstream health and social care.

For	486	98.78%	Passed
Against	6	1.22%	
Abstain	4		

2. A&E (MFD)

This meeting of RCN Congress discusses whether A & E departments are the best locations of care for patients who are intoxicated as a result of alcohol.

3. Sleep (R)

That this meeting of RCN Congress urges Council to seek ways to educate staff in all health and social care settings about the effect of noise at night on patients and to promote nurse-led measures to reduce noise when patients are sleeping.

For	252	52.5%	Passed
Against	228	47.5%	
Abstain	26		

4. Working Environment (R)

That this meeting of RCN Congress urges Council to encourage health care employers to recognise and take action to reduce the impact of poor working environments on the mental, emotional and physical health of their staff.

For	485	98.78%	Passed
Against	6	1.22%	
Abstain	5		

6. Menopause (R)

That this meeting of RCN Congress calls on Council to raise awareness among health care employers of the impact of the menopause on the nursing workforce.

For	237	53.50%	Passed
Against	206	46.50%	
Abstain	41		

26E. Pay (R)

That this meeting of RCN Congress deplores the Westminster Government's decision to ignore the recommendations of the Independent Pay Review Body and asks Council to commit to a sustained campaign to protect pay and resist the further erosion of terms and conditions.

For	489	100%	Passed
Against	0	0%	
Abstain	3		

5. No smoking anywhere (MFD)

That this meeting of RCN Congress discusses the impact on nurses of the NICE recommendation that patients in health care environments should be banned from going outside to smoke at any point during their treatment.

7. Revalidation (MFD)

That this meeting of Congress discusses whether the Nursing and Midwifery Council will be able to deliver an effective and fair revalidation process.

8. Lobbying Act (R)

That this meeting of RCN Congress resolves that the RCN should not be silenced by the Lobbying Act and should ensure that the voice of nursing is still heard in election years.

For	502	98%	Passed
Against	10	2%	
Abstain	8		

10. Physical health needs (R)

That this meeting of RCN Congress requests Council to lobby for action to improve the physical health of people with mental health problems.

For	423	98.14%	Passed
Against	8	1.86%	
Abstain	7		

12. Suicide Prevention (R)

That this meeting of RCN Congress asks Council to influence higher education institutions to include suicide prevention across all fields of pre-registration nurse education.

For	497	99.6%	Passed
Against	2	0.4%	
Abstain	10		

9. Targets and pressures (R)

That this meeting of RCN Congress asks Council to review the impact of a target orientated culture on nurses and nursing.

For	513	97.53%	Passed
Against	13	2.47%	
Abstain	5		

11. Nurse leaders (MFD)

That this meeting of RCN Congress considers whether nurse managers and leaders have the necessary resilience to lead in the current health care climate.

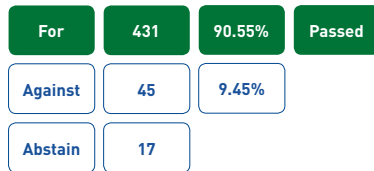
13. Human rights of detainees (R)

That this meeting of RCN Congress requests Council to take all necessary action to ensure detainees are treated with due regard for their health care and human rights.

For	424	92.58%	Defeated
Against	34	7.42%	
Abstain	42		

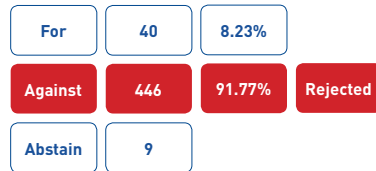
14. Practice nurses (R)

That this meeting of the RCN Congress asks Council to lobby commissioners and regulators to support the development of a recognised national qualification and career pathway for practice nursing.



16. Charges for GP visits (R)

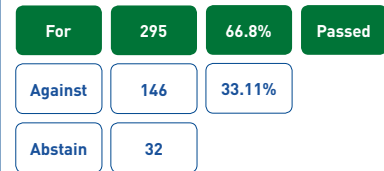
That this meeting of RCN Congress believes a fixed fee should be charged for GP appointments.



18. Diversity and careers (R)

Congress voted to change this item to a Resolution.

That this meeting of RCN Congress asks RCN Council to lobby Government to demonstrate the value of black and minority ethnic nurses and health care assistants by enforcing strategies that ensure fairness and equity in their recruitment, development and retention.



15. Working together (MFD)

That this meeting of RCN Congress discusses how we can all work together to improve care.

17. Patient data (MFD)

That this meeting of RCN Congress discusses the use of NHS patient information in the UK.

19. TTIP agreement (R)

That this meeting of RCN Congress urges Council to lobby against the inclusion of health services in the Transatlantic Trade and Investment Partnership (TTIP).



27E. Mileage for Community Nurses (R)

That this meeting of RCN Congress requests Council to lobby Government for fair reimbursement for mileage for nurses working in the community

For	461	97.6%	Passed
Against	11	2.3%	
Abstain	11		

21. Integrated patient care (MFD)

That this meeting of RCN Congress discuss ways of promoting the delivery of integrated, patient-centred care.

23. Independence referendum (MFD)

That this meeting of RCN Congress discusses the possible implications for the RCN as an organisation if, following the referendum in September 2014, Scotland becomes an independent country.

20. Effects of bullying on patients (R)

That this meeting of RCN Congress asks Council to investigate whether bullying and harassment in health-care settings is affecting the quality of care and safety of patients.

For	388	95.8%	Passed
Against	17	4.2%	
Abstain	7		

22. Living Wage (R)

That this meeting of RCN Congress calls on Council to sign up to the Living Wage, and actively campaign for commissioners in health and social care to include paying the Living Wage in their contracts with providers.

For	455	99.13%	Passed
Against	4	0.87%	
Abstain	2		

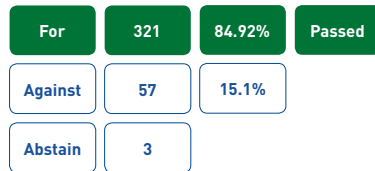
28E. Emergency Resolution (R)

That this meeting of RCN Congress calls on Council to lobby political parties to ensure the predicted shortfall in NHS funding for 2015-16, reported on 17 June 2013, is plugged.

For	435	99.77%	Passed
Against	1	0.23%	
Abstain	3		

24. Reporting abuse (R)

That this meeting of RCN Congress asks Council to review RCN policy in light of the evidence for and against mandatory reporting of abuse of vulnerable people.



25. Devolution and pay (MFD)

That this meeting of RCN Congress discusses the relevance of National Pay Bargaining within an increasingly devolved United Kingdom.

5. Report of Council

The Chair of Council presented the Report of Council on action arising from 2013 Congress. He 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 22-25 June 2015 in Bournemouth.



1

HIV Awareness

Submitted by Public Health Forum

A project group, including RCN members from across the UK and staff and representatives from stakeholders such as the Terrence Higgins Trust and the National HIV Nurses Association, has been formed to help ensure the provision of high-quality HIV care, reduce the number of undiagnosed people, and increase prevention.

Work has split into four main areas, and a set of short- and long-term goals and ambitions has been identified for each.

Raising awareness

The *HIV - Testing Times* event received positive evaluation and reinforced the need for education amongst the wider nursing profession. Articles for RCN publications are being developed (including a piece on reducing the stigma around testing), the RCN website has been updated and there is ongoing online and social media work. There are plans for an event for nursing

and social care staff in Wales, and for the RCN to work with the National HIV Nurses Association (NHIVNA) on a sponsored fundraising pack.

Proposer/submitter: Jason Warriner

Council member lead/Council committee: Ian Norris/Nursing Practice and Policy Committee

and social care staff in Wales, and for the RCN to work with the National HIV Nurses Association (NHIVNA) on a sponsored fundraising pack.

Nursing leadership

As well as its ongoing work promoting the role of nursing within the wider health and social care workforce, the RCN continues to work with the Terrence Higgins Trust, Marie Stopes International, various Higher Education institutions and the Faculty of Sexual and Reproductive Healthcare.

Developing education and resources

The RCN has been approached to speak at the NHIVNA conference and to support the HIV Prevention England conference. Future plans include an event at RCN Congress 2015, further updates to the HIV resource on the RCN website and a project with London South Bank University to develop an HIV education pack for first-year nurses.

Lobbying

The group is keen to use wider opportunities to lobby, with support from the other Royal Colleges and to keep abreast of government parliamentary questions and all-party parliamentary groups. The RCN will liaise with the Council of Deans, Public Health England, the Department of Health, Skills for Health and other Royal Colleges to promote HIV awareness in pre-registration training and will ensure that this links to the activities of NHS Education for Scotland and the Scottish Heads of Nursing & Allied Health Professions. This work will continue through the RCN's Public Health Forum with the support of the NHIVNA and members of the project group. The RCN has also supported and welcomed recent proposals from the DHSSPS to end the existing ban on the sale of HIV self-testing kits in Northern Ireland.

2

A&E

Submitted by Greater
Glasgow branch

In 2012/13 there were 22million A&E attendances in England, one million in Wales and 1.65 million in Scotland. The NHS received 1,057,000 alcohol-related admissions to hospital in England during the 2012/2013 financial year and 18,684 in Wales. The London Ambulance Service responded to 72,070 patients who were intoxicated (London Ambulance Service, 2013). The Association of Chief Police Officers has campaigned for private companies or enterprises to provide places of safety for intoxicated people to be taken, and for those people to be charged for the care provided for them.

To re-iterate the position arrived at in discussions immediately following Congress, those who are intoxicated should not be judged, and their care should determine whether, intoxication aside, a physical injury is present. Those who repeatedly attend A&E intoxicated should be supported to

That this meeting of RCN Congress discusses whether Accident & Emergency departments are the best locations of care for patients who are intoxicated as a result of alcohol. (M)

Proposer/submitter: Anthony McGeowan

Council member lead/Council committee: Lora Allford/Nursing Practice and Policy Committee

address their alcohol dependence and not stigmatised.

Since Congress 2014, a number of professional leads in the nursing team, in collaboration with RCN forums, have been involved in a series of inter-agency seminars discussing the requirements of vulnerable adults who have mental, physical or social care needs. The last event was a crisis care concordat meeting on 27 November 2014.

In its media and political influencing work during the year, the RCN Emergency Care Network in Northern Ireland has regularly re-iterated the need for non-judgmental, safe and appropriate care to be provided to those who report to emergency departments in a state of intoxication and has actively challenged those who present the contrary view.

The Department of Health announced that, by March 2015, substance misuse liaison services would be introduced in all major acute hospitals. The service is based in emergency care departments and acute medical wards to identify individuals for whom alcohol has played a role in their attendance or admission. It provides screening, brief intervention and signposting.

The Cardiff and Vale University Health Board, in collaboration with the police, the local authority and the Welsh Ambulance Service Trust, successfully piloted an alcohol-related admission avoidance scheme.

3

Sleep

Submitted by Suffolk branch

That this meeting of RCN Congress urges Council to seek ways to educate staff in all health and social care settings about the effect of noise at night on patients and to promote nurse-led measures to reduce noise when patients are sleeping. (R)

Proposer/submitter: Debbie Simmonds

Council member lead/Council committee: Roy Tomlinson/Nursing Practice and Policy Committee

This project will highlight the impact of noise at night, and identify the ways that nursing staff in health and social care can reduce avoidable noise levels at night.

Work with research analysts in the Standards, Knowledge and Information Service has ensured that the key issues in nursing literature, including equipment, staff, patients and other environmental sources of noise, have been identified. A summary of this research will be produced. Ways in which staff across a range of care settings can reduce noise at night will be identified, with reference to effective intervention improvement projects from NHS Scotland, NHS England, 1000 Lives Plus in Wales and the 10,000 Voices initiative in Northern Ireland.

A digest of all of our work in this area will be incorporated in to the publicly accessible areas of patient

safety and human factors on the RCN website, and it is expected that this web content will be published before Congress 2015. The work will be promoted through the RCN's Quality and Safety eBulletin and the Research Bulletin (which have a combined circulation of more than 4,000), and through the RCN's social media channels. A blog post will be commissioned for the This is nursing website, which will be similar to the work carried out during NHS England's Stop the pressure programme which successfully highlighted interventions that reduce the risk of pressure ulcers.



4

Working Environment

Submitted by the RCN Students Committee

A new campaign – *Healthy workplaces* – is being launched to develop this work. The campaign will be managed by a project group, which includes representatives of the four countries and members of RCN national committees. The NHS Wales and HSC Northern Ireland staff surveys also collated views on this issue. The NHS Scotland staff survey evidence, along with data on staff engagement through Scotland's iMatter initiative, also collated similar information. The statistical evidence included in the results of these surveys will be used to support the campaign.

The RCN has defined healthy workplaces as those which ensure high-quality employment practices and procedures which promote the following five domains:

- good work-life balance
- dignity at work

That this meeting of RCN Congress urges Council to encourage health care employers to recognise and take action to reduce the impact of poor working environments on the mental, emotional and physical health of their staff. (R)

Proposer/submitter: Lisa Mickleburgh

Council member lead/Council committee: Cecilia Anim/Membership and Representation Committee

- health and safety
- good job design
- learning and development.

The aim of the RCN campaign will be to promote the importance of good work and healthy working environments for nursing staff and highlight how this supports the delivery of high-quality care.

The campaign, made up of both printed and online resources, will include a position statement, an outline of the evidence base, an organisational health check tool for employers and RCN workplace representatives, and information for members on what they should expect from their employers on key issues.

Existing RCN resources, including those on work-related stress, bullying and work-life balance will be revised and rebranded under the *Healthy workplaces* banner.

The campaign will target key stakeholders and decision makers including directors of nursing, workplace regulators such as the Health and Safety Executive, and employers in the independent sector. We will gather and celebrate examples of good practice, and challenge organisations to pledge to improve aspects of working practice covered by the *Healthy workplaces* campaign.

The *Healthy workplaces* campaign is due to be launched at the Joint Reps Conference in Belfast in October 2015.



5

No Smoking anywhere

Submitted by Nursing in
Criminal Justice Services Forum

The impact of smoking on health care and nursing is evident around the whole UK, and the Congress discussion on this issue in 2014 was useful to those shaping policy and developing guidance. For example, the RCN continued to work with ASH (Action on Smoking and Health) during 2014/15 on the smoke free action coalition, a report on which is expected to be published later this year.

The discussion at Congress raised a number of different perspectives, including the accountability and responsibilities of nursing staff, cessation support for those staff who smoke, and the related ethical and professional challenges faced by nursing staff.

It is well established that most people smoke to ingest nicotine, and smoking is now recognised as a drug dependent disorder. The

That this meeting of RCN Congress discusses the impact on nurses of the NICE recommendation that patients in health care environments should be banned from going outside to smoke at any point during their treatment. (M)

Proposer/submitter: Elizabeth Walsh (submitter) Andrew Bassett-Scott Toogood (proposer)

Council member lead/Council committee: Rachel Greaves/Nursing Practice and Policy Committee

promotion of National Institute for Health and Care Excellence (NICE) guidance to stop smoking is considered to be the best way to protect both the individual's health and that of those around them. The RCN recognises that there is a lack of published evidence on the impact on the nursing workforce of the NICE smoke free policy and this has been highlighted to the NICE guidance implementation team. The Medicines and Healthcare Products Regulatory Agency (MHRA) has produced guidance on products containing nicotine.

The RCN website contains information on many of the smoking cessation initiatives active around the UK, as well as details of the effects of smoking, and current related UK and European policies. www.rcn.org.uk/development/practice/public_health/topics/smoking_cessation_resources

Public Health England (PHE) is collaborating with NHS England to support smoking cessation, reduce tobacco use and improve the management of nicotine withdrawal.

In Wales, the Stop Smoking Wales initiative supports individuals to give up smoking. A number of health boards have a specific focus on smoking during pregnancy, with dedicated midwifery resources allocated to supporting pregnant women to give up.

In February 2015, Parliament approved regulations making it illegal in England to smoke in cars carrying children in order to protect them from the effects of second-hand smoke. The new rules will come into force on 1 October 2015 and people failing to comply could face a £50 fixed penalty notice. In Wales, similar regulations introducing this ban will be subject to

a vote in the National Assembly this summer and, if approved by assembly members, will also come into force on October 1 2015.

PHE launched a campaign to raise awareness of the dangers that secondhand smoke in homes and cars can cause to children's health and they will be running a campaign later in the year to raise awareness of the new legislation.

6

Menopause

Submitted by UK Safety Representatives Committee

That this meeting of RCN Congress calls on Council to raise awareness amongst health care employers of the impact of the menopause on the nursing workforce. (R)

Proposer/submitter: Neil Thompson

Council member lead/Council committee: Cecilia Anim/Nursing Practice and Policy Committee

The RCN's Nursing and Employment Relations departments have been jointly leading this project. Existing internal and external resources have been reviewed, and a meeting took place with the UK Safety Reps committee to properly understand the motivation behind the resolution and to garner their views and concerns on the matter.

A focus group session which took place with the committee on 5 November 2014, identified the need for further clarity and understanding of the impact of the menopause on some women at work. The committee supported a plan to develop an Action Guide to complement the existing RCN documents on this subject.

The RCN publication *Menopause: lifestyle and therapeutic approaches - RCN guidance for nurses, midwives and health visitors* has been updated and is available at: www.rcn.org.

uk/a/596928. Those representatives who have seen the guidance have found it particularly useful. It was sent to all committee members, together with offers of support.

Contact with occupational health stakeholders from the Public Health Forum to discuss their understanding of how menopause is managed in relation to employer and employee expectations, revealed a broad scope of service provision. This ranged from those who had not really considered the menopause and its impact on women at work, and who would welcome more information, to those who regularly support all women who come to work with symptoms. This variation of service provision appeared in part to be due to personal experiences.

The Action Guide will enable RCN officers and workplace representatives to support members, and

will include a link to online RCN menopause documents. Funding is also being sought for the production of a menopause factsheet and action plan for safety reps and occupational health nurses.

7

Re-validation

Submitted by UK Stewards Committee

That this meeting of RCN Congress discusses whether the Nursing and Midwifery Council will be able to deliver an effective and fair revalidation process. (M)

Proposer/submitter: Philippe Noyes

Council member lead/Council committee: Gaynor Jones/Nursing Practice and Policy Committee

Shortly after Congress, the Nursing and Midwifery Council (NMC) published the second of a two-part consultation on proposals for revalidation and a new draft code, to which the RCN provided a detailed response, based on the feedback from members (using the result of the member survey to which 9,555 members responded) and professional forums.

The final revalidation model and the updated code were agreed by the NMC governing council in December 2014.

The NMC is now piloting the model in 18 sites between January and June 2015. These sites cover the four countries of the UK, and a variety of settings and nursing roles. These include large acute trusts, higher education institutions and professional associations for nurses working in sole roles (such as occupational health nurses or aesthetic nurses).

The draft revalidation guidance to support this process was published in January 2015.

The RCN has established a working group to gather intelligence about what is happening at pilot sites, which will be reported back to the NMC and used to assess the pilots' progress.

In Wales, regular steering group meetings chaired by the Chief Nursing Officer for Wales are progressing with the benefit of cross-sector representation. Regular reports are received from the Welsh pilot site, along with others who are progressing aspects of revalidation locally.

One of the pilot sites is located in Northern Ireland and the RCN is supporting and advising members within that trust, as well as contributing to the RCN's work on revalidation at a UK level.

In Scotland, the RCN is represented on both the NHS Tayside Pilot site steering group as well as the Scottish Government's Revalidation Programme Board, ensuring regular feedback on issues and progress to the RCN UK internal group.

The RCN is also working to develop resources to support members' understanding of what revalidation means for them, and to give them support during the process.

After assessing the results of the pilots and the readiness of the health system to introduce revalidation, the NMC will decide in November if revalidation should be rolled out across the UK from December 2015.



8

Lobbying Act

Submitted by Inner North Central
London branch

This resolution generated a discussion on the potential risks and limiting factors posed by the Transparency of Lobbying, Non-Party Campaigning and Trade Union Administration Act (the 'Lobbying Act') with regard to campaigning.

The RCN had already identified concerns with the legislation and had lobbied hard against provisions in the Act that it was felt posed a threat or imposed undue restrictions on our ability to campaign on our members' behalf as the Act made its passage through Parliament. The Act came into force on 19 September 2014.

The Electoral Commission published its long-awaited guidance for campaigning organisations in July, which was subject to widespread criticism from trade unions and voluntary sector organisations alike, forcing the Commission to reissue parts of

That this meeting of RCN Congress resolves that the RCN should not be silenced by the Lobbying Act and should ensure that the voice of nursing is still heard in election years. (R)

Proposer/submitter: Dominic Walsh

Council member lead/Council committee: Michael Brown/Council

their guidance. This resulted in a delay in the RCN's ability to determine the full implications of the Act for our campaigning work.

The RCN has met with the Electoral Commission, consulted the Legal Department and shared concerns with sister unions and colleagues in the voluntary sector, to determine the full extent to which the legislation would affect our work and to plan how its most punitive effects of on our campaigning activity could be mitigated.

The RCN will register with the Electoral Commission ahead of the General Election to ensure the RCN's campaign will comply with the law.

Although increasing bureaucracy drastically, the new rules will not silence us or prevent us from representing RCN members' views

in the forthcoming 2015 general election campaign.

The RCN launched its *Nursing Counts* general election campaign this year, taking close account of the rules, reporting requirements and spending limits, which were amended by the Act.

The RCN will not be silenced by the Lobbying Act, but we will have to comply with it.

Separate guidance is due to be issued by the Electoral Commission in respect of the 2016 Welsh Assembly elections.



Targets and pressure

Submitted by Southampton branch

Discussions were held with the proposer to establish the key concerns, and to explore options for future work on this resolution.

These included the way in which targets can become oppressive, negative and lead to an oppressive culture where people are judged and punished for not achieving targets; it was agreed that a good alternative would be to encourage the use of targets as 'positive goals'.

Also discussed was the impact of the culture on staff and how this makes them unwilling/unable to give feedback when targets are unrealistic. There is no positive outcome in this situation – the nurses are working in a poor and stressful culture and patient care doesn't improve as the targets cannot be met.

It was agreed that, whilst a review of literature might be interesting, there

That this meeting of RCN Congress asks Council to review the impact of a target orientated culture on nurses and nursing. (R)

Proposer/submitter: Patricia Kemish

Council member lead/Council committee: Chris Thomas/Nursing Practice and Policy Committee

is already acknowledged literature about the issue of 'gaming' with regard to targets, and also some acknowledgment, post Francis, of the fact that pressure to achieve can promote a bullying culture and suppression of accurate feedback.

The issue of the impact this has on staff themselves was explored, and other project work which is happening around emotional labour and working environments was noted.

It was agreed that the key issue for this work to address is finding a way of promoting awareness of the negative side of target setting amongst nurses specifically, and within health care more widely.

Initial discussions have taken place with the Education team for an online resource for nurses at different levels to help them think about the ways targets are set, implemented

and monitored. Initial discussions have taken place with the Education team for a set of online resources aimed at nurses working in a managerial role, potentially linking to the new code and with an opportunity for reflection to meet CPD hours.

The RCN in Northern Ireland has consistently highlighted the impact of a target culture on nursing through its continuing media and political influencing activity, most recently in the submission of written evidence and the subsequent presentation of oral evidence to an enquiry into emergency health care led by the Northern Ireland Human Rights Commission.

The Private Members Safe Staffing Bill in Wales is designed to ensure patients receive the care required based on need, rather than being informed by targets, and alongside its high profile media work

in this area, the 2015 RCN Wales Leadership Summit will focus on nursing resilience.

All relevant material from the RCN's work on bullying and harassment will be captured, and material suitable for publication on the RCN website and other bulletins will be identified.



10

Physical health needs

Submitted by Devon branch

The RCN collaborated with Dr David Shiers from the Royal College of GPs on articles in the nursing press on the Lester Tool, a resource enabling staff to safely and effectively improve the physical health of mentally ill people. The RCN and other Royal Colleges have endorsed the Lester Tool and other resources designed to support clinical staff, including the Scottish Government's *Improving the physical health and wellbeing of those experiencing mental illness* (www.scotland.gov.uk/Resource/Doc/251663/0073699.pdf). The RCN is discussing further related resources with Dr Shiers and Public Health England.

The RCN has worked with the Department of Health lead for Mental Health, Learning Disability and Dementia on a user-friendly resource to support clinical staff in promoting physical health. This is expected to result in the publication of an RCN-endorsed DH document in spring 2015.

That this meeting of RCN Congress requests Council to lobby for action to improve the physical health of people with mental health (and learning disability) problems. (R)

Proposer/submitter: Tom Murray

Council member lead/Council committee: David Harding-Price/Nursing Practice and Policy Committee

The charity Rethink Mental Illness has developed a suite of tools to support professionals across the NHS improve the physical health care of people suffering from mental illness, and to ensure that the new Commissioning for Quality and Innovation tool introduced by NHS England earlier this year has the greatest possible impact. The free tools - downloadable at www.rethink.org/phc - include the Integrated Physical Health Pathway, a resource to help GPs and mental health services work together to monitor and act on the physical health needs of patients, as well as a ward poster outlining the physical health checks and follow-up actions that staff should carry out. These tools have been endorsed by the RCN, the Royal College of Psychiatrists, and the Royal College of GPs.

An NHS London-sponsored learning resource with blended learning

approaches on the physical health of those suffering from mental illness will be available shortly on the RCN website for members.

Dr Sheila Hardy, an expert in the issue of the physical health of people suffering from mental illness, has been invited to join the RCN Mental Health Forum steering committee.

11

Nurse leaders

Submitted by Nurses in Management and Leadership Forum

That this meeting of RCN Congress considers whether nurse managers and leaders have the necessary resilience to lead in the current health care climate. (M)

Proposer/submitter: Jane Valle

Council member lead/Council committee: Ian Norris/Nursing Practice and Policy Committee

The RCN has reviewed its leadership work and has agreed a clear project plan for the coming 12 months. Each project within the plan now has allocated council champions, project plans, budgets, detailed milestones and deadlines.

Clinical leadership programme

The RCN undertook a review of its approach to leadership and the associated professional offer from November 2013 to June 2014, using a project management methodology. The Clinical leadership programme (CLP) was part of this review.

The CLP has been running for a number of years, and its reputation is long established. A number of evaluations have been performed on the programme and all confirm the positive impact of the programme on the participants (whether UK or internationally based) and their roles.

The CLP is delivered through a licence agreement with the commissioning organisation via our consultancy service. Through consultation with our stakeholders, existing licences will be renewed licences until the new CLP is in place from September.

An external consultant was engaged to conduct a literature review, develop an outline curriculum and review governance and evaluation processes for the programme. A successful event in October helped to shape ideas for the future programme, and following agreement of the final CLP delivery model, it is planned that the programme will launch at RCN Congress in June 2015.

Political leadership programme

We aim to launch this innovative programme at Congress 2015. It has been designed to draw on the extensive experience of delivering and evaluating political leadership

programmes for board-level nurses and senior experienced health care professionals throughout the UK and Europe.

The programme team will engage nurse directors in an exciting, relevant and up-to-the-minute political experience, working with political experts chosen for their ability to offer insights into the processes behind the shaping and influencing of policy and combining those insights with workshop activities. The programme will enable nurse directors to understand how they can influence regionally and nationally on key issues and communicate effectively to politicians and policy makers.

Cultural alignment

The group is now in the final six months of its first phase of action. We are working with four NHS organisations to support them in their desire to understand and mobilise their

organisational culture. An interim report was published in October 2014, and we are currently refining our 2015 strategy and evaluating the impact of the group to our four constituent organisations. As our members are keen for this collaboration to continue, a possible second stage of activity is being discussed.

RCN Executive Nurse Network (ENN)

The ENN now has a membership of over 200 senior nurse leaders. This milestone was reached ahead of target and membership continues to grow.

Development of the economic assessment tool

The RCN is working with the Office for Public Management to build nursing capability in economic assessment. This programme, funded by the Burdett Trust for Nursing is not about training nurses to be health economists. It is about empowering nurses leading service innovations with the knowledge and skills to use economic evidence appropriately and effectively in practice. By combining clinical and economic evidence nurse leaders can negotiate effectively with commissioners and other decision makers. Following on from the success of the programme undertaken by 49 nurses across Scotland, Wales and Northern

Ireland in 2012-14, the programme is currently open to up to 45 nurse leaders in England. More details of the programme can be found at rcn.org.uk/economicassessment

Clinical advisory group (CAG)

The first meeting of the CAG in January was attended by 12 senior nurses and discussed the terms of reference for this work and their role in supporting the clinical work of the RCN.

Consultancy service

The RCN Nursing Department commissioned a review of the RCN Consultancy Service. The report, *A Review of the RCN learning and development consultancy service* was submitted in December last year, and included a number of recommendations. In order to progress this work, a six-month project has been initiated in order to scope and support the implementation of the recommendations. In February, the Executive Team reviewed the recommendations and endorsed the expansion of the service. Phase two of the project, to undertake further planning of deliverables and oversee the implementation of the agreed changes, is now underway. The project team is made up of an F-Grade Project Manager working three days per week and is scheduled to complete at the end of July.

Grant funding

In Scotland the RCN was awarded grant funding from the Scottish Government to deliver a programme of activities to support nursing leaders through the major reforms that will result in the integration of health and social care in April 2015. This included a focus on developing understanding and networks to improve resilience through change. This work will complete in summer 2015 and RCN Scotland are discussing how to continue support through the early stages of implementation.

The RCN continues to work on a range of leadership initiatives both clinical and managerial, they are listed here with their RCN Council leads.

Advanced Nursing Practice –

Lors Alford and Cecilia Anim

Cultural Alignment – Rachel Greaves

Executive Nurse Network –

Chris Piercy

RCN Political Leadership Programme Review –

Joanne Kerr and Carol Evans

Economic Assessment Programme –

Margaret North

Review and Re-Launch of RCN

Clinical Leadership Programme –

Ian Norris and Brendan Garry

Development of a Professional Advisory Group –

Roy Tomlinson and Joanne Kerr

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Suicide prevention

Submitted by North of Tyne branch

Discussions have taken place between the RCN and Public Health England (PHE) around potential areas of co-operation, and with Health Education England to consider what practical steps can be taken to devise and promote a suicide prevention strategy.

A literature search was completed at the RCN Library and Heritage Centre on the suicide prevention components of undergraduate study programmes.

The potential of joint work on suicide prevention amongst the teenage LGBT population has been discussed between the RCN and PHE, and an agreement has been reached for RCN accreditation to be applied for on LGBT suicide prevention work.

The RCN met with representatives from the Metropolitan Police to

That this meeting of RCN Congress asks Council to influence higher education institutions to include suicide prevention across all fields of pre-registration nurse education. (R)

Proposer/submitter: Annessa Rebar

Council member lead/Council committee: Brenda McIlmurray/Nursing Practice and Policy Committee

discuss suicide prevention, its place in police training and ongoing challenges in practice. An agreement was reached to share mutual areas of concern and to consider how we may usefully share good practice.

Northumbria University has agreed to pilot suicide prevention in all of their undergraduate nursing courses, and also on certain allied health professional programmes. The RCN will work with young suicide charity Papyrus on an e-learning resource to support this programme, and with PHE on how to make such a resource available to the wider workforce.

Further plans may include a review of European nurse education practices in the area of suicide prevention and the lobbying of deans of nursing in the UK to gather support for this resolution.

13

Human rights of detainees

Submitted by Cangen Gogledd
Cymru/North Wales branch

Work arising from this resolution corresponds with the priorities of the RCN Nursing in Criminal Justice Forum to promote good practice and further develop resources for the RCN website.

The debate at Congress highlighted the fact that members' awareness of our work in this area is limited, and as such the RCN NCJS Forum have committed to actively promote its new resources.

The Congress debate raised the issues of dignity, end of life, vulnerability, restraint, discrimination and compassion. Each of these areas is covered within the existing work of the NCJS Forum and its stakeholders the Prison Reform Trust/ Care Not Custody and NHS England's Health and Justice Clinical Reference Group, and we continue to work alongside the Royal College of GPs Secure Environments Group.

That this meeting of RCN Congress requests Council to take all necessary action to ensure detainees are treated with due regard for their health care and human rights. (R)

Proposer/submitter: Gareth Phillips

Council member lead/Council committee: Peter Walsh/Nursing Practice and Policy Committee

A link has been established between the proposer and the RCN NCJS Forum and support for collaborative working has been offered. There are plans to consider a forum-led project to raise awareness for non-custodial care staff. Links to existing DH and RCN restrictive practices work will be of critical value and will require further input during 2015.

During 2015, the RCN NCJS forum will be exploring ways to improve support and offer guidance to nursing staff who may come into contact with detained people.

RCN Scotland recently launched its *Nursing at the edge* campaign to promote the work of nurses in reducing health inequalities. A number of these nursing case studies focused on prison and custody health care and highlighted the strong human rights approach held by the nurses leading these innovations.

RCN Scotland will be developing work around prison health care in Scotland later in 2015. For more information see **frontlinefirst.rcn.org.uk/nursingattheedge**

RCN Wales Nurse of the Year Award winner Louise Rooney has been recognised for her work with prisoners.

This work has equal relevance and importance in all four countries of the UK, and there are well-established links with all Department of Health policy makers and stakeholders and with RCN advisers.

Practice nurses

Submitted by South of Tyne and Wear branch

A new four-country RCN Primary Care Reference Group was created to ensure consistency in approach. The Chair of the RCN Practice Nurse Association is in regular contact with the RCN primary care advisers in the four countries to share information and take forward joint work.

The Royal College of General Practitioners agreed to support the resolution. Work on a joint position paper is underway to identify the new models for practice nursing. In addition, the RCN met with the Nursing and Midwifery Council to discuss future access to the nationally recognised specialist practitioner qualification.

RCN Wales is already heavily involved in commissioning education in Wales and actively supports a network of practice nurse facilitators, providing professional support to practice nurses. The specialist practitioner qualification is a nationally recognised

That this meeting of the RCN Congress asks Council to lobby commissioners and regulators to support the development of a recognised national qualification and career pathway for practice nursing. (R)

Proposer/submitter: Ann Fox

Council member lead/Council committee: Joanne Kerr/Nursing Practice and Policy Committee

qualification available for practice nurses in Wales.

The RCN is working to agree a way forward for a practice nurse career framework and education model for Northern Ireland. The RCN in Northern Ireland will work in partnership within a group convened by the RCGP and other stakeholders looking at improving the working environment for practice nurses.

NHS Education for Scotland has developed a practice nurse development programme aimed at preparing registered nurses for careers within primary care, sitting within the national career framework.

The RCN secured support for the need to have a career framework for practice nurses from Health Education England (HEE), NHS England and the Care Quality Commission (CQC). HEE agreed to develop a career

framework for practice nurses, using the Scotland model as its basis. HEE has established a working group to develop this career pathway for practice nurses and a specification for education commissioners to use. The RCN will provide input regarding health care assistants.

The RCN will also provide a critical companionship group to share and resolve issues relating to practice nurse development with HEE, the CQC and NHS England. NHS England will develop an assurance framework for general practice for which it hopes to obtain RCN accreditation. Once developed, the CQC will consider using the framework as part of the quality indicators for practice visits.

15

Working together

Submitted by Health
Practitioner Committee

The Health Practitioner (HP) Committee represents health care assistants (HCAs) and assistant practitioners (APs) in the four countries.

The committee is keen to raise the profile of HCAs and APs and is working on actively engaging with branches and boards. It communicates with members through regular e-newsletters and magazines and actively supports consistency in education and training for HCAs and APs.

The committee is supporting the HCA professional lead on updating the accountability and delegation resources in 2015 and will be reviewing the RCN's *Common Goals, Different Roles* paper to demonstrate both the similarities and the differences between the registered nurse and the support worker.

The committee has fed into Health Education England's Talent for care

That this meeting of RCN Congress discusses how we can all work together to improve care. (M)

Proposer/submitter: Brian Murphy

Council member lead/Council committee: Brendan Garry/Nursing Practice and Policy Committee

consultation, which has led to a draft strategy for developing the health care support workforce, and also the *Shape of Caring* review. This review contains several themes that are relevant to the HCA and AP role.

The committee continues to work hard to promote inclusivity of support workers both within the College and within nursing teams so this is becoming business as usual. There is a clear view that HP members are feeling much more integrated over the past few years and Congress 2014 was evidence of that. At Congress 2015 the committee will again have a presence and is lobbying for more HP members to attend.

In December, the committee met with the Communications team to ask about inputting into the RCN website project and to discuss how terminology used in all RCN material could be more inclusive of HCAs.

In Wales, study centre events have been delivered to an audience of registered nurses and health care support workers (HCSWs). The events have been purposefully designed to be meaningful to both groups.

RCN Wales staff have helped design and shape the competency framework led by Welsh Government in relation to HCSWs.

16

Charges for GP visits

This resolution was defeated

17

Patient data

Submitted by the Public Health Forum

This Matter for Discussion is an important area for nursing staff and the RCN. The issue of patient data being available to inform policy and service development is a high priority for everyone involved in health care. It is essential in public health terms to be able to address trends and where there are areas of particular concern. Being able to transfer data from one part of the system to the other is of prime importance. This however, has to be balanced by the need to protect individual confidentiality and make sure that data is truly anonymous and not identifiable by low numbers of, for example, gender or age.

The progress report highlights some of the work the RCN have been involved in and will continue with. This is an ongoing issue for the RCN and nursing staff, the balance between making sure we use data appropriately to evaluate and plan services and protect individuals.

That this meeting of RCN Congress discusses the use of NHS patient information in the United Kingdom. (M)

Proposer/submitter: Linda Bailey

Council member lead/Council committee: Carol Evans/Nursing Practice and Policy Committee

In Scotland, the national eHealth strategy has been refreshed and the integration of health and social care is highlighting a number of data capture and handling issues. The RCN is engaged in various Scottish activities in this field and responded to the Scottish Government consultation which informed the refreshed strategy.

In Northern Ireland, the RCN recently responded to a DHSSPS consultation of the use of service user identifiable information for research purposes, acknowledging the need for evidence-based service developments while safeguarding confidential personal information.

Regular meetings are held between the RCN in Wales and the NHS Wales Information Service.

18

Diversity and Careers

Submitted by West Midlands board

Since Congress 2014, the RCN has worked closely with the NHS Leadership Academy to create a framework for NHS organisations to begin to tackle race equality. Entitled 'Trusted', the framework builds on recent research across the health and public sectors and gives senior leaders key tools to deliver workforce race equality.

'Trusted' was published to support the development of the workforce race equality standard (WRES) which will form part of the NHS contract from April 2015. The WRES will require NHS organisations in England to close the gap between black and minority ethnic staff and other employees around a series of key indicators. The WRES is a board-level responsibility and a seminar for executive nurses in England about delivering race equality using the standard is currently being planned.

That this meeting of RCN Congress asks RCN Council to lobby Government to demonstrate the value of BME nurses and health care assistants by enforcing strategies that ensure fairness and equity in the recruitment, development and retention. (M)

Proposer/submitter: Juliana Benjamin

Council member lead/Council committee: Anne Kennedy/Membership and Representation Committee

Further engagement work has taken place with stakeholders including the Chief Nursing Officer's BME Advisory Group, around the creation of a coherent strategy to tackle race equality within nursing. In September 2014, the RCN hosted the Building better partnerships equalities conference. This event encouraged joint working between accredited representatives and NHS equality leads to promote race equality and equality issues more widely across the health sector.

The RCN's wider work to tackle workforce discrimination across the protected characteristics continues through the *Is that discrimination?* project. A series of advanced skills workshops have been delivered to accredited representatives and a specially selected group of stakeholders have received detailed training in how to tackle race discrimination in the workplace.

Furthermore, within Wales the NHS Wales Equality and Diversity Group has produced training material on this topic.

It is intended that the *Is that discrimination?* project will be widened to the rest of the UK following evaluation.

TTIP agreement

Submitted by Inner South East
London branch

That this meeting of RCN Congress discusses the use of NHS patient information in the United Kingdom. (M)

Proposer/submitter: Gay Lee

Council member lead/Council committee: Fiona Devlin/International Committee

Since the Congress resolution, staff, lead members and the International Committee have published a position statement on TTIP, which sets out the priorities and key principles for the RCN in its lobbying to ensure that health services will be excluded from the remit of TTIP.

The RCN responded to the EU consultation on the investor state dispute settlement (ISDS) mechanism stating its opposition to the mechanism. The huge number of responses to the consultation resulted in the EU suspending negotiations on ISDS.

Dr Peter Carter wrote to all MEPs, the Secretaries of State for Health and Business, Innovation & Skills to set out our Position Statement on health. The RCN has met with MEPs to set out the RCN's concerns and will continue to lobby MEPs and domestic politicians in relation to TTIP.

The RCN has received numerous supportive responses from MEPs, including from Jill Evans, Jean Lambert and Jude Kirton-Darling who are all supportive of the RCN position. A Government reply from Earl Howe stated that public services, including the NHS would be excluded from the scope of any TTIP deal, although they did not specify the type of legal drafting that might be required. RCN Wales and Scotland have also written to their Government counterparts to lobby on TTIP. RCN Wales met with a Welsh MEP to further the campaign, in addition to members raising the issue locally with Assembly Members.

The RCN has emphasised the importance of TTIP campaigning, Council engagement and the need for even greater focus at future relevant meetings.

The RCN organised a seminar on 27 March to inform members about TTIP

and the activity being carried out by the RCN. The seminar included panel discussions with politicians, health stakeholders and asked members for their views on further engagement on TTIP.

The RCN has also been closely involved in future developments in stakeholder engagement on TTIP through its membership of the European Public Health Alliance (EPHA). The RCN participated in a stakeholder meeting in November to help shape input into the formal EU stakeholder meetings and continues to feed into discussions as an advisory member of the internal EPHA Trade Group. EPHA will continue to emphasise the potential public health impact of TTIP and use its position to lobby MEPs.

20

Effects of bullying on patients

Submitted by Portsmouth branch

RCN work to progress this item comes under the *Healthy Workplaces* campaign which has been developed in response to the Congress item on the working environment. Dignity at work is one of the five key themes under the *Healthy Workplaces* project which will be launched in October 2015.

The campaign brings together all the evidence linking good working environments with improved patient outcomes. As part of the campaign, a health check resource is currently being developed for use by RCN representatives and employers which will include signposts to best practice including the work of NHS Scotland on the Dignity at Work project.

RCN resources on bullying and harassment including the *Working with Care* toolkit will be revised in time for the launch of the campaign.

That this meeting of RCN Congress asks Council to investigate whether bullying and harassment in health care settings is affecting the quality of care and safety of patients. (R)

Proposer/submitter: Ann Smart

Council member lead/Council committee: Roy Tomlinson/Nursing Practice and Policy Committee

The RCN has also been successful in getting the NHS Staff Council's Health, Safety and Wellbeing Partnership Group to agree to do further work on bullying, organisational behaviours and promoting good working relationships as part of its 2015/16 work plan. The RCN will use this opportunity to highlight the impact of bullying behaviours and poor workplace cultures on patient outcomes.

The RCN will develop and promote continued learning and development opportunities for RCN representatives on this issue in order to equip them to prevent, mitigate and identify bullying, and to better support members experiencing bullying. In addition, RCN work is underway to develop an early warning signs toolkit which will support workplace representatives in identifying organisations where bullying could be an issue

(ie, indicators from staff surveys, staff turnover, exit interview data and sickness absence).

Opportunities are continuously being sought to highlight both bullying as a key cause of work-related stress and the expectations on employers to address bullying behaviour, for example, in discussions and consultations with the Health and Safety Executive on regulation in health care.



Integrated Patient Care

Submitted by Devon branch

Integrated care is seen by many as the way to meet the challenge of increased demand from older patients and those with complex and multiple chronic diseases.

The RCN in Scotland has lobbied to ensure nursing representation on new integration authorities and has worked with the Scottish Executive Nurse Directors Group to ensure clinical governance processes are fit for purpose. It has also lobbied for quality and safety to be included in the core principles of the Public Bodies Act, chaired the national group preparing guidance on those principles, and been represented on national groups looking at HR issues, strategic commissioning and care governance.

Plans for Scotland this year include activity around embedding integrated clinical governance, undertaking assessments of nursing involvement in locality planning, and hosting a major

That this meeting of RCN Congress discusses ways of promoting the delivery of integrated patient-centred care. (M)

Proposer/submitter: Tom Murray

Council member lead/Council committee: Margaret North/Nursing Practice and Policy Committee

inter-professional conference in April. www.rcn.org.uk/scotlandintegration

RCN staff in Wales attended, and contributed to, the all-Wales Health and Social Care Conference on Service Integration and in addition to its professional contribution to the all-Wales Independent Sector Lead Nurse Forum, a study centre event has been planned in partnership with the Older People's Commissioner for Wales.

Across Northern Ireland, the RCN has been highlighting the failure of the Department of Health (DH) and commissioners to fund and implement the Transforming Your Care acute-to-community shift reform process. The RCN continues to highlight the impact of budget cuts to post-registration nursing education on community nursing, and as part of its work to address deficiencies in this workforce, the Community Nursing Network hosted a major conference

in November focusing upon pressures in district nursing services. The RCN has also been represented on a subgroup of the DH Central Nursing and Midwifery Advisory Group which is over-seeing the development of a nursing workforce plan to support the delivery of integrated health and social care over the next ten years.

Following its policy seminar in September 2013, the Policy and International department has published the following papers on integrated health and social care:

- policy seminar – *Integration: the future of health and social care*
- *Social Care in England – a guide for nursing staff*
- *Integrated Health and Social Care in England: the story so far*
- *Integrated Health and Social Care in England: The 14 Pioneer Programmes - A guide for nursing staff*

- *The nursing role in integrated care models - Reflecting on the United States' experience*
- *Update on England's 14 integrated health and social care pioneer programmes: viewpoints of RCN members.*

In October last year, the RCN spoke on the Challenges of Integrating the Workforce at the *Westminster health forum keynote seminar*.



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Nursing Institute

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Living Wage

Submitted by Lancashire
West branch

In July 2014 RCN Council approved the RCN to become a Living Wage Employer.

The Living Wage is currently set at £7.65 and at £8.80 (Greater London).

The RCN recognises that, for our members, the Living Wage is a more significant issue in the independent sector – especially for social care organisations. However, there are issues related to NHS contracted-out services, especially around facilities and estates, and in relation to local pay.

The Living Wage has also been: included in RCN responses to the Monitor Consultation on tariff (July 2014).

- highlighted as a lobbying issue in the RCN General Election priorities
- included in the RCN lobbying position linked to appropriate funding of health and social care

That this meeting of RCN Congress calls on Council to sign up to the Living Wage and actively campaign for commissioners in health and social care to include paying the Living Wage in their contracts with providers. (R)

Proposer/submitter: Geoffrey Thompson

Council member lead/Council committee: Gill Cort/Membership and Representation Committee

- included in our 2014/15 pay claim with Four Seasons
- included with Sue Ryder Care during the Pay Framework discussions 2013/14, which has resulted in an agreed timeline for LW implementation.

RCN and Government activity linked to the Living Wage across the four countries and regions (e.g. Nottingham Citizens) will be mapped, and opportunities for further activity will be identified and strategic relationships with key organisations will be supported.

The RCN will collate evidence and case studies to support lobbying on the Living Wage within the framework of the General Election priorities.

The RCN is developing a position in relation to Living Wage and contracting out of NHS services, tariff setting, commissioning strategies and local pay.

The NHS in Scotland has already signed up as a living wage employer and is fully compliant with the legislation.

The RCN has previously called for the living wage to be paid to anyone who is providing a contracted service from the public sector. As a member of the Residential Care Taskforce, the RCN supported calls for further work in this area and will lobby further on this in advance of the 2016 Scottish Parliamentary elections.

In the 5 November 2014 NHS pay offer, the Welsh Assembly has included the living wage.

The Northern Ireland government has recently proposed an award to NHS staff similar to that in England. This does not include the living wage, which remains staff side's position.

23

Independence Referendum

Submitted by Northern branch

The Scottish Independence Referendum was held on 18 September 2014 and the Scottish population voted against independence. There is now a much wider debate on constitutional reform taking place across the UK and the RCN will monitor these developments closely.

In advance of the referendum, the RCN provided members with guidance which contained 'dos and don'ts' should they be discussing the referendum, useful key messages as well as a step-by-step guide on how to organise a hustings with representatives of both sides of the argument.

The guidance was designed to help members who wanted to engage or become involved in the debate to navigate a path between the official position of the RCN and their own personal views. It was developed by a committee of UK-wide staff and members.

That this meeting of RCN Congress discusses the possible implications for the RCN as an organisation if, following the referendum in September 2014, Scotland becomes an independent country. (M)

Proposer/submitter: Margaret McCambridge

Council committee: Nursing Practice and Policy Committee

In the final few months before the referendum six branches across Scotland held hustings with representatives of the campaigns. These were largely well-attended and feedback received suggested they were regarded as useful in providing information to members in attendance.

The referendum galvanised political debate and engagement in Scotland with nearly 85 per cent of the eligible population casting a vote. The Joint Representatives Conference held in Glasgow in November had productive sessions considering the lessons to be drawn for member engagement with the RCN.

24

Reporting abuse

Submitted by South
Birmingham branch

The RCN's position in relation to children and young people has been reinforced through the publication of guidance for members *Safeguarding children and young people: every nurse's responsibility*, which clearly highlights each individual nurse's responsibility to report any concerns. The revised guidance has been promoted through *RCN Bulletin*, RCN forum newsletters, *Nursing Standard* and RCNi journals.

The RCN's position in relation to safeguarding adults has evolved into the development of new guidance *Safeguarding adults – Everybody's responsibility*, which mirrors the children and young people publication, and has included four-country consultation. The guidance confirms that reporting abuse is the duty of every RCN member. The guidance will be placed on the RCN website, encompassed within *RCN Bulletin*, RCN conferences and networks, and

That this meeting of RCN Congress asks Council to review RCN policy in light of the evidence for and against mandatory reporting of abuse of vulnerable people. (R)

Proposer/submitter: Greta Alleyne

Council member lead/Council committee: Andy Patrick/Nursing Practice and Policy Committee

a Congress fringe application has been submitted.

The RCN has responded to consultations concerning mandatory reporting of female genital mutilation (FGM) and the revision of *Working together to safeguard children*. The RCN will continue to contribute to relevant discussions, including consultations concerning the revision of legislation and associated statutory guidance across the four countries of the UK. Recent examples include RCN Wales contributing to new all Wales statutory guidance on reporting abuse and RCN Northern Ireland responding to a government consultation on a draft adult safeguarding policy for Northern Ireland.

Devolution and pay

Submitted by Lothian branch

That this meeting of RCN Congress discusses the relevance of National Pay Bargaining within an increasingly devolved United Kingdom. (M)

Proposer/submitter: Andy Notman

Council member lead/Council committee: Mike Travis/Membership and Representation Committee

Throughout the recent pay campaign, the RCN has maintained a consistent position – that the Pay Review Body (PRB) recommendations should be implemented in full across the UK.

Despite this, the picture across the UK continues to be fractured with a range of approaches being adopted by the different governments: payment in full (Scotland); a negotiated package including both consolidated and non-consolidated payments (Wales); and a revised offer from the UK Government for England and Northern Ireland. A further challenge on terms and conditions is underway in England with the NHS PRB exploring unsocial hours payments in the wider context of seven day working.

Scotland

The Scottish Government accepted in full the PRB recommendation for 2014/15: staff earning more than

£21,000 were paid a consolidated one per cent, while staff earning less were guaranteed a flat £300 (above one per cent). The Scottish Government also said it would continue to pay ‘modest but affordable pay rises to NHS staff in times of austerity,’ and that ‘hard working NHS staff will not be asked to trade terms and conditions to facilitate a pay rise’.

The Scottish Government expressed concern that the UK Government did not have the authority to unilaterally alter the remit of the PRB. In its 2015/16 PRB evidence, the Scottish Government stated that it would expect any pay award to be affordable and within Scottish public pay policy (currently about one per cent per annum). At a recent policy seminar organised by the RCN, the former Cabinet Secretary, when questioned about what he would do if the PRB recommended an award above one per cent (ie above

existing Scottish public pay policy), confirmed this decision would sit with the Scottish Cabinet.

Other trade unions in Scotland have called for unilateral Scottish pay bargaining. The RCN has opposed this and we continue to call on our partner unions to remain within their respective UK positions of committing both to the PRB and to four-country pay bargaining arrangements.

Wales

During both the consultation on the establishment of a Public Services Staff Commission and in the recent pay negotiations, the RCN has been robust in its position of arguing that the PRB recommendation should be paid in full across the UK.

However, following negotiations, consultation took place on a two-year package that would see

a cash (non-consolidated) payment of £187 for 2014/15, along with a consolidated rise of one per cent from April 2015. The package also includes the introduction of the Living Wage from January 2015. The extra costs associated with the Living Wage have been met separately by Welsh Government, and the offer was accepted on 20 November 2014.

The Welsh Government will also form an NHS Workforce Commission to consider a broad range of workforce issues. Longer term negotiations have been taking place in Wales regarding incremental movement and mileage rates, and agreement has been reached on these issues separate to the discussions on pay for 2014-2016.

Northern Ireland

On October 31, the Northern Ireland Executive announced that the PRB recommendation of one per cent was not affordable (directly contradicting its earlier position) and that it had chosen not to accept the PRB recommendation. The Northern Ireland Executive followed the approach of the Government in England and offered a one per cent non-consolidated payment to those at the top of their Agenda for Change band for 2014/15.

No pay offer has yet been made for 2015-2016 but the Health Minister has continually spoken of the need for 'continuing restraint on pay'. In January 2015, he instructed officials to open negotiations with the trade unions on the 2015-2016 award but has made it clear that no additional resourcing will be made available to finance a pay award.

England

As part of a sustained pay campaign with NHS unions, RCN members wrote 4,500 letters to MPs across the UK, held hundreds of one-to-one meetings with constituency MPs, put on a huge show of strength at October's TUC demonstration, asked 566 MPs to sign an Early Day Motion calling for fair pay, and secured the signatures of 91 MPs.

As a result, the UK Government tabled a revised pay offer on 27 January. The offer included a consolidated one per cent payment for all staff up to pay point 43 (56,504); an additional £200 consolidated payment for lower paid staff (pay points 3-8); the first point on the pay scale to be abolished; and the second raised to £15,100. However, the offer also required a one-year increment freeze on pay points 34 and above, and a requirement to

undertake urgent talks on redundancy arrangements.

At an emergency meeting held on 29 January, RCN Council confirmed all members would be asked to vote on whether to accept the offer – 60% of those who voted were in favour, and the joint NHS unions accepted the offer on 9 March.

There has been a renewed commitment from the Westminster Government to the PRB, and its role to make future recommendations on pay uplift for NHS staff in 2016/17.

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Pay

Submitted by RCN Council

Reiterating the RCN's position from the report on the Devolution and Pay resolution (see page xx), throughout the recent pay campaign, the RCN has maintained a consistent position - that the Independent Pay Review Body (PRB) recommendations should be implemented in full across the UK.

Last year, the RCN encouraged members in England to write to their constituency MPs, deploring the government's decisions and asking them for their views on the matter. Over 4,500 letters were emailed by members and Dr Peter Carter wrote to all Westminster MPs, setting out the RCN's opposition to the decision.

The RCN lobbied Graham Morris, Labour MP for Easington who tabled an Early Day Motion (EDM) in support of all NHS staff receiving the PRB's recommended settlements.

That this meeting of RCN Congress deplores the Westminster Government's decision to ignore the recommendations of the Independent Pay Review Body and asks Council to commit to a sustained campaign to protect pay and resist further erosion of terms and conditions. (R)

Proposer/submitter: Council

Council member lead/Council committee: Anne Wells/Membership and Representation Committee

RCN members emailed a further 1,000 letters, resulting in 95 MPs signing in support of the EDM.

The RCN attended Liberal Democrat, Labour and Conservative autumn party conferences, securing 20 one-to-one meetings with stakeholders and parliamentarians, with pay at the top of the agenda.

Alongside our sustained action against the UK Government's decision to ignore the recommendations of the PRB, the RCN launched a new phase of its 'What if...' campaign to secure fair pay for nursing staff.

Many nurses and health care assistants work through their breaks and far beyond their contracted hours without recompense. Launched at the Lister Hospital in Stevenage in January, and rolled-out to a further nine trusts in England and Northern

Ireland in February, the *What if you get what you're owed?* campaign equips RCN reps and members with the information and materials they need (in *What if* campaign packs and as downloadable resources from whatif.rcn.org.uk) to record their excess hours and to claim for the corresponding payments or TOIL. Evaluation of the campaign is ongoing.

27E

Mileage

Submitted by Bedfordshire branch

That this meeting of RCN Congress requests Council to lobby Government for fair reimbursement for mileage for community staff. (R)

Proposer/submitter: Gill Hurley

Council member lead/Council committee: Gordon Lees/Membership and Representation Committee

As part of Agenda for Change, a new mechanism for calculating reimbursement rates (mileage) for NHS staff who use their vehicles on business was introduced on 1 July 2013.

Under these arrangements, mileage rates are reviewed twice each year. In May, the AA's running cost tables (which include fuel, depreciation, servicing etc) are used to adjust mileage rates to ensure they reflect the cost of business motoring. Fuel costs are also reviewed in November, but an adjustment to mileage rates only takes place should these costs cross a particular threshold. For example, the fuel-only calculation in November 2014 showed a reduction in fuel costs over the previous 12 months, but was not sufficient to affect the overall mileage rate. The next full rate assessment will be undertaken in July.

Concerns relating to the fairness of the current mileage arrangements were raised at NHS Staff Council in July 2014; in particular, the 3,500 miles per annum threshold. In response, NHS employers made it clear that they would not be prepared to re-negotiate the new arrangements (AFC, Section 17), but did, however, appear to indicate that they may be open to discuss the 3,500-mile threshold and look again at the overall mileage undertaken in the NHS.

We were subsequently notified that due to the position taken by NHS unions to refuse to discuss other AFC issues such as redundancy (AFC, Section 16) while we were in dispute over the 2014/15 pay claim, the employers were no longer prepared to engage in further discussions or negotiations on mileage. It is now the case that there will be no mileage discussions with employers on a

national basis until (at the earliest) a conclusion of the 2014/15 pay dispute.

In Wales, joint discussions on changes to some AFC terms and conditions will result in Welsh employers adopting HMRC's Approved Mileage Allowance Payment system (AMAP). This will see the introduction of a 45p-per-mile, tax free reimbursement for the first 10,000 miles travelled, and 25p-a-mile thereafter. This is likely to improve the reimbursement for those who do more business miles.

The trade union side of the NHS Staff Council will continue to monitor mileage costs irrespective of the employers' position.



28E

Shortfall in NHS funding

Submitted by UK Safety Reps Committee

Note: This update for Congress explains the position regarding the funding of the NHS in England as at 9 March 2014. At the time of preparing this update no party political manifestos have been published and it is expected that the debate on the size of the NHS budget will intensify as the main political parties develop their campaign strategies ahead of the general election in May 2015. A further update will be provided to members at Congress.

On 11 September last year, the RCN joined a broad coalition of health and social care organisations to call on all political parties to make a manifesto commitment of at least £4bn to fund NHS service changes over the next parliament. In the publication *2015 Challenge Manifesto*, the group urged politicians to set out and debate their plans before the general election in May 2015 to ensure the next Government has a clear mandate for service

That this meeting of RCN Congress calls on Council to lobby political parties to ensure the predicted shortfall in NHS funding for 2015-16, reported on 17 June 2013, is plugged. (R)

Proposer/submitter: Denise McLaughlin

Council member lead/Council committee: Sylvia Simmons/Membership and Representation Committee

change. The RCN was closely involved with the manifesto, with other signatories including the NHS Confederation, the Foundation Trust Network, the Association of Directors of Adult Social Services, National Voices and Age UK.

On 5 October the RCN was a joint signatory of a letter sent from a range of organisations to the leaders of the three main parties, highlighting the effects of rising demand and flat-lining budgets. This letter said that political promises of extra cash for the NHS were insufficient to address a funding crisis that is putting at risk the founding principles of the health service.

On 23 October NHS England published the *Five Year Forward View*. The document laid out the key challenges facing the NHS in England, including a £30bn funding gap over the next five years. The document was welcomed by the three main political parties, and

soon after publication the Government made a commitment of £2bn to meet the immediate funding gap. In the 2014 Autumn Statement, the Chancellor confirmed an extra £2bn per year funding for the NHS. The chancellor said the money was a 'down payment' on the implementation of the *Five Year Forward View*.

However, reports from the National Audit Office, the Health Foundation and the King's Fund published between November 2014 and January this year, continued to paint a bleak picture, highlighting the increasing risk of crisis in the NHS, additional funding pressures and 'damaging and distracting' upheaval caused by the Health and Social Care Act.

The RCN Frontline First campaign, and communicating the impact of the financial challenges on the NHS, are priorities for the RCN. The College continues to raise concerns about cuts

to nurse student places, post losses, the ageing workforce and increased demand on services.

The debate at RCN Congress 2014 clearly demonstrated that members want their voices to be heard within the wider debate. On this basis, each regional board discussed the issue of NHS funding, and these meetings informed the RCN's key messages leading up to the general election in May. The RCN manifesto states that 'the Government needs to wake up and realise that budget cuts will never improve patient care. More registered, experienced nurses on the floor will'.

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

1. Retirement age – an issue for the future?

In view of the increasing retirement age, members at Congress in 2012 debated the implications for the future, including the safety aspects of working as an older nurse. The RCN continues to play a full part in the continuing work of the NHS Working Longer Group (WLG), following the acceptance of all of their recommendations by all of the UK Health Departments. WLG is a partnership group between trade unions, NHS employers and health department representatives. It was set up to consider the implications of a raised retirement age for staff, patient care and employers and is now engaged in an ambitious work plan to help equip the NHS to meet the challenge the ageing workforce presents. Work is grouped around four themes: data and demographic monitoring; employment policy

and practice (including job design, redeployment and flexible work); pensions and retirement, and occupational health, safety and wellbeing. The WLG is overseen by a steering group, in which the RCN is represented by staff in the Employment Relations Department.

Employment relations staff are also part of the NICE project looking at guidance for workplace policies and approaches to protect the health of older employees. Results from this project work should be published in 2016.

RCN involvement in European social dialogue around the ageing workforce has also continued and employment relations staff are currently involved in a pan-EU project looking at implementation of the EPSU/HOSPEEM guidelines that were ratified in 2013.

2. Corridor wards

Since the Essex branch submitted their corridor wards resolution in 2012 (about the inappropriate use of areas as extra bed capacity) the RCN has been actively lobbying to ensure that patients are cared for in areas designed for patient care. We know that overcrowding continues to be a problem with a reducing bed base but increasing demand. This is felt particularly in the emergency and acute admission pathways, but also when hospital escalation policies – sometimes known as surge policies – are activated. We have worked with other royal colleges and at a national level to be present and heard when key decisions are being made about the capacity of the acute sector (or hospitals' capacity in integrated systems). In so doing, the RCN has represented patients and carers as well as nurses.

We have provided the nursing voice at patients' safety meetings across the

UK and have taken part in a number of innovative projects looking at how capacity management can be improved in the interests of patient care. This has included working closely with the Ambulatory Emergency Care Delivery Network, the Design Council (on patient environments) and we have taken part in the Future Hospital Commission at the Royal College of Physicians.

3. Emergency response

The closure of emergency departments was debated in 2013, with members voting overwhelmingly in favour that Congress only supports closures where there is a robust clinical case (and not purely as a cost saving exercise). The RCN has been working with colleagues across the UK to ensure that safe, responsive unscheduled care is available when it is needed. RCN staff and members of the RCN Emergency Care Association continue to represent the College across the UK wherever there are conversations that may affect the configuration of emergency services.

Since 2013, there has been work in all four countries of the UK that has looked at the configuration and provision of unscheduled care and we have been at the forefront of this work representing nurses and nursing. From reconfiguration

proposals in Northern Ireland and Wales to the English national review of emergency care and Scottish urgent care work streams – we have carried the message from this 2013 resolution with us. In addition, the RCN has been working in the intercollegiate community to ensure that the emergency care workforce of the future is available. Since Congress 2013 we have worked closely with the Intercollegiate Board for Training in Pre-Hospital Medicine and College of Emergency Medicine to produce robust multi-professional curricula and competency frameworks in the interests of patient care and that are fit for the future of emergency nursing.

