



RCN Council's report to members on Congress 2016

April 2017





Royal College
of Nursing

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Foreword

“I would like to thank all those RCN staff and members who have worked together to deliver this member-led agenda”



This report details the wide range of work, across all four countries of the UK, which has taken place as a result of the debates in Glasgow last year. This will be my final Report to Members as your Chair of Council, and I would like to take this opportunity to thank all those RCN staff and members who have worked together to deliver this member-led agenda.

Reports of work carried out as a result of Resolutions passed by Congress are detailed on the following pages. Where Council and its committees felt that Matters for Discussion related to specific ongoing workstreams within the College, a report of progress in these areas has been included. For other Matters for Discussion, a summary of the debate from Glasgow is included.

Nursing continues to face significant pressures, with our governments failing to properly fund those services the public demand – it is through constant pressure, lobbying and campaigning that we make our collective voice heard.

Following the success of the RCN in Wales to deliver legally enforceable staffing levels, last year you asked us to lobby the other UK governments to enact similar legislation for the rest of the country. Staff in our policy, parliamentary and media teams across the whole country have worked tirelessly to bring this subject to the top of the political agenda – you can read more about this work and our future plans on p9.

We covered a diverse range of subjects in Glasgow – including e-nursing, CPR lessons, domestic abuse and district nursing – and some which we’ll be returning to in Liverpool, such as dementia and nursing associates. We have also detailed aspects of some of the work carried out over the past 12 months as a result of previous years’ debates.

Michael Brown

Michael Brown
Chair of Council



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RCN Congress 2016

The forty-ninth meeting of RCN Congress was held on 19 to 22 June 2016 at the Scottish Exhibition and Conference Centre in Glasgow.

Present

Stuart McKenzie (Chair), BJ Waltho (Vice Chair), the Agenda Committee, Council and representatives of the RCN Branches, RCN UK Forums, the RCN Health Practitioner Committee, the RCN 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 meeting of 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 2015 Congress

Congress formally received and adopted the report of the meeting held on 22 to 25 June 2015.

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).

Votes on resolutions were conducted by a show of hands unless a card vote was called. This is indicated in the following report.

1. EU and Nursing (MfD)

That this meeting of Congress discusses the benefits for nursing of remaining a member of the European Union

2. Student Bursaries (R)

That this meeting of Congress is appalled by the unilateral decision to abolish student nurse bursaries and calls on the Westminster government to work with the RCN to look at all options and agree future student nurse funding arrangements

There was a unanimous vote to add the words 'the Westminster' to the resolution.

The resolution was passed with 100% voting in favour (card vote).

3. Illegal Drugs (MfD)

That this meeting of Congress discusses whether the Misuse of Drugs Act 1971 is working

4. Child Mental Health (R)

That this meeting of Congress calls on RCN Council to lobby governments of the UK to invest in services to promote the emotional well-being and positive mental health of our children and young people

The Resolution was passed with 100% voting in favour (card vote).

5. Domestic Abuse (R)

That this meeting of Congress asks RCN Council to lobby for mandatory domestic abuse awareness training for all health care workers

The Resolution was passed on a show of hands with 15 voting against. There were eight abstentions.

6. CPR Lessons (R)

That this meeting of Congress calls on the governments of the UK to mandate the teaching of cardiopulmonary resuscitation to schoolchildren

The Resolution was passed on a show of hands with 19 voting against. There were 30 abstentions.

7. Agency Nurses (MfD)

That this meeting of Congress discusses the use of agency nurses in the NHS

8. Safe Staffing (R)

That this meeting of Congress asks RCN Council to lobby the governments of England, Northern Ireland and Scotland to follow Wales and deliver enforceable safe staffing levels.

The Resolution was passed on a show of hands with one voting against. There was one abstention.

9. Abortion (MfD)

That this meeting of Congress discusses the merits of decriminalising abortion

10. Enursing (R)

That this meeting of Congress calls on RCN Council to promote the concept that every nurse should be an Enurse

Passed on a show of hands with 68 voting against. There were 61 abstentions.

11. Sickle Cell Disease (MfD)

That this meeting of RCN Congress discusses how we can ensure people with sickle cell disease receive the highest standard of care

12. Pay (R)

That this meeting of Congress asks RCN Council to work with employers to uphold the Agenda for Change negotiated agreement.

Passed on a show of hands. There were seven abstentions.

23E. Emergency Resolution

That this meeting of RCN Congress calls on Council to lobby all employers to provide individual training budgets for registered nurses in light of the introduction of nursing revalidation

The resolution was not passed – 444 voted against, 63 voted in favour. There were 49 abstentions (card vote).

13. Seven-day care (MfD)

That this meeting of Congress discusses the implications for nursing of the government's policy on seven-day services in the NHS in England

14. District Nurses (R)

That this meeting of Congress calls on RCN Council to lobby for all district nurse caseload holders should have the specialist practitioner qualification (SPQ)

The resolution was passed on a show of hands with 32 voting against. There were 17 abstentions.

24E. Emergency Resolution (R)

Following on from the General Secretary's comments on how the RCN would lead if it were in charge of health and care policy and practice across the NHS, we condemn the recent decision to remove nursing expertise from the Department of Health without consultation and we call on Council to campaign for a strong permanent, and expert nursing voice at the heart of the Department of Health

The resolution passed unanimously on a show of hands.

15. Nursing Associates (MFD)

That this meeting of Congress discusses the impact of the Nursing Associate role.

This Matter for Discussion was referred directly to Council for further action.

16. Public Health Funding (R)

That this meeting of Congress asks RCN Council to insist that the Government reinstates adequate funding for public health

The resolutions was passed on a show of hands with one voting against. There were two abstentions.

17. Learning Disability Care (MFD)

That this meeting of Congress discusses the impact on the physical health of people with a learning disability when transferring their care from health to social care

18. Bullying Allegations (MFD)

That this meeting of Congress discusses the detrimental effects on managers when they are accused of bullying and harassment when all they are doing is managing

25E. Emergency Item (R)

In light of the statement made by Professor Patton this meeting of Congress asks Council to consider the way the RCN engages in political decision making that impacts on nursing and the health and well-being of the UK

The resolution was passed with 511 voting in favour and four voting against. There were eight abstentions and seven invalid votes.

19. Dementia (MfD/R)

That this meeting of Congress discusses "Do people with dementia get a fair deal when admitted to hospital?"

Congress voted to change the item to a resolution as follows:

That this meeting of RCN Congress asks Council to lobby for better policy to ensure a fair deal for dementia patients and carers when admitted to acute care.

The resolution was passed on a show of hands with two voting against. There were four abstentions.

5. Report of Council

The Chair of Council presented the report of Council on action arising from 2015 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 13-17 May 2017 in Liverpool.

20. Holistic Care (MfD)

That this meeting of Congress discusses holistic care and if it is realistic, or even desirable

21. Housing Costs (R)

That this meeting of Congress calls on RCN Council to lobby governments of the UK to introduce rent controls

Passed on a show of hands with 41 voting against. There were 39 abstentions.

22. RCN at 100 (MfD)

That this meeting of Congress discusses how to build on the achievements and work of the RCN over the last 100 years

1. EU and nursing

Submitted by the RCN
Public Health Forum

That this meeting of Congress discusses the benefits for nursing of remaining a member of the European Union. (Matter for Discussion)

Proposer: Jason Warriner

Since this item was discussed, the UK voted to leave the EU through the 23 June 2016 referendum.

In late June/July, the RCN published statements on critical issues immediately emerging from this decision, including the need to guarantee the rights of EEA nationals working in health and social care to remain in the UK. We also confirmed that the RCN will continue to work closely with our sister organisations in Europe — both during the period of negotiation of our withdrawal over the next two years or so, and beyond.

The RCN has made a number of submissions to Westminster parliamentary committees on the key issues for nursing in relation to the Brexit negotiations and settlement, including those to the Health Select Committee, the International Trade Committee and the Economic Affairs Committee. As well as submissions to both the Scottish Parliament and Welsh Assembly, the RCN has contributed to debates in the media. We also published a briefing for members on the key issues for nursing and the process for withdrawing from the European Union.

In addition, the RCN has joined the Cavendish Coalition — a UK-wide association of 30

organisations representing a range of health and social care. The purpose of this group is to jointly lobby the UK Government to secure the future rights of EEA nationals working in health and social care, to influence the future development of a sustainable UK nursing workforce and to combat the alarming rise of xenophobia and racism immediately following the vote. This work has continued to push for EEA nationals working in the sector to be able to remain in the UK alongside addressing the long-term domestic workforce supply issues. This includes looking at agreed principles for future migration, policy options and their economic implications in relation to Brexit and the workforce.

As the only part of the UK that shares a land border with another EU country, Brexit will have significant implications for the future constitutional position of Northern Ireland within the UK and the island of Ireland. The implications of any settlement and our future relationship with Europe will continue to form part of our policy and influencing work over the next two years and beyond, given its significance for employment conditions, professional standards, international recruitment, public health and collaboration in Europe on innovation and best practice.

2. Student Bursaries

Submitted by the
RCN Students' Committee

That this meeting of Congress is appalled by the unilateral decision to abolish student nurse bursaries and calls on the Westminster Government to work with the RCN to look at all options and agree future student nurse funding arrangements. (Resolution)

Proposer: Rhys Mood

Council member lead: Kathryn Davies

Since the Resolution was passed by Congress, the RCN submitted its response to the Department of Health (England) Consultation on changing how health care education is funded. In our response we expressed our grave concerns about the proposals, stating that they are “high risk”. In developing this response, the RCN engaged widely with its members through RCN professional forums, committees and through a survey of over 17,000 members and non-members.

We called on the Westminster Government to:

- immediately suspend the plans and undertake meaningful engagement with all stakeholders
- explore alternative models of funding that fully recognise the unique circumstances of nursing students
- undertake a fully evaluated pilot scheme to test the impact of any proposed change to student funding.

Unfortunately, the Westminster Government announced in summer 2016 that the reforms will go ahead, and, from August 2017, all new nursing, midwifery and allied health professional students in England will be moved onto the standard student support system which includes paying fees and obtaining student loans.

Some small concessions were made by the Government as a result of RCN and other stakeholder evidence, such as provision of fully covered placement expenses, additional money for childcare costs, and a transitional arrangement for postgraduate and part-time students who will continue to have access to the NHS bursary and fees paid for 2017/18, until a

new solution is identified and implemented the following year.

Activity since the decision

The RCN has consistently called on the Westminster Government to invest in the education of future nurses and is holding them to account on their promise of 10,000 more health care professionals this Parliament. We must ensure that the changes do not result in damage to the future sustainability of the nursing workforce.

Now more than ever it is crucial that nursing students, who will now be paying fees, get a high-quality and rewarding education. We are leading work to ensure that future design and delivery of nursing education leads to a highly-skilled, flexible and stable nursing workforce, equipped for the future of health and social care.

Implementation and placements

We have regularly and consistently raised concerns with the Department of Health about the worrying lack of clarity around the implementation of the reforms, and in particular what the changes will mean for the future funding, commissioning and quality assurance of practice placements. The Department of Health and Health Education England (HEE) have been engaging with the RCN and other key stakeholders as they develop their strategy for how the changes will be implemented. The RCN Students Committee has also been represented on an HEE roundtable event on future commissioning arrangements for placements.

Monitoring numbers of applicants

The RCN has also been monitoring the impact of the change on the numbers of applicants to



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 Sylvia
MEMBER
COUNCIL MEMBER

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nursing degree courses in England, we have expressed concerns to the Department of Health about the drastic fall in applications at the January 2017 deadline. There were 23% fewer applicants to nursing compared to January 2016. We have also raised concerns about the impact of this change on the diversity of applicants to nursing, especially in regards to mature students, with a 29% reduction in applicants aged over 25 since last year.

The Government said removing funding would create an extra 10,000 training places this parliament, and encourage more people to enter the profession. We will continue to hold the Government to account on this.

Lobbying activities

We are working closely with other stakeholders, such as trades unions, the National Union of Students, the Council of Deans of Health, the RCM and Universities UK to join up efforts and build a clear evidence base on the impact of the changes, as well as on potential future models of investment. We are also holding the Government to account on all of the wider changes around education and training, such as the move towards apprenticeships and nursing associates. We are calling for a clear and joined-up process for the implementation of these changes to ensure the future supply of the nursing workforce.

We are providing the Department of Health and Health Education England with evidence on the quality of education provision, particularly around practice placements. The RCN will also play a lead role in providing member-led evidence to feed into the upcoming NMC consultation on new standards for nursing education.

The RCN is also holding the government to account by maintaining relationships with key parliamentarians and has supported the development of a number of parliamentary questions around key areas such as numbers of applicants post the change. This includes a Prime Minister's Questions (PMQs) from

Jeremy Corbyn on 22 February 2017, where he highlighted the RCN's concerns about the removal of the NHS bursary. He said "The Royal College of Nursing warned, 'the nursing workforce is in crisis and if fewer nurses graduate in 2020 it will exacerbate what is already an unsustainable situation'". He asked if the Prime Minister "will commit herself to reinstating the nurses bursary".

We briefed the Secondary Legislation Scrutiny Committee on The Education (Student Fees, Awards and Support) (Amendment) Regulations 2017. These regulations will introduce tuition fees and enable the provision of loans for student nurses, midwives and allied health professionals, effectively ending NHS bursaries in England from August 2017. Members were also supported by the RCN to ask their MPs to call for a reversal of the decision.

We have also raised concerns about wider reforms to Higher Education that will now impact on nursing students, we produced a briefing for the House of Lords for the Second Reading of the Higher Education and Research Bill.

Northern Ireland, Scotland and Wales

In Northern Ireland, the Department of Health has confirmed that it is committed to the retention of the student bursary and the RCN has welcomed this commitment.

As a member of the CNO's Student Support Stakeholder Advisory group, RCN Scotland has successfully lobbied ministers for nursing students in Scotland to have access to discretionary funds in times of hardship and for there to be increases to the allowances (Single Parents, Childcare and Dependants Allowances) for those with dependants from 2017/18. The Scottish Government has committed to retain the bursary and for there to be no tuition fees but discussions are ongoing as to the model of the student funding support package for 2018/19 as part of RCN Scotland's *Fighting for Fairer Funding* campaign.

A debate was held in the National Assembly for Wales on the topic of the nursing bursary during which Assembly Members of all parties made reference to RCN arguments. As a result the Welsh Government committed to maintaining the nursing bursaries for 2017/18 and also

committed to fully consulting with the RCN in developing its future proposals for funding. The Welsh Government agreed to the unique circumstances of nursing students and the importance of not disadvantaging the group in any way.



3. Illegal drugs

Submitted by
the RCN Lothian Branch

That this meeting of Congress discusses whether the Misuse of Drugs Act 1971 is working. (Matter for Discussion)

Proposer: Geoff Earl

As Congress did not mandate the RCN to carry out specific work on this Matter for Discussion, the following text is a summary of the debate held in Glasgow.

During this debate, Congress delegates heard that we need to move from punishment to treatment.

With the legislation now 45 years old, “If it was going to work, it would have worked by now,” said Evan Keir (Dumfries & Galloway Branch). Highlighting that a number of those who have convictions are young, he argued that drug misusers needed health care, rather than “a policeman or custodial sentence”.

While agreeing that drugs weren't harmless, Geoff Earl called for a complete review of the act, saying: “Perhaps it's time to look for new strategies.” Portugal, for example, had decided to decriminalise drugs 15 years ago and its use of what were once called “legal highs” is now the lowest in Europe.

Drugs nurse specialist Adrian Brown (Mental Health Forum) said that the threat of punishment didn't help those who already felt bad about themselves and their lives. “How many crimes can you think of where the harm is to the perpetrator and not the victims?” he asked.

Note: At its meeting on 7 July 2016, the Nursing Practice and Policy Committee asked for aspects of this debate to be considered alongside work for item 16 — Public Health Funding.

4. Child mental health

Submitted by the RCN
Children and Young People
Staying Healthy Forum

That this meeting of Congress calls on RCN Council to lobby governments of the UK to invest in services to promote the emotional wellbeing and positive mental health of our children and young people. (Resolution)

Proposer: Corina Christos

Council member lead: Carol Evans

Following the Congress debate we have worked with colleagues across all four countries, Council, and the proposer and seconder on this issue. It was agreed that the RCN's Children and Young People (CYP) Staying Healthy Forum would:

- **review and revise the School Nurse Toolkit to ensure that CYP mental health perspectives are included**

In November 2016, the Forum secured funding from the Forum Governance Group to commission an external nurse consultant, to support the revision of the toolkit.

- **survey RCN members in respect of CYP mental health service provision**

Following Congress, the RCN conducted a survey of members working in Child and Adolescent Mental Health Services (CAMHS), and the findings informed an article published in *The Guardian* on 4 October 2016. A member survey was disseminated to RCN CYP forums, the Public Health Forum and the Mental Health Forum at the end of January 2017, to capture views and information about CYP mental health services, as well as organisational policies and processes concerning safety.

- **develop the Pathway for nurses within the MindEd e-learning programme**

Work is nearing completion on this pathway, and members can be directed to the MindEd website. CYP Staying Healthy Forum members submitted a successful bid to hold a fringe event on the pathway and other resources at Congress 2017.

In addition, it was agreed to:

- **refer to CYP mental health and school nursing in relevant policy consultations and briefings relating to parliamentary bills across the UK, and mention the RCN Congress debate and members' concerns about CYP mental health in relevant letters to government departments/ministers**

The RCN has made submissions to Westminster's health select committee inquiries on suicide prevention and CYP mental health, highlighting the unique role that nursing can play in identifying children and young people in need of help and supporting them to a point of recovery. These submissions have also made reference to school nurse cuts. We have been closely involved with the Children and Social Work Bill as it makes its way through Westminster. For example, we were successful in securing some key changes, such as ensuring that parity of esteem was reflected in the corporate parenting principles that apply to local authorities.

In Northern Ireland, the wider context for CAMHS services is framed by the Executive's ten-year strategy for children and young people: *Health and Wellbeing 2026: Delivering Together*. Its core values state that all children and young people have dignity as human beings and are respected, are active participants in society, and require support to explore and achieve their individual potential. Significant numbers of young people are still being admitted to adult wards in Northern Ireland. The Health and Social Care Board, in conjunction with the Public Health Agency and the Health and Social Care trusts, is currently developing a mental health care pathway for children and young people that will define service standards.

The RCN referenced the Congress resolution in its response to the Northern Ireland Executive's draft Programme for Government Framework 2016-21, and also referred to it in a departmental consultation on suicide prevention. The issue is also being considered as part of the detailed work on secondary legislation deriving from the new Mental Capacity Act.

In September 2016, the RCN responded to the Scottish Government's consultation on their new mental health strategy. The response stressed that the Government must continue to prioritise child and adolescent mental health care and support. It stated that despite an increase in the CAMHS workforce in recent years, further investment is required to ensure access to appropriate services. With rising demand for CAMHS, including in-patient psychiatric care, and regional differences in access, there is a continuing need to ensure services are available at all levels of need and without unnecessary delay. This will include crisis response and in-patient care – close to home – for children and young people in Scotland if and when they need it. The RCN welcomed the commitment to enhance early intervention and prevention for children and young people, but stressed that with one in five young people still waiting more than 18 weeks to be seen by CAMHS, there is a clear and pressing need for continued additional investment in specialist mental health services for children and young people.

In Wales, the RCN has raised the need to increase investment in CAMHS in Wales in evidence provided to the National Assembly's Health, Social Care and Sport Committee. In addition, we are working with the Welsh Government to support continued investment in the school nursing service, which has a key role to play in this agenda.

- **engage with coalitions such as the Children and Young People's Mental Health Coalition**

Following a meeting between RCN staff, Professor Dame Susan Bailey and Paula Lavis from the CYP Mental Health Coalition, the RCN formally joined the coalition in November 2016. As a member of this and other coalitions, we are able to develop relationships and advocates to lobby the Government to invest in services for emotional wellbeing and the mental health of our children and young people.

- **develop a factsheet on CYP mental health to be used in conjunction with the Child Health Inequalities briefing.**

This factsheet had been drafted at the time of going to print, with input from key members (including the proposer and Council members), country leads in Northern Ireland, Scotland and Wales, and the RCN Policy department.

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5. Domestic abuse

Submitted by the RCN North
Staffordshire Branch

That this meeting of Congress asks RCN Council to lobby for mandatory domestic abuse awareness training for all health care workers. (Resolution)

Proposer: Julie Matthews

Council member lead: Vicky Brotherton

Domestic violence and abuse is a key area of work for the RCN, and there is an ongoing project, launched earlier in 2016, to enhance our online resources to provide support and further information around this often hidden and distressing abuse.

Our resources have focused on three key areas of concern:

- nurses and midwives as carers for victims of abuse
- nurses and midwives as victims of abuse
- nurses and midwives as perpetrators of abuse.

The UK-wide project has had wide stakeholder input, including RCN members, the original Resolution submitter, health care professionals and third party engagement. The project team created and launched new RCN clinical pages of resources on domestic abuse: www.rcn.org.uk/clinical-topics/domestic-violence-and-abuse

In Northern Ireland, the RCN has consistently highlighted the nursing contribution to tackling domestic abuse and violence, most recently in response to a joint Department of Health/Department of Justice consultation paper and in our submission to the Northern Ireland Executive Programme for Government. The RCN has highlighted the key role of community nurses such as district nurses and health visitors in helping to identify the signs of domestic and sexual violence and abuse. We have also scoped the provision of related awareness training by HSC trusts in Northern Ireland and actively promoted the use of RCN resources in such training.

The Welsh Government is consulting on a proposed national strategy on violence against women, domestic abuse and sexual violence. Included in the proposals is the need to ensure appropriate training of front line staff in recognising signs of abuse and RCN Wales has welcomed this and emphasised the specific issue of abuse awareness training for health care workers.

The RCN nursing department is currently producing an RCN Pocket guide for nurses and midwives across the UK, which will provide key facts on the issues nurses and midwives need to know about (including signposting to the new online RCN resource). We anticipate placing the pocket guide in all Congress packs for the 2017 RCN Congress. We are also developing an RCN care pathway, and an RCN position statement around access to pre- and post-qualifying education on identifying and acting on domestic abuse, as a safeguarding alert.

We continue to actively engage in the development of NICE guidance, the relevant All-Party Parliamentary Group in Westminster and other national stakeholder meetings and conferences.

This subject impacts across all nursing and midwifery and it is anticipated that the resolution work and main project will work in synergy. We have a virtual reference group of key stakeholders, developed from the project team, who will continue to monitor and engage in the breath of ongoing activities around this complex abuse.

6. CPR lessons

Submitted by the RCN
Dumfries and Galloway Branch

That this meeting of Congress calls on the governments of the UK to mandate the teaching of cardiopulmonary resuscitation to schoolchildren. (Resolution)

Proposer: Valerie Douglas

Council member lead: Janet Marsden FRCN

The RCN was working on this issue before it was debated at Congress, supporting the *Every Child a Lifesaver* campaign in 2015, along with the British Heart Foundation (BHF) and others. This campaign lobbied to make the teaching of first aid compulsory in all state-funded secondary schools.

In November 2015, the Emergency First Aid Education Bill had its second reading in Westminster. However, the Bill was not passed despite cross-party support. Also in 2015, the Scottish Government launched its Out-of-Hospital Cardiac Arrest Strategy, which included a commitment from the BHF “to ensure that by 2020, all secondary schools in Scotland will be equipped to teach CPR and public access defibrillator awareness.” Although we understand that 77% of high schools in Scotland are currently equipped to deliver CPR training through BHF initiatives, this does not necessarily mean that training is actually delivered.

Following the debate and passing of the resolution at RCN Congress 2016, discussions were held with policy colleagues in each of the four countries, along with the proposer, seconder and Council lead. It was agreed that the RCN would:

- send letters, or highlight the issue and outcome of the Congress debate in other communications with relevant government departments/ministers, across the four countries of the UK
- include the issue in relevant policy consultations over the next year
- build on coalitions with other organisations, such as the *Every Child a Lifesaver* campaign and the *Save a Life for Scotland* campaign

- raise the issue via social media and RCN Bulletin, highlighting examples of good practice.

Proposer of the Congress resolution Valerie Douglas wrote a letter to *The Daily Telegraph*, which was published on 22 September. She also wrote a blog entitled *Let's Insist on the Possible* for NHS Dumfries and Galloway in November 2016, which was widely viewed and commented on.

The RCN attended the “Don't Stop at 999” parliamentary event in September, when British Red Cross (BRC) research on the life-saving potential of first aid was launched. In November the RCN Professional Lead for Children and Young People, Fiona Smith, then met with representatives from the BRC to discuss the initiative. She linked BRC representatives with RCNi, with a view to preparing a feature journal article. The BRC agreed to send information about the research project for communication to RCN members. Information on the latest developments was included in the South East update to RCN representatives and branches later that month.

The RCN made contact with the Resuscitation Council UK in respect of events to train 100,000 school children in October 2016, working with the BHF, St John Ambulance and NHS ambulance trusts. Information from the Resuscitation Council UK was shared with the RCN's Media team, and with regional and country communication leads to cascade through local networks.

In England, the RCN raised issues relating to Personal, Social and Health Education and life skills, including CPR, during discussions with MPs, including the Chair of the Health Committee and others, at political party conferences.

In Northern Ireland, the Department of Health issued a press release on 18 October, expressing the Health Minister's support for school pupils participating in the European Resuscitation Council's *Restart a Heart Day*. This indicated the Department's support for the ethos of the Congress Resolution.

In Scotland, the RCN has used social media to support the *Save a Life for Scotland* campaign. Activities have included promoting videos produced by Westquarter Primary School on Twitter, and sharing the recent *Out-of-Hospital*

Cardiac Arrest – A Strategy for Scotland Review 2015 – 16. This year, RCN Scotland will follow and support *Save a Life for Scotland* and the Young Scot CPR campaign across social media platforms.

In Wales, the RCN sent a letter to Cabinet Secretary for Education Kirsty Williams, alerting her to the Congress resolution and requesting her support. The letter highlighted the fact that out-of-hospital cardiac arrest is the commonest life-threatening emergency in the UK, and cited the success of Norway's compulsory CPR education in schools.

7. Agency nurses

Submitted by RCN
Lothian Branch

That this meeting of Congress discusses the use of agency nurses in the NHS. (Matter for Discussion)

Proposer: Yvonne Notman

Council member lead: UK Stewards Committee

Since Congress, the RCN Employment Relations Department has submitted evidence to the NHS Pay Review Body which called for the NHS to introduce a comprehensive workforce strategy to tackle the many and inter-related challenges facing the NHS workforce, including increasing use of agency staff, stagnating wage levels, declining morale and motivation and increased staff shortages across the UK. This submission highlights the increased use of temporary nursing staff and doubts the impact and efficacy of the agency cap introduced in England since on its own it does nothing to addressing the underlying issue of shortage of supply. We have called for a long-term workforce strategy to reduce agency spending and increase permanently employed staff. We will pursue this proposal further with the Pay Review Body and NHS national bodies.

As a short-term solution, we have called for trusts to reduce their agency spending by using their own staff and incentivising staff to work overtime or on the bank rather than using agency staff.

Alongside the RCN's submission to the Pay Review Body we submitted a research report Agency nursing under the microscope: understanding flexibility in the NHS, produced in collaborative with HCL – a leading nursing agency. This report researched trends in the demand and supply of agency nursing and motivations for nursing staff for choosing agency working, by analysing all bookings made for nursing staff within a 12-month period at HCL. This shows that the use of agency staff is predominantly in response to short-term demand, with just under half of all their bookings made within 24 hours of the nursing shift starting. However, lead times – the notice given before the start of a shift – can also be as long as three months and on average are longer at weekends than during the week. This suggests the use of temporary staffing is central to workforce

planning, with health care organisations making regular and scheduled use of agency nursing staff to fill demand, particularly at weekends, as well as responding to short-term need.

From the perspective of agency nursing staff, their overriding motivation for choosing this type of work is enhanced flexibility, for both those working solely as an agency nurse and those combining it with other work. The primary driver is the search for optimum control over shift work and choice over the number of hours worked.

In England, the RCN has met with NHS Improvement to discuss their work, including the agency cap rules, guidance on workforce recruitment and retention and on safe and sustainable staffing; the RCN will continue these discussions with a view to supporting and influencing this work.

In Northern Ireland, the RCN raised the issue in our submission to the Northern Ireland Executive Programme for Government and in the recent presentation of oral evidence to the Northern Ireland Assembly Health Committee.

The use and cost of agency nursing has continued to be high profile in the media, with RCN Scotland issuing press comment (week of 16 January 2017) and providing an opinion piece to the Courier (23 January 2017); and with debate at First Ministers Questions in the Scottish Parliament on 26 January 2017, for which RCN Scotland provided a briefing. The Scottish Government has commissioned a taskforce to reduce agency nursing spend and the group is working through proposals to enable cross-boundary working by establishing NHS Scotland regional nurse bank arrangements and examining ways to incentivise nursing involvement. The RCN is represented on the group.

As part of our evidence to the National Assembly for Wales Health, Social Care and Sport Inquiry into workforce planning in healthcare, RCN Wales has raised the issue of overreliance on

agency nursing in the NHS which is symptomatic of poor workforce planning and can lead to escalating costs.



8. Safe staffing

Submitted by the
RCN UK Stewards' Committee

That this meeting of Congress asks RCN Council to lobby the governments of England, Northern Ireland and Scotland to follow Wales and deliver enforceable safe staffing levels. (Resolution)

Proposer: Michael Smith

Council member lead: Maria Trewern

Our vision is for safe staffing levels in all health and care settings so that the nursing community across the UK can work safely and effectively to deliver high-quality care and improve patient outcomes. Since the resolution was passed, we have been working across the nations to understand the impact of what is happening in each country. This includes the development of statutory instruments such as legislation.

Many factors affect our ability to secure staffing levels so that the nursing community is enabled to consistently and sustainably deliver quality outcomes for patients. Our success in lobbying Governments across the UK to deliver and embed safe staffing levels is wholly dependent on our ability to mobilise the nursing community, and generate public support.

At Congress 2017 we are launching our next wave of engagement and we need the power and expertise of our membership. After this, we will expand engagement to the professional community, politicians, key stakeholders and the public to test support for change. This is critical to increasing our likelihood of success.

This activity is part of a programme of work to deliver a UK-wide strategy, which is supported by an external reference group of staffing level experts. A core aspect of this is continuing to build a robust and comprehensive evidence-based case for change to system decision makers. This includes relevant international research, hard workforce data, the experiences of the nursing community, and establishing levels of support within the public. Council will review the case for change, and directly answer the call our members made for legislation across all countries in the UK.

Our approach recognises the differences in staffing legislation, policy and practice across the UK. Developments in each country have an impact on what we do and how we approach this work, in terms of further campaigning for enforceable staffing levels.

In Wales, the Nurse Staffing Levels Act Wales (2016) is in its implementation phase, with guidance being developed by the Welsh Government (influenced by RCN Wales) to enable Health Boards to operationalise the Act. RCN Wales continues to influence the process by raising the issue of implementation and extension directly with Assembly Members and the Cabinet Secretary for Health. There is growing focus on extending the Act into other areas of nursing, as expressed in the Welsh Assembly's Programme for Government announced September 2016. RCN Wales's focus includes advocating for an extension of legislation into acute mental health and community nursing settings.

The Scottish Government launched its consultation on safe and effective staffing in health and social care in April (closes July). This relates to the safe staffing bill promised by the First Minister at Congress 2016. The RCN is developing its response to this. See: <https://consult.scotland.gov.uk/nursing-and-midwifery/safe-and-effective-staffing-in-health-care-setting/>. RCN Scotland has engaged on the emerging Scottish national workforce plan, expected to be published in late spring this year. RCN Scotland is also a member of the expert reference group supporting Audit Scotland to complete its first planned report on the NHS workforce this summer. In January, the Scottish Government established a Strategic Programme Board chaired by the Chief Nursing

Officer, to support and advise the development of legislation to meet the Scottish National Party manifesto commitment to enshrine the Nursing and Midwifery Workload and Workforce Planning Tools in law, and examine other areas of the workforce where the same approach could be adopted. RCN Scotland has both trade union and professional seats on the Strategic Programme Board.

In Northern Ireland, the *Delivering Care* work continues towards the rolling out of normative staffing levels guidance across clinical settings, including emergency departments and the community. Ahead of the 2017 Assembly Election in Northern Ireland, RCN Northern Ireland polled members to find out what issues were most important to them. Ahead of pay, safe staffing levels are a top priority – showing once again how significant an issue this is to frontline nurses.

In England, work has been focused on facilitating our membership to influence the development of a suite of sustainable and safe staffing resources led by NHS Improvement. NHS Improvement, with sign-off from the National Quality Board, are in the process of producing resources for acute adult wards, urgent and emergency care, learning disabilities, mental health, children and young people's, neo-natal, maternity and community care. The improvement resources are currently being consulted on and likely to be completed in 2017.

We must ensure the spirit of Sir Robert Francis' recommendations on nurse staffing levels are applied across the UK. Work led by the system has started, but there is much more to be done to deliver our vision and achieve our goal of having safe nurses and safe patients.

It is now our collective task to bring the breadth of our influencing skills to bear to ensure that safe staffing levels are in consistently in place, across all settings, and across all four countries.

9. Abortion

Submitted by the RCN
Women's Health Forum

That this meeting of Congress discusses the merits of decriminalising abortion. (Matter for Discussion)

Proposer: Amanda Myers

As Congress did not mandate the RCN to carry out specific work on this Matter for Discussion, the following text is a summary of the debate held in Glasgow.

Proposer Amanda Myers from the Women's Health Forum began by saying abortion has "improved women's health and allowed them to make decisions about their lives and families".

Despite this, she said abortion was still governed by "draconian" legislation and describe the process of having an abortion, whereby two doctors must agree, as "a paternalistic approach out of step with modern society".

She called for abortion to be decriminalised, but stressed this would not mean it would be deregulated.

Wendy Norton, also from the Women's Health Forum, said women in the UK who buy abortion medication online can be prosecuted. She pointed out that other countries, including Australia and Canada, have decriminalised

abortion, and asked: "If other comparable countries don't send women to prison for having abortions, we should ask 'why are we?'"

Judith Ross from the Clyde Branch said a new law was needed to protect women, but added it was a very emotive subject and any decision to change the law must not be reactionary.

Sophie Proud, a second-year student nurse, questioned the current 24-week limit for abortion, as survival rates for babies before this point were increasing thanks to medical advances.

Morag Fallows, another student nurse, said current abortion legislation needed to be scrapped. "It's a fundamental issue about equality for women and them having control over their own bodies," she said. "It's outdated legislation made by men which has a detrimental effect on women in the 21st century."

Elizabeth Rees expressed concern about terminating pregnancies based on gender or disabilities and said current time limits were too long. "We need to tighten up the law," she said.

10. E-nursing

Submitted by the RCN
E-health Forum

That this meeting of Congress calls on RCN Council to promote the concept that every nurse should be an e-Nurse (Resolution)

Proposer: Ian Ireland

Council member lead: Matthew Hodson MBE

Following the successful passage of the resolution at Congress 2016 the e-Health Forum submitted a bid to the RCN Forum Governance Group (September 2016) for branding for the *Every Nurse an e-Nurse* programme of work. Branding for PowerPoint presentations, pop up poster and credit card sized cards are now available.

Since the last update we have learned that Health Education England (HEE) is also developing a similar publication using the same digital capabilities framework. The RCN and HEE are now developing this as a joint publication which will be available in May 2017. The digital capabilities publication was promoted at the RCN Education Forum International Conference, Cardiff (21 March 2017), eHealth Week (May 2017), and will be available at a Congress fringe event.

The RCN *Every nurse an e-nurse* focus on digital capabilities was well received by the Scotland eNMAHP Network in December when RCN Scotland presented to the network meeting as part of Digital Health and Social Care week. A new *Scottish Government Digital Strategy for Scotland – 2017* and beyond is due this year, alongside a new *Digital Health and Social Care Strategy 2017-22*. A submission has been made collectively by the primary care professions to influence these – including RCN Scotland – which focuses on records sharing across primary care services and on digital infrastructure. <https://www.rcn.org.uk/about-us/policy-briefings/sco-pol-digital-strategy-consultation>.

The Welsh Government aims to develop its digital health and social care strategy, *Informed Health and Care*, launched in December 2015, which is open for continuous review. The RCN Wales Education Strategy (RCN 2016) identifies digital technology and analytics as a

key recommendation for education provision because of its ability to improve both the quality of patient care and the development of the evidence and knowledge base for healthcare. This builds on work done by the NHS in Wales and the NHS Wales Informatics Service in developing systems for electronic referral and discharge and electronic patient records.

The RCN continues to highlight the negative impact upon nursing and patient care of the lack of an effective information technology strategy and infrastructure in Northern Ireland to support the delivery of nursing care.

In January 2017, the e-Health Forum was awarded further funding to promote *Every Nurse an e-Nurse* and the framework. This will include a video, articles, blogs and social media activity. Matt Butler, chair of the RCN e-Health Forum, was interviewed and appeared on the cover of the February 2017 edition of RCN Bulletin.

HEE is working on a self-assessment tool based on the digital capabilities framework. The RCN will work with HEE to secure funding for online learning related to the framework. Matt Butler met with forum chairs to discuss how best to promote this work across the RCN's professional forums in March. In addition the e-Health Forum will consider how to best to engage with learning networks across the countries and regions following Congress 2017.

e-Health Forum member Anne Cooper (NHS Digital) and RCN Knowledge and Resource Manager Ross Scrivener are on the steering group of HEE's *Building a Digital Ready Workforce* project. Anne will also be a founder member of the Faculty of Clinical Informatics that will be formed later this year.

Matt Butler also attends the Professional Records Standards Body for health and social care (PRSB) on behalf of the RCN. The PRSB develops standards for high quality, consistent care records and promotes their use. So far the RCN has input into PRSB standards for discharge summaries from emergency departments to GPs, mental health discharge summaries and outpatient letters.

The RCN is looking to engage the RCN's professional forums in the further development of information standards. In addition the RCN is supporting the National Institute for Health and Clinical Excellence (NICE) develop its assessment model for health apps.



11. Sickle cell disease

Submitted by the RCN
Inner North West London
Branch

**That this meeting of RCN Congress discusses how we can ensure people with sickle cell disease receive the highest standard of care.
(Matter for Discussion)**

Proposer: Casey Johnson

As Congress did not mandate the RCN to carry out specific work on this Matter for Discussion, the following text is a summary of the debate held in Glasgow.

Proposer Carey Johnson, from the Inner North West London Branch, shared some facts and figures about sickle cell disease (SCD), the most common genetic disorder in England which is becoming increasingly common in other parts of the UK.

24% of people with SCD will have a stroke by the time they reach 45, with 7-13% of children with SCD also suffering strokes.

She added only 45% of patients said staff in emergency care settings knew enough about their condition, and called for more awareness of SCD among health care professionals: "Better care starts with better awareness," she said.

There was some debate about whether to describe sickle cell as a disease or disorder. Even though the condition is genetic, Carey said she had chosen to call it a disease because that's how service users see it.

Lauren Smith, from the Outer North Central London Branch, said SCD was a very misunderstood condition, with sufferers sometimes being viewed as "drug seekers". "Let's stop stigmatising this group of patients," she said.

Margaret Devlin, from the Southern Branch in Northern Ireland, said it was important to raise awareness of SCD all over the country, not just in areas where the population was more likely to be affected by it.

Olufunmilola Kehinde, from the North East London Inner Branch, said SCD was often viewed as a black and minority ethnic (BME) problem, even though it can affect anybody. "It's about time we wake up," she said.

Rachel Hollis, from the CYP Specialist Care Forum, added it was particularly important to manage transition of SCD patients from child to adult services.

Even though this was only a matter for discussion, there was a general consensus that Council would take raising awareness of SCD forward.

12. Pay

Submitted by the RCN
North Yorkshire Branch

That this meeting of Congress asks RCN Council to work with employers to uphold the Agenda for Change negotiated agreement. (Resolution)

Proposer: Janet Eastwood

Council lead: UK Stewards Committee

Talks have been ongoing about reforms of Agenda for Change (AfC) following the settlement of the pay dispute in England in March 2015. This review was agreed by the trades unions and employers and it was also agreed that as far as possible this should be on a four-country basis. The importance of this approach is highlighted by the pay inequalities that have built up over the last few years whereby, for example, the starting salary for Band 5 varies between Scotland, England/Wales and Northern Ireland within what is supposed to be a unified UK-wide AfC structure.

The RCN's Head of Employment Relations Josie Irwin is National Joint Staff Side Secretary of NHS Staff Side (NHS trades unions), which decided early on to take a strategic approach to any reform. Working with equal pay experts, Staff Side identified ways to simplify the AfC pay structure to ensure quicker progress to the top of pay bands and to get rid of overlaps between bands so promotion would be meaningful in financial terms. Staff Side presented a proposed structure to the NHS Staff Council in November 2015. This structure proposes five-point pay bands, with the value of each pay point determined as a percentage of the top pay point in each band. This has been labelled the 'Hanging Rate' model. Employers share the aspiration for a simpler structure but are also keen that reform should be as part of a balanced package including changes to some terms and conditions.

Agreeing any changes to the pay structure within the average 1% annual increase determined by the Government's public sector pay policy, while also considering changes to terms and conditions, is a very difficult challenge as there is no money with which to negotiate meaningfully. Also significant capacity challenges for the Department of Health (England) and NHS Employers in undertaking

this work at the same time as reforming medical pay and contracts means that discussions are not making any real progress.

A further problem is that the lowest of the pay bands (1-3) require restructuring to accommodate the new, statutory National Living Wage (NLW) rates, implemented in April 2015. Pay in these bands will start to fall below the legal minimum wage from April 2017 – in Northern Ireland first because of the effect of the Northern Ireland Executive not implementing recent Pay Review Body (PRB) recommendations, and followed by England. The National Living Wage issue was highlighted by the PRB in its recent report, but at the time of writing, there is no Northern Ireland Executive to accept or reject its recommendations. Scotland and Wales pay the Living Wage already.

NHS pay settlements over the past three years in Wales have slightly varied from the UK positions (but only within the context of the flexibilities allowed within the AfC framework). While there continues to be a commitment to AfC in Wales on the part of the three sides represented at the Welsh (NHS) Partnership Forum (i.e. the Trades Unions, Management and Welsh Government), there is presently an active debate in Wales amongst key stakeholders as to whether AfC is sustainable in the long term (particularly given the policy variance between the governments in England and Wales). RCN Wales continues to work actively (in partnership with its sister Trades Unions in Wales) to defend AfC.

The view of the employers in England is that there is no additional funding available for the NLW and that the costs will have to be met within the government's public sector pay policy. This means that future pay awards of those earning above the NLW may have to be reduced in order to fund the additional costs



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Scrap the cap!

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of implementing the NLW. The Staff Side view is that as the NLW is a social policy, the Government should fund it outside of the current public sector pay policy of an average 1% pay award through to 2019/20. Any reduction of the overall 1% uplift and redirection to pay for the implementation of the NLW would not be acceptable and we would have to go into dispute.

Staff Side has suggested that if we have to proceed at a slower pace with structural reform because of the employers' capacity issues, there is much we could do to make the AfC system work more effectively to release workforce capacity, enhance productivity and help improve patient care, including:

- job evaluation/down-banding
- sickness absence policies
- management of change.

All the Staff Side organisations are looking at possible campaigns in these areas – singly and jointly.

Staff Side has also done some constructive work with the Scottish Terms and Conditions Committee (STAC), with employers and government, which has led to an agreement with NHS Grampian, NHS Tayside, Shetland and Orkney that they will model the Staff Side's hanging rate pay structure, using live data from the payroll. This is a welcome development.

Efforts will continue in 2017 to get employer buy-in to the Staff Side's model and to show them how a restructure along the lines proposed could release workforce capacity and increase productivity.

23e. Individual training budgets

Submitted by the RCN
CYP Acute Care Forum

That this meeting of RCN Congress calls on Council to lobby all employers to provide individual training budgets for qualified nurses in light of the introduction of nursing revalidation (Resolution)

Proposer: Eirlys Thomas

Although the resolution was not passed in Glasgow, the RCN's Nursing Policy and Practice and Membership and Representation committees asked that this be taken forward as part of existing work.

Work on this issue was already underway, led by the RCN Nursing Department. Our position is to support and advocate for access to continuing professional development (CPD).

In summary:

- there is planned work to update the joint RCN position on CPD

- the RCN has been a key player in developing the European statement on CPD and lifelong learning
- the RCN revalidation web pages have a section on CPD and encourages employers to support registrant staff members to meet revalidation requirements, which include CPD
- the RCN independent employers guide to supporting revalidation is almost complete and will be hosted on the revalidation webpage and on the ERD webpage.

13. Seven-day care

Submitted by the
RCN Nottingham Branch

That this meeting of Congress discusses the implications for nursing of the government's policy on seven-day services in the NHS in England. (Matter for Discussion)

Proposer: Simon Browse

The commitment to delivering seven-day services across the NHS by 2020 was included in the Queen's Speech to Parliament on 27 May 2015. The 2016 Congress debate recognised that this commitment applied only to the NHS in England, but also identified that there were implications for the other countries of the UK. The Trades Union side of the Welsh (NHS) Partnership Forum anticipate that the issue of seven-day service is likely to feature in any national (NHS Wales) discussions regarding Pay and Terms and Conditions of Employment. RCN Wales continues to tenaciously defend the terms and conditions of our members, and will continue working to ensure that our members continue to be appropriately remunerated for unsocial hours. We continue to hold a partnership seat on the Scottish Government's Seven Day Care and Sustainability Task Force, and the RCN in Scotland is involved in a Review of Health and Care Public Holiday Services, announced by the Cabinet Secretary for Health and Wellbeing in January following significant pressures on services over the festive season. This will build on the 2016 National Review of Primary Care Out of Hours Services that the RCN in Scotland contributed to. See: <http://news.gov.scot/news/review-of-health-care-public-holiday-services>

The RCN supports the principles underlying the call for 'seven-day care' and believes that the public have a right to expect that the treatment and care that they need will be available to them in ways that address their individual circumstances, no matter the time of day, or day of the week.

The debate in Glasgow highlighted how nursing can provide solutions for many of the challenges presented by providing care on a seven-day basis, including avoiding admissions and supporting discharge by providing care at home, and nurse-led services. Delegates pointed out

the need for a 'whole system' approach that fully involves all professional groups. They were critical of the lack of evidence on which the Westminster Government had modelled seven-day provision, calculated the costs involved or planned how services could be delivered on a seven-day basis. Delegates also identified that although many nurses already work on a seven-day basis, realising the Government's plans needs an increase in staff numbers and a different skill mix.

The workforce implications of seven-day services were at the heart of the bitter junior doctors' dispute in England. In August 2016, documents leaked from the Department of Health revealed that civil servants had drawn up a list of dangers in implementing the plan for seven-day services, including that the NHS has too few staff and too little money. Officials said the biggest danger is 'workforce overload' – a lack of available GPs, hospital consultants and other health professionals.

Commenting on the leaked papers, Donna Kinnair, Director of Nursing, Policy and Practice, said: "For these plans to win the trust of patients and nurses, the Government needs to demonstrate how it will provide the resources needed to provide seven-day services without making staffing levels unsafe and compromising patient care, and as acknowledged in its own document, it must work to bring nursing staff on board."

NHS Staff Side evidence for the 2017 pay round submitted to the NHS Pay Review Body last September highlighted the need for a workforce strategy (in all four countries of the UK) which includes skill levels, decision-making authority and learning and development, and without which plans for seven-day services cannot be delivered.

14. District nurses

Submitted by the
RCN District Nurses' Forum

That this meeting of Congress calls on RCN Council to lobby for all district nurse caseload holders to have the specialist practitioner qualification (SPQ). (Resolution)

Proposer: Julie Bliss

Council member lead: Sue Warner

In response to the Resolution being passed at Congress, a project team group has been set up, engaging in regular communication with both the submitting member and forum committee.

Despite recent national policy identifying the need for caseload holders to have a professional as well as an academic qualification within district nursing practice, there has been a continued reduction of District Nurses (DN) holding a specialist practitioner qualification (SPQ).

This professional qualification develops nurses' clinical expertise, with most programmes including advanced patient assessment and prescribing.

There has been a 35% reduction in District Nursing SPQ holders since 2010, resulting in caseload holders without the appropriate training and qualifications.

For example, the Northern Ireland Department of Health indicated that only around a third of nurses classified as District Nurses hold this specialist qualification. The RCN has been highlighting this issue within its broader campaigning work on district nursing issues, led by the RCN Northern Ireland Community Nursing Network.

Three project objectives have been identified in partnership and agreement with the submitting member:

1. Key stakeholders will be invited to discuss a way forward to meet the aim.
2. Evidence to support the aim will be gathered and presented to a national audience.
3. A national policy requiring DN caseload holders to have an SPQ qualification.

In Scotland the RCN has been involved in the Scottish Chief Nursing Officer's District Nursing review, which includes looking at the career pathway for adult community nursing roles. In Wales, as part of its *Leading Nursing Shaping Care* campaign the RCN has been highlighting the decline in district nursing numbers. This has featured in media coverage and in evidence to the National Assembly for Wales. As a result the Welsh Government have announced a doubling of the District Nurse training figures for 2017.

An internal and external stakeholder engagement event with four country representation was held in December 2016. After this event, initial internal commentary was given and the feedback will inform the planned consultation paper.

This paper will shortly be sent to externally for comment prior to making key recommendations which will inform part of the District Nursing forum committee's annual strategy.

24e. Nursing at the department of health

Submitted by the RCN
Mental Health Forum

Following on from the General Secretary's comments on how the RCN would lead if it were in charge of health and care policy and practice across the NHS, we condemn the recent decision to remove nursing expertise from the Department of Health (DoH) without consultation and we call on Council to campaign for a strong, permanent and expert nursing voice at the heart of the Department of Health (Resolution)

Proposer: Edward Freshwater

Immediately after the Resolution at Congress, a letter was sent to Secretary of State Jeremy Hunt from RCN Chief Executive & General Secretary Janet Davies, outlining the RCN's concerns. We received a reply from Health Minister Ben Gummer explaining the decision.

In addition, a number of communication tools were used to raise awareness, including an opinion piece in *Nursing Times*. Janet met with a number of senior politicians to raise concerns, including Dr Sarah Wollaston MP, Chair of the Health Committee, Norman Lamb MP and Heidi Alexander MP, all of whom support our concerns. As a consequence, Sarah Wollaston MP tabled a number of parliamentary questions seeking answers from the DH, these were subsequently reported on by the *Nursing Times*.

RCN member Deborah Glover launched a petition calling on the DH to retain nursing expertise. Following the resolution, the RCN promoted the petition to members through social

media and email communication. The petition is currently at over 10,000 signatures, and we are awaiting a Government response. Should the petition reach 100,000, it will be considered for a debate in Parliament.

The continued objective is to ensure that the nursing voice is represented and heard within the Department of Health. The RCN Associate Director of Policy, International and Parliamentary is building relationships with Department of Health officials to ensure better communication between our two organisations.

In September 2016 RCN Wales launched its *Leading Nursing, Shaping Care* campaign. One of the key issues highlighted is the need for Nursing Leadership at every level. An infographic poster has been produced on this topic to assist members in making this case. RCN Wales is working closely with the Chief Nursing Officer on this issue.



15. Nursing associates

Submitted by the
RCN Health
Practitioners Committee

**That this meeting of Congress discusses the impact of the Nursing Associate role.
(Matter for Discussion)**

Proposer: Lindsay Cardwell

The development of this role was led by a group of employers, education providers and Health Education England with a brief from the DH and Westminster Government to have 1,000 trainee nursing associates (TNAs) ready to start work as nursing associates (NAs) in January 2019. Trades unions were not invited to engage with this work until the setting up of an Implementation Group in September 2016. The RCN, Unison and Unite are the trade union members on the group. Part of the work was to develop job descriptions for these two new national roles – TNAs and NAs.

The course for the NA role lasts for two years, with participants employed as Band 3 TNAs. TNAs will attend a university or further education college course part-time, which will follow the national curriculum framework as published by Health Education England in October 2016 following a brief period of consultation. Once they have successfully completed their course they will be entitled to apply for Nursing Associate positions. Pressure from RCN and Unison has prevented employers employing the trainees at a lower banding and in an inconsistent way, and the roles will be evaluated through the NHS Job evaluation process.

The RCN and Unison prepared the following statement in October 2016 for our reps at the sites involved, to ensure that individual sites do not develop their own job descriptions and that NAs as an agenda item is dealt with in partnership by the local JNC/JCC structures.

“UNISON and RCN are working closely together on the national Nursing Associate Implementation Group to ensure that staff views and concerns can be represented, and that the pilot can be implemented fairly and in a way which protects our members’ interests.

“We strongly encourage our local representatives to work together in local staff sides within the pilot employers to ensure that there is full trade union involvement and consultation.

“The most immediate priority is ensuring that pilot employers use the national template trainee job description (JD). This is being drawn up via the national implementation group with advice from the NHS Staff Council Job Evaluation Group. This will be vital in ensuring that there is consistency among the pilots in how the role is developed. This will be circulated to reps as soon as it becomes available – in the meanwhile please let us know if you are experiencing difficulties with getting information or engagement, or you have concerns that your employers may be planning to use their own job descriptions. A JD for the full nursing associate role will be finalised once HEE publishes the education curriculum and scope of practice for the role.

A second wave of ‘fast followers’ were announced in November 2016 offering 1,000 more places at 35 further test sites, covering all NHS regions in England.

At the January meeting of the Implementation Group, an update of the pilots was given: all places had been filled and the fast followers were to start recruiting to have all their places filled and ready to start by 1 April.

Following the decision made by the NMC in January 2017 to regulate the NA role, the job description for NAs has been put on hold, awaiting NMC standards to be approved.

The RCN welcomed the NMC’s decision to

regulate the NA role, as it has campaigned for the regulation of health care support workers to increase protection for people receiving care and to ensure that standards are consistent. Janet Davies said, “The nursing associate role is an opportunity to provide support to nurses and improve care. But it’s vital that despite the financial pressures, NHS trusts do not replace registered nurses with nursing associates to save on costs.” The RCN is calling on the Westminster Government to fund the NMC to undertake this new work.

Using bespoke TNA recruitment materials, RCN staff recruited 70 out of the 100 new TNAs at the first launch event in Manchester, and that work continued through the rollout of the first phase. Further bespoke TNA materials are

being developed to reach the second phase. On 25 January, we hosted a hugely positive and productive Twitter Chat about all aspects of the new roles.

The RCN will continue to participate in the national implementation group work, and be ready to scrutinise the evaluation of the roles, which are two year training programmes. If the pilots are successful the NA role will become part of the Nursing Apprenticeship programme.

Neither the Welsh nor Scottish governments have plans to introduce the NA role as both countries currently employ band 4 health care support workers. In Northern Ireland, there are also no current plans to introduce the NA role.



16. Public health funding

Submitted by the
RCN North
Yorkshire Branch

That this meeting of Congress asks RCN Council to insist that the Government reinstates adequate funding for public health. (Resolution)

Proposer: Gwen Vardigans

Council member lead: Rod Thomson FRCN

This issue was already a source of concern to the RCN before it was debated in Glasgow. Following the health and social care act in 2012, public health provision in England transferred over to local authorities in 2013, alongside the budget for public health related services. Concerns were widely raised at the time for the need to ring fence the funding to protect vital services.

The Treasury announced in February 2016 that allocations for the next year's public health budgets would be reduced by an average of 3.9% in England every year in real terms until 2020. This came on top of a £200m in in-year cut announced in June 2015/16. This means that in 2016/17, there will be £77m less than 2015/16 and in 2017/18 a further cut of £84m to £3.3bn. Although each English local authority has the same statutory responsibility there are massive inherent variations in funding across the country. The funding cuts have been implemented across all councils equally, failing to address the inequities in the system.

The RCN has previously raised concerns about the cuts being short-sighted and ill-considered, at a time when the emphasis is moving towards prevention and a 'social movement for health'. The transition of public health services to local authorities presented a real opportunity to align public health to the needs of local communities, to provide care with an emphasis on prevention and health promotion around the needs of communities and populations, and support a truly integrated health and social care system; but this is only possible if the work is properly funded.

Since Congress 2016, the RCN has continued to lobby both nationally and at local and regional levels, using a variety of media campaigns, press releases and statements to highlight the issue of public health funding. We have warned that the ability to adequately address the profound

public health challenges faced across the UK will be put at risk by aggressive funding cuts - these warnings received widespread coverage.

The Five Year Forward View set out a radical vision for the future of the NHS and social care in England, but continuing financial pressures could halt its progress. Responding to the Health Committee's Impact of the Spending Review on health and social care report, we supported the assessment on the wide ranging impact of the spending review to health and social care and how the cuts in funding would perpetuate the gross inequalities within the system.

In a letter to *The Times*, co-signed by other major health organisations including the Royal College of Paediatrics and Child Health, the Queen's Nursing Institute and the National Children's Bureau, we called on the Westminster Government to halt health visitor cuts to prevent further deterioration of the nation's health.

We continue to work on raising the issues surrounding health visiting and school nursing services. The RCN has submitted evidence to the Health Select Committee on improving children and young people's mental health in schools, which makes reference to the need to invest in public health nurses given their crucial role in building resilience and improving CYP mental health and emotional wellbeing. Rod Thomson, Deputy RCN President, has lobbied the Children's Minister on the issue of cuts to health visiting and school nursing alongside inequalities in children's health.

A report from Cancer Research UK found that 78% of people in the UK are unaware of the link between obesity and cancer. The RCN believes that tackling obesity is one of the most important issues for the NHS and wider society. We have commented that public health work

by expert nurses can make a huge difference, improving awareness on the impact of obesity and helping people to lead healthier lives before problems arise.

We have used various consultation response submissions as an opportunity to highlight the impact of the cuts. Particularly in the Department for Communities and Local Government Self-sufficient Local Government Consultation which considers the business rates retention and fair funding proposal. Our recommendation is that there will need to be some form of redistribution to provide fair funding for public health programmes. This will be essential to assure funding of programmes such as school nursing and sexual health particularly in areas where it will be difficult to raise sufficient funding from business rates.

We are represented on two national working groups; one considering better methods to identify rural health inequalities and the other reviewing the potential impacts of the introduction of public health being funded via business rates.

Other work around the issue of public health funding includes:

- a submission to the House of Lords NHS Sustainability Inquiry, which makes reference to both wider health and public health funding
- a response to the consultation on specialised services clinical commissioning policies and service specifications.

This remains an area of ongoing concern for the RCN and we will continue to use opportunities to raise these issues, particularly where plans run counter to the ethos of the Five Year Forward View and the promotion of health. We are actively monitoring Sustainability and Transformation Plans (STPs) to assess how

well they meet the expectations of the Five year Forward View, and include measures to support health promotion and the provision of properly resourced and planned public health services. We remain concerned about the lack of transparency within STPs and insufficient meaningful public consultation. To date, plans for health promotion activity within the STPs and new models of care are at considerable risk without proper ring-fenced funding.

Public health funding in Northern Ireland, Scotland and Wales

While there are no specific cuts planned to public health funding in Northern Ireland, we have raised the need to promote a public health approach to health and social care in our submission to the Northern Ireland Executive Programme for Government and in the recent presentation of oral evidence to the Northern Ireland Assembly Health Committee.

Public health funding in Scotland is now within the remit of new integration authorities, which are facing significant financial pressures on joint health and social care budgets. In light of this, and the potential implications of the ongoing renegotiation of the GP contract in Scotland, the RCN has led a coalition across the professions to set out a new vision for primary care in Scotland. In addition, the RCN in Scotland published a major report on prison health care in Scotland and is now developing work, in coalition, to address inequalities in access to care for the prison population. This includes successfully lobbying for the Scottish Parliament's Health and Sport Committee to launch an inquiry into prison health care.

There are currently no specific cuts planned in public health funding in Wales. However the RCN is mindful that spending on public service as a whole is likely to decrease significantly in the next few years.

17. Learning disability care

Submitted by
the RCN
Suffolk Branch

That this meeting of Congress discusses the impact on the physical health of people with a learning disability when transferring their care from health to social care. (Matter for Discussion)

Proposer: Sarah Seeley

As Congress did not mandate the RCN to carry out specific work on this Matter for Discussion, the following text is a summary of the debate held in Glasgow.

Sarah Seeley, from the Suffolk branch, said she wanted people with a learning disability to live safely and well, as she opened this debate.

The Care Act could transform their lives, she said, however, proper funding is essential. Promises made following the Winterbourne scandal in 2011 had not been kept. Sarah said there had been a reduction in the learning disability workforce and senior roles had been cut at a time when they were needed most.

Sarah told delegates about a patient she referred to as "Jack". She said that if he had received the support he needed, his condition would not have accelerated as it did.

Health and social care integration is needed to improve the quality of life of people with a learning disability, she said.

Member after member came to the microphone to stress the importance of appropriate funding and joined-up care for people with a learning disability. Nursing student and Chair of the RCN Students Committee Sylvia Duval said people with a learning disability deserve the same service we would like for ourselves. Learning disability nurses have indispensable specialist skills, she said.

James Blair reflected on his time on the Congress platform with service user Peter Cranham in 2012. Back then, Peter said: "We need more learning disability nurses," but James stressed that even now people without a learning disability live, on average, many years longer than those with a learning disability.

RCN President Cecilia Anim spoke as a mother of a child with a learning disability. "Why when they make cuts do they pick on the most vulnerable in society?" She asked. "We need to protect the most vulnerable in our society. We need more nurses, not less of them," she declared.

18. Bullying allegations

Submitted by the
RCN Safety
Representatives Committee

That this meeting of Congress discusses the detrimental effects on managers when they are accused of bullying and harassment when all they are doing is managing. (Matter for Discussion)

Proposer: Alison Upton

The RCN continues to promote and support organisations to embed the *Healthy Workplace* toolkit, in particular the Dignity domain, which contains sections on bullying and harassment and role modelling behaviours. RCN publications that support nursing staff to address bullying and harassment have been updated and are also promoted as part of the Healthy Workplace campaign. These include a guide for members outlining what bullying and harassment are and what to do if they perceive that they are being bullied; a guide for representatives that includes the differences between bullying and harassment and performance management; and a toolkit to promote positive working relationships amongst health care teams, entitled *Working With Care*.

In the past year, the RCN has also been working in partnership with employers, sister unions and the Government to address the issue of bullying. Through the NHS Staff Council's Health, Safety and Wellbeing Partnership Group (HSWPG), resources including an infographic and best practice guidance have been developed and widely promoted by NHS Employers. These were launched at last year's NHS Confederation Conference. The work can be found at www.nhsemployers.org/case-studies-and-resources/2016/06/tackling-bullying-in-the-nhs-hswpg-infographic

With ministerial-level support, the RCN has been involved in work through the National Social Partnership Forum (SPF) in England to address cultural or organisational bullying, which can originate at Board or senior management level. The work was launched towards the end of 2016 and is currently being rolled out. Tackling Bullying in the NHS: A Collective Call to Action invites all NHS organisations to commit to achieving the necessary leadership and cultural change to tackle bullying; to support staff to respectfully

challenge problem behaviours; and to publish their plans and progress so that staff, patients and the public can hold them to account. See www.socialpartnershipforum.org/priority-areas/tackling-bullying-in-the-nhs-a-collective-call-to-action/

An article in the March 2017 issue of RCN *Bulletin* raises awareness of these resources, along with practical advice and signposts for members who feel they are being bullied. A further article is proposed for *Activate*, to update representatives on the SPF and HSWPG work and remind them of the resources already available.

In Wales, the all Wales *Dignity at Work* policy applies to all employees within the NHS and is also sometimes used as a template for policy development in the independent sector. All staff, including managers, are offered a level of protection and transparency through implementation of the policy where indicated.

Implementation of the Nurse Staffing levels Act (2016) Wales will help ensure there are the right number of registered nurses on duty to support the need for time to manage. This is further supported by applying supernumerary and/or supervisory status to ward sisters and team leader roles, which recognises the need for dedicated management time.

The RCN Wales Education Strategy clearly sets out the importance of the right preparation, clinical supervision and continuing professional development for nurses in all roles. RCN Wales provides an annual leadership event and study centre learning, and offers bespoke leadership training to support members and non-members in these areas. The duty officer approach adopted by Employment Relations ensures that timely and individualised support and/or

representation is available to members who find themselves subject to allegations.

In Scotland, the RCN organised and delivered a series of 12 bullying workshops for RCN members in six locations. These free, half-day workshops were held between August and November 2016 and focused on practical advice and guidance. This included recognising the signs of bullying and using tools and techniques to deal with poor behaviour in the workplace. Evaluation was very positive, with 96% of participants strongly agreeing or agreeing that they had a better awareness of bullying after attending a workshop.

The RCN continues to have a good working relationship with the Health and Safety Executive (HSE) and has offered support for its plans to tackle work-related stress in the health sector. One of the key causes of work-related stress in health and social care has been identified as poor working relationships, which can lead to bullying behaviours.

In February 2017, the UK Safety Representatives Committee recommended offering Continued Learning and Development (CL&D) for RCN representatives on bullying and harassment. This includes guidance on managing allegations, including situations in which they are approached by a manager for support. Further work will be done to update the guidance for representatives on bullying and harassment, and a checklist will be drawn up for representatives to use when a member reports their manager as bullying them.

A discussion with the Leadership Management Forum is scheduled for March 2017. The proposer was planning to seek the expertise of the Forum to advise on different management styles and situations in which these might be perceived as bullying. It is also planned that the Forum's advice would be included in resources and CL&D for representatives.

25e. Political engagement

Submitted by the
RCN South
Yorkshire Branch

In light of the statement made by Professor Patton this meeting of Congress asks Council to consider the way the RCN engages in political decision making that impacts on nursing and the health and wellbeing of the UK. (Resolution)

Proposer: Paul Smith

Council member lead: Michael Brown

In response to this resolution, the Chair of Council will lead a UK-wide organisational review to implement strengthened approaches to political engagement across the UK. Staff and members across England, Northern Ireland, Scotland and Wales already undertake a significant amount of activity. This review will apply learning and build in new approaches in 2017/18 which strengthen the way we work with our membership to constructively and meaningfully influence political decision-making. Among many things, this may include harnessing the vast expertise of our membership at Congress to co-produce and develop influencing activity.

Meanwhile, consistent work continues across the four countries to ensure we bring the voice of the nursing community to bear on decision-making that impacts on nursing and the health and wellbeing of the UK. We are developing strong nursing champions to proactively advocate on our behalf.

A key part of our Westminster engagement is focused on diversifying our approach to MPs who are interested in other areas, such as education and social care, to develop our pool of MP supporters and encourage them to become advocates for the nursing community. Our follow-up work is focusing on developing our supporters to be nursing advocates in the Westminster Parliament and to facilitate improved member-to-MP relationships. We attended three Westminster political party conferences – Labour, Conservative and the Liberal Democrats – and hosted fringe events at both Labour and Conservative conferences. We met with a number of ministers, Shadow ministers and other key parliamentarians.

In Wales, the RCN proactively assists members to engage directly with the National Assembly for Wales and the Welsh Government through social media, campaign events, educational meetings and consultation responses. Over 1,000 members in Wales responded to a consultation setting the campaign priorities for last year's election. In addition, the 2016 campaign launch saw over 100 members from all across Wales converging on the National Assembly to meet with their local AMs and discuss the issues of importance to them.

The RCN in Northern Ireland runs a successfully-evaluated Political Influencing Programme for members to promote and support their engagement with the political and policy process on behalf of nurses and nursing. The RCN also directly involves members in its engagement with politicians at party conferences and in RCN campaigning activities, as well as in the presentation of oral evidence to the Northern Ireland Assembly Committee for Health.

In Scotland the team has facilitated members giving informal evidence to the Health and Sport Committee on NHS Governance; has supported a board member to attend a party conference as part of their development and is working to get members engaging with their local representatives through campaigns.

We took the opportunity presented by the Westminster Government reshuffle in July 2016 to approach and develop strong working relationships with ministers in key portfolios relevant to, and beyond, nursing. A series of introductory and follow-up meetings have taken place between the RCN and key ministers and we hosted a roundtable event

for Health Minister Philip Dunne to showcase innovative nursing practice and to demonstrate the importance of continuing to invest in the nursing profession. The RCN has also developed cross-party support on issues such as pay and children and young people's mental health, securing amendments to advance and utilise nursing in this area. We have been represented at committees on social care, financial sustainability of the NHS, unsafe discharge, highlighting the nursing perspective, challenges and opportunities. And we have worked with peers to schedule nursing debates on workforce, Brexit and student funding.

Ahead of the Westminster debate on nursing pay in January, the RCN co-ordinated a UK-wide lobby of parliament for members to meet their MPs. This provided members with a strong united platform to canvass support from MPs across the UK on our pay campaign and positively, we secured cross-party recognition on the need for nursing staff pay to increase.

In September 2016 RCN Wales launched its campaign 'Leading Nursing, Shaping Care', actively engaging and influencing political decision-making in nursing. RCN Wales regularly gives evidence to the National Assembly for Wales Health, Social Care & Sport Committee and responds to Welsh Government consultations. The RCN in Wales is also sitting on the Statutory Guidance Group for the Nurse Staffing Levels (Wales) Act, is a stakeholder on the technical advisory group for the Regulation

& Inspection of Social Care (Wales) Act and is involved in the development of a new Dementia Strategy for Wales.

The RCN in Scotland continues to build relationships with politicians from all parties; something of significant importance given that the Scottish Government is a minority administration. The team regularly meets health spokespeople from all parties represented in the Scottish Parliament, as well as members of the Health and Sport Committee. RCN Scotland continues to build relationships with other committees, like the Public Audit Committee, which undertakes inquiries which affect health. Most recently the team had meetings with the Convener and Vice Convener of the Committee in relation to its work on NHS Tayside. At a Government level the team in Scotland represents the RCN on numerous Government-led groups, looking at issues such as HEAT targets and workforce planning. With integration it is important that RCN Scotland works with Councillors, particularly those sitting on integration authorities. Ahead of the local elections in May 2017, RCN Scotland is running a campaign, 'Nursing Scotland Locally', highlighting the importance of community nursing teams.

Across the UK, the RCN is sharing experience and knowledge around political influencing to ensure consistency of message and positioning across the UK-wide organisation, while working within devolved settings.



19. Dementia

Submitted by the
RCN Northern Branch

That this meeting of Congress asks Council to lobby for better policy to ensure a fair deal for dementia patients and carers when admitted to acute care. (Resolution)

Proposer: Andrew Thompson

Council member lead: Cynthia Davis

The work plan for this resolution is based on a practice component and a wider lobbying component.

RCN Dementia SPACE (Staff, Partnership, Assessment, Care, Environment) principles underpin the practice element of work, and there is a wide range of up-to-date clinical resources, publications, news and other information on the RCN website at www.rcn.org.uk/clinical-topics/dementia/

There have been a wide range of education sessions delivered in conjunction with branches in order to support members in acute care across the UK.

Our role as a partner in the Acute Frailty network has supported quality improvement in the care of those people living with cognitive impairment when admitted to acute hospital trusts. The network covers both England and Wales.

www.acutefrailtynetwork.org.uk/

We are supporting the translation of the Triangle of Care into Welsh to further encourage partnership working between healthcare staff, carers and people living with dementia. <https://carers.org/triangle-care>

Dawne Garrett, the RCN's professional lead for dementia care is chairing research from The University of Lancaster, assessing the most effective way to train staff in hospitals to care for people living with dementia and we have been actively involved in supporting John's Campaign which has addressed acute care needs of people living with dementia across all four UK Countries. <http://johnscampaign.org.uk/>

In Northern Ireland, the College contributed to the dementia learning and development framework

which was launched in September 2016. RCN Northern Ireland has also strengthened formal links with Dementia Together NI/Public Health Agency and has discussed a proposed dementia awareness event in 2017, with frontline nursing staff as the target audience. We have also delivered dementia awareness training in Northern Ireland and work in partnership with a range of organisations to promote the nursing contribution to the care of people with dementia there.

We have maintained our membership of Dementia Action Alliance and links with Alzheimer's Society, Age UK, and other national groups to influence in strength, notably in the Dementia Friendly Hospital Taskforce which our Older Peoples Forum Lead chairs.

RCN Scotland has been involved in Healthcare Improvement Scotland's review of their inspection methodology for older people's care, which is due to report in Spring 2017. The review has focused on inspections in acute settings, however the intention is for the methodology to apply across all specialist dementia units and in the community. This is a deliverable under Commitment 11 of Scotland's National Dementia Strategy www.knowledge.scot.nhs.uk/dementiainhospitals/commitment-11-qesdc.aspx RCN Scotland has also supported and promoted the NHS Education for Scotland's national Dementia Champions programme (delivered by the University of the West of Scotland in partnership with Alzheimer Scotland).

In Wales we are actively engaged in the consultation on the draft National Dementia Strategy. There are many examples of excellent dementia friendly services in Wales using the butterfly scheme, and RCN Wales has delivered dementia awareness training, including dementia friends training in acute hospitals.

We have arranged a fringe event at Congress 2017 with the founders of John's Campaign. John's Campaign focusses on carers of people who are living with dementia to have access to

24/7 support. The further progression of actions from this Resolution will continue as part of core professional business, thereby continuing the work from Congress to Congress.



20. Holistic care

Submitted by the RCN
Suffolk Branch

That this meeting of Congress discusses holistic care and if it is realistic, or even desirable. (Matter for Discussion)

Proposer: Tracey Risebrow

As Congress did not mandate the RCN to carry out specific work on this Matter for Discussion, the following text is a summary of the debate held in Glasgow.

Proposer Tracey Risebrow from the Suffolk Branch reminded Congress of the origins of holistic care in Florence Nightingale's notes on nursing from 1860 where she noted that patients had better recovery when wider needs were considered, not just the physical.

Tracey asked "Should we be holding onto this historical aspect of nursing care in the 21st century?"

Sarah Waters from the South Birmingham branch suggested that "too often we see the condition and not the person" especially when under pressure. "There is no care without holistic care," reminded Lisa Crooks from Gloucestershire branch.

Lisa Makin asked what holistic care really is and suggested we should "treat everyone with respect, dignity and compassion".

Evaline Omondi from Bedfordshire branch said she believed holistic care was achievable "but only with safe staffing levels and better retention of staff to ensure quality of care."

"Staff under pressure cannot deliver holistic care," she added.

Nina Heighington said many people are afraid of "opening a can of worms" but that we need to be professionally curious to avoid missing hidden issues.

Thomas Murray from Devon branch suggested that "a model is not out of date simply because of the passing of time".

Christina Sosseh from Milton Keynes branch said working in a multidisciplinary team meant she could call on colleagues. "That means the person gets the best care, at the best time with the right person providing it," she said.

Tracey summarised that holistic care is realistic and achievable, yet working with a multidisciplinary family is truly how we can best achieve it.

21. Housing costs

Submitted by the
RCN Lothian Branch

That this meeting of Congress calls on RCN Council to lobby governments of the UK to introduce rent controls. (Resolution)

Proposer: Geoff Earl

Council member lead: Elspeth Caithness

Housing is a devolved matter with divergence between the policy approaches to the private rented sector across the devolved administrations. The regulatory framework in Wales in renting has recently been transformed by the Renting Homes (Wales) Act 2016. This Act replaces all current tenancies and licences with an occupation contract. More information can be found at <http://gov.wales/topics/housing-and-regeneration/legislation/rentingbill/?lang=en>.

Scotland has introduced comprehensive landlord registration schemes, abolished additional fees and charges by letting agents and provided for a new form of tenancy for private sector renters. The Westminster Government has recently preferred a less interventionist position, believing that additional regulation would increase the burden on reputable landlords with the risk that additional costs would be passed on to tenants.

However, there have been measures introduced to increase transparency around letting agent fees and, in the Housing and Planning Act 2016, to strengthen the sanctions available to tackle 'rogue' landlords. At the Conservative Party conference, the Prime Minister stated her intention to use "the power of government to step in and repair the dysfunctional housing market." This implies that a more interventionist approach may be emerging.

A Housing White Paper, published in February, proved to be far less interventionist than anticipated. The key points which cover the rental sector include:

- investment for build to rent
- shift of emphasis from home ownership (particularly starter homes) to "a broader range of affordable housing"
- consultation on the banning of letting agent fees to be released early this year
- relaxation of the Affordable Homes Programme to include affordable rent as a component tenure, rather than focussing on shared ownership as the scheme did originally.

The RCN will respond to the White Paper and take the opportunity to put forward its views on:

- the link between health and housing
- the need for help for key workers
- protections for renters.

London's Mayor, Sadiq Khan, has stated that he does not intend to introduce rent controls. However, he has stated that he plans to create a new form of affordable housing, with rent based on a third of average local income, not market rates, as well as a new form of tenure, and a London-wide not-for-profit lettings agency to promote longer-term, stable tenancies. Again, the RCN will monitor the progress of these developments and seek to influence them in any way possible.

22. RCN at 100

Submitted by RCN West
Kent and Medway Branch

That this meeting of Congress discusses how to build on the achievements and work of the RCN over the last 100 years. (Matter for Discussion)

Proposer: Celia Manson

As Congress did not mandate the RCN to carry out specific work on this Matter for Discussion, the following text is a summary of the debate held in Glasgow.

Celia Manson opened the debate explaining how she had reached out to members and MPs in West Kent and Medway branch to ask how they felt the RCN could build on the achievements of the past 100 years, with members wanting the RCN to be a “louder, prouder voice for nursing”.

Jacquelin Davies from Glamorgan branch reiterated this explaining that by involving members in helping secure the Safe Staffing legislation in Wales, membership in Wales had increased month by month.

Evaline Omondi from Bedfordshire branch urged members to become active in the RCN. “The RCN is not the Council, President, not Chair of Congress – the RCN is its members”.

Dianne Yarwood from the History of Nursing Society made a plea to members to capture their memories to add to the RCN archives in Edinburgh, adding “if we don’t know where we’ve come from, how will we ever know where we’re going?”

Philip Noyes drew on popular TV show *Game of Thrones* to make his point about a “never-ending winter and a stark future” for the NHS but said events like Congress show our achievements. Andrew Bassett-Scott called on everyone to stand and thank the person next to them for the good job they do.

Several members thought technology would help the RCN in the coming 100 years – with Sue Rayment from District Nursing Forum sharing how the forum’s new Facebook page had already received 650 likes.

Celia thanked everyone for their interesting ideas and led Congress in a rousing version of ‘Happy Birthday RCN!’



Work on items discussed 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. The following summaries detail aspects of some of the work carried out over the past 12 months as a result of previous years' debates.

Harrogate, 2009

RCN Reps – what next? (MfD)

That this meeting of RCN Congress considers the future of the RCN representative

In 2009, members invited Congress delegates to consider the future of the RCN representative. Challenges recruiting and retaining representatives outlined included: an ageing demographic; a lack of diversity; difficulty securing facilities time; and a perceived lack of perception of the value of union reps in the workplace.

Delegates discussed the agreed role descriptors and the new learning and development pathway for RCN representatives both of which had been launched the previous year. Members asked that we continually evaluate and improve our learning, development and support for both new and experienced reps.

In 2017, the context within which our RCN reps carry out their role has, if anything, got worse and our members need the RCN more than ever. As unions across all industries battle to recruit and retain reps, the RCN has worked in a number of ways to stem the tide.

Politically, our leaders worked at the highest level to lobby for changes to the Trade Union Bill. The Bill had originally included clauses that would limit the amount of time union reps could take to carry out their duties, but now the Government will delay those clauses for two years and give trade unions the opportunity to explain levels of facility time which are deemed “unreasonable”. We continue to work to protect facilities time

at a local and national level and, in 2016 published ‘The value of trade union workplace representatives in health care’ which is sent to HR directors and line managers of each newly accredited representative.

The clear message we get from reps is they are proud of their role and what they achieve in the workplace. In 2017, through ‘The Value of RCN Reps’ project, we have made a commitment to our reps to ensure that they feel the same level of interest and pride, mirrored from everyone who works for the RCN. This will be done using a framework of six key themes of pieces of work; recruiting, supporting and retaining, developing, celebrating and measuring impact. We have started an engagement process with reps, staff and members to ensure our activity reflects what’s needed in the workplace. As part of the ‘celebrate’ theme, we have already collected a number of powerful case studies that demonstrate the value of our reps which you can see displayed at Congress this year.

The learning and development pathway is now in its ninth year. It is externally accredited by the Open College Network (OCN) and is evaluated annually using both feedback from learners, and OCN’s external moderation of the programme. The programme is consistently highly evaluated with over 95% of members each year agreeing that modules are well facilitated, the context is relevant and prepares them for practice. *“Very enjoyable and informative. Valuable time spent learning and interacting with other people new to rep role. Steep learning curve but very interesting. Thank you!”* We have also had valuable feedback about where we can improve and we have responded to ensure that our learning offer is fit for purpose and gives reps the knowledge, skills and confidence to undertake their roles.

Elected RCN learning reps, safety reps and stewards are the most visible face of the RCN. They influence both big and small changes, bringing unparalleled benefits to the working lives of members which in turn impacts on the quality and safety of patient care.

Bournemouth, 2010

Busting the myth on NHS pensions (R)

That this meeting of RCN Congress urges Council to publicly defend NHS pensions and challenge the illusion of the gold-plated pension scheme for public sector workers

The RCN was part of the NHS negotiating team that secured a new defined benefit pension structure for the NHS Scheme commencing in April 2015. The scheme has a number of ‘protections’ including ‘full’ and ‘tapered’ for those who were in pensionable employment prior to April 2015. These protections ensured that some members did not move to the 2015 scheme at all, while some others moved at a later date. All those who were more than 13.5 years from their normal pension age moved into the new scheme in 2015. All final salary pensionable service built in the 1995 and 2008 sections is protected on a final salary basis. This could not have been done without ensuring that governments and the health departments accepted the ongoing need for a defined benefit pension scheme, albeit in the case of the 2015 arrangements, one based on the building up of career average benefits.

The RCN continues to be closely involved in the work of the NHS pension schemes (England and Wales, Scotland and Northern Ireland) with staff members sitting on the scheme statutory boards.

Harrogate, 2012

Trade union erosion? (R)

That this meeting of RCN Congress calls on Council to lobby to ensure that the power of trade unions representing health care staff is not eroded

The initial version of the Trade Union Bill was presented to Parliament in July 2015 and was then subject to a series of defeats and concessions due to concerted lobbying by the RCN, TUC and other unions as well as peers in the House of Lords.

The Trade Union Act was subsequently passed with the main parts of the original Bill remaining intact:

- All ballot mandates for strikes and industrial action must now include a simple majority turnout of eligible balloted members. There was previously no minimum turnout threshold, only a requirement that a majority voted for action. This is expected to make proposed large strikes in the public sector more difficult to organise.
- In essential public services (health, education, fire, transport, nuclear), at least 40% of all those entitled to vote must also vote for action, meaning that non-voters are treated as ‘no’ voters. This is expected to make proposed large strikes in both the public and private sectors more difficult to organise.

On the key area of facility time which was of most interest to the RCN, public bodies will be compelled to provide information on the extent to which they pay for union representatives to have time off in work time to carry out union duties, but there will now be no limit imposed on the extent of this funding for time off, but will require trade unions to explain levels of facility time which are deemed “unreasonable”. The Trade Union Bill had originally included clauses that would limit the amount of time representatives could take to carry out their duties.

The change follows intensive lobbying from the RCN based on research conducted in partnership with the University of Warwick and Cass Business School which shows that representatives who get sufficient facility time are able to influence important issues such as staffing levels, the management of bank and agency nurses, and staff sickness and stress which has positive benefits for patient care.

See ‘The value of trade union workplace representatives in health care’, www.rcn.org.uk/professional-development/publications/pub-005910

It is expected that regulations on the amount and cost of facility time will be published in 2017. The RCN will monitor this development and seek to influence them to ensure that representatives continue to be able to access facility time in their workplaces.

Bournemouth, 2015

Continence training (MfD)

That this meeting of RCN Congress debates the issue of the lack of training for nurses and health care assistants in the field of continence.

The Continence Forum set up a Task and Finish Group and developed a new online resource – Continence Essentials which can be found on the RCN website continence clinical link. This is aimed at anyone who is not confident in the management of bladder and bowel problems working in any setting. In addition the forum committee have written to the NMC asking for Continence training to be included in the pre-registration curriculum.

They are working with other Fora and with Nursing Policy and Practice to develop further guidance and resources including updating the existing guidance on Catheter Care and lower bowel management including Digital rectal examination.

Members of the continence committee also represent the RCN on a number of strategic groups relating to better continence care.

Bournemouth, 2015

Integrating care (MfD)

That this meeting of RCN Congress discusses whether policies for the integration of health and social care services introduced by successive governments within the UK are helping or compounding the current pressures in the health services. (MfD)

Following on from the 2015 debate on integration, and a subsequent discussion in the Nursing Practice and Policy Committee of Council, the RCN commissioned the development of a new UK-wide integration toolkit for members.

Developed over 2016 by members and staff involved in integration across the UK, the toolkit has a series of themed prompt questions for reflection and action. Aimed at nursing staff working in strategic decision-making roles or involved in forums around integrated care, it is intended to support members in providing confident nursing leadership to shape, deliver and monitor safe, quality and local integrated services.

The toolkit has been publicised extensively, including through RCN Bulletin, the wider nursing press and in local communications by RCN country and regional offices. In the first six weeks after publication in January 2017, the toolkit had been downloaded over 4,300 times by nearly 3000 individual users.

www.rcn.org.uk/professional-development/publications/pub-005910

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