



Council's Report to Members on Congress 2018





RCN Legal Disclaimer

This publication contains information, advice and guidance to help members of the RCN. It is intended for use within the UK but readers are advised that practices may vary in each country and outside the UK.

The information in this booklet has been compiled from professional sources, but its accuracy is not guaranteed. Whilst every effort has been made to ensure the RCN provides accurate and expert information and guidance, it is impossible to predict all the circumstances in which it may be used. Accordingly, the RCN shall not be liable to any person or entity with respect to any loss or damage caused or alleged to be caused directly or indirectly by what is contained in or left out of this website information and guidance.

Published by the Royal College of Nursing, 20 Cavendish Square, London, W1G 0RN

© 2019 Royal College of Nursing. All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means electronic, mechanical, photocopying, recording or otherwise, without prior permission of the Publishers. This publication may not be lent, resold, hired out or otherwise disposed of by ways of trade in any form of binding or cover other than that in which it is published, without the prior consent of the Publishers.

Foreword

A great deal has happened since we were last together ... [but] work has continued apace on the subjects discussed and voted upon in Belfast.

It is my pleasure to report on all the work that has been carried out by RCN members and staff as a result of the decisions made in Belfast last year.

A great deal has happened since we were last together. There has been substantial political upheaval and uncertainty around Brexit, a new long-term plan for the NHS in England was launched and there were of course significant changes within the RCN.

During this period, however, work has continued apace on the subjects discussed and voted upon at Congress in Belfast, and this report details the breadth and scope of those activities.

Considerable success was won: medicinal cannabis was legalised (page 28) although much more work is needed to ensure the patients who need this treatment are able to access it; and Congress provided the impetus for a rejuvenated



and well-received campaign for the winter flu vaccine (page 33).

We continue to lobby and influence governments across the UK. Read about the work we have done concerning child refugees (page 17) and the immigration health surcharge for nursing staff from outside the UK (page 14).

And as a result of the resolution on Recruitment and Retention, members, reps and staff from around the UK are building momentum to deliver what every one of us knows is needed – the appropriate levels of staff to enable us to provide our patients with the safe and effective care they deserve.

A handwritten signature in black ink that reads "Sue Warner".

Sue Warner
Chair of Council



Royal College
of Nursing

RCN Congress 2018

The 51st meeting of RCN Congress was held from 12 to 16 May 2018 at the Waterfront, Belfast.

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 2017 Congress

Congress formally received and adopted the report of the meeting held on 13 to 17 May 2017.

4. Resolutions and matters for discussion

Resolutions (R) and matters for discussion (MfD) are listed in numerical order as are the emergency items (E).

With the exception of item 27E (Brexit), votes on Resolutions were conducted by a show of hands.

1. Recruitment and Retention (R)

That this meeting of RCN Congress deplores and condemns the UK Government's failure to recognise the impact of their policies on the recruitment and retention of registered nurses and demands credible action and engagement with the RCN.

This Resolution was passed.

2. Staff Substitution (MfD)

That this meeting of RCN Congress discusses the casual redeployment of staff within the healthcare system to work in areas of unknown expertise.

3. Limited Companies (R)

Note – At the meeting Congress agreed to change this Matter for Discussion to a Resolution. The final wording was as follows:

That this meeting of RCN Congress condemns and deplores the transfer of NHS Staff to limited companies

This Resolution was passed.

4. Overseas Nurses (R)

That this meeting of RCN Congress calls on the RCN to demand that the UK Government urgently waive the immigration health surcharge fees to nurses on work permits and their dependents.

This Resolution was passed.

5. Public Toilets (R)

That this meeting of RCN Congress calls on the RCN to campaign for local government to provide accessible public toilets catering for a broad range of needs.

This Resolution was passed.

6. Hydration (MfD)

That this meeting of RCN Congress discusses how we challenge the draconian practice of staff not being allowed water bottles in clinical settings.

7. Body Cameras (MfD)

This meeting of RCN Congress discusses whether the use of body cameras would improve safety for staff and patients.

8. Men in Nursing (R)

That this meeting of RCN Congress asks Council to develop and promote a strategy to recruit more men into the nursing profession.

This Resolution was rejected.

9. Child Refugees (R)

That this meeting of RCN Congress demands that the UK Government abides by the 'Dubs Amendment' to enable unaccompanied refugee children to settle in the UK.

This Resolution was passed.

10. Harassment (R)

That this meeting of RCN Congress asks Council to take action to ensure that all Health Care Providers demonstrate a commitment to zero tolerance of third party harassment.

This Resolution was passed.

11. Mental Health Staffing (R)

That this meeting of RCN Congress calls on Council to commission research into therapeutic staffing levels for mental health nursing.

This Resolution was passed.

12. Public Health Funding (R)

That this meeting of RCN Congress calls on Council to lobby the UK Government to reverse the cuts to funding of Public Health Nurses.

This Resolution was passed.

13. Robots (MfD)

That this meeting of RCN Congress discusses the issues involved in the potential role of robots in health and social care.

14. Membership Eligibility (MfD)

That this meeting of RCN Congress discusses whether it is right that full nurse membership of the RCN is available to individuals who do not remain on the NMC register.

15. Prison Nursing (R)

That this meeting of RCN Congress calls on the RCN to work with employers to improve the morale and working conditions of prison nursing staff across the UK.

This Resolution was passed.

16. Diagnostic Overshadowing (MfD)

That this meeting of RCN Congress discusses diagnostic overshadowing and the role nurses can play in addressing this particularly for people with learning disabilities.

17. Suicide (MfD)

That this meeting of RCN Congress discusses ways to improve suicide awareness within nursing practice.

18. Cannabis (R)

That this meeting of RCN Congress requests Council to lobby governments across the UK for the decriminalisation of cannabis for medicinal use.

This Resolution was passed.

19. Bed Rest Impact (MfD)

That this meeting of RCN Congress discusses how the nursing family can reduce the risk of patients deconditioning whilst in hospital.

20. NHS/Independent Sector (MfD)

That this meeting of RCN Congress debates the need to re-balance RCN resources between NHS and Independent Sector members.

21. Community Nursing (R)

That this meeting of RCN Congress considers the need for funding and resource to follow the patient so that community nursing capacity is able to meet increasing demand.

This Resolution was passed.

22. Social Care (R)

That this meeting of RCN Congress asks Council to lobby all political parties to work together to develop a fair and sustainable funding model for social care.

This Resolution was passed.

23. Flu Vaccine (MfD)

That this meeting of RCN Congress discusses the low uptake within nursing of the seasonal influenza vaccine and the implications for patient care.

24E. Summer of Protest and NHS Pay Deal (MfD)

That this meeting of RCN Congress discusses the success of our summer of activism, the subsequent pay offer and actions thereafter.

25E. Student Funding (MfD)

At the 50th anniversary of students in membership of the RCN this meeting of RCN Congress discusses the disparity across the UK in nurse education funding.

26E. Learning Disability Nursing (R)

That this meeting of Congress asks RCN Council to call for urgent action to be taken to preserve the field of learning disability nursing.

This Resolution was passed.

27E. Brexit (R)

That this meeting of RCN Congress asks Council to show its strength by lobbying the government of the UK for a referendum on the final Brexit deal.

This Resolution was passed by a card vote:

For: 363
Against: 163
Abstain: 57

28E. Northern Ireland Pay Parity (R)

In the absence of the Northern Irish Assembly this College demands the immediate intervention of the Permanent Secretary in the Northern Ireland Department of Health to restore pay parity to Northern Irish Nurses with our Nurses in the UK.

This Resolution was passed.

Contents

These reports contain summary updates of the work carried out to date as a result of the debates at Congress in Belfast last year. Issues discussed at Congress can take much longer to complete and there are also updates from some key debates from previous years on pages 40-43.

No specific new work was mandated relating to the Matters for Discussion in the shaded panels below. Updates on the other Matters for Discussion – items 16, 17, 19, 23 and 24E – can be found on the respective report pages.

Page Item

12 **1. Recruitment and Retention (Resolution)**

2. Staff Substitution (Matter for Discussion)

That this meeting of RCN Congress discusses the casual redeployment of staff within the healthcare system to work in areas of unknown expertise.

No specific follow-up work was mandated for this Matter for Discussion. The subject is covered by existing workstreams, including: advice provided by Nursing Department advisers to nurse managers and staff on what the code of practice says; and as part of ‘business as usual’ work for regions, countries and RCND who provide day-to-day advice for members asking questions about redeployment to unfamiliar areas in situations of staff shortage. There is specific advice on our website rcn.org.uk/get-help/rcn-advice/being-moving-staff

13 **3. Limited Companies (Resolution)**

14 **4. Overseas Nurses (Resolution)**

16 **5. Public Toilets (Resolution)**

6. Hydration (Matter for Discussion)

That this meeting of RCN Congress discusses how we challenge the draconian practice of staff not being allowed water bottles in clinical settings.

No specific follow-up work was mandated for this Matter for Discussion. There is ongoing work in this area as part of the *Healthy Workplaces* campaign.

7. Body Cameras (Matter for Discussion)

This meeting of RCN Congress discusses whether the use of body cameras would improve safety for staff and patients.

No specific follow-up work was mandated for this Matter for Discussion. There is related ongoing work addressing violence in the workplace.

8. Men in Nursing (Resolution)

That this meeting of RCN Congress asks Council to develop and promote a strategy to recruit more men into the nursing profession.

This Resolution was rejected.

Page	Item
17	9. Child Refugees (Resolution)
19	10. Harassment (Resolution)
20	11. Mental Health Staffing (Resolution)
21	12. Public Health Funding (Resolution)

13. Robots (Matter for Discussion)

That this meeting of RCN Congress discusses the issues involved in the potential role of robots in health and social care.

No specific follow-up work was mandated for this Matter for Discussion. This item ties in with our ongoing *Every nurse an eNurse* campaign and external initiatives that the RCN is engaged with, including the Topol Review. Our *Every nurse an eNurse* campaign aims to:

1. support the digital development of digital skills and capabilities
2. nurture nurse leadership in digital roles
3. demonstrate the nursing contribution to the digital agenda.

14. Membership Eligibility (Matter for Discussion)

That this meeting of RCN Congress discusses whether it is right that full nurse membership of the RCN is available to individuals who do not remain on the NMC register.

This work is being taken forward by a task and finish group set up by Council to review the current membership categories in the face of changing entry routes into nursing. It will also look at the member offer for retired members and those members no longer on the Nursing and Midwifery Council register. A consultation on membership categories is planned, and a fringe event is taking place at Congress to launch the review. The task and finish group is scheduled to complete its review by the end of the year.

23	15. Prison Nursing (Resolution)
25	16. Diagnostic Overshadowing (Matter for Discussion)
26	17. Suicide (Matter for Discussion)
28	18. Cannabis (Resolution)
29	19. Bed Rest Impact (Matter for Discussion)

Page	Item
------	------

	<p>20. NHS/Independent Sector (Matter for Discussion)</p> <p><i>That this meeting of RCN Congress debates the need to re-balance RCN resources between NHS and independent sector members.</i></p> <p>As part of the new Group Strategy for 2019-2021 the Executive Team will be looking to achieve a significant step change by ensuring that every piece of work looks at the implications for all the sectors in which our members work.</p>
--	--

31	21. Community Nursing (Resolution)
----	---

32	22. Social Care (Resolution)
----	-------------------------------------

33	23. Flu Vaccine (Matter for Discussion)
----	--

35	24E Summer of Protest and NHS Pay Deal (Matter for Discussion)
----	---

	<p>25E Student Funding (Matter for Discussion)</p> <p><i>At the 50th anniversary of students in membership of the RCN this meeting of RCN Congress discusses the disparity across the UK in nurse education funding.</i></p> <p>No specific follow-up work was mandated for this Matter for Discussion however, the content of the discussion will be built into the existing UK-wide education programme through Future Nurse Future Workforce.</p>
--	---

36	26E Learning Disability Nursing (Resolution)
----	---

37	27E Brexit (Resolution)
----	--------------------------------

38	28E Northern Ireland Pay Parity (Resolution)
----	---

40	Updates from previous Congresses
----	---

1. Recruitment and Retention (R)

That this meeting of RCN Congress deplores and condemns the UK Government’s failure to recognise the impact of their policies on the recruitment and retention of registered nurses, and demands credible action and engagement with the RCN.

Submitting entity	RCN UK Stewards Committee
Proposer	Mike Smith
Committee	Trade Union Committee
ET lead	Theresa Fyffe (Director, RCN Scotland)
Member lead	Tracey Budding
Vote result	Passed

The RCN has consistently highlighted recruitment and retention challenges facing the nursing workforce. Professor Dame Donna Kinnair has repeatedly written to relevant ministers including Rt Hon. Matt Hancock, Secretary of State for Health and Social Care and Rt Hon. Stephen Barclay, Secretary of State for Exiting the European Union, outlining these challenges.

We have lobbied hard to avert the potentially negative impact of Brexit on workforce supply. We published an overview of the UK Government’s progress against the RCN priorities for ensuring that Brexit worked for nursing and did not impact negatively on health services in the UK. This presented stark warnings on the consequences of a lack of clarity on the critical issue of nurses’ rights to remain within the UK post Brexit. This report also highlighted a lack of a firm commitment from the UK Government around the maintenance of workers’ rights at the current EU standards after Brexit. Our campaign to remove the immigration health surcharge for overseas nursing staff continues following the Government’s announcement that the cost would increase to £400.

We continue to challenge the UK Government’s removal of the student bursary in England, impacting upon both the sustainability of nursing services and its impact upon workforce diversity. Latest figures show applications to nursing degrees in England plummeting by a third, with a 40% drop in mature students. We highlighted the particular implications of this for mental health and learning disability nursing. In Scotland, our concerns were taken on board and influenced the Scottish Government’s different

political choices, such as their decision to keep the bursary, as well as significantly increase the amount paid to students.

Following on from the *Scrap the Cap* campaign, the historic impact of low pay has been recognised and new pay deals have been agreed in three countries in the UK since Congress 2018. We have been heavily involved in workstreams associated with the England pay deal, and work is commencing on areas associated with the recruitment and retention of registered nurses.

At the Conservative Party Conference in October 2018, the Rt Hon. Matt Hancock, Secretary of State for Health and Social Care, was robustly challenged by the RCN on the lack of focus on the NHS workforce. The RCN called for a comprehensive workforce plan, to address recruitment and retention in England, supported by legislation to hold decision makers to account for safe staffing levels. This would bring England in line with Wales, where we continue to work to strengthen existing safe staffing legislation, and Scotland, where we are working hard to influence the Health and Care (Staffing) Bill. At time of going to press, the Bill is being debated in the Scottish Parliament.

With staffing for safe and effective care being an RCN priority in all parts of the UK, we continue work to deliver against the resolution for legislation on safe staffing passed at Congress 2016 with active campaigns running in England, Wales and Scotland. We will continue to address core issues about the recruitment and retention of nursing staff over the coming months through the continuation of data gathering, lobbying and calls for consideration and legislation throughout the UK.

3. Limited Companies (R)

That this meeting of RCN Congress condemns and deplores the transfer of NHS Staff to limited companies.

Submitting entity	RCN North Yorkshire Branch
Proposer	Gwen Vardigans
Committee	Trade Union Committee
ET lead	Patricia Marquis (Director, RCN England)
Staff lead	Hannah Reed (National Officer Team Leader, Employment Relations Department)
Member lead	Katharine Youngs
Vote result	Passed

This issue is specific to England, as Wholly Owned Subsidiaries (WOSs) are an England-only construct. The national staff side of the Social Partnership Forum (SPF) has pursued the matter of WOSs through the SPF since they first emerged around two years ago. NHS Improvement has signalled that it recognises the concerns raised by staff side unions, and are seeking to update financial and legal guidance. Tests will be put in place to prevent the creation of WOSs if their purpose is purely to save costs. WOS applications have already slowed down due to high levels of scrutiny from local staff sides.

We responded positively to the strike action taken by staff working for York Teaching Hospitals following a ballot by the Unite union over plans by the trust to create a WOS to run estates and facilities services. In North Yorkshire, the Tees, Esk and Wear Valley NHS Foundation Trust scrapped their plans to outsource facilities management to a WOS, following pressure from the joint unions at the trust. The RCN backed local planned protests, campaigned in the media against the proposals and wrote to the trust chief executive setting out fears for staff and the services they provide.

In November 2018, we published our response to the NHS Improvement consultation on the proposed extension to the review of subsidiaries. It stated that we do not support moves by NHS organisations to create separate companies, either wholly owned or in partnership with private, untendered providers, in order to avoid tax or remove staff from NHS employment under national terms and conditions, potentially creating unfair and unsafe working conditions for staff. We highlighted the on-going concern of members at the emergence of subsidiary companies, including instances where clinical and nursing staff have been transferred and were of particular concern.

We welcomed NHS Improvement's decision to ask providers to pause plans for wholly-owned

subsidiaries, and made a number of recommendations. Firstly, that proposals for the creation of all subsidiary companies should be reported to NHS Improvement and classified as a significant change to ensure a full review. Plans should be published and accompanied by detailed business plans and impact assessments. These should demonstrate that alternative arrangements were considered alongside the creation of a subsidiary and that the proposals will deliver a collaborative and sustainable approach to service delivery. Furthermore, it should provide a detailed explanation of the tax arrangements. The same should apply when any material changes are made to an existing subsidiary, including any extension in the functions or range of services provided by subsidiaries.

In order to mitigate the risks to staff terms and conditions when transferring to a subsidiary company, we recommended that proposals to reduce terms and conditions following a transfer and any failure to meet future pay awards or other changes to Agenda for Change terms and conditions should be classified as a 'significant' change which is deserving of a full review. Any proposals which include this change must be proactively communicated to every member of staff impacted and relevant unions. Furthermore, where any subsidiaries are created, a Retention of Employment Model should be adopted. NHS staff should be seconded to the subsidiary and remain on Agenda for Change terms and conditions. NHS Improvement should work with the Department for Health and Social Care to ensure that the NHS Pension Scheme continues to apply not only to staff who transfer to the subsidiary company but also to new recruits.

Going forward, we will ensure that all existing RCN policies and materials on protection of members' terms and conditions following employer transfers to WOSs are kept up to date to reflect new developments.

4. Overseas Nurses (R)

That this meeting of RCN Congress calls on the RCN to demand that the UK Government urgently waive the immigration health surcharge fees to nurses on work permits and their dependents.

Submitting entity	RCN Bedfordshire Branch
Proposer	Eva Omondi
Committee	Trade Union Committee
ET lead	Bronagh Scott (Interim Director, Nursing, Policy and Practice)
Staff leads	Valerie Bailey (Head of Member Support Services) and Sophia Barrett (Senior Immigration Adviser and Solicitor)
Member lead	Tracey Budding
Vote result	Passed

The immigration health surcharge (IHS) is a UK-wide priority as it affects all nurses on Tier 2 visas currently working in the UK, and those wishing to work in the UK from non-European Union (EU) countries.

In a letter sent to Home Secretary Rt Hon. Sajid Javid MP, Professor Dame Donna Kinnair called for the IHS to be waived completely for nursing staff and making him aware of our position which is that:

... those coming to the UK who are not 'ordinarily resident' make an appropriate financial contribution to the NHS. However, a key challenge is that the definition of who is 'ordinarily resident' is fluid and there are waivers and exceptions in many circumstances. I would highlight the recent report from the Migration Advisory Committee (MAC) which looked at the impact of EEA migration on the UK. This report puts paid to the damaging misbelief that migrant workers are a drain on health and care services and affirmed that the reliance of our health system on overseas professionals far outweighs the cost of their care.

For these reasons we believe that it is morally questionable to expect nurses seeking to live and work in the UK to pay the health surcharge. These staff pay national insurance and income taxes, as well as directly contributing to the sustainability of our health and social care service through their work. We therefore call on the Home Office to waive this policy for non-EEA nursing staff. I would welcome the opportunity to discuss this matter further with you as the Home Office prepares its White Paper on a post-Brexit immigration system.

Donna attended a range of cross-party Members of Parliament (MP) and Ministerial meetings to inform them of the impact the IHS was having on our members, and to ask them to support our campaign to waive the fee. This included Immigration Minister Rt Hon. Caroline Nokes MP, Shadow Home Office Minister Diane Abbott MP and previous Brexit Minister Lord James O'Shaughnessy.

RCN members directly lobbied parliamentarians about the IHS and encouraged them to speak out against the unfair charge. Following a Government announcement in January 2018, that the IHS would double to £400 per person, we secured an opposition-led 'regret' motion against the fee increases, debated in the House of Lords in November 2018. Members from across the political parties asked the Government to reconsider, and instead waive the surcharge in line with the RCN's position. Member of the Home Affairs Select Committee, Kate Green MP, tabled a parliamentary question to seek out the rationale behind the surcharge increasing. This requested that the Secretary of State for Health and Social Care Rt Hon. Matt Hancock MP and the Department publish full analysis of the average NHS expenditure per annum to treat individuals required to pay the IHS (£470). The response was noted as providing an insufficient answer.

Donna gave evidence to the Immigration and Public Bill Committee on 12 February 2019 where she raised concerns about the impact that the IHS was having on international nurse recruitment and requested the UK Government to reconsider. The remit of this Bill was to repeal freedom of movement for EU nationals and we used this opportunity to land wider messaging and lobbying activity on the future immigration proposals.

A communications strategy with online resources was implemented to increase public and member awareness. Over 2,000 individuals took campaign action. The RCN gathered case study evidence of those affected by IHS fees, which supported an online feature in *RCN Bulletin* showcasing 'Johanna's story'. Former RCN President Cecilia Anim wrote a blog to urge members to take action. 1,510 RCN members and supporters emailed their MPs requesting they vote against the increase of the IHS fee immediately before MPs debated whether to increase the fee. A further 1,622 emails requested the Home Office waived the IHS fee for nursing. Further support was encouraged through tweets to Baroness Williams ahead of the Lords debate which sought to try and block the UK Government from increasing the IHS.

The IHS mandate forms part of ongoing work. Analysis of data and evidence from immigration

services indicates that the IHS does not appear to have had any detrimental effect on recruitment or retention of registered nurses at this stage, but the full effect of the increase has yet to be realised and is highly likely to be an issue for non-UK nurses following the UK's departure from the EU.

The IHS continues to be included in our policy and messaging work to decision makers across the UK about the future of the immigration system following the UK's withdrawal from the European Union, and further supports discussions with the Department of Health and Social Care and the Home Office about international nursing recruitment. It remains our position that the surcharge should be waived. In future discussions with the Migration Advisory Committee and UK Government, we will continue to raise the IHS.

5. Public Toilets (R)

That this meeting of RCN Congress calls on the RCN to campaign for local government to provide accessible public toilets catering for a broad range of needs.

Submitting entity	RCN Coventry and Warwickshire Branch
Proposer	Philip Noyes
Committee	Professional Nursing Committee
ET lead	Bronagh Scott (Interim Director, Nursing, Policy and Practice)
Staff lead	Amanda Cheesley (Professional Lead for Long-Term Conditions and End-of-Life Care)
Member lead	Theresa Connor
Vote result	Passed

Work to progress the resolution has been developed across the UK, with members and RCN staff campaigning to encourage planners, housing, business and health departments to ensure that all public places and public building new builds have accessible toilets. Members have been involved and have engaged with this work, through RCN forums, expert members and professional leads to take forward the resolution.

In October 2018, the RCN hosted a roundtable with expert members and external stakeholders to identify priorities and campaigning opportunities to take forward the resolution. As a follow-up, the RCN is actively collaborating closely with a range of external stakeholders, including Bladder and Bowel UK, Whizz-Kidz and Changing Places, for a consortium to campaign for appropriate, accessible toilets to be installed in all big public spaces and in new build public buildings such as hospitals.

Professor Dame Donna Kinnair wrote to the Secretary of State for Housing Communities and Local Government, Rt Hon. James Brokenshire

MP, to outline members' concern about levels of access to public toilets and asked him to take urgent action to provide accessible public toilets for all, including vulnerable groups, and that they cater for a broad range of needs.

In November 2018, the RCN presented at a session of the All Party Parliamentary Group for Continence Care. This meeting was used as an opportunity to inform parliamentarians across the UK about the resolution and call on local government to provide better access to accessible public toilets. Positive engagement has continued with regular member representation at the All Party Parliamentary Group for Continence Care. In addition, the RCN approached Paula Sherriff MP, to share information about the resolution following her interest in improving access to public toilets.

Finally, member-facing lobbying materials were developed to support members to raise awareness of the issue with their local political representatives.

9. Child Refugees (R)

That this meeting of RCN Congress demands that the UK Government abides by the ‘Dubs Amendment’ to enable unaccompanied refugee children to settle in the UK.

Submitting entity	RCN North Yorkshire Branch
Proposer	Gwen Vardigans
Committee	Professional Nursing Committee
ET lead	Bronagh Scott (Interim Director, Nursing, Policy and Practice)
Staff lead	Rachael Truswell (Public Affairs Adviser)
Member lead	Rachel Hollis
Vote result	Passed

Children can arrive and settle anywhere in the UK, but the Westminster Government holds jurisdiction for immigration policy. Two years on, 250 of the 480 places for child refugees in local authorities have been filled. In December 2018, the UK Government announced the removal of a key barrier to the resettlement of child refugees. Before December 2018, only child refugees who had arrived in Europe before January 2018 were eligible for the scheme. The UK Government has, since this point, agreed to remove this cut-off date completely.

Following Congress, Professor Dame Donna Kinnair wrote to the Secretary of State for the Home Department Office to inform them of our new position to campaign for the UK Government to resettle unaccompanied child refugees:

I would like to raise with you the refusal of the UK Government to abide by the ‘Dubs Amendment’ which enables unaccompanied refugee children to settle in the UK. As I’m sure you know, Lord Alf Dubs is a Labour Peer who was a beneficiary of the Kindertransport, a Government-backed programme that accepted unaccompanied child refugees in Britain from Germany in 1938.

In 2016 Lord Dubs sponsored, and the Government accepted, an amendment to section 67 of the Immigration Act requiring the Home Office to accept an unspecified number of unaccompanied child refugees from Europe for resettlement in the UK.

Lord Dubs indicated that up to 3,000 children could be supported under his amendment, yet despite widespread willingness by local authorities to accept refugees, the UK Government has committed to accepting just 480 child refugees. The

decision announced in February 2017 has not been revisited since. We call on the UK Government to honour its original pledge.

The RCN met with Lord Alf Dubs, who has been working on the Dublin regulations (EU law on family reunification) and the Dubs Amendment to settle the 3,000 unaccompanied minors in Calais. Following this, we supported his work to identify councils his team would speak to in order to find out about local authorities’ readiness to accept and settle child refugees.

Since Congress 2018, the EU Withdrawal Bill has become law in the UK. In briefings which we sent to MPs about this legislation, we supported a change to the legislation to secure the Dublin regulation on family reunification, and argued that the Westminster UK Government should go further, supporting the needs of unaccompanied child refugees. The change to protect family reunification law was passed, but did not extend to unaccompanied child refugees.

In September 2018, we responded to the Health and Social Care Select Committee’s First 1001 Days of Life inquiry, calling on the Westminster Government to take seriously, and act upon, its commitment to the Dubs Amendment. We are waiting for the Committee’s report on this issue.

Safe Passage UK launched a petition to grant at-risk child refugees protection in Britain. We have promoted this petition on forum Facebook pages, including the Looked After Children Facebook group, encouraging members to sign up.

On 29 November, Professor Dame Donna Kinnair had an introductory meeting with Rt Hon. Caroline Nokes, Immigration Minister, to inform her of the Congress resolutions on resettling unaccompanied child refugees; the Immigration Health Surcharge and the RCN’s priorities on

post-Brexit migration. Whilst the Minister listened to our concerns, no commitment was made to advance the Government's progress to re-settle child refugees in the UK.

At Prime Minister's Questions in October Mr Paul Sweeney SNP MP asked the following question to the Prime Minister:

Two teenage brothers from my constituency, Somer and Areeb, have lived in Glasgow since the youngest was five years old. They are now naturalised Glaswegians, but they live in constant fear of deportation to a country from which they fled in fear of their lives. Their school friends at Springburn Academy rallied to their cause by launching a petition, which has now been signed by more than 90,000 people, and which was recently presented to the Home Office by the school and the Moderator of the Church of

Scotland. However, that action has been met with callous indifference.

When the Leader of the Opposition met the children in August, he was appalled by the lack of compassion shown by the Home Office towards these boys who have been kept in limbo for years. Will the Prime Minister now review the case, and meet the boys to witness at first hand what life is like at the sharp end of this Government's hostile environment?

In response, Prime Minister Theresa May said:

Every case in relation to people's right to stay here in the United Kingdom is looked at extremely carefully, and I will certainly ensure that the Home Office looks again at this case.

The RCN maintains its position that we stand in support of the Dubs Amendment to re-settle unaccompanied refugees.

10. Harassment (R)

That this meeting of RCN Congress asks Council to take action to ensure that all health care providers demonstrate a commitment to zero tolerance of third-party harassment.

Submitting entity	RCN South Birmingham Branch
Proposer	Philip Noyes
Committee	Trade Union Committee
ET lead	Helen Whyley (Director, RCN Wales)
Staff leads	Wendy Irwin (Equalities and Diversity Lead) and Joanne Galbraith-Martin (Head of Legal)
Member leads	Karen Pike and Fiona Devlin
Vote result	Passed

There is growing evidence that tackling third-party harassment is essential to ensuring a better experience for nursing and health care staff.

The RCN is now supporting the leading case on third-party harassment and our wider approach to tackling this issue across the four-country context will be reviewed following the judgement scheduled for July 2019. This case is of particular interest as it includes an element of organisational culture. The employment tribunal found that there was a culture of staff not reporting incidents of racial abuse because they felt that nothing would be done about it; there was a tolerance of racist abuse from patients towards staff and that this type of abuse was characterised as a low level of abuse which meant that these incidents were not treated seriously enough. It is intended that our further work will focus on raising awareness amongst staff and employers about third-party harassment and the importance of prevention as well as comprehensive support for staff.

Following the outcome of the judgement, comprehensive guidance for RCN members will be produced in order to encourage better reporting of third-party harassment and to encourage employers to tackle this issue decisively.

During 2018, extensive lobbying with the NHS Equality and Diversity Council took place with the intention to place this on its agenda for 2019 and in the context of discussions about the NHS Long-Term Plan. The specific ask is to require employers to update their policies to tackle this issue and include training and support for staff who experience third-party harassment.

Engagement took place with the Employment Relations Department to scope the best ways to liaise and work with the independent sector. The NHS Equality and Diversity Council includes a broad range of stakeholders including NHS England, NHS Employers as well as a number of arms-length bodies.

During the summer of 2019, a series of Twitter chats are being organised with the intention of using this medium to collect stories to illustrate narratives around the prevalence and impact of third-party harassment. Members are encouraged to use the dedicated email to support this work at

Tackling.Harassment@rcn.org.uk

11. Mental Health Staffing (R)

That this meeting of RCN Congress calls on Council to commission research into therapeutic staffing levels for mental health nursing.

Submitting entity	RCN South Birmingham Branch
Proposer	Ed Freshwater
Committee	Professional Nursing Committee
ET lead	Bronagh Scott (Interim Director, Nursing, Policy and Practice)
Staff lead	Catherine Gamble (Professional Lead for Mental Health)
Member lead	Julie Green
Vote result	Passed

Mental health nursing is a UK-wide issue although context within the four nations differs regarding wider staffing law. The project was informed by this context, learning from and taking into account a variety of activity, which has been taking place across the country. For example, the College's involvement in the Northern Ireland Department of Health *Delivering Care Initiative*, which seeks to define safe nurse staffing levels across a range of practice areas - one of which is mental health nursing practice settings. In addition, Scotland (at time of writing) has safer staffing legislation being debated in the Scottish Parliament, which includes tools specifically created for the mental health context. In addition, on 2 May 2019 the Scottish Parliament passed the Health and Care (Staffing) (Scotland) Bill which includes tools specifically created for the mental health context. Finally, the response to the Nurse Staffing Levels (Wales) Act 2016 includes a mental health workstream.

Following Congress 2018, members and staff have worked together to deliver this project which sits within the broader context of the College's Staffing for Safe and Effective Care

campaign. It seeks to strengthen and support the campaign by establishing and developing understanding of the therapeutic staffing levels required to support mental health nursing activity on inpatient wards.

Through the Strategic Alliance with the University of Sheffield, a literature review is being conducted. Working with the College's Mental Health Forum, UK Mental Health Nurses Expert Advisory Group and Mental Health Nurse Academics UK, as well as those with lived experience of inpatient wards and their families, the group will use evidence from the literature to determine appropriate therapeutic staffing levels, as opposed to staffing numbers/levels within mental health inpatient services.

We anticipate the results of this to follow Congress 2019 whereupon the findings will be published and disseminated as learning. The outcomes will be shared with members, as well as various mental health related networks including the National Mental Health Nurse Directors forum and International Mental Health Nursing Research Conference.

12. Public Health Funding (R)

That this meeting of RCN Congress calls on Council to lobby the UK Government to reverse the cuts to funding of public health nurses.

Submitting entity	RCN Devon Branch
Proposer	Jeni Watts
Committee	Professional Nursing Committee
ET lead	Bronagh Scott (Interim Director, Nursing, Policy and Practice)
Staff lead	Helen Donovan (Professional Lead for Public Health)
Member lead	Simon Browes
Vote result	Passed

This resolution supports the ongoing work of the Royal College of Nursing to maintain the pressure on the Government in England to adequately fund public health and have a clear focus on prevention in health and care policy. This resolution also aligns with the College's priority to progress work on Staffing for Safe and Effective Care and to the wider RCN programme of work to support the community-based nursing workforce.

Although the resolution on public health funding is specifically England focused and stems from the changes to funding for public health following the Health and Social Care Act in England, the work for this resolution has included UK-wide work within the context of workforce and career development of nurses within public health.

Following Congress, the RCN has been working to advance this issue and lobby decision makers in Government and within the national system, as well as to engage stakeholders to support the cause. Professor Dame Donna Kinnair raised this directly with the Chancellor of the Exchequer Rt Hon. Philip Hammond MP and the Secretary of State for Housing, Communities and Local Government Rt Hon. James Brokenshire MP, outlining the RCN's concerns about public health funding and cuts to the public health nursing workforce. We have continued to regularly raise these concerns in Government, Parliament and within the national system.

In order to gain support, this issue has been formally raised in a number of forums and with stakeholders including, but not limited to, the British Medical Association, Public Health Medical Consultative Committee and UK Workforce Group, UK Public Health Advisory Group, UK Public Health Research, the Faculty of Public Health, Local Government Association, NHS England's Head of Safeguarding, UK

Committee on Children and Young People's Nursing and the National Council for Child Health and Wellbeing. With regard to sexual health, the Faculty of Sexual and Reproductive Healthcare (FSRH) and the British Association of Sexual Health and HIV (BASHH) were consulted. We have also worked with Health Education England's Children and Young People Model Review oversight group to promote the importance of health visitors, school nurses and the children and young people's mental health workforce for children's nursing.

As part of our influencing work, the RCN has been working to raise awareness and perception of public health nursing and to support members to lobby for this issue locally and with decision makers. An online knowledge hub is in development which will bring together resources on advocating for public health funding. The resource will include template letters, consultation responses, toolkits and much more. The RCN website has also been used to feature a series of career stories and case studies for nurses working in sexual health and children's services.

Lobbying to reverse the funding cuts around public health nursing is supported and amplified by other projects being run by members and staff. This includes the Health Visiting and School Nursing England Campaign, Health Visiting and School Nursing Project which aims to demonstrate the impact and value of the health visitor and school nurse workforce on health outcomes for children and young people. The RCN has held various events, meetings and forums around these issues where public health funding has been discussed. This has included a roundtable attended by representatives of the Institute of Health Visiting, the Community Practitioners and Health Visitors Association, the Association of Directors of Public Health, FSRH,

the Royal Society for Public Health, the Royal College of General Practitioners, Public Health England, NHS England and Health Education England. All of this wider work helps to continue to make the case for reversal of funding cuts, whilst also raising other important issues.

In November 2018, the Secretary of State for Health and Social Care Rt Hon. Matt Hancock MP launched *Prevention is better than cure*, a

vision for prevention in England. Subsequently, it was announced that a Green Paper will be published in 2019 to develop this vision. The work from this resolution will continue to support the RCN to develop our position further and ensure we can respond in a meaningful way with members' comments and evidence to the Green Paper when it is published.

15. Prison Nursing (R)

That this meeting of RCN Congress calls on the RCN to work with employers to improve the morale and working conditions of prison nursing staff across the UK.

Submitting entity	RCN Scotland Board
Proposer	Alistair Grant
Committee	Trade Union Committee
ET lead	Bronagh Scott (Interim Director, Nursing, Policy and Practice)
Staff leads	Annie Norman (Professional Lead for Criminal Justice and Learning Disabilities) and Brian Morton (National Officer, Employment Relations Department)
Member lead	Andy Bassett-Scott Toogood
Vote result	Passed

Following Congress, Professor Dame Donna Kinnair wrote to the Minister for Health to draw their attention to a number of issues that were raised in relation to nursing staff working in prison settings.

The professional issues raised by members are of a very similar nature across the UK. However, the UK-wide work recognises the specific differences relating to different models of delivery of health care services in prisons across the four nations. Changing the working conditions for prison nursing staff requires influencing and collaborating with a range of employers and relevant agencies across each country in the UK. RCN Northern Ireland, Scotland and Wales have employment relations links with NHS employers and organisations delivering health care in the devolved countries.

The work undertaken so far has involved engagement with various internal and external stakeholders. This has included establishing a reference group with RCN members, representatives and staff from across the UK. Other stakeholders involved include: RCN representative committees (UK learning reps, safety reps and stewards), RCN Nursing in Justice and Forensic Health Care Forum, RCN Scotland (board, policy, ERD, expert reference group on prison nursing), RCN Wales, RCN Northern Ireland, RCN Nursing/Employment Relations/Policy and Public Affairs/Media and communications departments, NHS England (commissioners), health care employers/service providers in England, NHS Boards in Scotland, NHS Wales, Health and Social Care Board and Trusts in Northern Ireland, HM Prison Service in England, HMPS in Wales, Scottish Prison Service, NI Prison Service, Health and Safety Executive, NHS England Health and Justice

Clinical Reference Group, British Medical Association, UCU and Scottish Government.

In relation to the safety and wellbeing of prison nursing staff, staff in the Employment Relations Department and Nursing Department have been collaborating on a number of key issues for RCN members working in prisons. There has been UK-wide engagement, with some more specific pieces of work in England. This has included tackling aggression and violence; we have engaged with the Health and Safety Executive from August 2017 in relation to their planned inspections of prisons regarding this issue and promoted consideration of issues facing nursing workforce in prisons (particularly since the health care staff are not employed by prison services).

Work has also included tackling exposure to psychoactive substances in prison settings. We identified specific challenges in relation to this and addressed these with HM Prison Service in England. We have been building collaborative working relationships across health care providers/employers, NHS England commissioners and HMPS. In June 2018, a meeting took place with Michael Spurr, Chief Executive of HMPS. Following this, we have had further engagement, including with the HMPPS Health and Safety sub-groups, dealing with the research into secondary exposure and the revision of the HMPPS guidance and Safe Systems of Work for dealing with the potential risk related to secondary exposure.

In June, the RCN submitted evidence to the House of Commons Health and Social Care (HSC) Select Committee inquiry into prison health care in England. A number of recommendations were made which reflect current concerns and challenges related to

prison nursing. The HSC report was published on 1 November 2018 and clearly draws upon and cites recommendations submitted on behalf of RCN members. The report has identified potential opportunities for further work in the area of prison health care. This will require more detailed consideration of the recommendations and their impact on the nursing workforce and delivery of health care. A number of recommendations were made which reflect current concerns and challenges related to prison nursing, specifically around safe staffing and RCN existing work in this area. There will be opportunity to progress some of the key recommendations through the CRG and RCN members will be able to contribute in 2019. The RCN in Scotland established a member expert reference group and provided a briefing on nursing workforce issues in prisons to the Scottish Government's Chief Nursing Officer and the Scottish Government's Health and Justice team. Following this, in November 2018, the Scottish Government committed to developing a workforce methodology for prison health care. Further work is planned in 2019 to engage with members on developments.

There has been significant media impact on raising the challenges, particularly in relation to tackling psychoactive substances, in order to maintain pressure on HMPS to work with the RCN to address the issues. The challenges raised by the availability of psychoactive substances in prisons gained widespread exposure in the national media, which has helped to maintain pressure on HMPS to work with us to address these issues. We continue to gather evidence from RCN members on their secondary exposure to new psychoactive substances and the subsequent impact on their health and wellbeing.

There has been a continuation of evidence gathering from RCN membership on NPS exposure and the impact on health and wellbeing, and information has been gathered from RCN Direct regarding contact and referral reports. We have been collaborating with other trade unions to identify opportunities for ensuring robust health and safety reporting mechanisms are in place across England. We have engaged with HMPPS (England and Wales) scientific research group and health and safety (secondary exposure) subgroup and had ongoing discussions to encourage accurate and full reporting to provide more data. We have been continuing to work with employers

and HMPPS to identify and promote effective reporting mechanisms.

In October 2018, the RCN HQ held a filming event in collaboration with the RCN events team, to deliver films promoting the value of prison nursing and learning from international practice in secure health care environments. This received superb feedback within the evaluation. It is anticipated that during 2019 there will be an opportunity to share more widely the films that were shown once approval from the producer is confirmed.

We have secured engagement in the HMPS (England) research group on secondary exposure to psychoactive substances and the HMPS working group delivering the review of the HMPS guidance and safe systems of work for managing the risks of secondary exposure to psychoactive substances.

We have identified concerns from members and other stakeholders in relation to additional responsibilities being asked of nursing staff in relation to the carrying of cell keys and expectations of opening cell doors and escorting prisoners. Due to the time sensitive nature of the issues being raised, RCN expertise was used to develop an interim advice sheet to support members, reps and employers. This was to consider the implications for nursing staff of this security role becoming part of the nursing role. This advice sheet was disseminated to NHS England, HMPPS, known contacts at key stakeholders/employers, RCN colleagues (including RCN Direct for member advice/support) and the RCN UK Safety Reps Committee for information and dissemination to safety reps to help them in their role supporting members.

Work is progressing to map prison health care sites to health care employers at those sites and then to identify RCN representatives, forum committee members or other RCN connections within the sites. The aim of this scoping exercise is to develop further our member and rep engagement and the recruitment of RCN reps in these sites.

16. Diagnostic Overshadowing (MfD)

That this meeting of RCN Congress discusses diagnostic overshadowing and the role nurses can play in addressing this particularly for people with learning disabilities.

Submitting entity	RCN Inner North Central London
Proposer	Jim Blair
Committee	Professional Nursing Committee
ET lead	Bronagh Scott (Interim Director, Nursing, Policy and Practice)
Staff lead	Annie Norman (Professional Lead for Criminal Justice and Learning Disabilities)
Vote result	n/a

This fits with existing RCN activity to raise awareness within nursing membership of the support that people with a learning disability need, tackling diagnostic overshadowing and thereby preventing premature deaths and inadequate care or treatment of preventable and treatable conditions.

We have been working closely with the Royal Mencap Society (Mencap), building on our supportive partnership which saw the *Treat me well* campaign being launched at the RCN, Cavendish Square in early 2018.

In November 2018, a training event in conjunction with Mencap took place in London attended by RCN professional learning and development facilitators (PLDFs), RCN learning representatives and RCN stewards. Participants found great value in attending and increased learning and understanding to share within their regions. We will continue to take a regional partnership approach with Mencap during 2019, delivering learning disability training with support from PLDFs and learning representatives.

17. Suicide (MfD)

That this meeting of RCN Congress discusses ways to improve suicide awareness within nursing practice.

Submitting entity	RCN Mental Health Forum
Proposer	Tim Coupland
Committee	Professional Nursing Committee
ET lead	Bronagh Scott (Interim Director, Nursing, Policy and Practice)
Staff lead	Catherine Gamble (Professional Lead for Mental Health)
Vote result	n/a

Despite previous debates at Congress and UK-wide national initiatives on suicide, significant gaps remain across services, with many registered nurses still lacking a basic knowledge around suicide and knowing what to do, when to share and when to step in. In our work, we have aimed to improve suicide awareness within nursing practice around the whole of the UK.

We've worked with a wide range of stakeholders, including RCN Mental Health Forum members and suicide experts, RCN Students and RCN staff working in employment relations, policy, public affairs, member support services and our counselling service. We've also worked with the McPin Foundation, which seeks to transform mental health research by putting the lived experience of people affected by mental health problems at the heart of research methods and the research agenda. It was involved in supporting understanding of the issues involved with information sharing. Scoping with stakeholders set out that our work needed to address:

- how to support someone with suicidal ideas and feelings
- what to ask and how to assess someone who is suicidal
- how to share information and overcome confidentiality concerns
- how to support those bereaved by suicide.

To respond to this, we've developed web-based resources such as questions to ask when someone is suicidal, links to help and support and seeking to create film for those with lived experience. We've paid a particular effort to link to training and support more widely available, so that people have access to good practice, competence frameworks and specific resources. We successfully campaigned for and sought

inclusion of suicide and self-harm to the new Nursing and Midwifery Council pre-registration education standards, we continue to want to see improvements across all nursing disciplines, including people having the confidence to share information in a timely way. We particularly wish to thank Annessa Rebar, Senior Lecturer Northumbria University, Craig Davidson, Chair of RCN Students committee and Queens Nurse Carol Webley-Brown from One Health Lewisham for their expertise and input into this work.

We continue to work collaboratively to support competency development with organisations such as Health Education England and the Royal College of Psychiatrists as part of our RCN UK parity of esteem programme. Key open access RCN resources we have created and maintain are available at [rcn.org.uk/clinical-topics/mental-health/suicide](https://www.rcn.org.uk/clinical-topics/mental-health/suicide). Further key work is being carried out in each country of the UK.

In England, the National Suicide Prevention Alliance represents a number of organisations working to reduce suicide and support those bereaved or affected by suicide (of which the RCN is a member). Their strategic plan for 2016-2019 has seven key areas of action, including 'reducing stigma' and 'providing appropriate support'. Raising awareness and building knowledge are important to ensure all agencies work together to reduce the number of suicides. The Five Year Forward View for Mental Health includes the development of local suicide prevention plans, and the more recent Zero Suicide initiative is working to increase support for those contemplating suicide by providing free prevention training.

In Northern Ireland, the Manchester Matrix has been in use in emergency departments since November 2015. This triage process assists registered nurses working in emergency departments to assess the risk of self-harm

and suicide and to make decisions about the most appropriate course of action. In 2016, the Department of Health (DH) consulted on an updated version of its regional ten-year suicide prevention strategy and action plan, *Protect life: a shared vision* (DH, 2016). This included a commitment to enhance the initial response to, and care and recovery of, people who are experiencing suicidal behaviour or who self-harm. The post-consultation version of this revised strategy has not yet been published.

The Welsh Government has identified suicide as a major public health challenge and set a framework for prevention: *Talk to me 2: Suicide and self-harm prevention strategy for Wales 2015-2020* (Welsh Government, 2015). In addition, several National Assembly Committee Inquiries in the last two years have focused on suicide prevention, loneliness and isolation, mental health and wellbeing and made numerous policy recommendations. The most recent statistics on suicide show an improvement in Wales of the age-standardised suicide rate for males and females from 13.0 per 100,000 people in 2015 to 11.8 per 100,000 people in 2016 (Office for National Statistics, 2017).

The Scottish Government is currently developing its next Suicide Prevention Action Plan, due to be published in the summer. It has identified four key themes: Improving the use of evidence, data and guidance on suicide prevention; modernising the content and accessibility of training; maximising the impact of national and local suicide prevention activity; and developing the use of social media and online resources. Other Scottish Government strategies aim to contribute to a reduction in suicide, including strategies on mental health, justice, policing, and social isolation and loneliness.

18. Cannabis (R)

That this meeting of RCN Congress requests Council to lobby governments across the UK for the decriminalisation of cannabis for medicinal use.

Submitting entity	RCN Suffolk Branch
Proposer	Tracey Risebrow
Committee	Professional Nursing Committee
ET lead	Bronagh Scott (Interim Director, Nursing, Policy and Practice)
Staff lead	John Considine (Public Affairs Adviser)
Member lead	Dawn Cooper
Vote result	Passed

Following the reviews from the Advisory Council on the Misuse of Drugs (ACMD) and the UK's Chief Medical Adviser, the UK Government announced that from 1 November 2018 a specialist doctor in the UK will legally be able to issue prescriptions for cannabis-based medicines when they agree that their patients could benefit from this treatment. These doctors focus on one field of medicine, such as neurology or paediatrics, and are listed on the General Medical Council's specialist register. They must make decisions on prescribing cannabis-based products for medicinal use on a case-by-case basis, and only when the patient has an unmet special clinical need that cannot be met by licensed products.

Working with RCN forums, expert members and RCN professional leads, principles for this work were identified, including priorities for implementation, such as advocating for the list of prescribers to be extended to non-medical prescribers, such as independent nurse prescribers.

The RCN has proactively sought to support changes through a range of activities. Following Congress, Professor Dame Donna Kinnair wrote to the Home Secretary Rt Hon. Sajid Javid

MP, to welcome the decision to reschedule the clarification of cannabis for medicinal purposes and to outline the College's willingness to work with the Home Office and the Department for Health and Social Care to implement the changes. The RCN participated in a range of parliamentary activities, including participating in a panel hosted by the All-Party Parliamentary groups on Medical Cannabis under Prescription in July 2018; and in February 2019, submitted evidence to the Health and Social Care Select Committee inquiry into the usage of medicinal cannabis products in the UK Parliament.

Stakeholder engagement has been a key element and we have collaborated with the MS Society, the Royal College of General Practitioners and Families 4 Access to monitor how the changes are being implemented.

Finally, the RCN submitted evidence to the National Institute for Health and Care Excellence who are developing detailed guidelines for clinicians in the longer term.

19. Bed Rest Impact (MfD)

That this meeting of RCN Congress discusses how the nursing family can reduce the risk of patients deconditioning whilst in hospital.

Submitting entity	RCN UK Health Practitioner Committee
Proposer	David Burnside
Committee	Professional Nursing Committee
ET lead	Bronagh Scott (Interim Director, Nursing, Policy and Practice)
Staff lead	Dawne Garrett (Professional Lead, Care of Older People and Dementia)
Vote result	n/a

Taking forward our activity in this area involved our Older People's Nursing Forum. This key topic was discussed at the 2018 Health Care Support Workers conference in Wales. We also promoted the importance of this issue through our participation and promotion of the four-country #pjparalysis campaign, which has drawn to a close. Deconditioning content is published on our older people clinical topic pages on the RCN website. To further highlight this importance area of clinical practice, an article was co-authored by the proposing member and published in *Nursing Standard* (6 June 2018) *Nurses are crucial to educating patients and other staff on the importance of staying mobile during a stay in hospital.*

'I can't leave the house anymore because I've lost all the strength in my legs, and I feel isolated.' These words, from the 92-year-old father of a colleague after he had spent only two weeks in bed in hospital and respite care, will strike a chord with nursing staff everywhere. This issue is the reason why the Chief Nursing Officer (CNO) for England launched a national campaign to end pyjama paralysis. Unveiled at the CNO summit in Liverpool in March 2019, the campaign included a PJ paralysis 70-day challenge to get patients up and about as much as possible during hospital and care home stays – an initiative the RCN is enthusiastically backing.

At RCN Congress in Belfast in May 2018, a debate took place on nurses' role in reducing the risk of patients experiencing deconditioning while in hospital. The discussion on bed rest and immobility was proposed by associate practitioner David Burnside from South Tees Hospitals NHS Foundation Trust, who spoke passionately about the loss of muscle tone, endurance and function that deconditioning represents. He described the detrimental effects that a ten-day stay in hospital can have. Patients who remain immobile in beds or chairs for the

majority of their waking hours often see their average number of daily steps drop from over 5,000 to just 750, he said.

Evidence tells us that bed rest can also lead to additional complications, such as increased risk of pressure ulcers, chest and urinary infections, circulatory problems, low mood and loss of self-esteem. As nurses, we know that the therapeutic quality of our interactions and communications can change when patients are dressed in nightwear, as they are less likely to feel assertive and to make their wishes known. What I found encouraging during the debate was the number of RCN members who highlighted the work they are doing locally to combat deconditioning. Iain McGregor from Nottingham University Hospitals NHS Trust spoke of the efforts his trust is making to promote activity, and the positive effect this had on patients and staff. This includes a 37% reduction in falls, an 80% reduction in patient complaints and a decrease in pressure ulcers.

While every nurse would agree that preserving a patient's functioning is an essential part of care, it's not without its challenges. The links to safe staffing numbers are clear: trying to maintain a patient's mobility and independence requires skill and time, with one speaker explaining it was quicker to provide a commode than to encourage and support people to walk to the toilet.

People entering hospital can do a lot to help nursing staff reduce the risk of deconditioning. They need to understand what they and their families can do to ensure their wellbeing, with the support of the clinical settings. Passengers about to undertake long-haul flights understand the need for flight socks, good hydration and regular movement. The evidence for reducing deconditioning in hospital is the same, yet we haven't always capitalised on such messaging.

But when patients are encouraged to engage in their own care, we often witness surprising results. Imagine the time that would be freed up if the results achieved by Nottingham University Hospital were replicated across the UK and, more importantly, the reduction in pain, distress and ignominy to the people we serve.

Providing direct care is the essence of nursing, but we also need to prioritise our educative role where deconditioning is concerned and provide patients, families, colleagues and the public with the information and skills they need to prevent the harm it causes. Skilled nursing care, delivered by well-resourced and well-trained staff, is what keeps health and social care, and the people it treats, flexible, supple and fit.

21. Community Nursing (R)

That this meeting of RCN Congress considers the need for funding and resource to follow the patient so that community nursing capacity is able to meet increasing demand.

Submitting entity	RCN District Nursing Forum
Proposer	Julie Green
Committee	Professional Nursing Committee
ET lead	Bronagh Scott (Interim Director, Nursing, Policy and Practice)
Staff lead	Wendy Preston (Head of Nursing Practice)
Member lead	Julie Green
Vote result	Passed

Following Congress, Professor Dame Donna Kinnair wrote to the Secretary of State for Health, Rt Hon. Matt Hancock and the then Minister of State (Department of Health and Social Care) to inform them of our mandate from Congress 2018 to address the need for underpinning the move to more community provided care by operational planning and funding for provision of resources.

Stephanie Aiken, Deputy Director of Nursing, and Wendy Preston, Head of Nursing Practice discussed this resolution with Julie Green (Professional Nursing Committee member and lead for this Resolution) at Congress, and these discussions have continued throughout the last year. It has been agreed that this work should focus on funding resources, which follow patients in general, rather than individual patients. This corresponds with the views raised during the debate at Congress.

This resolution has formed part of our Community Workforce programme which includes a project focused on health visiting and school nursing, the RCN continuing to implement the recommendations from the 2018 reports on health visiting (Institute of Health Visiting, *Health Visiting and the NHS in the next 10 years*), school nursing (RCN, *The Best Start: The Future of Children's Health - One Year On, Valuing school nurses and health visitors in England*) and sexual health nursing (RCN, *Sexual and Reproductive Health. RCN report on the impact of funding and service changes in England*). As well as linking into the overarching Staffing for Safe and Effective Care campaign.

The first stage of work was the development of a report on district nursing models in England, which the RCN started working on in partnership with our key stakeholder the Queen's Nursing

Institute (QNI) in April 2018. The QNI/RCN report of district nursing is due to launch at Congress 2019 and will inform our influencing work to assist in developing and refining our argument for more investment in district nursing due to its value.

To ensure that the four countries were represented in this work, the next phase included scoping work with colleagues from RCN Scotland, RCN Wales and RCN Northern Ireland, in partnership with the proposer. This included taking the programme approach to the four-country-wide internal Future Nurse, Future Workforce group on 13 December 2018, and a scoping meeting on 12 February 2019, which focused on the community funding aspect of the resolution.

Two pieces of work are currently being developed, identifying the:

- current position regarding community funding across the four countries
- the evidence of levers for change and models of best practice.

A report was submitted to the Professional Nursing Committee on 21 March to provide the Committee with an update and facilitate a scoping discussion.

The next project group meeting is planned for 15 May 2019 and this work will continue to develop throughout 2019 and is included on the nursing annual plan.

22. Social Care (R)

That this meeting of RCN Congress asks Council to lobby all political parties to work together to develop a fair and sustainable funding model for social care.

Submitting entity	RCN Greater Glasgow Branch
Proposer	Audrey Simpson
Committee	Professional Nursing Committee
ET lead	Bronagh Scott (Interim Director, Nursing, Policy and Practice)
Staff lead	Clare Jacobs (National Officer, Employment Relations Department)
Member lead	Dawn Cooper
Vote result	Passed

Following Congress, it was identified that there was some preliminary work which needed to be undertaken before any lobbying activity could be delivered. There are a couple of reasons for this. Social care is a devolved issue and as such there is variation across the UK in how it is funded and delivered. In some parts of the UK social care is integrated alongside health services, whereas in other parts of the UK social care and health care are commissioned and provided separately. Early scoping with members and staff across the four countries recognised the need to firstly understand what was meant by a fair and sustainable model for social care, and then, secondly, to plan and deliver lobbying activities in each country.

We wrote to the Chancellor of the Exchequer Rt Hon. Philip Hammond MP to ask him to take decisive action to lead all political parties to work together to develop a fair and sustainable model for social care. We described the situation in which we find ourselves in; where the needs of the population are growing, people are living longer with more long-term conditions, and the demand for social care is increasing. In this letter we stated that the current system was not sustainable, and that there was a need for significantly more resources to allow the system to fulfil its duties to members of the public in need of social care support.

Working with members and staff from across the UK, we have spent time discussing and analysing the context in each country. This has involved understanding the system for planning and funding social care, and describing the types of challenges which that system is currently facing. From this interrogation at country-level, we were able to begin identifying commonality and key themes across the UK. These key themes will form the basis of the way in which we begin to describe what a fair and sustainable funding model for social care would encompass. These themes included: the role of nursing, integration, pay, terms and conditions, staffing levels and workforce planning and data, amongst others. During this process we also identified areas of cross-over with other pieces of work which can be used to shape and support the development of this activity.

The next phase of work is to engage a much wider range of members across the UK in developing the RCN's view on what a fair and sustainable funding model for social care would include, based on the themes which we have identified across the UK. Once this piece of work is completed, each country will be able to use it as a framework for planning lobbying activities in line with the specific needs and opportunities within that country.

23. Flu Vaccine (MfD)

That this meeting of RCN Congress discusses the low uptake within nursing of the seasonal influenza vaccine and the implications for patient care.

Submitting entity	RCN UK Safety Reps Committee
Proposer	Lesley Pallett
Committee	Professional Nursing Committee
ET lead	Bronagh Scott (Interim Director, Nursing, Policy and Practice)
Staff lead	Helen Donovan (Professional Lead for Public Health)
Vote result	n/a

For the 2018/19 influenza season, the RCN committed to building on previous work by developing further resources to help educate nursing colleagues about the benefits of the vaccine and to dispel the myths and misconceptions around having the flu vaccine.

During the autumn of 2018, the RCN promoted a series of blogs from RCN safety representatives, RCN members, activists, and experts to ensure staff understood the importance of having the vaccine and to demonstrate best practice in getting the vaccine to all frontline staff. During this time, the RCN also developed and revised relevant resources, online information and guidance.

On 1 October 2018, we launched *Beat the Flu*, an RCN awareness campaign (rcn.org.uk/beat-the-flu). This campaign aimed to inform RCN members about the resources for the 2018 flu vaccine and the importance of having the vaccine, not only to protect themselves from the flu but their patients too.

Resources were also aimed at reassuring the public about the safety and efficacy of the vaccine and to make sure that staff understood their professional responsibility, as well as the importance of having the vaccine to protect their families and vulnerable patients who are likely to be susceptible to acute infections. The resources drew attention to the fact that individuals can carry the virus without being symptomatic and therefore can inadvertently spread the virus, highlighting why it is so important to be protected by having the vaccine.

The following activities were part of our campaign.

- RCN staff, including Helen Donovan (Professional Lead for Public Health, Nursing), Rose Gallagher (Professional Lead for Infection Prevention and Control, Nursing) and Kim Sunley (National Officer,

Employment Relations) supported the NHS flu fighters Jabathon – ‘We’ve had ours have you?’ and were photographed having their flu vaccine to help promote the campaign.

- A series of *RCN Bulletin* articles were developed by RCN regional safety representatives and members to promote the importance of having the vaccine.
- Printable materials were developed to go alongside the digital resources on the RCN website.

The RCN social media campaign #BeatTheFlu was also developed to encourage engagement with, and among, our members and actively support their activities. As a result of this collective effort, the campaign had:

- 1,565 unique page visits to the campaign website
- 480 downloads of the #BeatTheFlu poster
- 1,325 tweets using #BeatTheFlu
- 1,464,185 reach of #BeatTheFlu on Twitter.

As part of our engagement activities, the RCN worked in partnership with Public Health England (PHE), the NHS, the Royal College of General Practitioners (RCGP), and the British Medical Association (BMA) to address adverse media reports and dispel myths over the season. The RCN also attended the Association of British Pharmaceutical Industry (ABPI) Westminster Flu day, to promote the vaccines among MPs and, finally, contributed to the All Party Parliamentary Group on respiratory health to discuss the delays in the over 65s’ vaccine supply reaching GP surgeries.

As part of the work we carry on each year to promote the uptake of the flu vaccine, we intend to run the #BeatTheFlu campaign again in

2019/2020; this will include updating all the associated campaign information resources as well as attending relevant events where our message can be disseminated to wider audiences.

The work was undertaken across the four countries and focused mainly on improving staff vaccination rates.

The RCN worked closely with NHS and Public Health agencies across the UK and including, Public Health England (PHE), Health and Social Care Northern Ireland (HSCNI), Public Health Agency (Northern Ireland), Public Health Wales, NHS Scotland and Public Health Scotland.

24E. Summer of Protest and NHS Pay Deal (MfD)

That this meeting of RCN Congress discusses the success of our summer of activism, the subsequent pay offer and actions thereafter.

Submitting entity	RCN Ayrshire and Arran Branch
Proposer	Michael Brown
Committee	Trade Union Committee
Member lead	Karen Sanders
Vote result	n/a

The *Scrap the Cap* campaign was instrumental in forcing the Westminster Government to drop the 1% pay cap on public sector pay rises. The RCN, together with 13 other NHS staff-side unions negotiated with the Government during January, February and March 2018.

The pay deal itself, the process by which the RCN Executive Team analysed and understood the deal, the way RCN staff briefed Council and committees on the details of the deal, and the subsequent communication of the

deal to RCN members led to an Extraordinary General Meeting being called, and an ultimately successful resolution calling for RCN Council to stand down. Following the EGM, RCN Council called fresh elections which saw a new Council take up office for a one-year term from 1 January this year.

The two-part, independent report by Electoral Reform Services Limited is available at rcn.org.uk/egm

26E. Learning Disability Nursing (R)

That this meeting of Congress asks RCN Council to call for urgent action to be taken to preserve the field of learning disability nursing.

Submitting entity	RCN Learning Disability Nursing Forum
Proposer	Jonathan Beebee
Committee	Professional Nursing Committee
ET lead	Bronagh Scott (Interim Director, Nursing, Policy and Practice)
Staff lead	Annie Norman (Professional Lead for Criminal Justice and Learning Disabilities)
Member lead	Jacky Price
Vote result	Passed

Following Congress, Professor Dame Donna Kinnair wrote to the Secretary of State for Health and Social Care, Rt Hon. Matt Hancock MP, to raise members' concerns about the reduction in learning disability nursing and the urgent need to attract more people into this vital field of nursing.

A range of member-led political influencing activities were undertaken to raise awareness about the threat to learning disability nursing. This included a series of meetings during 2018-19 with parliamentarians to gain support for the RCN's call to encourage the UK Government to invest in learning disability nursing.

In October, the RCN briefed parliamentarians in a Westminster debate on autism and learning disability training to highlight the specific value and contribution of learning disability nurses, concerns about the failing numbers of student nurses and the impact on patient care, and called for specific incentives to grow the learning disability nursing workforce.

In November 2018, the student-led #FundOurFuture campaign was launched for England. Throughout the campaign, learning disability nursing has been a key theme outlining the adverse impact of the reforms in nursing higher education on the future supply of learning disability nursing staff. The campaign calls on the UK Government to invest at least £1 billion a year back into nursing higher education in England. MPs and stakeholders have been

briefed extensively, securing a debate on nursing higher education which led to a number of MPs specifically calling for urgent action to support learning disability nursing students. This debate was preceded by a lobby of Parliament, involving learning disability nursing students, to brief MPs. Over 22,000 student members have been contacted about the campaign.

In addition, the RCN has produced a number of media outputs to highlight the crisis in learning disability nursing and the need for urgent investment.

RCN staff and members have met with a range of strategic stakeholders across health and social care to develop a group of supporters calling for investment in learning disability nursing. In addition, the RCN delivered a training event in November 2018 in collaboration with Mencap as part of the continuing alignment with the Mencap *Treat Me Well* campaign. Finally, the RCN Research and Innovation team-led *Strengthening the Commitment: demonstrating the value of Learning Disability Nursing* supported by HEE and Health Technology Wales.

The RCN Learning Disability Forum have driven forward a number of initiatives to promote learning disability nursing. A new film promoting learning disability nursing is currently in development and will be aimed at young people aged 14-18 to promote learning disability nursing as a positive career choice.

27E. Brexit (R)

That this meeting of RCN Congress asks Council to show its strength by lobbying the government of the UK for a referendum on the final Brexit deal.

Submitting entity	RCN Greater Glasgow Branch
Proposer	Anthony McGeown
Committee	Council
ET lead	Bronagh Scott (Interim Director, Nursing, Policy and Practice)
Staff lead	Rachael Truswell (Public Affairs Adviser)
Member lead	Chair of Council
Vote result	Passed

Scope for this work is UK wide, and activity has been designed as such. However, the primary lobbying target is the UK Parliament, which has responsibility for the UK withdrawing from the EU. There is activity across all countries more generally on the implications of Brexit, particularly in Wales.

Former Chair of Council Maria Trewern wrote to the leaders of all political parties represented in the UK Parliament calling on them to support a referendum on the final Brexit deal. The letter was picked up in *The Independent*, *The Mirror*, across the BBC, *Huffington Post* and by regional news.

Former Vice President, Rod Thomson took part in a 'NHS for the People's Vote' rally held in central London on 15 September, alongside the BMA and the RCM. The event was both public- and member-facing, and we reiterated calls for a vote on the final Brexit deal. Council and other RCN members attended similar such events around the UK.

We have also hosted a press conference at RCN HQ for Women for a People's Vote on 3 September, where the former Chair of Council sat on the panel alongside journalists and gave a speech to attendees. The event gained significant press coverage on our position for a vote on the final deal of Brexit.

On Friday 16 November, Maria Trewern former Chair of Council presented at a British Medical Association event called *Navigating Brexit – what next for the NHS?* This was another opportunity to raise the profile of our campaign for a People's Vote to health and care stakeholders, and we received coverage in the national press.

We briefed-in parliamentarians ahead of two debates in the House of Lords, where we received mentions from Baroness Masham of Ilton and Baroness Mary Watkins of Tavistock. We have also briefed Lord Hugh Dykes following his successful ballot for a debate on a People's Vote in January 2019.

On 12 December, 12 European Union nurses attended an RCN event in Parliament, *Nurses at Brexit Point*, speaking to MPs and peers about their experiences of Brexit on patient care and their working lives. The event was sponsored by cross party parliamentarians –Antoinette Sandbach MP, Jim Cunningham MP and Baroness Mary Watkins of Tavistock. The event was well attended, with MPs posting pictures of their attendance on social media channels.

Before it was announced that Brexit was to be delayed, to mark the anniversary of 100 days to go until 29 March 2019 – we launched a social media action for members on Twitter to retweet an infographic which says 'Since the referendum, over 10,000 EU nurses and midwives have left our UK workforce'. Members were encouraged to retweet our image, tagging in their MPs reminded their MP to support a People's Vote. This resulted in widespread communications about our campaign and involved RCN members and the public too.

In February 2019, the RCN President Professor Anne Marie Rafferty blogged in support of our People's Vote campaign, calling explicitly for Article 50 to be extended to allow for a People's Vote referendum to take place. We were the first royal college to adopt this position, which we promoted to both decision makers in Parliament and through a blog authored by the RCN President to raise awareness of our position.

28E. Northern Ireland Pay Parity (R)

In the absence of the Northern Irish Assembly this College demands the immediate intervention of the Permanent Secretary in the Northern Ireland Department of Health to restore pay parity to Northern Irish Nurses with our Nurses in the UK.

Submitting entity	RCN UK Stewards Committee
Proposer	Graham Revie
Committee	Northern Ireland Board
ET lead	Pat Cullen (Director, RCN Northern Ireland)
Member lead	Fiona Devlin
Vote result	Passed

This item was discussed at RCN Council meetings on 18 July 2018 and 17 October 2018, with papers presented by RCN Northern Ireland Council member Siobhan Donald.

On 18 July, the Northern Ireland Board, on behalf of its members, acknowledged the sentiments of the RCN UK Reps Committee for proposing this Emergency Resolution. However, they advised RCN Council that the submitted Resolution was not viable in its current form.

The political situation in Northern Ireland is well documented. Northern Ireland has been without a locally elected Assembly since the last Assembly elections in March 2017. As a result, there has been no Executive and no Minister for Health in place.

Earlier this year a judicial review decision, that a Department for Infrastructure Permanent Secretary could not authorise planning permission for a £240m incinerator in the absence of a Minister, clarified that civil servants cannot take decisions normally taken by a Minister or Assembly Executive.

The Department for Infrastructure appealed the decision, hearings concluded in June 2018 and a decision was expected in September 2018. However, in advance of the September decision date, the Secretary of State for Northern Ireland intervened, stating that she would bring forward legislation detailing decision-making powers for the Civil Service. We understand that civil servants in Northern Ireland do not anticipate that any forthcoming legislation will extend legislation but rather confine decision making in accordance with the judicial review decision. Determining pay policy in this context is challenging.

Trade unions, including the RCN represented by Janice Smyth, have been in discussions with employers and departmental officials for a number of months, following the England pay deal.

The Department maintains that it is not in a position to negotiate pay, terms and conditions, in the absence of an Assembly, an Executive, Minister and a Public Pay Policy.

It is the unions' position that, given that this is an Agenda for Change (AfC) refresh and AfC has been in place since 2004, ministerial approval is not required. Furthermore, given the legal position in relation to issues pertaining to equal pay for work of equal value, there is a legal obligation to make necessary changes to the AfC framework in order to comply with pay equality.

The trade unions met with the employers and departmental officials, including the Permanent Secretary for Health, on 21 September 2018. He re-affirmed that he was not in a position to negotiate pay, terms and conditions, associated with AfC in the absence of a Minister, NI Executive and Public Pay Policy. There was a frank discussion and exchange of views at that meeting. The trade unions proposed that:

- HSC staff on AfC pay and terms and conditions receive an interim 3% rise on their pay scales; this being 'on-account' in the full knowledge that the Treasury AfC Reform monies will allow for this
- the above will be with effect from 1 April 2018 for ALL AfC banded workers
- Band 1 grades receive an immediate uplift to alleviate pressures and where the staff receive

at least a wage that their own governments and employers deem to be liveable

- consideration be given to a cessation of any Band 1 recruitment
- this interim payment on-account may not be linked to, or prejudiced by, any issues surrounding incremental progression in the interim, leading to issues akin to those witnessed with the pensions contributions rises
- departmental officials and employers agreed to give the trade unions' proposal due consideration
- the trade unions followed up that discussion by directing the proposal in writing, on 27 September 2018, to the Permanent Secretary, Department of Health and the CEOs of Trusts.
- a follow-up meeting was held on 5 October 2018 with Departmental officials and employers. (The Permanent Secretary was on leave and not available for that meeting.) The trade unions were informed that the Department of Health still had no indication or confirmation of what amount of money was available for AfC refresh in NI as a result of the England pay deal.

The trade unions have outlined to all parties that the current position in relation to AfC pay, terms and conditions in Northern Ireland is totally unacceptable and unsustainable and that urgent settlement is required to create some stability in the HSC workforce. We were seriously concerned that financial year end is fast approaching and

time is running out for pay modelling discussions and agreement for a 2018/19 pay settlement. We asserted that the trade unions had put a reasonable proposal on the table and that our members were indicating that the time was fast approaching for industrial action.

The Trade Union Forum met on 2 October 2018. There was agreement at that meeting by all trade unions that they should consult internally and seek authority for an indicative ballot on what industrial action could and should be taken in the event that an agreement on AfC pay, terms and conditions could not be reached.

A pay sub-committee of the Northern Ireland Board has been working for the past two years, gathering information, engaging with branches and running an engagement strategy with members to raise the issue of pay, and the need to close the gaps. The sub-committee members are Fiona Devlin, RCN NI Board Chair and Chair of the pay sub-committee; Kevin Bell, UK Steward; Anne Campbell, RCN NI Board Member; Siobhan Donald, RCN Council Member; and Kathryn Gault, RCN NI Board Member. Also attending are Pat Cullen (Operations Manager), Rita Devlin (Acting Deputy Director), John Knape (Head of Communications, Policy and Marketing) and Janice Smyth (Director).

The Northern Ireland Board is recommending that the RCN join with other trade unions in Northern Ireland in conducting a consultative ballot of RCN members in NI who are employed on AfC terms and conditions about industrial action. The Board is following the governance process for consideration through the RCN Trade Union Committee and RCN Council.

Updates from previous Congresses

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.

Bournemouth, 2015

Unsocial Hours Payments (R)

That this meeting of RCN Congress rejects the 2010-2015 UK Government's premise that unsocial hours payments should be scrapped.

In 2018, RCN ERD staff led work in conjunction with the Independent Health Providers Network to secure additional funding for a pay rise for staff in independent organisations. This was linked to securing comparable funding that had been given to NHS trusts to those independent employers who pay NHS Agenda for Change (AfC) unsocial hours payments. Funding for 2018 was secured but, without this additional funding, the independent sector employers were clear that they would not be able to continue to provide the same pay, terms and conditions as the NHS AfC, including unsocial hours.

The majority of independent sector providers do not have unsocial hours payments in the same way the NHS unsocial hours payments are structured. Where the RCN has recognition agreements with independent organisations allowing for collective bargaining, RCN ERD staff include improvements to pay, terms and conditions as part of the pay claims based on the direct feedback we receive from members. For example, the RCN included payment for unsocial hours as part of the submission to the annual pay negotiation with Four Seasons Healthcare. The company have not yet agreed to this as part of their employment terms, but accepted that they do need to address issues of staff shortages and high use of agency staff. As a pilot last year, they trialled overtime payments for staff instead of employing agency. There was no significant uptake of working extra

hours in this pilot, so it was taken no further. The RCN will continue to fight for unsocial hours payments to become part of the contract for our members at this organisation.

Negotiations are taking place with other organisations which seek to provide higher salary or hourly rates in general to compensate for the unsocial hours element of working shifts. Support has also been provided to RCN regional and country staff in their negotiations with local employers. The engagement between RCN members and RCN staff with a particular employer, resulted in the continued provision of unsocial hours payments when the employer entered negotiations with the intention of cutting existing unsocial hours payments.

There is ongoing work with other trade unions to develop sectoral collective bargaining with the aim of removing the 'race to the bottom' in relation to pay, terms and conditions where employers cut staff pay, etc. to allow them to undercut competitors in relation to bidding for service contracts. Separately, as an additional approach, RCN staff, reps and members, are also engaging with employers' representative organisations and other professional organisations in social care to develop this work.

Glasgow, 2016

Nursing Associates (MfD)

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

The Nursing and Midwifery Council (NMC) will be registering and regulating nursing associates (NA) as the first groups to qualify prepare to enter the workforce in England during 2019. The RCN welcomes the fact NAs are to be regulated by the NMC as we have long called for all health care support workers to be consistently educated, registered and regulated.

NAs will be working across a variety of care settings in England, including acute, mental health, community, social care, GP practices

and hospices. They will support registered nurses and help free up their time to focus on the more complex aspects of nursing care. About 1,800 NAs are expected to qualify this year and hundreds have already joined RCN membership. The College will be publishing guidance and resources aimed at NAs to help support their career development and integration into the workplace and the RCN will support the NMC's commitment to evaluate the impact of NAs through our research partnership with the University of Sheffield.

This is a valuable support role designed to work as part of the wider clinical team, however it is not a replacement for a registered nurse. NAs will deliver and monitor care which has been prescribed and evaluated by a registered nurse. With England facing a clear shortage of registered nurses, it is vital that employers do not attempt to fill any gaps with NAs. They should never be asked to act outside their remit. This risks putting undue pressure on individuals, who must not be made to carry out duties that fall outside their regulated role and would be unfair.

As well as being a new standalone role, the NA training also offers an alternative route to becoming a registered nurse and Health Education England estimates that 40% of NAs will go on to study to become registered nurses. While the RCN is pleased that some nursing associates are already planning to develop their careers further by studying a nursing degree, the Government should be under no illusion that this will plug the 40,000 gap in the registered nurse workforce in England. The RCN has always been clear that the quickest and most cost effective way to grow the registered nurse workforce is through increasing the number of undergraduate nursing students in higher education.

The task and finish group looking at membership categories will be considering how best the RCN can support its nursing associate and trainee nursing associate members.

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.

Staffing for safe and effective care has been identified as an organisation-wide priority, including active campaigning for legislation in each country within the UK (where there is a sitting government). In 2018, the RCN published a call for legal accountability for nurse staffing for safe and effective care in each country in the UK. Both Professor Dame Donna Kinnair and Maria Trewern lobbied for this, including at the party conferences throughout the Autumn. Our methods for campaigning to secure this are different in each UK country, as they vary in current context and progress.

However, five common principles, developed through member engagement, guide our approach, setting out what we want a legal framework to deliver in each country.

- **Accountability** We want it to be clear whose job it is to make sure there are enough nurses to meet patients' needs.
- **Numbers** We want the right number of nurses, with the right skills, to be in the right place, at the right time – so patients' needs are met.
- **Strategy** We want a vision for tackling nurse shortages and making sure nursing helps meet the whole country's health needs.
- **Plans** We want clear plans for getting the right numbers and skill mix of nursing staff and we want checks to make sure they really happen.
- **Education** We want governments to educate enough nursing students, and develop existing staff, to meet patients' needs.

Congress 2019 sees the publication of a report setting out progress across the UK, including how members are leading campaigning activity.

Student Bursaries (R)

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

Two years on from the removal of the NHS student bursary, applications to nursing degree courses have plummeted by a third in England. Numbers applying to begin training in September 2018 dropped 12% compared to the previous year, resulting in a total decline of 16,580 since March 2016, the last year students received financial support through the bursary. The fall in mature student numbers has been even more extreme, with a 16% drop by the June application deadline compared to the same point last year, and a total decline of 40% since June 2016.

On top of the serious decline in overall nursing applications, the 40% drop in mature students applying to study nursing is a particular concern. These students represent a vital part of the nursing workforce, particularly in mental health and learning disabilities. It is these areas that benefit most from the life experience mature students bring, and where the shortage of nurses is most keenly felt.

The independent NHS Pay Review Body warned this workforce gap could persist until 2027 unless immediate action is taken, jeopardising patient care for much of the next decade.

The RCN's position has not changed. Failing to recruit more nurses puts patients at risk, and with 40,000 nurse vacancies in England alone, we cannot sit back and watch applications fall year on year. It is clear now that the Westminster Government's decision to remove the bursary has been a disaster. The RCN has continued to urge ministers to look again at this policy, before patients suffer the consequences.

Liverpool, 2017

Education and Development (MfD)

That this meeting of Congress discusses the impact of the reduced investment in the education and development of the nursing workforce across the UK.

The RCN has developed a programme of research and policy and analysis to understand the approaches to determining investment in nursing education and development in each of the UK countries. The objectives of this work are to develop a:

- robust case for maintaining degree level education for regulated nurses, and for ensuring quality and capacity in the system for learning
- shared view of UK wide issues and solutions to influence policy making in each country to ensure the right number of nurses educated in the UK enter the profession so that population demand is met.

Content delivered under this mandate to date has been England-focused, primarily due to the immediate concerns about the higher education funding reforms in England. This includes: a higher education funding reform report and a CPD funding report for Congress 2018, and a campaign report presenting economic modelling and policy due for November 2019.

Staff across the UK are currently designing specific pieces of qualitative and quantitative data to capture the current impact of policy, implementation and funding decisions across the UK, to support in-country influencing for investment in education and post-registration development.

Parity of Esteem (R)

That this meeting of Congress condemns the UK governments' failure to deliver 'parity of esteem' and urges RCN Council to insist that this is addressed urgently.

The agreed focus of this work aims to reduce the current 15- to 20-year mortality gap for those with serious mental health problems. First, we ———undertook a scoping review of the current evidence base outlining the scale of the problem and the particular challenges that nurses have in delivering good health outcomes for those with serious mental illness (SMI).

UK wide members surveyed in May 2018 identified a range of issues and ongoing systemic problems with supporting the physical health needs of those with SMI. We have completed three webinars and also recorded a member-focused seminar as part of our learning and development offer. Staff have also worked with members to develop web resources and case studies demonstrating what nurses are doing to improve the physical health of those with serious mental health needs.

Next steps include NHS and public-sector networking, which will be aimed at adding practical value and completing practical outcome-based activities. This will be evaluated in terms of our positive impact on 'closing the gap' in mortality, plus a lived experience project with a brief report to support learning.

Brexit (MfD)

That this meeting of RCN Congress discusses the implications of Brexit following the triggering of Article 50.

Following the referendum on the UK leaving the EU, RCN Council agreed five priority areas for RCN work related to Brexit. Given the breadth of issues resulting from the outcome, it was extremely important that the RCN focused efforts on core areas which held the most significant impact on nursing.

These five areas have formed the basis on which we have been privately and publicly seeking assurance from the UK Government in relation to the Brexit deal, including transition and the future trade agreement. These are:

- a coherent domestic health and social care workforce strategy in each country of the UK, which includes preserving the rights of European Economic Area (EEA) nationals working in the sector and also allows for future migration
- continuing with appropriate EU education and professional regulatory frameworks for nursing and close alignment with other single market legislation supporting health
- continuing to address public health threats collaboratively
- safeguarding decent working conditions, health and safety at work and employment rights
- maintaining important opportunities for collaboration across Europe on research and between nursing organisations to share and learn.

At RCN Congress 2018, members mandated the RCN to lobby for a second referendum on the final Brexit deal. Since then, the RCN continues to highlight both the key issues that need to be addressed in the UK's exit from the EU and a long-term deal, as well as the mechanism by which the UK agrees it.

The RCN represents nurses and nursing, promotes
excellence in practice and shapes health policies

RCN Online
www.rcn.org.uk

RCN Direct
www.rcn.org.uk/direct
0345 772 6100

Published by the Royal College of Nursing
20 Cavendish Square
London
W1G 0RN

020 7409 3333

May 2019
Publication code 007 255



Royal College
of Nursing