RCN research shows money worries are so severe for many members they’re losing sleep and thinking of quitting the profession

The 2017 employment survey paints a clear picture of the financial struggles of nursing staff. It also shows they feel their work, education and skill levels are being devalued and disrespected. The amount and level of work they’re required to do is not reflected in the pay they receive and most think their situation is the result of either deliberate decisions or wilful neglect.

The report shows three quarters of nursing staff feel worse off now than they were five years ago and four in ten have borrowed money to get by.

RCN Chief Executive & General Secretary Janet Davies said it’s ludicrous that the NHS is losing experienced staff because the profession doesn’t pay enough to make ends meet.

“These shocking findings demonstrate just how severe the financial pressure on nursing staff has become. No wonder the NHS is short of 40,000 nurses in England alone,” she said.

The RCN’s evidence came from interviews with members throughout the UK. Fiona, a band 6 charge nurse in Scotland, said she and her colleagues feel insulted by the 1% pay rise. “No wonder we can’t recruit people into nursing, the Government doesn’t respect the role or us,” she added.

The RCN says the survey shows how badly members are suffering from the continued underfunding of the health service and is calling on the Chancellor to include money for a fair pay award in the Autumn Budget, and ensure this is not funded by cuts elsewhere to the NHS.

Read more on page 3.
Debating an item at Congress is a great chance to highlight important issues and influence the RCN's work. Now’s the time to get your ideas to the Agenda Committee for consideration.

Suggestions can be submitted by RCN boards, branches, forums or representative committee members. If there’s an issue you’re passionate about but you’re not sure who to approach, email congressagenda@rcn.org.uk for advice. Visit www.rcn.org.uk/congress to submit your suggestion by 2 January 2018.

An RCN rep has persuaded managers at her trust to introduce a campaign to encourage staff to take breaks at work.

Susan Kenny, a steward at Wirral University Teaching Hospital NHS Foundation Trust, first became aware of the HALT (Hungry, Angry, Late, Tired) campaign during a workshop at RCN Congress this year.

The campaign was launched in March by staff at Guy’s and St Thomas’ NHS Foundation Trust in London and aims to improve staff health and wellbeing and patient safety by creating a “take a break” culture.

Posters on the importance of taking some time out are displayed around the trust and staff hold regular “huddles” to make sure everyone is able to take their breaks, with managers expected to lead by example. Other posters display information on shift patterns and getting enough sleep. The campaign was also discussed at one of the trust’s regular meetings, where staff can come together to discuss the emotional and social aspects of their jobs.

“It’s about changing the culture,” explains Susan, who is leading the campaign in her trust. “When I worked on the wards it was hard to get people to take their breaks. Nurses don’t like to leave their patients, which is understandable, but taking a break is good for you and good for your patients. And with the current staffing crisis in the NHS, it’s more important than ever for staff to look after themselves and each other.”

“A break isn’t a luxury,” adds RCN Senior Employment Relations Adviser Kim Sunley, who ran the Congress workshop. “If you can’t take a break it’s a patient safety issue and managers have a responsibility to allow their staff to have a rest. It’s great to see Susan taking this campaign into her workplace and spreading the word.”

Look out for the new RCN diary for life coming through your letterbox at the end of this month.

The new format will provide a more flexible, user-friendly resource, and your feedback is encouraged to make the content even more valuable.

The new Filofax-style diary will include the 2018 diary section with more content sections being sent early in the new year. The RCN hopes the new approach of sending regular updates will help activists keep up-to-date and ensure they have relevant, personalised content.

Do you have any ideas for the new diary content?
Email activate@rcn.org.uk
Evidence in the latest RCN employment survey shows a meaningful pay rise is vital for the future of the profession.

- More than half of respondents said their pay band or grade is inappropriate for the work they do.
- Half have worked extra hours in their main job.
- More than half have had to cut back on travel and food costs and a fifth are struggling to pay utility bills.
- Money worries are making 40% lose sleep and a quarter think of leaving their job.
- Nearly three-quarters report working excess hours at least once a week, usually unpaid.
- Some experienced nurses in their 50s said they have “simply had enough” and would prefer to take early retirement and return to work as bank nurses at a pace and times of the day that suit them. We also heard from nurses at the start of their career regretting the decision to become a nurse at all.

Almost half of those surveyed are the main or only breadwinner in their household.

“*They are relying on our goodwill – but it’s about to break*”
Charlotte, a staff nurse in London

New analysis by the Institute for Public Policy Research (IPPR) shows nearly half the cost of raising NHS pay in line with inflation would be recouped as workers pay more tax and spend money more freely. The IPPR recommends the Government uses the upcoming Autumn Budget to fund the cost of lifting the pay cap, rather than requiring NHS trusts to meet the cost from over-stretched budgets.

RCN Chief Executive & General Secretary Janet Davies said the report shows that increasing pay leads to economic growth. “This analysis unpicks the Government’s argument on the costliness of allowing NHS pay to keep pace with inflation,” she added.

“It pays to pay

Activists are advised to refer members and colleagues to new guidance on monitoring patients’ sexual orientation. Its purpose is to improve the health outcomes of LGBT people. The guide offers practical tips for organisations on how to record sexual orientation and includes best practice examples from the NHS. It also seeks to explain the purpose and value of sexual orientation monitoring to staff and patients. Visit lgbt.foundation/monitoring-guide

“A new publication – Managing Unacceptable Behaviour – outlines how RCN staff, reps and members should approach working with each other. It highlights what steps will be taken when the standards aren’t met; provides guidance for reps who are subjected to unacceptable behaviour; and outlines what support is available to them. Visit www.rcn.org.uk/publications

Activists can help members take personal responsibility for their pension pot by referring them to Lighthouse Financial Advice. All RCN members can receive a free, no obligation financial consultation with the company, which has years of experience advising nursing staff on pensions and other investments. Advice is tailored to an individual’s situation. The RCN has a partnership with Lighthouse to ensure members receive discounted mortgage advice. Visit tinyurl.com/yclqihz

You’ve only got a few more days to influence the Chancellor ahead of the Budget. Use the RCN website to get in touch with your MP or MSP to ask them to lobby for additional funding for the NHS. Visit www.rcn.org.uk/closethegap

“I’m just about managing – but that doesn’t make it OK”
Amy, a band 6 mental health nurse

RCN members meet their MP
VIEWS

Fair pay for everyone

RCN Northern Ireland Board Chair Fiona Devlin says it’s time to close the gaps in nursing pay

RCN members played a significant role in helping to scrap the cap. I’m especially proud of the hard work and determination of members in Northern Ireland, particularly those who lobbied our local MPs. Their dedication has been crucial to the success of the campaign.

There is, however, much more to do to ensure that all nursing staff receive a fair pay award, particularly those in Northern Ireland.

We’re campaigning to close the completely unacceptable 2-3% gap between nursing pay here and the rest of the UK and we must have this year’s pay award implemented.

But throughout the UK there’s still a long way to go to close the 14% gap created by successive real-terms pay cuts. We need the governments of the UK to show they value nursing staff, so we’re demanding a pay award in line with RPI inflation plus £800 to begin to make up for lost earnings.

We’ll provide robust evidence to the NHS Pay Review Body to make a strong case and ensure the voice of nursing is heard.

We’ll continue to campaign until we’re truly able to say we’ve delivered fair pay for nursing staff in Northern Ireland and the rest of the UK.

www.rcn.org.uk/closethegap

ASK AN ADVISER

Employment contracts

Can my employer change my employment contract?

Generally, an employer or employee can’t unilaterally change the terms and conditions in a contract.

The terms of an employment contract can only be changed in the following circumstances:

• the employee and employer agree the change
• the contract, either expressly or by implication, provides for changes to be made
• there’s a collective agreement in place and the terms are changed through negotiation
• the employer terminates the existing contract and substitutes it with a new one which includes the changes. This approach could be a risk for an employer.

Always check contracts carefully. They can contain a flexibility clause. This means an employer can make changes, such as changing a place of work. But employers should only use flexibility clauses to make reasonable changes. Read more about contracts at www.rcn.org.uk/get-help/rcn-advice/contracts

For more information, speak in confidence to an RCN Direct adviser any time between 8.30am and 8.30pm, 365 days per year.

www.rcn.org.uk/direct

0345 772 6100
The softer approach

Here in Bradford we’re trying to attract newcomers to join the RCN using a subtle approach, rather than aggressive marketing tactics. And what we’re finding is that membership is steadily growing, without us ever having to do a “hard sell”.

So what do we do? Well, first we talk to potential members, telling them about the quality of the services the RCN offers and everything they’ll get for their subscription.

We also stress the RCN’s outstanding reputation when it comes to representing those who are in difficulties. As fellow professionals, we know how they feel when they’re in trouble, and we can support them throughout the process.

We know nursing staff really appreciate always being represented by a nursing colleague, secure in the knowledge that RCN reps understand at first hand the huge challenges and pressures members face in their day-to-day working lives.

Using solid experience, skills, and up-to-date knowledge, we’ve been able to build trusting relationships with senior managers, helping frank discussions take place. This ensures there’s more consistency in how staff are treated.

I’m 65 now, so I suppose I should be considering retiring, but I absolutely love what I do. I never get that feeling that I don’t want to get out of bed to go to work. I care about our members and feel it’s so important that a fellow nursing professional represents them.

Anne Kennedy
Council Member for Yorkshire & the Humber

LEGAL UPDATE

Is suspension a neutral act?

In Agoreyo v London Borough of Lambeth (2017) the court made it clear that the suspension of the employee by the employer wasn’t, in this case, a neutral act.

A teacher was suspended pending an investigation into roughly handling two disruptive children. The suspension letter stated: “The suspension is a neutral action and is not a disciplinary sanction. The purpose of the suspension is to allow the investigation to be conducted fairly.” The employee resigned due to the suspension and made a claim for breach of contract.

The court was critical of the employer’s decision to suspend the teacher without apparently considering their version of events and any alternative to suspension.

It noted that some professions were as much a vocation as a job and that suspension would cast a shadow over the employee’s competence and career. It stated suspension should not be considered a “routine response”. The court said the employer had breached the implied term of mutual trust and confidence.

The case reiterated that the employer, even before investigating an allegation, should fully consider:

- the seriousness of the allegation
- the basis of the allegation
- the employee’s version of events.

If an employer decides a full investigation is needed, they should only suspend an employee if there’s no reasonable alternative and the employee should be told who made the decision to suspend them. The suspension should be as short as possible and the employer should keep the employee updated throughout the process.

Emma Greenbank
RCN senior legal officer and solicitor
Never acceptable

Reps met with MPs to urge them to protect nursing staff from workplace assaults

More members than ever are being violently assaulted in the workplace. And it's RCN reps who they turn to for support when they're feeling at their most vulnerable.

The frightening issue was raised by the RCN UK Safety Representatives Committee (UKSR) at Congress earlier this year. Delegates were presented with shocking detail about the violence members face day-in, day-out.

It's clear the high levels of sickness absence and numbers of staff who leave after a workplace assault have the potential to have an impact on patient care.

Last month the committee welcomed the Assaults on Emergency Workers (Offences) Bill, introduced in Parliament. To ensure the severity of the situation was understood by politicians, a group of members lobbied MPs in advance of the Bill's second reading.

Lesley Pallett, UKSR Vice Chair, attended the lobby. She says: “The impact of such violence on members is huge. It leaves many of them traumatised and having to take time off work to recover, both emotionally and physically. Some leave nursing altogether.”

Scottish evidence

The Bill will now move to the committee stage but there's already legalisation in place in Scotland where, since 2008, it’s been a specific offence to assault a doctor, nurse or midwife while they are working.

The Emergency Workers (Scotland) Act 2005 carries a penalty of up to 12 months imprisonment and/or a £10,000 fine. And there's evidence that the legal intervention is having a positive effect. The latest NHS Scotland staff survey found the proportion of staff who had experienced a physical attack had decreased by 10% since 2008.

The RCN says more action is necessary to protect health care staff and preventative action could help reduce and manage the risk of physical assaults. Read about the Congress debate at www.rcn.org.uk/congress/agenda/assaults

Getting to the heart of government

“I was one of six members, all of whom had found themselves either assaulted in the workplace or representing those who had, to end up in a Westminster parliamentary committee room with MPs lining up to talk to them. It was a unique opportunity to share stories of nurses and other emergency workers being abused ahead of the reading of the Bill.”

“Being able to put briefing sheets directly into the hands of MPs and chat to them about our experiences seemed to galvanise the momentum for a change in legislation. It was a privilege to talk to them about what we felt needed to happen.”

Mike Smith, steward, RCN safety rep and London representative on the RCN UK Stewards Committee

Health care violence: the facts

• Only half of nurses who report a physical assault are satisfied with the outcome.
• 28% of members recently surveyed have experienced physical abuse in the last 12 months. 70% have experienced verbal abuse.
• The number of physical assaults is rising but the number of criminal sanctions recorded is dropping.
• The estimated cost to the NHS is more than £69 million a year.
Maintaining momentum

The RCN Joint Representatives’ Conference took place at the end of an intense but successful Summer of Protest. Reps from around the UK met in Milton Keynes last month to discuss what comes next.

‘Marathon not a sprint’

Patricia Marquis, RCN South East Regional Director, host of this year’s conference, got the event underway with a well-deserved celebration of all the hard work and effort that led to the incredible achievement of the cap being officially scrapped. “Although there is still much to be done, getting the cap scrapped is a huge achievement and it’s all down to you,” she said.

She acknowledged it had been a tiring few months for all involved, but reminded reps: “This was always going to be a marathon not a sprint.”

Reps were urged to continue lobbying MPs and remain active in the fight for fair pay. The RCN is aiming to secure an above inflation pay rise but this remains challenging during political uncertainty and in the face of continuing government funding pressures.

RCN Chief Executive & General Secretary Janet Davies told the packed hall they were “absolutely fabulous” after their hard work campaigning over the summer.

“This was a regionalised campaign from the beginning and that’s what made a difference. This has shown the value of us all working together as partners,” she said.

She continued with a rallying cry that the fight for fair pay must go on: “Our work is not over. With the pay review process coming up we need to get a good deal, so don’t put away your boxing gloves just yet.”

Janet also highlighted other key priorities for the RCN including safe staffing, training for nursing associates and regulating health care assistants.

“It’s really nice, after all the hard work, to be here with my fellow reps and get some behind-the-scenes feedback”

Nyarai Makona, first-time conference attendee

Support the size of Mount Everest

Jane Hughes, RCN Deputy Director of Communications and Campaigns, told delegates the 67,000 Scrap the Cap postcards sent to MPs would stand one and a half times the height of Mount Everest if placed end to end.

However, 47,000 of these were completed by members of the public, with only 10,000 officially credited to nursing staff. “There’s an obvious need to do more to engage our 430,000 members to actively join us to improve nursing pay and conditions,” she said.

Making a difference

Many reps wanted to make a difference so signed up to be changemakers at the launch of The Value of Reps: In Our Own Words publication.

It’s really nice, after all the hard work, to be here with my fellow reps and get some behind-the-scenes feedback”

Nyarai Makona, first-time conference attendee

The Nursing and Midwifery Council (NMC) will now accept a range of evidence, including having trained in English and taken other comparable tests such as the Occupational English Test in addition to the International English Language Test System, as proof of a nurse or midwife’s English language competence. The RCN has welcomed the change and published a detailed response to the new rules, including the evidence behind the College’s recommendations going forward.

“The NMC has been clear that this isn’t about lowering standards. And we agree that effective communication and language proficiency are critical for providing safe care for patients. Getting this right is absolutely vital,” said Susan Williams, RCN Senior International Manager.

Tools of the trade


An NHS Employers infographic explores the different routes into registered nursing practice. Visit http://tiny.cc/regroutes

In 2016, Occupational Health at Work and the Faculty of Occupational Health Nursing Development Group undertook the largest ever survey of UK occupational health nurses. Read the survey report at www.atworkpartnership.co.uk

The TUC argues the economic gains from digitisation, robotics and artificial intelligence should be used to benefit working people in Shaping Our Digital Future. Visit http://tiny.cc/digitalfuture

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